BLOCK 157 LOT 4 ADDRESS (SITE) Pleasant Valley Rd PERMIT NO. 95-1389

MARLBORO TWP. CONSTRUCTION DEPT.

Construction Official
WM. G. NEWMAN

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Pleasant Valley Road
2. Name of Owner in Fee: Elinor Johnson Tel [redacted]
   Address 13 Navajo Court (street) Absecon (municipality) 08201 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Total Home Improvement Tel (908) 566-2828
   Address 273 main Street Matawan, NJ 07747
   License No. OR, if new home, Builder Reg. No. 33355 Exp. Date _____
   Federal Emp. No. 22-2103783 Social Security No. _____
5. Architect or Engineer _____ Tel.(____) _____
   Address _____
6. Responsible Person In Charge of Work Barry Markowitz Tel. (908) 566-2828

Remodeling

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	1,188.	
2. Electrical		78.	
3. Plumbing		69.	
4. Fire Protection		35.	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		50.	
10. Subtotal	$		
11. Cert. of Occupancy		90.	
12. Other			
13. TOTAL	$	1,447.	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration (see plan)	39400.
6. ☑ Fire Protection	
7. ☒ Plumbing	2,600
8. ☑ Electrical	3,000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	105,000.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			8/28/95	[illegible]			
			9/11/95	[illegible]			

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

U.C.C. Form F-100A

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:

M6363

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 New Jersey 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 Total Home Improvement Corp

Address 273 Main Street
Matawan, NJ 07747

Telephone (908) 566-2828

Signature _____ Date _____

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	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

RECEIVED
AUG 25 1995

MARLBORO TOWNSHIP
CONSTRUCTION DEPARTMENT

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 170B

MARLBORO TWP.
CONSTRUCTION DEPT.

Construction Official
WM.G. NEWMAN

CONSTRUCTION PERMIT

Date Issued 9/5/95
Control #
Permit # 95-1389

IDENTIFICATION Block 157 Lot 4

Work Site Location Pleasant Valley Rd. Morganville

Owner in Fee Elinor Johnson
Address 13 Navajo Court Absecon, NJ 08201
Tele. ([redacted]

Contractor Total Home Improvement
Address 273 main Street Matawan NJ 07747
Tele. (908) 566-2828
Lic. No. or Bldrs. Reg. No. 33355 Exp. Date
Federal Emp. No. 22-2103783
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER
[X] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Remodel entire house as per Architect's plans

PAYMENTS (Office Use Only)	
Building	1188 -
Electrical	78 -
Plumbing	64 -
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	35 -
Cert. of Occ.	30 -
Other	
Total	1445 -
Check No.	17265
Cash	
Collected By:	D Denis 9/13/95

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 $ 65,000.-

William Wasmer
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

(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 spacial 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 1708

MARLBORO TWP.
CONSTRUCTION DEPT.
Construction Official
WM. G. NEWMAN

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/5/95
Date Issued
Control #
Permit # 95-1389

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

Block 157 Lot 4
Work Site Location Pleasant Valley Road Morganville NJ
Owner in Fee Elinor Johnson
Address 13 Navajo Court Absecon NJ 08201
Tele. ([redacted]
Contractor Total Home Improvement Corp
Address 273 Main Street Matawan NJ 07747
Tele. (908) 566-2828
Lic. No. or Bldrs. Reg. No. 33355
Federal Emp. No. 22-2103783 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 Barry Marlburg

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Remodel entire house as per architect's plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.	8/29	VM	Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 59,400.
3. Total (1+2) $ 59,400.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [X] Roofing
  [X] Siding
  [ ] Other SEE PLAN
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Paid [ ] Check # ____
Collected by: ____

Administrative Surcharge $ ____
Minimum Fee $ ____
DCA TRAINING FEE $ ____
TOTAL FEE $ 1188 —

U.C.C. Form F-110A

Marlboro Twp.
Construction Dept.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/5/95
Date Issued
Control #
Permit # 95-1389

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

Block 157 Lot 4
Work Site Location Pleasant Valley Road
Morganville
Owner in Fee Elinor Johnson
Address 13 Navajo Court
Absecon NJ 08201
Tele. (609) [redacted]
Contractor Bruce Kelly T/A A+B Electrical Contractors
Address 20 Winsor Court
Sayerville NJ 08872
Tele. (908) 651-2639
Lic. No. 12283
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/8/95
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Bruce T. Kelly
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
11		Fixtures (1)	
28		Receptacles (2)	
12		Switches (3)	
51		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
4		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat:	
		oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
1	200 Amp	Service Entrance	
		Other	

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

U.C.C. Form F-120B

MARLBORO TWP.
CONSTRUCTION DEPT.

