CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 39 Sweetbriar Trail
2. Owner Name: FIRST COMPASS CORP. Tel. (201) 938-5060
   Address 9 STARLIGHT ROAD, HOWELL, NEW JERSEY 07731
3. Principal Contractor: SAME AS OWNER Tel. ( )
   Address
   Lic. No. or Builder Reg. No. 8006 Federal Emp. No. [redacted]
4. Architect or Engineer: DCS ARCHITECTURE Tel. (201) 367-1100
   Address 326 Third Street Lakewood, New Jersey 08701
5. Responsible Person in Charge of Work Leonard I. Solondz Tel. (201) 938-5060

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:

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 2
15. Height of Structure 21' 8" Ft.
16. Area–Largest Floor 1152 Sq. Ft.
17. Bldg. Area–All Fls. 1845 Sq. Ft.
18. Volume of Structure 21622.05 Cu. Ft.
19. Total Land Area Disturbed 9521 Sq. Ft.

LDS HW-B 10301036

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 _____ DATE _____

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 First Compass Corp TEL. 201 938-5060

ADDRESS 9 Starlight Road

Howell, NJ 07731

SIGNATURE Eileen Lewis

BLOCK NO. 35-73 LOT NO. 19 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	_____		_____

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

#3622

	AMOUNT
BUILDING	$ 194.60
PLUMBING	170.00
ELECTRICAL	50.00
FIRE PROTECTION	•
OTHER _____	•
SUBTOTAL	$ •
– LESS: 20% of subtotal (when plan review performed by state agency)	(•)
D.C.A. TRAINING FEE .0006 x 21,622	= 12.97
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 447.57

DATE 4-20-89 Collected By CAB

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
DATE ISSUED 10-21-87
Block 35-73 Lot 19
Subdivision Land O Pines

IDENTIFICATION

Owner First Compass Corp. Agent Same
Address 9 Starlight Rd. Address
Howell, NJ 07731
Tel. ( ) 938-5060 Tel. ( )
Work Site Address 39 Sweetbriar Trail Lic. No. 8006
Federal Emp. No. [redacted]

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By: cb
Date:

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 construction of 1 family dwelling
Cumberland IV

USE GROUP R3 FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 47,000.00

CONSTRUCTION OFFICIAL

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

New Development/New Construction

Inspections Dept. Check List/Certificate of Occupancy

Prior to issuance of Certificate of Occupancy

Final Building Inspection --10-16-87----------

Final Plumbing Inspection --10-16-87----------

Final Electrical Inspection 10-17-87----------

Final Fire Inspection ----10-5-87----------

Soil Conservation Approval ✓----------

MUA/MCBOH/WELL/SEPTIC ----------

HOW Certificate Date --✓----------

Final Survey --------✓----------

Driveway Approval ----------

Engineering Release --✓----------

Land Use Release ----------

Final Review Complete ----------

BLOCK ---35-73---------- LOT ---19----------

NAME ----------

DATE ISSUED ----------

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

PERMIT NO. [redacted]
DATE ISSUED 4-20-87
Block 35-73 Lot 19
Subdivision P#5235

A. IDENTIFICATION

Owner First Compass Corp
Address 9 Starlight Road
Howell, NJ 07731

Tel. ( ) 938-5060

Agent Same
Address

Tel. ( )

Work Site Address 39 Sweetbriar Trail 8006
Howell, NJ

Federal Emp. No. [redacted]

PAYMENTS

Permit Fee $ 447.57
Fees Remitted $
XX Check No. 3622
☐ Cash
☐ Other

Collected By: BF
Date: 4-20-87

is hereby granted permission
to perform the following work:

☒ BUILDING ☒ ELECTRICAL
☒ PLUMBING ☒ FIRE PROTECTION
☐ OTHER

Description of work:

Single family dwelling, Cumberland
IV, 1 car, slab, prototype

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: $ 47,000.00

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
DATE ISSUED 4-20-87
REVISION DATE

Block 35-73 Lot 19
Subdivision LAND O PINES

A. IDENTIFICATION

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

Owner FIRST COMPASS CORP.
Address 9 STARLIGHT ROAD
HOWELL, NJ 07731
Tel. (201) 938-5060
Work Site Address 39 SWEETBRIAR TRAIL

Contractor SAME AS OWNER
Address
Tel. ( )
Lic. No. 8006
Federal Emp. No. [redacted]

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.

Eileen Daines
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

Cumberland IV
1 Car, slab,
prototype

☐ See Plans

TYPE OF WORK:
- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
[redacted]	[redacted]
B/P	194.60
[redacted]	[redacted]
State	12.97
C/O	20.00
SUBTOTAL	$
Minimum Building Fee (if applicable)	$ 227.57
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 2
Height of Structure 21' 8" Ft.
Area–Largest Floor 1152 Sq. Ft.
Estimated Cost of Building Work: $ 47,000.00

Total Building Area–All Floors 1845 Sq. Ft.
Volume of Structure 216225 Cu. Ft.
Total Land Area Disturbed 9521 Sq. Ft.

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. [illegible]
DATE ISSUED 4.30.7
REVISION DATE
Block 35-73 Lot 19
Subdivision LAND O PINES

A. IDENTIFICATION

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

Owner FIRST COMPASS CORP
Address 9 STARLIGHT ROAD
HOWELL. NJ 07731
Tel. (201) 938-5060
Work Site Address 99 SILVERBROOK TRAIL

Contractor SAME AS OWNER
Address
Tel. ( )
Lic. No. 8006
Federal Emp. No [redacted]

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.

