CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/1/03
Control # C03-91
Permit # 03-414

IDENTIFICATION Block 51.08 Lot 5
Work Site Location 5 Little Ct Manahawkin
Owner in Fee Hicley
Address S/A
Tel.

Contractor Pool Town
Address 5500 US Hwy 9 Howell, NJ 07731
Tel. (732) 505-9000
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [X] OTHER Pool

DESCRIPTION OF WORK: Proposed 40×25×21 inground pool. Propose 4' Alum fence with self latching, locking gate, opening outward installed by homeowner.

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 $ 23000-

Construction Official

3/26/03
Date

PAYMENTS (Office Use Only)

Building	100.00
Electrical	53.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	23.00
Cert. of Occupancy	
Other	
Total	176.00
Check No.	02165
Cash	
Collected by	DMC

U.C.C. F170
(rev. 5/2K)

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

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

STAFFORD TOWNSHIP
ZONING PERMIT

DATE RECEIVED: 3/5/21

ZONING PERMIT #: 21-2002

Administrative Fees Paid: $25.00 Check/MO# 101

FENCE PERMIT #: _____ $25.00 _____

Engineering Fees Paid: $_____ Check/MO#_____

GRADING PERMIT #: _____ $450.00 _____

Curb Fees Paid: $_____ Check/MO#_____

CURB PERMIT#: _____ $75.00 _____

PROPERTY OWNER: Cochran

SITE ADDRESS: 5 Little Court

BLOCK: 51.08 LOT(S): 3

ZONE: RA EXISTING USE: SFD

DESCRIPTION OF PROPOSED WORK OR PROPOSED USE:

15 x 10 Shed

THE WITHIN PERMIT IS HEREBY APPROVED:

___ THE USE IS PERMITTED BY ORDINANCE AND/OR BOARD RESOLUTION # _____

X THE STRUCTURE IS PERMITTED BY ORDINANCE AND/OR BOARD RESOLUTION # _____

___ IS A VALID NONCONFORMING USE AS ESTABLISHED BY:
___ZONING BOARD OF ADJUSTMENT
___ZONING OFFICER ON THE BASIS OF EVIDENCE SUPPLIED

___ IS A VALID NONCONFORMING EXISTING STRUCTURE DUE TO:
___FRONT YARD ___ REAR YARD ___ SIDE YARD ___ SIDE YARD COMBINED ___ OTHER

___ OTHER _____

THE FOLLOWING CONDITIONS APPLY TO THE APPROVAL:

____ FINAL ZONING APPROVAL REQUIRED

SUBMIT: ____AS-BUILT SURVEY ____ ELEVATION CERTIFICATE

OTHER CONDITIONS: _____

ZONING OFFICER _____ DATE 3/8/21	**FINAL ZONING APPROVAL (IF REQUIRED)**
	ZONING OFFICER _____ DATE _____

FREE WEBINARS

Risk Reduction GROUP

Cut Flood Insurance Costs

ATTENTION LONG BEACH ISLAND & STAFFORD TWP HOMEOWNERS

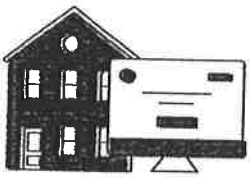
Discover the Savings

Uncovering the Secrets of Flood Insurance

Puzzled about flood insurance? We break down ***the truth*** about your coverage in ***one free webinar***, including helpful tips & steps you can take to ***lower your premium***.

After the Webinar

Unable to ***attend***? Want one-on-one ***guidance***? We can ***schedule*** sessions to review ***individual cases***.



TOPICS WE'LL COVER

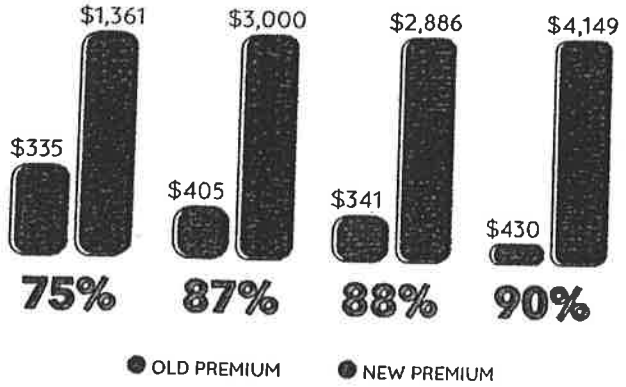
New Laws That Affect Policies
NFIP

Changes That Help You Save
MITIGATION STEPS

Real Life Homeowner Examples
SAVINGS STORIES

Ask Us Any Questions You Have
Q & A

How Much Others Have Saved*



70+%

Average homeowner savings on flood insurance after our program

HELPFUL TO HAVE HANDY

Flood Insurance Policy & Elevation Certificate

No Elevation Certificate?

✉ longbeachisland@yourfloodrisk.com

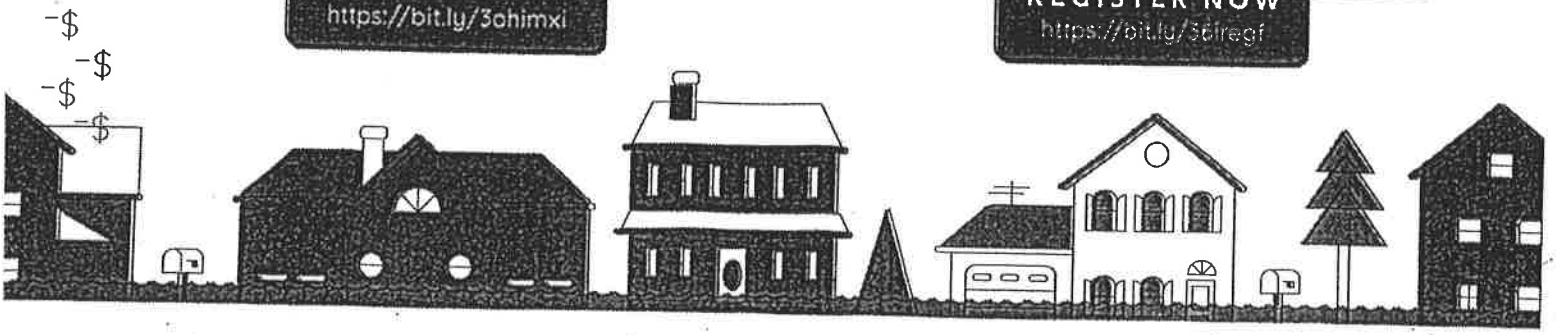
*Examples are on a case-by-case basis. Homeowners saved an average of 83%.

SATURDAY, MARCH 20TH, 10:00AM EST

REGISTER NOW
https://bit.ly/3ohimxi

SATURDAY, MAY 15TH, 10:00AM EST

REGISTER NOW
https://bit.ly/3diregf



♦ TOWNSHIP OF STAFFORD ♦

Community Development Department / Zoning Department
260 East Bay Avenue
Manahawkin, New Jersey 08050-3329
www.staffordnj.gov
Main #· (609) 597-1000 x 8535 Fax · (609) 978-9612

Date: 3/8/21

Block: 51.08 Lot(s): 3

Address: 5 Little Court

Zoning Permit #: 21-2002

Dear Sir/Madam:

Enclosed please find your approved zoning permit and/or grading and drainage permit. Depending on the work you are doing, a building permit may also be required before work may proceed.

If the work authorized by this zoning permit is for the construction of a new residential dwelling, an affordable housing development fee is required, unless an exemption is permitted by ordinance. The affordable housing development fee is 1% of the equalized assessed value, with 50% of the fee due before your building permit is issued, and the remaining balance of 50% due before your Certificate of Occupancy is issued.

If the work authorized by this permit is for any other type of residential construction, such as additions, alterations, fences, sheds, etc., *no affordable housing development fee is required.*

If the work authorized by this zoning permit is for the development of non-residential property, an affordable housing development fee is required, unless an exemption is permitted by ordinance. The affordable housing development fee is 2-2½% of the equalized assessed value (depending on the date of your Board approval and the date of your permit), with 50% due before the building permit is issued and 50% due before the certificate of occupancy is issued.

In order for the affordable housing development fee or exemption to be determined, you must first submit a copy of your building plans (and site plan for non-residential properties) to the Tax Assessor for his determination of the equalized assessed value of the property. Please also submit the *Affordable Housing Development Fee Assessment Application* with your plans. This form is available online, at the Community Development/Zoning/Building Department or the Tax Assessor's office. The Tax Assessor may be reached by telephone at (609) 597-1000 ext. 8546 if you have any questions regarding the equalized assessed value and its determination.

If you have any questions concerning your permit, please feel free to contact our office.

Stafford Township Community Development Department
(609) 597-1000 x 8535

BLOCK 51.08 LOT 3 SITE ADDRESS 5 Little Ct. PERMIT NO. 21-2002

FENCE PERMIT NO. _____

TOWNSHIP OF STAFFORD ZONING PERMIT APPLICATION

Proposed Work Site: 5 Little Ct Manahawkin NJ 08050

Name of Owner: Robert & Kathleen Cochren Owner's Telephone #: _____

Owner's Mailing Address: PO Box 486 Manahawkin

Name of Applicant: Robert Cochren Applicant's Telephone #: _____

Applicant's Mailing Address: PO Box 486

Contact Person: Robert Cochren Telephone #: _____ E-mail: _____

Existing Use: Single family home Proposed Use: Same

Description of Work: 15x10 shed behind pool area. Add gravel walk from driveway to back of fence

THE FOLLOWING MUST BE COMPLETED IF THE PROPOSED WORK SITE IS LOCATED IN THE TOWNSHIP'S SPECIAL FLOOD HAZARD AREA

Existing First Floor Elevation: _____ (A Zones) Proposed First Floor Elevation: _____ (A Zones)

Existing Lowest Structural Member: _____ (V Zones) Proposed Lowest Structural Member: _____ (V Zones)

Cost of Work (Labor & Materials): $_____ Fair Market Value of Principal Structure (TO BE FILLED OUT BY STAFF): $_____

SIGNATURE OF APPLICANT: _____ **DATE:** 3-5-21

FOR OFFICE USE ONLY

ZONING PERMIT FEE $25.00 CHECK/MO 101

FENCING PERMIT FEE $25.00 CHECK/MO _____

GRADING: PERMIT FEE $25.00 CHECK/MO _____

INSPECTION FEE $450.00 CHECK/MO _____

INSPECTION # _____

CURBING: PERMIT FEE $15.00 CHECK/MO _____

INSPECTION FEE $75.00 CHECK/MO _____

INSPECTION # _____

ZONING RE-INSPECTION $15.00 CHECK /MO _____ DATE _____

CURB RE-INSPECTION $45.00 CHECK/MO _____ DATE _____

PERFORMANCE GUARANTEE - CURB _____ CHECK/MO _____ DATE _____

PERFORMANCE GUARANTEE - TREES _____ CHECK/MO _____ DATE _____

TREE RE-INSPECTION FEE _____ CHECK/MO _____ DATE _____

STAFFORD TOWNSHIP
MANAHAWKIN, NEW JERSEY
(609) 597-1000

481428

DATE 3/24/21

RECEIVED FROM Antonucci

$ 25 —

Twenty five DOLLARS

FOR Non 4424/19

THANK YOU

AMOUNT OF ACCOUNT		
THIS PAYMENT	110	00
BALANCE DUE		

☐ CASH
☒ CHECK
☐ M.O.

BY

FOR OFFICE USE ONLY

RA	Required			Proposed			"As B
Lot:							
Size							
Width							
Depth							
		New Shed					
Setbacks:							
Front							
Rear	15			45			
Side	15			25			
Side Comb							
Height							
% Cover							
BFE/FF Elev.							

Date Submitted: 3/5/21 Date Approved: 3/8/21 SB

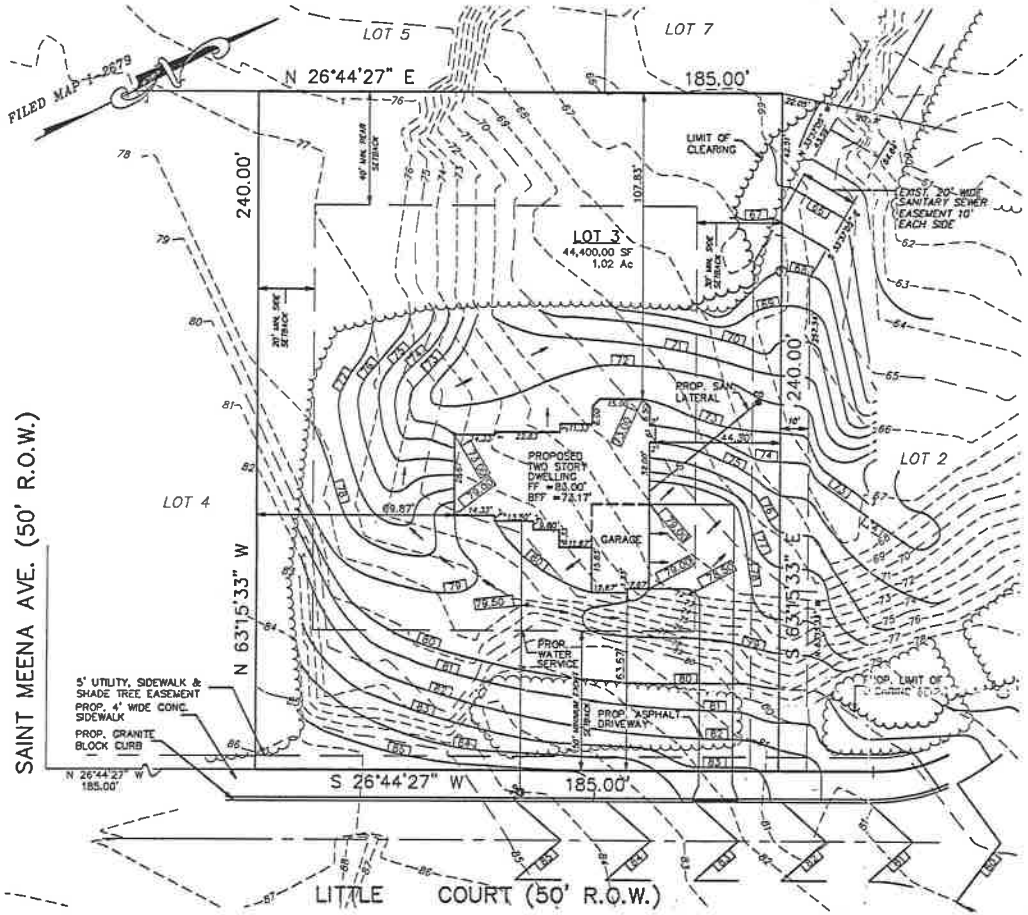
Date Mailed or Delivered to Applicant: 3/8/21

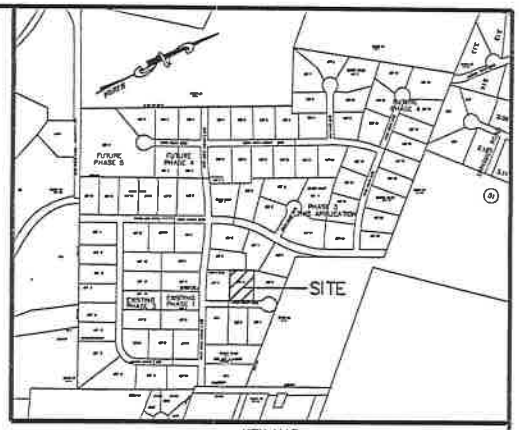
Date Forwarded to Bureau of Construction Inspections: _____

APPROVALS CHECKLIST:

	OK for Preliminary	OK for Final	Resolution #
____ Zoning Officer			
____ Planning Board			
____ Zoning Board			
____ Township Engineer.....			
____ Township Planner			
____ Landscape Architect			

Date of Final Approval for Certificate of Occupancy _____





KEY MAP
N.T.S.

GENERAL NOTES:

1. PROPERTY KNOWN AS LOT 3, BLOCK 51.08, STAFFORD TOWNSHIP.
2. APPLICANT PROPOSES TO CONSTRUCT A TWO (2) STORY SINGLE FAMILY RESIDENTIAL DWELLING WITH A WALKOUT BASEMENT.
3. SITE IS NOT LOCATED WITHIN THE PINELANDS COMMISSION JURISDICTION.
4. PROPOSED DWELLING TO BE SERVICED WITH MUNICIPAL SEWER AND WATER.
5. ON-SITE SOILS: DoA (RE: OCEAN COUNTY SOIL SURVEY).
6. ALL ROOF LEADERS TO DRAIN INTO PROPOSED DRYWELL.
7. SITE IS SITUATED ENTIRELY WITHIN THE RA (RURAL RESIDENTIAL) ZONE.
8. MAXIMUM BUILDING HEIGHT IS 35 FT PER RA ZONE WHERE LESS THAN 35 FT. IS PROPOSED.
9. OWNER / APPLICANT:
   KARA HOMES
   TOMS RIVER
   NJ 08753

ZONING REQUIREMENTS:	REQUIRED	PROVIDED
MINIMUM LOT AREA	43,560 SF	44,400.00 SF
MINIMUM LOT WIDTH	150.0 FT	185.00 FT
MINIMUM LOT DEPTH	175.0 FT	240.00 FT
MINIMUM FRONT YARD SETBACK	50.0 FT	63.67 FT
MINIMUM SIDE YARD SETBACK	20.0 FT	44.30 FT
MINIMUM COMBINED SIDE YARD SETBACK	50.0 FT	114.17 FT
MINIMUM REAR YARD SETBACK	40.0 FT	107.83 FT
MAXIMUM BUILDING HEIGHT	35.0 FT	<35 FT
MAXIMUM LOT COVERAGE	20.0%	7.0%

10. PLOT PLAN IN ACCORDANCE WITH RESOLUTION COMPLIANCE:
    1992-25
    1998-51
    1987-50
11. CONTRACTOR RESPONSIBLE TO LOCATE ALL UTILITIES PRIOR TO THE START OF CONSTRUCTION.
12. ROADWAY AND UTILITIES SHOWN ARE BASED ON A PLAN ENTITLED "FIELD CHANGE PLAN, ISLAND WOODS ESTATES, PHASE III, LOT 52.03, BLOCK 51, STAFFORD TOWNSHIP, SHEETS 1 THRU 6 OF 6" DATED 1-14-02, LAST REVISED 2-27-02.
13. SEE ARCHITECTURALS FOR FOUNDATION CONSTRUCTION.