Construction Official
WM. G. NEWMAN

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9/5/95
Date Issued
Control #
Permit # 95-1389

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

Block 157 Lot 4
Work Site Location Pleasant Valley Road
Morganville
Owner in Fee Elinor Johnson
Address 13 Navajo Court
Absecon NJ 08201
Tele. ([redacted]
Contractor Total Home Improvement Corp
Address 273 Main Street
Matawan NJ 07747
Tele. (908) 566-2828
Lic. No. 33355
Federal Emp. No. 22-2103783 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[✓] Fire Plans Approved
Date: 9/11/95
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Barry Martinez
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	4	
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Minimum Fee $
Paid [ ] Check # DCA TRAINING FEE $
Collected by TOTAL FEE $ 35

U.C.C. Form F-140A

Marlboro Twp.
Construction Dept.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/5/95
Date Issued
Control #
Permit # 95-1389

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

Block 157 Lot 4
Work Site Location Pleasant Valley Road
Morganville
Owner in Fee Elinor Johnson
Address 13 Navajo Court
Absecon, NJ 08201
Tele. [redacted]
Contractor Marvin Carman & Son Plumbing & Htg
Address 76 2nd Street
Belford, NJ 07718
Tele. (908) 787-1629
Lic. No. 2216
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 2600

JOB SUMMARY (Office Use Only)

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

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

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

Marvin J. Carman
Signature—Contractor/Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	8
	Urinal/Bidet	
1	Bath Tub	8
1	Lavatory	8
	Shower	
	Floor Drain	
1	Sink	8
1	Dishwasher	8
	Drinking Fountain	
1	Washing Machine	8
1	Hose Bibb	8
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other Vent Stack	8

Administrative Surcharge $ W
Paid [ ] Check # _____ Minimum Fee $ 64
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (908) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCDH LOG # 10059

June 4, 1996

Tom Mckeon
924 Willow Ave.
Hoboken NJ 07030

CERTIFICATE OF COMPLIANCE

Date of Inspection 06/04/96 By Fulvio Stanziale

Name of Owner Tom McKeon

Location of Property Pleasant Valley Rd., Morganville

Block 157 Lot 4

Municipality Marlboro Township

This is to certify that the Individual Subsurface Sewage Disposal System located as indicated above has been installed as shown on the Application for Permit to Locate and Construct an Individual Subsurface Sewage Disposal System, and is in compliance with the provisions of N.J.A.C. 7:9A-1.1 et. seq. and the standards thereto.

The issuance of this certificate shall not be construed as a guarantee that the Individual Subsurface Sewage Disposal System will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any law or ordinance relating to public health.

Sincerely,

Lester W. Jargowsky
Public Health Coordinator

LWJ:jj
cc: Susan Donis

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (908) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD LOG# 10053
April 17, 1996

Tom McKeon
924 Willow Ave.
Hoboken, NJ 07030

RE: Application Permit for Water Supply & System in:
Marlboro Township
(Municipality)

Dear Mr. McKeon:

Your "Application Permit to Locate and Construct an Individual Water Supply and System" at: Pleasant Valley Rd. Morganville 157 4
Address **Town** **Block** **Lot** has been approved.

It is important that the water supply and system be installed according to the provisions of N.J.S.A. 58:11-23 et. seq. and N.J.A.C. 7:10-12.1 et. seq. Failure to do this will result in the withholding of final approval and could lead to the need for costly alterations and/or legal action.

The well driller of the above referenced system must contact this office for inspection at the following construction stages:

1. **When the well is in and either sanitary well seal or pitless adapter have been installed.**
2. **When the storage tank is connected and functioning.**

This office should be given at least 24 hours notice before an inspection is desired. After the water supply and system has become operative and has been disinfected a water sample shall be taken by a state certified laboratory for bacteriological and chemical analysis.

If upon a final inspection and receipt of both a satisfactory laboratory and completed well record report, the water supply and system meets standards, a Certificate will be issued to you by mail.

