Jennifer - 7/22/2020
Laina - 7/22/2020

Evelyn Grandi

From: RON JASON ISON <opra+request-15487-5c5f64ff@requests.opramachine.com>
Sent: Tuesday, July 21, 2020 11:31 PM
To: OPRA requests at Hazlet Township
Subject: OPRA request - Please Provide all open and closed permits for 3 Moak Drive - Block 213.08 / Lot 13

Dear Hazlet Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: All open and closed permits for 3 Moak Drive, Hazlet NJ 213.08/13

Yours faithfully,

Ron Ison 917-974-1915

RECEIVED
JUL 22 2020
ZONING / PLANNING

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-15487-5c5f64ff@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

7-22-20
Zoning records do not reflect any permits.
Ina

View this OPRA request & responses online:
https://opramachine.com/request/please_provide_all_open_and_clos

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

RECEIVED
JUL 22 2020
MUNICIPAL CLERK

Construction

CLOSED

PEMITS

BLOCK 218.08 LOT 12 QUALIFICATION CODE ADDRESS (SITE) 3 Mack Drive PERMIT NO. 06-1000

3B3-08/13

CONSTRUCTION PERMIT APPLICATION

CA 3/17

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

I. IDENTIFICATION

1. Proposed Work Site at: 3 Mack Drive, Hazlet, NJ 07730
2. Name of Owner in Fee: Allen Tract Tel. ([redacted]
   Address: same (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓ 0007
4. Principal Contractor: COASTAL & SON, LLC Tel. 732-573-~~1149~~
   Address: 3324 WINDSOR AVE., TOMS RIVER, NJ 08753
   License No. OR, If new home, Builder Reg. No.: 1809 Exp. Date ____
   Federal Employee No. 22-3795085 FAX: 732-573-1149
5. Architect or Engineer ____ Tel. ____
   Address ____
6. Responsible Person in Charge of Work: DOUG CONBOY
   Tel. 732-573-1149 FAX: 732-573-1149

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical		40 44	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal		1	
11.	Cert. of Occupancy			
12.	Other		93	
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
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	
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	

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									
5.	☐ Fire Protection									
6.	☑ Plumbing	485.-								
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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 2
Net Gain or Loss 1

B. NON-RESIDENTIAL

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

LDS HZ-B 10611263

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 occu pancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single famil residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me o by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that sai 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 issuanc of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FO THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO BEGINNING, ANI AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EM PLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AI 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.vi

I personally prepared the plans submitted for: 1) the new home referred to in A; or, 2) an addition, alteratior renovation, or repair to an existing single family residence owned and occupied by myself and located on the prop erty listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, a 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 o 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 Alone Mark Date 09/05/06

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 i 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 Taxatio 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 DOUG CONBOY

Address 3324 WINDSOR AVE.
TOMS River N.J. 08753

Telephone (732) 573-1149

Signature

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

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.				

9-15-06 by mail

HAZLET TWP. 732-264-5707
3400 HIGHWAY 35, SUITE 9
HAZLET,NJ 07730

Date Issued 03/12/07
Control #
Permit # 06-1000

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 213.08 Lot 13 Qual
Work Site Location 3 MOAK DRIVE

Owner in Fee/Occupant MONTELLO
Address 3 MOAK DRIVE
HAZLET, NJ 07730-
Telephone [redacted]
Contractor R.J.R. ELECTRIC CO.
Address 875 LYNNWOOD AVE
BRICK, NJ 08723-
Telephone (732)262-6403 Fax (732)262-7460
Lic. No. or Eldrs. Reg. No. 11207
Federal Emp. No. 22-3812754

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification 5B
Maximum Occupancy Load 0
Description of Work/Use:

ELECTRIC HOT WATER HEATER

[ ] 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.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, _____ or the owner will be subject to 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 _____, _____.

Fee $ 0
Paid [X] Check No. 2519
Collected by: US

Construction Official

D.C.C. F160 (rev. 1/96)

CONSTRUCTION PERMIT

Date Issued 9/26/06
Control #
Permit # 06-1000

IDENTIFICATION Block 213.08 Lot 13

Work Site Location 3 Moak Drive
Hazlet NJ 07733
Owner in Fee Strait
Address Same
Tele. ([redacted]

Contractor COASTAL & SON, LLC
Address 3324 WINDSOR AVE.
TOMS RIVER, NJ 08753
Tele. (732) 573-0027 FAX 573-1149
Lic. No. or Bldrs. Reg. No. 1809 Exp. Date
Federal Emp. No. 22-3795085
or Social Security No.

Is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Direct Replacement of Hot Water Heater

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 $ 485.00

Dennis Pindish
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	46
Electrical	46
Fire Protection	
Other	
Other	
DCA Training Fee	1
Cert. of Occ.	
Other	
Total	93
Check No.	2514
Cash	
Collected By:	Mary Ann Weeks 9/26/06

(see reverse side)

U.C.C. Form F-170A

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

MIBD 1

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.

Date Received 4/26/06
Control #
Date Issued
Permit # 06-1009

EP

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 213.08 Lot 13 Qualification Code

Work Site Location 3 Noark Dr Hazlet

Owner in Fee Strait

Address Same

Tel [redacted]

Contractor R.J.R. Electric Company

Address 875 Lynnwood Ave Brick NJ 08723

Tel (732) 262-6403 FAX (732) 262-7460

Contractor License No. 11207

Federal Emp. No. #22-3812754

B. ELECTRICAL CHARACTERISTICS

Use Group Present RS Proposed RS

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ 4.6

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required Date / Initial 9/19/06 dm

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] UCA

Date: 3-12-07

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	12-18-06		3-12-07	RM
Barrier-Free				
Temp. Cut-in-Card Date Issued	12-5-06			
Final Cut-In-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 07/03) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

12-18-06 NO ENTRY 11:35

SUPPORT ½" EMT

3-7-07 NO ENTRY 2:30

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 4-26-06
Date Issued
Control #
Permit # 06-1000