LEGEND

	EXISTING	PROPOSED
REBAR		
MONUMENT		
FL. GRATE INLET		
CURB INLET		
SANITARY MANHOLE		
UTILITY POLE		
FIRE HYDRANT		
SOIL BORING		
TREE LINE		
VALVE		
SIGN		
STREET SIGN		
TREE		
SIDEWALK		DEPRESSED .D.C.
DEPRESSED CURB	.D.C.	.D.C.
CONCRETE CURB		
CONTOUR		
SPOT, ELEVATION		
DOWN SPOUTS		D.S.
WATER LATERAL		
SEWER LATERAL		
CLEAN OUT		
DRYWELL DETAIL	DW	DW

GRAPHIC SCALE
(IN FEET)
1 inch = 30 ft.

NO.	DATE	REVISION DESCRIPTION	BY	CHK'D
1	5/28/02	REVISED HOUSE MODEL PER CLIENT	ISJ	GK

OWEN, LITTLE & ASSOCIATES INC.
Engineers, Planners, Surveyors, GIS Specialists
443 Atlantic City Blvd.
Beachwood, NJ 08723
Tel. 732-244-1090
Fax 732-341-3412

FRANK J. LITTLE JR. P.E., P.P., C.
PROFESSIONAL ENGINEER
N.J. LIC. No. 27055
PROFESSIONAL PLANNER
N.J. LIC. No. 03096

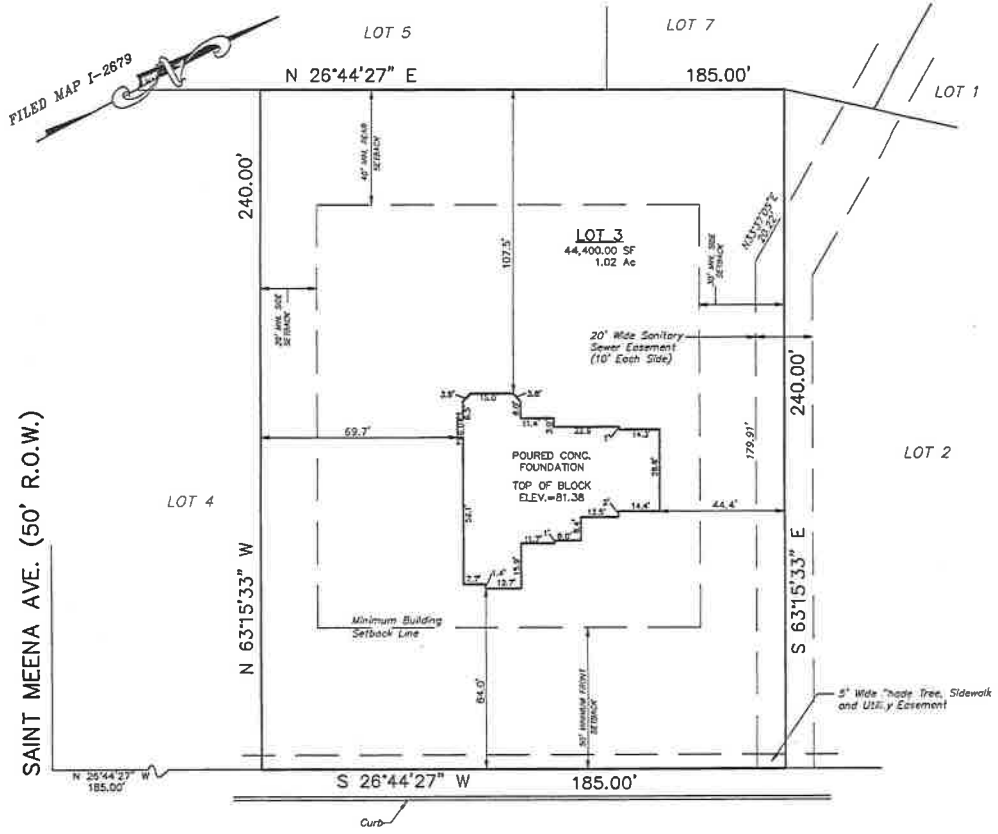
PLOT PLAN

LOT 3 BLOCK 51.08

STAFFORD TOWNSHIP

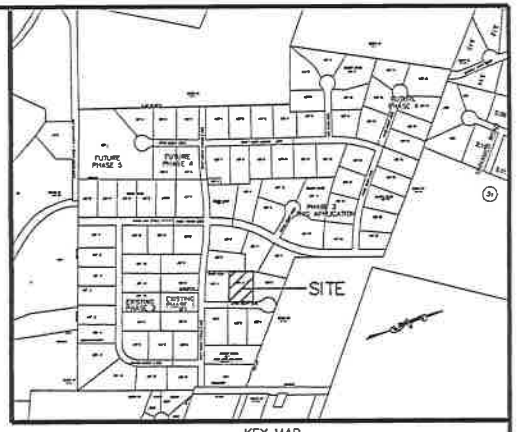
OCEAN COUNTY NEW JERSEY

SCALE:	DATE:	CHK'D	DRWN	JOB & BILLING No.	DRWG No.
1" = 30'	5/28/02	GK	ISJ	01-022330 K009CLPHS3	1 of 1



LITTLE COURT (50' R.O.W.)

(Asphalt Surface)



KEY MAP
N.T.S.

02-1615

NO.	DATE	REVISION DESCRIPTION	BY	CHK'D

OWEN, LITTLE & ASSOCIATES INC.
Engineers, Planners, Surveyors
GIS Specialists
443 Atlantic City Blvd.
Bayville, NJ 08721
Tel. 732-341-1080
Fax 732-341-3412

WILLIAM J. BERG, P.L.S.
PROFESSIONAL LAND SURVEYOR
N.J. LIC. NO.36228

FOUNDATION LOCATION

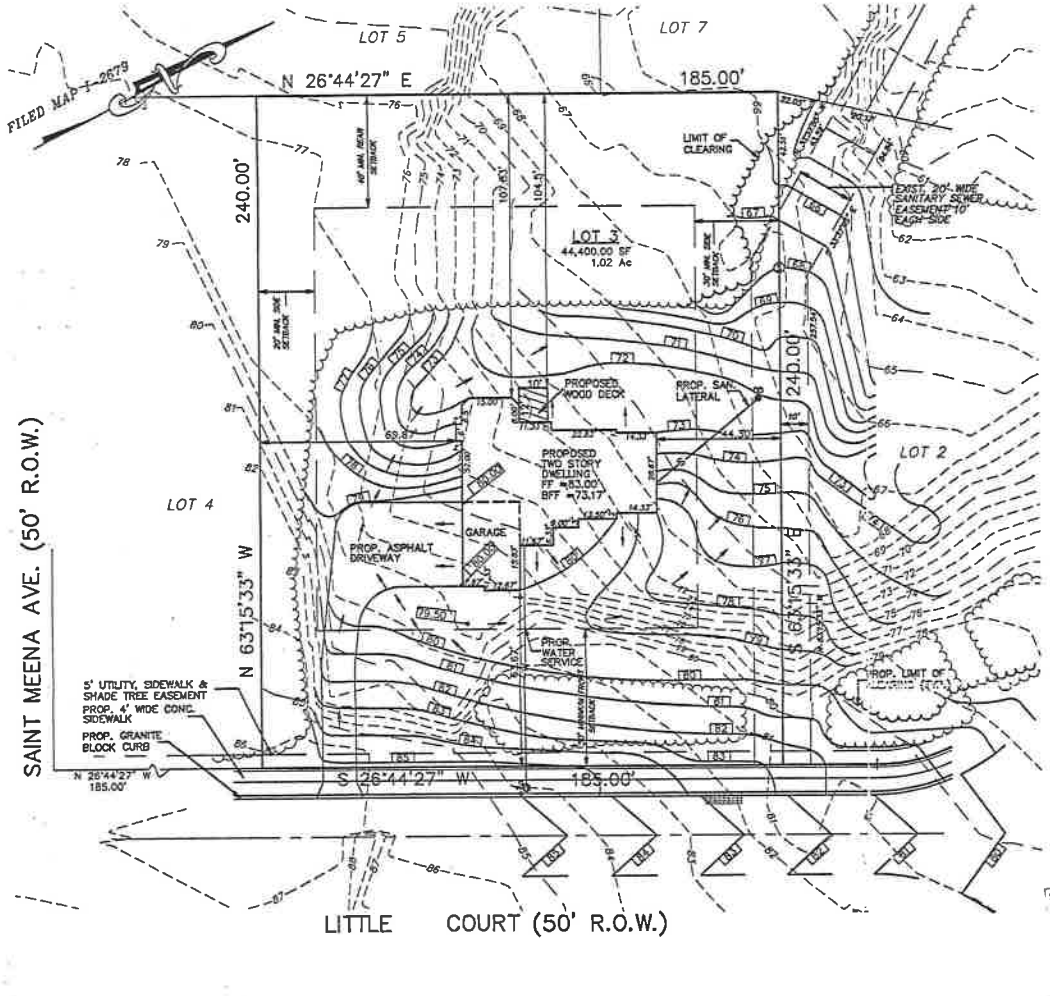
LOT 3 BLOCK 51.08

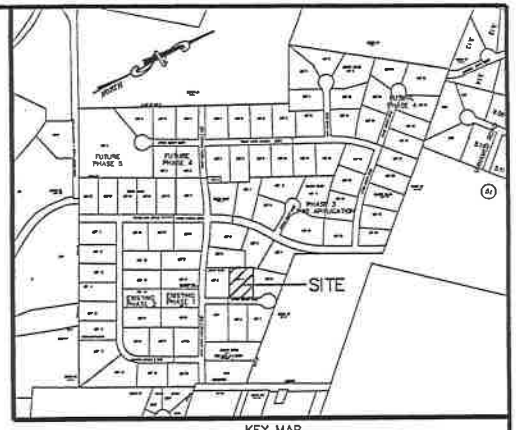
STAFFORD TOWNSHIP

OCEAN COUNTY NEW JERSEY

SCALE:	DATE:	CHK'D	DRWN	JOB & BILLING No.	DRWG No.
1" = 30'	09/20/02	GK	CMB	K009CLPHS3 1-385	1 / 1

GRAPHIC SCALE
30 0 15 30 60 120
(IN FEET)
1 inch = 30 ft.





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3. SITE IS NOT LOCATED WITHIN THE PINELANDS COMMISSION JURISDICTION.
4. PROPOSED DWELLING TO BE SERVICED WITH MUNICIPAL SEWER AND WATER.
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8. MAXIMUM BUILDING HEIGHT IS 35 FT PER RA ZONE WHERE LESS THAN 35 FT. IS PROPOSED.
9. OWNER / APPLICANT:
   KARA HOMES
   TOMS RIVER
   NJ 08753

ZONING REQUIREMENTS:	REQUIRED	PROVIDED
MINIMUM LOT AREA	43,560 SF	44,400.00 SF
MINIMUM LOT WIDTH	150.0 FT	185.00 FT
MINIMUM LOT DEPTH	175.0 FT	240.00 FT
MINIMUM FRONT YARD SETBACK	60.0 FT	63.67 FT
MINIMUM SIDE YARD SETBACK	20.0 FT	44.30 FT
MINIMUM COMBINED SIDE YARD SETBACK	50.0 FT	114.17 FT
MINIMUM REAR YARD SETBACK	40.0 FT	104.5 FT.
MAXIMUM BUILDING HEIGHT	35.0 FT	<35 FT
MAXIMUM LOT COVERAGE	20.0%	7.0%

10. PLOT PLAN IN ACCORDANCE WITH RESOLUTION COMPLIANCE:
    1992-25
    1998-51
    1987-50
11. CONTRACTOR RESPONSIBLE TO LOCATE ALL UTILITIES PRIOR TO THE START OF CONSTRUCTION.
12. ROADWAY AND UTILITIES SHOWN ARE BASED ON A PLAN ENTITLED "FIELD CHANGE PLAN, ISLAND WOODS ESTATES, PHASE III, LOT 52.03, BLOCK 51, STAFFORD TOWNSHIP, SHEETS 1 THRU 5 OF 6" DATED 1-14-02, LAST REVISED 2-27-02.
13. SEE ARCHITECTURALS FOR FOUNDATION CONSTRUCTION.

RECEIVED DEC 19 2002

RECEIVED 2002 61 032

RECEIVED DEC 18 2002

LEGEND

	EXISTING	PROPOSED
REBAR	○	●
MONUMENT	□	■
FL. GRATE INLET	▣	●
CURB INLET	▣	●
SANITARY MANHOLE	⊕	●
UTILITY POLE	⊕	●
FIRE HYDRANT	⊕	●
SOIL BORING	⊕	
TREE LINE		
VALVE	⋈	⋈
SIGN	⊖	⊖
STREET SIGN	⊖	⊖
TREE	⊕	⊕
SIDEWALK		
DEPRESSED CURB	D.C.	D.C.
CONCRETE CURB		
CONTOUR	84	84
SPOT ELEVATION	84.5	84.5
DOWN SPOUTS		D.S.
WATER LATERAL	W	W
SEWER LATERAL	S	S
CLEAN OUT	⊕	⊕
DRYWELL DETAIL	DW	DW

GRAPHIC SCALE
30 0 15 30 60 120
(IN FEET)
1 inch = 30 ft.

NO.	DATE	REVISION DESCRIPTION	BY	CHK'D
3	12/16/02	REVISED TO ADD PROPOSED DECK	DJM	GK
2	08/06/02	REVISED HOUSE ORIENTATION / GRADE PER ASBUILT DRIVEWAY LOCATION.	CMB	GK
1	6/28/02	REVISED HOUSE MODEL PER CLIENT	ISJ	GK

OWEN, LITTLE & ASSOCIATES INC.
Engineers, Planners, Surveyors
GIS Specialists
443 Jessica City Blvd.
Swedesboro, NJ 08722
Tel. 732-344-1080
Fax 732-341-3412

FRANK J. LITTLE JR. P.E., P.P.
PROFESSIONAL ENGINEER
N.J. LIC. No. 27085
PROFESSIONAL PLANNER
N.J. LIC. No. 03096

PLOT PLAN

LOT 3 BLOCK 51.08

STAFFORD TOWNSHIP

OCEAN COUNTY NEW JERSEY

SCALE:	DATE:	CHK'D	DRWN	JOB & BILLING No.	DRWG No.
1" = 30'	5/28/02	GK	ISJ	01-022330 K009CLPHS3	1 of 1

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

Date Issued 7,31,02
Control # C02-162
Permit # 02-1615

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 51.08 Lot 3 Qual

Work Site Location 5 LITTLE CT.
MANAHAWKIN, N.J.
Owner in Fee ISLAND WOOD EST. BY KARA HOMES
Address 197 RT. 18 S SUITE 202 N.
EAST BRUNSWICK, NJ 08816-
Telephone (732)565-0720

Contractor KARA HOMES INC.
Address 197 RT. 18 S.
EAST BRUNSWICK, NJ 08816-
Telephone (732)736-9313
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3655967

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
NEW SINGLE FAMILY DWELLING
PROTO 42-96B, CARRINGTON, 2 STY.,3 CAR, BASEMENT, R-3, FIREPLACE

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 $ 205,325

Construction Official

7/29/02
Date

PAYMENTS (Office Use Only)

Building	2,098
Electrical	177
Plumbing	368
Fire Protection	160
Elevator Devices	0
Other	
DCA Training Fee	172
Cert. of Occupancy	28
Other	
Total Incl Cr	3,003
Check No.	
Cash	
Collected By	3756

U.C.C. F170 (rev. 3/96)

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

Date Issued 7,31,02
Control # C02-162
Permit # 02-1615

UCC NEW JERSEY
CONSTRUCTION PERMIT

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Telephone (732)565-0720

Contractor KARA HOMES INC.
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Lic. No. or Bldrs. Reg. No.
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[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
NEW SINGLE FAMILY DWELLING
PROTO 42-96B, CARRINGTON, 2 STY.,3 CAR, BASEMENT, R-3, FIREPLACE

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 $ 205,325

Construction Official

7/25/02
Date

PAYMENTS (Office Use Only)

Building	2,098
Electrical	177
Plumbing	368
Fire Protection	160
Elevator Devices	0
Other	
DCA Training Fee	172
Cert. of Occupancy	28
Other	
Total Incl Cr	3,003
Check No.	
Cash	
Collected By	3756

U.C.C. F170 (rev. 3/96)

BLOCK 57.08 LOT 3 QUALIFICATION CODE ADDRESS (SITE) 5 Little Court PERMIT NO. 02-1615

Bot 365

365

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 5 Little Court Manahawkin
2. Name of Owner in Fee: Blanchard DS By Kaa Tel. (732) 565-0720
   Address 197 Rt 18 S. East Brunswick 08816
   (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Same Tel. ( ) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. 030695 Exp. Date 10/5
   Federal Employee No. 223655967 FAX: 609 978-4923
5. Architect or Engineer Leonard Martell Tel. (732) 530-1989
   Address 257 Maple Ave. Red Bank, NJ.
6. Responsible Person in Charge of Work Victor Parano
   Tel. 609 713-7568 FAX 609 978-4923

7/9/02

New S.F.D.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 2098-		
2.	Electrical	127-		
3.	Plumbing	308-		
4.	Fire Protection	160-		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	17-		
10.	Subtotal			
11.	Cert. of Occupancy	28-		
12.	Other			
13.	TOTAL	$ 3003-		

VI. BUILDING/SITE CHARACTERISTICS

1.	Number of Stories	2	
2	Height of Structure	35	ft.
3.	Area — Largest Floor	3096	sq. ft.
4.	New Building Area	4088	sq. ft.
5	Volume of New Structure	96581	cu. ft.
6.	Construction Classification	5B	
7	Total Land Area Disturbed	6000	sq. ft.
8.	Flood Hazard Zone	X/A	
9.	Base Flood Elevation	N/A	ft.
10.	Wetlands yes		
	no	✓	
11.	Max. Live Load		
12.	Max. Occupancy Load	N/A	

(office use only)

00071 027869 2756
20021615 SF
00000PWMG

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	✓ New Building	180,000				7/25/02	MJ			
3.	☐ Addition									
4.	☐ Alteration									
5.	✓ Fire Protection	800				7/25/02	MJ			
6.	☐ Plumbing	5000				7/25/02	MJ			
7.	☐ Electrical	6,000				7/25/02	MJ			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition pmr					7/25/02	MJ			
	TOTAL COSTS	191,800								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ✓ Prototype Processing 42-96B

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ✓ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction 2
After Construction 3
Net Gain or Loss +1

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 3/96)

BLOCK LOT PERMIT

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (✓) I further certify that I will perform or supervise the following work:
C.1. (✓) Building C.2. (✓) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date 7/9/2

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

09/05/2007 10:06 FAX 6099789612 ☑001

STAFFORD TWP

Telephone
(609)597-1000 Ext. 8519

TOWNSHIP OF STAFFORD

OCEAN COUNTY
260 EAST BAY AVE • MANAHAWKIN, NEW JERSEY • 08050-3329

Refer To:
Municipal
Clerk's
Office

Bob
Please fill
out arrows
Will take several
days to retrieve
Bob Darcy
Construction Official

REQUEST FOR PUBLIC RECORDS

FOR MUNICIPAL USE ONLY

SEE INSTRUCTIONS ON OTHER SIDE

→ Name: Robert E. Cochran

→ Address: 9 Ocean Breeze Ct
Manahawkin NJ 08050

→ Telephone [Day]

Information Requested: FAX: 609-978-3510

[ ] Copy of Minutes [specify board or entity, date, topic or other identifying information]

[ ] Copy of Ordinance or Resolution [specify date, number, or other identifying information]

[ ] Police Accident Report Fee:

Identify Accident:

[ ] Other [specify]

[ ] License Information [specify]

Information on a Specific Property Address 5 Little Court

Block 51.08 Lot 3

Kara - Proto # 42-98 B_ Carrington Model, 2 sty 3 car
Basement Permit #02-1615 Blk: 51.08 Lot: 3

[ ] **Municipal Lien Search** Fee: $10.00

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-11, et seq.

