BOROUGH OF HOPATCONG
111 RIVER STYX RD
~~111 RIVER STYX RD~~
HOPATCONG, N.J. 07843

Date Issued 10/10/03
Control # ~~C31603~~/16
Permit # 03862

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 16 Qual

Work Site Location 18 KISLING AVE
NEW SFD
Owner in Fee DAWSON, CRAIG
Address 3 MISTY CT
POMPTON PLAINS, NJ 07444-
Telephone (973) [redacted]

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

EXPIRED

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW SFD

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 $ 165,500

William O'Brien
Construction Official

9/22/03
Date

PAYMENTS (Office Use Only)

Building	1,260
Electrical	191
Plumbing	408
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	139
Cert. of Occupancy	190
Other	Zoning 20
Total	~~2,234~~
Check No.	1507 2,254
Cash	
Collected By	

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24A

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 11/01/05
Control #
Permit # 03-862

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31603 Lot 16 Qual
Work Site Location 18 KISLING AVE
NEW SFD
Owner in Fee/Occupant DAWSON, CRAIG
Address 3 MISTY CT
POMPTON PLAINS, NJ 07444-
Telephone (973) [redacted]
Contractor H O M E O W N E R
Address
,
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No. 999999
[ ] State [X] Private HO
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

NEW SFD

[ ] CERTIFICATE OF OCCUPANCY

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

[ ] CERTIFICATE OF APPROVAL

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

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than February 1, 2006 or the owner will be subject to fine or order to vacate:

SOIL EROSION, BOARD OF HEALTH, FINAL BUILDING

[ ] 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 $ 190
Paid [X] Check No. 1507
Collected by: SJH

William O'Brien
Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/10/03
Date Issued
Control #
Permit # 03-802

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

Block 31603 Lot 1116

Work Site Location 18 Rising Hoe

Owner in Fee Hopatcong NJ 07843

Address Craig Dawson

3 Misty Ct

Tele. (973) [redacted] Roxbury Plains NJ 07444

Contractor Craig Dawson

Address 3 Misty Ct

Roxbury Plains NJ 07444

Tele. (973) 616-9853 Fax (973) 616-9759

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 Craig Dawson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New House

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	9/23/03	WDE
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	*10/15/03		10/16/03	WDE
Foundation				
Slab			10/22/03	WDE
Frame	R		11/24/03	WDE
Barrier-Free			12/8/04	WDE
Insulation				
Finishes			10/12/04	WDE
Energy				
Mechanical				
TCO				
Other Fireplace	*		10/12/04	WDE
Final			12/8/04	WDE
Barrier-Free	C			
	C			

TYPE OF WORK:

[X] New Building
[ ] Addition
[ ] Alteration
- [ ] 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 O.

$

Administrative Surcharge $

Minimum Fee $

DCA Training Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	2	
Height of Structure	34'	Ft.
Area — Largest Floor	2100	Sq. Ft.
New Bldg. Area/All Floors	4200	Sq. Ft.
Volume of New Structure	525000	Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 150,000.00

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

1 White - -

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/10/03
Date Issued
Control #
Permit # 03-802

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

Block 3 1603 Lot 16
Work Site Location 18 Kisling Ave
1-10 Delaney Ct 07873
Owner in Fee Craig Dawson
Address 3 Mistry Ct
Pompton Plains NJ 07444
Tele. (973) [redacted]
Contractor Craig Dawson
Address 3 Mistry Ct
Pompton Plains NJ 07444
Tele. (973) 616 1883 Fax (973) 616 9413
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 9/22/03
Approved by: wdc

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

INSPECTIONS Type:	Failure	Failure	Approval Date (Month/Day)	Initial
Slab			11/5/03	wdc
Rough			4/1/04	wdc
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO			10/12/05	wdc
See Page 2 pts			6/22/04	wdc

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.

Craig Dawson
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
3	Water Closet
	Urinal/Bidet
2	Bath Tub
	Lavatory
1	Shower
	Floor Drain
5	Sink
1	Dishwasher
	Drinking Fountain
1	Washing Machine
2	Hose Bibb
1	Water Heater
1	Fuel Oil Piping
	Gas Piping
	Steam Boiler
1	Hot Water Boiler
1	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other
	Other
	Other

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 408

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

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

FIRE SUBCODE TECHNICAL SECTION

Date Received 10/10/03
Date Issued
Control #
Permit # 03-862

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

Block 31663 Lot 16

Work Site Location 18 Kistler Ave
Hopatcong NJ 07843

Owner in Fee Craig Davidson

Address 3 Misty Ct
Pompton Plains NJ 07444

Tele. (973) [redacted]

Contractor Craig Davidson

Address 3 Misty Ct.
Pompton Plains NJ 07444

Tele. (973) 616 4833 Fax (973) 616 9459

Lic. No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____

Constr. Class Present ____ Proposed ____

Heating Systems [X] New [ ] Existing [X] HVAC

Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar

[ ] Other ____

Location: ____

Total Cost of Fire Protection Work $ 500

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: ____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 9-19-03

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 12-15-03

Approved by: [signature]

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	8	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	40
TOTAL FEE	$	

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/10/03
Date Issued
Control #
Permit # 03-862

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

Block 31603 Lot #16
Work Site Location 18 Kisting Place
Lake Hopatcong NJ 07849
Owner in Fee/Occupant Craig Dawson
Address 3 Misty Ct.
Rampton Plains NJ 07444
Tele. (973) 7[redacted]
Contractor Craig Dawson
Address 3 Misty Ct.
Rampton Plains NJ 07444
Tele. (973) 615-7833 Fax (973) 966-9734
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: KD
Approved by: 7/16/03

SUBCODE APPROVAL
[ ] CO 11/1/06 [ ] CA
Date: 10/16/03
Approved by: B

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			9/16/04	
Temp. Serv. Pack	11/5		11/11	
Constr. Serv.				
TCO				
Other				
Service			7/7	KD
Final	6/24/05		10/17	RD

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued faxed + sent 4/23/04

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.

Craig Dawson
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
61		Lighting Fixtures
50		Receptacles
35		Switches
8		Detectors
		Light Poles
3		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
1	7	KW Elec. Range/Receptacle
1	10	KW Oven/Surface Unit
X		KW Elec. Water Heater
1		KW Elec. Dryer/Receptacle
1	30 AMP	KW Dishwasher
		HP Garbage Disposal
1	30 AMP	KW Central A/C Unit
2	20 AMP	HP/KW Space Heater/Air Handler
		KW Baseboard Heat
1	1	HP Motors 1/4 HP SEPTIC PUMP
		KW Transformer/Generator
	200	AMP Service
	100	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1	1HP	well pump
		.....

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 141

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

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

ZONING PERMIT

Borough of Hopatcong
MUNICIPAL BUILDING
111 RIVER STYX ROAD
HOPATCONG, NEW JERSEY 07843-1535
(973) 770-1200
FAX: (973) 770-0301
FAX: (973) 398-3650 - Health Dept.
web site: http:\\www.hopatcong.org

RECEIVED
[illegible] 3 0 2003
BORO OF HOPATCONG
CONSTRUCTION DEPT.

NAME: CRAIG DAWSON

ADDRESS: 3 Misty Court, Pompton Plains NJ. 07444

PHONE (day): 973-[redacted] (evening): 973 [redacted]3

BLOCK: 31603 LOT: 16 ZONE: R1

1. describe what the property is currently being used for:
Vacant Land

2. property located on a developed or undeveloped Borough Roadway (Yes)/No (circle one)

3. describe what this application is for:
Build Single Family home

4. attach a plot plan or survey map of the premises showing the dimensions and existing structures.

5. has the above premises been subject to any Planning Board or Zoning Board of Adjustment approvals? yes \ (no) (circle one)

I hereby make application for a Zoning Permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit which requires a separate application. I certify that the answers to the above questions and any statements made on the attachments are true and complete to the best of my knowledge.

2/12/03
date

Craig Dawson
signature of applicant

FOR OFFICE USE

Board of Health approval: (yes) \ no \ na In file

approved: yes \ (no)

reason for denial/comments: 242-38D2a. Minimum lot width, 242-35D8 Maximum lot coverage, 242-12B [illegible] (steep slopes), 242-33-d Driveway grade over 15%, Any other variances required by [illegible], 242-11-D construction within 50' of the lake (deck & seawall), 242-30-4 maximum deck area, 242-30-10 irregular shaped deck legs total more than 50' Zoning.

3/25/03
date

William [illegible]
Zoning Officer

OPEN

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 6/6/05
Control # C31603/16
Permit # 05-822

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 16 Qual

Work Site Location 18 KISLING AVE
DOCK
Owner in Fee DAWSON, CRAIG
Address 3 MISTY CT
POMPTON PLAINS, NJ 07444-
Telephone (973) [redacted]

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

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DOCK

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 $ 4,000

WDC
Construction Official

6/6/05
Date

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

PAYMENTS (Office Use Only)

Building	84
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	5
Cert. of Occupancy	0
Other	
Total	89
Check No.	1623
Cash	
Collected By	SDH

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/16/05
Control #

Date Issued 05-8212
Permit #

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

Block 31603 Lot 16 Qualification Code

Work Site Location 13 Kisling Ave Hopatcong NJ

Owner in Fee Craig Dawson

Address 3 Misty cr Pompton Plains NJ 07444

Tel. (973) [redacted]

Contractor Same

Address

Tel. ( ) FAX (973) 616 9459

Contractor License No. or Builder Registration 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 Craig Dawson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Dock

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/28/05	WDC
[ ] 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				
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
[ ] 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)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 84.00
TOTAL FEE $ 84

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4,000

HOPATCONG BOROUGH ZONING BOARD OF ADJUSTMENT

RESOLUTION OF MEMORIALIZATION

Approved: May 14, 2003
Memorialized: June 10, 2003

IN THE MATTER OF CRAIG DAWSON, APPLICATION FOR VARIANCES TO PERMIT THE APPLICANT TO CONSTRUCT A SINGLE FAMILY DWELLING LOT 16, BLOCK 31603

WHEREAS, Craig Dawson (hereinafter known as the "Applicant") has made application to the Borough of Hopatcong Zoning Board of Adjustment (hereinafter known as the "Zoning Board") for variances for minimum lot width (Ordinance 242-38D-(2)), minimum lot coverage (Ordinance 242-38D (8)), area of critical slopes (Ordinance 242-10D), construction of a driveway with a grade of 15% (Ordinance 242-23 (A)), construction within 50 feet of the lake (Ordinance 242-30-4) and construction of dock legs greater than 50 feet (Ordinance 242-30C (10), to permit the construction of a single-family dwelling, and

WHEREAS, the application was deemed complete at the March 13, 2003 meeting of the Zoning Board, and

WHEREAS, the Zoning Board rendered its decision on the application on May14, 2003, and

WHEREAS, a public hearing was held on May 14, 2003, at which time the Zoning Board rendered its decision on the application, and

WHEREAS, it being determined that the Applicant has complied with all of the rules, regulations and requirements of the Borough of Hopatcong Land Use Ordinances, the requirements of the Municipal Land Use Law, and all the provisions of compliance having been filed with the Zoning Board, and proper notice of the application having been given in accordance with the Ordinance and statutory requirements, and

WHEREAS, the Zoning Board having considered the testimony and reviewed the documentary evidence submitted by the Applicant, its consultants and the Zoning Board staff;

NOW, THEREFORE, BE IT RESOLVED that the Zoning Board of Adjustment of the Borough of Hopatcong makes the following findings of fact and conclusions:

The Applicant was represented at the hearing by Jeffrey M. Cassover, Esq. The Applicant's engineer, Alfred Stewart, appeared and provided testimony.