EF

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

Block 212.08 Lot 13
Work Site Location 3 Doyle Drive, Harlet, NJ 07730

Owner in Fee Strait
Address Same
Tele [redacted]
Contractor COASTAL & SON, LLC
Address 3324 WINDSOR AVE.
TOMS RIVER, NJ 08753
Tele. 732-573-1149 - FAX Office 732-573-0027
Lic. No. 18074
Federal Emp. No. 22-3795085 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 485.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] 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: 12/15/06

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
			12/15	

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	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	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 213.08 LOT 13 PERMIT # _____

WORK SITE ADDRESS 3 Moak DR. Hazlet. 07730

Applicant STRAIT
Certifying Individual DOUG CONROY Company Coastal & Son, LLC
Address Sam Street City Zip Code 3324 Windsor Ave
Tel. [redacted] Toms River, NJ 08753

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[✓] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[✓] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____ _____
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____
Signature Date

Direct Vent Appliance:

No certification required:

_____ _____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

BLOCK 213.08 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 3 Moak PERMIT NO. 06-0360

C213.08/13

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 3 Moak Drive
2. Name of Owner in Fee: Scott Mantello Tel. [redacted]
   Address 3 Moak Drive (street) Harlet (municipality) 07730 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Homeowner Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

4-25-06 LM HO permit ready

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical		46		
3. Plumbing		46		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee		2		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	94		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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 _____
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 _____

II. PROPOSED WORK

OPTIONAL (for office use only)

	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. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: SFD
2. Use Group: R5
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income restricted
Before Construction	1	
After Construction	1	
Net Gain or Loss	0	

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 04/21/06

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. 5:23-2.15(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.

OFFICE DATE RECEIVED: 4-21-06

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.				

HAZLET TWP. 732-264-5707
3400 HIGHWAY 35, SUITE 9
HAZLET,NJ 07730

Date Issued 05/01/06
Control #
Permit # 06-0362

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 213.08 Lot 13 Qual
Work Site Location 3 MOAK DRIVE

Owner in Fee/Occupant MONTELLO
Address 3 MOAK DR
HAZLET, NJ 07730-
Telephone [redacted]
Contractor ALL-BORO ELECTRIC, INC.
Address 80 VIRGINIA AVENUE
HAZLET, NJ 07730-
Telephone (732)888-3630 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 14112
Federal Emp. No. 22-3524518

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification 5B
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE CONDESOR

[ ] 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.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to 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 _____, ____.

Construction Official

Fee $ 0
Paid [X] Check No. 532
Collected by: MP

U.C.C. #260 (rev. 3/96)

CONSTRUCTION PERMIT

Date Issued 4-25-06

Permit # 06-0362

IDENTIFICATION Block 213.08 Lot 13 Qualification Code

Work Site Location 3 Hoak Drive
Hazlet, NJ 07730

Owner in Fee Scott Hantello

Address 3 Hoak Drive
Hazlet, NJ 07730

Tel. ([redacted]

Contractor Scott Hantello (Homeowner)

Address

Tel. ( )

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) [ ] OTHER

DESCRIPTION OF WORK:

Replace Condensor

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 $ 800

Construction Official

4-25-06
Date

PAYMENTS (Office Use Only)

Building
Electrical 46
Plumbing 46
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 2
Cert. of Occupancy
Other
Total 92
Check No. 5362
Cash
Collected by T.F.

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

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 with 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 as follows:

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. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

U.C.C. F170-2 (rev. 1/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

PE

Date Received 4-25-06
Control #
Date Issued
Permit # 06-03662

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

Block 213.08 Lot 13 Qualification Code
Work Site Location 3 Moak Drive, Hazlet, NJ 07730

Owner In Fee Scott Montella
Address 3 Moak Drive, Hazlet, NJ 07730

Tel ([redacted])
Contractor All-Boro Electric Inc
Address 80 Virginia ave. Hazlet
Tel (732) 888-3620 FAX ( )
Contractor License No. 19112
Federal Emp. No. 223524576

B. ELECTRICAL CHARACTERISTICS

Use Group Present RS Proposed RS
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Single Dwelling Utility Co. JCP&L
Est. Cost of Elec. Work $

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		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
1	30 amp.	KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		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)

$

Administrative Surcharge $
Minimum Fee $ 46
State Permit Surcharge Fee $
TOTAL FEE $ 46

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required 4/28/06

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-1-06
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/1/06	RM
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Verification

47

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

PE

Control # 4-25-06

Date Issued

Permit # 06-0362

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

Block 213.08 Lot 13 Qualification Code

Work Site Location 3 Hook Drive
Harlet, NJ 07730

Owner In Fee Scott Montello

Address 3 Hook Drive
Harlet, NJ 07730

Tel ([redacted]

Contractor Homeowner

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present 15 Proposed 15

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 800-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 5/1/06

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
			5/1	

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 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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Replaced Condensor	
	Other	

Administrative Surcharge $	1/6
Minimum Fee $	1
State Permit Surcharge Fee $	
TOTAL FEE $	47

U.C.C. F130 (rev. 01/04)

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

Hazlet Township

Permits without a Jacket

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9-6-05
Date Issued
Control #
Permit # 05-1044

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

Block 213-08 Lot 13
Work Site Location 3 Mark Dr.
Owner in Fee Mark Sousa
Address
Tele. ( )
Contractor A.J. Perri
Address 401 Highway 36 Red Bank NJ 07701
Tele. ( ) 732-747-3131
Lic. No. 38-427609-7
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 900

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] C
Approved by:
Date: 9/19/06

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
			9/12	

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)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other Forced	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
Collected by: TOTAL $

Old coal furnace

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

BLOCK 2308 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 3 Moak Drive PERMIT NO. 05-1044

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 3 Moak Dr, Hazlet
2. Name of Owner in Fee: Marcello Tel. [redacted]
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: A. J. Perri Tel. (732) 747-3131
   Address 401 Highway 35, Red Bank, NJ 07701
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 36-427609-7 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact Rich Hoffman
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

8-30-05 Advised Casey @ A.J. Perri PT Ready

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical		46	
3.	Plumbing		49	
4.	Fire Protection		49	
6.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		6	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	144 ✓	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
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	
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	

OPTIONAL (for office use only)

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.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection	2699								
6.	☐ Plumbing	900								
7.	☐ Electrical	849								
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	4498								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: R5
2. Use Group: 999
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction	1	
After Construction	1	
Net Gain or Loss	0	

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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. 5:23-2.15(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 A.J. Perri

Address 401 Highway 35
Red Bank NJ 07701

Telephone ~~732-747-3131~~ ~~36-427608 7~~

Signature Rich Hohmann

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

OFFICE DATE RECEIVED: 8-29-05 by mail (fx)

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.				

