RECEIVED
JUL 19 1990

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 39 Sweetbriar Trail - Howell
2. Owner Name: William & Nellie Cummins Tel. ( ) [redacted]
   Address Same
3. Principal Contractor: Kempton Wood Products Tel. ( ) 449-8673
   Address P.O. Box 1396 #34, Wall, N.J. 07719
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. ( ) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: Wood Shed

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS HW-B 10301034

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☑ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE Nellie Cummins DATE 7-19-88

II. AGENT SECTION

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

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ **Check if contractor.**

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. _____ LOT NO. _____ SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection					

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary *Certificate of* Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____ •
PLUMBING	_____ •
ELECTRICAL	_____ •
FIRE PROTECTION	_____ •
OTHER _____	_____ •
SUBTOTAL	$ 10 00
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____ •)
D.C.A. TRAINING FEE .0006 x _____	= _____ •
CERTIFICATE OF OCCUPANCY	_____ •
OTHER _____	_____ •
OTHER _____	_____ •
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____ •

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ _____ •
COLLECTED AFTER PERMIT (VB)	_____ •
TOTAL	$ _____ •

CERTIFICATE

CERT. NO. 5235-2
DATE ISSUED 1-9-90
Block 35-73 Lot 19
Subdivision

IDENTIFICATION

Owner William Cummons
Address 39 Sweetbriar Trail
Howell, NJ 07731
Tel. ( ) [redacted]

Agent Kempton Wood Prod.
Address Rt 34 Box 1396
Wall, NJ
Tel. ( )

Work Site Address Same
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other

Collected By: BF
Date: 1-9-90

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ 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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

Completion and approval of shed 10' x 8'

USE GROUP U
FIRE GRADING
MAXIMUM LIVE LOAD
MAXIMUM OCCUPANCY LOAD
SPECIFIC USE

FINAL COST OF CONSTRUCTION: $ 2183.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF HOWELL
POST OFFICE BOX 580
HOWELL, NEW JERSEY 07731-0580
(201) 938-4500

CONSTRUCTION PERMIT

PERMIT NO. 5235-2
DATE ISSUED 7/21/88
Block 35-73 Lot 19
Subdivision

A IDENTIFICATION

Owner William & Nellie Cummons
Address 39 Sweetbriar Trail
Howell, NJ 07731
Tel. ( ) [redacted]
Work Site Address Same as above

Agent Kempton Wood PRod.
Address Rt 34 PO Box 1396
Wall, NJ 07719
Tel. ( ) 449-8673
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 10.00
Fees Remitted $
☐ Check No.
☒ Cash
☐ Other
Collected By:
Date: 7-25-88

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

8' x 10' Shed

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: $ 2,183.00

CONSTRUCTION OFFICIAL

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

HOWELL TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5235-2
DATE ISSUED 7-21-88
REVISION DATE
Block 26.73 Lot 19
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner William & Nellie Cummins
Address 09 Sweetbriar Tr
Howell
Tel. ( ) [redacted]
Work Site Address Same

Contractor Kempton Wood Prod
Address # 32 PO. Box 1396
Wall, NJ 07719
Tel. ( ) 449-8673
Lic. No.
Federal Emp. No.

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.

Nellie Cummins
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

8X10 Wood Shed
5 - 4X4X8 Wolmanized Pressure treated foundation
4 - Anchor Tie Downs - concreted

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		10.00
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
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: $ 2183.60

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

HOWELL TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3235-2
DATE ISSUED 7-21-88
REVISION DATE
Block 29.73 Lot 19
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner William & Nellie Cummins
Address 139 Sweetbriar Dr
Howell
Tel. ( ) [redacted]
Work Site Address Same

Contractor Kempton Wood Pro
Address # 32 P.O. Box 1396
Wall, N.J. 07719
Tel. ( ) 449-8673
Lic. No.
Federal Emp. No.

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.

Nellie Cummins
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK –
Give detail description including materials used, dimensions, etc.

8X10 Wood Shed
5 - 4X4X8 Wolmanized Pressure Treated foundation
4 - Anchor Tie Downs - concreted

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		10.00
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
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: $ 2183.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

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	7/11/88	WK
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 1/6/89

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 (8-83)

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 35.73 LOT(S) 19 STREET _____

APPLICANT: NAME William & Nellie Cummins

ADDRESS 39 Sweetbriar Trail - Howell

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage X Shed

ZONE: ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify _____

____ Other: Specify _____

LOCATION OF STRUCTURE: Setback from right of way _____ feet (and _____ feet if a corner lot)
Side yard clearances 10' feet and _____ feet
Rear yard clearances 10' feet

DESCRIPTION OF STRUCTURE: Height 8' feet to highest point
Length _____ feet Width _____ feet

Type of fence: _____ (post & rail, chain-link, etc.)

