MOUNT OLIVE TOWNSHIP

PLANNING DEPARTMENT

ZONING PERMIT

A. APPLICANT
Name: Joseph & Joyce Wirt
Address: 34 Cleacene Ave.
Budd LAke, NJ 07828
Phone #:

Relationship to
Property Owner: same

B. PROPOSAL
Property: same

Owner: same
Owner I.D.# n/a
Block: 51 Lot: 05

Zoning District: R-4

C. FINDINGS
This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Description Maintain an existing 10' x 20' deck at rear of dwelling (first-floor).

( ) Use permitted by Ordinance
(x) Use permitted by variance approved on subject to any special conditions as described below.
( ) Valid pre-existing nonconforming use/structure as established by the undersigned Official for the following reasons:

( ) Proposed structure will not encroach upon required setbacks nor exceed maximum allowable building coverage.

D. CONDITIONS and/or COMMENTS
Ord. amm. 42-87 & ZBOA Resolution #91-6BOA, dated 9/16/91.

PLEASE NOTE: This permit certifies compliance with the Township Zoning Ordinance and/or Subdivision Ordinance. It does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state, or federal agencies.
* Time Limit: This Zoning Permit is subject to revisions to applicable development ordinances.

FEE PAID: $10.00

F. APPROVED BY
Laurie L. Lunn
Zoning Officer/Assistant Planner

9/17/91
Date

O. BOX A, ROUTE 46
DD LAKE, NEW JERSEY 07828
ONE: (201) 691-0900 ext. 320
X #: (201) 691-1326

MOUNT OLIVE BOARD OF ADJUSTMENT
RESOLUTION

JOSEPH & JOYCE WIRT
Application #91-6BOA
September 16, 1991

All the facts of this case having been presented and duly considered at a public meeting of the Board of Adjustment, Township of Mt. Olive, it is hereby moved that Application #91-6BOA of Joseph and Joyce Wirt for a variance to construct a 10'x20' deck in an R-4 Zone on premises known as Block 51, Lot 5, contrary to the requirements of Section 42-87 of the Mt. Olive Zoning Ordinance, be granted.

The granting of this variance is based on the following factual findings and conclusions:

1. The applicants are the owners of premises commonly known as Block 51, Lot 5.

2. The premises consists of a single-family dwelling.

3. The applicants constructed a deck on the rear of the house.

4. The applicable section of the Zoning Ordinance requires a side yard of 12 feet, and the proposed existing deck has a side yard of four feet.

5. The Zoning Ordinance requires a rear yard of 35 feet, and the existing deck has a rear yard setback of 23 feet.

6. This deck has already been constructed by the applicants because they did not realize that they needed a

variance to construct the deck.

7. The applicants testified that the house is already conforming as to side yard and the deck is merely an extension of the property lines of the house.

8. There is no land available for purchase.

9. There were no objectors to the application.

10. The granting of this variance would create more benefit to the property than any possible detriment to the Zoning Ordinance.

The granting of this variance is without substantial detriment to the public good and will not substantially impair the intent and purpose of the zone plan and zoning scheme.

This variance is subject to current payment of all taxes and to compliance with the provisions of the Surface Water Management Ordinance, if applicable.

ROLL CALL: Dan Zingone - yes
Katherine Siess - yes
Jean Marucci - yes
Steve Baker - yes
Paul Licitra - yes

CERTIFIED TO BE A TRUE AND CORRECT COPY
DATE: September 16, 1991

Paul Licitra, Chairman

Catherine Natafalusy, Secretary

Township of Mt. Olive

LETTER OF NONCOMPLIANCE

A. APPLICANT

Name: Joseph Wirt
Address: 34 Cleacene Avenue
Budd Lake, NJ 07828
Phone #
Relationship to Property Owner: same

B. PROPOSAL

Property: same
Owner: same
Block: 51 Lot: 05
Zoning District: R-4

C. DESCRIPTION OF PROPOSAL

Has constructed a 10' by 20' deck (stairs included) onto the rear 1st floor of dwelling.

D. FINDINGS

This is to certify that the subject premises together with a n y building thereon, does not qualify for a:

(X) Building Permit
( ) Certificate of Occupancy

For the following reasons:

( ) Use Variance Required
(X) Bulk Variance Required
( ) Site Plan Approval Required
( ) Other (Specify):

E. APPLICABLE ORDINANCE

Ord. amm. 42-87: The deck, as constructed without appropriate permits, ecroaches upon required rear and side yard setbacks.

	REQUIRED	PROPOSED (existing)
SIDE YD. -	12 ft.	4± ft.
REAR YD. -	35 ft.	23 ft.