HAZLET TWP. 732-264-5707
3400 HIGHWAY 35, SUITE 9
HAZLET, NJ 07730

Date Issued 05/02/06
Control #
Permit # 05-1044

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 213.08 Lot 13 Qual
Work Site Location 3 MOAK DRIVE

Owner in Fee/Occupant MONTELLO
Address 3 MOAK DR
HAZLET, NJ 07730-
Telephone [redacted]
Contractor AJ PERRI
Address 401 HWAY 35
RED BANK, NJ 07701-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 36-4276097

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

FURN

[ ] 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.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to 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 _____, ____.

Fee $ 0
Paid [X] Check No. 72605
Collected by: TF

Construction Official

U.C.C. 9360 (rev. 3/98)

CONSTRUCTION PERMIT

Date Issued 9-6-05

Permit # 05-1044

IDENTIFICATION Block 213.08 Lot 13 Qualification Code

Work Site Location 3 Mark Dr.

Owner in Fee Monfrello

Address same

Tel. ( )

Contractor A.J. Perri

Address 401 Highway 35
Red Bank, NJ 07701

Tel. (732) 747-3131

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) [ ] OTHER

DESCRIPTION OF WORK:
Replace furnace oil tank

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 $ 4495

Dennis Perri (Comet)
Construction Official

8/29/05
Date

PAYMENTS (Office Use Only)

Building	
Electrical	46
Plumbing	46
Fire Protection	46
Elevator Devices	
Other	
DCA State Permit Fee	6
Cert. of Occupancy	
Other	
Total	144
Check No.	72605
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

Date Received 9-6-05
Control #
Date Issued
Permit # 05-1044 REF

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 213-08 Lot 13 Qualification Code
Work Site Location 3 Moath Dr.
Owner In Fee Monnello
Address Same

Tel ( )
Contractor A.J. Perri, Inc.
Address 401 Highway 35
Red Bank, NJ 07701
Tel (732) 747-9131 FAX (732) 747-9743
Contractor License No. Electric License # 132968
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS
Use Group Present R5 Proposed R5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 899

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.
Rich Lo Mauro
Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		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
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
1		KW Elec. Sign/Outline Light

FEE (Office Use Only)

	$
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 4.00
TOTAL FEE	$

Furnace

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 8/29/05 TF
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-10-06
Approved by: Ronald Mayo

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-10-06	RM
Barrier-Free				

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. #120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

AJ 019 Rev 5 05

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4-6-05 PEF
Date Issued
Control #
Permit # 05 1044

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

Block 213.07 Lot 13
Work Site Location 3 Moak Dr.
Owner in Fee Mangello
Address
Tele. ( )
Contractor A.J. Porti
Address 401 Highway 35, Red Bank NJ 07701
Tele. ( ) 732-747-3131
Lic. No.
Federal Emp. No. 36-4277609-7 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class. Present VB Proposed VB
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [✓] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2099 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 4/10/06
Approved by: [signature]

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

(Dates (Month/Day))

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]
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		
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	1	
OTHER		

Administrative Surcharge $
Paid [ ] Check # ___ Minimum Fee $
Collected by ___ TOTAL FEE $ 46

Oil to Oil Furnace

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9-6-05
Date Issued
Control #
Permit # 05-1044

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

Block 213-08 Lot 13
Work Site Location 3 Mount Dr.
Owner In Fee Same
Address
Tele. ( )
Contractor A.J. Perri
Address 401 Highway 36 Red Bank NJ 07701
Tele. ( ) 732-747-3131
Lic. No. 36427600-7
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $. 900

JOB SUMMARY (Office Use Only)
PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] 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 Equipment				
Gas Final				
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.

Dick Johnson
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 46

Oil fired Furnace

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

original MIA

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9-6-05
Date Issued
Control #
Permit # 05-1044

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

Block 213-08 Lot 13
Work Site Location 3 Mark Dr.
Owner in Fee Monteleo
Address Same

Tele. ( )
Contractor A.J. Perri
Address 401 Highway 36
Red Bank NJ 07701
Tele. ( ) 732-747-3131
Lic. No. 34427609-7
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 900

JOB SUMMARY: (Office Use Only)

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

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by:
Date: 9/7/05

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO			9/12/05	

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)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other Forced	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
Collected by: TOTAL $ 46

Oil Fired Furnace

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

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 213.8 LOT 13 PERMIT # 05-1044

WORK SITE ADDRESS 3 Mark Dr

Applicant mr & mrs Motello

Certifying Individual Jim Burke Company NJ Heat

Address 401 Hwy #31 Red Bank NJ 07707
Street City State Zip Code

Tel. [redacted]

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[✓] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[✓] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Jim Burke 8/23/05
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____
Signature Date

Direct Vent Appliance:

No certification required:

_____ _____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

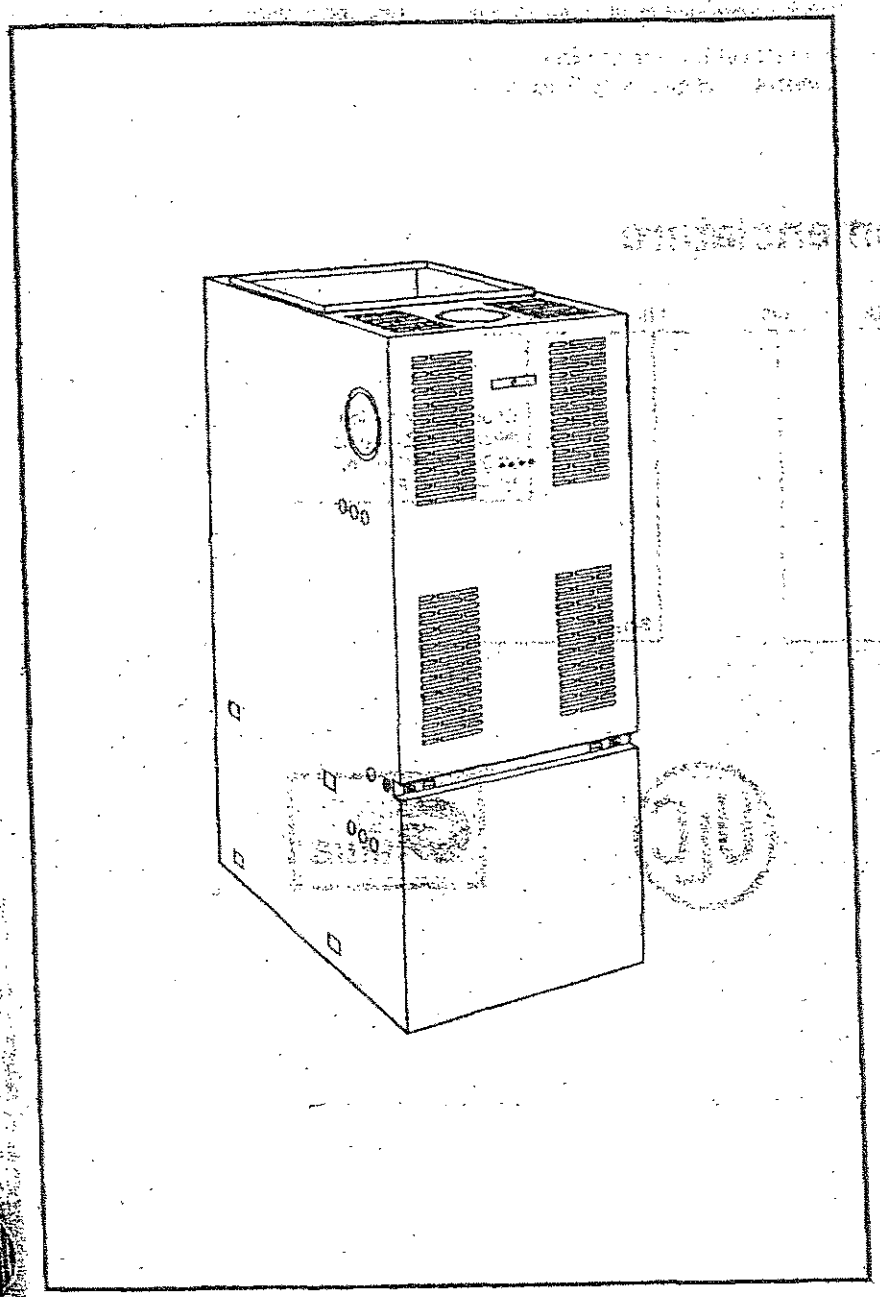
U.C.C. F370
(rev. 3/95)

Carrier
HEATING & COOLING

Product Data

58CMA Multipoise Oil Furnace

Series 110
Input Capacities: 70,000 thru 154,000 Btuh



The Latest In Oil Furnace Technology

The model 58CMA combines high efficiency and quiet operation with the latest oil heating technology. The 58CMA is available in 2 sizes. Each size can be fired at 3 different rates by a simple nozzle change. Unit 58CMA105 covers input ranges from 70,000 to 105,000 Btuh. Unit 58CMA120 covers input ranges from 119,000 to 154,000 Btuh. The furnace design is a multipoise style for upflow, downflow, and horizontal applications.

The components of the 58CMA are the finest in the industry. The unit uses a Beckett oil burner with a Honeywell ignition control and fan timer control.

The 58CMA is a standard part of a quality-built home. This energy-efficient furnace will provide years of quality service to home builders and homeowners alike.

As with other Carrier furnaces, this model is designed to work as part of a total home comfort system which includes elements for cooling, air cleaning, humidification, ventilation, and zoning.

58CMA FEATURES/ BENEFITS

Casing — Made of 20 gage powder painted steel for years of durability and attractiveness. The cabinet features a reversible door ensuring ease of service access even in downflow applications.

Certifications — The 58CMA unit is UL and ULC certified. The

Carrier accessories

UNIT SIZE	024	036	042	048	060
ELECTRONIC AIR CLEANER	Model AIRA				
MECHANICAL AIR CLEANER	Model MACA				
AIR CLEANER CABINET	Model MPKA				
HUMIDIFIER	Model HUM				
HEAT RECOVERY VENTILATOR	Model HRV				
ENERGY RECOVERY VENTILATOR	Model ERV				
THERMIDISTAT® CONTROL—NON-PROGRAMMABLE	TSTATCCPRH01-B				
THERMIDISTAT® CONTROL—PROGRAMMABLE	TSTATCCPRH01-B				
THERMOSTAT — NON-PROGRAMMABLE	For Use with 1-Speed Air Conditioner — TSTATCCNAC01-B For Use with 1-Speed Air Conditioner — TSTATCCBAC01-B For Use with 2-Speed Air Conditioner — TSTATCCN2S01-B For Use with 2-Speed Air Conditioner — TSTATCCNB001 For Use with 1-Speed Heat Pump — TSTATCCPRH01-B For Use with 2-Speed Heat Pump — TSTATCCPRH01-B				
THERMOSTAT — PROGRAMMABLE	For Use with 1-Speed Air Conditioner — TSTATCCPAC01-B For Use with 1-Speed Air Conditioner — TSTATCCSAC01 For Use with 2-Speed Air Conditioner — TSTATCCP2S01-B For Use with 2-Speed Air Conditioner — TSTATCCPF101 For Use with 2-Speed Air Conditioner — TSTATCCPF701 For Use with 2-Speed Air Conditioner — TSTATCCPS101 For Use with 2-Speed Air Conditioner — TSTATCCPS701 For Use with 2-Speed Air Conditioner — TSTATPRF/REC01 For Use with 1-Speed Heat Pump — TSTATCCPDF01-B For Use with 1-Speed Heat Pump — TSTATCCPRH01-B For Use with 2-Speed Heat Pump — TSTATCCPDF01-B For Use with 2-Speed Heat Pump — TSTATCCPRH01-B				
COIL CASING					
Cooling Capacity	Use coil shown below				
1.5 and 2 tons of A/C	CC5AXW024017		CC5AXW042024		
2.5 tons of A/C	CC5AXW030017		CC5AXW048024		
3 tons of A/C	CC5AXA036017		CC5AXA060024		
ZONING					
2 ZONE	ZONECC2KIT01-B				
4 ZONE	ZONECC4KIT01-B				
8 ZONE	ZONECC8KIT01-B				
OIL NOZZLE KIT					
NOZZLE FIRING RATE	0.50 GPH-70,000 BTUH	KLANZ0150050	—		
	0.65 GPH-91,000 BTUH	KLANZ0250065	—		
	[illegible]	[illegible]	—		
	[illegible]				
	1.00 GPH-140,000 BTUH	—	KLANZ0550100		
	1.10 GPH-154,000 BTUH	—	KLANZ0650110		

