



Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 4/25/2011
Control Number C-14885
Permit Number 20110281
Permit Issue Date 2/9/2011
Certificate Number 20110281

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 75 APPLETREE ROAD Howell Township, NJ Block: 35.69 Lot: 2 Qual: _____
Owner In Fee: ROGERSON, JOHN & CHRISTINE
Owner Address: 75 APPLETREE RD HOWELL NJ 07731
Telephone: [REDACTED]
Contractor QUEEN SWEEP LLC
Address 104 N. NEW PROSPECT ROAD JACKSON NJ 08527
Telephone: (732) 534-9814 Fax: _____
License Number or Builders Registration Number: 13VH05239500 Federal Emp. Number: [REDACTED]

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Construction Classification: Type V

Maximum Live Load: 0

Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION MOVE B VENT

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 NJACS: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:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 35-69 Lot 2 Qualification Code _____

Work Site Location 75 SOUTH APPLETREE ROAD

HOWELL NJ 07731

Owner in Fee: JOHN ROGERSON

Tel. _____ e-mail _____

Address 75 SOUTH APPLETREE ROAD, HOWELL, NJ 07731

Contractor: QUEEN SWEET LLC. Tel. (732) 534-9814 zip code 07030

Address 104 N. NEW PROSPECT RD JACKSON, NJ 07030 e-mail QUEENSWEEET@AOL.COM

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 0A01-001

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement, NJ Div of Fire Safety, or Exemption Reason (if applicable): 13VH053339500

Federal Emp. ID No. _____ FAX: (732) 886-6909

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [] New or [] Existing

Constr. Class: Present Proposed Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location: _____ Location of Main Control Valve: _____

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Joint Plan Review Required

[] Building [] Plumbing

[] Electrical [] Elevator

[] Fire Protection

Date: 12/27/11

Approved by: [Signature]

SUBCODE APPROVAL

Date: 4/19/11

Approved by: [Signature]

INSPECTIONS

Type: Final

Failure: Replace B-vent

Suppression Sys: Replace w/ metal stand

Standpipe: 4/19/11

Pre-Eng. System: 4/19/11

Mechanical: 4/19/11

Smoke Control: 4/19/11

TCO: 4/19/11

Flam/Combust Tanks: 4/19/11

Fireplace Venting: 4/19/11

Other: 4/19/11

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the competent person and am authorized to make this application.

Applicant's Signature/Contractor's Signature

[Signature]

Permit # 20110281

Date Issued 2/9/11

Control # C1685

Date Received 2/9/11

Water Supply Source Normal existing B vent for solar panels

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Normal existing B vent for solar panels

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices _____

TOTAL _____

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

Fired Appliances [] Gas or [] Oil

Fireplaces [] Gas or [] Oil

Other: B-vent replacement

Administrative Outlines

Minimum Fee \$ _____

State Permit Charge Fee \$ _____

TOTAL FEE \$ _____