North Haledon
Muncipal Building
North Haledon, NJ 07508
(973)423-9422 FAX *(973)427-5301*

Permit No. **20230182**
Control No. **19058**
Parcel(Block/Lot). **61/8//C0030**
Applic/Issued. **5/24/23 /**

Construction Permit

Work Site Location 51 HUNTER RD

Owner in Fee..... **SHANNON, JOSEPH**
Address..... 51 HUNTER RD
NORTH HALEDON, NJ 07508
Phone.....

Contractor.... **AMERICAN ROOFING, LLC**
Address..... MICHAEL DEROSA
39 CLEMENT STREET NUTLEY NJ 07110
Phone.....(973)542-0710
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☑ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
TEAR OFF ROOF & INSTALL GAF SHINGLES

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

Estimated Cost of Work: $4,500

Construction Official — Date 5/24/23

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$75
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	9
Certificate of Occupancy	0
Other	0
Total	$84

Check#/Cash.....
Paid .....
Collected By .....

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

North Haledon
BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 5/24/2023
Control # 19058

Date Issued / /
Permit # 20230182

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

Block/Lot 61/8//C0030

Work Site Location 51 HUNTER RD

Owner in Fee: SHANNON, JOSEPH

Tel. _____ e-mail _____

Address: 51 HUNTER RD (Street) NORTH HALEDON, NJ 07508 (municipality, zip code)

Contractor: AMERICAN ROOFING, LLC Tel. (973)542-0710

Address: MICHAEL DEROSA, 39 CLEMENT STREET NUTLI e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 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 Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ _____
2. Rehabilitation $ 4,500
3. Total (1+2) $ 4,500

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

TEAR OFF ROOF & INSTALL GAF SHINGLES

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [x] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8_
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other_____
- [ ] Demolition

FEE (Office Use Only)

Roofing	65
Administrative Surcharge $	0
Minimum Fee $	75
State Permit Surcharge Fee $	
TOTAL FEE $	75

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 51 Hunter

Owner in Fee: Swanbrook

Tel. (973) 785-0441 e-mail _____

Address _____

Contractor: American Roofing (street / municipality) Tel. (____) _____ (zip code)

Address 39 Leonard St e-mail _____

Newton

Contractor License No. or Builder Registration No. 13VH00066700 Exp. Date 3/24

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

Federal Emp. ID No. 57 043 2621 FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	5/2/13	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) 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. $ _____
2. Rehabilitation $ 4800-
3. Total (1+ 2) $ 4800-

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

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tear off roof - install GAF Shingles.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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 $ _____

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

97

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

AMERICAN ROOFING, LLC
Michael DeRosa
39 Clement Street
Nutley NJ 07110

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
AMERICAN ROOFING, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBERS LICENSE
02/18/2023 TO 03/31/2024
VALID
SIGNATURE Cari Bais
13VH00686300
License/Registration/Certificate # ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

02/18/2023 TO 03/31/2024
VALID

13VH00686300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Cari Bais
ACTING DIRECTOR

PLEASE DETACH HERE

AMERICAN ROOFING, LLC

EXPIRATION DATE **2024**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 00686300** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

North Haledon
Muncipal Building
North Haledon, NJ 07508
(973)423-9422 FAX *(973)427-5301*

Permit No. **20230182**
Control No. **19058**
Parcel(Block/Lot). **61/8//C0030**
Applic/Issued. **5/24/23 / 5/31/23**

Construction Permit

Work Site Location 51 HUNTER RD

Owner in Fee..... SHANNON, JOSEPH
Address..... 51 HUNTER RD
NORTH HALEDON, NJ 07508
Phone.....

Contractor.... AMERICAN ROOFING, LLC
Address..... MICHAEL DEROSA
39 CLEMENT STREET NUTLEY NJ 07110
Phone.....(973)542-0710
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☑ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
TEAR OFF ROOF & INSTALL GAF SHINGLES

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

Estimated Cost of Work: $4,500

Construction Official Date

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	$75
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	9
Certificate of Occupancy	0
Other	0
Total	$84
Check#/Cash	5778
Paid	$84
Collected By	EH

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

North Haledon
Muncipal Building
North Haledon, NJ 07508
(973)423-9422 FAX *(973)427-5301*

Permit No. **20170323**
Control No. **16015**
Block/Lot 61/8//C0030
Date 10/04/17

Certificate of Approval

IDENTIFICATION

Block/Lot 61/8//C0030
Work Site Location 51 HUNTER RD

Owner in Fee/Occupant SHANON
Address 51 HUNTER RD
NORTH HALEDON, NJ 07508

Telephone
Contractor VAN NATTA MECHANICAL
Address 25 WHITNEY ROAD
MAHAWH, NJ

Telephone (201)391-3700 FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No. 221625260

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

central air replacement

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.

