Gmail

Lisa Monbleau <lmonbleau@laceytownship.org>

Log # 534

Fwd: OPRA request - Permit #20031057 1019 Orlando

1 message

Date Due 9-18

Veronica Laureigh <laceyclerk@laceytownship.org> Wed, Sep 9, 2020 at 5:41 PM
To: Lisa Monbleau <Lmonbleau@laceytownship.org>

Thank you

Veronica Laureigh
Municipal Clerk/Administrator
Township of Lacey
818 Lacey Road
Forked River, NJ 08731
609-693-1100, ext. 2200
Fax: 609-693-0526
laceyclerk@laceytownship.org
www.laceytownship.org

---------- Forwarded message ---------
From: **Stanley Ferriolo** <opra+request-16567-697f6abe@requests.opramachine.com>
Date: Wed, Sep 9, 2020 at 5:34 PM
Subject: OPRA request - Permit #20031057 1019 Orlando
To: OPRA requests at Lacey Township <laceyclerk@laceytownship.org>

Dear Lacey Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:
Copy of entire file for construction permit # 20031057 and 20031057+A for the property at 1019 Orlando Drive. Thank you.

Yours faithfully,

Stanley Ferriolo

✓Bldg

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-16567-697f6abe@requests.opramachine.com

Is laceyclerk@laceytownship.org the wrong address for OPRA requests to Lacey Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=lacey_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/permit_20031057_1019_orlando

I emailed this. 16 Pages LBV 9-16-2020

Gmail

Lisa Monbleau <lmonbleau@laceytownship.org>

Log # 534

Fwd: OPRA request - Permit #20031057 1019 Orlando

1 message

Date Due 9-18

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To: Lisa Monbleau <Lmonbleau@laceytownship.org>

Thank you

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Municipal Clerk/Administrator
Township of Lacey
818 Lacey Road
Forked River, NJ 08731
609-693-1100, ext. 2200
Fax: 609-693-0526
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To: OPRA requests at Lacey Township <laceyclerk@laceytownship.org>

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Records requested:

Copy of entire file for construction permit # 20031057 and 20031057+A for the property at 1019 Orlando Drive. Thank you.

ATTACHED
03-1057
PERMIT JACKET | PERMIT | SUBCODE TECHNICALS | INSPECTION ACTIVITY
TEMPORARY CO | CO
03-1057.A PERMIT UPDATE | SUBCODE TECHNICAL

Yours faithfully,

Stanley Ferriolo

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-16567-697f6abe@requests.opramachine.com

Is laceyclerk@laceytownship.org the wrong address for OPRA requests to Lacey Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=lacey_township

9/15/20 JC

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/permit_20031057_1019_orlando

Block 104.02 Lot 10 Qualification Code TM-3.03 Address (Site) 1019 ORLANDO DRIVE Permit No. 20031057

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1019 ORLANDO DRIVE FORKED RIVER NJ
2. Name of Owner in Fee: DANIEL STELLATO Tel. (609) 971-5930
   Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731
3. Ownership in Fee: ☐ Public ☑ Private Email
4. Principal Contractor: DANIEL STELLATO Tel. (609) 971-5930
   Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731
   Email
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Home improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Em. ID No. Fax.
5. Architect or Engineer Contact
   Address e-mail
   Tel. Fax.
6. Responsible Person in Charge once Work has Begun
   Tel. Fax.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	125		
2. Electrical	44		
3. Plumbing			
4. Fire Protection	50		
5. Elevator Devices			
6. Subtotal	219		
7. Less 20% for State Plan Review			
8. Subtotal	219		
9. State Permit Surcharge Fee			
10. Subtotal	219		
11. Cert of Occupancy			
12. Other			
13. TOTAL	219		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area - Largest Floor	sq. ft.	
4. New Building Area	624 sq. ft.	
5. Volume of New Structure	6240 cu. ft.	
6. Max. Live Load	40	
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved HUD		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands	yes no	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☑ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building			8/22/2003		7/18/2003				
☑ Electrical	2000		8/9/2003		7/18/2003				
☐ Plumbing									
☑ Fire Protection	200		8/7/2003		7/18/2003				
☐ Elevator									
TOTAL COST	2220								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use:
2. Use Group R-3
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group: R-3
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

D. Construction Classification:

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CONSTRUCTION PERMIT

Date Issued 8/28/2003
Control # 31396
Permit # 20031057

IDENTIFICATION Block: 104.02 Lot: 10 Qualifier TM-3.03
Work Site Location: 1019 ORLANDO DRIVE FORKED RIVER, NJ

Owner in Fee: DANIEL STELLATO
1019 ORLANDO DRIVE FORKED RIVER NJ 08731
Telephone: (609) 971-5930

Contractor: DANIEL STELLATO
Address: 1019 ORLANDO DRIVE FORKED RIVER NJ 08731
Telephone: (609) 971-5930
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

Add To Principal Use, Addition, Bedroom Bathroom And Family Room.

