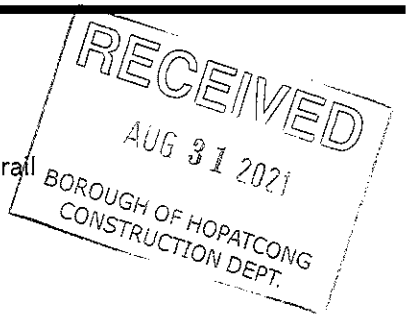
Laura Burns

From: Valerie Egan
Sent: Tuesday, August 31, 2021 10:40 AM
To: Laura Burns
Subject: FW: OPRA request - Permit search for 14 Lackawanna trail



-----Original Message-----
From: Karen Williams <opra+request-25646-1ba11298@requests.opramachine.com>
Sent: Friday, August 27, 2021 2:47 PM
To: Valerie Egan <Vegan@hopatcong.org>
Subject: OPRA request - Permit search for 14 Lackawanna trail

11018- 6

NO OPEN PERMITS

CAUTION:

This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Emailed entire file (LB)

Dear Hopatcong Borough,

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:

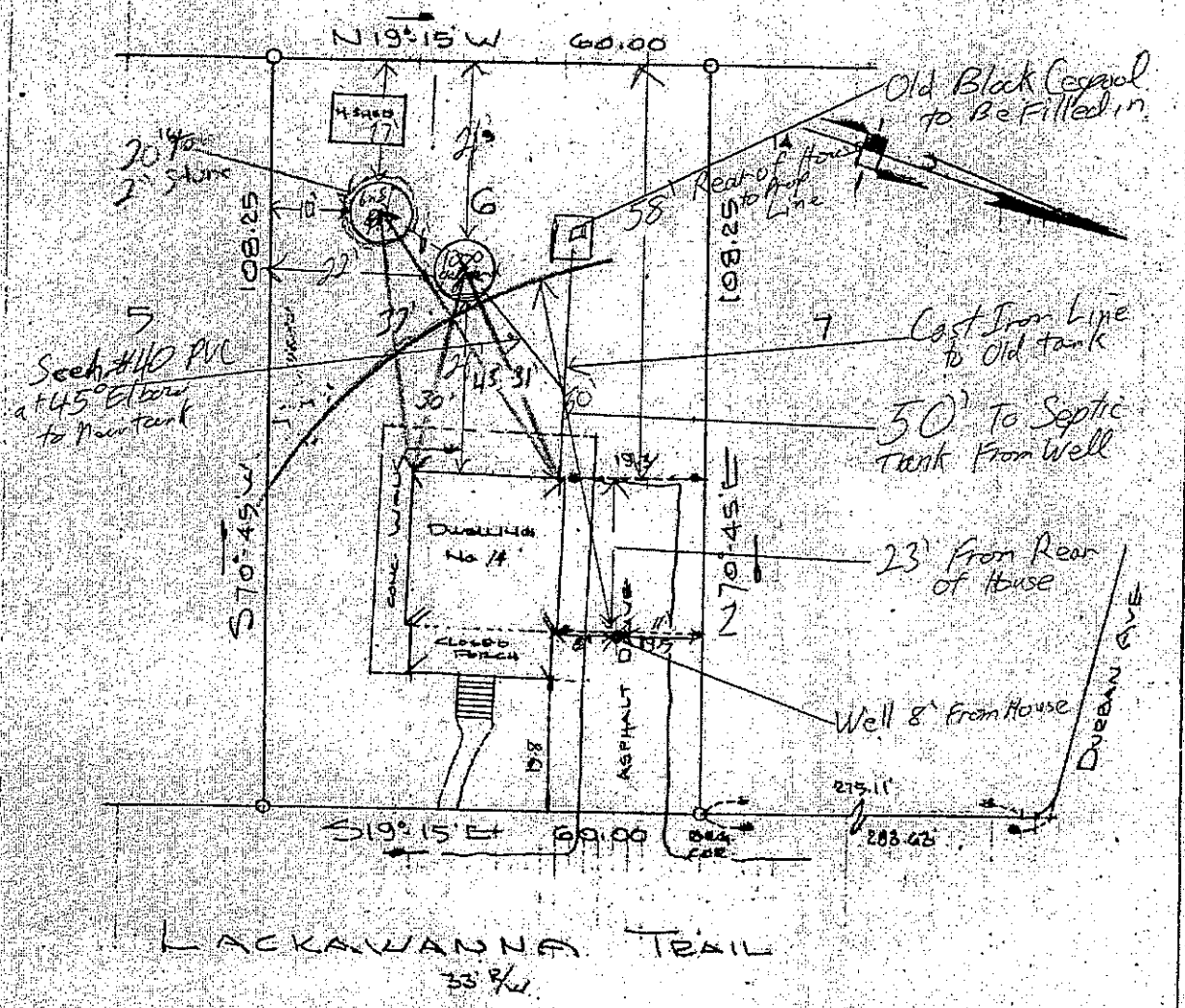
Any open permits
All closed permits
Any violations
any documentation re UST (oil tank removal)
Address: 14 Lackawanna Trail,
Block: 11018 Lot 6

Yours faithfully,

Karen Williams

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-25646-1ba11298@requests.opramachine.com

Is vegan@hopatcong.org the wrong address for OPRA requests to Hopatcong Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hopatcong_borough



NOTE:NO CORNERS SET OR REQUESTED AT THIS TIME.

Being known and designated as Lot 15 in Block 132 as shown upon a certain map entitled "Map of Section S, Block Nos. 119 to 137, Hopatcong Hills, Property of Third National Realty Corporation, Borough of Hopatcong, Sussex County, N.J." said map being filed in the Sussex County Clerk's Office on July 19, 1955 as Registered Map No.338-J.

I hereby certify to STELLA T. CONNELL, Mortgage Services of America, its successors and/or assigns, Commonwealth Land Title Insurance Co., Vito J. Corasaniti, Esq. and to all current parties interested in title to premises shown hereon.