Eileen Daniels
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

Cumberland IV
1 Car, slab,
prototype

☐ See Plans

TYPE OF WORK:
- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
[redacted]		
	[illegible]	[illegible]
[redacted]		
	[illegible]	[illegible]
	[illegible]	[illegible]
SUBTOTAL		$
Minimum Building Fee (if applicable)		$ 227.54
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 2
Height of Structure 21' 8" Ft.
Area—Largest Floor 1152 Sq. Ft.
Total Building Area—All Floors 1845 Sq. Ft.
Volume of Structure 21622.25 Cu. Ft.
Total Land Area Disturbed 9521 Sq. Ft.
Estimated Cost of Building Work: $ 47,000

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		

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 6/16/87

Inspected By: RJC

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Footing/Foundation				4-29-87 RK.
☑ Slab				5/21/87 RK
☒ Frame				7/27/87 RK
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other Underfloor				6/4/87 RK

U.C.C. Form F 110 (8/83)

HOWELL TWP.

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 5235
DATE ISSUED 4-20-87
REVISION DATE
Block 35-73 Lot 19
Subdivision LAND O PINES

A. IDENTIFICATION

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

Owner FIRST COMPASS CORP.
Address 9 STARLIGHT ROAD
HOWELL, NJ 07731
Tel. (201) 938-5060
Work Site Address 39 SWEETBRIAR TRAIL

Contractor JOYCE ELECTRIC CO.
Address 105 Evesboro-Medford Rd
Marlton, NJ 08053
609-596-9550
Tel. ( )
Lic.No./Bus. Permit. 5413
Federal Emp. No. [redacted]

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.

Sheldon R Kaufman
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
14	Switching Outlets	$	1	H.V.A.C. Equipment	$
10	Lighting Outlets		1-FUSED	Switching Devices	
	Receptacle Outlets			Transformers	
GAS	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
GAS	Dryer, Electric – 30 AMP GAS				
GAS	Water Heater, ~~Electric~~		1	D/W	
GAS	Heating, ~~Electric~~ GAS				
14	Switches 22				
15	Lighting Fixtures		2	Other SMOKE DET	
28	Receptacles 43		1	Other BATH FIXT	
	Bonding, Pool/Vault			Other	
150	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 50.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: ~~100~~ 150 Amps 1 Phase 1 System Type
3 Wire 120/240 Volts VG Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

HOWELL TWP.

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 4335
DATE ISSUED 4-26-87
REVISION DATE
Block 35-73 Lot 14
Subdivision LAND O PINES

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

Owner FIRST COMPASS CORP.
Address 9 STARLIGHT ROAD
HOWELL, NJ 07731
Tel. (201) 938-5060
Work Site Address 39 SWEETBRIAR TRAIL

When changing contractors, notify this office

Contractor JOYCE ELECTRIC CO.
Address 105 Evesboro-Medford R
Marlton, NJ 08053
609-596-9550
Tel. ( )
Lic.No./Bus. Permit 5413
Federal Emp. No. [redacted]

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.
Sheldon R. Kaufman
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data
TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
14	Switching Outlets	$	1	H.V.A.C. Equipment	$
10	Lighting Outlets		1-FUSE	Switching Devices	
	Receptacle Outlets			Transformers	
GAS	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
GAS	Dryer, Electric - 30 Amp				
GAS	Water Heater, ~~Electric~~ GAS		1	D/W	
GAS	Heating, ~~Electric~~ GAS				
14	Switches 22		2	Other SMOKE DET	
15	Lighting Fixtures		1	Other BATH FAN	
28	Receptacles 43			Other	
	Bonding, Pool/Vault			Other	
150	Service/Feeders				
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 50.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: ____ Present ____ Proposed
Service: ~~100~~ 150 Amps 1 Phase 1 System Type
3 Wire 120/240 Volts VG Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS
7-8-87	ROUGH WIRING - NOT READY
7-24-87	WIRES BEHIND CHIMNEY GUARD AND DUCT
	RETURNS. WIRE BETWEEN GFCI IN BATH ROOM
	PULLED LOOSE & HANGING.
7-24-87	REPAIRED OKD.
9-24-87	HOUSE LOCKED. OKD.
10-1-87	FINAL

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-1-87

Inspected By: Vasily Serge

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Rough	7-24-87			7-24-87
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other FINAL				10-1-87

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card	7-24-87	
Temporary Cut-in-Card		
Final Cut-in-Card	10-1-87	

U.C.C. Form F-120 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 4365
DATE ISSUED: 4/30/92
REVISION DATE:
Block 35-73 Lot 19
Subdivision LAND O PINES

A. IDENTIFICATION

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

Owner FIRST COMPASS CORP.
Address 9 STARLIGHT ROAD
HOWELL, NJ 07731
Tel. (201) 938-5060
Work Site Address 39 SWEETBRIAR TRAIL

Contractor SAME AS OWNER
Address
Tel. ( )
Lic. No. XXXX 8006
Federal Emp. No. [redacted]

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.

Eileen Davis
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ **FEE**
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic **FEE**
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present Residential Proposed
Heating Systems – Location: Utility Room
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

UNIFORM CONSTRUCTION CODE — NEW JERSEY

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 4-96
DATE ISSUED
REVISION DATE
Block 33.73 Lot 19
Subdivision LAND O PINES

A. IDENTIFICATION

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

Owner: FIRST COMPASS CORP.
Address: 9 STARLIGHT ROAD
HOWELL, NJ 07731
Tel. (201) 938-5060
Work Site Address: 39 SWEETBRIAR TRAIL

Contractor: SAME AS OWNER
Address:
Tel. ( )
Lic. No. XXXX 8006
Federal Emp. No. [redacted]

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.