The Applicant is the owner of a vacant lakefront parcel located in the R-1 Zone.

The Applicant presented plans prepared by Alfred A. Stewart, Jr., consisting of two (2) sheets with the most recent revision date of February 19, 2003. The Applicant's parcel is a long and narrow parcel. Due to the topography of the site, aesthetic considerations and considerations of the location of the neighboring dwellings, the Applicant has proposed to locate the new dwelling toward the rear of the parcel, closer to Lake Hopatcong. The proposed location will result in a driveway having a greater length. The driveways are considered impervious surface and, therefore, the length of the driveway results in greater lot coverage. The permitted lot coverage by ordinance is 15%. The Applicant proposes lot coverage of 18.9%.

The lot width (62.50 square feet) is pre-existing. The properties on either side of the Applicant's parcel are improved with single-family homes and, therefore, the Applicant cannot

acquire additional lot area. The lot located to the north of the Applicant's parcel (Lot 14) is similar in width to the Applicant's lot and has a slightly lesser length and, therefore, is slightly less in overall area.

The lot area significantly exceeds the minimum required lot area (15,000 square feet required and 30,617 square feet existing). The Applicant proposes to construct a bulkhead along the shore of Lake Hopatcong and to construct a U-shaped dock into the waters of Lake Hopatcong. This proposed construction will require a variance for construction within 50 feet of the lake and a variance for the length of the dock legs since the Applicant wants a total length of 79 feet (50 feet allowed). One of the docks would have a width of 12 feet and the finger dock on the other end of the "U" would have a width of four (4) feet.

The Zoning Board received and reviewed a letter from its Engineer, Mr. Ruschke. The Applicant has agreed to comply with the terms of that letter and the Zoning Board hereby adopts the findings and the requirements in that report.

The Applicant presented a document showing the building footprint and grading for the site prepared by Christopher J. Greimel, P.E., entitled "Plans, Craig Dawson, 18 Kisling Avenue, Hopatcong, New Jersey". Said document is dated February 3, 2003. The Applicant, in addition, provided floor plans for the proposed structured, consisting of three (3) pages.

Viola Card, an owner of property at 30 Kisling Avenue, testified that she is concerned about the proper functioning of the septic system since it would be located a few hundred feet from the dwelling and would be a pump-up system. The Zoning Board noted that it is within the jurisdiction of the Board of Health to review the designs for septic systems and that such review would be required by any septic system to be constructed on the site.

The Zoning Board finds that the variance for construction of a driveway with a greater than 15% grade is required due to the existing topographic conditions on the site. The variance for lot width represents a pre-existing condition which cannot be altered by the Applicant. The variance for construction within 50 feet of the lake is appropriate to permit the Applicant to construct both bulkhead and dock which are normal amenities for a lakefront home. A variance for construction in a steep-sloped area is appropriate and necessary due to the existing topographic conditions on the site.

Lastly, the Board finds that a variance for the construction of the dock legs, as proposed by the Applicant, is appropriate in view of the dimensions of the lot in question and in view of the U-shape of the dock proposed by the Applicant. The Zoning Board finds that all of these variances can be granted without detriment to the public good and without substantially impairing the intent and purpose of the zone plan and zoning ordinance, and that the benefits in granting these variances outweigh any detriment and, therefore, are granted pursuant to N.J.S.A. 40:55D-70 (C) (2).

The approval of these variances are subject to the following terms and conditions:

1. Payment of all current fees, taxes and escrows by the Applicant;

2. Approval by any other governmental entity having jurisdiction in this matter;

3. Compliance with the report of the Borough Engineer, John Ruschke, which report is annexed hereto and made a part hereof.

4. Subject to the review and approval of the proposed landscape plan by the Planner for the Borough of Hopatcong.

5. Construction is to be in accordance with the plans submitted by the Applicant, prepared by Christopher J. Geimel, the engineering plans prepared by Alfred A. Stewart, Jr., and the floor plans submitted by the Applicant, as referenced herein.

The undersigned does hereby certify that the foregoing is a true copy of the action taken by the Hopatcong Borough Zoning Board of Adjustment at its regular meeting of May 14, 2003.

Colleen Greene

WTH-5-30-03

Dock APPROVED WITH ORIGINAL BOARD OF ADJUSTMENT APPLICATION.

acquire additional lot area. The lot located to the north of the Applicant's parcel (Lot 14) is similar in width to the Applicant's lot and has a slightly lesser length and, therefore, is slightly less in overall area.

The lot area significantly exceeds the minimum required lot area (15,000 square feet required and 30,617 square feet existing). The Applicant proposes to construct a bulkhead along the shore of Lake Hopatcong and to construct a U-shaped dock into the waters of Lake Hopatcong. This proposed construction will require a variance for construction within 50 feet of the lake and a variance for the length of the dock legs since the Applicant wants a total length of 79 feet (50 feet allowed). One of the docks would have a width of 12 feet and the finger dock on the other end of the "U" would have a width of four (4) feet.

The Zoning Board received and reviewed a letter from its Engineer, Mr. Ruschke. The Applicant has agreed to comply with the terms of that letter and the Zoning Board hereby adopts the findings and the requirements in that report.

The Applicant presented a document showing the building footprint and grading for the site prepared by Christopher J. Greimel, P.E., entitled "Plans, Craig Dawson, 18 Kisling Avenue, Hopatcong, New Jersey". Said document is dated February 3, 2003. The Applicant, in addition, provided floor plans for the proposed structured, consisting of three (3) pages.

Viola Card, an owner of property at 30 Kisling Avenue, testified that she is concerned about the proper functioning of the septic system since it would be located a few hundred feet from the dwelling and would be a pump-up system. The Zoning Board noted that it is within the jurisdiction of the Board of Health to review the designs for septic systems and that such review would be required by any septic system to be constructed on the site.

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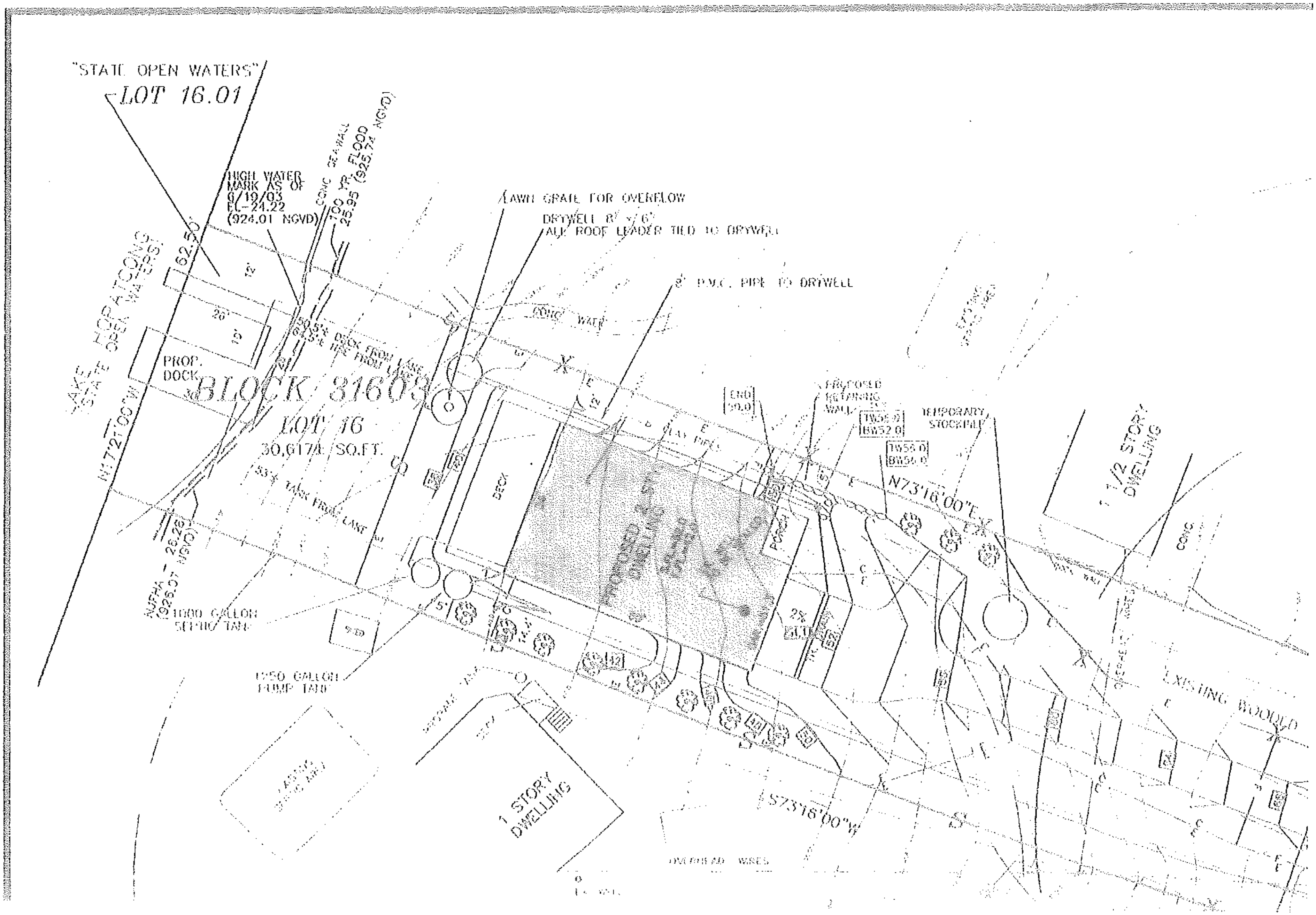
3. Compliance with the report of the Borough Engineer, John Ruschke, which report is annexed hereto and made a part hereof.

4. Subject to the review and approval of the proposed landscape plan by the Planner for the Borough of Hopatcong.


"STATE OPEN WATERS"
LOT 16.01
HIGH WATER MARK AS OF 6/19/03 EL-24.22 (924.01 NGVD)
CONC SEAWALL
100 YR. FLOOD 25.95 (925.74 NGVD)
LAWN GRATE FOR OVERFLOW
DRYWELL 8' x 6'
ALL ROOF LEADER TIED TO DRYWELL
8" P.V.C. PIPE TO DRYWELL
LAKE HOPATCONG
STATE OPEN WATERS
62.50'
PROP. DOCK
BLOCK 31603
LOT 16
30,617± SQ.FT.
N17°21'00"W
DECK
PROPOSED DWELLING
PORCH
PROPOSED RETAINING WALL
TEMPORARY STOCKPILE
1 1/2 STORY DWELLING
N73°16'00"E
CONC
1000 GALLON SEPTIC TANK
1250 GALLON PUMP TANK
NUPHA - 26.28 (926.07 NGVD)
EXISTING WOODED
1 STORY DWELLING
S73°16'00"W
OVERHEAD WIRES
CONC WALL

1/24/18

RECEIVED
JAN 12 2018
BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

ZONING PERMIT
BOROUGH OF HOPATCONG
111 River Styx Road
Hopatcong, NJ 07843
Phone: (973) 770-1200, Fax (973) 770-0301

Name: Craig Dawson

Block: 31603 Lot: 16 Zone: R1 Permit Number Z-18-11

Address: 18 Kisling Ave.

