



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 6/26/2020
Control Number C-38485
Permit Number 20171575
Permit Issue Date 6/27/2017
Certificate Number 20171575

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 41 ALAN TERRACE Howell Township, NJ Block: 2.14 Lot: 4 Qual: _____

Owner in Fee: _____

Owner Address: 41 ALLAN TERRACE HOWELL NJ 07731

Telephone: _____

Contractor ALWAYS PURE WELL DRILLING

Address 1737 SYMPHONY LANE TOMS RIVER NJ 08755

Telephone: (732) 551-6447 Fax: (732) 736-6959 Federal Emp. Number: _____

License Number or Builders Registration Number: _____

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

Use Group: U Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

WELL FOR IRRIGATION NON-POTABLE, WELL PUMP REPLACEMENT

Certificate Comments: NON POTABLE

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Date Printed: 6/26/2020

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

Fee: \$0.00

Check Number: _____

Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 214 Lot 4 Qualification Code _____

Work Site Location 41 Allen Terrace

Owner In Fee Howell 07731

Address 41 Allen Terrace

Tel Howell 07731

Contractor Always put well

Address 1737 Symphony

Tel 732 551 6447 FAX ()

Contractor License No. 578567

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
☐ No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
☐ Building ☐ Plumbing			Barrier-Free				
☐ Fire ☐ Elevator			Trench				
☐ Elec. Plans Approved			Temp. Serv.				
Date: <u>5-12-17</u>			Constr. Serv.				
Approved by: <u>JK</u>			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
☐ CO ☐ CCO			Final Cut-in-Card Date Issued				
Date: <u>6-25-20</u>			Annual Pool Inspection				
Approved by: _____			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 permit the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

- 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 1/4 HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge \$	<u>65</u>
Minimum Fee \$	<u>2</u>
State Permit Surcharge Fee \$	<u>77</u>
TOTAL FEE \$	<u>144</u>

wire from
switch to
pump not
to code.