Eileen Davis
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised — Method: _____
Water Supply — Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present Residential Proposed
Heating Systems — Location: Utility Room
Type: XX Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank — Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

10/2/96

☐ Partial Releases ☒ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 10/5/87

Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

HOWELL TOWNSHIP

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 1235
DATE ISSUED 4-20-87
REVISION DATE

Block 35-73 Lot 19
Subdivision Land O Pines

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner First Compass Corp.
Address PO Box 562
Howell NJ
Tel. ( ) 938 5060
Work Site Address 39 Sweet Brim

Contractor PINELAND PLBG. & HTG., INC.
Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. ( ) 201 477-0854
Lic.No./Bus. Permit [redacted] 1722
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.

William R. Dwyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: New

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal	$ 15-		Garbage Disposal	$
1	Bathtub	5-		Air Conditioner Unit	
4	(3) Lavatory/Sink (1)	20-		Indirect Connection	
1	Shower/Floor Drain	5-		Sewer Ejector	
1	Washing Machine	5-		Grease Trap	
1	Dishwasher	5-		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection	15-		Other	
1	Sewer Util. Connection	15-		Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 90-		COLUMN 2	$

Fee	
COLUMN 1	$ 90-
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 170.00

12 Fixtures
4 @ 30-
8 x 5 = 40
Gas Test 20-
Sump Insp. 15-
Sewer 15-
Water 15-
135-

C. PLUMBING CHARACTERISTICS

USE GROUP: 1 Fam Res Present _____ Proposed

Drainage —	Material	Sch 40 PVC	Size	1½-3
Building Sewer—	Material	SDR 35	Size	4
Water Service—	Material	160 PSI	Size	¾
Venting —	Material	Sch 40	Size	1½-3

Estimated Cost of Plumbing Work: $

D. COMMENTS

Cumberland (4)

☐ Partial Releases ☐ Prototype Processing

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

HOWELL TOWNSHIP

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 1234
DATE ISSUED 4-20-87
REVISION DATE
Block 35-73 Lot 19
Subdivision Land O Pines

A. IDENTIFICATION

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

Owner First Compass Corp.
Address PO Box 562
Howell NJ
Tel. ( ) 938 5060
Work Site Address 39 Sweet Brim

Contractor PINELAND PLBG. & HTG., INC.
Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. ( ) 201 477-0854
Lic.No./Bus. Permit 1722
Federal Emp. No. [redacted]

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.
Wayne R. Dyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures
TYPE OF WORK: New

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/~~Bidet/Urinal~~	$ 15-		Garbage Disposal	$
1	Bathtub	5-		Air Conditioner Unit	
4	(3) Lavatory/Sink (1)	20-		Indirect Connection	
1	Shower/Floor Drain	5-		Sewer Ejector	
1	Washing Machine	5-		Grease Trap	
1	Dishwasher	5-		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection	15-		Other	
1	Sewer Util. Connection	15-		Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 90-		COLUMN 2	$

COLUMN 1	$ 90-
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 170.00

12 Fixtures
40 30-
8 ns = 40.
Fire Fee 20-
Storm Insp 15-
Sewer 15-
Water 15-
135-

C. PLUMBING CHARACTERISTICS

USE GROUP: 1 Fam Res Present _____ Proposed

Drainage —	Material	Sch 40 PVC	Size	1½-3
Building Sewer—	Material	SDR 35	Size	4
Water Service—	Material	160 PSI	Size	¾
Venting —	Material	Sch 40	Size	1½-3

Estimated Cost of Plumbing Work: $

D. COMMENTS

Cumberland (4)

☐ 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

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-16-87

Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☒ Slab				5-15-87
☒ Bough				7-20-87
☒ Water				6/18/87
☒ Sewer				
☐ Energy				
☒ Mechanical				10-16-87
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 9-29-87 INSPECTION REQUESTED BY:

CASE NUMBER: 2097 DEVELOPMENT: Land O'Pines

BLOCK: 35-73 LOT: 19 SECTION: 119

ITEM		ACCEPTABLE	UNACCEPTABLE	
1. UTILITIES: Water, Gas, Electric, Telephone, Sanitary Sewer				
2. STREET RIGHT-OF-WAY:				
(a) Graded		✓		a
(b) Stabilized (Evidence of Growth)	*	✓		b
(c) Curb		✓		c
(d) Sidewalk		✓		d
(e) Driveway Apron		✓		e
(f) Obstructions		✓		f
(g) Drainage Facilities		✓		g
(h) Pavement (Base or Wearing Surface)		✓		h
(i) Retaining Device(s)		✓		i
(j) Construction Debris Removed		✓		j
(k) Fire Hydrants-Constructed & Tested		✓		k
3. LIGHTING:				
(a) Parking Lot(s) Installed-Operational	NA			a
(b) Walkway(s) Installed - Operational		✓		b
(c) Street Installed - Operational		✓		c
4. TRAFFIC CONTROL DEVICES:				
(a) Sign(s) Traffic Control		✓		a
(b) Sign(s) Street		✓		b
(c) Sign(s) Handicap	NA			c
(d) Marking(s) Pavement	NA			d
5. SCREENING, FENCE(S) & LANDSCAPING:				
(a) Topsoil		✓		a
(b) Fertilizing & Seeding (Evidence of Growth)	*	✓		b
(c) Shade Tree		✓		c
(d) Shrubs		✓		d
(e) Trash Screening		✓		e
(f) Screening (Fence or Plantings)		✓		f
6. SOIL EROSION & SEDIMENT CONTROL:				
(a) Compliance - Certified Plan		✓		a
(b) Site Conditions - Field Observation		✓		b
(c) Sediment Deposits		✓		c
(d) Erosion Problems		✓		d
7. SITE GRADING:				
(a) Graded to provide positive drainage		✓		a
(b) Certified Grading Plan demonstrating positive drainage		✓		b
(c) Steep slopes stabilized (Evidence of Growth)	*	✓		c
(d) Retaining device(s)	*	✓		d
8. GENERAL CLEANUP				
(a) Lot		✓		a
(b) Adjoining buffer, open space, conservation area		✓		b

RECOMMENDATION(S) AND/OR REQUIRED DOCUMENTATION:

✓ Meets engineering requirements - recommend consideration for issuance of Certificate of Occupancy.