Mailing address: _____

Phone: Daytime: 973-[redacted] Evening: Same

Describe what the property is currently being used for:

Home Dewelling

Is the property located on a ✓ developed or _____ undeveloped Borough roadway?

What is this application for? A 9950ssq.ft Shed 9'X11'

See attached survey with approval outlined 1/24/18 Electric permit required prior to [redacted] electrical work.

Will this project involve disturbing more than 1500 square feet of your property? Yes ____ No ✓

Has the above premises been subject to any Land Use Approvals? Yes ✓ No _____

Attach a plot plan or survey map of the premises showing well & septic locations, existing and proposed structure dimensions including floor plans and overall height.

I hereby make applications for a Zoning Permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit that requires a separate application. I certify that the answers to the above questions and any statements made on the attachments are true and complete to the best of my knowledge.

Date: Jan. 11, 2018 Signature: Craig Dawson

$20.00 FEE PAID: CK # 2736

RECEIPT NUMBER: 73464

*MUST BE COMPLETED:

*HOUSE NUMBER MUST BE VISIBLE FROM THE STREET: *DIRECTIONS TO YOUR PROPERTY FROM BOROUGH HALL: River Styx Rd to Kisling Rd. Make a left up the road on the left down the driveway

OFFICE USE ONLY

Board of Health approval: _____ yes, needed no, not needed ✓ Well ✓ Septic ✓

Approved: ✓ yes _____ no, denied, Land Use approval needed.

This approval is conditioned upon the approval of any other government entity having jurisdiction in this matter.

DATE: 1/24/18 William P Donegan III

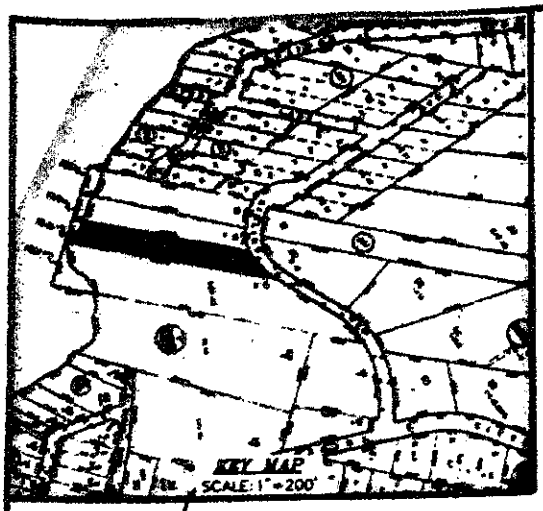
William Donegan, III, Zoning Officer

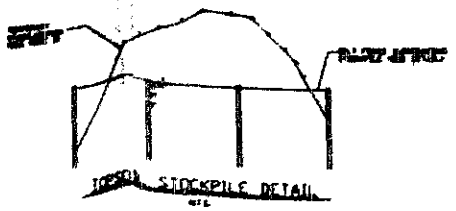
Reason for Denial and Section (s) of Ordinance from which a Variance is required:

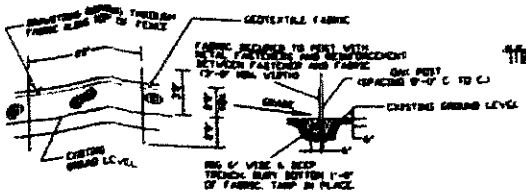
Zoning Officer's Calculations

ORDINANCE	REQUIREMENT	EXISTING	PROPOSED	CONFORMS	PRE-EXISTING
242-38D (1) LOT SIZE:					
242-38D (2) LOT WIDTH:					
242-38D (3) LOT DEPTH:					
242-38D (4) FRONT YARD SETBACK:					
242-38D (5) SIDE YARD SETBACK:					
242-38D (6) REAR YARD SETBACK					
242-38D (7) BLDG. HEIGHT:	2 ½ STORIES OR 35'				
242-38 (8) *CONF. LOT COVERAGE 25%					
242-38E (2) *NON CONF. LOC COVERAGE 35%					
242-38D (9) * CONF. LOT FOOTPRINT 15%					
242-38E (1) *NON CONF. LOT FOOTPRINT 20%					
242-18A DISTANCE FROM LAKE/STREAM: 50'					
242-11C (1) STEEP.CRITICAL SLOPE: 15%/25%					
242-28C (1) RETAINING WALL SETBACK: 5'FROM PROPERTY LINE					
OTHER					

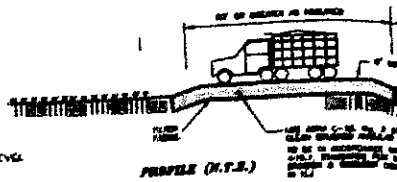
*CONFORMING LOTS ARE 15,000 SQUARE FEET OR MORE IN THE R-1 ZONE, EVERYTHING SMALLER IS NON-CONFORMING.



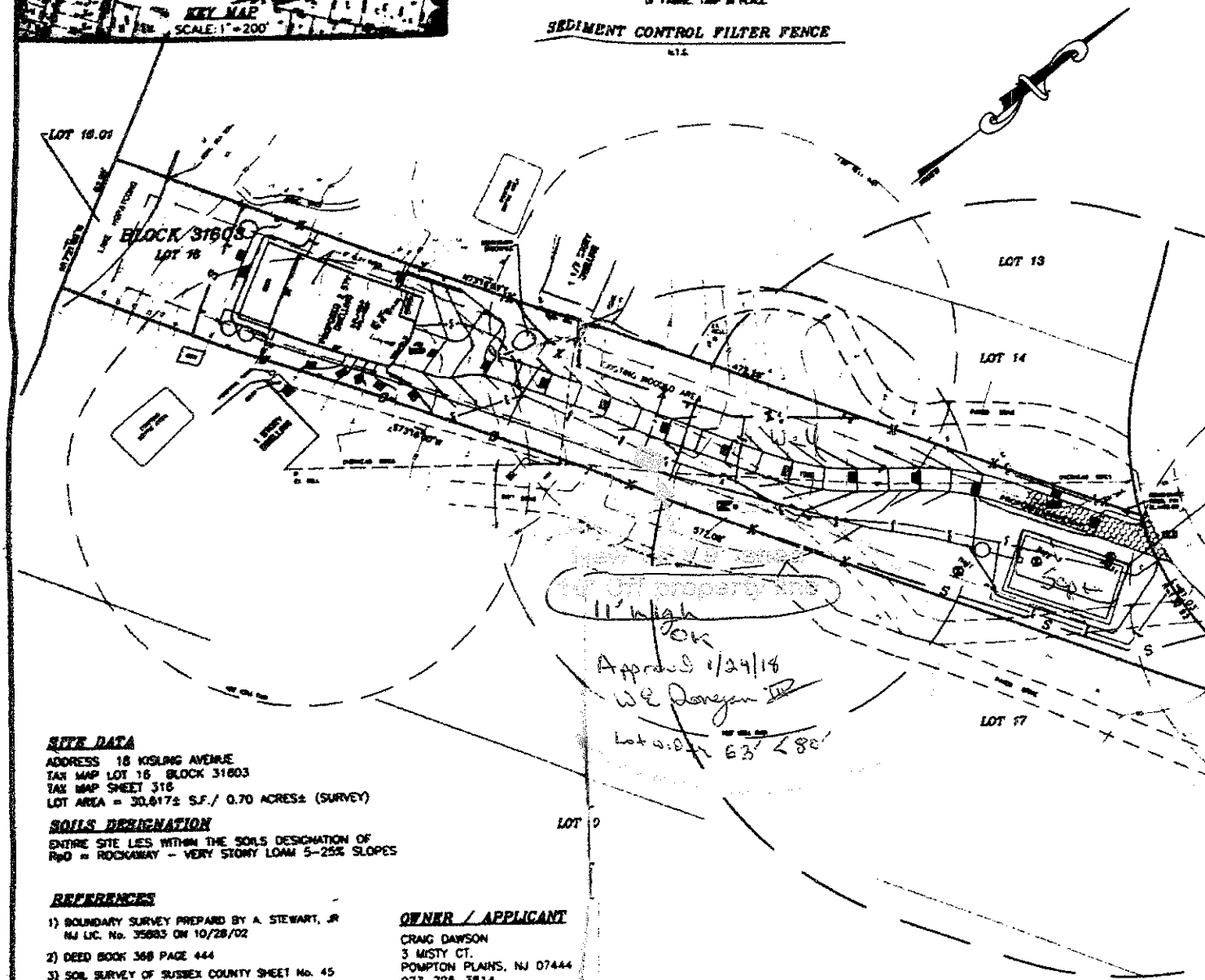




SEDIMENT CONTROL FILTER FENCE



STABILIZED CONSTRUCTIO



SITE DATA

ADDRESS 18 KISLING AVENUE
TAX MAP LOT 16 BLOCK 31603
TAX MAP SHEET 316
LOT AREA = 30,617± S.F./ 0.70 ACRES± (SURVEY)

SOILS DESIGNATION

ENTIRE SITE LIES WITHIN THE SOILS DESIGNATION OF
RpD = ROCKAWAY – VERY STONY LOAM 5–25% SLOPES

REFERENCES

1) BOUNDARY SURVEY PREPARD BY A. STEWART, JR NJ LIC. No. 35883 ON 10/28/02
2) DEED BOOK 368 PAGE 444
3) SOIL SURVEY OF SUSSEX COUNTY SHEET No. 45
4) BOROUGH OF HOPATCONG TAX MAP SHEET No. 316
5) NO WETLANDS EXIST WITHIN 150' OF ENTIRE SITE
6) SITE IS NOT WITHIN 100 YEAR FLOOD ZONE PER FIRM COMMUNITY PANEL NO. 340452 0010B EFFECTIVE DATE 4/4/83

OWNER / APPLICANT

CRAIG DAWSON
3 MISTY CT.
POMPTON PLAINS, NJ 07444
973-725-3814

PROXIMITY PLAN

SCALE : 1" = 30'

OPEN

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 10/11/12
Control # C31603/14A
Permit # 12-66060

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 14 Qual

Work Site Location 20 KISLING AVE
DEMO/UST/ABANDON/550
Owner in Fee RADZIWON ROBERT
Address SAME
HOPATCONG, NJ 07843-
Telephone (718) 9[redacted]94

Contractor COLSON ENT INC
Address 20 RT 183
NETCONG, NJ -
Telephone (973) 347-0110
Lic. No. or Bldrs. Reg. No. 13VH00464300
Federal Emp. No. 2[redacted]3

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DEMO/UST/ABANDON

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 $ 925

Construction Official

10/11/12
Date

PAYMENTS (Office Use Only)

Building	75
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	75
Check No.	10000
Cash	
Collected By	

11/06/05

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/11/12
Control #

Date Issued
Permit # 12-6616

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

Block 5106 Lot 17 Qualification Code

Work Site Location 20 Kissling Ave
Hopatcong NJ 07843

Owner in Fee: Robert Robinson

Tel. (718) [redacted] e-mail

Address 20 Kissling Ave Hopatcong NJ 07843

Contractor: Colson Enterprises Inc (street, municipality, zip code) Tel. (973) 347-4888

Address 20 Rt 183 e-mail
Netcong NJ 07857

Contractor License No. or Builder Registration No. 13VH06449300 Exp. Date 10/31/12

Home Improvement Contractor Registration No., or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: (973) 347-4888

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.