[ ] **List of Property Owners within 200'** Fee: _____

As provided in N.J.S.A. 40:55D-12, the fee is the greater of $.25 per name or $10.00

A request for a copy of Public Records should be submitted on this form which has been adopted by the Municipal Clerk as the Custodian of Records. Some records will be immediately available during normal business hours. Some records will require time to compile and to make the copies requested, but will normally be available during normal business hours and within seven (7) business days. If any document or copy which has been requested is not a public record or cannot be provided within the seven (7) business days, you will be provided with a response with that information within the seven (7) business days. Some records requested have specific fees or other response times established by statute. There is no fee involved in simply inspecting a document during normal business hours. This request may be filed electronically. In general:

- Immediate access is ordinarily available for budgets, bills, vouchers, contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information. Overtime information may involve research and therefore may require a reasonable time period to be made available. Minutes of public meetings will be generally available immediately after the minutes have been approved.
- Records which are not readily available or which will require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within seven [7] business days indicating the time which will be required to provide the records.
- Except as otherwise provided by law, regulation, or ordinance the fee assessed for the duplication of a printed record shall be: first page to tenth page, $0.75 per page; eleventh page to twentieth page, $0.50 per page; all pages over twenty, $0.25 per page; for a police accident report there is an additional fee when the request is not made in person of $5.00 for the first 3 pages and $1.00 for each additional page, as provided by N.J.S.A. 39:4-131.
- Where a request is for a copy in a format other than a photocopy, reasonable efforts will be made to provide the information in the format requested. The cost will be based on the costs of producing the format requested.
- Where a legal determination must be made as to whether records are "public records" as provided by law, the request will be reviewed by the Township Attorney.

The term "public records" generally includes those records determined to be public in accordance with N.J.S.A. 47:1A-1, et seq. The term does not include employee personnel files, police investigation records, public assistance files or other matters in which there is a right of privacy or confidentiality or which is specifically exempted by law.

The Applicant hereby acknowledges receipt of a copy of this form with the date on which the information is expected to be available and the estimated cost. The applicant hereby certifies that he or she has not been convicted of an indictable offense under the laws of this State, any other state or the United States and is not seeking government records containing personal information pertaining the victim or the victim's family as provided by N.J.S.A. 47:1A et seq.

This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on _____

Estimate Number of Pages 2

Estimated Cost .75 x 2 = $1.50

Deposit
[required where the anticipated cost of reproduction exceeds $5.00] and may be equal to entire estimated cost $1.50

_____
Applicant

Date: 9-5-07

_____
Municipal Official

Date: _____

Robert E. Cochran
PO Box 66
Ship Bottom, NJ 08008

Robert Gaestel
Construction Official
Stafford Township

9/5/07

Dear Mr. Gaestel:

As we discussed this morning, I have attached the signed "request for information" form requesting construction information on 5 Little Court. I'm currently under contract to purchase this home.

The inspection is scheduled for next Wednesday morning (9/12). It would be best if I could review the file prior to inspection since it might give me ideas on specific areas to look at or questions to ask the inspector.

Please give me a call at when the file becomes available.

Thank you,

Bob Cochran

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	3563
CONNECTION TEL	916099783510
SUBADDRESS	
CONNECTION ID	
ST. TIME	09/05 10:06
USAGE T	01'03
PGS. SENT	2
RESULT	OK

Telephone
(609)597-1000 Ext. 8570

TOWNSHIP OF STAFFORD

OCEAN COUNTY
260 EAST BAY AVE • MANAHAWKIN, NEW JERSEY • 08050-3329

Refer To:
Municipal
Clerk's
Office

Bot
Please fill
out arrows.
Will take several
days to retrieve
Bot Board of
Construction Officials

REQUEST FOR PUBLIC RECORDS

FOR MUNICIPAL USE ONLY

SEE INSTRUCTIONS ON OTHER SIDE

Name: _____

Address: _____

_____

Telephone [Day] _____

Information Requested: FAX: 609-978-3510

[ ] Copy of Minutes [specify board or entity, date, topic or other identifying information]

_____

_____

[ ] Copy of Ordinance or Resolution [specify date, number, or other identifying information]

_____

_____

[ ] Police Accident Report Fee: _____

Identify Accident: _____

[ ] Other [specify] _____

_____

Telephone
(609)597-1000 Ext. 8510

TOWNSHIP OF STAFFORD

OCEAN COUNTY
260 EAST BAY AVE • MANAHAWKIN, NEW JERSEY • 08050-3329

Refer To:
Municipal
Clerk's
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Bot
Please fill
out arrows.
Will take several
days to retrieve
Bot Diesel
Construction Office

REQUEST FOR PUBLIC RECORDS

FOR MUNICIPAL USE ONLY

SEE INSTRUCTIONS ON OTHER SIDE

→ **Name:** _____

→ **Address:** _____

_____

→ **Telephone [Day]** _____

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_____

_____

[____] **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

_____

_____

[____] **Police Accident Report** **Fee:** _____

Identify Accident: _____

[____] **Other** [specify] _____

_____

_____

_____

[____] **License Information** [specify] _____

_____

_____

Information on a Specific Property Address 5 Little Court

Block 51.08 Lot 3

Kara - Proto # 42-68 Carrington Model, 2 sty 3 car
Basement Permit #02-1615 Blk: 51.08 Lot 3

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This form, when signed by the municipal official shall constitute a receipt for any deposit received.

The information requested will be ready on _____

Estimate Number of Pages _____

Estimated Cost _____

Deposit _____
[required where the anticipated cost of reproduction exceeds $5.00]
and may be equal to entire estimated cost

_____ _____

Applicant Municipal Official

Date: _____ Date: _____

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 9/3/02
Date Issued / /
Control # C02-162
Permit # 02-1615

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

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.
MANAHAWKIN, N.J.
Owner in Fee ISLAND WOOD EST. BY KARA HOMES
Address 197 RT. 18 S SUITE 202 N.
EAST BRUNSWICK, NJ 08816-
Tele. (732)565-0720
Contractor KARA HOMES INC.
Address 197 RT. 18 S.
EAST BRUNSWICK, NJ 08816-
Tele. (732)736-9313 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3655967

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

NEW SINGLE FAMILY DWELLING
PHOTO 42-96B, CARRINGTON, 2 STY.,3 CAR, BASEMENT, R-3, FIREPLACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[ ] All
[ ] Footing
[ ] Foundation 9/24/02 KP
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 12/24/02
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing			9/18/02	KP
Foundation	9/6/02	KBuick	9/24/02	KP
Slab	SLT 10/4/02			
Frame	11/7/02	11/18/02		
BarrierFree				
Insulation			11/18/02	CB
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	12/23/02	KP	12/24/02	KP
BarrierFree				

(OOPS)

TYPE OF WORK — FEE (Office Use Only)

[X] New Building	$	2,576
[ ] Addition		0
[X] Alteration		0
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0 Height (exceeds 6')		0
[ ] Sign 0 Sq. Ft.		0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[X] Other FIREPLACE		46
Other		0
[ ] Decolition		0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 33 Ft.
Area Largest Floor 3,096 Sq. Ft.
New Bldg. Area/All Floors 4,188 Sq. Ft.
Volume of New Structure 107,335 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 196,224
2. Alteration $ 1
3. Total (1+2)$ 196,225

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	Incl Cred 2,098
DCA Training Fee	$	172

U.C.C. F110 (rev. 3/96)

10/4/02 - INFILL 4" space GARAGE/FRONT WALL
BRICK SHALL NOT PENETRATE WALL

11/6/02 FRAME - Check Girder Support at wall
foundation masonry - not wood.
4th Lolly - at Conveniency Beam - check at final

02-1615

Model Type	Block	Lot	Bldg Status	Options	Changes To Meet Code
Windsor I	51.06	4	Frame	Bonus rm, 4' Fam rm, 5 nook	O.K. w/ 90% Furnaces
Dorchester 1	51.06	13	Frame	0	O.K. w/ 90% Furnaces
Windsor 2	51.06	14	Frame	Conservatory, 2' nook	O.K. w/ 90% Furnaces & R-38 on flat ceiling
Canterbury 1	51.06	12	Frame	Conservatory, 2' nook	O.K. w/ 90% Furnaces & R-38 on flat ceiling
Canterbury 2	51.06	18	Frame	Elite rm, exercise rm	O.K. w/ 90% Furnaces
Dorchester 2	51.06	2	Start Frame	0	O.K. w/ 90% Furnaces
Windsor 3	51.06	18	Frame	Bonus rm, 4' Fam rm, 5 nook	O.K. w/ 90% Furnaces
Canterbury 1	51.06	17	Frame	0	O.K. w/ 90% Furnaces
Windsor 3	51.06	15	Frame	Conservatory, 4' Fam rm, 5' nook, bonus & exercise	O.K. w/ 90% Furnaces
Dorchester 2	51.07	10	Start Frame	0	O.K. w/ 90% Furnaces & R-11 FSK 2' down basement wall from top
Kingsbridge 3	51.06	3	Frame	2' Kitchen ext.	O.K. w/ 90% Furnaces
Dorchester 2	51.07	11	Start Frame	0	O.K. w/ 90% Furnaces & R-38 on flat ceiling
Windsor 2	51.07	4	Frame	Conservatory	O.K. w/ 90% Furnaces
Carrington 3	51.09	3	Mech.	Conservatory	O.K. w/ 90% Furnaces & R-11 FSK 2' down wall from top
Winchester 3	51.07	18	Frame	Conservatory	Waiting for analysis
Manchester	51.06	8	Mech.	0	O.K. w/ 90% Furnace & R-11 FSK 3' down wall from top
Kingsbridge 3	51.06	20	Mech.	Elite	O.K. w/ 90% Furnaces
Windsor 2	51.09	1	Mech.	4' Fam rm, 5 nook	O.K. w/ 90% Furnaces
Windsor 1	51.09	6	S.R.	4' Fam rm, 5 nook	O.K. w/ 90% Furnaces
Windsor 2	51.07	5	S.R.	4' Fam rm, 5 nook	

DEPARTMENT OF BUILDING INSPECTIONS

Township of Stafford

Correction Notice

Permit # _____ Location 5 Little

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

1. Provide Masonry Bearing and of Basement Girder Poly Extension
2. Provide Treated Lumber against Basement Concrete Foundation Right Side.
3. Poly Columns Missing in Basement FOOR. (4) 3. Done - 1 more at Conservatory Chelsea Final
4. Fire Block Edges Plywood - at Room over GARAGE Both Sides.
5. 1st - S TRUSS off SL - DAMAGED provide Repair.
6. Bracing between E-1 & E Horizontal
7. Add Bracing Hi- at W8 Middle roof as shown.

When corrections have been made, call for reinspection.

DATE 11/4/02 SCO [illegible]

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 7/3/02
Date Issued / /
Control # C02-162
Permit # 02-1615

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

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.
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Owner in Fee ISLAND WOOD EST. BY KARA HOMES
Address 197 RT. 18 S SUITE 202 N.
EAST BRUNSWICK, NJ 08816-
Tele. (732)565-8720
Contractor KARA HOMES INC.
Address 197 RT. 18 S.
EAST BRUNSWICK, NJ 08816-
Tele. (732)736-9313
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3655967

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [X] Nev [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

Fire Alarm System
Nev [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
Nev [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/24/02
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			12/23/02	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical	12/23/02		12/24/02	
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and as authorized to make this application.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke, heat, pulls, water/flow)	8	
Supervisory Devices (tampers, low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	50
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	6	150
Other		0
Other		0

Administrative Surcharge $ Waived 0
Paid [ ] Check # Minimum Fee $ Waived 0
Collected by: TOTAL FEE $ Incl Cred 160
DCA Training Fee $ 0

U.C.C. F140 (rev. 3/96)

DEPARTMENT OF BUILDING INSPECTIONS
Township of Stafford

Correction Notice

Permit # _____ Location 5 Little

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

(1) PATCH FOUNDATION BY METER (elec)
(2) CAULK DRYER VENT
(3) CAP CLEANOUT IN GARAGE WALL (Plastic wall)
(4) GUARDRAIL @ SLIDER - NO DECK
CLARIFY INTENT AT SLIDER
(5) HANG FRAMING VENTS 4' O.C MAX
(6) REINSTALL PLUMBING STRAP
(7) HEAT VENT @ CLEARANCE
(8) SINGLE WALL GARAGE DOORS & HEADERS

BLDG/FIRE

When corrections have been made, call for reinspection.

DATE 12/23/02 SCO

[redacted]

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 7/31/02
Date Issued / /
Control # C02-162
Permit # 02-1615

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

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.
MANAHAWKIN, N.J.
Owner in Fee ISLAND WOOD EST. BY KARA HOMES
Address 197 RT. 18 S SUITE 202 E.
EAST BRUNSWICK, NJ 08816-
Tele. (732)565-0720
Contractor BAYSHORE PLUMBING & HEATING
Address 54 BAYSHORE DR.
BAYVILLE, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-9666604

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [X] Public Sewer [ ] Private Septic
Water Sewer Size [X] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By: RM
Date: 12/9/02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	10-25-02	RM	12-17-02	RM
Water			10-22-02	RM
Sewer			10-22-02	RM
Fixtures			12-17-02	RM
Gas Equip	2-17-02	RM	12-17-02	RM
Gas Piping			10-25-02	RM
Solar				
TCO	12/12	RM	12/19/02	RM

Gas Valves Right Behind Shaw
No Trap Needed

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 [ ] Except Applicant

12-17-02 Gas Not Piped To ATTIC Furnace.
2. Support Gas Pipe Basement Furnaces

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	40
0	Urinal / Bidet	0
3	Bath Tub	33
5	Lavatory	50
2	Shower	20
0	Floor Drain	0
2	Sink	20
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	10
0	Fuel Oil Piping	0
1	Gas Piping	35
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	40
1	Water Service Connection	40
0	Stacks	0
	Other 3 A/C	105
	Other 3 VENTS	30

12-18-02 RM ATTIC Gas Drop Shall Be On Run Of Tee

Paid [ ] Check # Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	Incl Cred 368
DCA Training Fee	$	0

10-25 Roof Flange Missing
10-29-02 NO ↑ RM
11-1-02 RM NO

U.C.C. F139 (rev. 3/96)

STAFFORD TOWNSHIP WATER AND SEWER UTILITY

UTILITY PERMIT

DATE: 07/03/02

WATER ☐ SEWER ☐ BLOCK 51.08 LOT 3

OWNER'S NAME	Kara Homes
PROPERTY ADDRESS	5 Little Ct
BILLING ADDRESS	

[ ] Is hooked into water and has satisfied all mandatory requirements set by Stafford Township.

[ ] Is hooked into sewer and has satisfied all mandatory requirements set by Stafford Township.

[ ] Has paid their water connection fee.

[ ] Has paid their sewer connection fee.

[✓] Is not supplied sewer through Stafford Township Water and Sewer Utility.

[✓] Is not supplied water through Stafford Township Water and Sewer Utility.

[ ] Sewer is available but property not connected.

[ ] Water is available but property not connected.

Sincerely,

Patricia Tobos

Stafford Township
Water and Sewer Utility

Clerk

CUT-IN-CARD

NEW JERSEY UNIFORM CONSTRUCTION CODE

MUNICIPALITY Stafford.

LOCATION 5 Little Ct, UTILITY CO Conectiv.

BLOCK 51.08 LOT 3

OWNER Kara, OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and OCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 200 Amp, UG.

INSTALLED BY Daves Elec. LICENSE NO. 5828

DATE 11/15/02 - PERMIT # 02-1615 INSPECTOR [signature]

☐ CALLED IN ___/___/___ Lic. No.: 5447

U.C.C. Form F-350B ; ; 1WHITE-UTILITY 2 CANARY -0 OFFICE/FILE 3 PINK - OFFICE/CONTRACTOR

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 7/3/02
Date Issued / /
Control # C02-162
Permit # 02-1615

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

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.
MANAHAWKIN, N.J.
Owner in Fee ISLAND WOOD EST. BY KARA HOMES
Address 197 RT. 18 S SUITE 202 N.
EAST BRUNSWICK, NJ 08816-
Tele. (732)565-0720
Contractor DAVES ELECTRIC
Address 210 14TH ST.
SHIP BOTTOM, NJ 08008-
Tele. (609)361-0236
Lic. No. or Bldrs. Reg. No. 5828
Federal Emp. No. 22-3573149

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/13/02
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	10/30/02		10/31/02	AW
Temp Serv				
Const Serv				
TCO				
Other				
Service			11/15/02	AW
Final			12/13/02	AW

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 11/15/02

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
75		Receptacles	
46		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
144		TOTAL NUMBERS	60
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
1	2	KW Oven/Surface Unit	9
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
1	2	HP Garbage Disposal	9
3	2	KW Central A/C Unit	27
3	2	HP/KW Space Heater/Air Handler	27
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
1	200	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ Incl Cred 177
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/95)

10-30-02

① Block Air returns kitchen & Living Rm.

② Add ⊕ over stairs Living Rm.

AW

SCHOOR DEPALMA
Engineers and Consultants

July 31, 2003

FAX AND MAIL TO:
Township of Stafford
260 East Bay Avenue
Manahawkin, NJ 08050-3329

Att: Martha Kremer, Community Development Officer

RE: Island Woods Estates Phase III 02-1615
Block 51.08 Lot 3
5 Little Court
STAFFORD TOWNSHIP, OCEAN COUNTY, NJ
Our Project Number 020289001 (05)

Dear Martha:

On July 29, 2003 this office performed a site inspection at Block 51.08 Lot 3, 5 Little Court to ascertain the status of the on site improvements which were bonded by the developer during the winter months.