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 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

Philip Cheff

(Philip Cheff, Construction Official

Permit Fee $ 79
Paid [ ] Check No. 508392
Collected by: LD

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

BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON, NJ 07508

Date Issued 08/19/97
Control #
Permit # 97-216

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 61 Lot 8-C0030
Work Site Location 51 HUNTER ROAD

Owner in Fee KIM
Address 51 HUNTER ROAD
NORTH HALEDON, NJ 07508-
Telephone ( )
Contractor TRINTY RESTORATIONS
Address P.O. BOX 7, HARINGTON PARK
HARINGTON PARK, NJ 07523-
Telephone (201)567-9879
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3436479
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

DECK

CERTIFICATE OF OCCUPANCY/APPROVAL

[ ] 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 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.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed 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 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/COMPLIANCE
If this is a 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:

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 1227
Collected by: BT

BOROUGH OF NORTH HALEDON
APPLICATION FOR ZONING REVIEW

1. OWNERS NAME DON S. KIM ADDRESS 51 HUNTER RD. SOUTH
CITY N. HALEDON STATE NJ ZIP ____
2. PERSON TO CONTACT KEN RYAN PHONE # 201-767-9666
EVENING ____
SITE LOCATION 51 HUNTER RD - S. BLOCK ____ LOT ____

INSTRUCTIONS

COMPLETE FORM (PRINT OR TYPE) AND SUBMIT TO ZONING OFFICER WITH A SITE PLAN SUCH AS A SURVEY MAP INDICATING ALL STRUCTURES ON THE PROPERTY, WITH CURRENT AND PROPOSED DISTANCES FROM PROPERTY LINES TO ALL STRUCTURES, DISTANCES BETWEEN STRUCTURES, HEIGHT OF ANY STRUCTURES INVOLVED IN CONSTRUCTION AND NOTE ANY AREAS WHICH EXCEED A SLOPE OF 8%

FENCE PERMIT: COMPLETE ITEM 3 BELOW ONLY INDICATING THE HEIGHT AND TYPE OF FENCE AND SHOW THE LOCATION OF THE PROPOSED FENCE ON THE PLAN(SITE PLAN).

3. TYPE OF WORK INVOLVED DECK CONSTRUCTION 10X20

4: SINGLE FAMILY DWELLING ____ TWO FAMILY DWELLING ___ COMERCIAL ____
5:SIZE OF LOT (SQ FT) ____ BUILDING COVERAGE % ____ AREA OF LOT IS CALCULATED BY MULTIPLYING LENGTH AND WIDTH , AREA OF COVERAGE IS TOTAL AREA OF ALL STRUCTURES ON PROPERTY.

5. I (OWNERS NAME) KENNETH RYAN (CONTRACTOR) HEREBY SWEAR AND CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM AND ACCOMPANYING DRAWINGS ARE TRUE. AND FURTHER I AM AWARE THAT IF ANY INFORMATION CONTAINS WILLFULLY FALSE INFORMATION I AM SUBJECT TO PROSECUTION .

SIGNATURE OF OWNER [signature] DATE June 26, 1997

==========

FOR OFFICE USE ONLY

APPROVED 6/27/97 DENIED ____

REASONS FOR DENIAL

USE ____ AREA ____ COVERAGE ____ HEIGHT ____ FRONT YARD ____ REAR YARD ____
MIN ONE SIDE YARD ____ TOTAL SIDE YARD ____ DIST. FROM LOT LINE PARKING ____
IF THE APPLICANT WISHES TO APPEAL THIS DECISION OR SEEK A VARIANCE A VARIANCE APPLICATION AND PROCEDURE FORM SHOULD BE OBTAINED.
ADDITIONAL FORMS MAY BE NECESSARY UPON REVIEW BY THR LAND USE ADMINISTRATOR

THE FOLLOWING ARE THE REQUIRED VARIANCES THAT MUST BE REQUESTED ON THE VARIANCE APPLICATION FORM.