Sign here:

Print name here: Randolph P. Colson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Random 550 g UST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[x] No Plans Required	10/11/12	WDC
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/11/12
Approved by: WDC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [x] CA
Date: 10/18/12
Approved by: WDC

INSPECTIONS 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 UST				
Other TANK			10/18/12	WDC
Final Demo				
Barrier-Free				

Dates (Month/Day)

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

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $ 140
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

* Removal
Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 925.
3. Total (1+ 2) $ 925.

U.C.C. F110 (rev. 11/09)
Internet version

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

OPEN

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 12/11/12
Control # C31603/14B
Permit # 12-0607

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 14 Qual

Work Site Location 20 KISLING AVE
INSTALL AST
Owner in Fee RADZIWON ROBERT
Address SAME
HOPATCONG, NJ 07843-
Telephone (718) [redacted]94

Contractor COLSON ENT INC
Address 20 RT 183
NETCONG, NJ -
Telephone (973) 347-0110
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL AST

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 $ 1,850

Construction Official

12/11/12
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	65
Fire Protection	130
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	199
Check No.	10002
Cash	
Collected By	

40605

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/11/12

Date Issued / Permit # 12-6607

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

Block 51603 Lot 14 Qualification Code

Work Site Location 20 Kissling Ave Hopatcong NJ 07843

Owner to Fee: Robert Radziwon

Tel (718 [redacted] e-mail

Address 20 Kissling ave Hopatcong 07843

Contractor Colson Enterprises Inc Tel. (973) 347-4888

Address 20 Cliff Netcong NJ 07857 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH06494300

Federal Emp. ID No. [redacted] FAX: (973) 347-5487

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New [X] Existing [ ] HVAC Fire Suppression/Standpipe System: [ ] New [ ] Existing

Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable [ ] Combustible *Capacity* 300 g

Total Cost of Fire Protection Work $ 925.00

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.

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 330 g AST outside

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		30
State Permit Surcharge Fee $		1
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 10-3-12

Approved by: JJC

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 10-22-12

Approved by: JJC

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10-22-12	JJC
Other				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/11/12

Date Issued / Permit # 12-6067

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

Block 5103 Lot 19 Qualification Code _____

Work Site Location 30 Kristine Avenue
Hopatcong NJ 07843

Owner in Fee: Robert Hoffmann

Tel. (201) [redacted] e-mail _____

Address 30 Kristine Ave Hopatcong NJ 07843
street municipality zip code

Contractor: Olson Enterprises Inc. Tel. (201) 770-4664

Address 30 Rt 183 Netcong NJ e-mail _____

Contractor License No. 13VH15761 Exp. Date 2/28/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. [redacted] FAX: (201) 347-8479

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 7,000.00

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: _____

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				

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

DESCRIPTION OF WORK

Instal 530 gallon UST outside

QTY.	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	
X	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 _____	
	Other _____	
	Other _____	

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

OPEN

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 3/1/2015
Control # C31603/14A
Permit # 15-165

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 14 Qual

Work Site Location 20 KISLING AVE
ADDITION, ALTERATION
Owner in Fee RADZIWON ROBERT
Address 66-41 69TH ST. APT 1B
MIDDLE VILLAGE, NY -
Telephone (718) [redacted]4

Contractor HICKEY CONSTRUCTION, LLC
Address 55 SHAWNEE RD
HOPATCONG, NJ 07843-
Telephone (973) 398-9126
Lic. No. or Bldrs. Reg. No. 13VH06558500
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ADDITION, ALTERATION

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 $ 428,000

Construction Official

3/10/15
Date

PAYMENTS (Office Use Only)

Building	4,049
Electrical	385
Plumbing	256
Fire Protection	115
Elevator Devices	0
Other	
DCA State Permit Fee	399
Cert. of Occupancy	65
Other	
Total	5,269
Check No.	10369
Cash	
Collected By	

10369

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

ELECTRICAL SUBCODE TECHNICAL SECTION

OPEN

Date Received 3/1/2013
Date Issued
Control #
Permit # 13-165

A. DESCRIPTION - SPECIAL & COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO. 1-800-272-1000.

Block 31603 Lot 14

Work Site Location 20 Kisling

Owner in Fee/Occupant Rodzewon

Address 66-41 64th st. Apt. 1B middlevillageNY

Tel. (973) [redacted]

Contractor Hardone Electric, Inc.

Address 39 Saddle Ridge Road
Andover, NJ 07821

Tel. (908) 689-6080 Fax (908) 684-4681

Lic. No. 14483

Federal Emp. No. [redacted]

Use Group Present Proposed

[ ] Pub/Priv [ ] Temporary [ ] Other

Sub Sup Occupt. Use Utility Co.

Est. Cost of Elec. Work $ 30,000

B. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
86		Lighting Fixtures
104		Receptacles
62		Switches
8		Detectors
		Light Poles
		Motors - Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
260		TOTAL NUMBERS
		Pool Permit/With UW Lights
		Storable Pool/Spa/Hot Tub
1	50A	KW Elec. Range/Receptacle
		KW Oven/Surface Unit
1	30A 5	KW Elec. Water Heater
1	30A 5	KW Elec. Dryer/Receptacle
1	20A 3	KW Dishwasher
		HP Garbage Disposal
2	20A 5	KW Central A/C Unit
2	½	HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/4 HP
		KW Transformer/Generator
1	200	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 3.85
TOTAL FEE	$

C. SUBCODE APPROVAL (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Dept. Approved

Date: 12/17/13

Approved By: RS

INSPECTIONS: Dates (Month/Day)

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

SUBCODE APPROVAL

[ ] GO [ ] CGO [ ] GA

Temp. Cut-in Card Date Issued

Final Cut-in Card Date Issued

Date:

Approved by:

G. 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 & Date

DCA Form

1 White - Inspector Copy 2 Canary - Office Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of Contractor

RECEIVED

Date Received
Control #
Date Issued
Permit # 13-165

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

Block 21603 Lot 14 Qualification Code

Work Site Location 20 Kislink

Owner in Fee: RAD Leasing

Tel. (973) [redacted]126 e-mail

Address 66-41 69th ST. Apt 1B Middle Village NY
street municipality zip code

Contractor: LaFlus Electric Inc Tel. (973) 584-4487

Address 106 Rt 183 Stanhope NJ e-mail

Contractor License No. 5447 Exp. Date 3/31/2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 22,600

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 sign/Contractor sign and seal here: Vincent LaFlus

Print name here: Vincent LaFlus

[x] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Lights, Power,

QTY.	SIZE	ITEMS
86		Lighting Fixtures
109		Receptacles
62		Switches
8		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
260		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
1	5.04	KW Elec. Range/Receptacle
		KW Oven/Surface Unit
1	5	KW Elec. Water Heater
1	5	KW Elec. Dryer/Receptacle
1	2	KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/4 HP
		KW Transformer/Generator
1	200	AMP Service
		AMP Subpanels
	60	AMP Motor Control Center
2		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date 10/4/12 Approved by: M

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] TCO
Date: 9/29/14
Approved by: RS

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			2/4	RS
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			9/29	RS
Final			9/29	RS
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued Inspected Sent 9/29/14
Annual Pool Inspection
Date of Grounding and Bonding Certification

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 35.00

U.C.C. F120 (rev. 11/09)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/1/2013
Control # 13-165
Date Issued
Permit #

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

Block 31603 Lot 14 Qualification Code

Work Site Location 20 Kisling

Owner in Fee: Rodziwon

Tel. 973) 3[redacted]26 e-mail

Address 66-41 69th St. Apt 1B Middle Village NY
street municipality

Contractor: Northbone electric Tel. (908) 684-4680
area code

Address 39 Saddle Ridge Rd. e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [X] Other

Location:

Total Cost of Fire Protection Work $ 4,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [X] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
110v Inter Connected Smoke

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	8	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		1.50
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date 12-17-13 Approved by: J.C.C.
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-17-13
Approved by: J.C.C.

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1/21/15
Approved by: J.C.C.

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1/21/15	J.C.C.
Other				

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/1/2013
Control #
Date Issued
Permit # 13-165

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

Block 31603 Lot 14 Qualification Code ______

Work Site Location 20 Kisling

Owner in Fee: Raid Ziwan

Tel. (973) [redacted] e-mail ______

Address Same 66-11 69th st. Apt. 1B middle village, NY
street municipality zip code

Contractor: Hickey Const LLC Tel. (973) 398-9126

Address 35 Shawnee Al e-mail ______
Hopatcong NJ 07843

Contractor License No. or Builder Registration No. ______ Exp. Date ______

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH06558500

Federal Emp. ID No. ______ FAX: (973) 398-0972

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	03/08/13	Wade
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 03/08/13
Approved by: Wade

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS 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				

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories 2½
Height of Structure 32' ft.
Area — Largest Floor 3257 sq. ft.
New Bldg. Area/All Floors 1517 sq. ft.
Volume of New Structure 20,550 cu. ft.
Max. Live Load 55
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ 200,000
2. Rehabilitation $ 164,000
3. Total (1+ 2) $ 264,000

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.

Sign here: [signature]

Print name here: Fred Hickey

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition

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

FEE (Office Use Only)
$ ______

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

U.C.C. F110 (rev. 11/09)
Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/1/2013
Control #

Date Issued
Permit # 13-165

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

Block 3103 Lot 4 Qualification Code

Work Site Location 20 Existing

Owner in Fee: Ruth Zisser

Tel. (973) [redacted] e-mail

Address 66-4 6th St. Apt. 1B Lakewood Village NY
(street, municipality, zip code)

Contractor: A-Rite Plumbing Tel. (973) 220-1112

Address 39 Ripplewood Rd e-mail

Contractor License No. 6705 Exp. Date 2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: (973) 220-9839

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic X

Water Service Size Public Water Private Well X

Est. Cost of Plumbing Work $ 25,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 2/20/13
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Kitchen
4-New Baths
Addition & Total Rehab.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
4	Water Closet	
	Urinal/Bidet	
3	Bath Tub	
5	Lavatory	
2	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
1	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ N/A
TOTAL FEE	$

RECEIVED

APR 1 0 2012

Borough

ZONING PERMIT

Borough of Hopatcong
111 River Styx Road
Hopatcong, NJ 07843
Phone: (973)770-1200, Fax: (973)770-0301

Name: Robert Radziwon

Block: 31603 Lot: 14+14.01 Zone: R-1 Permit Number

Address: 20 Kisling Ave, Hopatcong NJ 07843

Mailing Address: same

Phone: Daytime: 718 [redacted] Evening: [redacted]

Describe what the property is currently being used for:
residential

Is this property located on a ✓ developed or ____ undeveloped Borough roadway?

What is this application for?
construction of addition to existing home.

Will this project involve disturbing more than 1500 square feet of your property? Yes____ No X

Has the above premises been subject to any Planning Board or Zoning Board Adjustment approvals?
Yes____ No X

Attach a plot plan or survey map of the premises showing well & septic locations, existing and proposed structure dimensions including floor plans and overall height.

I hereby make application for a Zoning Permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit that requires a separate application. I certify that the answers to the above questions and any statements made on the attachments are true and complete to the best of my knowledge.

Date: 04/19/12 Signature: [signature]

$20.00 FEE PAID 4/19/12, cash ✓ 36161

---

*MUST BE COMPLETED * HOUSE NUMBER MUST BE VISIBLE FROM STREET
DIRECTIONS TO YOUR PROPERTY FROM THE BOROUGH HALL:

River Styx road over bridge left on kisling, property on left

St 18 L
69.001 18 P

Radziwon
20 Kisling Ave
31603 - 14 & 14.01
R-1 original era Record 5/2/12

For Office Use

Board of Health approval: ✓ yes, needed ____ no, not needed ____ Well ____ Septic Sewer

Approved: ____ yes ✓ no, denied, Board of Adjustment approval needed

This approval is conditioned upon the approval of any other government entity having jurisdiction in this matter.