Please be advised our inspection determined all bonded items are completed.

The developer Kara Homes posted a bond in the amount of $6,300.00. We have no objection to release of this bond.

Very truly yours,

SCHOOR DEPALMA INC.

John E. Walsh, P.E.,
Township Engineer

Enclosure

SJS/JS

c: Mayor Carl Block
Paul J. Shives, Township Administrator
Bob Gaestel, Township Building Construction Official
Jeff Pharo, Building and Zoning
Bill Rao, Building and Zoning
Mike Fastnacht, Schoor DePalma
Kara Homes

TOWNSHIP OF STAFFORD
ZONING PERMIT

#02-1615

DATE: 12/18/02 ZONING PERMIT # 02-1394Z

BLOCK: 51.08 LOT: 3 ZONING FEE PAID $25.00 ( ) CASH CHECK 3299

ZONE: RA CURB FEE PAID $15.00 ( ) CASH CHECK _____

EXISTING USE: _____ PROPOSED USE: _____

SITE ADDRESS: 5 Little Court

NAME OF OWNER: Leland Wardle/Kara Homes

DESCRIPTION: 10x12 deck

WHICH IS A:

( ) USE PERMITTED BY ORDINANCE

(X) STRUCTURE PERMITTED BY ORDINANCE

( ) USE OR STRUCTURE PERMITTED BY VARIANCE APPROVAL, SUBJECT TO ANY SPECIAL CONDITIONS

( ) VALID NONCONFORMING USE AS ESTABLISHED BY:

( ) FINDING OF THE ZONING BOARD OF ADJUSTMENT, OR

( ) BY THE UNDERSIGNED ZONING OFFICER ON THE BASIS OF EVIDENCE SUPPLIED

( ) VALID NONCONFORMING EXISTING STRUCTURE:

( ) FRONT YARD ( ) REAR YARD ( ) SIDE YARD ( ) SIDE YARD COMBINED

( ) OTHER (SPECIFY) _____

( ) OTHER:

BASKETBALL HOOP _____ TREE REMOVAL _____ SITE IMPROVEMENTS _____

CURB # _____ FENCE # _____ FORESTRY _____

SPECIAL CONDITIONS:

( ) AS BUILT SURVEY REQUIRED FOR FINAL ZONING APPROVAL

( ) ELEVATION CERTIFICATE REQUIRED FOR FINAL ZONING APPROVAL

OTHER: _____

(X) APPROVED ( ) FINAL ZONING APPROVAL

( ) DENIED (see attached)

ZONING OFFICER Jeffrey S. Pharo DATE 12/19/02

WHITE - ZONING OFFICE PINK - APPLICANT YELLOW - CONSTRUCTION DEPT.

CONSTRUCTION PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1/16/03
Control #
Permit # 02-1615-A

IDENTIFICATION Block 51.08 Lot 3

Work Site Location 5 Little Court
Mahwah NJ

Owner in Fee Islandwoods By Kara
Address 197 Rt 18 S.
East Brunswick NJ 08816
Tele. (732) 565-0720

Contractor Islandwoods Estates
Address 2 St. Moenir Ave
Mahwah NJ 07050
Tele. (201) 978-4927
Lic. No. or Bldrs. Reg. No. 030105 Exp. Date 10/3
Federal Emp. No. 22-3655967
or Social Security No.

Is hereby granted permission to perform the following work:

(✓) BUILDING ( ) PLUMBING ( ) OTHER
( ) ELECTRICAL ( ) FIRE PROTECTION
( ) ELEVATOR DEVICES

12/17/02

DESCRIPTION OF WORK: New 10 x 12 wood DECK

Lot as 51.05/2

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 $ 1500.00

12/20/02
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	28.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occ.	
Other	
Total	29.00
Check No.	5458
Cash	
Collected By:	VA

U.C.C. Form F-170C

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

CONSTRUCTION PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1/16/03
Control #
Permit # 02-1615-A

IDENTIFICATION Block 51.08 Lot 3

Work Site Location 5 LITTLE CROFT
HIGHLANDS NJ

Owner in Fee KLEINWOCKS BY KARP

Address 197 RT 18 S.
EAST BRUNSWICK N.J. 08816

Tele. (732) 525-0720

Contractor KLEINWOCK'S FIRST

Address 2 ST. MATTHIAS AVE
MATAWAN N.J. 07747

Tele. (609) 972-4922

Lic. No. or Bldrs. Reg. No. 037105 Exp. Date 10/03

Federal Emp. No. 22-3655967

or Social Security No.

Is hereby granted permission to perform the following work:

(X) BUILDING ( ) PLUMBING (X) OTHER
( ) ELECTRICAL ( ) FIRE PROTECTION
( ) ELEVATOR DEVICES

12/11/02

DESCRIPTION OF WORK: NEW 10 X 12 WOOD DECK

S 01/2

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 $ 1500.00

12/20/02
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	28
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	9
DCA Training Fee	1
Cert. of Occ.	
Other	10
Total	29
Check No.	4458
Cash	
Collected By:	

U.C.C. Form F-170C

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/6/03
Date Issued
Control #
Permit # 02-1615 + A

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

Block 51.00 Lot 3
Work Site Location 5 Little Court MANAHAWKIN NJ 08050
Owner in Fee GLENWOOD ESTATES BY KARA
Address 197 RT 18 S. EAST BRUNSWICK N.J.
Tele. (732) 565-0220
Contractor GLENWOOD ESTATES
Address 5 ST. VINCENT AVE MANAHAWKIN N.J. 08050
Tele. (609) 978-4927
Lic. No. or Bldrs. Reg. No. 030695
Federal Emp. No. 223655967 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Wood Deck

10 X 12

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other deck 12 feet or less		
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:

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [✓] Other Wood Deck 10X12
  - [ ] Other _____
- [ ] Demolition

(Office Use Only) FEE

$ _____

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed R3
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. $ 1,500.00
2. Alteration $
3. Total (1+2) $ 1,500.00

Paid [ ] Check # 3458
Collected by: MM

Administrative Surcharge	$
Minimum Fee	$ 35.00
DCA TRAINING FEE	$
TOTAL FEE	$

10X12 - 120X8 : $960.00 est Cost

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 1/6/03
Date Issued
Control #
Permit # 02-1615+A

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

Block 51.00 Lot 3
Work Site Location 5 Little Court
Owner in Fee KINNICUTT ESTATES BY KARA
Address 191 RT 18 S. East Brunswick N.J.
Tele. (732) 565-0220
Contractor KINNICUTT ESTATES
Address 2 St. Theresa Ave Maria Hawkin N.J. 08050
Tele. (609) 978-4927
Lic. No. or Bldrs. Reg. No. 20695
Federal Emp. No. 223655967 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Wood Deck
10 x 12

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other deck 12/20/02		MF
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[✓] Other Wood Deck 10x12
[ ] Other _____
[ ] Demolition

(Office Use Only) FEE

$ _____

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed R3
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. $ 1,500.00
2. Alteration $ _____
3. Total (1+2) $ 1,500.00

Paid [ ] Check # 3458
Collected by: DMM

Administrative Surcharge	$ _____
Minimum Fee	$ 55.00
DCA TRAINING FEE	$ _____
TOTAL FEE	$ _____

10x12 - 120x8 = $960.00 Est Cost

U.C.C. Form F-110B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/6/03
Date Issued
Control #
Permit # 02-1615+A

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

Block 51.08 Lot 3
Work Site Location 5 Little Court
MANAHAWKIN NJ 08050
Owner in Fee FLANDERS ESTATES By KARA
Address 17 RT 18 S.
EAST BRUNSWICK NJ.
Tele. (732) 565-0220
Contractor FLANDERS ESTATES
Address 2 ST. MONICA CT.
MANAHAWKIN N.J. 08050
Tele. (609) 978-4927
Lic. No. or Bldrs. Reg. No. 030695
Federal Emp. No. 223655967 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Wood Deck
10 X 12

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other deck 12/12 draft		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other Wood Deck 10X12
[ ] Other _____
[ ] Demolition

(Office Use Only) FEE

$

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed R3
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. $ 1,500.00
2. Alteration $
3. Total (1+2) $ 1,500.00

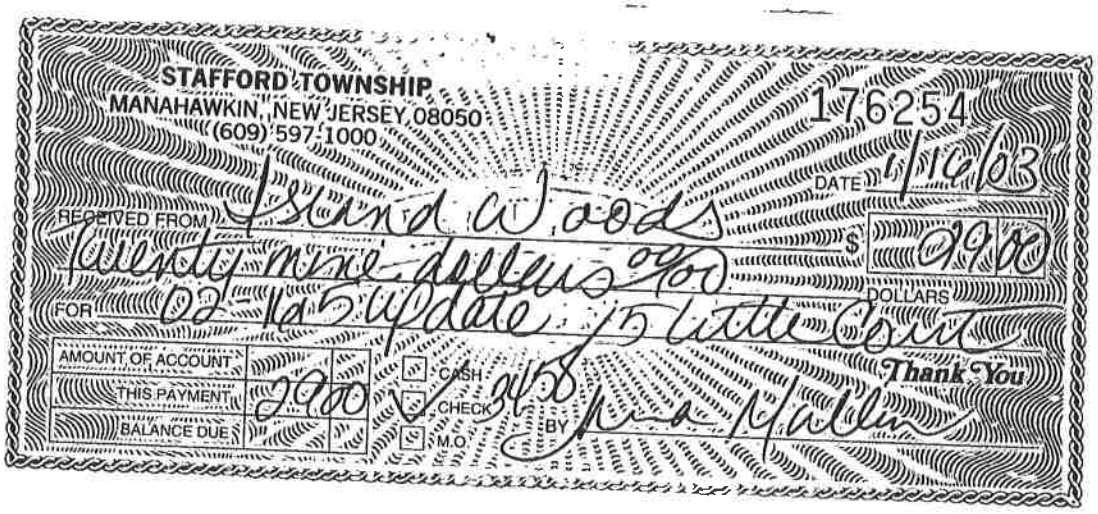
Paid [ ] Check # 3458
Collected by: MM

Administrative Surcharge	$
Minimum Fee	$ 35.00
DCA TRAINING FEE	$
TOTAL FEE	$

10X12 - 120X8 : $960.00 Est Cost

U.C.C. Form F-110B

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



STAFFORD TOWNSHIP
MANAHAWKIN, NEW JERSEY 08050
(609) 597-1000

176254

DATE 1/10/03

RECEIVED FROM Island Woods

$ 99.00

Twenty nine dollars 00/100 DOLLARS

FOR 02-115 Update 15 Little Court

Thank You

AMOUNT OF ACCOUNT		[X] CASH
THIS PAYMENT	99.00	[ ] CHECK V 3458
BALANCE DUE		[ ] M.O

BY Brad Mallin

TOWNSHIP OF STAFFORD
ZONING PERMIT

DATE: 7/3/02 ZONING PERMIT # 02-713 Z

BLOCK: 51.08 LOT: 3 ZONING FEE PAID ($25.00) ( ) CASH (CHECK) 2079

ZONE: RA CURB FEE PAID $15.00 ( ) CASH CHECK _____

Phase III

EXISTING USE: _____ PROPOSED USE: _____

SITE ADDRESS: 5 Little Court

NAME OF OWNER: Poland Woods - Kara Homes

DESCRIPTION: _____

NLFS

WHICH IS A:

(X) USE PERMITTED BY ORDINANCE

(X) STRUCTURE PERMITTED BY ORDINANCE

( ) USE OR STRUCTURE PERMITTED BY VARIANCE APPROVAL, SUBJECT TO ANY SPECIAL CONDITIONS

( ) VALID NONCONFORMING USE AS ESTABLISHED BY:

( ) FINDING OF THE ZONING BOARD OF ADJUSTMENT, OR

( ) BY THE UNDERSIGNED ZONING OFFICER ON THE BASIS OF EVIDENCE SUPPLIED

( ) VALID NONCONFORMING EXISTING STRUCTURE:

( ) FRONT YARD ( ) REAR YARD ( ) SIDE YARD ( ) SIDE YARD COMBINED

( ) OTHER (SPECIFY) _____

( ) OTHER:

BASKETBALL HOOP _____ TREE REMOVAL _____ SITE IMPROVEMENTS _____

CURB # _____ FENCE # _____ FORESTRY _____

SPECIAL CONDITIONS:

(X) AS BUILT SURVEY REQUIRED FOR FINAL ZONING APPROVAL

( ) ELEVATION CERTIFICATE REQUIRED FOR FINAL ZONING APPROVAL

OTHER: Single family Dwelling Only

P/B. Res 2001-51. No final Zoning to be issued until all site Improvements are installed & approved by township engineers

(X) APPROVED ( ) FINAL ZONING APPROVAL

( ) DENIED (see attached)

ZONING OFFICER _____ DATE 7/22/02

WHITE - ZONING OFFICE PINK - APPLICANT YELLOW - CONSTRUCTION DEPT.

NAME Kara SITE ADDRESS 5 Little Ct PERMIT NO# 02-1615

BLOCK/LOT 51.08/3

DATE	INITIALS		
12/20/02		1. BUILDING FINAL.....	☐ FINAL ☐ TEMP ____ DAYS
12/19/02	MJ	2. PLUMBING FINAL.....	☑ FINAL ☐ TEMP ____ DAYS
12/20/02		3. FIRE FINAL.....	☐ FINAL ☐ TEMP ____ DAYS
12/13/02	MJ	4. ELECTRICIAL FINAL.....	☑ FINAL ☐ TEMP ____ DAYS
n/a		5. ADDITIONS ONLY-SEND MEMO TO ZONING DEPT.	
12/23/02	MeM	6. STAFFORD M.U.A.....	☑ FINAL ☐ TEMP ____ DAYS
12/23/02	MeM	7. SOIL CONSERVATION DISTRICT....	☑ FINAL ☐ TEMP ____ DAYS
12/18/02		8. NEW HOME WARRANTY POLICY #	RUE. 224605
12/23/02	MeM	9. APPLICATION FOR C.O.	
12/23/02	MeM	10. FINAL ZONING.... GREEN COPY MARKED "APPROVED" (MEANING THE ZONING DEPT. HAS THE FOLLOWING INFORMATION: AS-BUILT PLOT PLAN, CURBING, ETC.)	
		a. CURBING.....	☑ FINAL ☐ TEMP ____ DAYS

ADDITIONAL REQUIREMENTS FOR COMMERICAL STRUCTURES

		11. ELEVATOR FINAL.....	☐ FINAL ☐ TEMP ____ DAYS
		12. BOARD OF HEALTH.....	☐ FINAL ☐ TEMP ____ DAYS
		13. CERTIFICATE OF ELEVATION SIGNED & SEALED	
		14. ENGINEERS LETTER OF APPROVAL (SITE PLANS)	
		☐ BAY POINTE ENGINEER, 732- 892-5700	☐ FINAL ☐ TEMP ____ DAYS
		☐ BIRDSALL ENGINEER, 609-698-1144	☐ FINAL ☐ TEMP ____ DAYS
		☐ MELILL0 & BAUER ASSC., 732-295-9630	☐ FINAL ☐ TEMP ____ DAYS
		14. FINANCIAL OFFICER APPROVAL	
		15. DEPARTMENT OF TRANSPORTATION	☐ FINAL ☐ TEMP ____ DAYS

Inter-Office Memo

To: Martha Kremer, Community Development Director/
Zoning Officer

From: _____, Building Department

Date: _____

Subject: Address: _____

Block: _____ Lot: _____

Copy: File

Please allow this memo to bring to your attention that the above mentioned property has substantially completed construction on its addition and may be ready to be occupied. Please notify the owner and remind them again that a final zoning approval is required before the Construction Official can issue a Certificate of Occupancy.

TAFFORD TOWNSHIP
60 E. BAY AVENUE
MANAHAWKIN, NJ 08050

Date Issued 12/24/2002
Control #
Permit # 02-1615

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.
MANAHAWKIN, N.J.
Owner in Fee/Occupant ISLAND WOOD EST.BY KARA HOMES
Address 197 RT. 18 S SUITE 202 N.
EAST BRUNSWICK, NJ 08816-
Telephone (732)565-0720
Contractor KARA HOMES INC.
Address 197 RT. 18 S.
EAST BRUNSWICK, NJ 08816-
Telephone (732)736-9313 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3655967

Home Warranty No. 2246057
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:

NEW SINGLE FAMILY DWELLING
PROTO 42-96B, CARRINGTON, 2 STY.,3 CAR, BASEMENT,
R-3, FIREPLACE

[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 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 is 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 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 _____, ___.

Robert G. Gaesser Jr
CONSTRUCTION OFFICIAL
12/24/02

Fee $ 28
Paid [X] Check No. 3756
Collected by: DD

U.C.C. F259 (rev. 3/96)

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**

RWC Builder #: 140965D NJ DCA #: 30695

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: ISLAND WOODS ESTATES BY KARA HOMES LLC

Purchaser(s) Name:

Legal Address of Home Enrolled:

Lot	Block	Development
3	51.08	ISLAND WOODS ESTS

Street Address: 5 LITTLE COURT

City	State	Zip
MANAHAWKIN	NJ	08050

County: OCEAN CITY

RWC Application for Warranty No: 2246057

Date: 11/08/2002

RWC SEAL:
(Void unless sealed)

RESIDENTIAL WARRANTY CORPORATION
HERSHEY, PA
SEAL 1995

RWC Representative Sandra Sweigert

Sandra Sweigert

STAFFORD TOWNSHIP WATER AND SEWER UTILITY

UTILITY PERMIT

DATE: 12/18/02

WATER ☑ SEWER ☑ BLOCK 51.08 LOT 3

OWNER'S NAME	Kara Homes
PROPERTY ADDRESS	5 Little Ct.
BILLING ADDRESS	

[ ] Is hooked into water and has satisfied all mandatory requirements set by Stafford Township.

[ ] Is hooked into sewer and has satisfied all mandatory requirements set by Stafford Township.

[✓] Has paid their water connection fee.

[✓] Has paid their sewer connection fee.

[ ] Is not supplied sewer through Stafford Township Water and Sewer Utility.

[ ] Is not supplied water through Stafford Township Water and Sewer Utility.

[✓] Sewer is available but property not connected.

[✓] Water is available but property not connected.

Sincerely,

Stafford Township
Water and Sewer Utility

Clerk

STAFFORD TOWNSHIP WATER AND SEWER UTILITY

FINAL INSPECTION

WATER ☐ SEWER ☐ BLOCK LOT

Address	Owner
Plumbing Inspector	Date

S # 580 484

RESIDENTIAL SEWER CONNECTION APPLICATION
Stafford Township Water & Sewer Utility Department
260 E. Bay Ave.
Manahawkin, NJ 08050

PREMISES TO BE CONNECTED

STREET ADDRESS: 5 Little Court.