Building Inspectors are prohibited from issuing a Certificate of Occupancy prior to their receiving a copy of our Certificate of Compliance.

Sincerely,
Fulvio Stanziale
Fulvio Stanziale
Sanitary Inspector

FS:sb

cc: Susan Donis
Bob Peters

TOWNSHIP OF MARLBORO
(908) 536-0200

Permit # 95-1564

APPLICATION FOR ZONING APPROVAL

BLOCK 157 LOT 4 DAY TIME PHONE — DATE

OWNER'S NAME Elinor Johnson
OWNER'S ADDRESS 13 Navio Court Absecon NJ 08201
WORKSITE ADDRESS (If Different) Pleasant Valley Road

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement, and drawings submitted herewith are hereby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME Total Home Improvement Corp
ADDRESS 273 Main Street Matawan, NJ 07747
PHONE [redacted]

Explain in detail the proposed construction: remove exterior kitchen wall & replace; Enclose existing porch (13x6) all remaining exterior walls repair or fix (as needed) New kitchen & bath, New roofing & siding No external expansion. Interior work as needed (same basic floorplan)

State size of new construction (sq. ft.) and dimensions

Attach (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by homeowner stating that, "This survey is a true and exact representation of my property as it exists today".

For Tenant Fit-Up: Name of Business: _____ USE _____

New Construction: Model Name _____ Development _____
Attach two copies of reduced front elevation.

If "Look-A-Like" list threestructural changes: 1. _____ 2. _____ 3. _____

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH:
:SS:
STATE OF NEW JERSEY

DATE: _____ 19____

I, Barry Markowitz, being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro pertaining thereto.

All statements herein made by me are true to the best of my knowledge and belief.

Signature of Applicant or Barry Markowitz Signature of Agent)
(if accompanied by authorization letter from homeowner)

Date _____ 19 ____.
Date 8-15 19 95

Sworn to and Signature of Applicant subscribed before me this 15th day of Aug 19 95
Karla Kilpatrick
NOTARY PUBLIC

(for office use only)

Restoration and repair of existing home. Addition of porch. Interior renovation. Wholesale.

Approved: _____ Date _____
Zoning Officer

DENIAL OF ZONING PERMIT (IF APPLICABLE)
Original walls to remain (except for kitchen area - but no expansion.

_____ Date _____
Zoning Officer

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (908) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD# [illegible]
April [illegible], 1996

RECEIVED
APR 19 1996
MARLBORO TOWNSHIP
CONSTRUCTION DEPARTMENT

Tom McKeon
924 Willow Ave.
Hoboken, NJ 07030

RE: Application for an Individual Subsurface Sewage Disposal System in: Marlboro
(Municipality)

Dear Mr. McKeon:

Your "Application for Permit to Locate and Construct an Individual Subsurface Sewage System at: Pleasant Valley Rd. 157 4 Morganville
Address Town Block Lot
has been approved with the following conditions:

1. The engineer must certify the entire system before a COC is issued.

It is important that the septic system be installed according to the provisions of N.J.A.C. 7:9A-1.1 et. seq. and standards thereto. Failure to do this will result in the withholding of final approval and could lead to the need for costly alterations and/or legal action.

The installer of the above referenced system must contact this office for inspection at the following construction stages.

1. *After excavation work is completed.*
2. *After septic tank and disposal field have been installed (no cover)*
3. *After septic system is covered and landscaping is completed.*

This office must be contacted for an inspection 24 Hours prior to the installation of the system. If, upon final inspection, the individual subsurface sewage disposal system has been installed according to the specifications given in your application, a "Certificate of Compliance" will be issued to you by mail.

Building inspectors are prohibited from issuing a Certificate of Occupancy prior to their receiving a copy of our "Certificate of Compliance".