___ Does not meet engineering requirements - recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS:

* lot Hay mulched / Excelsior mat @ swale & downspout.

J. Hedlost 10/1/87

INSPECTOR DATE

7/ 3/86

White-Engineering, Yellow-Construction Official, Pink-Applicant, Orange-File

TO: HOWELL TOWNSHIP CONSTRUCTION INSPECTION DEPARTMENT
Attn: Plumbing Sub-Code Official

REF.: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE: 4-8-87

THIS IS TO CERTIFY THAT I, (Name) William R. Duggan T/A Pineland Plumbing & Heating Inc.

(BUSINESS ADDRESS) 807 Mantoloking Rd – Brickstown N.J. 08723,

(TEL. NO.) 201-477-0854.

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM IN THE FOLLOWING BUILDING, (OWNER) First Compass Corp.

(ADDRESS) P.O. Box 562 – Howell N.J.

(BLOCK & LOT) 35-73 Lot 19.

USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PERCEN IN ACCORDANCE WITH THE ABOVE REFERENCES.

William R. Duggan Pres.
(Signature & Seal)
(Notarized if Homeowner)

FINAL

BUREAU OF FIRE PREVENTION

P.O. BOX 580
HOWELL, N.J. 07731

CERTIFICATE # 87-774 DATE 10-5-87

RESIDENTIAL X COMMERCIAL _____ CONSTRUCTION _____

C.O. C.C.O. INSPECTION REPORT: BLOCK 35-73 LOT 19

GAS — HEATING

Woodstowe — NAME OF ESTABLISHMENT/OWNER

3 — DISTRICT

ADDRESS

PHONE #

THE ABOVE PREMISES WAS INSPECTED FOR OCCUPANCY CERTIFICATION, AND THE FOLLOWING DISPOSITION WAS TAKEN:

C.O. C.C.O. RECOMMENDED X REINSPECTION NECESSARY YES _ NO ___

C.O. C.C.O. NOT RECOMMENDED _____ TEMP. ISSUED _____

938-4500
EXT. 251

VIOLATIONS: _____

REINSPECTION DATE _____

REMARKS: _____

C.O. C.C.O. RECOMMENDED _____
C.O. C.C.O. NOT RECOMMENDED _____

Richard H. Holm 10/87
CHIEF

INITIALS OF INSPECTOR

F#2 - HTBFP

SAVE-RITE Termite & Pest Control, Inc

P.O. Box 99 • Bricktown, New Jersey 08723

458-3100

TERMITE CONTROL GUARANTEE

for

Cummins 39 Sweetbriar Trail Howell

Block 35-73 Lot 19 CN-19C First Compass

SAVE-RITE TERMITE & PEST CONTROL CO., INC. has performed chemical subterranean termite control pretreatment to the structure at the above address. As specified in F.H.A. Publication No. 300, the dwelling was chemically treated with the required chemical concentration. The rate and method of application complies in every respect with the standards called for.

This guarantee shall be in force until 3-15-91 Should reinfestation occur within the guarantee period, there will be no additional charge for labor or material to correct the condition.

Upon completion of the 3-15-91 guarantee, the owner may extend it on an annual basis for a fee of $ 60.00 wherefore, **SAVE-RITE** will do an Annual Inspection and a soil treatment to one quarter of the perimeter of the house. Save-Rite reserves the right of revision of this annual extension charge as of the fifth year or any later extension date by giving advance written notice to Purchaser. This contract does not cover the Formosa Termite (Coptptermes Formosanus).

SAVE-RITE TERMITE & PEST CONTROL CO., INC. Must be notified of any alterations, additions, or modifications to the treated structure prior to construction.