Walter B. Sarles, L.S.
N.J. Lic.No.18605

MAP OF
LOT 6 - TAX BLOCK 1108
IN THE
BORO. OF HOPATCONG - SUSSEX CO. N.J.
JUNE 29 1989 SCALE 1"=20'
WALTER B. SARLES, L.S.
LANDING, N.J.

1108- 1985A

Date Received 9/27/01

01-548

673

W O'Connor 9/27/01

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 10/26/2001
Control #
Permit # 01-548

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 11018 Lot 6 Qual
Work Site Location 14 LACKAWANNA TR
ELEC-SERVICE
Owner in Fee/Occupant GIORDANO, KIMBERLY
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)[redacted]
Contractor H O M E O W N E R
Address
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ELEC-SERVICE

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 673
Collected by: SJH

William O'Connor
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

RECEIVED

SEP 20 2001

BORO OF HOPATCONG
CONSTRUCTION DEPT.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/27/01
Date Issued
Control #
Permit # 01-548

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

Block 11018 Lot 6

Work Site Location 14 Lackawanna Trail, Hopatcong

Owner in Fee/Occupant Kimberly A. Giordano

Address

Tele. (973) [redacted]

Contractor homeowner

Address

Tele. ( ) Fax ( )

Lic. No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1400

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 9/27/01

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	10/3/01	10/19/01	11/16	✓
Final				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

couldnot guarantee

C. CERTIFICATION IN LIEU OF OATH

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

Kimberly A. Giordano

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	33-
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 10/27/04
Control # C11018/6
Permit # 04-1386

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 11018 Lot 6 Qual

Work Site Location 14 LACKAWANNA TR
SEWER
Owner in Fee CARSON,COLLEEN
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)3[redacted]1

Contractor LARRY BANNAT
Address 6 LONGWOOD LAKE RD.
OAK RIDGE, NJ 07438-
Telephone (973)697-9639
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SEWER CONNECTION

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 $ 1,200

William O'Connor SP
Construction Official

10/27/04
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	65
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	67
Check No.	#1815
Cash	
Collected By	SP

C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 02/18/05
Control #
Permit # 04-1386

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 11018 Lot 6 Qual
Work Site Location 14 LACKAWANNA TR
SEWER
Owner in Fee/Occupant CARSON,COLLEEN
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 3[redacted]1
Contractor LARRY BANNAT
Address 6 LONGWOOD LAKE RD.
OAK RIDGE, NJ 07438-
Telephone (973)697-9639 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No.
[ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SEWER CONNECTION

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ____.

William O'Connor
Construction Official

Fee $ 0
Paid [X] Check No. 1815
Collected by: SJH

U.C.C. F260 (rev. 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

RECEIVED OCT 15 2004 BORO OF HOPATCONG CONSTRUCTION DEPT.

Date Received 10/27/04
Date Issued
Control #
Permit # 04-1386

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

Block 11018 Lot 6
Work Site Location 14 Lackawanna
Hopatcong
Owner in Fee Carson
Address Same
Tele. (973) [redacted]
Contractor Bennet
Address Oak Ridge
Tele. (973) 697-9639 Fax ( )
Lic. No. 11172
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1200.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10/19/04
Approved by: WIDC

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2/17/05
Approved by: WIDC

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer			2/17/05	WIDC
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

TANK pumped and Filled - 2/17/05
PIT pumped and Filled - 2/17/05

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

FIXTURE/EQUIPMENT	No.	FEE (Office Use Only) $
Water Closet		
Urinal/Bidet		
Bath Tub		
Lavatory		
Shower		
Floor Drain		
Sink		
Dishwasher		
Drinking Fountain		
Washing Machine		
Hose Bibb		
Water Heater		
Fuel Oil Piping		
Gas Piping		
Steam Boiler		
Hot Water Boiler		
Sewer Pump		
Interceptor/Separator		
Backflow Preventer		
Greasetrap		
Sewer Connection	✓	
Water Service Connection		
Stacks		
Other		
Other		
Other		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 65.-
TOTAL FEE	$

05-1565

BLOCK 11018 LOT 6 QUALIF /CODE _____ ADDRESS (SITE) 14 LACKAWANNA

RECEIVED

AUG 13 2005

BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 14 Lackawanna Trail
2. Name of Owner in Fee: Colleen Courson Tel. 973 [redacted]
   Address: Same (street) Hopatcong Boro (municipality) 07843 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: RAdata Inc. Tel. 973 927 7303
   Address 27 Ironia Rd., Unit 7, Flanders, NJ 07836
   License No. OR, if new home, Builder Reg. No. 22314 0424 Exp. Date 4/06
   Federal Employee No. [redacted] Fax 973 927 4980
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) Fax ( )

V. FEE SUMMARY (for off

1. Building	$
2. Electrical	
3. Plumbing	
4. Fire Protection	
5. Elevator Devices	
6. Subtotal	$
7. Less 20% for State Plan Review	
8. Subtotal	$
9. DCA Training Fee	
10. Subtotal	$
11. Cert. of Occupancy	
12. Other	
13. TOTAL	$

VI. BUILDING/SITE CHA

1. Number of Stories
2. Height of Structure
3. Area - Largest Floo
4. New Building Area
5. Volume of New Structure
6. Construction Classificatio
7. Total Land Area Disturbe
8. Flood Hazard Zone
9. Base Flood Elevation
10. Wetlands yes _____ no _____
11. Max. Live Load
12. Max. Occupancy Load

II. PROPOSED WORK

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work	$1,285								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical					8-15-05	RM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	$1,285								

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wel
9. ☐ Underground Storage Tanks

UCC/PRO F-100 (REV3/96)
Professional Printing
(856) 468-7933

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 9/15/05
Control # C11018/6
Permit # 05-1565

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 11018 Lot 6 Qual

Work Site Location 14 LACKAWANNA TR
RADON
Owner in Fee CARSON,COLLEEN
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 3[redacted]

Contractor STONE RIDGE RADON
Address 27-2 IRONA RD
FLANDERS, NJ 07836-
Telephone (973) 927-7303
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RADON

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 $ 1,285

William O'Connor
Construction Official

8/29/05
Date

PAYMENTS (Office Use Only)

