

9301/78



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work-site at: 346 St. CLAIR Ct. Mt. LAUREL NJ
2. Name of Owner in Fee: MARY BETH + BRIAN DARRETT Tel. ()
Address 346 St. CLAIR Ct. Mt. LAUREL 08054
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: OWNER Tel. ()
Address _____
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. () _____
Address _____
6. Responsible Person
in Charge of Work _____ Tel. () _____

1. Building
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
10. Subtotal
11. Cert. of Occupancy
12. Other
13. TOTAL

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

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

Est. Cost

100. ad

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No of dwelling units:

Before Construction

After Construction

Net gain or loss _____

B. NON-RESIDENTIAL

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

ONCE COMPLETE PLANS AND APPLICATIONS ARE SUBMITTED
IT MAY TAKE 10 TO 20 WORKING DAYS FOR PERMITS TO BE ISSUED

LDS ML 11502762

2 COMPLETE SETS OF PLANS MUST BE SUBMITTED WITH ALL CONSTRUCTION APPLICATIONS

U.C.C. Form F-100B

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

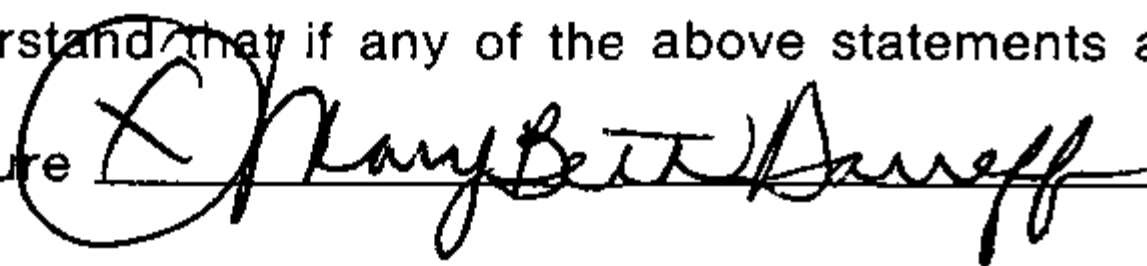
C.3. ☐ Electrical C.4. ☐ Plumbing

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

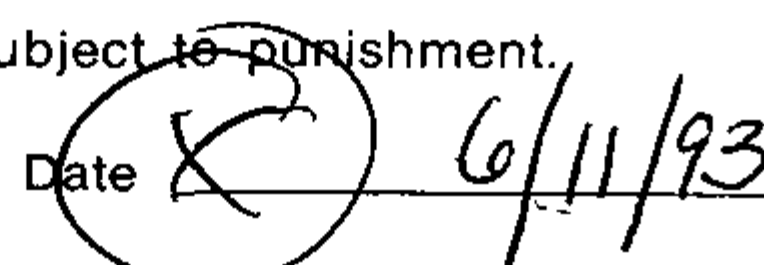
I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature



Date



II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____ Date _____

✓ #909

COMPLETED

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	JA 6-11-93								
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
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. _____	_____	_____	_____	_____

NEW JERSEY UNIFORM CONSTRUCTION CODE
CERTIFICATE

MOUNT LAUREL TOWNSHIP
Community Development
Phone: (609)234-9686

Date Issued: 03/23/94
Control #:
Permit #: 9301178-000

IDENTIFICATION

Block/Lot/Sub: 01006 03/00017 /

Work Site Location: 346 ST CLAIR CT

Owner in Fee: DARREFF, BRIAN C. & MARYBETH

Address: 346 ST CLAIR CT

MT. LAUREL, N.J. 08054

Tele.: [REDACTED]

Contractor: SAME AS OWNER

Address:

Tele.:

Lic. No. or Bldrs. Reg. No.:

Federal Emp. No.:

or Social Security No.:

HOME WARRANTY NO.:

USE GROUP:R-3

MAXIMUM LIVE LOAD:

DESCRIPTION OF WORK/USE:

RESIDENTIAL FENCE - 3FT HIGH

TYPE OF WARRANTY PLAN: [] STATE [] PRIVATE

CONSTRUCTION CLASSIFICATION:

MAXIMUM OCCUPANCY LOAD:

CERTIFICATE OF OCCUPANCY/APPROVAL

[] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE 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 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 / /

TEXT:

Fee \$: 5.00

Paid [X] Check No.:1222

Collected by:EL

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

1 WHITE-APPLICANT 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

MOUNT LAUREL TOWNSHIP
Community Development
Phone: (609)234-9686

Date Issued: 06/15/93
Control #:
Permit #: 9301178-000

IDENTIFICATION: Block: 01006 03 Lot: 00017

Sub:

Work Site Location: 346 ST CLAIR CT

Contractor: SAME AS OWNER

Address:

Owner in Fee: DARREFF, BRIAN C. & MARYBETH

Address: 346 ST CLAIR CT

MT. LAUREL, N.J. 08054

Tele.: [REDACTED]

Tele.:

Lic. No. or Bldrs. Reg. No.:

Federal Emp. No.:

or Social Security No.:

Home Warranty No.:

is hereby granted permission to perform the following work:

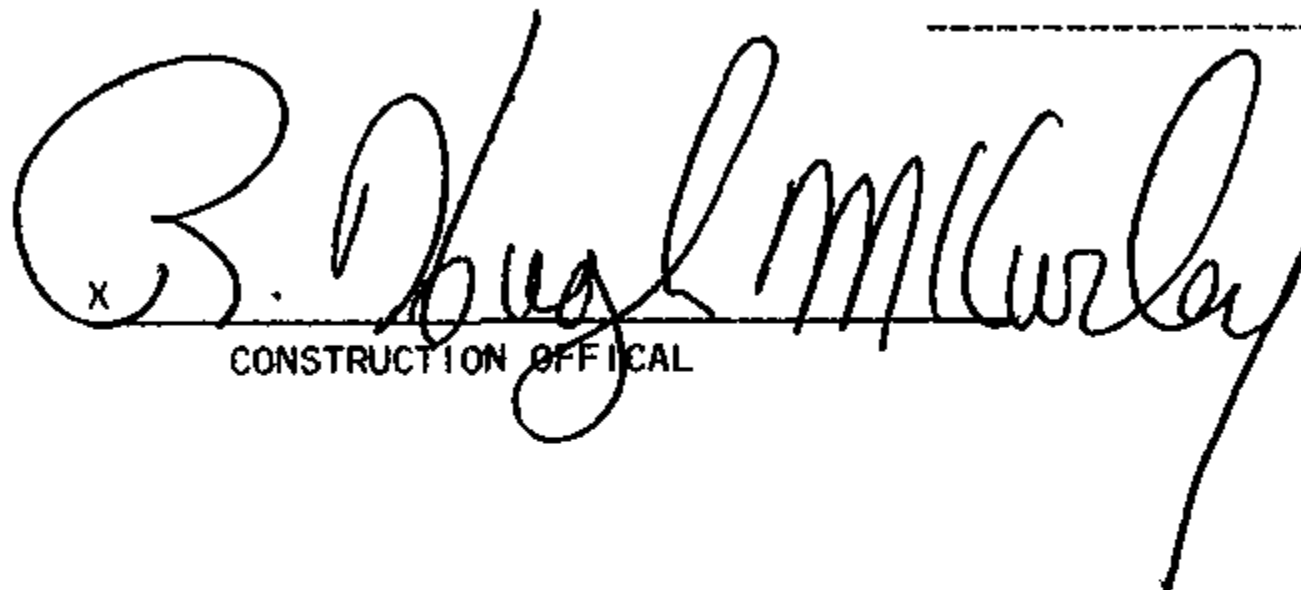
☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK: RESIDENTIAL FENCE - 3FT HIGH/R-3
 FENCES ARE NOT PERMITTED IN EASEMENTS

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.

PAYMENTS (OFFICE USE ONLY)	
Building:	10.00
Plumbing:	0.00
Electrical:	0.00
Fire Protection:	0.00
Elevators:	0.00
Other:	0.00
DCA Training Fee:	0.00
Cert. of Occ.:	5.00
Other:	0.00
TOTAL:	15.00
Check No.:	1222
Cash:	
Collected By:	EL

Estimated Cost of Work: \$ 100.00


 CONSTRUCTION OFFICIAL



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Maybeth + Brian Daseelt

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

*NO IN GROUND POOL
Fence 3' wooden
IN BACK YARD*

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

Block 1006.03 Lot 17

Work Site Location

346 St. Claire Ct

Owner in Fee Maybeth + Brian Daseelt

Address 346 St. Claire Ct.