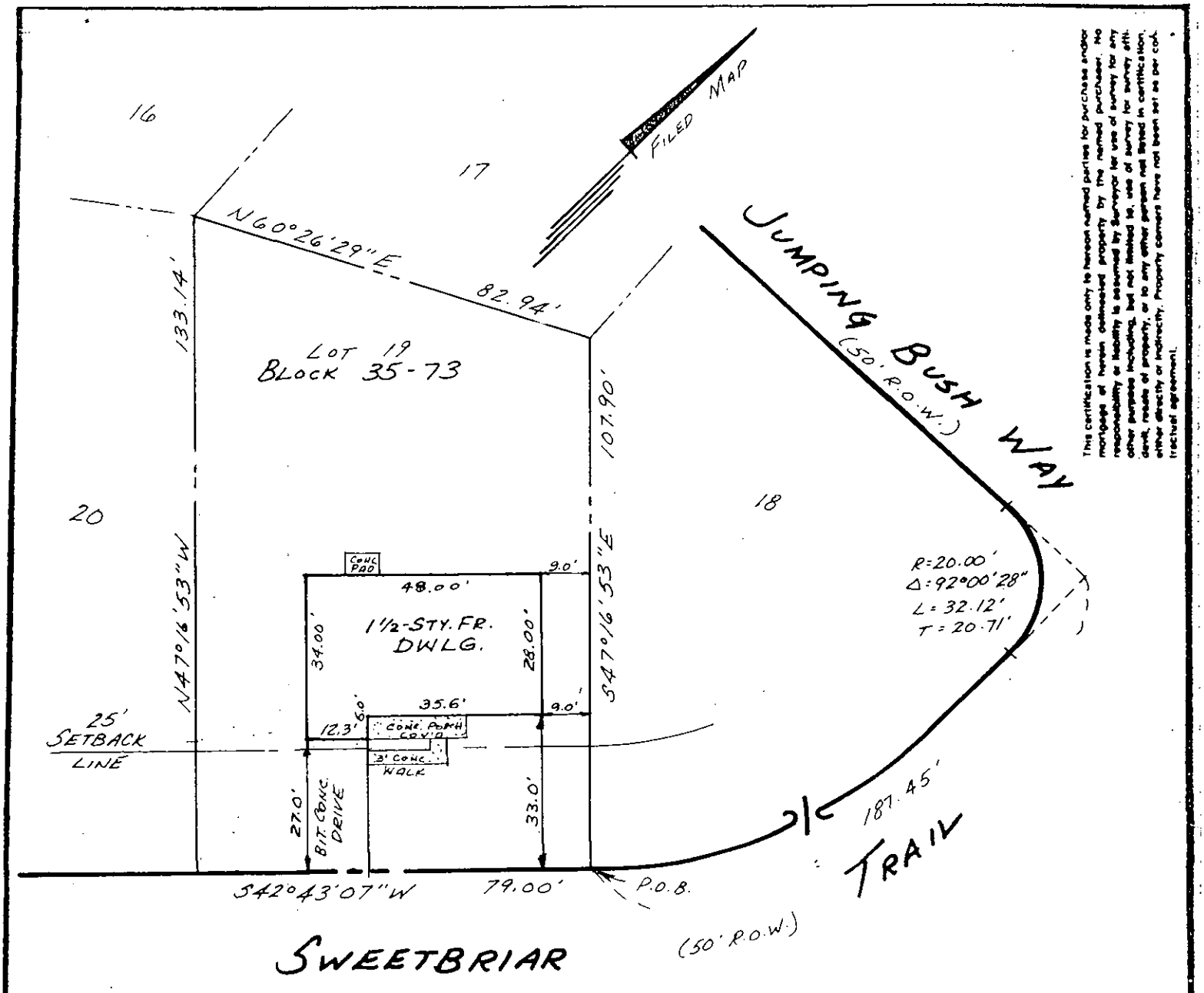
THIS CERTIFICATE IS TRANSFERABLE TO NEW OWNERS.

SAVE-RITE TERMITE & PEST CONTROL CO.,INC.

SAVE-RITE TERMITE & PEST CONTROL CO., INC.

BY: _____

Authorized Signature



This certification is made only to herein named parties for purchase and/or mortgage of herein delineated property by the named purchaser. No responsibility or liability is assumed by surveyor for use of survey for any other purposes including, but not limited to, use of survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly. Property corners have not been set as per contractual agreement.

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	DRN	T.M.	FILE NO.
1" = 30'	9-14-87	Y.B.		86M4670
		CKD EJM	DEED NO. 676	

HOW Corp.
of New Jersey

HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY

101 Morgan Lane, Suite 330
Plainsboro, N.J. 08536
1-800-982-5538

CERTIFICATION FORM

(Used to obtain Certificate of Occupancy)

SEP 16 1987

HOW Builder Approval No. 72M
(obtained by NJ HOW)

BUILDING FIRM NAME First Compass Corp

BUILDING FIRM ADDRESS Box 562
Howell NJ 07731

MUNICIPALITY Howell

LOT NO. 19 BLOCK NO. 35-73

ADDRESS 39 Sweetbriar Trail

HOW BUILDER NO. 3100-14521

NJ DCA BUILDER REGISTRATION NO. 08006

ENROLLMENT # OR
NOTIFICATION OF STARTS# 52453

This is to certify that the above referenced premises has been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program.

TO BE VALID, FORM MUST BE STAMPED AND DATED BY THE HOW CORP. OF NEW JERSEY NOT MORE THAN (45) FORTY-FIVE DAYS BEFORE C. OF O. IS ISSUED.

NOTE: BUILDERS WHO FAIL TO ENROLL HOMES WITH HOW ONCE THIS FORM IS VALIDATED, C. OF O. IS OBTAINED, AND CLOSING/SETTLEMENT OCCURS, FACE TERMINATION FROM THE HOW PROGRAM AND SUSPENSION OF THEIR NJ STATE BUILDER REGISTRATION BY THE DEPARTMENT OF COMMUNITY AFFAIRS (N.J.A.C. 5:25-2.5)

MUNICIPALITY COPY 3168667-8

FREEHOLD SOIL CONSERVATION DISTRICT

(Serving Middlesex and Monmouth Counties)

211 FREEHOLD ROAD

MANALAPAN, NEW JERSEY 07726

Tel: (201) 446-2300

CERTIFICATE OF COMPLIANCE

TO: Construction Official MUNICIPALITY: Howell

PROJECT: Woodstone East

Application No. 78-263

Block No.(s) 73 Lot No.(s) 19

Block No.(s) 71 Lot No.(s) 1,2,4,6

Complete Compliance ☐ *Partial Compliance x☐

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.)

Date 10-16-87
rh

Authorized Signature

*Subject to attached conditions *Pending establishment of permanent vegetation and continued compliance.

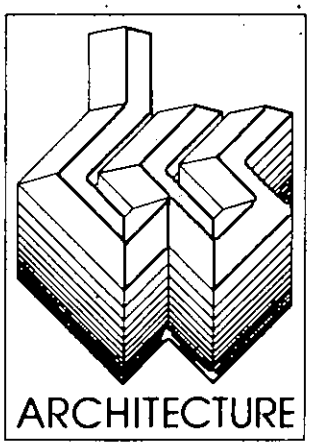
DISTRIBUTION: WHITE - Municipal Construction Official CANARY - Developer PINK - District GOLDENROD - Other *A4723

INVOICE-NUMBER	DATE	AMOUNT	DISCOUNT	NET	INVOICE-NUMBER	DATE	AMOUNT	DISCOUNT	NET
357319- 1	04/17/87	227.57	0.00	227.57	357319- 2	04/17/87	50.00	0.00	50.00
357319- 3	04/17/87	170.00	0.00	170.00					

3622

AMOUNT 447.57 DISC. 0.00 WK.COMP. 0.00 NET 447.57

FIRST COMPASS CORP. • P.O. BOX 562 • HOWELL, NEW JERSEY 07731



DCS ARCHITECTURE
Richard G. Stutesman R.A.
ARCHITECT

April 8, 1987

Howell Township Building Inspector
Howell, NJ 07731

Re: First Compass Corp.