BLOCK/ LOT: 51.08 3

SINGLE UNIT: YES MULTIPLE UNIT:

Ck # 2148

NAME OF OWNER: Island Woods by Kara Homes

ADDRESS OF OWNER: 197 Route 18, Suite 202N
East Brunswick NJ 08816

RECEIVED
DEC 18 2002
TOWNSHIP OF STAFFORD

$ 1700

SEWER CONNECTION FEE

~~$2400.00~~: 1700

AGREEMENT:

CLOSING DATE: 12/20

Date

Applicant

W # 406

RESIDENTIAL WATER CONNECTION APPLICATION
Stafford Township Water & Sewer Utility Department
260 E. Bay Ave.
Manahawkin, NJ 08050

PREMISES TO BE CONNECTED

STREET ADDRESS: 5 Little Court

BLOCK: LOT: 51.08 3

SINGLE UNIT: YES MULTIPLE UNIT:

---

ck # 2148

NAME OF OWNER: Island Woods by Kara Homes Inc.

ADDRESS OF OWNER: 197 Route 18, Suite 202N
East Brunswick NJ 08816

RECEIVED
DEC 18 2002

$2250

WATER CONNECTION FEE

~~$1550.00: ck~~ 2250

AGREEMENT: *

CLOSING DATE: 12/20

Date: Applicant

WO # 16663

STAFFORD TOWNSHIP WATER AND SEWER UTILITY

UTILITY PERMIT

DATE: 12/20/02

WATER ☒ SEWER ☒ BLOCK 51.08 LOT 3

OWNER'S NAME	Island Woods by Kara
PROPERTY ADDRESS	5 Little Court
BILLING ADDRESS	

[X] Is hooked into water and has satisfied all mandatory requirements set by Stafford Township.

[X] Is hooked into sewer and has satisfied all mandatory requirements set by Stafford Township.

[X] Has paid their water connection fee.

[X] Has paid their sewer connection fee.

[ ] Is not supplied sewer through Stafford Township Water and Sewer Utility.

[ ] Is not supplied water through Stafford Township Water and Sewer Utility.

[ ] Sewer is available but property not connected.

[ ] Water is available but property not connected.

Sincerely,

Stafford Township
Water and Sewer Utility

L E Hunt
Clerk

STAFFORD TOWNSHIP WATER AND SEWER UTILITY

FINAL INSPECTION

WATER ☐ SEWER ☐ BLOCK LOT

Address	Owner
Plumbing Inspector	Date

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
609.971.7002 FAX 609.971.3391

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: STAFFORD Twp

PROJECT: ISLAND WOODS ESTATES SCD NO.: 3677

BLOCK NO.(s) 51.06 LOT NO.(s) 26

51.09 1

Final Compliance ☒ Conditional Compliance ☐

Block No.	Lot No.	Conditions
51.08	3	SWEEP ALL ROADS PRIOR TO NEXT INSPECTION PROVIDE A STONE CONSTRUCTION ENTRANCE AT THE END OF ST. MEENA AVE

TOTAL FEES DUE: $

This verifies 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 Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et seq.).

AGENT RESPONSIBLE FOR PROJECT:

AUTHORIZED DISTRICT SIGNATURE:

DATE: 12/19/02

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 4/98

APPLICATION FOR CERTIFICATE

Date Received 12/17/02
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 51.08 Lot 3
Work Site Location 5 Little Court
MANAHAWKIN NJ. 08050
Owner in Fee HAWKWOODS by KARA
Address 197 RT 13 S.
EAST BRUNSWICK NJ 08816
Tele. (732) 565-0720

Contractor HAWKWOODS ESTATES
Address 2 ST MEGNA AVE
MANAHAWKIN NJ. 08050
Tele. (609) 978-4922
Lic. No. 030695
Federal Emp. No. 22-3655967
or Social Security No.

ACTION

☑ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP R3 Previous R3 Current

FINAL COST OF CONSTRUCTION: $ 375000.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE: New S.F.D.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
☐ Owner
☐ Agent
OWNER/AGENT

TOWNSHIP OF STAFFORD
ZONING PERMIT

DATE: 7/3/02 ZONING PERMIT # 02-713 Z

BLOCK: 51.08 LOT: 3 ZONING FEE PAID ($25.00) ( ) CASH (CHECK) 2079

ZONE: RA CURB FEE PAID $15.00 ( ) CASH CHECK _____

Phase III

EXISTING USE: _____ PROPOSED USE: _____

SITE ADDRESS: 5 Little Court

NAME OF OWNER: Poland Woods - Kara Homes

DESCRIPTION: _____

NSFD

WHICH IS A:

(X) USE PERMITTED BY ORDINANCE

(X) STRUCTURE PERMITTED BY ORDINANCE

( ) USE OR STRUCTURE PERMITTED BY VARIANCE APPROVAL, SUBJECT TO ANY SPECIAL CONDITIONS

( ) VALID NONCONFORMING USE AS ESTABLISHED BY:

- ( ) FINDING OF THE ZONING BOARD OF ADJUSTMENT, OR
- ( ) BY THE UNDERSIGNED ZONING OFFICER ON THE BASIS OF EVIDENCE SUPPLIED

( ) VALID NONCONFORMING EXISTING STRUCTURE:

- ( ) FRONT YARD ( ) REAR YARD ( ) SIDE YARD ( ) SIDE YARD COMBINED
- ( ) OTHER (SPECIFY) _____

( ) OTHER:

BASKETBALL HOOP _____ TREE REMOVAL _____ SITE IMPROVEMENTS _____

CURB # _____ FENCE # _____ FORESTRY _____

SPECIAL CONDITIONS:

(X) AS BUILT SURVEY REQUIRED FOR FINAL ZONING APPROVAL

( ) ELEVATION CERTIFICATE REQUIRED FOR FINAL ZONING APPROVAL

OTHER: Single family Dwelling Only

P/B. Res 2001-51. No final Zoning to be issued until all site Improvements are installed & approved by township engineers.

(X) APPROVED ( ) FINAL ZONING APPROVAL

( ) DENIED (see attached) mek 12/20/02

Jeffrey S. Pharr

ZONING OFFICER

7/22/02

DATE

WHITE - ZONING OFFICE PINK - APPLICANT YELLOW - CONSTRUCTION DEPT.

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 7/31/02
Date Issued / /
Control # C02-162
Permit # 02-1615

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

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.
MANAHAWKIN, N.J.
Owner in Fee ISLAND WOOD EST.BY KARA HOMES
Address 197 RT. 18 S SUITE 202 N.
EAST BRUNSWICK, NJ 08816-
Tele.(732)565-0720
Contractor KARA HOMES INC.
Address 197 RT. 18 S.
EAST BRUNSWICK, NJ 08816-
Tele.(732)736-9313 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3655967

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

NEW SINGLE FAMILY DWELLING
PROTO 42-968, CARRINGTON, 2 STY.,3 CAR, BASEMENT, R-3, FIREPLACE

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 2,576
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other FIREPLACE	46
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 33 Ft.
Area Largest Floor 3,096 Sq. Ft.
New Bldg. Area/All Floors 4,188 Sq. Ft.
Volume of New Structure 107,335 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 196,224
2. Alteration $ 1
3. Total (1+2)$ 196,225

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ #3756	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	Incl Cred 2,098
DCA Training Fee	$	172

U.C.C. F110 (rev. 3/96)

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 7/3/02
Date Issued / /
Control # C02-162
Permit # 02-1615

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

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.
MANAHAWKIN, N.J.
Owner in Fee ISLAND WOOD EST. BY KARA HOMES
Address 197 RT. 18 S SUITE 202 N.
EAST BRUNSWICK, NJ 08816-
Tele. (732)565-0720
Contractor KARA HOMES INC.
Address 197 RT. 18 S.
EAST BRUNSWICK, NJ 08816-
Tele. (732)736-9313
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3655967

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 160

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices (smoke, heat, pulls, water/flow)	8	
Supervisory Devices (tampers, low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	50
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	6	150
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	Incl Cred 160
DCA Training Fee	$	0

Paid [ ] Check # 3156
Collected by:

U.C.C. F140 (rev. 3/96)

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 7/31/02
Date Issued / /
Control # C02-162
Permit # 02-1615

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

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.
MANAHAWKIN, N.J.
Owner in Fee ISLAND WOOD EST. BY KARA HOMES
Address 197 RT. 18 S SUITE 202 N.
EAST BRUNSWICK, NJ 08816-
Tele. (732)565-0720
Contractor BAYSHORE PLUMBING & HEATING
Address 54 BAYSHORE DR.
BAYVILLE, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-9666604

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3
Building Sewer Size [X] Public Sewer [ ] Private Septic
Water Sewer Size [X] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
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)
4	Water Closet	40
0	Urinal / Bidet	0
3	Bath Tub	30
5	Lavatory	50
2	Shower	20
0	Floor Drain	0
2	Sink	20
1	Dishwasher	10
0	Drinking Fountain	0
1	Washing Machine	10
2	Hose Bib	20
1	Water Heater	10
0	Fuel Oil Piping	0
1	Gas Piping	35
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	40
1	Water Service Connection	40
0	Stacks	0
	Other 3 A/C	105
	Other 3 VENTS	30

Administrative Surcharge $ 00#3756 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ Incl Cred 368
DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 7,3,02
Date Issued / /
Control # C02-162
Permit # 02-1615

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

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.
MANAHAWKIN, N.J.
Owner in Fee ISLAND WOOD EST.BY KARA HOMES
Address 197 RT. 18 S SUITE 202 N.
EAST BRUNSWICK, NJ 08816-
Tele.(732)565-0720
Contractor DAVES ELECTRIC
Address 210 14TH ST.
SHIP BOTTOM, NJ 08008-
Tele.(609)361-0236
Lic. No. or Bldrs. Reg. No. 5828
Federal Emp. No. 22-3573149

B. ELECTRICAL CHARACTERISTICS

Use Group - Present ____ Proposed R-3
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Estimated Cost of Electrical Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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 an the (agent of) owner of record and an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
75		Receptacles	
46		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
144		TOTAL NUMBERS	60
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
1	2	KW Oven/Surface Unit	9
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
1	2	KW Dishwasher	9
1	2	HP Garbage Disposal	9
3	2	KW Central A/C Unit	27
3	2	HP/KW Space Heater/Air Handler	27
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
1	200	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ #3756 0
Paid [ ] Check # ____ Minimum Fee $ 0
Collected by: ____ TOTAL FEE $ Incl Cred 177
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

01-551

SITE LOCATION 5 Little Court BLOCK 57.08 LOT 3 DESCRIPTION OF WORK New S.F.D.

OWNER Standwood Estates By Kara PHONE 732 565-07[illegible] ADDRESS 197 Rt 18 S. East Brunswick STATE N.J. ZIP 08816

BUILDING INSPECTION

CONTRACTOR Standwood Estates By Kara Homes

ADDRESS 197 Rt 18 S. E Brunswick PHONE (732) [illegible]

LIC. # 030695 FEDERAL EMP. NO. (OR SS#) 223655967

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:

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ 180,000 ALTERATION (2) $

ADDITION (3) $ TOTAL (1 + 2 + 3) $ 180,000

BUILDING CHARACTERISTICS

USE GROUP	PRESENT	R3	PROPOSED	R3
CONSTRUCTION CLASS	PRESENT	5B	PROPOSED	5B
NO. OF STORIES 2	HT. OF STRUCTURE	35	FT.	
AREA: LARGEST FLOOR		3094	SQ. FT.	
TOTAL BLDG. AREA: ALL FLOORS		4188	SQ. FT.	4188
VOLUME OF STRUCTURE		96,524	CU. FT.	[redacted]
TOTAL LAND AREA DISTURBED		6000	SQ. FT.	107,335

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION		SIGN Fencing	46.00
ALTERATION		POOL Co	2800
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

SUBCODE OFFICIAL: ☑ Approved ☐ Disapproved

COMMENTS 7/25/02 K Nealy PZ

42-96B, Carrington, 3 Car, 2 Sty, R-3, Fireplace, Conservatory

PLUMBING INSPECTION

CONTRACTOR C.H.R.O. Plumbing

ADDRESS 822 Rt 9 Toms River PHONE (609) 693-0006

LIC. # 2893 FEDERAL EMP. NO. (OR SS#) 222317306

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'S SEAL):

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ 5000 ALTERATION (2) $

ADDITION (3) $ TOTAL (1 + 2 + 3) $ 5000

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT		NO.	FIXTURE/EQUIPMENT	
4	WATER CLOSET	4P		STEAM BOILER	
	URINAL/BIDET	—		HOT WATER BOILER	
3	BATH TUB	3P		SEWER PUMP	
5	LAVATORY	5P		INTERCEPTOR/SEPARATOR	
2	SHOWER	2P		BACKFLOW PREVENTER	
	FLOOR DRAIN	—		GREASE TRAP	
2	SINK	2P		WATER COOLED A/C	
1	DISHWATER	1P	3	OR REFRIGERATOR UNIT	105
	DRINKING FOUNTAIN	—	1	SEWER CONNECTION	40
1	WASHING MACHINE	1P	1	WATER SERVICE CONNECTION	40
2	HOSE BIBB	2P		ACTIVE SOLAR SYSTEM	
1	WATER HEATER	1P	3	OTHER Vent	30
1	FUEL OIL PIPING			OTHER	
1	GAS PIPING	3S		OTHER	

SUBCODE OFFICIAL: ☑ Approved ☐ Disapproved

COMMENTS 7/25/02 K Nealy PZ

FIRE INSPECTION

CONTRACTOR Rauls Electric RIC

ADDRESS 210 W 14th St Ship Bottom PHONE (609) 361-0736

LIC. # 5827 FEDERAL EMP. NO. (OR SS#) 592-18-3067

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'S SEAL):

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ 800 ALTERATION (2) $

ADDITION (3) $ TOTAL (1 + 2 + 3) $ 800

TECHNICAL SITE DATA (LIST ALL FIXTURES)

WATER SUPPLY SOURCE PUBLIC

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

NO.	ITEM	NO.	ITEM
	WET SPRINKLER HEADS		PRE-ENGINEERED SYSTEM
	DRY SPRINKLER HEADS		CO_2 SUPPRESSION
	TOTAL		HALON SUPPRESSION
8	SMOKE DETECTORS 80		FOAM SUPPRESSION
	HEAT DETECTORS		DRY CHEMICAL
8	TOTAL 160	6	WET CHEMICAL
	STAND PIPES		GAS OR OIL FIRED APPLIANCE
	KITCHEN HOOD EXHAUST SYSTEM		OTHER

SUBCODE OFFICIAL: ☑ Approved ☐ Disapproved

COMMENTS 7/25/02 K Nealy PZ

C.M.D.101

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٢٤٤٤٨٤٥
١٨٤٥٩٥
١١٠

ELECTRICAL 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 51.08 Lot 3
Work Site Location 5 Little Court
MANAHAWKIN, N.J. 08050
Owner in Fee/Occupant ISLANDWOODS ESTATES BY KARA HOMES
Address 197 RT 18 S. EAST BRUNSWICK N.J. 08816

Tele. (732) 566-0720
Contractor DAVES Electric
Address 210 W 14th St Ship Bottom NJ 08008

Tele. (609) 301-0236 Fax ( ) SAME
Lic. No. 5828
Federal Emp. No. 592-18-5067

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed R3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as New SFD. Utility Co. Connectiv
Est. Cost of Elec. Work $ 6000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/28/06
Approved by: A. Wilkes

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Const. Serv.				
TCO				
Other				
Service				
Final				

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

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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
15		Lighting Fixtures
75		Receptacles
46		Switches
8		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
144		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
1	9.6	KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
1	1	KW Dishwasher
1	1	HP Garbage Disposal
3	1	KW Central A/C Unit
3	1	HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	200	AMP Service
1	100	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)	
$ 60	
9	
9	
9	
27	
27	
40	
40	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F120 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

RESOLUTION 2001-51

RESOLUTION OF THE STAFFORD TOWNSHIP PLANNING BOARD GRANTING FINAL MAJOR SUBDIVISION APPROVAL FOR PREMISES KNOWN AS ISLAND WOODS ESTATES-PHASE III, ALSO KNOWN AS BLOCK 51, LOT 52.03 AS REFLECTED ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF STAFFORD

Application P01-26

WHEREAS, application having been made by **Kara Homes LLC** to the Stafford Township Planning Board seeking Final Major Subdivision approval for Phase III for the premises known as Block 51, Lot 52.03, as reflected on the Official Tax Map of the Township of Stafford, and

WHEREAS, the applicants submitted the following materials along with the application, (A-1), all of which are incorporated herein and made a part hereof:

1. A set of preliminary & final major subdivision plans (11 sheets) entitled "Island Woods Estates - Phase III" prepared by Frank J. Little, Jr., P.E., P.P. and William J. Berg, P.L.S. with Owen, Little & Associates, Inc. of Beachwood, New Jersey and bearing a latest revision date of October 10, 2001.

2. A plan (1 sheet) entitled "Final Map - Island Wood Estates - Section 3" prepared by William J. Berg, P.L.S. with Owen, Little & Associates, Inc. dated September 12, 2001.

AND, WHEREAS, the subject property is located northwest of the intersection of Prospect and Silo Avenues approximately 5000± feet south of the municipal boundary with Barnegat Township. It lies within the RA Rural - Residential Zone and is presently vacant and wooded. The tract has an overall area of 113.47 acres and is currently predominantly vacant and wooded. The property is part of an eighty-six (86) lot major subdivision which received Preliminary Major Subdivision approval from the Planning Board in August, 1987 by Resolution 1987-50 and Final Major Subdivision approval from the Planning Board in August, 1989 by Resolution 1989-51. As part of the application presently before the Planning Board, the applicant is seeking Final Major Subdivision approval for Phase III of the development to create twenty-eight (28) new single family residential lots and two (2) lots reserved for future development.