R 3

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ✓ $10.00 residential
FEE: ____ $20.00 non-residential

emcm 7-19-89
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

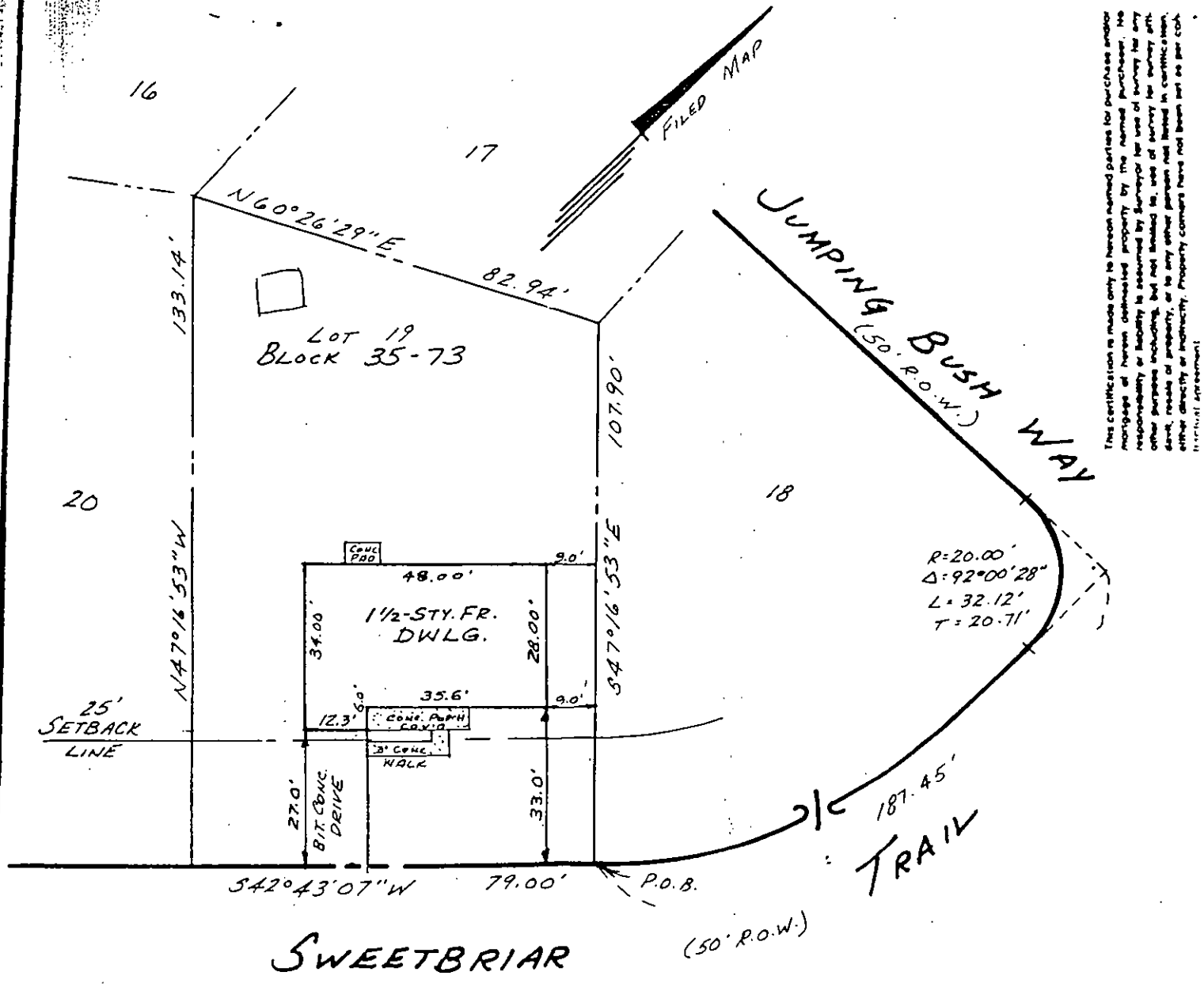
7-19-89
Date

HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: _____

REFERRALS:
____ To Building Dept. ____ To Zoning Bd. ____ To Engineering
____ To Planning Bd. ____ To Bd. of Health ____ To _____
____ To Fire Prevention ____ To M.U.A. ____ _____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



Property known and designated as Lot 19 in Block 35-73 as laid out on map entitled "Final Map Section 118, Land-O-Pines, Howell Township, Monmouth County, New Jersey" dated November 16, 1984 and filed in the Monmouth County Clerk's Office on September 12, 1986 in Case No. 211 Sheet 6.

This survey is certified to William Cummins and Nellie T. Cummins; GMAC Mortgage Corporation of PA and/or its assigns; Lawyers Title Insurance Corporation

JOHN ALLGAIR
P.E. & L.S. N.J. LIC 12012

SKETCH OF PROPERTY SURVEYED FOR:
WILLIAM CUMMINS AND NELLIE T. CUMMINS

SITUATED IN:
HOWELL TWP., MON. CO., N.J.

ENGINEERING SURVEYING PLANNING ASSOCIATES
PROFESSIONAL ENGINEERS, LAND SURVEYORS AND PLANNERS
BOX 258, U.S. HWY. 9, HOWELL, NEW JERSEY 07731
201-462-7400

SCALE	DATE	DRWN	T.M.	FILE NO.
1" = 30'	9-14-87	Y.B.		86M4670
		CKD EJA	DISK NO. 27C	

RECEIVED
JUL 19 1988

PLAN REVIEW CHECK LIST

NAME Cummins Block 35-73 Lot 19

ADDRESS 39 Sweetbriar Zoning Release

Date Submitted 7-19-88

Development

6235.2 Shed

	Reviewed By		Approved	Comments
Building	7-21-88		ok	
Plumbing				
Fire				
Electrical				
Mechanical				
Septic				
Other				