Dear Sir:

Please be advised that First Compass Corp. has my permission to obtain a building permit using my Commission Number 831006 on the following lot and block with options as noted below:

Cumberland	Lot 19	Bl. 35-73
4 bedrooms	1 car garage/left	slab

If you have any questions, please do not hesitate to contact me.

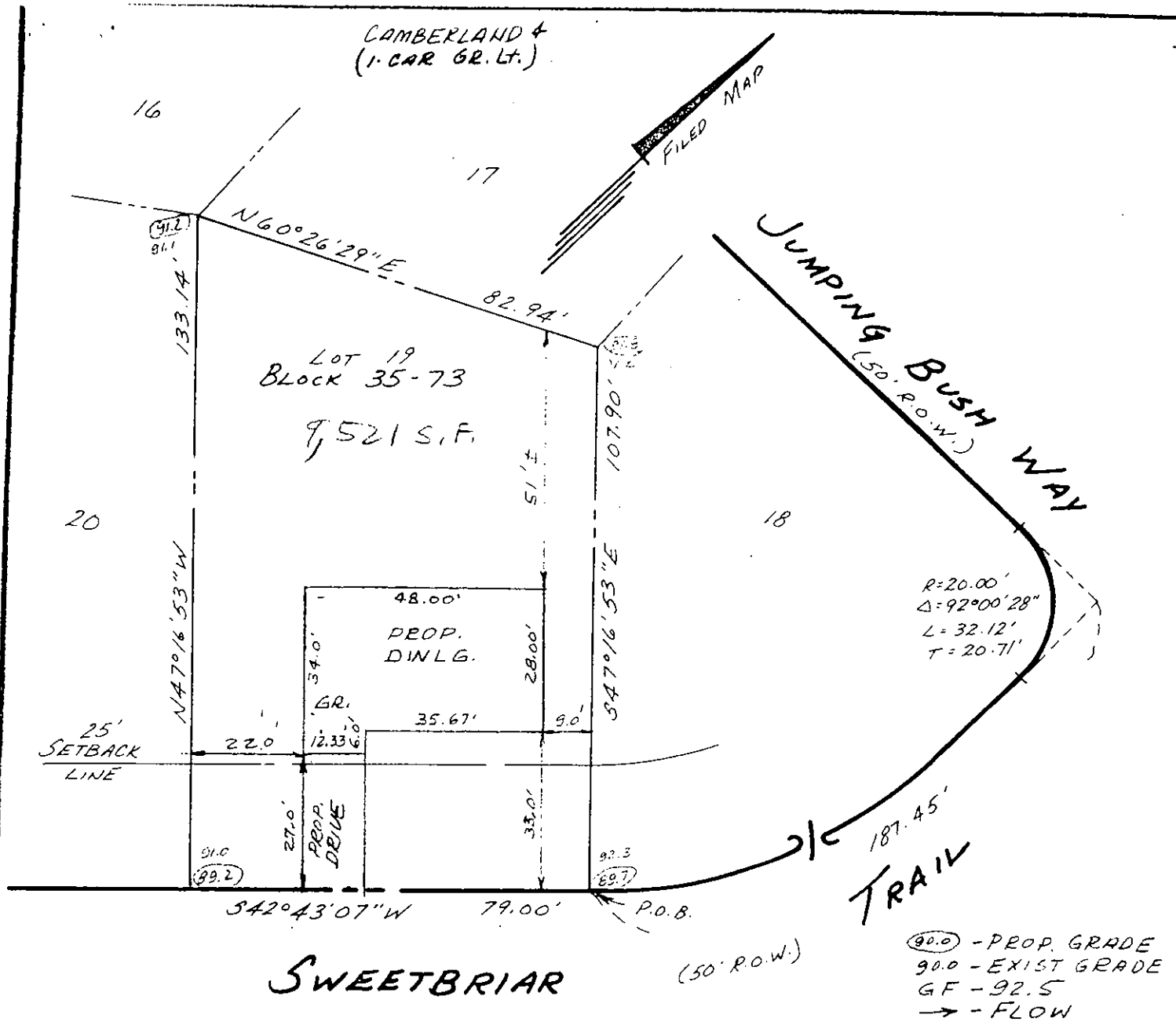
Very truly yours,

DCS ARCHITECTURE

Richard G. Stutesman
Architect

RGS:pl

326 third street, lakewood, new jersey 08701 • 201-367-1100



PLOT PLAN

SKETCH OF PROPERTY SURVEYED FOR:
LAND-O-PINES SEC. 118

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

ENGINEERING SURVEYING PLANNING ASSOCIATES

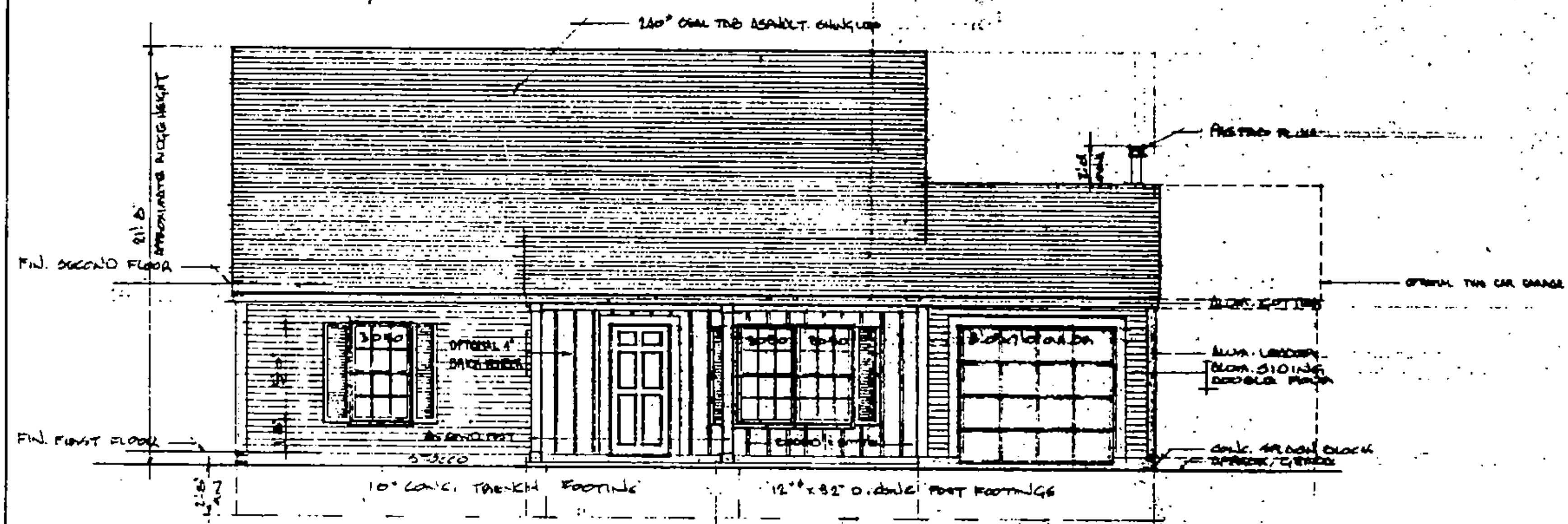
PROFESSIONAL ENGINEERS, LAND SURVEYORS AND PLANNERS

BOX 258, U.S. HWY. 9, HOWELL,
NEW JERSEY 07731

201-462-7400

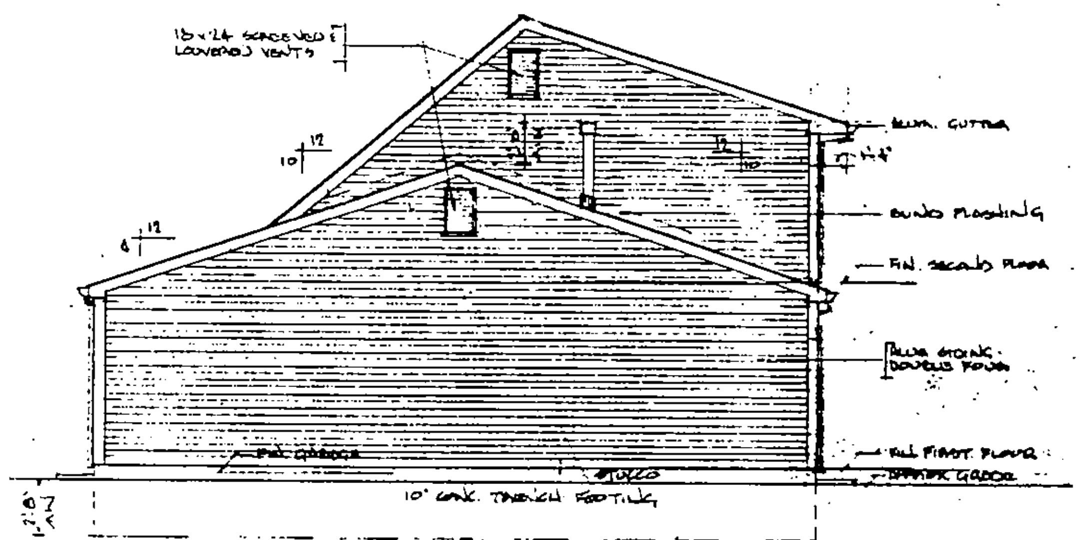
JOHN ALLGAIR
P.E. & L.S. N.J. LIC 12012

SCALE	DATE	DRWN	T.M.	FILE NO.
1" = 30'	4-9-87	Y.B. CKD ESM	MAP NO. 676	86M4670



FRONT ELEVATION

SCALE:



"THE CUMBERLAND"