Date: 5/2/12 William R Donegan III
William Donegan, III, Zoning Officer

Reason for Denial and Section(s) of Ordinance from which a Variance is required:
242-38D-5 side yard set back, 242-38D(7) height, Any variances required by The Land Use Board. Pre existing non conforming (242-38D-2 lot width, 242-18-A Structure within 50' of the lake.)

Zoning Officer's Calculations

ORDINANCE REQUIREMENT	EXISTING	PROPOSED	CONFORMS	PRE-EXISTING
242-38D(1)				
LOT SIZE: 15,000	28748	Same	Y	
242-38D(2)				
LOT WIDTH: 120	62'	Same	N	✓
242-38D(3)				
LOT DEPTH: 100'	449+	Same	Y	
242-38D(4)				
Frontyd. setback: 40'	229	173	Y	
242-38D(5)				
Sideyd. setback: 10/10/20	7.63/14.51/22.14,	10/6/16	N	**
242-38D(6)				
Rearyd. Setback: 20	181	Same	Y	
242-38D(7)				
Bldg. height: 2 ½ stories or 35'	1/≤35',	36'4"/2	N	**
242-38D(8) *Conf. lot cov. 25% = 7,185, 5,142 = 17.883, 6076 = 21.13%			Y	
~~242-38E(2) *non-conf. lot cov. 35%~~				
242-38D(9) *Conf. lot footprint 15% = 4312, 1020 = 3.5%, 2515 = 8.7%			Y	
~~242-38E(1) *non-conf. lot footprint 20%~~				
242-18-A				
Distance from Lake/Stream: 50'	SLD = 36'	Same	N	✓
242-11C				
Steep/critical slope: 15%/25%			NA	
242-28C(1)				
Retaining Wall setback: 5' fr. Prop. line	3' but <4' high		NA	
OTHER Park.	2 (10 x 20)		Y	

*Conforming Lots are 15,000 sf. or more in R-1 zone, everything smaller is non-conforming

Radziwon

20 Kisling Ave.

31603 – 14 & 14.01

Lot 62.50 × 449.61 = 28,100.63

62.5 × 25 ÷ 2 = 781.25

[illegible] 33.5 × 4 = – 134

28747.88

Say 28748

194 × 10 = 1940

5 × 15 ÷ 2 = 37.5

18 × 7 ÷ 2 = 63

20 × 5 ÷ 2 = 50

[illegible] 7 × 23 = 161

28 × 16 = 448

20 × 27 = 540

4 × 4 = 16

4 × 11.5 = 46

3 × 11.5 = 34.5

Walk 3 × 21 = 63

3 × 28 = 84

3 × 213 = 639

[illegible] 4 × 5 = 20

[illegible] 40 × 25 = 1,000

~~[illegible]~~

5142 = 17.88% lot cover before

Addition 15 × 40 = 600

24 × 30 = 720

5 × 20 = 100

[illegible] 3 × 25 = 75

6637 = 23.08%

– 7 × 23 – 161

– 20 × 20 – 400

6076 = 21.13% lot cover after

Footprint 1,000

20

1,020 = 3.54 = footprint before

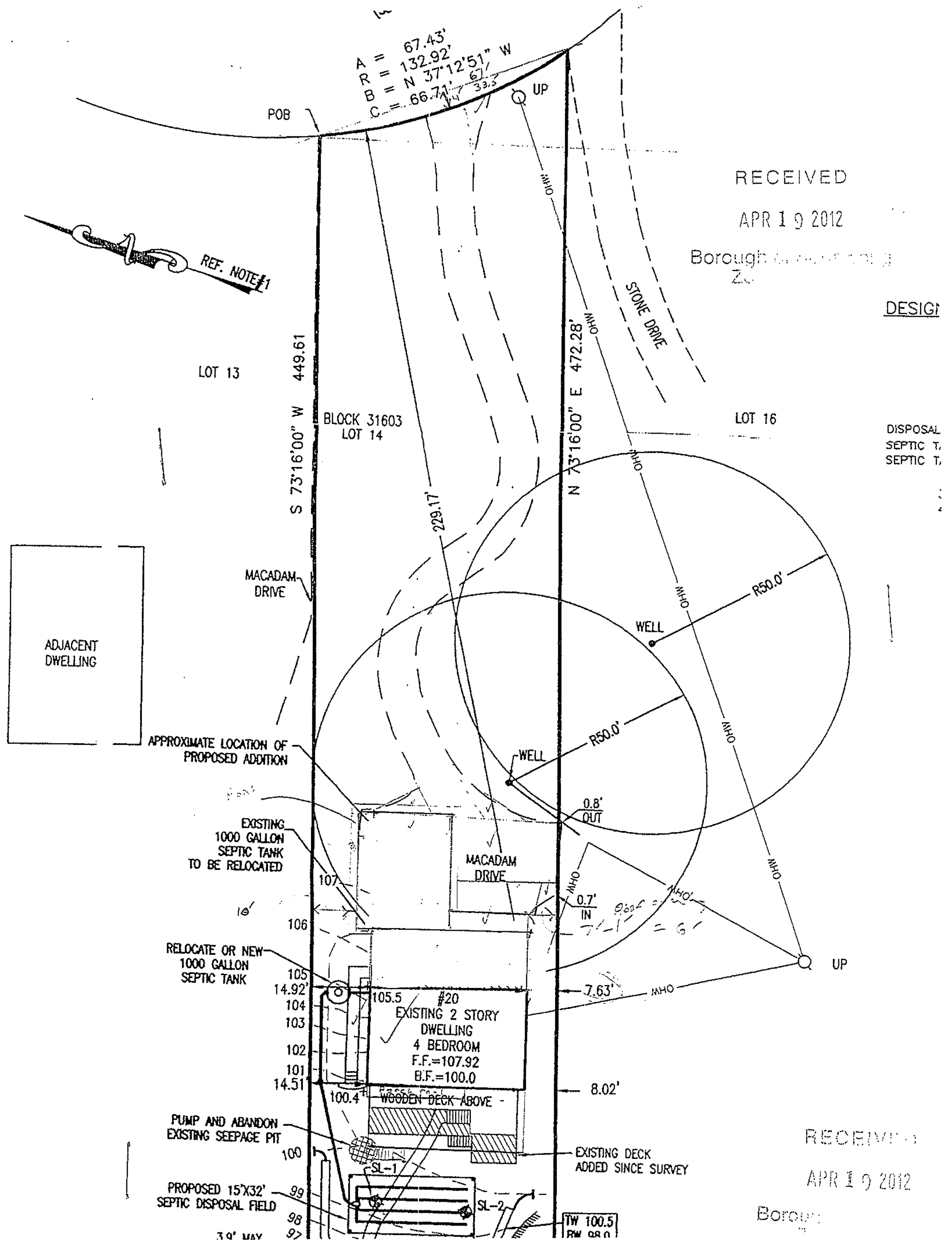
600

720

100

75

2515 = 8.74% Footprint after


A = 67.43'
R = 132.92'
B = N 37°12'51" W
C = 66.71'
POB
UP
RECEIVED
APR 1 9 2012
Borough
REF. NOTE #1
LOT 13
S 73°16'00" W 449.61
BLOCK 31603
LOT 14
N 73°16'00" E 472.28'
STONE DRIVE
LOT 16
DESIG
DISPOSAL
SEPTIC T
SEPTIC T
229.17'
OHW
R50.0'
WELL
MACADAM DRIVE
ADJACENT DWELLING
APPROXIMATE LOCATION OF PROPOSED ADDITION
0.8' OUT
EXISTING 1000 GALLON SEPTIC TANK TO BE RELOCATED
107
106
0.7' IN
RELOCATE OR NEW 1000 GALLON SEPTIC TANK
105
14.92'
104
103
102
101
14.51'
105.5
#20
EXISTING 2 STORY DWELLING
4 BEDROOM
F.F.=107.92
B.F.=100.0
7.63'
8.02'
100.4
WOODEN DECK ABOVE
PUMP AND ABANDON EXISTING SEEPAGE PIT
100
EXISTING DECK ADDED SINCE SURVEY
SL-1
SL-2
PROPOSED 15'X32' SEPTIC DISPOSAL FIELD
99
98
97
TW 100.5
RECEIVED
APR 1 9 2012
Borou

OPEN

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 3/1/2012
Control # C31603/14
Permit # 13 166

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 14 Qual

Work Site Location 20 KISLING AVE
DOCK
Owner in Fee RADZIWON ROBERT
Address SAME
HOPATCONG, NJ 07843-
Telephone (718) [redacted]

Contractor AAA DOCK & DREDGE
Address 25 SHORE DR
HOPATCONG, NJ 07843-
Telephone (973) 663-4998
Lic. No. or Bldrs. Reg. No. 13VH04005800
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DOCK

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 7,000

William O'Brien
Construction Official

3/1/2012
Date

PAYMENTS (Office Use Only)

Building	168
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	12
Cert. of Occupancy	0
Other	
Total	180
Check No.	1304
Cash	
Collected By	SDH

CK 408609

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/11/2013
Control #

Date Issued
Permit # 13-166

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

Block [illegible] Lot [illegible] Qualification Code ______

Work Site Location [illegible] NJ [illegible]

Owner in Fee: [illegible]

Tel. ([illegible]) [redacted] e-mail ______

Address [illegible] (street) [illegible], NJ (municipality) [illegible] (zip code)

Contractor: [illegible] Tel. ([illegible]) [illegible]

Address [illegible] e-mail ______

[illegible], NJ [illegible]

Contractor License No. or Builder Registration No. [illegible] Exp. Date ______

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______

Federal Emp. ID No. ______ FAX: (____) ______

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.

Sign here: [signature]

Print name here: [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

[illegible] of [illegible] deck, six new pilings [illegible], wooden decking 10' x 35' [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[✓] Structural/Framework	[illegible]	
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: [illegible]
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS 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				

Dates (Month/Day)

TYPE OF WORK:

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

FEE (Office Use Only)
$ ______

Administrative Surcharge $ ______
Minimum Fee $ ______
State Permit Surcharge Fee $ [illegible]
TOTAL FEE $ [illegible]

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors ______ sq. ft.
Volume of New Structure ______ cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Rehabilitation $ 7,000
3. Total (1+ 2) $ ______

U.C.C. F110 (rev. 11/09)
Internet version

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

RECEIVED

APR 19 2012

Borough

ZONING PERMIT

Borough of Hopatcong

111 River Styx Road
Hopatcong, NJ 07843
Phone: (973)770-1200, Fax: (973)770-0301

Name: Robert Radziwon

Block: 31603 Lot: 14+14.01 Zone: R-1 Permit Number

Address: 20 Kisling Ave, Hopatcong NJ 07843

Mailing Address: same

Phone: Daytime: [redacted] Evening: [redacted]

Describe what the property is currently being used for:
residential

Is this property located on a ✓ developed or ____ undeveloped Borough roadway?

What is this application for?
construction of addition to existing home.

Will this project involve disturbing more than 1500 square feet of your property? Yes____ No X

Has the above premises been subject to any Planning Board or Zoning Board Adjustment approvals?
Yes____ No X

Attach a plot plan or survey map of the premises showing well & septic locations, existing and proposed structure dimensions including floor plans and overall height.