Tele. ()

Contractor OWNER

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
☐ No Plans Req.				Footings				
☐ All				Foundation				
☐ Footings				Slab				
☐ Foundation				Frame				
☒ Other				Insulation				
Joint Plan Review Required:				Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire				Energy				
SUBCODE APPROVAL				Mechanical				
☐ CO ☐ CCO ☐ CA				TCO				
Date:				Other				
Approved By:				Final				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

(Office Use Only)
FEE

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OLD PERMITS

REQUEST FOR INSPECTION

MOUNT LAUREL TOWNSHIP, NEW JERSEY
(609) 234-9686

DATE 3.16.94

TIME 12:20

NAME OF OWNER Darreff

BLOCK 1006.63 LOT 17

SITE ADDRESS 346 St Clare Ct

PERMIT# 93-1178

REQUESTED BY _____

PHONE _____

RECEIVED BY DM

BUILDING
INSPECTIONS
TYPE:

FIRE
INSPECTIONS
TYPE:

ELECTRIC
INSPECTIONS
TYPE:

PLUMBING
INSPECTIONS
TYPE:

☐ FOOTING
☐ FOUNDATION
☐ SLAB
☐ FRAME
☐ INSULATION
☐ ENERGY
☐ MECHANICAL
☐ TCO
☐ OTHER _____
☒ FINAL

☐ SUPPRESSION
TEST
☐ FIRE ALARM
TEST
☐ SMOKE TEST
☐ MECHANICAL
☐ CHIMNEY
☐ TCO
☐ OTHER _____
☐ FINAL

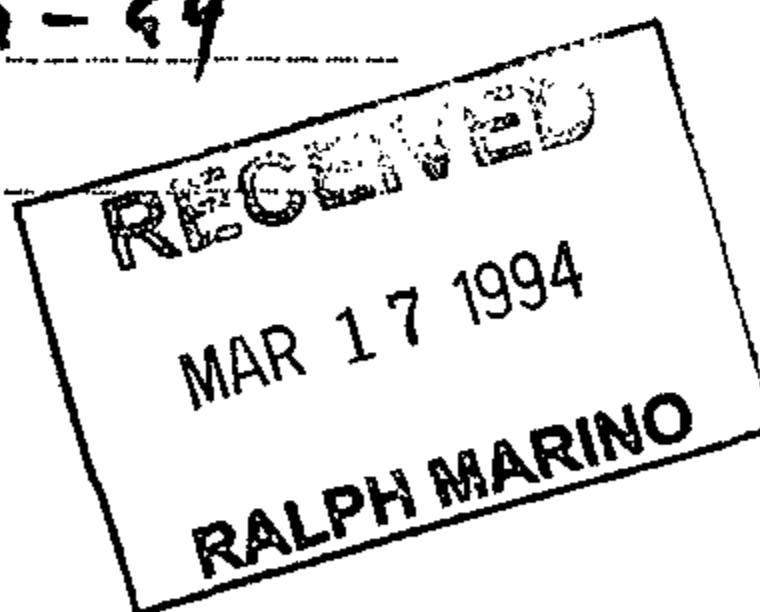
☐ ROUGH
☐ TEMPORARY
☐ CONSTR. SERV.
SERVICE
☐ TCO
☐ OTHER _____
☐ FINAL

☐ SLAB
☐ ROUGH
☐ WATER
☐ SEWER
☐ FIXTURES
☐ GAS EQUIP.
☐ GAS FINAL
☐ SOLAR
☐ TCO
☐ OTHER _____
☐ FINAL

INSPECTOR Marino

☒ APPROVED DATE 3.17.94

☐ NOT APPROVED DATE _____



COMMENTS:

ST. CLAIRE (50' WIDE) COURT



006.03 DEED

Date of Survey - Nov. 4, 1988

FAX
665-8020

271-74