F. COMPLETED BY

Louise L. Adams
Zoning Officer/Assistant Planner

4/8/91
Date

PLEASE NOTE: This determination will effectively deny the issuance of a Building Permit or Certificate of Occupancy for your proposal. Please be advised that you have the right to appeal this decision to the Township Zoning Board of Adjustment. To perfect this appeal, you must present this Letter of Noncompliance with a completed APPEAL application to the Board Secretary no later than 20 days from the date hereof. The Zoning Officer will provide you with an application package and complete instructions for this procedure.

cc: A. Brown, Building Inspector

P.O. Box A. Route 46. Budd Lake. New Jersey 07828
Telephone 201·691·0900

Township of Mt. Olive

3509/21
6 Beech St

LETTER OF NONCOMPLIANCE

A. APPLICANT

Name: Joseph Wirt
Address: 34 Cleacene Avenue
Budd Lake, NJ 07828
Phone # (201) 691-1936
Relationship to Property Owner: same

B. PROPOSAL

Property: same
Owner: same
Block: 51 Lot: 05
Zoning District: R-4

C. DESCRIPTION OF PROPOSAL

Has constructed a 10' by 20' deck (stairs included) onto the rear 1st floor of dwelling.

D. FINDINGS

This is to certify that the subject premises together with a n y building thereon, does not qualify for a:

(X) Building Permit
( ) Certificate of Occupancy

For the following reasons:

( ) Use Variance Required
(X) Bulk Variance Required
( ) Site Plan Approval Required
( ) Other (Specify):

E. APPLICABLE ORDINANCE

Ord. amm. 42-87: The deck, as constructed without appropriate permits, ecroaches upon required rear and side yard setbacks.

	REQUIRED	PROPOSED (existing)
SIDE YD. -	12 ft.	4± ft.
REAR YD. -	35 ft.	23 ft.

F. COMPLETED BY

Jessie L. Dunn
Zoning Officer/Assistant Planner

4/8/91
Date

PLEASE NOTE: This determination will effectively deny the issuance of a Building Permit or Certificate of Occupancy for your proposal. Please be advised that you have the right to appeal this decision to the Township Zoning Board of Adjustment. To perfect this appeal, you must present this Letter of Noncompliance with a completed APPEAL application to the Board Secretary no later than 20 days from the date hereof. The Zoning Officer will provide you with an application package and complete instructions for this procedure.

cc: A. Brown, Building Inspector

P.O. Box A. Route 46. Budd Lake. New Jersey 07828
Telephone 201·691·0900

Township of Mt. Olive

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 7812
DATE ISSUED 6/12/89
REVISION DATE

Block 51 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner JOSEPH + JOYCE WIRT
Address 34 CLARENCE AVE
BUDD LAKE NJ
Tel. ( )

Contractor SELF
Address
Tel. ( )
Lic. No.
Federal Emp. No.

Work Site Address 34 CLARENCE AVE

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Re-Roof

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☑ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other Final Insp

	Fee Basis	Fee
		$
	Min.	10.00
	5.00	5.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$ 15.00
Total Building Fee (Greater of Minimum or Subtotal)		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____
Total Building Area–All Floors _____ Sq. Ft.
Height of Structure _____ Ft.
Volume of Structure _____ Cu. Ft.
Area–Largest Floor _____ Sq. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 200.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☑ Other Re-Roof	6/7/85	DW

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-110 (8/82)

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 3-8-95
Control # 13903
Permit # 13903

Open

IDENTIFICATION Block 3509 Lot 21

Work Site Location 34 Cleacene Ave.
Budd Lake, NJ

Owner in Fee Donald McLaughlin
Address Same

Tele. (201) 691-1761

Contractor Johnson Oil
Address 265 Rt. 46, P.O. Box 1280
Dover, NJ 07802

Tele. (201) 366-0533
Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. ____
or Social Security No. ____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [XX] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Replace 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 $ 1800.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	25.00
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occ.	
Other	
Total	26.00
Check No.	
Cash	
Collected By:	JW

(see reverse side)

( ) Capacity ____ Fuel ____
( ) Capacity ____ Fuel ____
( ) Capacity ____ Fuel ____
( ) Capacity ____ Fuel ____

FEE (Office Use Only)

[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: ____
Approved by: ____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

Type:

Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	
OTHER Replacement of A N/A furnace		25.00

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ 1.00
Collected by: ____ TOTAL FEE $ 26.00

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

U.C.C. Form F-140B

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/16/97
Date Issued
Control #
Permit # 16460-3850

1 OF 2

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

Block # 3509 Lot # 21
Work Site Location 34 Glencene Ave. Budd Lake
Owner in Fee Donald Mc Laughlin
Address 34 Glencene Ave. Budd Lake NJ 07828
Tele. (201) 691-0152
Contractor James F. Smith
Address 29 Kenmar Road Budd Lake, New Jersey 07828
Tele. (201) 691-0152
Lic. No. 5978
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present 1 fam Proposed 1 fam
Building Sewer Size _____ Public Sewer ✓ Private Septic _____
Water Service Size _____ Public Water ✓ Private Well _____
Estimated Cost of Plumbing Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Approved By: CK
Date: 08-22-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer			08-22-97	KR
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.

Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	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	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
✓	Sewer Connection	30.00
	Water Service Connection	
	Active Solar System	
	Other	

Paid [✓] Check # 2938
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ 1.00
DCA Training Fee	$ _____
TOTAL	$ 31.00

U.C.C. Form F-130B

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

Township of Mt. Olive

CONSTRUCTION PERMIT

PERMIT NO. 8807
DATE ISSUED 12/9/87
Block 51 Lot 5
Subdivision 3509/21

IDENTIFICATION

Owner: Joseph & Joyce Wirt
Address: 34 Cleacene Ave.
Budd Lake, N.J. 07828
Tel. , ,
Work Site Address: 34 Cleacene Ave
Budd Lake, N.J. 07828

Agent: George Van Varick Co.
Address: 1013-1014 Market St.
PO Box 38
Paterson, N.J.
Tel. (201) 523-3300
Lic. No. 5316
Federal Emp. No.

PAYMENTS

Permit Fee $ 15.00
Fees Remitted $ 15.00
[X] Check No. 670
[ ] Cash
[ ] Other
Collected By: D V.
Date: 12/9/87

is hereby granted permission to perform the following work:

- [ ] BUILDING
- [ ] ELECTRICAL
- [X] PLUMBING
- [ ] FIRE PROTECTION
- [ ] OTHER

Description of work:

WATER UTILITY 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: $ 100.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 5		COLUMN 2	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material		Size	
Building Sewer —	Material		Size	
Water Service —	Material	K-Tubing	Size	3/4"
Venting —	Material		Size	

Estimated Cost of Plumbing Work: $ 100

D. COMMENTS

[ ] Partial Releases [ ] Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS
1-22-88	W/sm conn. OK

JOB SUMMARY

☑ No Plans Required
☐ Plan Review Approved
Date: 12-9-87
Approved By: [signature]

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 1-22-88
Inspected By: [signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10/25/91
Control #
Permit # 11363

Open

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

Block 51 Lot 5
Work Site Location 34 CLEACENE AVE
BUDD LAKE
Owner in Fee JOSEPH + JOYCE WIRT
Address 34 CLEACENE AVE
BUDD LAKE
Tele. (201) 691-1936
Contractor WORK PERFORMED BY MYSELF
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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 Joseph E Wirt

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Deck. 176 sq ft.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	10/17/91	D.R	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories ONE
Height of Structure 8-12 Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors 200 Sq. Ft.
Volume of Structure Cu. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 500.
2. Alteration $
3. Total (1+2) $ 500.00

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other Final

(Office Use Only)
FEE
$ 20.00
10.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: D.R TOTAL FEE $ 30.00

TOWNSHIP OF MOUNT OLIVE
204 FLANDERS DRAKESTOWN ROAD
BUDD LAKE NJ 07828
973-691-0900

CERTIFICATE
IDENTIFICATION

Date Issued: 05/07/2009
Control #: 13684
Permit #: 20030782

Block: 3514 Lot : 21 Qualification Code:

Work Site Location: 34 CLEACENE AVE
MOUNT OLIVE

Owner in Fee: HARRIS, BENJAMIN E/CHRISTINE K.

Address: 34 CLEACENE AVENUE
BUDD LAKE,NJ 07828

Telephone:

Agent/Contractor: Soos Radon & Elec

Address: 25 Pheasant Run Dr.
Skillman NJ 08558

Telephone: 908 359-0356

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-3
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
RADON REMEDIATION

Update Desc. of Wk/Use:

[ ] **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 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

GARY LINDSAY Construction Official

Fees: $0.00
Paid[X]Check No.: 4034
Collected by: pm

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CERTIFICATE

Date Issued 4/19/91
Control #
Permit # 10301

IDENTIFICATION

Block 51 Lot 5
Work Site Location 34 Cleascene Ave.
Budd Lake, NJ
Owner in Fee Joseph & Joyce Wirt
Address 34 Cleascene Ave.
Budd Lake, NJ
Tele. (201)
Contractor Self
Address Same
Same
Tele. ( ) Same
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warrantly No.
Use Group R-3
Maximum Live Load
Description of Work/Use:

Vinyl-Siding

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☒ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Phillip Wolski

CONSTRUCTION OFFICIAL

Fee $ Prepaid
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

TOWNSHIP OF MOUNT OLIVE
204 FLANDERS DRAKESTOWN ROAD
BUDD LAKE NJ 07828
973-691-0900

CERTIFICATE

Date Issued: 12/18/2006
Control #: 17419
Permit #: 20050991

IDENTIFICATION

Block: 3509 Lot : 21 Qualification Code:
Work Site Location: 34 CLEACENE AVE
MOUNT OLIVE
Owner in Fee: HARRIS, BENJAMIN E/CHRISTINE K.
Address: 34 CLEACENE AVENUE
BUDD LAKE,NJ 07828
Telephone
Agent/Contractor: MINE HILL CONSTRUCTION
Address: 5 MINE HILL RD.
HACKETTSTOWN NJ 07840
Telephone: 908 850-4024
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Roof over 1 Layer

Update Desc. of Wk/Use:

[ ] **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 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

GARY LINDSAY Construction Official

Fees: $0.00
Paid[X]Check No.: 1076
Collected by: PM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 5/7/2009
Control Number 13684
Permit Number 20030782
Permit Issue Date 8/22/2003
Certificate Number 20030782

Identification

Block: 3514 Lot: 21 Qual:

Work Site Location: 34 CLEACENE AVE MOUNT OLIVE, NJ

Owner in Fee: HARRIS, BENJAMIN E/CHRISTINE K.

Owner Address: 34 CLEACENE AVENUE BUDD LAKE,NJ NJ 07828

Telephone:

Contractor

Address

Telephone: 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: 0

Description of Work/Use:
RADON REMEDIATION

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:
Conditions to be met:

Fee: $0.00

Check Number:

Collected By:

Construction Official

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

Date Printed: 3/18/2022

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 12/18/2006
Control Number 17419
Permit Number 20050991
Permit Issue Date 9/20/2005
Certificate Number 20050991

Identification

Block: 3514 Lot: 21 Qual:
Work Site Location: 34 CLEACENE AVE MOUNT OLIVE, NJ

Owner in Fee: HARRIS, BENJAMIN E/CHRISTINE K.
Owner Address: 34 CLEACENE AVENUE BUDD LAKE,NJ NJ 07828
Telephone:

Contractor
Address
Telephone: Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

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

Construction Classification: Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
Roof over 1 Layer

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:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

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

Date Printed: 3/18/2022

,D

MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT

SEPTIC SYSTEM(S) ABANDONMENT INSPECTION REPORT

Name of Owner: Mc/Laughlin

Property Address: 34 Clearcove

Block#: 3509 Lot#: 21

Septic System Components Emptied/Pumped Out And Completely Filled With Proper Material.

SEPTIC TANK(S) (1) Pumped out (2) _____
SEEPAGE PIT(S) (1) " (2) _____
(3) _____ (4) _____
CESSPOOL _____
PUMP TANK _____