Building	46
Electrical	46
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	94
Check No.	23841
Cash	
Collected By	MS

U.C.C. F170 (rev. 3/96)

Colleen Carson
14 Lackawanna Trail
Hopatcong
973-398-4701h973

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9/15/05
Control #
Permit # 05-1565

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

Block 11018 Lot 6
Work Site Location 14 Lackawanna Trail
Hopatcong NJ 07843
Owner in Fee/Occupant Colleen Carson
Address 14 Lackawanna Trail
Hopatcong NJ 07843
Tele. ( ) 973[redacted]3
Contractor DANIEL GLENN
Address 4 MICHAEL AVE., MILLTOWN, NJ 08850
Tele: 732-249-7526 Fax:
Lic. No. or Bldrs. Reg. No. 9742
Federal Emp. No. 2[redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ $100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/15/05
Approved by: R

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	46

Radata/ F-120 rev 10/00
Professional Printing
856-468-7933

1.White/Inspector Copy 2.Canary/Office Copy
3.Pink/Office Copy 4.Gold/ Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 9/15/05
Control #
Permit # 05-1565

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

Block 11018 Lot 6
Work Site Location 14 Lackawanna Trail
Hopatcong NJ 07843
Owner in Fee Colleen Carson
Address 14 Lackawanna Trail
Hopatcong NJ 07843
Tele. ( ) 973-[redacted]
Contractor RAdata Inc.
Address 27 IRONIA RD UNIT 2
FLANDERS, NJ 07836
Tele: 973-927-7303 Fax: 973-927-4980
Lic. No. or Bldrs. Reg. No. MIB90001
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 sub-slab ventilation system

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other 5/29/05 WDC		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ $1,185.00
3. Total (1+ 2) $

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [X] Other RADON

[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 46

Radata/ F-110 rev 10/00
Professional Printing
856-468-7933

1.White/Inspector Copy 2.Canary/Office Copy
3.Pink/Office Copy 4.Gold/ Applicant Copy

[redacted]

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 1/27/06
Control # C11018/6
Permit # 06-191

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 11018 Lot 6 Qual

Work Site Location 14 LACKAWANNA TR
CHIMNEY W/FLUE
Owner in Fee GIORGIO BARBARA
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]

Contractor H O M E O W N E R
Address
Telephone (
Lic. No. of Bldrs. Reg. No.
Federal Empl. No. HO-

EXPIRED

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CHIMNEY W/FLUE

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 $ 300

William O'Connor
Construction Official

1/25/06
Date

PAYMENTS (Office Use Only)

Building	46
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	46
Check No.	#1013
Cash	
Collected By	SP

141707

U.C.C. F170 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 1/27/06

Date Issued Permit # 06-191

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

Block 132 11018 Lot 6 ~~5~~ Qualification Code

Work Site Location 14 Lackawanna Trail Hopatcong

Owner in Fee Giorgio Bambara

Address 14 Lackawanna Trail Hopatcong

Tel. (973) [redacted]

Contractor H/O

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature G Giorgio Bambara

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Mason Chimney with flue line

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other	1/25/06	ait

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing			1/26/06	ait
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 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 800.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 40

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 05/13/09
Control # C11018/6
Permit # 09-294

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 11018 Lot 6 Qual

Work Site Location 14 LACKAWANNA TR

Owner in Fee GIORGIO BAMBARA
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]

Contractor HOMEOWNER
Address 14 LACKAWANNA TR.
HOPATCONG, NJ 07843-
Telephone (973) 727-6258
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

EXPIRED

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
EXTEND LIVING ROOM INTO PORCH,STEPS,CHANGE ROOF LINE.

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 $ 4,000

William O'Connor
Construction Official

05/12/09
Date

PAYMENTS (Office Use Only)

Building	96
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	0
Other	
Total	103
Check No.	1357
Cash	
Collected By	W.O'C.

Receipt # 17857

U.C.C. F170 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 05/13/09

Date Issued Permit # 09-294

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

Block 11018 Lot 6 Qualification Code _____

Work Site Location 14 Lackawanna Trail

Owner in Fee: Giorgio Bambara

Tel. (973) [redacted] e-mail _____

Address 14 Lackawanna Trail (street) Hopatcong (municipality) NJ 07843 (zip code)

Contractor: OWNER Tel. (____) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature Giorgio Bambara

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Extending living room into porch

changing Front steps

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	05/12/09	WDC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing			06/03/09	CWDC
Footing Bonding				
Foundation				
Slab				
Frame			07/30/09	WDC
Truss Sys./Bracing				
Barrier-Free				
Insulation	07/08/09 WDC		08/10/09	WDC
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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)

$ _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 1
Height of Structure _____ ft.
Area — Largest Floor Kitchen sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 4,000.00 *
3. Total (1+ 2) $ 4,000.00

ZONING PERMIT

Borough of Hopatcong

111 River Styx Road
Hopatcong, NJ 07843
Phone: (973)770-1200, Fax: (973)770-0301

Name: Giorgio Bambara

Block: 11018 Lot: 6 Zone: R-1

Address: 14 Lackawanna Trl.

Phone: Daytime: (973) [redacted] Evening: (973) [redacted]

Describe what the property is currently being used for:
Living In

Is this property located on a ✓ developed or ____ undeveloped Borough roadway?

What is this application for?
Redo the porch as adding it to the living room. (expand living room into existing porch) & reconfigure front steps

Will this project involve disturbing more than 1500 square feet of your property? Yes_____ No X

Has the above premises been subject to any Planning Board or Zoning Board Adjustment approvals?
Yes_____ No X

Attach a plot plan or survey map of the premises showing well & septic locations, existing and proposed structure dimensions including floor plans, ceiling heights on all levels, overall height.

I hereby make application for a Zoning Permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit that requires a separate application. I certify that the answers to the above questions and any statements made on the attachments are true and complete to the best of my knowledge.

Date: 3-24-09 Signature: Giorgio Bambara

$20.00 FEE PAID 3/24/09.