RIGHT SIDE ELEVATION

SCALE:

REVISIONS	
FRONT & RIGHT SIDE	
NEW CAPE COD MODEL	L.F.C.
BLOCK 35, SECTION 47, LOT 83	
WOODSTONE EAST	
MORGAN M. DAVIS	
RICHARD G. STUTESMAN	1.8

DCS ARCHITECTS

LAKEWOOD, N.J.

"CUMBERLAND" IV

TO THE ADMINISTRATIVE OFFICE: 3799 DATE: _____

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

1. Location of Property 39 Sweetbriar Trail

   Blk 35-73 Lot 19

2. Name of Land Owners _____

3. Occupant _____

4. Proposed Use:

✓ New Construction	✓ Residence-Number of Families 1
Remodeling	Business
Accessory Building	Manufacturing
_____	Sign Board - Size _____

5. Survey of lot, showing public roads, existing buildings and proposed construction or use for which this application is made. Fill in all dimensions below:

   (a) Name of road or street 39 Sweetbriar Trail Feet.

   (b) Main road frontage 79.00' Feet.

   (c) Set back from side of road right of way 27.0' Feet.

   (d) Side yard clearance 22.0' Feet.

   (e) Rear yard clearance 51.' Feet.

   (f) Depth of lot from right of way 107.90' Feet.