PUMPING PROOF PROVIDED: YES _____ NO +

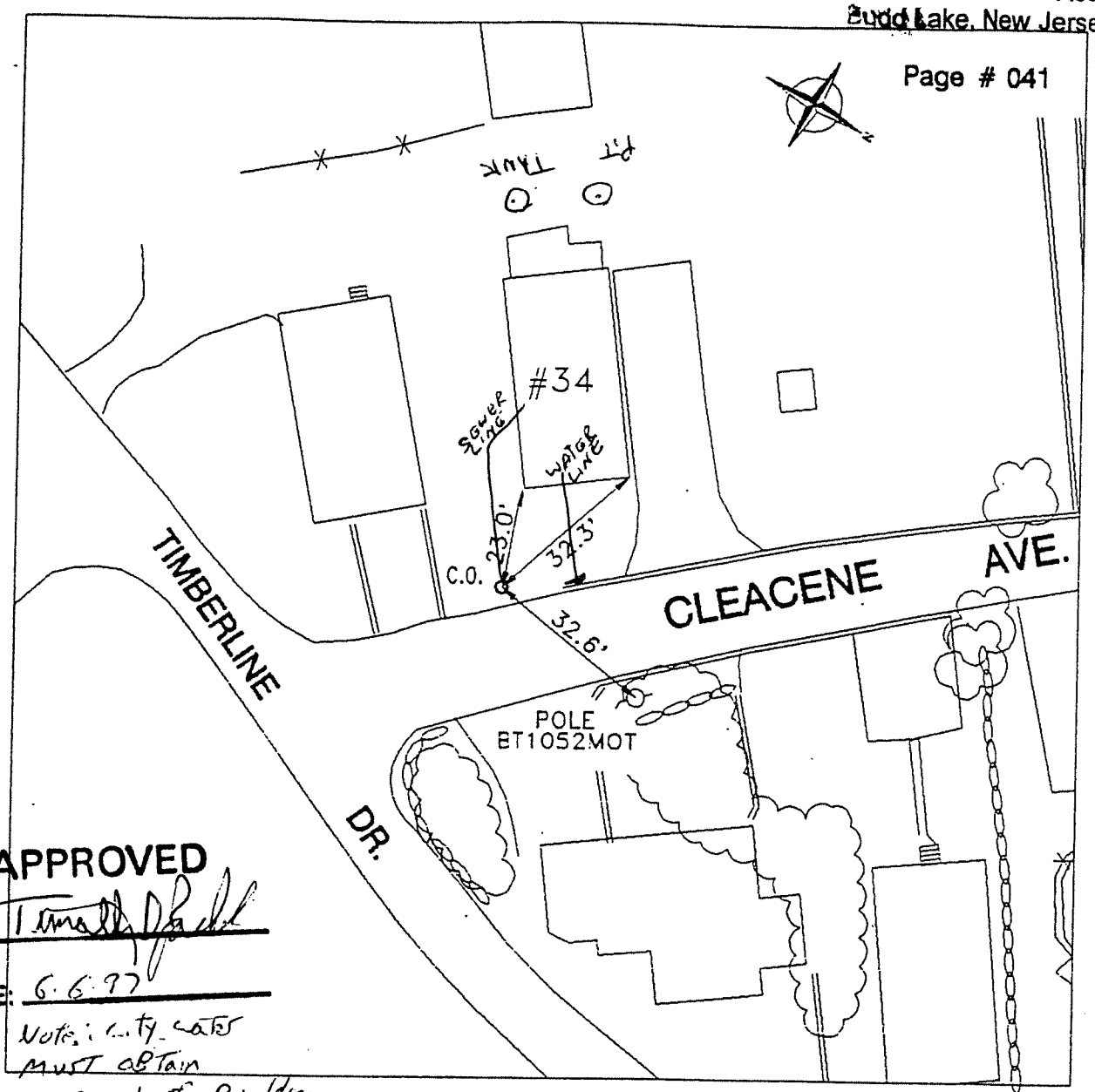
ADDITIONAL COMMENTS: Pumped only.

Final closure 08-22-97

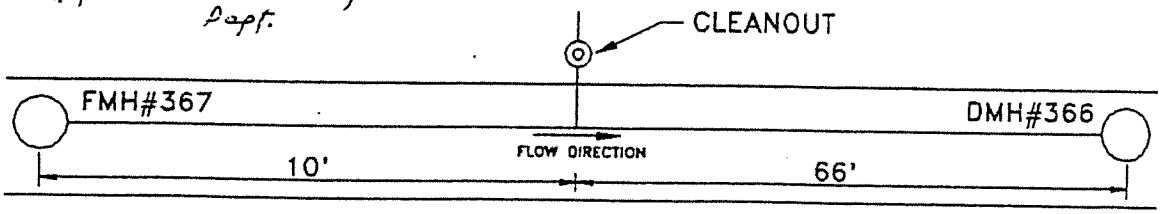
INSPECTOR'S SIGNATURE: Paul Kenner

DATE: 08-20-97

James F. Smith
29 Kenmar Road
Budd Lake, New Jersey 07828



APPROVED
BY: [signature]
DATE: 6.6.97
Note: City water must obtain approval of Building Dept.



FIRST: Donald	LAST: McLaughlin
ADDRESS: 34 Cleacene Ave.	LOT: 21 BLOCK: 3509
	DRAWING FILENAME: CLEA034
PERMIT No.:	DATE ISSUED:
WYE OR TEE MAINLINE STATION No.: 7+31	SIZE/TYPE MAIN: 8" PVC Pipe-SDR 35
DEPTH OF CLEANOUT INVERT: 6.25'	LENGTH, SIZE & TYPE OF LATERAL: 10.0' - 4" PVC Pipe-SDR 35
DEPTH TO TOP OF MAIN: 12.5'	DATE TEE-WYE INSTALLED: 5-19-95
DEPTH TO TOP OF RISER: 7.0'	DATE LATERAL INSTALLED: 5-19-95

Township of Mt. Olive

Health

HEALTH DEPARTMENT
TOWNSHIP OF MT. OLIVE
MORRIS COUNTY - NEW JERSEY

PROPERTY OWNER'S CERTIFICATION ON EXTRANEOUS FLOWS

1. I/we Donald McLaughlin, being the property owner of Block 3509, Lot 21, more commonly known as #34 Clearlene Ave (Address), hereby certify that on 8/20/1997 (Date) the above-referenced property is now connected to the Township of Mount Olive's sanitary sewer system.