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,220

Construction Official

8/28/2003
Date

PAYMENTS (Office Use Only)

Building	$125
Electrical	$44
Plumbing	$0
Fire Protection	$50
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$17
CO Fee	$0.00
Other	$0
Total	$236
Check No.	16305
Cash	$0
Credit	$0
Collected By	EM

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/18/2003
Control # 31396
Date Issued 8/28/2003
Permit # 20031057

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 104.02 Lot 10 Qualification Code TM-3.03

Work Site Location: 1019 ORLANDO DRIVE, FORKED RIVER, NJ

Owner in Fee: DANIEL STELLATO

Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731

Tel. (609) 971-5930 Email

Contractor: DANIEL STELLATO

Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731

Email

Tel. (609) 971-5930 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors 624 Sq. Ft.
Volume of New Structure 6240 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $20
2. Rehabilitation
3. Total (1+2)

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Add To Principal Use, Addition, Bedroom Bathroom And Family Room.

TYPE OF WORK

- ☐ New Building
- ☑ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence ____ Height (exceeds 6')
- ☐ Sign ____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall ____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

	$125
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$17
TOTAL FEE	$142

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/18/2003
Date Issued 8/28/2003
Control # 31396
Permit # 20031057

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 104.02 Lot 10 Qualification Code TM-3.03

Work Site Location: 1019 ORLANDO DRIVE FORKED RIVER, NJ

Owner in Fee: DANIEL STELLATO

Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731

Email

Tel. (609) 971-5930

Contractor: DANIEL STELLATO

Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731

Email

Tel. (609) 971-5930 Fax.

Lic No. Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
15		Receptacles	
9		Switches	
5		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
35		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
1	2	KW Central A/C Unit	$7
1	9	HP/KW Space Heater/Air	$7
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$17
TOTAL FEE	$61

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE SUBCODE
TECHNICAL SECTION

Date Received 7/18/2003
Control # 31396
Date Issued 8/28/2003
Permit # 20031057

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 104.02 Lot 10 Qualification Code TM-3.03

Work Site Location: 1019 ORLANDO DRIVE FORKED RIVER, NJ

Owner in Fee: DANIEL STELLATO

Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731 Email

Tel. (609) 971-5930

Contractor: DANIEL STELLATO Tel. (609) 971-5930

Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731 Email

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Fuel Storage Tank:

Fuel Type ☐ *Flammable or* ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New *or* ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New *or* ☐ Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $200

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Supply Source

Method of Alarm/Suppression System Supervision

Add To Principal Use, Addition, Bedroom Bathroom And Family Room.

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☑ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	5	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	5	$30.00
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☑ Gas ☐ Oil ☐ Solid	1	$20
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$17
TOTAL FEE	$67

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:

Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

U.C.C F140 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Lacey Township
818 LACEY ROAD
FORKED RIVER, NJ 08731

Inspection Activity Report

Inspections for Permit Number 20031057

Permit Number
20031057

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
09/02/2003		EZ	Plumbing		DANIEL STELLATO 1019 ORLANDO DRIVE	Addition		Inspection: Inspection Type 1: Slab Date Requested: 9/2/2003 Date Inspected: Requested by: Requested by Phone: Inspector: EZ Entered By: Ed Zuczek Special Instructions: open slab Comments:
09/03/2003	SLAB	FC	Building	Cancelled	DANIEL STELLATO 1019 ORLANDO DRIVE	Addition		Inspection: Inspection Type 1: SLAB Date Requested: 9/3/2003 Date Inspected: 9/3/2003 Requested by: Requested by Phone: Inspector: FC Entered By: June Tweed Special Instructions: Comments:
09/09/2003	SLAB	EZ	Building		DANIEL STELLATO 1019 ORLANDO DRIVE	Addition		Inspection: Inspection Type 1: SLAB Date Requested: 9/9/2003 Date Inspected: 9/9/2003 Requested by: Requested by Phone: Inspector: EZ Entered By: Frank Crandall Special Instructions: LATE AM Comments:

Lacey Township
818 LACEY ROAD
FORKED RIVER, NJ 08731

Inspection Activity Report

Inspections for Permit Number 20031057

20031057

09/10/2003	SLAB	FC	Building	Pass	DANIEL STELLATO	Addition	Inspection: Inspection Type 1: SLAB Date Requested: 9/10/2003 Date Inspected: 9/10/2003 Requested by: Requested by Phone: Inspector: FC Entered By: Frank Crandall Special Instructions: Comments:
					1019 ORLANDO DRIVE		
10/08/2003	FRAMING	FC	Building	Pass	DANIEL STELLATO	Addition	Inspection: Inspection Type 1: Framing Date Requested: 10/8/2003 Date Inspected: 10/8/2003 Requested by: Requested by Phone: Inspector: FC Entered By: Eileen Munn Special Instructions: HALLWAY TO EXISTING HOUSE WON'T BE READY YET. Comments:
					1019 ORLANDO DRIVE		
10/08/2003	ROUGH	EZ	Plumbing	Pass	DANIEL STELLATO	Addition	Inspection: Inspection Type 1: ROUGH Date Requested: 10/8/2003 Date Inspected: 10/8/2003 Requested by: Requested by Phone: Inspector: EZ Entered By: Eileen Munn Special Instructions: Comments:
					1019 ORLANDO DRIVE		

Lacey Township
818 LACEY ROAD
FORKED RIVER, NJ 08731

Inspection Activity Report

Inspections for Permit Number 20031057

20031057

10/08/2003		EZ	Plumbing	Pass	DANIEL STELLATO	Addition	Inspection: Inspection Type 2: GAS TEST Requested by: Requested by Phone: Date Requested: 10/8/2003 Date Inspected: 10/8/2003 Inspector: EZ Entered By: Eileen Munn Special Instructions: Comments:
					1019 ORLANDO DRIVE		
10/10/2003	ROUGH	DJ	Electrical	Fail	DANIEL STELLATO	Addition	Inspection: Inspection Type 1: ROUGH Date Requested: 10/10/2003 Date Inspected: 10/10/2003 Requested by: Requested by Phone: Inspector: DJ Entered By: Eileen Munn Special Instructions: Comments:
					1019 ORLANDO DRIVE		
10/17/2003	ROUGH	DJ	Electrical	Pass	DANIEL STELLATO	Addition	Inspection: Inspection Type 1: Rough Date Requested: 10/17/2003 Date Inspected: 10/17/2003 Requested by: Requested by Phone: Inspector: DJ Entered By: June Tweed Special Instructions: Comments:
					1019 ORLANDO DRIVE		

Lacey Township
818 LACEY ROAD
FORKED RIVER, NJ 08731

Inspection Activity Report

Inspections for Permit Number 20031057

20031057

10/22/2003		FC	Building	Pass	DANIEL STELLATO 1019 ORLANDO DRIVE	Addition	Inspection: Inspection Type 1: Insulatn Date Requested: 10/22/2003 Date Inspected: 10/22/2003 Requested by: Requested by Phone: Inspector: FC Entered By: Frank Crandall Special Instructions: Comments:
06/30/2005	Final	FC	Building	Pass	DANIEL STELLATO 1019 ORLANDO DRIVE	Addition	Inspection: Inspection Type 1: Final Date Requested: 6/30/2005 Date Inspected: 6/30/2005 Requested by: Requested by Phone: Inspector: FC Entered By: Eileen Munn Special Instructions: Comments:
06/30/2005	Final	DJ	Electrical	Pass	DANIEL STELLATO 1019 ORLANDO DRIVE	Addition	Inspection: Inspection Type 1: Final Date Requested: 6/30/2005 Date Inspected: 6/30/2005 Requested by: Requested by Phone: Inspector: DJ Entered By: Eileen Munn Special Instructions: Comments:

Lacey Township
818 LACEY ROAD
FORKED RIVER, NJ 08731

Inspection Activity Report

Inspections for Permit Number 20031057

20031057

06/30/2005	Final	FC	Fire	Pass	DANIEL STELLATO	Addition	Inspection: Inspection Type 1: Final Date Requested: 6/30/2005 Date Inspected: 6/30/2005 Requested by: Requested by Phone: Inspector: FC Entered By: Frank Crandall Special Instructions: Comments:
					1019 ORLANDO DRIVE		
06/30/2005	Final	HW	Plumbing	Fail	DANIEL STELLATO	Addition	Inspection: Inspection Type 1: Final Date Requested: 6/30/2005 Date Inspected: 6/30/2005 Requested by: Requested by Phone: Inspector: HW Entered By: Eileen Munn Special Instructions: Comments:
					1019 ORLANDO DRIVE		
03/02/2006	Final	HW	Plumbing	Pass	DANIEL STELLATO	Addition	Inspection: Inspection Type 1: Final Date Requested: 3/2/2006 Date Inspected: 3/2/2006 Requested by: Requested by Phone: Inspector: HW Entered By: Frank Crandall Special Instructions: AM INSPECTION PLEASE Comments:
					1019 ORLANDO DRIVE		

Lacey Township
818 LACEY ROAD
FORKED RIVER, NJ 08731

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Date Issued 7/27/2005
Control Number 31396
Permit Number 20031057
Permit Issue Date 8/28/2003
Certificate Number

Identification

Block: 104.02 Lot: 10 Qual: TM-3.03

Work Site Location: 1019 ORLANDO DRIVE FORKED RIVER, NJ

Owner in Fee: DANIEL STELLATO
Owner Address: 1019 ORLANDO DRIVE FORKED RIVER NJ 08731
Telephone: (609) 971-5930

Contractor DANIEL STELLATO
Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731
Telephone: (609) 971-5930 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-3
Maximum Occupancy Load: 0 Maximum Live Load: 40
Description of Work/Use:

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 8/26/2005
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

U.C.C. F260 (rev. 08/05)

Date Printed: 9/15/2020

Lacey Township
818 LACEY ROAD
FORKED RIVER, NJ 08731

Certificate

Construction Code Division
(Certificate of Occupancy)

Date Issued 3/21/2006
Control Number 31396
Permit Number 20031057
Permit Issue Date 8/28/2003
Certificate Number 20031057

Identification

Block: 104.02 Lot: 10 Qual: TM-3.03

Work Site Location: 1019 ORLANDO DRIVE FORKED RIVER, NJ

Owner in Fee: DANIEL STELLATO
Owner Address: 1019 ORLANDO DRIVE FORKED RIVER NJ 08731
Telephone: (609) 971-5930

Contractor DANIEL STELLATO
Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731
Telephone: (609) 971-5930 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-3
Maximum Occupancy Load: 0 Maximum Live Load: 40
Description of Work/Use:

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

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☐ Partial or limited time period (years); see file

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☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00

Check Number:
Collected By:

U.C.C. F260 (rev. 08/05)

Date Printed: 9/15/2020

PERMIT UPDATE

Date Update Issued 9/2/2003
Control # 31647
Permit # 20031057+A

IDENTIFICATION Block: 104.02 Lot: 10 Qualifier TM-3.03
Work Site Location: 1019 ORLANDO DRIVE , NJ

Owner in Fee: DANIEL STELLATO
1019 ORLANDO DRIVE FORKED RIVER NJ 08731
Telephone: (609) 971-5930

Contractor: DANIEL STELLATO
Address: 1019 ORLANDO DRIVE FORKED RIVER NJ 08731
Telephone: (609) 971-5930
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
Plumbing Update

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $0

Construction Official — 9/2/2003 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$92
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$92
Check No.	16327
Cash	$0
Credit	$0
Collected By	JMT

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/28/2003
Control # 31647
Date Issued 9/2/2003
Permit # 20031057+A

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 104.02 Lot 10 Qualification Code TM-3.03

Work Site Location: 1019 ORLANDO DRIVE , NJ

Owner in Fee: DANIEL STELLATO

Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731

Email

Tel. (609) 971-5930

Contractor: DANIEL STELLATO

Address 1019 ORLANDO DRIVE FORKED RIVER NJ 08731

Email

Tel. (609) 971-5930 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size ☐ Public Sewer

Water Service Size ☐ Public Water

Estimated Cost of Plumbing Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

Proposed R-3

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Plumbing Update

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$30
	Urinal/Bidet	
	Bath Tub	$30
	Lavatory	$30
1	Shower	$10
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$35
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
1	Other furnace	$10

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$92

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.