Physical data

UNIT SIZE	024		036	042	048	060
INPUT (Btuh)	70,000	91,000	[illegible]	[illegible]	140,000	154,000
HEATING CAPACITY (Btuh)*	57,000	74,000	[illegible]	[illegible]	115,000	126,000
NOZZLE — 100 PSIG PUMP PRESSURE	0.50 — 70W	0.65 — 70W	[illegible]	[illegible]	1.00 — 70W	1.10 — 70W
FIRING RATE (GPH)	0.50	0.65	[illegible]	[illegible]	1.00	1.10
AFUE% Upflow	80.0	80.0	[illegible]	[illegible]	80.0	80.0
Downflow	80.0	80.0	[illegible]	[illegible]	80.0	80.0
Horizontal	80.5	80.5	[illegible]	[illegible]	80.5	80.5
OIL PUMP STAGES/PRESSURE (PSIG)	1/100	1/100	[illegible]	[illegible]	1/100	1/100
HEATING TEMP RISE °F	55 — 85	55 — 85	[illegible]	[illegible]	55 — 85	55 — 85
COOLING CFM @ 0.5-IN. WC STATIC PRESSURE	1250	1250	[illegible]	[illegible]	1865	1865
HEATING CFM @ 0.2-IN. WC STATIC PRESSURE	840	1130	[illegible]	[illegible]	1890	2080
RECOMMENDED HEATING BLOWER SPEED	Med-Low	Med-High	[illegible]	[illegible]	Med-High	High
SHIPPING WEIGHT (Lb)	230	230	[illegible]	[illegible]	248	248
BURNER MODEL (3450 RPM)**	Beckett AFG-F3	Beckett AFG-F3	[illegible]	[illegible]	Beckett AFG-F3	Beckett AFG-F6

* Capacity and AFUE in accordance with U.S. Government DOE test procedures.

** Beckett AFG-F6 requires field supplied and replacement burner firing head.

[illegible] As Factory Shipped.

AIR DELIVERY—CFM (With Filter)

UNIT SIZE	BLOWER MOTOR HP	SPEED	EXTERNAL STATIC PRESSURE (in. wc)							
			0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9
	1/3 PSC	High	1425	1350	1305	1250	1170	1030	925	805
		Med-High	1130	1045	1000	950	885	820	745	670
		Med-Low	840	810	770	740	685	635	580	500
		Low	725	730	740	745	730	715	690	665
	3/4 PSC	High	2080	2040	1965	1865	1700	1575	1475	1395
		Med-High	1890	1860	1770	1675	1550	1450	1330	1215
		Med-Low	1555	1475	1395	1320	1210	1135	1050	940
		Low	1220	1165	1080	1000	925	855	780	655

Clearance to combustibles

UNIT APPLICATION		UPFLOW	DOWNFLOW	HORIZONTAL
SIDES	Furnace	0	2	2
	Supply Plenum and Warm-Air Duct Within 6 ft of Furnace	1	2	1
BACK	Furnace	0	1	0
TOP	Furnace Casing or Plenum	2	2	2
	Horizontal Warm-Air Duct Within 6 ft of Furnace	2	2	8
BOTTOM	Furnace	0	0*	0*
FLUE PIPE	Horizontally or Below Pipe	4	4	4
	Vertically Above Pipe	9	9	9
FRONT		8	8	24

* For combustible floor, use approved accessory subbase.

NOTE: Adequate service clearance should be provided over and above these dimensions as required.