2. I/we certify that there are no extraneous connections from sources such as sump pumps, roof drains, yard drains, etc., discharging into the sanitary sewer lateral connecting my property to the Township's sanitary sewer system, and that I/we will not allow such connections to be made in the future.

3. I/we certify that closure of all components of my sewage disposal system (septic system, including transferring separate laundry waste system to sewer system, if applicable,) were completed in conformance with NJAC 7:9A-12.8.

4. I/we also certify that the above information furnished is true and accurate. I/we am aware that if any falsification of information is provided, I/we shall be subject to penalties prescribed in Township of Mount Olive ordinances.

Dated: 8/20/1997 Signed: Donald A. McLaughlin

Signed: _____

Dear Property Owner:

Please complete the above certificate and mail to:

Health Department
Municipal Building at Route 46 West
P.O. Box 450
Budd Lake, NJ 07828
Attention: Arif Akhtar, Sr. Sanitarian
Tel: (201) 691-0900; ext. 330 Fax (201) 691-7681

WELL/WATER SUPPLY AFFIDAVIT

LOCATION: #39 CLEARENCE AVE
Budd Lake

BLOCK: 3509 LOT: 21

CONTRACTOR/INSTALLER: James F. Smith
29 Kenmar Road
Budd Lake, New Jersey 07828

I certify to the best of my knowledge that I have researched ALL CURRENT information and data available regarding the location of the potable water (source/well) at the above referenced location and have provided this information to the Health Department on the As-Built Sewer Connection Drawing provided to me by the homeowner.

I AM AWARE, that should this information which I have submitted on the As-Built drawing, on behalf of the homeowner, prove to be inaccurate during the field inspection process, additional engineering controls and protective measures to the water supply will be required and shall be the responsibility of the homeowner and contractor concurrently.

This statement has been discussed with the homeowner and they are aware of the aforementioned requirements.

Donald A. McLaughlin
HOMEOWNER'S SIGNATURE

8-20-97
DATE

CONTRACTOR'S SIGNATURE

8-20-97
DATE

FMS:CONAFFID.97

APPLICATION NO. _____

WATER AND SEWER DIVISION

TOWNSHIP OF MT. OLIVE
MORRIS COUNTY - NEW JERSEY

APPLICATION FOR BUILDING SEWER INSPECTION PERMIT

Date: Aug. 1997

Location #34 CLEARENE AVE Section _____ Block 3509 Lot# 21

Street Address: #34 CLEARENE AVE
Budd Lake

Owner's Name: DONALD McLAUGHLIN

Mailing Address: #34 CLEARENE AVE
Budd Lake, NJ 07828

Contractor's Name: _____

Contractor's Address: James F. Smith
29 Kenmar Road
Budd Lake, New Jersey 07828

Type of Building: residential

Permit for Sewer Service: _____

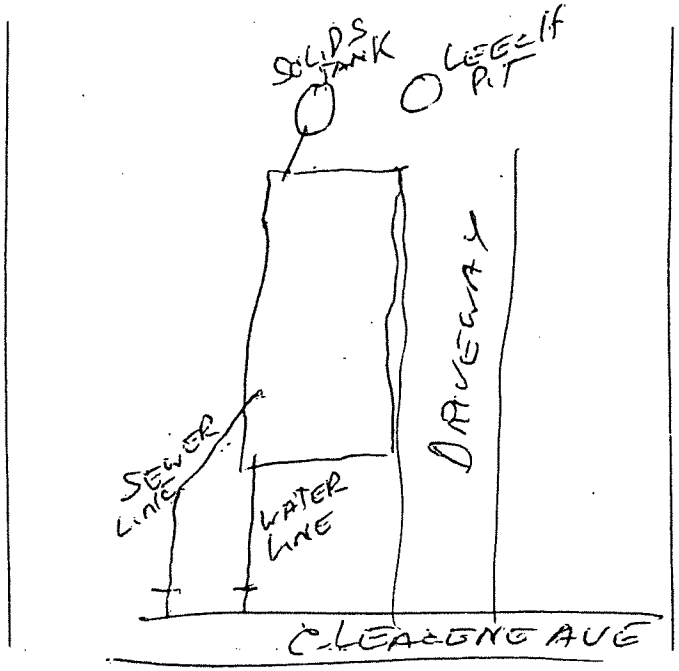
_____

_____

Total Fee: _____

BSIPERMLAWKL (BUILDING SEWER INSPECTION PERMIT) 11.01.91

Sketch of PROPOSED WORK showing the position of the BUILDING SEWER and water service in reference to the building and property lines. All sanitary sewer cleanouts must be triangulated from the corners of the house.