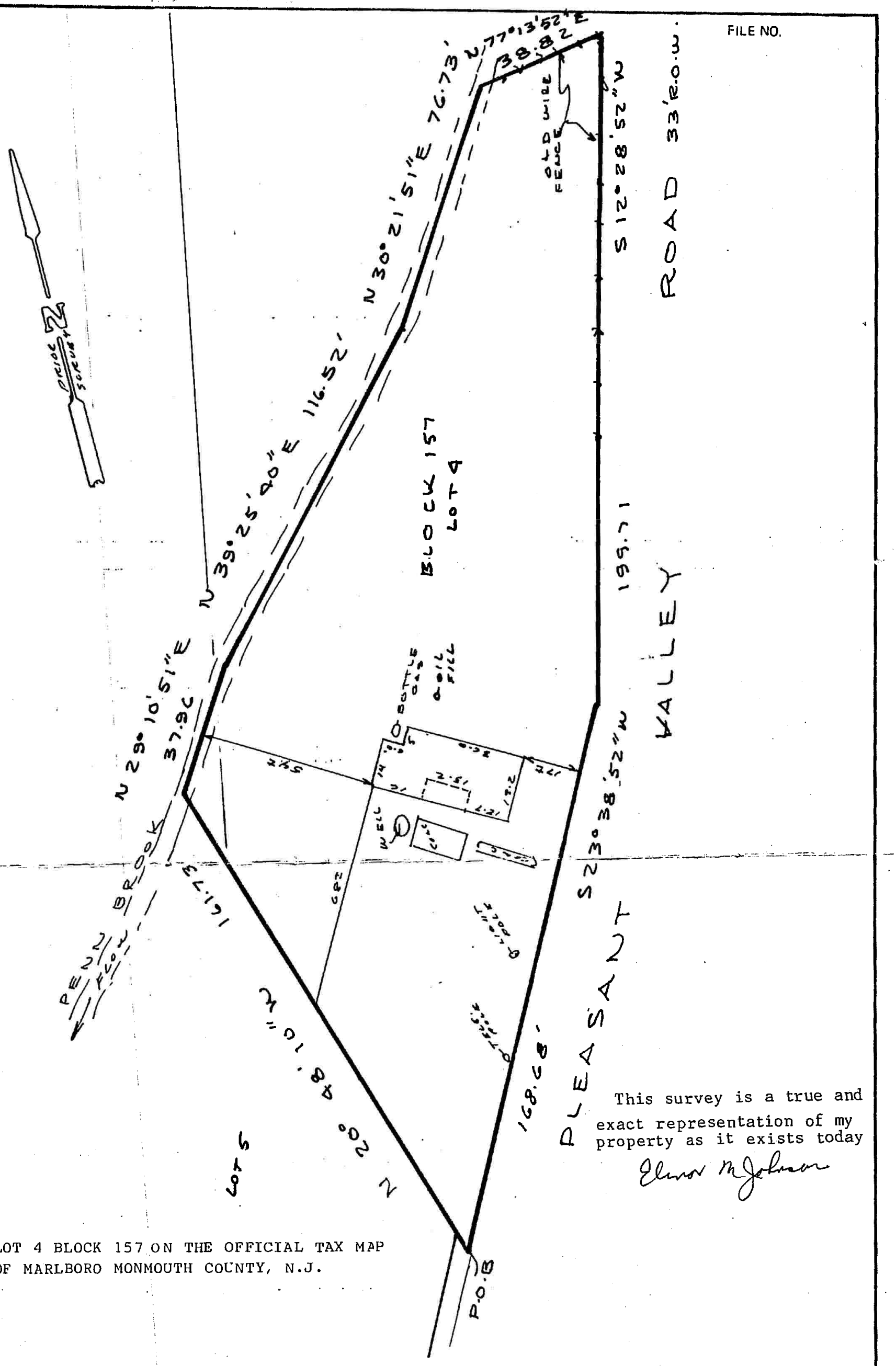
Sincerely,

Fulvio Stanziale

Fulvio Stanziale
Sanitary Inspector

FS:jj
CC:S. Donis
MC Engineering

FILE NO.



This survey is a true and exact representation of my property as it exists today

Elinor M Johnson

KNOWN AS LOT 4 BLOCK 157 ON THE OFFICIAL TAX MAP
TOWNSHIP OF MARLBORO MONMOUTH COUNTY, N.J.

JOSEPH NIKFORCHUK
PROFESSIONAL LAND SURVEYOR
136 CEDAR AVENUE
E. KEANSBURG, NEW JERSEY 07734

GENERAL SURVEY NOTES:
PROPERTY CORNERS AS SHOWN

THIS SURVEY IS CERTIFIED TO
ELINOR JOHNSON

DATE 6-01-1995 SCALE 1"=30'

PREPARED BY

Joseph Nikforchuk

JOSEPH NIKFORCHUK L. S., N. J. LIC. NO. 22404

N13081