BOROUGH CODE 180- ____

THE ZONING LIMITING SCHEDULE ____

ZONING OFFICER [signature] DATE 6/27/97

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/2/96
Date Issued
Control #
Permit # 96-252

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

Block 61 Lot 8
Work Site Location Bldg 16 - 51 HUNTER RD. SO.
Squaw Brook Run No. Haledon
Owner in Fee No. Haledon Developers
Address P.O. Box 353
Succasunna NJ 07876
Tele (201) 584-1516 238-1221
Contractor BREEZE AIR HEATING AND COOLING CO. INC.
Address 1275 BLOOMFIELD AVE. FAIRFIELD NJ 07004
Tele. (201) 887-5111
Lic. No.
Federal Emp. No. 22-2715900 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/8/96
Approved by: A. Campanaggi

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
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.

Michael Morris pres.
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	
	Water Service Connection	
X	Active Solar System	
	Other FORCED HOT AIR & A/C	

Paid [ ] Check # 11315
Collected by: BT

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL $ 35.—

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/2/96
Date Issued
Control #
Permit # 96-242

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

Block 61 Lot 8
Work Site Location 51 HUNTER RD SO. Bldg 16
Squaw Brook RWN
Owner in Fee NO. Naladen Dev. Inc.
Address P.O. Box 353
Succasunna, N.J. 07876
Tele. (201) 584-1516 238-1221
Contractor E & M Plumbing & HEATING INC.
Address 31 REYNOLDS AV.
HARRISON N.J. 07029
Tele. (201) 465-1499
Lic No. 10146
Federal Emp. No. 223360240 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" Public Sewer Private Septic
Water Service Size 3/4" Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/8/96
Approved by: A. Campagna

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
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)
3	Water Closet	
	Urinal/Bidet	
2	Bath Tub	
4	Lavatory	
1	Shower	
1	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	

Paid [ ] Check # 11315 Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
Collected by: BT TOTAL $ 361

U.C.C. Form F-130B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-8-96
Date Issued
Control #
Permit # 96-242

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

Block 61 Lot 8
Work Site Location Bldg @ 16-51 HUNTER R'D. SO. North Haledon - Square Brook Rud
Owner in Fee N. Haledon Developers, Inc.
Address P.O. BOX 353 Succasunna NJ 07876
Tele. ( ) 584-1516 238-1221
Contractor
Address SAME
Tele. ( )
Lic. No. or Bldrs. Reg. No. 024599
Federal Emp. No. 22-3313420 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.

William Gerken MK
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Town House
End Unit

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-3
Constr. Class Present ____ Proposed 5B
No. of Stories 2
Height of Structure 35'-0 Ft.
Area—Largest Floor 1263 Sq. Ft.
New Bldg. Area/All Floors 2102 Sq. Ft.
Volume of New Structure 50,139 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 73,570
2. Alteration $ ____
3. Total (1+2) $ 73,570

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)

FEE	
$	1002.—
Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 80.—
TOTAL FEE	$ 1082.—

Paid [ ] Check # 11315
Collected by: BT

C.O. Fee 35.—

U.C.C. Form F-110B

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

BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON, NJ 07508

Date Issued 03/20/97
Control #
Permit # 96-242

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 61 Lot 8
Work Site Location 51 HUNTER ROAD

Owner in Fee DON S. AND OH KIM
Address 51 HUNTER ROAD
NORTH HALEDON, NJ 07508-
Telephone ( )
Contractor
Address

Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. 1130966
Type of Warranty Plan: [ ] State [X] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

RESIDENTIAL ATTACHED SINGLE FAMILY

CERTIFICATE OF OCCUPANCY/APPROVAL

[X] 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 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 APPROVAL
This serves notice that the work completed has been constructed or installed 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 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/COMPLIANCE
If this is a 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:

Fee $ 35
Paid [X] Check No. 11316
Collected by: BT

CONSTRUCTION OFFICIAL

RESIDENTIAL WARRANTY CORPORATION

5300 Derry Street Harrisburg, PA 17111-3598 1-800-247-1812 FAX 717-561-4494

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: NORTH HALEDON DEVELOPERS INC

Purchaser(s) Name: Oon S. and Shin Oh Kim

Legal Address of Home Enrolled:

61 (Lot) 8C0030 (Block) SQUAW BROOK RUN (Development)

51 HUNTER ROAD S (Street Address)

NORTH HALEDON (City) NJ (State) 07508 (Zip)

PASSAIC (County)

RWC Application for Warranty No: 1130966

Date: 01/05/96

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Sweigert

Sandra Sweigert

Garden State Electrical Inspection Services, Inc.