   (g) Dimensions of building: Width 48'-0" Feet Depth 31'-0" Feet.

   (h) Highest point of building above established grade 21'-8" Feet.

   (i) Area of lot - square feet or acres 9,521 Feet.

   (j) Sketch showing existing buildings and proposed construction (indicating which direction is North).

6. Buildings: Use Residential

   Number of stories 1 Basement _____ Apartments _____

   Useable floor space designed for use as living quarters, exclusive of basements, porches, garage, breezeways, terraces, attics or partial stories.

   First floor 1152 square feet Second floor ø 693 square feet.

   Off-street parking space _____ square feet.

7. REMARKS _____

WITNESS: Eileen Squires

APPLICANTS SIGNATURE

Date filed with Administrative Officer 4/16/87 Fee paid 10 —

8. Complies with the provisions of the Howell Township Land Use Ordinance:

(a) Review of other agencies:

(b) Revisions made:

(c) Bonds Posted:

(d) Taxes and assessments paid:

(e) DOT approval, if any:

(f) Soil Conservation, if any:

(g) Monmouth County Planning Board: O.K.

(h) Howell Township Municipal Utilities Authority:

PERMIT APPROVAL GRANTED:

PERMIT APPROVAL DENIED:

Upon the basis of the above applications, the statements which are made part hereof, the proposed usage is _____ found to be in accordance with the Township Zoning Ordinance and is hereby _____ approved for the following zone: _____.

_____
ADMINISTRATIVE OFFICER

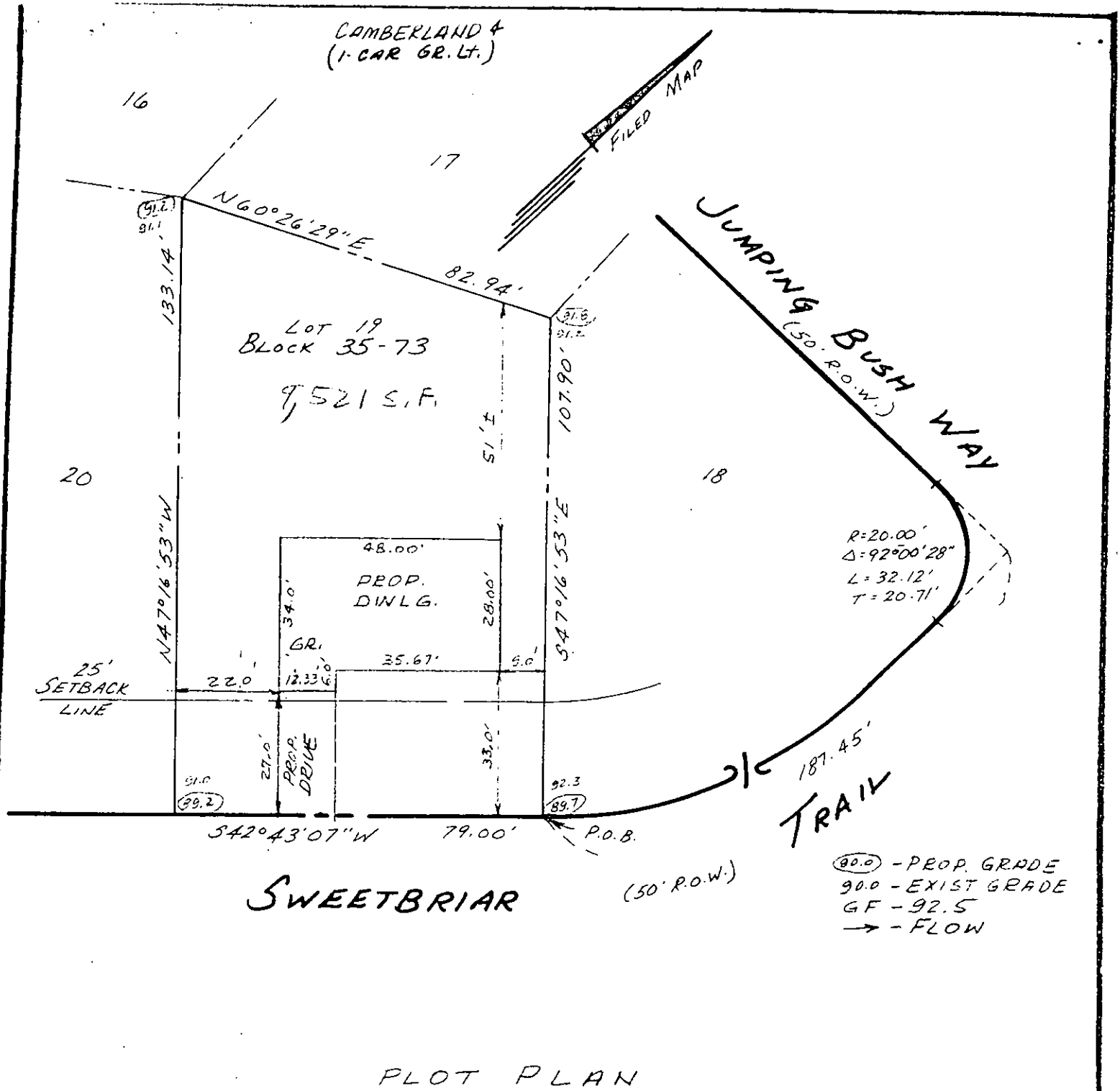
Date Application was received 4/16/87 Date ruled on 4/20/87

If certification is refused, reason for refusal: _____

_____

_____

_____



PLOT PLAN

SKETCH OF PROPERTY SURVEYED FOR:
LAND-O-PINES SEC, 118

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

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

SCALE	DATE	DRWN	CKD	T.M.	MAP NO	FILE NO
1" = 30'	4-9-87	Y.B.	EJM		676	86M4670