DIRECTIONS TO YOUR PROPERTY FROM THE BOROUGH HALL:

For Office Use

Board of Health approval: ____yes, needed ✓ no, not needed (city water & sewer)

Approved: ✓ yes ____no, denied, Board of Adjustment approval needed

This approval is conditioned upon the approval of any other government entity having jurisdiction in this matter.

Date: 3/24/09 William F Donegan III
William Donegan, III, Zoning Officer

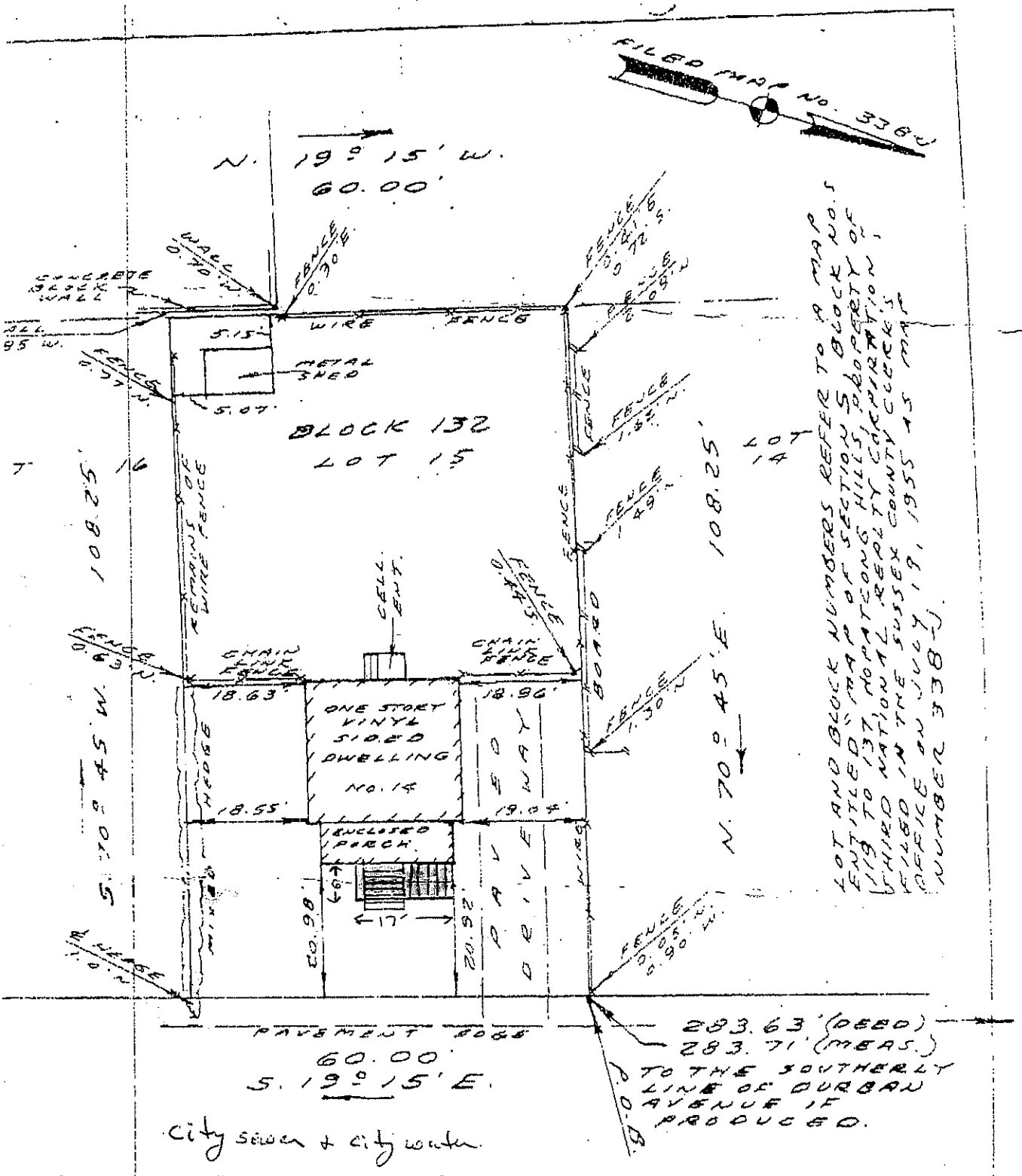
Reason for Denial and Section(s) of Ordinance from which a Variance is required:
See attached survey & plans. Applicant acknowledges only legal use for this property is single family residential use, no apartments.

ZONING OFFICER'S CALCULATIONS

ORDINANCE	REQUIREMENT	EXISTING	PROPOSED	CONFORMS	PRE-EXISTING
242-38D(1) LOT SIZE:					
242-38D(2) LOT WIDTH:					
242-38D(3) LOT DEPTH:					
242-38D(4) Frontyd. setback:					
242-38D(5) Sideyd. setback:					
242-38D(6) Rearyd. Setback:					
242-38D(7) Bldg. height:	2 ½ stories or 35'				
242-38D(8) *Conf. lot cov.	25%				
242-38E(2) *non-conf. lot cov.	35%				
242-38D(9) *Conf. lot footprint	15%				
242-38E(1) *non-conf. lot footprint.	20%				
242-18-A Distance from Lake/Stream:	50'				
242-11C Steep/critical slope:	15%/25%				
242-28C(1) Retaining Wall setback:	5' fr . Prop. line				
OTHER					

*Conforming Lots are 15,000 sf. or more in R-1 zone, everything smaller is non-conforming

Block 11018 Lot 6.



City sewer & city water.

LACKAWANNA TRAIL
(33' R.O.W.)