WHEREAS, in October and November 1989, the Planning Board amended Resolution 1989-51 to modify various conditions of the final approval. In addition, in April 1991 the Planning Board adopted Resolution 1991-25 which approved amendments to the proposed phasing of the project. Resolution 1991-25 also allowed the tot lot to be completed prior to the issuance of Phase V building permits, permitted the assessments incurred from the

DASTI, MURPHY,
McGUCKIN, ULAKY,
IERKOS & CONNORS
COUNSELLORS AT LAW
620 WEST LACEY ROAD
P. O. BOX 1057
ORKED RIVER, N. J. 08731

commencement of Phase I to be deferred until the completion of Phase III (at which time future assessments would be doubled), required the applicant to comply with the current ordinance requirements for trees and landscaping, and permitted the applicant to construct a natural swale in lieu of a pipe behind lots 5 & 6 in block 51.10, and

WHEREAS, in September 1991, the Planning Board adopted Resolution 1991-35 which extended the preliminary approval for a period of "six years from the statutory expiration". Also, Resolution 1991-35 allowed that the sidewalks for Phase I could be completed prior to the granting of any Certificates of Occupancy for Phase II homes. In addition, in September 1991 the Planning Board also adopted Resolution 1991-36 which granted Final Major Subdivision approval to Phase I of the project, and

WHEREAS, in May 1996, Resolution 1991-25 was amended by the Planning Board by Resolution 1996-37 to adjust the timing of the payment of the various assessments. This resolution stipulated that the Phase I and Phase II assessments would be included in the bond posted prior to signing the plat for Phase II. It further stipulated that prior to signing the plat for Phase III, all assessments for Phases I, II & III would be included in the bond. Finally, Resolution 1996-37 further stipulated that all assessments must be paid in full prior to signing the plat for Phase IV. The resolution also stipulated that there would be no deferment of the assessment for revisions to the tax maps. In January 1997, Resolution 1991-25 was again amended by the Planning Board by Resolution 1997-13 to allow the posting of the traffic assessment prior to the issuance of the first building permit. This Resolution also extended all previous approvals through December 31, 1998. Finally, in August 2000, the Planning Board adopted Resolution 2000-32 which granted Final Major Subdivision approval to Phase II of the project.

WHEREAS, the Stafford Township Planning Board Engineer, John J. Hess, P.E., P.P., having reviewed the application and plans submitted, issued a report to the Board dated October 26, 2001, marked into evidence as B-1, same of which is incorporated herein and made a part hereof, and

WHEREAS, the Stafford Township Planning Board Architect, Melillo and Bauer Associates, having reviewed the application and plans submitted, issued a report to the Board dated October 30, 2001, marked into evidence as B-2, same of which is incorporated herein and made a part hereof, and

WHEREAS, the Stafford Township Volunteer Fire Company #1, the Stafford Township Environmental Commission and the Stafford Township Historic Preservation Commission issued letters of "no comment"; and

WHEREAS, the Board, after reviewing the application and plans submitted, and all of the reports and exhibits marked into evidence, hereby adopts all of the factual recommendations, requirements and conclusions set forth in Board Exhibits B-1 & B-2, and

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WHEREAS, the application was considered by the Stafford Township Planning Board at a public hearing, and

WHEREAS, the applicant requested relief as set forth in exhibit B-1 including lot width, lot depth and lot area variances for new lot 23, block 51.05, as well as design waivers previously granted and a design waiver for providing revised drainage calculations for the revision of Dimian Street.

WHEREAS, the applicant has requested a field change for a proposed cul-de-sac on Dimian Street in lieu of a through road as shown on the previously approved plans.

WHEREAS, the applicant provided testimony during the public hearing that the proposed final Major Subdivision would be consistent with the intent and purpose of the Stafford Township Master Plan and Zoning Ordinances, and

WHEREAS, the applicant presented testimony and submitted evidence that the proposed final Major Subdivision, along with all relief requested and required, would not cause substantial detriment to the public good and would not impair the intent and purpose of the Master Plan and Zoning Ordinances of the Township of Stafford, and

WHEREAS, the public portion of the meeting was lawfully concluded, and

WHEREAS, the Board, after considering and weighing all of the evidence in support of the application, along with all of the comments and testimony presented to the applicable standards set forth in Municipal Land Use Law N.J.S.A. 40:55D-1, et seq., and the Code of the Township of Stafford, found that the applicants' proposal for final Major Subdivision approval along with all relief requested and required, would not cause a substantial detriment to the public good, and that the approval of the application would not impair the intent and purpose of the Zoning Ordinances of the Township of Stafford, and

WHEREAS, the Stafford Township Planning Board hereby adopts all of the evidence and testimony in favor of the application and finds that the applicants have met the burden of proof as set forth in Municipal Land Use Law N.J.S.A. 40:55D-1, et seq., and the Stafford Township Code, now,

THEREFORE, BE IT RESOLVED by the Stafford Township Planning Board that the application of **Kara Homes LLC** for Final Major Subdivision for Phase III only, for the premises known as Block 51, Lot 52.03, is hereby approved, subject to the following conditions:

1. Subject to the review and or recommendation of the Board Attorney, Engineer and Landscape Architect with respect to compliance with any and all conditions of approval set forth herein or stipulated to on the record during the public hearing, or contained in any of the reports marked into evidence or referred to in any of the documents referenced herein.

DASTI, MURPHY,
McGUCKIN, ULAKY,
IERKOS & CONNORS
COUNSELLORS AT LAW
620 WEST LACEY ROAD
P. O. BOX 1057
ORKED RIVER, N. J. 08731

2. Compliance with the Board Engineer's report and recommendations therein dated October 26, 2001, except Final Plat Detail item 7 which was granted a waiver, marked into evidence as B-1, same of which is incorporated herein and made a part hereof.

3. Compliance with the Board Landscape Architect's report and recommendations therein dated October 30, 2001, marked into evidence as B-2, same of which is incorporated herein and made a part hereof.

4. The applicant's engineer will submit a field change plan including grading plans for the review and approval of the Planning Board Engineer.

5. The total amount of all assessments imposed against the applicant will be credited toward the applicant's construction of the Ridge Road extension to the South.

6. Water and sewer utilities in Ridge Road to the North will be installed and operational by May 30, 2002.

7. A developers agreement for the Ridge Road South extension shall be submitted and approved before the final approval of Phase V.

8. Phase V of the major subdivision will be the subject of a separate CAFRA permit application.

9. The applicant will submit a formal phasing plan with its next submission to the Planning Board.

10. Compliance with all previous resolutions of the board and all reports, to the extent not modified hereby, of the Planning Board Engineer and Landscape Architect, The Volunteer Fire Company, The Environmental Commission, The Stafford Township Historic Preservation Commission and the Stafford Township Municipal Utilities Authority and/or Water and Sewer Department.

11. The applicants, agents, owners or assigns shall comply with all federal, state, county and local requirements as provided by law.

12. The applicants, agents, owners or assigns shall be responsible for reimbursement of all "Developmental Review Fees" pursuant to Chapter 130, Article XI, Section 130-95, et seq. If the applicants fail to comply with this section within sixty (60) days of Notice of Amount Due, this Resolution shall become null and void as if never granted. This shall occur without further notice to the applicants.

DASTI, MURPHY,
McGUCKIN, ULAKY,
HERKOS & CONNORS
COUNSELLORS AT LAW
620 WEST LACEY ROAD
P. O. BOX 1057
FORKED RIVER, N. J. 08731

CERTIFICATION

The undersigned Chairman and Secretary of the Stafford Township Planning Board hereby certify that the above is a true copy of a resolution voted on for approval and memorialized by the said Board at a public meeting held on the 7th day of November 2001, a quorum being present and voting in the majority.

Chairman

Secretary

DASTI, MURPHY,
McGUCKIN, ULAKY,
KERKOS & CONNORS
COUNSELLORS AT LAW
620 WEST LACEY ROAD
P. O. BOX 1057
FORKED RIVER, N. J. 08731

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road
Forked River, NJ 08731
Tel 609.971.7002
Fax 609.971.3391

SOIL EROSION AND SEDIMENT CONTROL CERTIFICATION

SEPTEMBER 17, 2001

ZUDI KARAGJOZI
KARA HOMES
197 ROUTE 18 SOUTH, SUITE 300
EAST BRUNSWICK NJ 08816

RE: **SCD #3677** ISLAND WOODS ESTATES, SECTIONS 3 THRU 7
STAFFORD TOWNSHIP

Pursuant to Chapter 251, Soil Erosion and Sediment Control Act, P.L. 1975, the Ocean County Soil Conservation District hereby grants certification of the soil erosion and sediment control plan for the above-referenced project, subject to the following:

1. That the applicant carries out all land disturbance activities in accordance with the Standards for Soil Erosion and Sediment Control in New Jersey, promulgated by the State Soil Conservation Committee.

2. THE APPLICANT MUST NOTIFY THE DISTRICT OFFICE, BY MAIL, AT LEAST 48 HOURS BEFORE INITIAL LAND DISTURBANCE.

3. **The applicant must notify District office of project completion.**
NOTE: NO CERTIFICATE OF OCCUPANCY CAN BE GRANTED UNTIL A REPORT OF COMPLIANCE IS ISSUED BY THE DISTRICT.

4. Changes in the certified plan relating to or that will affect land disturbance on the site must be submitted to the District office for re-evaluation and approval.

5. A copy of the certified plan and a copy of these provisions must be kept on the job site at all times.

Failure to comply with any of the above conditions may result in the issuance of a Stop Construction Order.

NOTE: (1) This certification is limited to the controls specified in this plan. It is not authorization to engage in the proposed land use unless such use has been previously approved by the municipality or other controlling agency. THIS CERTIFICATION SHALL EXPIRE IN 3-1/2 YEARS.

WS:bb

Supervisor

OWEN,
LITTLE
& ASSOCIATES
INC.

Engineers
Planners
Surveyors
GIS Specialists

David E Owen, PE., LS., C.M.E.
Frank J. Little, Jr., PE., PP, C.M.E.
Douglas E Klee, PE., PP, C.M.E.

William J. Berg, P.L.S.
David A. Thesing, PE., PP, C.M.E.

April 15, 2002

Ron Reedy
Stafford Township Building Department
260 Eat Bay Avenue
Manahawkin, NJ 08050

Re: Island Woods Estates
Block: 51.06 Lots: 5,6,7,8,9,10,11,19,20,21,22, & 23
Block: 51.07 Lots: 1,2,3,4,5,12,13,14,15,16 & 17
Block: 51.08 Lots: 1,2,3 & 7
Block: 51.09 Lots: 1 & 2
Block: 51.10 Lot: 11

Dear Mr. Reedy:

The proposed design and the existing topography for the above referenced lots have been analyzed by this office.

With the exception of Block 51.07, Lots 3,4 & 5 and Block 51.08, Lots 2 and 3, we anticipate that typical basement foundation footings will be constructed on undisturbed soil for all other lots listed above.

Should you have any questions or require additional information, please do not hesitate to call.

Very truly yours,

Frank J. Little, Jr., P.E., P.P., C.M.E.

FJL/da

c. Tom Maguire, Kara Homes
Victor Ferrano, Kara Homes
Bob A. Gaestel, Jr., Stafford Building Department

clerical\general\stbd-iwe-bf

OUR 20th ANNIVERSARY

43 Atlantic City Blvd.
Beachwood, NJ 08722
732-244-1090
Fax 732-341-3412

www.owenlittle.com
info@owenlittle.com

PERMIT RELEASE

COMMUNITY: Island Woods MODEL: Carlington
BUYER: SPEC ELEVATION: III
LOT/BLOCK: 51.08 3 JOB #: 40

BASEMENT: ✓ YES ___ NO ___ 8'Walls ✓ 9'Walls

GARAGE: ___ 1 CAR ___ 2 CAR ✓ 3 CAR

___ LEFT ___ RIGHT ___ UNDER

___ FRONT ✓ SIDE ___ WALKOUT

FIREPLACE: ROOM Family ½ SIZE ✓ GAS ___ WOOD

ROOM ___ ___ SIZE ___ GAS ___ WOOD

OPTIONAL ROOMS Conservatory

ADDITIONAL SPECIFICATIONS – Structural Changes, Walk out basements, Garage unders, Decks etc.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☑ Zoning Officer	02-7172		OK						
☐ Planning Board									
☐ Zoning Board									
☑ Sewer Authority	SMUA OK								
☑ Water Authority	SMUA OK								
☐ Police Department									
☐ Health Department									
☑ Soil Conservation	SCD-3677 OK								
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	BOCA 1996	Energy		Other	
Electrical	NEC 1996	Barrier Free			
Plumbing	NSPC 1996	Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical	IMC 2000	Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF STAFFORD

Telephone:
(609) 597-1000 Ext. 8532-34
Fax:
(609) 978-9612

260 East Bay Avenue
Manahawkin, New Jersey
08050-3329

Refer to:
Office Of
Inspection

PLAN REVIEW RECORD

NAME: _____ DATE: _____

SITE ADDRESS: _____ BLOCK:_____ LOT: _____

BUILDING DESCRIPTION:_____ PAGE 1 OF _____

RESUB		DATE	NO.	VIOLATION	CODE SECTION
OK	NO				

FIRST PHONE: ____/____/____ ☐ LEFT MESSAGE ON MACHINE ☐ FAXED: ____/____/____

INITIALS: _____ ☐ LEFT MESSAGE WITH _____

SECOND PHONE: ____/____/____ ☐ LEFT MESSAGE ON MACHINE ☐ FAXED: ____/____/____

INITIALS: _____ ☐ LEFT MESSAGE WITH _____

COMMENTS: _____

_____

BLOCK 51.08 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 5 Little Ct. PERMIT NO. 03-414

03

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 5 Little Ct. Manalapan
2. Name of Owner in Fee: Hidlay Tel. _____
   Address S/A (Street) (Municipality) (Zip Code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Pool Town, Inc. Tel. (732) 505-9000
   Address 4881 U.S. Highway 9 North, Howell, NJ 07731
   License No. OR if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-2763004 FAX (732) 364-1815
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work PoolTown, Inc.
   Tel. (732) 505-9000 FAX (732) 364-1815

Need Inground Pool

RECEIVED MAR 20 2003 BUILDING DEPT.

03-19-03 11:09 RCVD

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	150 NS 53.00	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	23.00	
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	176.00	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification Inground pool
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

2756
00071_027767
20030414 SF
40000PIJ2

2/25/03 - MA RESUBMIT-ABFEP

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☒ Alteration				3/20/03		MJ	3/26/03		
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical					3/26/03	MJ			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	23922-								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

SEND LETTER

Called 3/26/03

U.C.C. F100-1 (rev. 3/96)

03

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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.

(X) Check if contractor.

Agent Name Pool Town

Address 5500 US Hwy 9
Howell, NJ 07731

Telephone (732) 505-9000

Signature Karen Foos

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 4/1/03
Date Issued
Control # C03-91
Permit # 03-414

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG ID: 1-800-272-1000

Block 51.08 Lot 5 Qual
Work Site Location 5 LITTLE COURT

Owner in Fee HOLLOW
Address 5 LITTLE COURT
MANAHAWKIN, NJ 08050-
Tele.
Contractor POOL TONE INC.
Address 1034 RIVER AVE.
LAKEWOOD, NJ 08701-
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2763284

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

INGROUND POOL WITH DIVING BOARD

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 4/2/03
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing	Collar		5/6/03	MA
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	11/17/03		11/21/03	MA
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed U
Constr. Class Present ____ Proposed ____
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 23,900
3. Total (1+2)$ 23,900

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other INGROUND POOL	100
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 100
DCA State Permit Fee	$ 23

Paid [ ] Check # 2165
Collected by:

U.C.C. F110 (rev. 3/95)

Adjust Plate on Strut Side Both Sides —

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 5/14/03
Date Issued 05/05/0525
Control 0
Permit 0 03-414-A

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGES CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG CO: 1-800-272-1000

Block 51.08 Lot 5 Qual
Work Site Location 5 LITTLE CHIEF
Owner in Fee HIMLOT
Address 5 LITTLE CHIEF
MANAHAWKIN, NJ 08050-
Tele.
Contractor MR. ROOTER PLUMBING
Address 24 RICHDON PLACE
SHREWSBURY, NJ
Tele.( )
Lic. No. or Mldrs. Reg. No.
Federal Emp. No. 22-3365466

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 850

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 7/16/03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.	7/14/03	7/14	7/16	7/14/03 DK
Gas Piping			6-503.6	underground
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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	35
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other HEATER	35
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	70
DCA State Permit Fee	$	1

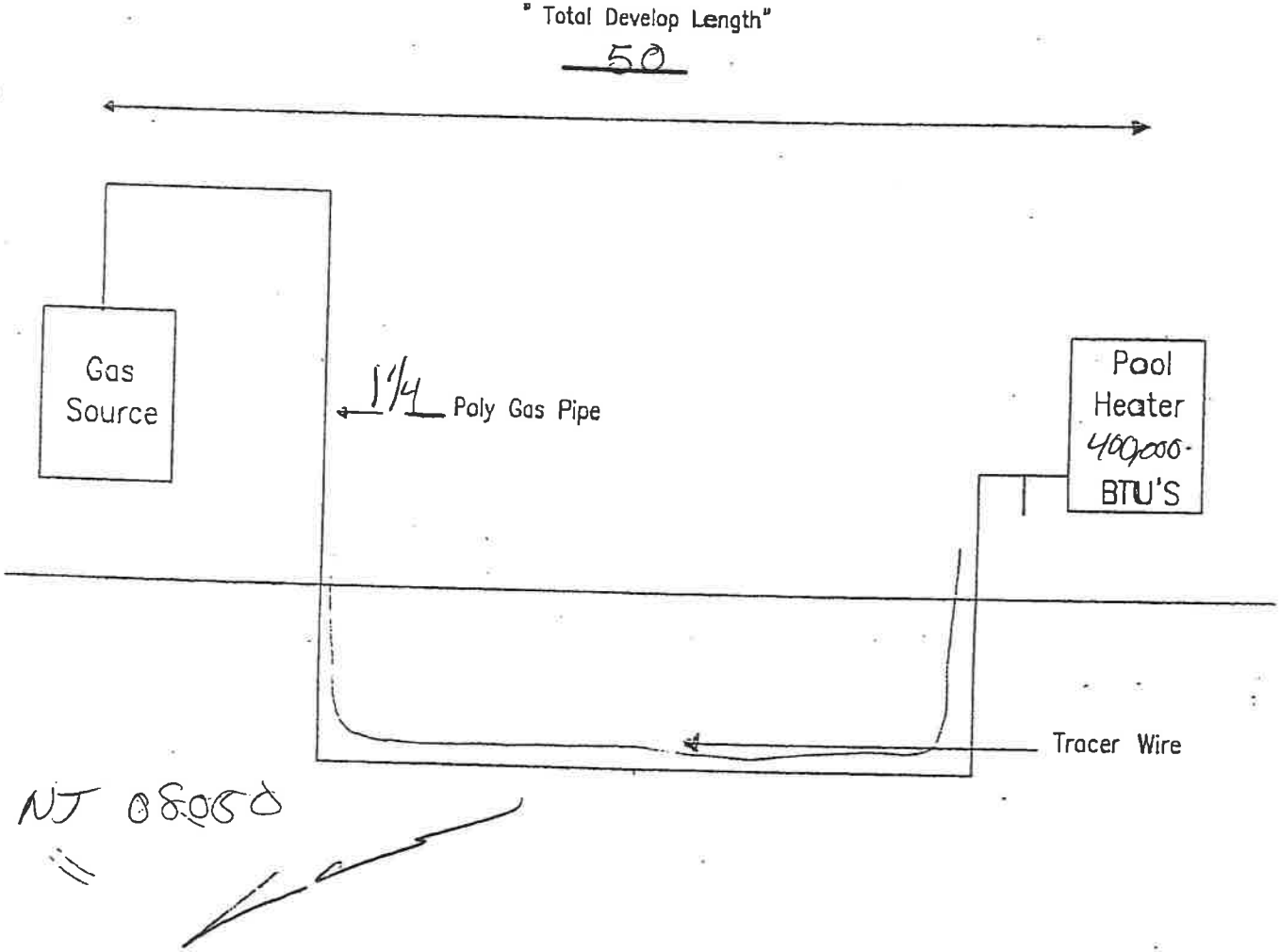
Paid [ ] Check # 1809
Collected by:

7/14/03 Promoted relief valve. RJ

U.C.C. F139 (rev. 3/95)

Mr. Rooter
PLUMBING
24 Riordan Place
Shrewsbury, NJ 07702
NJ State Lic #8446 Andrew August
Tel: (732) 741-0900
Fax: (732) 741-0087

ATTACH
TO PLUMBING PERMIT
S-140398



5 Little ct
Manahawkin NJ 08050

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 4/1/03
Control # C03-91
Permit # 03-414

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG CO: 1-800-272-1000

Block 51.08 Lot 5 Qual
Work Site Location 5 LITTLE COURT

Owner in Fee HUDLOW
Address 5 LITTLE COURT
MANAHAWKIN, NJ 08050-
Tele.
Contractor BAYVIEW ELECTRIC INC.
Address 336 MARYLAND AVE.
BAYVILLE, NJ 08721-
Tele.( )
Lic. No. or Bldrs. Reg. No. 8631
Federal Emp. No. 22-2854699

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R
[ ] Pole/Ped # [ ] Temporary [X] Other INGROUND POOL
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 480

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plmb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/13/03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	T&B		5/13/03	AW
Temp Serv				
Const Serv				
TCO				
Other				
Service			5/13/03	AW
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 an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
1		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
8		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/P.A.C. Panel	
2		TOTAL NUMBERS	35
1		Pool Permit/with UW Lights	9
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
1	2	HP Motors 1/+ HP	9
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Paid [ ] Check # 2165
Collected by: DHS

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	53
DCA State Permit Fee	$	0

U.C.C. F120 (rev. 3/95)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 03-414

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

Block 5108 Lot 5
Work Site Location 5 Little Ct
Manahawkin NJ 08050.
Owner in Fee Hidlay
Address 5 Little CT
Manahawkin NJ 08050
Tele.
Contractor **MR. ROOTER PLUMBING**
Address **24 RIORDAN PLACE**
SHREWSBURY, NJ 07702
Tele. (**732**) **741-0900** Fax (**732**) **741-0087**
Lic. No. **8446**
Federal Emp. No. **22-3365466**

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 5/14/03
Approved by:

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

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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
2	Gas Piping	35
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Pool Heater	35
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 03-414

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

Block 5108. Lot 5
Work Site Location 5 Little Ct
Manahawkin NJ 08050.
Owner in Fee Mildred
Address 5 Little CT
Manahawkin NJ 08050
Tele. ( )
Contractor MR. ROOTER PLUMBING
Address 23 MORGAN PLACE
SHREWSBURY, NJ 07702
Tele. (732) 741-0900 Fax (732) 741-0057
Lic. No. 0445
Federal Emp. No. 22-3868466

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 5/14/03
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
1	Gas Piping	35
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Pool Heater	35
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 03-414

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

Block 5108 Lot 5
Work Site Location 5 Lillie CT.
Lumberton NJ 08048
Owner in Fee [illegible]
Address 5 Lillie CT
Mediford Lks NJ 08055
Tele.
Contractor [illegible]
Address [illegible]
[illegible]
Tele. (732) 701-0330 Fax (732) [illegible]
Lic. No. [illegible]
Federal Emp. No. [illegible]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 5/14/03
Approved by: [signature]

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

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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
1	Gas Piping	35
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Pool Heater	35
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 03-414

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

Block 5108 Lot 5

Work Site Location [illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. (

Contractor MR. ROOTER PLUMBING

Address 20 MORGAN PLACE
SHREWSBURY, NJ 07702

Tele. (732) 741-0000 Fax (732) 741-0007

Lic. No. 8446

Federal Emp. No. 22-3868466

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ See Att.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 5/14/03

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) 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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
2	Gas Piping	35
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Pool Heater	35
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

UCC/PRO F-130 (REV3/96)
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(856)468-7933

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4 Gold = Applicant Copy

DATE	JOB CONDITION / COMMENTS

4/1/03

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control # 03-91
Permit # 03-414

IDENTIFICATION Block 51.08 Lot 3

Work Site Location 3 Lilac Ct Manalapan

Owner in Fee Kelly

Address N/A

Tel. ( )

Contractor Pool Town

Address 5500 Rt. 9 South Howell, NJ 07731

Tel. (732) 505-5000

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [X] OTHER Pool

DESCRIPTION OF WORK: Proposed 40x25x21 in ground pool house. 4' Alum fence with self latching locking gate opening outward installed by contractor.

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 $ 45000

Construction Official

3/26/03
Date

PAYMENTS (Office Use Only)

Building 100.00
Electrical 53.00
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 23.00
Cert. of Occupancy
Other
Total 176.00
Check No. 02165
Cash
Collected by DGS

U.C.C. F170
(rev. 5/2K)

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

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

ELECTRICAL 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 51.08 Lot 5
Work Site Location 5 Little Ct
McCrackin
Owner in Fee/Occupant Hidlay
Address S/A
Tele. ( )
Contractor BAYVIEW ELECTRIC INC.
Address 336 MARYLAND AVENUE
BAYVILLE, NJ 08721
Tele. (732) 269-9583 Fax ( )
Lic. No. 8631
Federal Emp. No. 222-854-609/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 3/26/03 AW
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
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.

William Whitman
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 35
1		Pool Permit/with UW Lights	91
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	9
		KW Baseboard Heat	
1	2	HP Motors 1/+ HP	9
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 53

U.C.C. F120
(rev. 3/96)

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

ELECTRICAL 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 51.08 Lot 5
Work Site Location 5 Little Ct
Mcmahon
Owner in Fee/Occupant Hidlay
Address S/A
Tele.
Contractor BAYVIEW ELECTRIC INC.
Address 336 MARYLAND AVENUE
BAYVILLE, NJ 08721
Tele. (732) 269-9583 Fax ( )
Lic. No. 8631
Federal Emp. No. 222-854-609/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present - Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required 3/26/03 AW
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
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.

William Watkinson
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
1		Receptacles
1		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
1		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
1	2	HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)	
	35
	9
	9
	53
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120
(rev. 3/96)

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3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL 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 10.01 Lot 5
Work Site Location 5 Lighthouse Ct
Manchester
Owner in Fee/Occupant Holiday
Address 3/A
Tele. ( )
Contractor BAYVIEW ELECTRIC INC.
Address 336 MARYLAND AVENUE
BAYVILLE, NJ 08721
Tele. (732) 269-9583 Fax ( )
Lic. No. 8631
Federal Emp. No. 222-854-609/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 3/26/13 HW
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] 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				
Temp. Serv.				
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.

William Whitmore
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 31
1		Pool Permit/with UW Lights	91
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	91
		KW Baseboard Heat	
1	2	HP-Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			91
			53

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F120 (rev. 3/96)

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3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL 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 _____ Lot _____

Work Site Location _____

_____

Owner in Fee/Occupant _____

Address _____

_____

Tele. _____

Contractor BAYVIEW ELECTRIC INC.

Address 336 MARYLAND AVENUE
BAYVILLE, NJ 08721

Tele. (732) 269-9583 Fax (_____) _____

Lic. No. 8631

Federal Emp. No. 222-854-609/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] 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				
Temp. Serv.				
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.

William Wichman

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

BAYVIEW ELECTRICAL CONTRACTORS INC. 6631A

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
1		Pool Permit/with UW Lights	91
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	33
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120
(rev. 3/96)

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2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

SITE LOCATION STAFFORD TOWNSHIP 5 Little Ct, Manahawkin BLOCK 51.08 LOT 5 DESCRIPTION OF WORK _____

OWNER Hidlay PHONE _____ ADDRESS S/A STATE NJ ZIP 08050

BUILDING INSPECTION

CONTRACTOR Pool Town

ADDRESS 5500 US Hwy 9 PHONE 609-978-6478

LIC. # _____ FEDERAL EMP. NO. (OR SS#) 22-2763004

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: Karen Doe

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ _____ ALTERATION (2) $ _____

ADDITION (3) $ _____ TOTAL (1+2+3) $ 23922-

BUILDING CHARACTERISTICS

USER GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION		SIGN	
ALTERATION		POOL	100.00
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

SUBCODE OFFICIAL: ☑ Approved ☐ Disapproved

COMMENTS 3/26/03 W/ Poly Pg Inground pool w/ diving board

PLUMBING INSPECTION

CONTRACTOR _____

ADDRESS _____ PHONE (____) _____

LIC. # _____ FEDERAL EMP. NO. (OR SS#) _____

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'S SEAL): _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ _____ ALTERATION (2) $ _____

ADDITION (3) $ _____ TOTAL (1+2+3) $ _____

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	WATER CLOSET		STEAM BOILER
	URINAL/BIDET		HOT WATER BOILER
	BATH TUB		SEWER PUMP
	LAVATORY		INTERCEPTOR/SEPARATOR
	SHOWER		BACKFLOW PREVENTER
	FLOOR DRAIN		GREASE TRAP
	SINK		WATER COOLED A/C
	DISHWASHER		OR REFRIGERATION UNIT
	DRINKING FOUNTAIN		SEWER CONNECTION
	WASHING MACHINE		WATER SERVICE CONNECTION
	HOSE BIBB		ACTIVE SOLAR SYSTEM
	WATER HEATER		OTHER
	FUEL OIL PIPING		OTHER
	GAS PIPING		OTHER

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

FIRE INSPECTION

CONTRACTOR _____

ADDRESS _____ PHONE (____) _____

LIC. # _____ FEDERAL EMP. NO. (OR SS#) _____

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'S SEAL): _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ _____ ALTERATION (2) $ _____

ADDITION (3) $ _____ TOTAL (1+2+3) $ _____

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 _____

NO.	ITEM	NO.	ITEM
_____	WET SPRINKLER HEADS	_____	PRE-ENGINEERED SYSTEM
_____	DRY SPRINKLER HEADS	_____	CO_2 SUPPRESSION
_____	TOTAL	_____	HALON SUPPRESSION
		_____	FOAM SUPPRESSION
_____	SMOKE DETECTORS	_____	DRY CHEMICAL
_____	HEAT DETECTORS	_____	WET CHEMICAL
_____	TOTAL	_____	GAS OR OIL FIRED APPLIANCE
		_____	OTHER _____
_____	STAND PIPES	_____	_____
_____	KITCHEN HOOD EXHAUST SYSTEM	_____	_____

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

TOWNSHIP OF STAFFORD
ZONING PERMIT

File

DATE: 3/19/03 ZONING PERMIT # 03-2672

BLOCK: 51.08 LOT: 3 ZONING FEE PAID ($25.00) ( ) CASH (CHECK) 24868

ZONE: RA CURB FEE PAID $15.00 ( ) CASH CHECK _____

EXISTING USE: _____ PROPOSED USE: _____

SITE ADDRESS: 5 Little Court

NAME OF OWNER: William & Valerie Hidlay

DESCRIPTION: Inground Pool

WHICH IS A:

( ) USE PERMITTED BY ORDINANCE

(X) STRUCTURE PERMITTED BY ORDINANCE

( ) USE OR STRUCTURE PERMITTED BY VARIANCE APPROVAL, SUBJECT TO ANY SPECIAL CONDITIONS

( ) VALID NONCONFORMING USE AS ESTABLISHED BY:

( ) FINDING OF THE ZONING BOARD OF ADJUSTMENT, OR

( ) BY THE UNDERSIGNED ZONING OFFICER ON THE BASIS OF EVIDENCE SUPPLIED

( ) VALID NONCONFORMING EXISTING STRUCTURE:

( ) FRONT YARD ( ) REAR YARD ( ) SIDE YARD ( ) SIDE YARD COMBINED

( ) OTHER (SPECIFY) _____

( ) OTHER:

BASKETBALL HOOP _____ TREE REMOVAL _____ SITE IMPROVEMENTS _____

CURB # _____ FENCE # 03-467 FORESTRY _____

SPECIAL CONDITIONS:

( ) AS BUILT SURVEY REQUIRED FOR FINAL ZONING APPROVAL

( ) ELEVATION CERTIFICATE REQUIRED FOR FINAL ZONING APPROVAL

OTHER: Pool must comply Twnship Ord # 211-356 & POOL/FENCE BOCA CODES

(X) APPROVED ( ) FINAL ZONING APPROVAL

( ) DENIED (see attached)

Karl T Hellstrom
ZONING OFFICER

20 MAR 03
DATE

WHITE - ZONING OFFICE PINK - APPLICANT YELLOW - CONSTRUCTION DEPT.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____				
☐ Temporary Certificate of Compliance	No. _____				
☐ Continued Certificate of Occupancy	No. _____				
☐ Certificate of Compliance	No. _____				
☐ Certificate of Occupancy	No. _____				
☐ Certificate of Approval	No. _____				
☐ Lead Abatement Clearance Certificate	No. _____				

BLOCK 5108 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 5 LITTLE COURT PERMIT NO 03-713

03

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 5 LITTLE CT MANAHAWKIN
2. Name of Owner in Fee: William & Val Hicks Tel. (
   Address 5 Little Ct (street) Manahawkin (municipality) 08050 (zip code)
3. Ownership in Fee. Public _____ Private ✓
4. Principal Contractor SELF Tel ( ) ABOVE
   Address ABOVE
   License No. OR, if new home, Builder Reg. No _____ Exp Date _____
   Federal Employee No _____ FAX ( )
5. Architect or Engineer GRANITE ASSOC. Tel.
   Address 48 SOUTH NEW YORK RD
6. Responsible Person in Charge of Work ABOVE
   Tel. ( ) ABOVE FAX

RECEIVED MAY - 1 2003 BUILDING DEPT. 05-01-03 RCVD

Partial Finish Basement

V. FEE SUMMARY (for office use only)

			Update	Update
1	Building	$ 120		
2	Electrical	58		
3	Plumbing			
4	Fire Protection			
5	Elevator Devices			
6	Subtotal	$		
7	Less 20% for State Plan Review			
8	Subtotal	$		
9	DCA Training Fee	8		
10	Subtotal			
11	Cert. of Occupancy			
12	Other			
13	TOTAL	$ 186		

VI. BUILDING/SITE CHARACTERISTICS

1	Number of Stories	finish basement	
2	Height of Structure	N/A	ft.
3	Area — Largest Floor	≈ 900	sq. ft.
4	New Building Area	N/A	sq. ft.
5	Volume of New Structure	1700	cu. ft.
6	Construction Classification	RCS	
7	Total Land Area Disturbed	900	sq. ft
8	Flood Hazard Zone	NO	
9	Base Flood Elevation	NA	ft.
10	Wetlands yes		
	no	✓	
11	Max. Live Load		
12	Max. Occupancy Load		

(office use only)

2756

00071_027767 20030713 SF

0000PIIX

BLOCK 5108 LOT 3 PERMIT 03-713

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	[ ] Minor Work									
2.	[ ] New Building									
3.	[ ] Addition									
4.	[✓] Alteration	$6000				4/5/03	RB			
5.	[ ] Fire Protection									
6.	[ ] Plumbing									
7.	[ ] Electrical	1500			5-5-03		MD	5-12-03		
8.	[ ] Elevator Devices									
9.	[ ] Asbestos Abat. Subch. 8									
10.	[ ] Lead Hazard Abatement									
11.	[ ] Demolition									
	TOTAL COSTS	7500								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. [ ] Partial Releases
2. [ ] Prototype Processing

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

1. [ ] Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. [ ] High Pressure Boilers
3. [ ] Pressure Vessels
4. [ ] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
7. [ ] Sprinklers
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A RESIDENTIAL

1. Hotels (R-1)
2. Multi-Family (R-2)
3. Two-Family (R-3) BOCA
4. Two-Family (R-4) CABO
5. (✓) One-Family (R-3) BOCA
6. One-Family (R-4) CABO

No. of dwelling units:

Before Construction	1
After Construction	1
Net Gain or Loss	

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 3/96)

Called 5/13/03 MM

03

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. (✓) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (✓) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1 vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (✓) I further certify that I will perform or supervise the following work:
C.1. (✓) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature Valerie Hadley William O'Hadley Date 4/29/03

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 compiy 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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY DCA
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 5/13/03
Date Issued / /
Control # C03-775
Permit # 03-713

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

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.

Owner in Fee HUDLAY, WILL & VAL
Address 5 LITTLE COURT
MANAHAWKIN, NJ 08050-
Tele. ( )
Contractor
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FINISH BASEMENT

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire

SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] COO [X] CA
Date: 7/14/03
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame	5/16/03		5/20/03	AA
BarrierFree				
Insulation			5/20/03	AA
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7/14/03	AA
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 6,000
3. Total (1+2)$ 6,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	120
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Paid [ ] Check # 1807	Administrative Surcharge	$ 0
Collected by: AK	Minimum Fee	$ 0
	TOTAL FEE	$ 120
	DCA State Permit Fee	$ 6

U.C.C. F110 (rev. 3/95)

5/05/03 - Fire Block as necessary

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 5/13/03
Date Issued / /
Control # C03-775
Permit # 03-713

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG IN: 1-800-272-1000

Block 51.08 Lot 3 Qual
Work Site Location 5 LITTLE CT.