Performance data

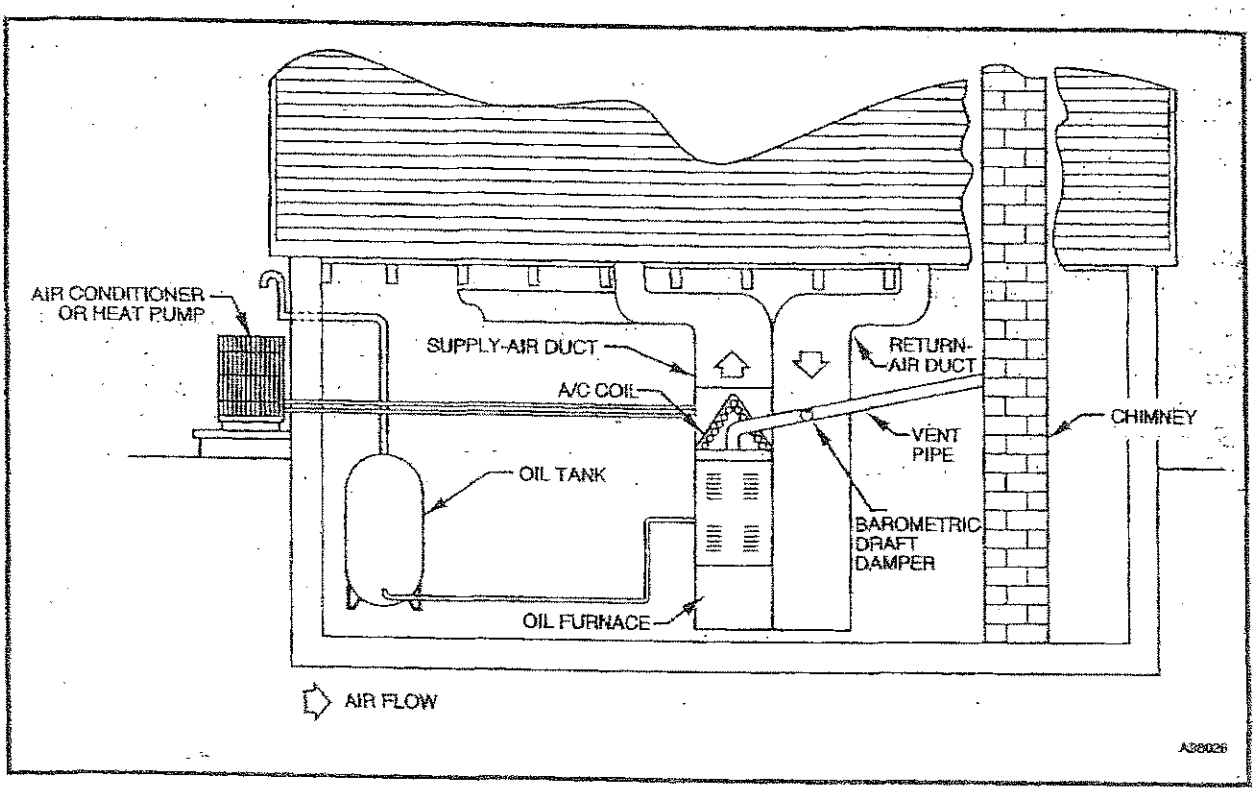
UNIT SIZE	10	20
DIRECT-DRIVE MOTOR Hp (PSC)	1/3	3/4
MOTOR FULL LOAD AMPS	6.2	9.5
RPM (Nominal) — SPEEDS	1075 — 4	1075 — 4
BLOWER WHEEL DIAMETER X WIDTH (in.)	10 X 10	12 X 10
FILTER SIZE (in.) — (Disposable, Field Supplied)	16 X 24 or 25 X 1	20 X 30 X 1

Electrical data

UNIT SIZE		030	036
UNIT VOLTS — HERTZ — PHASE		115 — 60 — 1	115 — 60 — 1
OPERATING VOLTAGE RANGE (Minimum — Maximum)*		104 — 132	104 — 132
MAXIMUM UNIT AMPS		12.2	15.7
MINIMUM WIRE SIZE (AWG)		14	12
MAXIMUM WIRE LENGTH (Ft)†		26	26
MAXIMUM FUSE SIZE OR CKT BKR (Amps)‡		15	20
TRANSFORMER (24v)		40va	40va
EXTERNAL CONTROL POWER AVAILABLE	Heating	40va	40va
	Cooling	30va	30va
AIR CONDITIONING RELAY		Standard	Standard

* Permissible limits of the voltage range at which the unit will operate satisfactorily.
† Length is as measured 1 way along wire path between unit and service panel for maximum 2% voltage drop.
‡ Time-delay type is recommended.

Typical installation



HAZLET

BLOCK 213.08 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 3 MOAK DRIVE PERMIT NO. 04-0700

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 3 MOAK DRIVE - Hazlet - NJ 07730
2. Name of Owner in Fee: LINDA Montello Tel. [redacted]
   Address _____ (street) SAME (municipality) _____ (zip code)
3. Ownership in Fee: ~~BANNER ENTERPRISES~~ X 609 259-9300
4. Principal Contractor ~~19 MAIN ST. ROBBINSVILLE, NJ 08691~~ Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Rep. No. _____ Exp. Date _____
   Federal Employee No. 22-3311824 FAX: (609) 259-2297
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun JOE BARRO
   Tel. (609 259-9300 FAX: (609 259-2297

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	96	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee	$	5	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	101	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
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	
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	

OPTIONAL (for office use only)

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.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	3500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units / Income-restricted
   Before Construction 1
   After Construction 0
   Net Gain or Loss -1

B. NON-RESIDENTIAL

1. State Specific Use: R5
2. Use Group: 999
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 _____

Address BANNER ENTERPRISES, INC.
19 MAIN STREET
ROBBINSVILLE, NJ 08691

Telephone (609-259-9300

Signature _____

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

OFFICE DATE RECEIVED: 6-18-04

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.				

CONSTRUCTION PERMIT

Date Issued 6-18-04

Permit # 04-0700

IDENTIFICATION Block 213.08 Lot 13 Qualification Code

Work Site Location 3 MOAK DRIVE HAZLET - NJ 07730

Owner in Fee LINDA MONTELLO

Address JAMIE

Tel. (redacted)

Contractor BANAKER ENTERPRISES

Address 19 MAIN STREET ROOSEVELT - NJ 08691

Tel. (609) - 259 - 9300

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Remove & Replace existing Shingles

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 $ 3,500.-

Construction Official

6/18/04

Date

PAYMENTS (Office Use Only)

Building 96

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 5

Cert. of Occupancy

Other

Total 101

Check No. 6559

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04) 1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

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 with 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 as follows:

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. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6-18-04

Date Issued / Permit # 04-0700

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

Block 213.08 Lot 13 Qualification Code

Work Site Location 3 MOAK DRIVE
HAZLET - NJ 07730

Owner in Fee LINDA MONTELLO

Address SAME

Tel. [redacted]

Contractor BANNER ENTERPRISES

Address 19 MAIN ST.
ROBBINSVILLE, NJ 08691

Tel. (609) 259-9300 FAX (609) 259-2297

Contractor License No. or Builder Registration No.