MUNICIPALITY _____

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5/2/16
Date Issued
Control #
Permit # 16-340

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

Block 61 Lot 8
Work Site Location 51 Hunter 12th Sol Bldg 16
Squaw Brook Run
Owner in Fee No. Naledon Dev. Fur.
Address P.O. Box 352
Succasunna, N.J. 07876
Tele. (201) 584-1516 538-1221
Contractor WEINBERG ELECTRICAL CONTRACTORS, INC.
Address 1717 E. ELIZABETH AVENUE
LINDEN, NJ 07036
Tele. (____) 486-7445
Lic. No. 789
Federal Emp. No. _____ or Social Security No. 22-1655994

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
95		Fixtures (1)	
49		Receptacles (2)	
31		Switches (3)	
105		Total 1 + 2 + 3	
1	6kS Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	2hp	Dishwasher	
	hp	Garbage Disposal	
1	6kS Kw	Dryer	
1	60 Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
7		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
1	6kS Kw	Water Heater(s)	
1	6kS Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
4	1/2 hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
1	100 Amp	Service Entrance	
		Other	

Paid [ ] Check # 1316 Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: BT TOTAL FEE $ 210.—

U.C.C. Form F-120B

GARDEN STATE COPY

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/2/96
Date Issued
Control #
Permit # 96-242

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

Block 61 Lot 8
Work Site Location 51 HUNTER RD So. Bldg 16
Squaw Brook Road
Owner in Fee No. Haledon Dev. Inc.
Address P.O. Box 353
Succasunna, N.J. 07876
Tele. (201) 584-1516 235-1221
Contractor WEINBERG ELECTRICAL CONTRACTORS, INC.
Address 1717 E. ELIZABETH AVENUE
Tele. (____) LINDEN, NJ 07036
Lic. No. 486-7445
Federal Emp. No. 789 or Social Security No. 22-1655994

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ ____ [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: ____
Approved by: ____
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 03-12-97
Approved by: [illegible]

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test			03-12	[illegible]
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

Manuel Pereira
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source ____
Method of Valve Supervision ____
Local Alarm Supervision ____
Central Supervision ____
Proprietary Supervision ____

Flammable Liquid Storage Tanks	( ) Capacity ____	Fuel ____
Combustible Liquid Storage Tanks	( ) Capacity ____	Fuel ____
L.P.G. Storage Tanks	( ) Capacity ____	Fuel ____
L.N.G. Storage Tanks	( ) Capacity ____	Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	____	
Dry Sprinkler Heads	____	
TOTAL	____	____
Smoke Detectors	7	
Heat Detectors	____	
TOTAL	____	____
Stand Pipes	____	____
Kitchen Hood Exhaust Systems	____	____
Pre-Engineered Systems		
CO_2 Suppression	____	____
Halon Suppression	____	____
Foam Suppression	____	____
Dry Chemical	____	____
Wet Chemical	____	____
Gas or Oil Fired Appliance	____	____
OTHER ____	____	____

Paid [ ] Check # 11315
Collected by: BT

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ 50.—

U.C.C. Form F 1408 — 1 White Inspector Copy; 2 Canary Office Copy; 3 Pink Office Copy; 4 Gold Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 61 Lot 8
Work Site Location Bldg 16 53 Haulder Rd S.
North Haledon
Owner in Fee N. Haledon Developers, Inc.
Address P.O. BOX 353
Succasunna NJ 07876
Tele. ( ) 584-1516
Contractor
Address SAME

Tele. ( )
Lic. No. or Bldrs. Reg. No. 024599
Federal Emp. No. 22-3313420 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 William Gitter KA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Footing + Foundation

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$

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 $ _____
3. Total (1+2) $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 61 Lot 8
Work Site Location Bldg 16 51 Hadfield S.
North Haledon
Owner in Fee N. Haledon Developers, Inc.
Address P.O. BOX 353
Succasunna NJ 07876
Tele. ( ) 584-1516
Contractor
Address SAME

Tele. ( )
Lic. No. or Bidrs. Reg. No. 024599
Federal Emp. No. 22-3313420 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.

William Gitlin
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Footing & Foundation

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$

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 $ _____
3. Total (1+2) $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy
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4 Gold = Applicant Copy