Owner in Fee MIDLAY, WILL & VAL
Address 5 LITTLE COURT
MANAHAWKIN, NJ 08050-
Tele.(
Contractor MAIN ELECTRICAL CONT INC
Address 519 CHITRIGGER LANE
MANAHAWKIN, NJ 08050-
Tele.(609)978-2370
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-3704482

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/14/03
Approved By:

INSPECTIONS Type	Failure	Failure	Approved	Initial
Rough			5/14/03	HW
Temp Serv				
Const Serv				
TCO				
Other				
Service			7/14/03	AW
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 an authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Lighting Fixtures	
22		Receptacles	
10		Switches	
2		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
47		TOTAL OUTLETS	47
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
2	3	Baseboard Heat	10
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Paid [ ] Check # 1807
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	59
DCA State Permit Fee	$	2

U.C.C. F129 (rev. 3/96)

☐ **NOTICE OF VIOLATION AND ORDER TO TERMINATE**
☒ **NOTICE AND ORDER TO PAY PENALITY**

DATE ISSUED: 09/27/2005
PERMIT #: 03-1742
CONTROL #:
NOTICE #:

IDENTIFICATION

WORK SITE	9 Little Court Manahawkin, N.J. 08050	BLOCK: LOT:	**51.08** **2**

OWNER IN FEE:	Scott Harvey	AGENT:	Poolside Pools & Spas LLC.
ADDRESS:	9 Little Court	ADDRESS:	1570 Lakewood Road
CITY/STATE:	Manahawkin, N.J. 08050	CITY/STATE:	Lakewood, N.J. 08755
PHONE:	(609) 978-9807	PHONE:	(609) 660-0474

ACTION

DATE OF NOTICE:	09/27/2005	COMPLIANCE DUE DATE:	10/10/2005	DATE OF INSPECTION:	

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgate thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

Violation: Per N.J.A.C. 5:23 - 2.32 (a) Your swimming pool is unsafe. Due to outstanding code violations, you have left me no other alternative but to issue you a penalty in hopes of reaching closure to your problems.

Should you choose to ignore this violation notice, a summons will be issued requiring your appearance in court. This violation is intended for the Owner.

You are hereby ordered to terminate said violations on or before10/10/2005. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ **.00** per week.
☒ You are hereby ordered to pay a penalty in the amount of **$100.00.** Each week that any of said violations remain outstanding after 10/10/2005 shall result in an additional penalty of **$500.00** per week.

If you wish to contest the validity of the action, in accordance with N.J.A.C. 5:23A-2.1 et. Seq., you may request a hearing before the Construction Board of Appeals of the County Of Ocean, within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose. They are located at Administration Building, 101 Hooper Avenue, Toms River, NJ 08757. Your application for the appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the regulations in question, and the extent and nature of your reliance on the Regulation and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful. The fee for an appeal is $100.00 to be forwarded with your application to the Board of Appeals.
If you have any questions on this matter, please call Stafford Township Building Dept. at 597-1000 ext. 8532

Notice of Violation and Order to Terminate: _____ DATE: 09/27/2005
Subcode Official, Building/Fire Subcode Official, Ronald P. Redy

Notice and Order of Penalty: _____ DATE: 09/27/2005
Construction Code Official, Robert A. Gaestel, Jr.

CERTIFIED MAIL™

TOWNSHIP OF STAFFORD

Township of Stafford
ATTN: Building Department
260 East Bay Avenue
Manahawkin, NJ 08050

7004 1350 0005 37[illegible]8594

UNITED STATES POSTAGE PITNEY BOWES
02 1A $ 04.
0004301865 SEP 27
MAILED FROM ZIP CODE 0

RETURNED TO SENDER UNCLAIMED

9/28/08
10/3
10/13

A C S
☐ INSUFFICIENT ADDRESS
☐ ATTEMPTED NOT KNOWN
☐ NO SUCH NUMBER/ STREET
☐ NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
● OTHER

RT
RETURN TO SEND

08030436 12-03 [illegible] 3329

ELECTRICAL 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 5.08 Lot 3
Work Site Location 5 LITTLE CT

Owner in Fee/Occupant William & VALERIE HIDLAY
Address 5 LITTLE COURT
MANAWKIN NJ 08050
Tele. (
Contractor Main Electrical Contractor Inc.
Address 540 LaMotte
Manahawkin NJ 08050
Tele. (609) 978-2070 Fax (609) 978-8502
Lic. No. 14560A
Federal Emp. No. 22-3704782

B. ELECTRICAL CHARACTERISTICS

Use Group Present RESIDENTIAL Proposed SAME
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 5-12-03
Approved by: DW

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

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

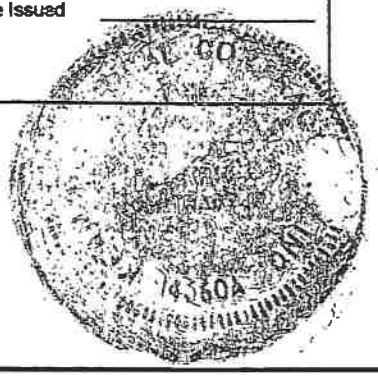
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant



D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
15		Lighting Fixtures	
20		Receptacles	
10		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
47		TOTAL NUMBERS	$ 40-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
3	3	HP/KW Space Heater/Air Handler	
2	3KW	KW Baseboard Heat	18-
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	58-
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120
(rev. 3/98)

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

ELECTRICAL 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 51.08 Lot 3
Work Site Location 5 LITTLE CT

Owner in Fee/Occupant WILLIAM & VALERIE HIDLAY
Address 5 LITTLE COURT
MANAWKIN NJ 08050
Tele.
Contractor Kaw Electrical Contractors Inc.
Address 540 Colonial
Manahawkin NJ 08050
Tele. (609) 597-8070 Fax (609) 597-8502
Lic. No. 14560A
Federal Emp. No. 22-3704182

B. ELECTRICAL CHARACTERISTICS

Use Group Present RESIDENTIAL Proposed SAME
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 5-12-05
Approved by: AW

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
15		Lighting Fixtures
20		Receptacles
10		Switches
2		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
47		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
2	3.5	HP/KW Space Heater/Air Handler
2	3Kw	KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

	$ 40-
	18-
	58-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 3/88)

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

ELECTRICAL 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 51.08 Lot 3
Work Site Location 5 LITTLE CT
Owner in Fee/Occupant WILLIAM & VALERIE HIDLAY
Address 5 LITTLE COURT
MANALAPAN NJ 07050
Tele.
Contractor Kaufman Electrical Contractors Inc.
Address 5401 Gray Ave
Manasquan NJ 08736
Tele. (732) 528-2070 Fax (609) 578-8102
Lic. No. 13560A
Federal Emp. No. 22-3704196

B. ELECTRICAL CHARACTERISTICS

Use Group Present RESIDENTIAL Proposed SAME
[ ] Pole/Ped # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 5/12/03
Approved by: AW

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
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.

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
15		Lighting Fixtures
20		Receptacles
10		Switches
2		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
47		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
2	3	HP/KW Space Heater/Air Handler
2	3KW	KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

	$ 40-
	18-
	58-

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F120 (rev. 3/98)

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

ELECTRICAL 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 5107 Lot —
Work Site Location [illegible]

Owner in Fee/Occupant [illegible]
Address [illegible]

Tele.
Contractor [illegible]
Address [illegible]

Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
12		Lighting Fixtures
20		Receptacles
3		Switches
2		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
1		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
[illegible]	[illegible]	HP/KW Space Heater/Air Handler
2	5KW	KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

TOTAL NUMBERS $ 410-

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

LICENSED ELECTRICAL CONTRACTOR — ELECTRICAL CONTRACTORS — KEAN — INC. — 14560A

U.C.C. F120
(rev. 3/86)

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

TOWNSHIP OF STAFFORD

OCEAN COUNTY

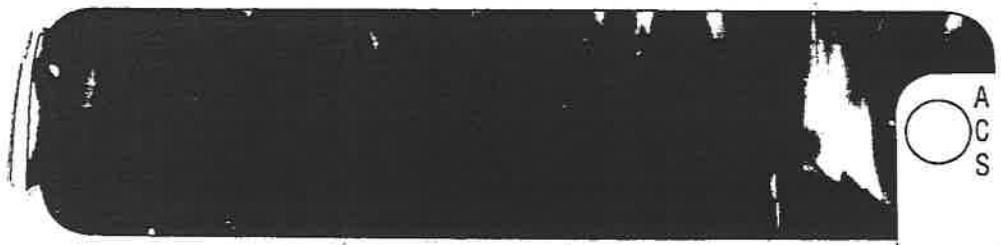
BUILDING DEPARTMENT
260 EAST BAY AVENUE
MANAHAWKIN NJ 08050-3329

SOUTH JERSEY NJ 080

16 MAY 2006 PM

02.1A $ 00.39
0004301865 MAY16 2006
MAILED FROM ZIPCODE 08050

N S N



ACS

- ☐ INSUFFICIENT ADDRESS
- ☐ ATTEMPTED NOT KNOWN
- ☒ NO SUCH NUMBER/ STREET
- ☐ NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- ☐ OTHER

RTS
RETURN TO SENDER

08032+2840 R002

SITE LOCATION 5 Little Ct BLOCK 5108 LOT 3 DESCRIPTION OF WORK Partial Basement Finish

OWNER Will & Val Hidlay PHONE ADDRESS 5 Little Ct STATE NJ ZIP 08060

BUILDING INSPECTION

CONTRACTOR Will & Val Hidlay

ADDRESS 5 Little Ct PHONE ( )

LIC. # FEDERAL EMP. NO. (OR SS#)

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: Valerie Hedlay

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ ALTERATION (2) $ 6,000

ADDITION (3) $ TOTAL (1 + 2 + 3) $ ~~6,000~~

BUILDING CHARACTERISTICS

USE GROUP	Res	PRESENT Res	PROPOSED Res
CONSTRUCTION CLASS		PRESENT II	PROPOSED II
NO. OF STORIES	NA	HT. OF STRUCTURE NA	FT.
AREA: LARGEST FLOOR	900		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS	900		SQ. FT.
VOLUME OF STRUCTURE	82000		CU. FT.
TOTAL LAND AREA DISTURBED	900		SQ. FT.

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION	120	SIGN	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

SUBCODE OFFICIAL: ☑ Approved ☐ Disapproved

COMMENTS Finish Basement Area B 4/5/03

C.M.D.101

PLUMBING INSPECTION

CONTRACTOR

ADDRESS None PHONE ( )

LIC. # FEDERAL EMP. NO. (OR SS#)

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'S SEAL):

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ ALTERATION (2) $

ADDITION (3) $ TOTAL (1 + 2 + 3) $

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	WATER CLOSET		STEAM BOILER
	URINAL/BIDET		HOT WATER BOILER
	BATH TUB		SEWER PUMP
	LAVATORY		INTERCEPTOR/SEPARATOR
	SHOWER		BACKFLOW PREVENTER
	FLOOR DRAIN		GREASE TRAP
	SINK		WATER COOLED A/C
	DISHWATER		OR REFRIGERATOR UNIT
	DRINKING FOUNTAIN		SEWER CONNECTION
	WASHING MACHINE		WATER SERVICE CONNECTION
	HOSE BIBB		ACTIVE SOLAR SYSTEM
	WATER HEATER		OTHER
	FUEL OIL PIPING		OTHER
	GAS PIPING		OTHER

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS

FIRE INSPECTION

CONTRACTOR KEAN ELECTRIC

ADDRESS Manahawkin PHONE ( ) 9782070

LIC. # 14660 A FEDERAL EMP. NO. (OR SS#) 27-3704782

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'S SEAL): See Electric Permit

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ ALTERATION (2) $ ~~1,000~~ 250

ADDITION (3) $ TOTAL (1 + 2 + 3) $

TECHNICAL SITE DATA (LIST ALL FIXTURES)

WATER SUPPLY SOURCE Public

METHOD OF VALVE SUPERVISION

LOCAL ALARM SUPERVISION ✓ Smoke Detectors

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

NO.	ITEM	NO.	ITEM
	WET SPRINKLER HEADS		PRE-ENGINEERED SYSTEM
	DRY SPRINKLER HEADS		CO2 SUPPRESSION
	TOTAL		HALON SUPPRESSION
2	SMOKE DETECTORS		FOAM SUPPRESSION
	HEAT DETECTORS		DRY CHEMICAL
	TOTAL		WET CHEMICAL
			GAS OR OIL FIRED APPLIANCE
	STAND PIPES		OTHER
	KITCHEN HOOD EXHAUST SYSTEM		

SUBCODE OFFICIAL: ☑ Approved ☐ Disapproved

COMMENTS Rec'd Data 4/5/03

TOWNSHIP OF
OCEAN COUN
BUILDING DEPARTM
260 EAST BAY AVE
MANAHAWKIN NJ 08050-3329

7006 0810 0005 9563 6303

UNITED STATES POSTAGE
PITNEY BOWES
02 1M
0004262085
$ 05.54⁰
NOV 18 2009
MAILED FROM ZIPCODE 08050

11/19/09
11-21
12/4

Jianhua Guo
1131 Ridge Ave
Manahawkin NJ 08050

NIXIE 080 5C 1 84 12/05/09
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 08050332899 *1803-06197-18-39

TOWNSHIP OF STAFFORD
ZONING PERMIT

DATE: 4/30/03 ZONING PERMIT # 03-489 Z

BLOCK: 51.08 LOT: 3 ZONING FEE PAID $25.00 ( ) CASH CHECK 1791

ZONE: RA CURB FEE PAID $15.00 ( ) CASH CHECK _____

EXISTING USE: _____ PROPOSED USE: _____

SITE ADDRESS: 5 Little Court

NAME OF OWNER: William & Valerie Hidlay

DESCRIPTION: Interior Renovations

WHICH IS A:

( ) USE PERMITTED BY ORDINANCE

(X) STRUCTURE PERMITTED BY ORDINANCE

( ) USE OR STRUCTURE PERMITTED BY VARIANCE APPROVAL, SUBJECT TO ANY SPECIAL CONDITIONS

( ) VALID NONCONFORMING USE AS ESTABLISHED BY:

( ) FINDING OF THE ZONING BOARD OF ADJUSTMENT, OR

( ) BY THE UNDERSIGNED ZONING OFFICER ON THE BASIS OF EVIDENCE SUPPLIED

( ) VALID NONCONFORMING EXISTING STRUCTURE:

( ) FRONT YARD ( ) REAR YARD ( ) SIDE YARD ( ) SIDE YARD COMBINED

( ) OTHER (SPECIFY) _____

( ) OTHER:

BASKETBALL HOOP _____ TREE REMOVAL _____ SITE IMPROVEMENTS _____

CURB # _____ FENCE # _____ FORESTRY _____

SPECIAL CONDITIONS:

( ) AS BUILT SURVEY REQUIRED FOR FINAL ZONING APPROVAL

( ) ELEVATION CERTIFICATE REQUIRED FOR FINAL ZONING APPROVAL

OTHER: Finish Basement into Den, Playroom & Storage Area for Single Family Use

(X) APPROVED ( ) FINAL ZONING APPROVAL

( ) DENIED (see attached)

ZONING OFFICER _____ DATE 5/1/03

WHITE - ZONING OFFICE PINK - APPLICANT YELLOW - CONSTRUCTION DEPT.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF STAFFORD

Telephone:
(609) 597-1000 Ext. 8532-34
Fax:
(609) 978-9612

260 East Bay Avenue
Manahawkin, New Jersey
08050-3329

Refer to:
Office Of
Inspection

PLAN REVIEW RECORD

NAME: Hidlay DATE: 5-5-03

SITE ADDRESS: 5 Little Ct BLOCK: _____ LOT: _____

BUILDING DESCRIPTION: _____ PAGE 1 OF _____

RESUB OK	RESUB NO	DATE	NO.	VIOLATION	CODE SECTION
				Electric GCD	
			E-1	Submit Electrical Drawing Showing All	
				New devices, Panel etc. for Review.	

FIRST PHONE: 5/5/03 ☐ LEFT MESSAGE ON MACHINE ☑ FAXED: ___/___/___
INITIALS: KD ☒ LEFT MESSAGE WITH Mrs. Hidlay

SECOND PHONE: ___/___/___ ☐ LEFT MESSAGE ON MACHINE ☐ FAXED: ___/___/___
INITIALS: _____ ☐ LEFT MESSAGE WITH _____

COMMENTS: _____

5/9/03

RESUBMIT-ABOVE

STAFFORD TOWNSHIP
260 E. BAY AVENUE
MANAHAWKIN, NJ 08050

Date Issued 5/13/03
Control # C03-775
Permit # 03-713

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 51.08 Lot 3 Qual

Work Site Location 5 LITTLE CT.

Owner in Fee HIDLAY, WILL & VAL
Address 5 LITTLE COURT
MANAHAWKIN, NJ 08050-
Telephone

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
FINISH BASEMENT

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 $ 7,700

Construction Official

5/12/03
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	120
Electrical	58
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	8
Cert. of Occupancy	0
Other	
Total	186
Check No.	1807
Cash	
Collected By	AL

BLOCK 51.08 LOT 3 SITE ADDRESS 5 Little Ct PERMIT NO. 16-890 Z

FENCE PERMIT NO. _____

TOWNSHIP OF STAFFORD ZONING PERMIT APPLICATION

Proposed Work Site: 5 Little Ct

Name of Owner: Robert & Kathleen Cochran Owner's Telephone #: _

Owner's Mailing Address: Po Box 486 Manahawkin, NJ 08050

Name of Applicant: Robert Cochran Applicant's Telephone #: _

Applicant's Mailing Address: Po Box 486 Manahawkin

Contact Person: Robert Cochran Telephone #: _ _____ E-mail: _

Existing Use: _____ Proposed Use: _____

Description of Work: Add shed and walkway. Shed will be 12' x 8'

THE FOLLOWING MUST BE COMPLETED IF THE PROPOSED WORK SITE IS LOCATED IN THE TOWNSHIP'S SPECIAL FLOOD HAZARD AREA

Existing First Floor Elevation: _____ (A Zones) Proposed First Floor Elevation: _____ (A Zones)

Existing Lowest Structural Member: _____ (V Zones) Proposed Lowest Structural Member: _____ (V Zones)

Cost of Work (Labor & Materials): $_____ Fair Market Value of Principal Structure (TO BE FILLED OUT BY STAFF): $_____

SIGNATURE OF APPLICANT: _____ **DATE:** 9/14/16

CK

ZONING PERMIT FEE $25.00 CHECK/MO 1202

FENCING PERMIT FEE $25.00 CHECK/MO _____

GRADING: PERMIT FEE $25.00 CHECK/MO _____

INSPECTION FEE $450.00 CHECK/MO _____

INSPECTION # _____

CURBING: PERMIT FEE $15.00 CHECK/MO _____

INSPECTION FEE $75.00 CHECK/MO _____

INSPECTION # _____

*****FOR OFFICE USE ONLY*****

ZONING RE-INSPECTION $15.00 CHECK /MO _____ DATE _____

CURB RE-INSPECTION $45.00 CHECK/MO _____ DATE _____

PERFORMANCE GUARANTEE - CURB _____ CHECK/MO _____ DATE _____

PERFORMANCE GUARANTEE - TREES _____ CHECK/MO _____ DATE _____

TREE RE-INSPECTION FEE _____ CHECK/MO _____ DATE _____