PROPERTY CORNERS NOT SET AS PER WRITTEN CONTRACTUAL AGREEMENT PURSUANT TO N.J.A.C. 13:40-5.1(d). LENOX TITLE AGENCY FILE NO. LX-004551-99

MAP OF PROPERTY SITUATED AT
BOROUGH OF HOPATCONG, SUSSEX COUNTY, NJ

PREPARED FOR
KIMBERLY A. GIORDANO

SCALE 1" = 20'

THIS SURVEY IS CERTIFIED TO BE ACCURATE AND CORRECT TO

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 7/27/09
Control # C11018/6
Permit # 09-492

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 11018 Lot 6 Qual

Work Site Location 14 LACKAWANNA TR
ELEC
Owner in Fee BAMBARA
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 8[redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIXTURE,RECEPTACLE,SWITCH

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 $ 295

Construction Official

7/27/09
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	55
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	56
Check No.	1375
Cash	
Collected By	

#019092

U.C.C. F170 (rev. 3/96)

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 03/30/20
Control #
Permit # 09-492

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 11018 Lot 6 Qual
Work Site Location 14 LACKAWANNA TR
ELEC
Owner in Fee/Occupant BAMBARA
Address SAME
HOPATCONG, NJ 07843-
Telephone (9[redacted]3
Contractor H O M E O W N E R
Address
, -
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

FIXTURE,RECEPTACLE,SWITCH

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ____.

William O'Connor
Construction Official

Fee $ 0
Paid [X] Check No. 1375
Collected by: SJH

U.C.C. F260 (rev. 3/96)

RECEIVED

JUL 15 2009

BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 7/27/09

Date Issued Permit # 09-492

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

Block 11018 Lot 6 Qualification Code

Work Site Location 14 Lackawanna Trl. Hopatcong N.J. 07843

Owner in Fee: BAMBARA

Tel. (973) [redacted] e-mail

Address 14 Lackawanna Trl. Hopatcong
street municipality zip code

Contractor: HOME OWNER Tel. (973) 810-3033

Address 14 Lackawanna Trl. Hopatcong e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200.00

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace and move plugs 2 new lights, 1 new switch, 2 new plug

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 7/15/09 RJ
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approved	Initial
Type:				
Rough	7/29/09		8/19/09	RD
Barrier-Free				
~~Trench~~	R		8/26	RS
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 certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 5
TOTAL FEE $

U.C.C. F120 (rev. 10/06)

Reorder From OCS Printing (609) 390-1400

[redacted]

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 10,22,2019
Control # C11018/6
Permit # 19.934

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 11018 Lot 6 Qual

Work Site Location 14 LACKAWANNA TR
DECK/ALTERATION
Owner in Fee 14 LACKAWANNA LLC
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]

Contractor COLSON ENTERPRISES
Address 20 RT 183
NETCONG, NJ 07857-
Telephone (973)347-4888
Lic. No. or Bldrs. Reg. No. 13VH00494300
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DECK, BATH, A/C, FURNACE

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 $ 5,200

William O'Connor
Construction Official

10/22/19
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	90
Plumbing	151
Fire Protection	65
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	10
Cert. of Occupancy	0
Other	
Total	376
Check No.	113
Cash	
Collected By	[illegible]

83198

U.C.C. P170 (rev. 3/96)

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 02/21/21
Control #
Permit # 19-934

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 11018 Lot 6 Qual
Work Site Location 14 LACKAWANNA TR
DECK/ALTERATION
Owner in Fee/Occupant 14 LACKAWANNA LLC
Address SAME
HOPATCONG, NJ 07843-
Telephone [redacted]
Contractor COLSON ENTERPRISES
Address 20 RT 183
NETCONG, NJ 07857-
Telephone (973)347-4888 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH00494300
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

DECK, BATH, A/C, FURNACE

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ____.

Fee $ 0
Paid [X] Check No. 113
Collected by: SJT

Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/22/2019

Date Issued / Permit # 19-934

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

Block 11018 Lot 6 Qualification Code

Work Site Location 14 Lackawanna Hopatcong

Owner in Fee: 14 Lackawanna LLC

Tel. (973) [redacted] e-mail

Address 14 Lackawanna (street) Hopatcong (municipality) 07843 (zip code)

Contractor: Colsom Enterprise Inc Tel. (973) 347-4882

Address Box 183 e-mail

Hopatcong

Contractor License No. or Builder Registration No. 13VH00494300 Exp. Date 3/31/20

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: (973) 347-5454

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [x] All — 10/22/19 — CWOC
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 10/22/19

Approved by: CWOC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	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 ____ Proposed ____

No. of Stories

Height of Structure ____ ft.

Area — Largest Floor ____ sq. ft.

New Bldg. Area/All Floors ____ sq. ft.

Volume of New Structure ____ cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present ____ Proposed ____

If Industrialized Building:

State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ 2500
2. Rehabilitation $
3. Total (1+ 2) $ 2500

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Randy

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW DECK CONTRUCTION

TYPE OF WORK:

- [ ] New Building
- [x] 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)

$

Administrative Surcharge $

Minimum Fee $ 60

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 11/09)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/22/2019
Control #
Date Issued
Permit # 19-934

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

Block 11018 Lot 60 Qualification Code

Work Site Location 14 Lackawanna Trail Hopatcong

Owner in Fee: 14 Lackawanna LLC

Tel. (973) [redacted] e-mail

Address 14 Lackawanna Trail (street) Hopatcong (municipality) 07843 (zip code)

Contractor: Alpha Electric Inc Tel. (201) 2744667

Address 25 Nanticong Ave e-mail
Hopatcong NJ

Contractor License No. 20196A Exp. Date 3-21

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 16 OCT 19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			13JAN20	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	11MAR			
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 certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Richard S Weber

Print name here: Richard S. Weber

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: A/C and grinder Pump Circ

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP Sewage	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	
1		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1/M		Grinder Pump	

Administrative Surcharge $	90
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/22/2019
Control #
Date Issued
Permit # 19-934

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

Block 11018 Lot 6 Qualification Code

Work Site Location 14 LACKAWANNA

Owner in Fee: 14 LACKAWANNA LLC.

Tel. 973 [redacted] e-mail [redacted]@YAHOO.COM

Address 20 ROUTE 183 NETCONG

Contractor: COLSON ENT. INC (street, municipality, zip code) Tel.

Address 20 ROUTE 183 e-mail

NETCONG NJ

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 10,000

Fuel Storage Tank:

Fuel Type: [X] Flammable OR [ ] Combustible

Capacity 200 GAL.

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial Underslab Utilities Approved

Date 10/7/19 Approved by: J.O.C.