Federal Emp. No 22-3311824

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TEAR OFF EXISTING 1 LAYER OF Asphalt Roofing
Install New Asphalt Roofing

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

- [ ] No Plans Required 6/18/04 ad
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:

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

FEE (Office Use Only)

$ 10

Administrative Surcharge $ 96
Minimum Fee $ 5
State Permit Surcharge Fee $
TOTAL FEE $ 101

B. BUILDING CHARACTERISTICS

Use Group	Present 3	Proposed 3	
Constr. Class	Present 5B	Proposed 5B	
No. of Stories			
Height of Structure			Ft.
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 3,500.

U.C.C. F110 (rev. 07/03)

3 moak

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6-18-04

Date Issued / Permit # 04-0700

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

Block 213.08 Lot 13 Qualification Code

Work Site Location 3 MOAK DRIVE
HAZLET NJ 07730

Owner in Fee LINDA MONTELLO

Address SAME

Tel. ([redacted]

Contractor BANNER ENTERPRISES

Address 19 MAIN ST.
ROBBINSVILLE, NJ 08691

Tel. (609) 259-9300 FAX (609) 259-2297

Contractor License No. or Builder Registration No.

Federal Emp. No 22-3311824

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TEAR OFF EXISTING 1 LAYER OF ASPHALT ROOFING
INSTALL NEW ASPHALT ROOFING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	6/18/04	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] COO [X] CA
Date: 7/13/04
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/24/04	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5-B Proposed 5-B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

Administrative Surcharge $ 16
Minimum Fee $ 5
State Permit Surcharge Fee $
TOTAL FEE $ 101

U.C.C. F110 (rev. 07/03)

PERMIT# 04-0700 DATE 6-18-09
PROPERTY OWNER LINDA MONTELLO
ADDRESS 3 MOAK DR HAZLET NJ 07730
BLOCK _____ LOT _____
APPLICANT BANNER ENTERPRISES

NOTICE TO ALL CONSTRUCTION PERMIT APPLICANTS

IN COMPLIANCE WITH THE MONMOUTH COUNTY SOLID WASTE MANAGEMENT PLAN (MAY 1993) AND MUNICIPAL ORDINANCE 1000-95 THE APPLICANT SHALL IDENTIFY TO THE BUILDING DEPARTMENT ALL DISPOSAL AND RECYCLING ARRANGEMENTS BEFORE A CONSTRUCTION OR DEMOLITION PERMIT WILL BE ISSUED. THE APPLICCANT SHALL PROVIDE APPROPRIATE RECORDS DOCUMENTING THE QUANITIY AND DESPOSITION OF ALL MATERIALS. A DEPOSIT OF $ 10 — SHALL BE HELD BY THE BOROUGH UNTIL SUCH TIME AS PROPER RECORDS ARE SUBMITTED FOR SMALL QUANITIES OF DEBRIS, A HOMEOWNER EXEMPTION MAY APPLY:

THE FOLLOWING MATERIALS ARE RECYCLABLE:
CONCRETE, ASPHALT, BRICK, CINDER BLOCK, STUMPS, TREE PARTS, CLEAN DEMOLITION WOOD, LEAVES, GRASS, APPLIANCES, OIL, BATTERIES AND ALL HOUSEHOLD RECYCLABLES.

Prior to the issuance of a construction permit for any work where there is a presence of materials classified as hazardous by any regulatory government agency, the applicant shall provide the Construction Official with a statement specifying the type and quantity of hazardous materials, the method of disposal and an approval from the Monmouth County Health Department on the method of handling, transporting and disposing.

In the case of underground storage tanks or contaminated soil, the appropriate regulatory procedures shall be followed as a prerequisite to the issuance of a removal permit.

Please complete the reverse side of this form to indicate disposal arrangements.

ANTICIPATED DISPOSAL ARRANGEMENTS (check appropriate lines)

DISPOSAL BY CONTRACTOR X HOMEOWNER _____ OTHER _____

NAME OF CONTRACTOR Bowers Enterprises

CONTAINER (S) DUMPSTER _____ SIZE _____ HAULER _____

OTHER Dump Trailer 9 yd

ESTIMATED TONNAGE OR CUBIC YARDAGE OF DEBRIS GENERATED BY PROJECT Roof EST. AMOUNT TO BE RECYCLED 20 D Roofing

MATERIALS TO BE DISPOSED:	DESTINATION:
1. Shingles	Monmouth Co
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Date recycling deposit received: CK# 6560 6-18-04 $10

Date recycling records received: _____

Date recycling deposit returned: _____

AN ORDINANCE AMENDING AND SUPPLEMENTING CHAPTER 259 (RECYCLING) OF THE CODE OF THE TOWNSHIP OF HAZLET.

BE IT ORDAINED by the Township Committee of the Township of Hazlet, County of Monmouth, State of New Jersey, that Chapter 259 Section 259-1(D) be and the same is hereby amended and supplemented as follows:

Section 259-1(D) Demolition Materials produced by residential and nonresidential establishments.

1. The Construction Official of the municipality shall issue construction and demolition permits only after the applicant has identified disposal and recycling arrangements. The applicant shall provide appropriate records documenting the quantity and disposition of all materials.

2. A deposit of 10% of the construction and demolition permits shall be required upon issuance of permit and held in an interest bearing account until such time as documentation is produced to the satisfaction of the municipality.

3. The municipality shall have the discretion to grant exemptions to small quantity generator engaged in minor home improvements.

4. A Certificate of Occupancy shall not be issued until proper disposal documentation has been submitted.

5. An administrative fee of 20% of the deposit monies shall be retained by the municipality.

Ordinances or parts of Ordinances inconsistent herewith are repealed.

This Ordinance shall take effect immediately upon adoption and publication according to law.

HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35, SUITE 9
HAZLET, NEW JERSEY 07730
(732) 264-5707

Peter A. Terranova – Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR:

Address 3 MOAK DRIVE - HAZLET - NJ 07730

Type of Work NEW ROOFING

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I further understand that failure to call for all required inspections will make me liable for a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23-2.31(b) 1.

Failure to notify this office of the completion of the project will subject you to a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23-2.31 (b) 1.

JOE BORRO - for BORROR Enterprises
Signature of owner or other responsible person in charge of work.