I hereby make application for a Zoning Permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit that requires a separate application. I certify that the answers to the above questions and any statements made on the attachments are true and complete to the best of my knowledge.

Date: 04/19/12 Signature: [signature]

$20.00 FEE PAID 4/19/12, cash 36161

---

*MUST BE COMPLETED * HOUSE NUMBER MUST BE VISIBLE FROM STREET

DIRECTIONS TO YOUR PROPERTY FROM THE BOROUGH HALL:

River Styx road over bridge left on kisling, property on left

For Office Use

Board of Health approval: ✓ yes, needed ___ no, not needed ___ Well ___ Septic Sewer

Approved: ___ yes ✓ no, denied, Board of Adjustment approval needed

This approval is conditioned upon the approval of any other government entity having jurisdiction in this matter.

Date: 5/2/12 William C Donegan III

William Donegan, III, Zoning Officer

Reason for Denial and Section(s) of Ordinance from which a Variance is required:
242-38D-5 side yard set back, 242-38D (7) height, Any variances required by The Land Use Board. Preexisting non conforming (242-38D-2 lot width, 242-18-A Structure within 50' of the lake.)

Zoning Officer's Calculations

ORDINANCE REQUIREMENT	EXISTING	PROPOSED	CONFORMS	PRE-EXISTING
242-38D(1)				
LOT SIZE: 15,000	±28748	Same	Y	
242-38D(2)				
LOT WIDTH: 120	62'	Same	N	✓
242-38D(3)				
LOT DEPTH: 100'	449 ±	Same	Y	
242-38D(4)				
Frontyd. setback: 40'	229	173	Y	
242-38D(5)				
Sideyd. setback: 10/10/20	7.63/14.51/82.14,	10/6/16	N	**
242-38D(6)				
Rearyd. Setback: 20	181	Same	Y	
242-38D(7)				
Bldg. height: 2 ½ stories or 35'	1/≤35',	36'4"/2.	NJ	**
242-38D(8) *Conf. lot cov. 25% = 7,182, 5,142 = 17.88%, 6076 = 21.13%			Y	
~~242-38E(2) *non-conf. lot cov. 35%~~				
242-38D(9) *Conf. lot footprint 15% = 4312	1,020 = 3.54,	2515 = 8.74	Y	
~~242-38E(1) *non-conf. lot footprint 20%~~				
242-18-A				
Distance from Lake/Stream: 50'	54.0 ± 35'	Same	NJ	✓
242-11C				
Steep/critical slope: 15%/25%			NA	
242-28C(1)				
Retaining Wall setback: 5' fr. Prop. line	3' but <4' high		NA	
OTHER Parking 2 (10 x 20)			Y	

*Conforming Lots are 15.000 sf. or more in R-1 zone, everything smaller is non-conforming

RESOLUTION
BOARD OF ADJUSTMENT
BOROUGH OF HOPATCONG
SUSSEX COUNTY, NEW JERSEY
MATTER OF GLORIA PETROSINO
DECIDED: February 9, 2000
MEMORIALIZED: March 8, 2000

WHEREAS, Gloria Petrosino has applied to the Zoning Board of Adjustment of the Borough of Hopatcong for a certification establishing preexisting non-conforming use rights in accordance with N.J.S.A. 40:55D-68. The property for which relief is requested is known as Lot 13 Block 31603 as shown on the official tax maps of the Borough of Hopatcong; and

WHEREAS, the Board, after carefully considering all of the evidence and testimony presented on the matter, has made the following factual findings:

1. The applicant is the owner of real property located in an R-1 zone. The principal use permitted in an R-1 zone is single family residential. The zone does not permit multi-family dwellings. Further, Chapter 77-14 prohibits more than one principal use on a lot.

2. The existing improvements on the property consist of three separate structures. The structure closest to the road is used as a year round single family dwelling. A centrally located structure is used as a year round single family dwelling. A boathouse extending into the waters of Lake Hopatcong has on the second story a seasonal two bedroom apartment. The applicant seeks to continue these uses as legitimate preexisting non-conforming uses.

3. To establish legitimate preexisting non-conforming use rights an applicant must show that the use preexisted the enactment of the zoning ordinance in 1959-1960 (the permitted uses in the zone being essentially unchanged since the original enactment), and that such use has been continuous, uninterrupted, and unchanged to date.

4. The applicant testified that applicant had purchased the property in approximately 1973. At the time of the applicant's purchase there were four summer homes on the lot. The applicant testified that at some time in the past one of the summer homes was removed in accordance with an agreement of the Borough and reconstruction of a fire damaged dwelling allowed. The applicant presented a prior survey and photographs of the property, which survey showed the four dwellings and indicated the one which was removed.

5. The applicant presented an affidavit from John Benniger and Corrine Benniger who owned adjoining property from 1953-1994. This affidavit was accepted by the chairman. It indicated that the boathouse had a second story living area prior to 1953.

6. The applicant appeared pro se. The applicant advised the board that practically all of the dealings with regard to the subject property were performed by her former husband who is now deceased. Because the facts were basically unclear, particularly as to seasonal/year round use, the board postponed the application for one month to allow the Board attorney to investigate the Borough files with regard to this property.

7. At the adjourned date of February 9, 2000 the Board attorney reported to the board that there was a 1980 resolution of the Board in the Borough's building file. The May 7, 1980, resolution of the Board is not exactly clear. A reasonable reading of the resolution is that provided the one structure was removed, the then owner(the current applicant) would have a right to reconstruct the fire damaged dwelling, and have three separate living units on the property. Again, while it was not clear, a reasonable inference from the resolution was that the one existing dwelling and the dwelling to be reconstructed were to be year round use. The applicant stipulated before the board that the apartment above the boathouse was seasonal.

8. While the applicant argued that the issue of the boathouse use was the only item that the applicant was seeking to establish, in accordance with the advice of the Board's attorney, it was more appropriate to review the use of the whole property.

9. While the Hantman v. Randolph Township case stands for the proposition that a conversion of seasonal to year round use constitutes an expansion of a non-conforming use, the resolution of the Board in May 1980 appeared to accept a year round use for the dwelling closest to the road, a year round use of the centrally located dwelling, and a seasonal use for the apartment over the boathouse. While the applicant could not apparently argue year round use of any of the dwellings from 1959-1960 forward, the 1980 resolution and agreement established such use.

WHEREAS, the Board on motion made, seconded and carried by a vote of 4-0 passed the following motion:

The subject property has legitimate preexisting non-conforming use rights, as follows:

A. Year round single-family dwelling that currently exists closest to the road Kisling Avenue;

B. A year round single family dwelling centrally located on the property;

C. and a seasonal single-family use above the boathouse; and this resolution shall serve as a certificate pursuant to N.J.S.A 40:55D-68 establishing same; subject, however, to all limitations on preexisting non-conforming uses.

COLEEN CRANFORD
Secretary, Board of Adjustment

ROLL CALL VOTE:

IN FAVOR: 4

OPPOSED: 0

The foregoing is a true copy of a Resolution adopted by the Zoning Board of Adjustment of the Borough of Hopatcong at its regular meeting on March 8, 2000.

COLEEN CRANFORD
Secretary, Board of Adjustment

BOROUGH OF HOPATCONG
BUILDING DEPARTMENT
RIVER STYX ROAD
HOPATCONG, N.J. 07843 – 1599
TEL: (201) 770-1200

$20.00 Paid 1/27/83

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

NO. #1838

IMPORTANT *– Applicant to complete all items in sections: I, II, III, IV, and IX.*

I. LOCATION OF BUILDING

AT (LOCATION) 22 (NO.) Kisling Ave (STREET) ZONING DISTRICT

BETWEEN — (CROSS STREET) AND — (CROSS STREET)

SUBDIVISION LOT 13 BLOCK 31603 LOT SIZE

STREET

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 ☐ New building
2 ☐ Addition *(If residential, enter number of new housing units added, if any, in Part D, 13)*
3 ☐ Alteration *(See 2 above)*
4 ☐ Repair, replacement
5 ☒ Wrecking *(If multifamily residential,*

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 ☒ One family
13 ☐ Two or more family – *Enter number of units* → ____
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* → ____

Nonresidential
18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional

BOROUGH OF HOPATCONG
BUILDING DEPARTMENT
RIVER STYX ROAD
HOPATCONG, N.J. 07843
TEL. (201) 770-1200

Paid 1/27/83

Spec

BUILDING PERMIT

FIELD COPY

88[redacted]

DATE November 3 19 82 PERMIT NO. 1838

APPLICANT Peter Petrosino ADDRESS Lakeside Ave Morris Plains (CONTR'S LICENSE)
(NO.) (STREET)

PERMIT TO Demo (TYPE OF IMPROVEMENT) ( ) NO. STORY (PROPOSED USE) NUMBER OF DWELLING UNITS

AT (LOCATION) 22 Kisling Avenue (NO.) (STREET) ZONING DISTRICT

BETWEEN — (CROSS STREET) AND — (CROSS STREET)

SUBDIVISION LOT 13 BLOCK 31603 LOT SIZE

BUILDING IS TO BE ____ FT. WIDE BY ____ FT. LONG BY ____ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE ____ USE GROUP ____ BASEMENT WALLS OR FOUNDATION ____ (TYPE)

REMARKS: Cont: Standand Exc. Minnisink, Lk Hopt. 663-1100

1950 Permit for 1 family Dwelling & Attached Garage

AREA OR VOLUME ____ (CUBIC/SQUARE FEET) ESTIMATED COST $ ____ PERMIT FEE $ 20.00

OWNER Peter Petrosino
ADDRESS Lakeside Avenue Morris Plains N.J.

BUILDING DEPT. BY Robert L. Yates

FORM NO. BOCA-BP 1969

38 ☐ Coal
39 ☐ Other – *Specify* ____

Will there be an elevator?
46 ☐ Yes 47 ☐ No

54. Number of bathrooms { Full..... Partial.....

No. 80653 Issued 11/27/83

☞ Necessary fees must accompany this application

DEPARTMENT OF BUILDINGS
MUNICIPAL BUILDING
BOROUGH OF HOPATCONG

March 10, 1980

APPLICATION FOR BUILDING PERMIT

To the Building Inspector:

Application is hereby made for a permit to erect / alter / (demolish) a building according to the following detailed statement and plans herewith submitted. It is understood that all provisions of the Building Code will be complied with in erection / the alteration of said building, whether specified herein or not / demolition

Owner PETER R. PETRASINI Address 205 LAKE SHORE DR PARSIPPANY

Architect ..... Address .....

Contractor ~~Self~~ BOWER CONST Address Harvard Blvd MTN LAKES NJ

Proposed use of building ..... How occupied at present .....

Street 27 Kipling Circle Block No. 31.03 Section No. ..... Lot No. 13 (as per Borough Tax Map)

or the correct distance from the nearest street corner to lot line ..... ft. from ..... Street

Side ..... Size of Lot: Front ..... Rear ..... Depth .....

Other buildings on the lot?

(1) Area ..... How occupied .....

(2) Area ..... How occupied .....

Any buildings removed?

(1) Area 542 ft

(2) Area .....

Distance building is to be erected from lot lines, sides: Left ..... Right .....

Front ..... Rear .....

State estimated cost of building (exclusive of lot) $ ..... Time of commencement .....

Size of building ....., Front ..... feet; Side ..... feet; Overall height from finished grade ..... feet

Date ....., 19.....