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/7/19

Approved by: J.O.C.

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [X] CA

Date: 3/16/20

Approved by: J.O.C.

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/16/20	J.O.C.
Other				

U.C.C. F140 (rev. 02/11)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: RANDOLPH COLSON

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: GAS FURNACE INSTALL

Water Supply Source

Method of Alarm/Suppression System Supervision

	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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		65
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10/22/2019

Date Issued / Permit # 19-934

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

Block 11018 Lot 6 Qualification Code

Work Site Location 14 Lackawanna Hopatcong

Owner in Fee: 14 Lackawanna LLC

Tel. 973 2[redacted]9 e-mail

Address 14 Lackawanna (street) Hopatcong (municipality) (zip code)

Contractor: Joseph Inglima Tel. 973 477-5965

Address 174 Statesville Avenue e-mail

Lafayette, NJ 07848

Contractor License No. 11124 Exp. Date 6-30-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 2,000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved As noted
Date: 10/22/19 Approved by: WDE
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/22/19
Approved by: WDE

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				✓

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Joseph Inglima

[ ] Licensed Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove one water closet, toilet, bathroom, tub & shower

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
X	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$ 16
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 12/17/2019
Control # C11018/6
Permit # 19-1087

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 11018 Lot 6 Qual

Work Site Location 14 LACKAWANNA TR
HVAC
Owner in Fee 14 LACKAWANNA LLC
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]

Contractor CHRIS COOL HVACR
Address 118 LANDING RD
LANDING, NJ 07850-
Telephone (973)945-4000
Lic. No. or Bldrs. Reg. No. 19HC00658400
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HVAC

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 $ 5,950

William O'Connor
Construction Official

12/17/19
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	55
Fire Protection	65
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	11
Cert. of Occupancy	0
Other	
Total	131
Check No.	1125
Cash	
Collected By	SGT

84087

U.C.C. F170 (rev. 3/96)

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 03/30/20
Control #
Permit # 19-1087

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 11018 Lot 6 Qual
Work Site Location 14 LACKAWANNA TR
HVAC
Owner in Fee/Occupant 14 LACKAWANNA LLC
Address SAME
HOPATCONG, NJ 07843-
Telephone (973[redacted]64
Contractor CHRIS COOL HVACR
Address 118 LANDING RD
LANDING, NJ 07850-
Telephone (973)945-4000 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 19HC00658400
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

HVAC

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ____.

William O'Connor
Construction Official

Fee $ 0
Paid [X] Check No. 1125
Collected by: SJT

U.C.C. F260 (rev. 3/96)

Date Received 12/17/2019
Control #
Date Issued 19 - 1087
Permit #

PLUMBING SUBCODE TECHNICAL SECTION

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

Block 11018 Lot 6 Qualification Code

Work Site Location 14 Lackawanna Tr. Hopatcong NJ 07843

Owner In Fee: 14 Lackawanna LLC

Tel. e-mail

Address 14 Lackawanna Tr. Hopatcong NJ. 07843
(street) (municipality) (zip code)

Contractor: CHRIS COOL HVACR Tel. 973 945-4000

Address 118 LANDING RD e-mail YOTACOW@HOTMAIL
LANDING NJ 07850

Contractor License No. 19HC00658400 Exp. Date 10.30.20

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: 973 601-7768

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 450.00 = Total Job $ 6000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required
[ ] Partial - Under Sub-Utilities Approved
Date 12/17/19 Approved by [illegible]
[ ] Plumbing Plans Approved
Date Approved by
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 12/17/19
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 03/10/2020
Approved by: [illegible]

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Slab				
Rough				
Water				
Sewer				
Drains				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	HVAC * 03/10/2020		03/10/2020	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Chris Malakuskie

Print name here: CHRIS MALAKUSKIE

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA Install of 60K BTU Propane Furnace
DESCRIPTION OF WORK W/ 7.5 Ton Coil (AC) & Condensation Line from coil to outside of Lineset

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Venting furnace thru roof with B vent

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

U.C.C. F130 (rev. 11/09)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/17/2019
Control #
Date Issued
Permit # 19-10877

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

Block 11018 Lot 6 Qualification Code

Work Site Location 14 Lackawanna Tr. Hopatcong 07843

Owner in Fee: 14 Lackawanna LLC

Tel. e-mail

Address 14 Lackawanna Tr Hopatcong NJ 07843
(street) (municipality)

Contractor: Long Cool HVAC Tel. 973945-4600
(zip code)

Address 118 Lading Rd Landing e-mail yorac@verizon.net
NJ. 07850

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH01669100

Federal Emp. ID No. [redacted] FAX: 973601-7768

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 5500.00

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: 10/21/19 Approved by: J.DC
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/21/19
Approved by: J.DC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 3/16/20
Approved by: J.DC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/16/20	J.DC
Other				

J.C.C. F140 (rev. 02/11)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Chris McOskie

Print name Chris McOskie

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Move of 60KBTU propane
Water Supply Source Furnace gas piping to furnace
Method of Alarm/Suppression System Supervision Smoke

	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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

Administrative Surcharge $	
Minimum Fee $	65
State Permit Surcharge Fee $	
TOTAL FEE $	

[redacted]

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 2/24/2020
Control # C11018/6
Permit # 20-146

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 11018 Lot 6 Qual

Work Site Location 14 LACKAWANNA TR
LP TNKS
Owner in Fee COLSON RANDOLPH
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]

Contractor YANKEE PROPANE
Address 119 INDUSTRIAL DR
FLORIDA, NY 10921-
Telephone (973) 835-0762
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
LP TNKS

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 $ 330

Construction Official

02/11/2020
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	55
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	56
Check No.	1127
Cash	
Collected By	

#84587

U.C.C. F170 (rev. 3/96)

Plumbing

~~MECHANICAL INSPECTION~~
TECHNICAL SECTION

Date Received / Control # 2/24/2020

Date Issued / Permit # 20-146

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

Block 11018 Lot 6 Qualification Code

Work Site Location 14 LACKAWANNA TRAIL HOPATCONG NJ 07843

Owner in Fee: COLSON RANDOLPH

Tel. (973) [redacted] e-mail [redacted]@YANKEEPROPANE

Address 14 LACKAWANNA TRAIL (street) HOPATCONG NJ (municipality) 07843 (zip code)