19 MAIN STREET ROBBINSVILLE, NJ 08691
Address

609-259-9300
Phone

6/17/04
Date

BLOCK 213.08 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 3 Moak DR. PERMIT NO. 04-0128

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 3 Moak Drive (Garage)
2. Name of Owner in Fee: John Scofield Tel. [redacted]
   Address 3 Moak Drive (street) Hazlet (municipality) NJ 07730 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Mercer Lighting & Electric Tel. (732) 291-8602
   Address 915 Leanardville Road Middletown NJ 07748
   License No. OR, if new home, Builder Reg. No. 14074 Exp. Date _____
   Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Brian R McKeon
   Tel. (732) 291-8602 FAX (_____) _____

2-11-04 - Mr (H.O.) ADV permit ready

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical		46	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	46	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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 _____
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 _____

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									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	250								

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 0

B. NON-RESIDENTIAL

1. State Specific Use: R5 999
2. Use Group:
3. Change in Use Group, Indicate Former:

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. (X) 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 Kevin R McKee Date 2/6/08

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 American Lighting & Electrical

Address 915 Leonardville Road

Middletown NJ 07748

Telephone (732) 291-8607

Signature Kevin R McKee

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

OFFICE DATE RECEIVED: 2/9/04

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.				

CONSTRUCTION PERMIT

Date Issued 2-12-04
Control #
Permit # 04-0128

IDENTIFICATION Block 213.08 Lot 13
Work Site Location 3 Moak Drive (Garage)

Owner In Fee John Scafaddi
Address 3 Moak Drive
Hazlet NJ 07730
Tel. [redacted]

Contractor American Lighting & Electrical
Address 925 Leonardville Road
Middletown NJ 07748
Tel. (732) 291-8607
Lic. No. or Bldrs. Reg. No. 10 2494
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Receptacle

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 $ 250.0

Construction Official

2/6/04
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	46
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	46
Check No.	954
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 3/98)

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

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 2-12-04
Date Issued
Control #
Permit # 04-0128

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

Block 213.08 Lot 13
Work Site Location 3 Moak Drive (Garage)

Owner in Fee/Occupant John Saafiddi
Address 3 Moak Drive
Hazlet NJ 07730
Tele. [redacted]
Contractor American Lighting & Electrical Service
Address 905 Leonardville Road
Middletown NJ 07748
Tele. (732) 291-8607 Fax ( )
Lic. No. 10,249A
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 R5 Proposed R3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required 2/9/04 RM
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-26-04	RM

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-26-04
Approved by: Ronald Mayak

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.

Ron McKeon
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)
1		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		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	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	46
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

BLOCK 243.08 LOT 13 QUALIFICATION CODE 7 ADDRESS (SITE) 3 MOAK DR. PERMIT NO. 98-1133

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 3 Moak Dr.
2. Name of Owner in Fee: Scofield Tel. ( )
   Address 3 Moak Dr. Hazlet (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor Sullivan Brothers Inc. Tel. (787-6632
   Address Hwy 35 North Keyport
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Hayden Sullivan Jr. Pres.
   Tel. ( ) ____ FAX ( ) ____

11/10/98 3:40 pm. called contractor - left message on machine advised permit ready.

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	85		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		4		
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	89	✓	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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 ____
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 ____

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									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	4620								

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 0

B. NON-RESIDENTIAL

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

UCC-5 (1995) form 3/95

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.

( ) Check if contractor.

Agent Name Sullivan Brothers Inc

Address Hwy 35 Lanoka

Harbor

Telephone ( ) 759-6672

Signature

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

OFFICE DATE RECEIVED: 11/10/98

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.				

CONSTRUCTION PERMIT

Date Issued 11-20-98
Control #
Permit # 98-1133

IDENTIFICATION Block 213.08 Lot 13
Work Site Location 3 Moak 3 Moak Dr Hazlet NJ.
Owner in Fee Seabold
Address 3 Moak Hazlet
Tel. ( )

Contractor Swanson Roofing Inc
Address Hwy 35 North Keyport
Tel. ( ) 739-665-
Lic. No. or Bldrs. Reg. No.
Fed. Emp. 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) [ ] OTHER

DESCRIPTION OF WORK:
Vinyl Siding

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 $ 4620

Construction Official

11/10/98
Date

PAYMENTS (Office Use Only)

Building	85.
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4.
Cert. of Occupancy	
Other	
Total	89.
Check No.	5239
Cash	
Collected by	TF.

(see reverse side)

U.C.C. F170
(rev. 3/98)

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

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.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-20-98
Control #
Permit # 98-1133

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

Block 213.08 Lot 13
Work Site Location 3 Moak Dr
Hacker N.J. 07730
Owner In Fee Sea Field.
Address 5 Moak Dr.
Hacker
Tele. ( ) Contractor Svenson Brothers Inc.
Address 4435 North
Ky Pt
Tele. ( ) 739-6632 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11/19	PL
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5-B Proposed 5-B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 4620

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

Vinyl Siding

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

FEE (Office Use Only)

$	
	85.
Administrative Surcharge $	
Minimum Fee $	
DCA Training Fee $	4.
TOTAL FEE $	

U.C.C. F110
(rev. 3/98)

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

3 Moak

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-20-98
Control #
Permit # 98-1133

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

Block 213.09 Lot 13

Work Site Location 3 Moak Dr

Hazlet N.J. 07730

Owner In Fee Scofield

Address 3 Moak Dr.

Hazlet

Tele. (____)

Contractor Swanson Bros. Bldg. Inc.

Address Hwy 35 North

Hazlet

Tele. (____) 739-6692 Fax (____)

Lic. No. or Bldrs. Reg. No.

Federal Emp. 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

Vinyl Siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11/20	GT
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/19/99
Approved by: P. Tull

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/3/99	[illegible]
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present 5B Proposed 5B

No. of Stories

Height of Structure Ft.

Area — Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 4620

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [✓] Siding Vinyl
  [ ] Fence ____ Height (exceeds 6')
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other
[ ] Demolition

FEE (Office Use Only)

$
85.

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 4
TOTAL FEE	$

U.C.C. F110
(rev. 3/98)

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