The undersigned agrees to perform or have performed under his supervision all the work described herein in accordance with the provisions of the Sewers and Water Ordinances (chapter 196 of Township codes) and Plumbing Codes adopted by the Water and Sewer Division of Township of Mount Olive.

Owner: _____

Contractor: _____

B. HORSTMANN
1 Great Meadow Lane
EAST HANOVER, NEW JERSEY 07936
Phone 887-1459

SOLD BY	DATE: AUG 19-97
NAME: Smith	
ADDRESS: 34 CEDAR Blvd UC	

CASH	C.O.D.	CHARGE	ON ACCT.
	DUMP		
	SEPTIC		
	TANK		
	AND		
	PUMP 5-80		

RECEIVED BY

08271 *Thank You*

All claims and returned goods MUST be accompanied by this bill.

B-3509 L-21

34 Cleasone Ave

NEW JERSEY UNIFORM CONSTRUCTION CODE

For Information Call: _____

Permit No. _____

APPROVAL FOR PLUMBING

S/C

	Date	Inspector
[ ] Slab		
[ ] Rough		
[ ] Water		
[ ] Gas		
[ ] Mechanical		
[ ] Other		
[X] Final	08-20-97	Neal R Damon

U.C.C. Form F-223A

Reference-Chapter 95
Code of the Township
of Mount Olive

No. 27-94

MOUNT OLIVE TOWNSHIP
HEALTH DEPARTMENT
CERTIFICATE

ISSUED TO Joseph & Joyce Mintz, Owners TO Donna & Therese Rehanchik, Buyer
NAME OF OWNER OR AUTHORIZED AGENT

THIS CERTIFICATE IS ISSUED FOR THE PURPOSE OF PERMITTING OCCUPANCY OF PREMISES LOCATED

AT 7500 (BLOCK) 21 (LOT) 34 Clearview Avenue, Budd Lake (STREET)

IN THE TOWNSHIP OF MOUNT OLIVE.

THIS CERTIFICATE IS INVALID UNLESS THE FOLLOWING REPORTS ARE ATTACHED:

1. HEALTH INSPECTION REPORT.
2. LABORATORY WATER TEST REPORT IF INDIVIDUAL WELL.
3. RADON TEST REPORT.

HEALTH OFFICER

Date of Issue August 20, 1994

THIS CERTIFICATE EXPIRES WHEN BUILDING IS VACATED, RE-LEASED,
RE-RENTED, OR SOLD AND MUST BE RENEWED PRIOR TO NEW OCCUPANCY.

TOWNSHIP OF MOUNT OLIVE

TANK REPLACEMENT

CERTIFICATE OF COMPLIANCE

Orginal Permit No. 36-94

Issued to: Joseph & Joyce Wirt
Name of Contractor or Owner

34 Cleacene Avenue, Budd Lake, NJ 07828
Address

THIS IS TO CERTIFY , That the individual subsurface sewage disposal system installed, altered, or repaired by: Sniffen Paving & Trucking
Installer

at property known as Block # 3509 Lot # 21

Street Address 34 Cleacene Ave.

in the Township of Mount Olive for: Joyce & Joseph Wirt
Name of Owner

Address: 34 Cleacene Ave., Budd Lake

has been constructed with all applicable local and state codes and regulations pertaining to the construction, alteration, or repair of septic systems in effect at the time that the work was initiated and as described in the permit to construct, alter, or repair a sub-surface sewage disposal system, Permit # 36-94 Date: 4/20/94

or as the Board of Health of Mt. Olive Township has directed.

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any law or ordinance relating to public health.

Board of Health of Mount Olive Township

April 20, 1994
DATE

HEALTH OFFICER

TOWNSHIP OF MOUNT OLIVE

No. 30-94

MORRIS COUNTY, NEW JERSEY

Issued to: Joseph & Joyce Wirt

34 Cleacene Avenue, Budd Lake,NJ 07828
Address

LICENSE

A License to operate an individual sewage disposal system located at: 34 Cleacene Avenue

Block 3509 **Lot** 21 **Mount Olive Township, as per requirements of**

Chapter 312 **of the Mount Olive Code** 6

Date of Issue April 20, **19** 94 **Date of Expiration** April 20, **19** 97

Transferable
Fee $5.00

J Gallo
For the Board of Health

THIS DEPARTMENT WILL NOT CONDUCT FINAL INSPECTIONS OF SEPTIC SYSTEMS UNTIL AN AS-BUILT DRAWING IS RECEIVED BY THIS OFFICE.