Contractor: YANKEE PROPANE Tel. (973) 835-0762

Address 119 INDUSTRIAL DRIVE e-mail

FLORIDA NY 10921

Contractor License No. LPG-023 Exp. Date 03/22/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: (845) 651-2652

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 330

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Mechanical Plans Approved

Date 02/11/20 Approved by: WDC

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 02/11/2020

Approved by: WDC

SUBCODE APPPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date:

Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: LISA SULLIVAN

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL 2-420'S AT REAR OF BACK DECK.
RUN 15' 1/2 COPPER UNDER DECK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
2	LPG Tank	
	Fireplace	
	Generator	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 55

TOTAL FEE $

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

Applicant

ZONING PERMIT

BOROUGH OF HOPATCONG

111 River Styx Road

Hopatcong, NJ 07843

Phone: (973) 770-1200, Fax (973) 770-0301

RECEIVED
MAY 22 2020
BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

Name: Jared + Michelle Henry

Block: 11018 Lot: 6 Zone: R-1 Permit Number 2-20-111

Address: 14 Lackawanna Trail Hopatcong NJ 07843

Mailing address: same as above

Phone: Daytime: [redacted] Evening: same

Describe what the property is currently being used for: Residence

Fence approved only 5/22/20 see attached survey with approval

Is the property located on a ✓ developed or ____ undeveloped Borough roadway?

What is this application for? ~~Deck~~ Fence, Shed, (Driveway addition

see attached survey with approval outlined

Will this project involve disturbing more than 1500 square feet of your property? Yes ____ No ✓

Has the above premises been subject to any Land Use Approvals? Yes ____ No ✓

Attach a plot plan or survey map of the premises showing well & septic locations, existing and proposed structure dimensions including floor plans and overall height.

I hereby make applications for a Zoning Permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit that requires a separate application. I certify that the answers to the above questions and any statements made on the attachments are true and complete to the best of my knowledge.

Date: 5/22/2020 Signature: Michelle Henry

$20.00 FEE PAID: 098

RECEIPT NUMBER: 85608

*MUST BE COMPLETED:

*HOUSE NUMBER MUST BE VISIBLE FROM THE STREET: *DIRECTIONS TO YOUR (MAILBOX)

PROPERTY FROM BOROUGH HALL: ____

14 Lackawanna

OFFICE USE ONLY

Board of Health approval: _____ yes, needed no, not needed ____✓____ Well ✓ Septic ✓

Approved: ✓ yes _____ no, denied, Land Use approval needed.

This approval is conditioned upon the approval of any other government entity having jurisdiction in this matter.

DATE: 5/22/24

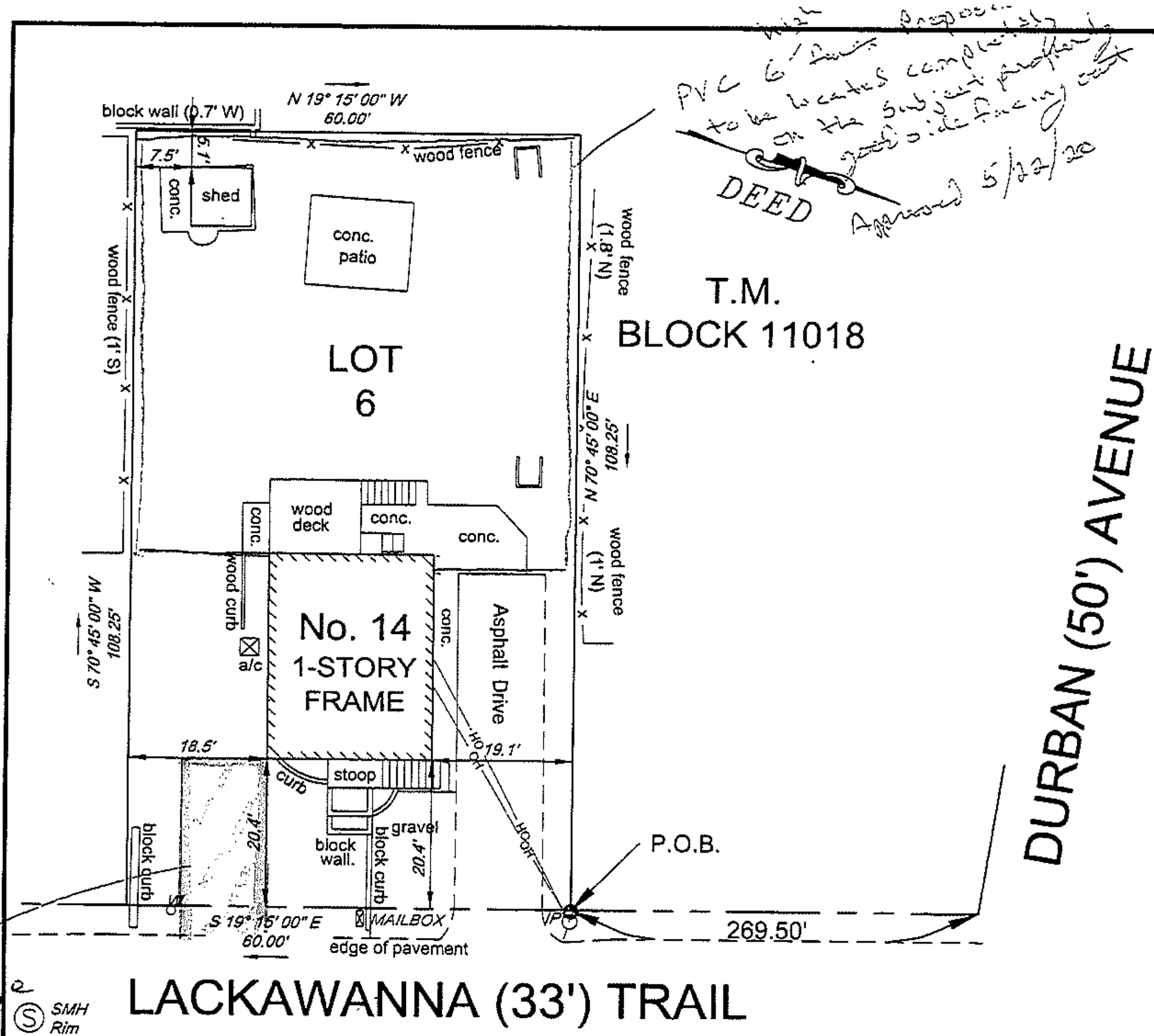
William Donegan, III, Zoning Officer

Reason for Denial and Section (s) of Ordinance from which a Variance is required:

Zoning Officer's Calculations

ORDINANCE	REQUIREMENT	EXISTING	PROPOSED	CONFORMS	PRE-EXISTING
242-38D (1) LOT SIZE:					
242-38D (2) LOT WIDTH:					
242-38D (3) LOT DEPTH:					
242-38D (4) FRONT YARD SETBACK:					
242-38D (5) SIDE YARD SETBACK:					
242-38D (6) REAR YARD SETBACK					
242-38D (7) BLDG. HEIGHT:	2 ½ STORIES OR 35'				
242-38 (B) *CONF. LOT COVERAGE 25%					
242-38E (2) *NON CONF. LOC COVERAGE 35%					
242-38D (9) * CONF. LOT FOOTPRINT 15%					
242-38E (1) *NON CONF. LOT FOOTPRINT 20%					
242-18A DISTANCE FROM LAKE/STREAM: 50'					
242-11C (1) STEEP.CRITICAL SLOPE: 15%/25%					
242-28C (1) RETAINING WALL SETBACK: 5'FROM PROPERTY LINE					
OTHER					

*CONFORMING LOTS ARE 15,000 SQUARE FEET OR MORE IN THE R-1 ZONE, EVERYTHING SMALLER IS NON-CONFORMING.



DECLARATION:
I declare that, to the best of my knowledge and belief, this map and survey were made by me or under my immediate supervision in accordance with N.J.S.A. 13:40-5.1 and the information shown hereon correctly represents the conditions found at the date of the survey except such improvements or easements, if any, below the surface and not visible and is subject to Federal, State, County, and/or municipal restrictions. Included in this declaration are the following notes:

NOTES/REFERENCES:
1. BEING THAT PARCEL OF LAND AS DESCRIBED IN DEED DATED MARCH 20, 2019, AS RECORDED IN SUSSEX COUNTY CLERK'S OFFICE ON MARCH 16, 2020 IN DEED BOOK 3552, PAGE 307.
2. ALSO BEING KNOWN AND DESIGNATED AS LOT 18 IN BLOCK 132, SECTION S AS SET FORTH ON A CERTAIN MAP ENTITLED "MAP OF SECTION S, BLOCK NOS 119 TO 137, HOPATCONG HILLS, PROPERTY OF THIRD NATIONAL REALTY CORPORATION" FILED IN THE SUSSEX COUNTY CLERK'S OFFICE AS MAP NO. 338-J ON JULY 19, 1956.
3. THE MAKER OF THIS MAP IS NOT QUALIFIED TO MAKE A DETERMINATION AS TO THE ABSENCE OR PRESENCE OF ANY WETLANDS, CONTAMINATION OR OTHER ENVIRONMENTAL CONDITION WHICH MAY AFFECT THIS PROPERTY. THEREFORE NO STATEMENT IS BEING MADE OR IMPLIED BY THE FACT THAT NO EVIDENCE OF CONTAMINATION OR OTHER ENVIRONMENTAL CONDITION IS BEING SHOWN ON THIS MAP.
4. IF THIS SURVEY DOES NOT CONTAIN THE RAISED SEAL OF SURVEYOR, IT IS AN UNAUTHORIZED REPRODUCTION OF THE SURVEY.
5. THIS SURVEY IS SUBJECT TO ANY EASEMENTS, RESTRICTIONS, OR COVENANTS THAT AN ACCURATE TITLE SEARCH MAY REVEAL.
6. THIS SURVEY IS MADE SOLELY FOR THE PARTIES NAMED HEREON AND IS NOT TRANSFERABLE, EXCEPT TO THE MORTGAGE HOLDER, WHICH SHALL SURVIVE TO ITS SUCCESSOR OR ASSIGN.
7. LOCATIONS OF UTILITIES ARE APPROX. CONTRACTOR SHALL VERIFY EXACT LOCATION IN FIELD WITH UTILITY COMPANIES PRIOR TO COMMENCEMENT OF CONSTRUCTION.
8. DISTANCES OF DWELLING TO PROPERTY LINE SHOWN HEREON ARE TAKEN FROM THE OUTSIDE OF THE BUILDING SIDING.
9. FENCING SHOWN HEREON IS TO THE CENTERLINE OF FENCE

CERTIFIED TO:
MICHELLE HENRY AND JARED DANIEL HENRY;
XX ITS SUCCESSOR AND/OR ASSIGNS, AS THEIR INTEREST MAY APPEAR
WESTCOR LAND TITLE INSURANCE COMPANY;
RMS TITLE SERVICES, LLC; (RMS-15428)
BITTIGER ELIAS AND TRIOLO PC

NOTE: PROPERTY CORNERS NOT SET AS REQUESTED

LOCATION SURVEY AT
14 LACKAWANNA TRAIL
TAX MAP BLOCK 11018 – LOT 6
BOROUGH OF HOPATCONG
SUSSEX COUNTY, NEW JERSEY

OMLAND & OSTERKORN, INC.
ENGINEERING–SURVEYING–PLANNING–TEL. 973–647–7820
22 MADISON HEIGHTS, WYCKOFF, N.J. 07481

KIERSTEN OSTERKORN, PE, PLS, PP N.J. LIC NO. 42581
NJ Cert. of Authorization: 24GA28293300

04/21/20	SCALE: 1"=20'	SHEET 1 OF 1	JOB NO. 200405