I, ... interested as .....

residing at .....

will superintend the construction of the within said building, and having the proper authority from the owner to apply for this permit and make this application. That the

887-9077

No. 80118

BOROUGH OF HOPATCONG

APPLICATION FOR ZONING PERMIT

Location 22 Kissling Ave. Sec. ____ Blk. No. 3/6.03 Lot No. 23

Owner Pete DeTrosino Address 255 Lakeshore DR.

Architect SELF Address ____

Contractor Bonnel' Const Address Bonnel' Building Mt. Arlington

Any Existing Buildings on Lot 3

New Construction ____ Alteration ____ Sign ____

Proposed Use of Bldg., Principal SELF Accessory ____

Zone R-C ____ R-1 ✓ B-1 ____ B-2 ____ B-3 ____ M-1 ____

Corner Lot ____ Lot Area 54,850 Lot Width Front 99 Rear 79' Lot Depth 685

Size of Bldg. Front 30 Side 40 Max Height 14' Floor Area Usable 1200

Habitable Floor Area Sq. Ft. 1,200 Percent of Lot Coverage Max 10 20

Min. Yd. Front 500 Rear 110' One Side 10' of Principal Bldg.

Min. Yd. Front ____ Rear ____ One Side ____ Accessory Bldg.

Any Change in the Use of Structure NO Land NO

Any Home Occupation NO

Road

Rear

Road Side Sale Survey Side Road

Front

Plot Plan

Road

Home 5879099

No. 80292

C. of O. ISSUED 1/28/83

Gloria Petrosino
455 - 7800
ext 305

☞ Necessary fees must accompany this application

DEPARTMENT OF BUILDINGS
MUNICIPAL BUILDING
BOROUGH OF HOPATCONG

March 10, 1980

APPLICATION FOR BUILDING PERMIT

To the Building Inspector:

Application is hereby made for a permit to erect / alter / demolish a building according to the following detailed statement and plans herewith submitted. It is understood that all provisions of the Building Code will be complied with in erection / the alteration / demolition of said building, whether specified herein or not

Owner PETER R. PETROSINO Address 253 LAKE SHORE DR.

Architect PETER Address

Contractor OWNER Address Howard Blvd. Mt. Arlington

Proposed use of building 1 FAM Dwg How occupied at present 1 FAM Dwg

Street Kissling Ave Block No. 31603 Section No. Lot No. 13 (as per Borough Tax Map)

or the correct distance from the nearest street corner to lot line 653 ft. from 653' Street

Side 685' Size of Lot: Front 79' Rear 79' Depth 685'

Other buildings on the lot?

(1) Area 600 SQ FT. How occupied Summer

(2) Area 600 SQ FT. How occupied Yearly

Any buildings removed?

(1) Area 600 SQ FT

(2) Area

Distance building is to be erected from lot lines, sides: Left 20' Right 40'

Front 500' Rear 120'

State estimated cost of building (exclusive of lot) $ 25,000. Time of commencement 12/1/79

Size of building 1200 SQ FT; Front 30 feet; Side 40 feet; Overall height from finished grade 14 feet

Date 8/24, 1980

I, Pete Petrosino interested as owner

residing at 255 Lake shore DR Parsip.

will superintend the construction of the within said building, and having the proper authority from the owner to

Issued 8/21/92

CONSTRUCTION PERMIT

Date Issued 8/21/92
Control #
Permit # 12227

IDENTIFICATION Block 31603 Lot 13

Work Site Location 22 Kisling Ave

Owner in Fee P. Petrosino
Address 255 Lakeshore Dr
Parsippany, N.J. 07054
Tele. ([redacted]

Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

replacement of exist deck 10 x 26

Dumpster Location Requested

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 $ 1110.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	34.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other Zoning	20.00
DCA Training Fee	
Cert. of Occ.	50.00
Other Penalty	200.00
Total	304.00
Check No.	105
Cash	
Collected By:	EV

(see reverse side)

U.C.C. Form F-170C

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

RECEIVED

AUG 13 1992

BORO OF HOPATCONG
CONSTRUCTION DEPT.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/21/92
Date Issued
Control #
Permit # 12177

Tel. 365-3731 Office

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

Block 31603 Lot 13
Work Site Location 22 Kissing Avenue
Hopatcong, N.J. 07054
Owner in Fee Peter/Gloria Petrosino
Address 255 Lakeshore Drive
Parsippany, N.J. 07054
Tele. (201) [redacted]
Contractor Peter Petrosino (OWNER)
Address Same as above

Tele. (____)
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. ____ or Social Security No. ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature Peter R Petrosino

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

X Replacement of existing deck
(see plans attached) 10 x 26

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8/19/92	DM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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	260	Sq. Ft.
Total Bldg. Area/All Floors		Sq. Ft.
Volume of Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 1110.46
3. Total (1+2) $ ____
Total cost of material

TYPE OF WORK:
[ ] New Building
[X] Addition deck
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Other ____

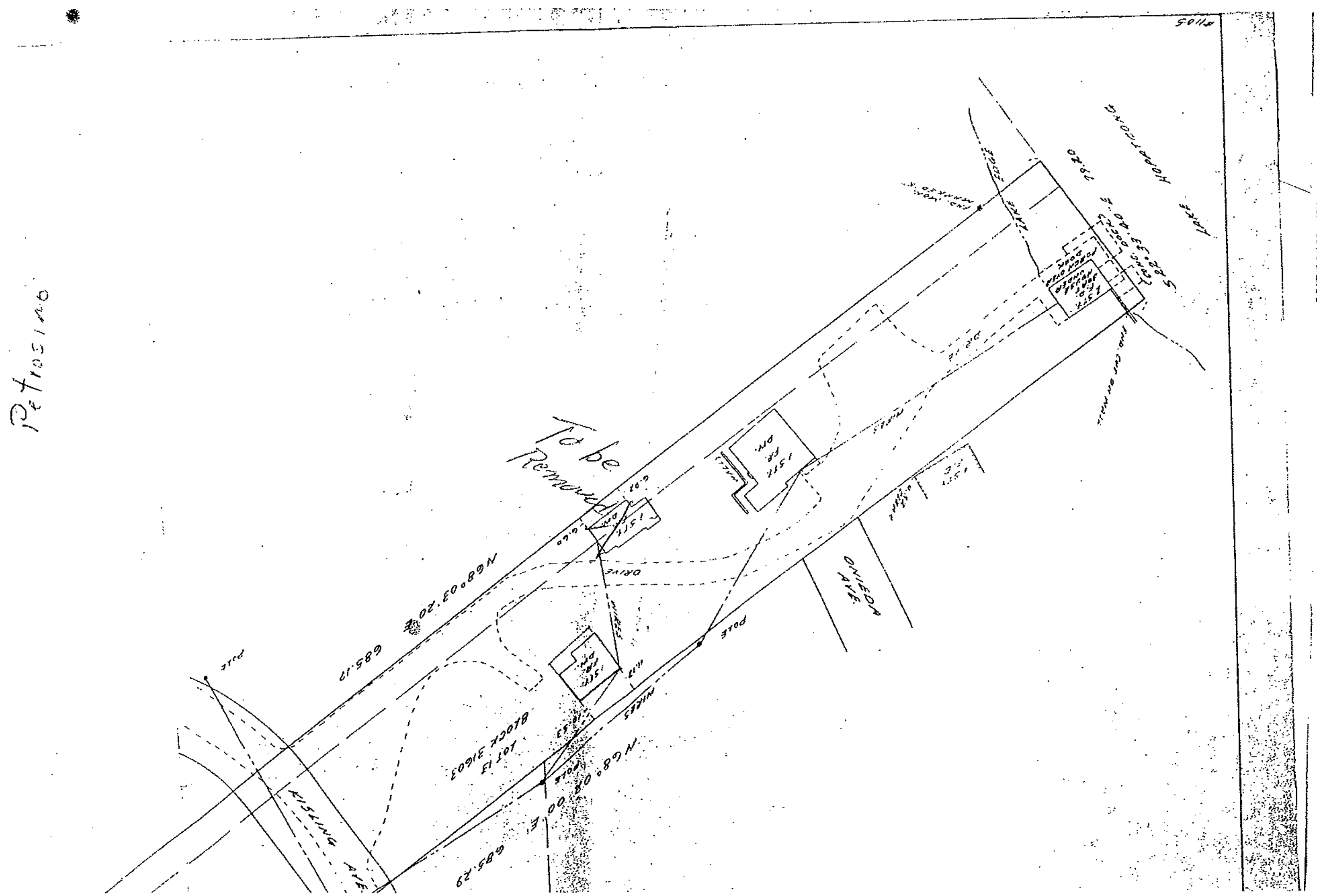
[ ] Demolition
[ ] Miscellaneous
- [ ] Fence ____ Height
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Elevator
- [ ] Asbestos Abatement
- [ ] Other ____

(Office Use Only)

FEE	
	$ ____
	34.00
Administrative Surcharge	$ ____
Minimum Fee	$ ____
TOTAL FEE	$ 34.00

Paid [✓] Check # 125
Collected by: [illegible]

U.C.C. Form F-110A
1 White=Office Copy
2 Canary=Assessor Copy
3 Pink=Applicant Copy
4 Tag=Inspector Copy


Petrosino
To be Removed
N68°03'20"E
685.17
BLOCK 31603
LOT 13
N68°08'00"E
685.29
KISSLING AVE.
ONIEDA AVE.
DRIVE
POLE
WIRES
LAKE EDGE
78.20
LAKE HOPATCONG

BOROUGH OF HOPATCONG, NEW JERSEY

Application for Zoning Permit | Office Use Only | Date Rec'd | Time | By RECEIVED AUG 13 1992 BORO OF HOPATCONG CONSTRUCTION DEPT.

INSTRUCTIONS

1. Please use ball pen or type. Do not use pencil.
2. Please answer all questions. If the answer is "none," state "none."
3. Attach a plot plan or survey map, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved area, signs, etc. and show their dimensions and distances from all property lines and roads.

Name of Applicant: Peter + Gloria Petrosino

Name of Owner (if different from applicant):

Address of Applicant: 255 Lakeshore Drive Parsippany, N.J. 07054

Address of Owner (if different):

Phone number of applicant: (201) 8[redacted]

What is present use of principal building? House

What is proposed use of princial building? House

What are the present uses of any accessory buildings? NO

What are the proposed uses of any accessory buildings? NO

What are the proposed uses of any new structures or additions for which a zoning permit is requested? Replacement of Deck

State whether the premises or property has been the subject of any prior application(s) to the Zoning Board of Adjustment or Planning Board. If none, state none. If so, state the nature of the application, the date, and the action(s) of the Board(s).

Street Address of premises: 22 Kisling Avenue Hopatcong, N.J. 07843 | Block# 31603 | Lot# 13 | Zone

I hereby make application for a zoning permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit, which requires a separate application. I certify that the answers to the above questions and any statements or representations made on attachments to this application are true and complete to the best of my knowledge.

Signature of Applicant (individual)

Date 8/12/92

Name of Corporation or Association

Attest _____ Secretary

By: _____

RECEIVED

DO NOT WRITE IN THIS SPACE

(X) The use or change is permitted by ordinance.
( ) Variance application recommended.

Permit issued - No. _____ Date AUG 18 1992

Per _____ BORO OF HOPATCONG ZONING OFFICER

Samuel L. Wilson, Zoning Officer

REPLACED EXISTING DECK. SEE PICTURES

BLOCK 3160 3 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 22 Kisling Avenue PERMIT NO. 18703

RECEIVED

MAY 3 1999

BORO OF HOPATCONG
CONSTRUCTION DEPT.