No. 36-94

TOWNSHIP OF MT. OLIVE

BOARD OF HEALTH
P.O. BOX A, ROUTE #46
BUDD LAKE, NEW JERSEY 07828

PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

In Accordance with Chapter 199 Public Laws of 1954 as Adopted by Ordinance of the Board of Health

Sniffen
Lic. #30-94

Permission is hereby granted to: Joseph Wirt & Joyce Demarest
NAME OF OWNER OR CONTRACTOR

34 Cleacene Ave., Budd Lake, NJ 07828
ADDRESS

☐ Locate and construct or to ☒ Alter

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Map Name (if any) _____

Location: Section _____ **Block No.** 3509 **Lot. No.** 21 **Street** 34 Cleacene

as shown on Application for Permit to Locate and Construct or Alter an Individual Sewage Disposal System Number 0956

IN ACCORDANCE WITH Chapter 199 Public Laws of 1954, the Standards of the New Jersey State Department of Health, the Ordinances of the Township of Mt. Olive and the Ordinances of the Board of Health of the Township of Mt. Olive.

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Sewage Disposal System will operate properly.

*** THE OLD SEPTIC TANK MUST BE CLEANED OUT BY A LICENSED SEPTIC HAULER AND THEN COLLAPSED.

BOARD OF HEALTH
MT. OLIVE TOWNSHIP

HEALTH OFFICER

Date of Issue: April 7, 1994

Fee: ~~$100.00~~ **New** $150.00
~~$50.00~~ **Alteration** 75.00

ALL COMPONENT PARTS OF SEPTIC SYSTEM SHALL BE NOT LESS THAN 100' FROM ALL WELLS AND WATER COURSES.

Reference-Chapter 95
Code of the Township
of Mount Olive

No. 87-96

MOUNT OLIVE TOWNSHIP

HEALTH DEPARTMENT

ISSUED TO GEORGE A. & PAMELA S. SMITH, OWNERS JOE WIET & JOYCE DEMAREST, PURCHASERS
NAME OF OWNER OR AUTHORIZED AGENT

CERTIFICATE

THIS CERTIFICATE IS ISSUED FOR THE PURPOSE OF PERMITTING OCCUPANCY OF PREMISES LOCATED AT 21 5 34 Olive Scene Avenue
BLOCK LOT STREET
IN THE TOWNSHIP OF MOUNT OLIVE.

THIS CERTIFICATE IS INVALID UNLESS THE FOLLOWING REPORTS ARE ATTACHED:

1. CERTIFICATE OF HEALTH INSPECTION REPORT.
2. LABORATORY WATER TEST REPORT IF INDIVIDUAL WELL.

Enforcing Official - Mt. Olive Township Health Department

Date of Issue March 12, 1984

THIS CERTIFICATE EXPIRES WHEN BUILDING IS VACATED, RE-LEASED, RE-RENTED, OR SOLD AND MUST BE RENEWED PRIOR TO NEW OCCUPANCY.

Approved 6-2-75

32-75

BOARD OF HEALTH
TOWNSHIP OF MT. OLIVE

PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

In Accordance with Chapter 199 Public Laws of 1954 as Adopted by Ordinance of the Board of Health

Permission is hereby granted ...George A. Smith, owner.....
Name of Owner or Contractor

...34 Cleacene Ave., Budd Lake - C. Pitt, Contractor.....
Address

☐ Locate and construct or to ☒ Alter New

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Map Name if any .....51 5.....

Location: Section ..... Block No. 58. Lot No. 3.. Street .Cleacene Ave

as shown on Application for Permit to Locate and Construct or Alter an Individual Sewage Disposal System Number .....

IN ACCORDANCE WITH Chapter 199 Public Laws of 1954, the Standards of the New Jersey State Department of Health, the Ordinances of the Township of Mt. Olive and the Ordinances of the Board of Health of the Township of Mt. Olive.

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Sewage Disposal System will operate properly.

BOARD OF HEALTH OF MT. OLIVE TOWNSHIP

Date ....5/27/75....

Thomas M. Craig/eg
Sanitary Inspector

Fee ~~$20.00~~
10.00

ALL COMPONENT PARTS OF SEPTIC SYSTEM SHALL BE NOT LESS THAN 100' FROM ALL WELLS AND WATER COURSES.