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 22 Kisling Avenue
2. Name of Owner in Fee: Gloria Pestrosino Tel. (973) [redacted]
   Address 255 Lakeshore Drive (street) Parsippany (municipality) NJ (zip code) 07054
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Peter W. Smith Roofing Tel. (973) 334-0398
   Address 280 North Beverwyck Parsippany, N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

EXPIRED

V. FEE SUMMARY (for office use only)

		Update	Update
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

	(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									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 5/3/96
Control # C-31603-13
Permit # 1803

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE

Owner in Fee PETROSINO P
Address 22 KISLING AVE
HOPATCONG, NJ 07843-
Telephone (973)[redacted]

Contractor SMITH PETER W REG
Address 280 N BEVERWYCK RD
PARSIPPANY, NJ 07054-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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:
REROOF

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 $ 2,500

Construction Official

5/3/96
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	62
Check No.	115
Cash	
Collected By	

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

3/603-13

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/03/99
Date Issued 5/3/99
Control # C-31603-13
Permit # 18703

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

Block 31603 Lot 13 Qual
Work Site Location 22 KISLING AVE

Owner in Fee PETROSINO P
Address 22 KISLING AVE
HOPATCONG, NJ 07843-
Tele.([redacted]
Contractor SMITH PETER W REG
Address 280 N BEVERWYCK RD
PARSIPPANY, NJ 07054-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

REROOF

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[X] Roofing	60
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,500
3. Total (1+2)$ 2,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Paid [ ] Check # 113
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 60
DCA Training Fee	$ 2

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

31603-13

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/04/2000
Date Issued 5/14/00
Control # C-31603-13
Permit # 19772

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

Block 31603 Lot 13 Qual
Work Site Location 22 KISLING AVE

Owner in Fee PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Tele.(___) Fax (___)
Contractor
Address

Tele.(___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 300

JOB SUMMARY (Office Use Only)

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

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
1		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	33
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other Lights/Lamp	0
		Other Disconnect	0

Paid [ ] Check # 103
Collected by: CA

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	33
DCA Training Fee	$	0

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

CHANGE OF CONTRACTOR

12-5-2000

20423

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # C-31603-13

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

Block 31603 Lot 13

Work Site Location 22 Kisling Avenue

Hopatcong, N. J.

Owner in Fee/Occupant Petrosino

Address

Tele. ( )

Contractor Alpha Electric

Address 1 Bostwick Rd

Bloomsbury NJ

Tele. (973) 350 0719 Fax ( )

Lic. No. 10926

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	8/16			B
Final				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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.

Richard J. Petrosino

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		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 $

DCA Training Fee $ 0

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

Called 12/7/01 made electricom

5/1603-13

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/07/2000
Date Issued 12/7/00
Control # C-31603-13
Permit # 20423

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

Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE

Owner in Fee PETROSINO P

Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-

Tele.( ) Fax ( )

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service	11/3/01			
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
1	60	AMP Service	33
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Paid [ ] Check # 1668
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	33
DCA Training Fee	$	0

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 7/12/06
Control # C31603/13
Permit # 06-1217

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE
DEMO-2 AST'S
Owner in Fee PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) 8[redacted]

Contractor WILEY ENVIRONMENTAL
Address 102 LINDSEY DR
HACKETTSTOWN, NJ 07840-
Telephone (908) 852-4277
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DEMO 2 AST'S

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 $ 500

Construction Official

7/12/06
Date

PAYMENTS (Office Use Only)

Building	65
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	65
Check No.	4917
Cash	
Collected By	

A 1484810

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 01/15/07
Control #
Permit # 06-1927

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31603 Lot 13 Qual
Work Site Location 22 KISLING AVE
DEMO-2 AST'S
Owner in Fee/Occupant PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) [redacted]
Contractor WILEY ENVIRONMENTAL
Address 102 LINDSEY DR
HACKETTSTOWN, NJ 07840-
Telephone (908)852-4277 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 2[redacted]5

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

DEMO 2 AST'S

[ ] 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. 4919
Collected by: SJH

Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/6/06
Control #

Date Issued
Permit # 06-1927

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

Block 31603 Lot 13 Qualification Code

Work Site Location 22 A KISLING AVE
HOPATCONG NJ

Owner in Fee: GLORIA PETROSINO

Tel. ( ) e-mail

Address 255 LAKESHORE DR. PARSIPANY, NJ 07054
street municipality zip code

Contractor: WILEY ENVIRON. LLC. Tel. (908) 852-4277

Address 5 BEAR CREEK RD e-mail ANDOVER, NJ 07821

Contractor License No. or Builder Registration No. 13VH01575600 Exp. Date 12/31/2006

Federal Employee No. [redacted] FAX: (908) 852-7734

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

REMOVE TWO (2) 275 GAL. HEATING OIL ABOVE GROUND STORAGE TANKS.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	9/5/06	WOC
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9/8/06
Approved by: WOC

INSPECTIONS

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 (2) AST				
Other TANK			9/8/06	WOC
Final Demo				
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] 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)

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 65

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 5000

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

U.C.C. F110
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 2/6/08
Control # C/31603/13
Permit # 08-1215

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE
INSTALL AST
Owner in Fee PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) 8[redacted]

Contractor WILEY ENVIRONMENTAL
Address 102 LINDSEY DR
HACKETTSTOWN, NJ 07840-
Telephone (908) 852-4277
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL AST

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 $ 1,450

Construction Official

2/15/08
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	65
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	113
Check No.	4789
Cash	
Collected By	

2/15/08

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 01/26/07
Control #
Permit # 06-1928

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31603 Lot 13 Qual
Work Site Location 22 KISLING AVE
INSTALL AST
Owner in Fee/Occupant PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) [redacted]
Contractor WILEY ENVIRONMENTAL
Address 102 LINDSEY DR
HACKETTSTOWN, NJ 07840-
Telephone (908)852-4277 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

INSTALL AST

[ ] 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. 4919
Collected by: SJH

Construction Official

U.C.C. F260 (rev. 3/96)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/6/06

Date Issued / Permit # 06-1928

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

Block 31603 Lot 13 Qualification Code

Work Site Location 22A KISLING AVE HOPATCONG

Owner in Fee: GLORIA PETROSINO

Tel. ( ) e-mail

Address 255 LAKESHORE DR PARSIPPANY 07054
street municipality zip code

Contractor: Wiley ENVIRONMENTAL LLC Tel. (908) 852 4277

Address 5 BEAR CREEK RD ANDOVER e-mail

Contractor License No. 13VH01575600 Exp. Date 12/31/06

Federal Employee No. 22 [redacted] FAX: (908) 852-7734

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 9/6/06

Approved by: WDC

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 9/8/06

Approved by: WDC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping			9/8/06	WDC
Solar				
TCO				

Press. Test O.K.

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	
	Other	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 65.00

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

U.C.C. F130
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 6/6/06

Date Issued Permit # 06-1928

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

Block 31603 Lot 13 Qualification Code

Work Site Location 22 A KISLING AVENUE
HOPATCONG NJ

Owner in Fee GLORIA PETROSINO

Address 255 LAKESHORE DRIVE
PARSIPANY, NJ 07054

Tel ( )

Contractor WILEY ENVIRON LLC

Address 5 BEAR CREEK ROAD
ANDOVER NJ 07821

Tel (908) 852-4277 FAX (908) 852-7734

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [✓] Existing [ ] HVAC

Type: [ ] Gas [✓] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fuel Storage Tank

Fuel Type: [✓] *Flammable* OR [ ] *Combustible* *Capacity* 330

Total Cost of Fire Protection Work $ 1400

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 330 GALLON HEATING OIL ABOVE GROUND STORAGE TANK OUTSIDE

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 40

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 1/17/07

Approved by:

SUBCODE APPROVAL

[✓] CO [ ] CCO [ ] CA

Date: 1-17-07

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 1/04) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 11/30/2011
Control # C31603/13
Permit # 11-6911

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE
ELEC
Owner in Fee PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) [redacted]

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

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SERVICE

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 $ 400

CWOC
Construction Official

11/30/2011
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	55
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	56
Check No.	34089
Cash	
Collected By	

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 12/20/11
Control #
Permit # 11-641

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31603 Lot 13 Qual
Work Site Location 22 KISLING AVE
ELEC
Owner in Fee/Occupant PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) [redacted]
Contractor H O M E O W N E R
Address
, -
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

SERVICE

[ ] CERTIFICATE OF OCCUPANCY

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

[ ] CERTIFICATE OF 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

[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.

[ ] 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.

[ ] 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 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 _____, ____.

William O'Connor
Construction Official

Fee $ 0
Paid [X] Check No. 820
Collected by: SJH

U.C.C. F260 (rev. 3/96)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/30/2011
Control #

Date Issued 11-641
Permit #

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

Block 3160 3 Lot 13 Qualification Code

Work Site Location 22 Kisling AVE Hopatcong

Owner in Fee: Gloria Petrosino

Tel. (973) [redacted] e-mail

Address 255 Lake Shore DR Parsippany 07054
street municipality zip code

Contractor: Self Tel. ( )

Address e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 11/30/11 Approved by: RS

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO
Date: 12/14/11
Approved by: RS

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	12/5/11		12/14	RS
Final			12/14	RS
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection Carbon Copy 12/14/2011
Date of Grounding and Bonding Certification

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

X [signature] Licensed
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA DR3251403 44 DR3251403 46

DESCRIPTION OF WORK
Existing 100 Amp Service ENTRANCE WIRE + ONLY 1 METER PAN Replaced
↑ Replaced (A BATHHOUSE)

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	
		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	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Replace existing 100amp service wire + Meter Box	

Administrative Surcharge $
Minimum Fee $ 55.00
State Permit Surcharge Fee $
TOTAL FEE $

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 3/22/2012
Control # C31603/13
Permit # 12-309

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE
SIDING ON BOATHOUSE
Owner in Fee PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) [redacted]

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

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIDING ON BOATHOUSE

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 $ 4,000

Construction Official

3/22/12
Date

PAYMENTS (Office Use Only)

Building	65
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	0
Other	
Total	72
Check No.	372
Cash	
Collected By	

310682

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 10/26/12
Control #
Permit # 12-309

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE
SIDING ON BOATHOUSE

Owner in Fee/Occupant PETROSINO P

Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-

Telephone (973) [redacted]

Contractor H O M E O W N E R

Address

, -

Telephone ( ) - Fax ( ) -

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

Home Warranty No.

[ ] State [ ] Private

Use Group R-5

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

SIDING ON BOATHOUSE

[ ] 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. 899
Collected by: SJH

William O'Connor
Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 05-22-12
Control #

Date Issued 12-309
Permit #

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

Block 31603 Lot 13 Qualification Code

Work Site Location 22 Kisling Ave, Hopatcong, NJ

Owner in Fee: Gloria Petrosino

Tel. (973) [redacted] e-mail

Address 325 Lakeshore Dr, Parsippany, NJ 07054
street municipality zip code

Contractor: Thomas Petrosino Tel. (570) 991-5811

Address 1234 Mathews Drive e-mail
Blakslee, PA 18610 SAME

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

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.

Sign here: Gloria Petrosino

Print name here: Gloria Petrosino

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacing existing siding on Boathouse at
22 Kisling Ave.
Hopatcong, NJ. 07034

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

- [x] No Plans Required 05/22/12 WDE
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 05/22/12
Approved by: WDE

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [x] CA
Date: 10/22/12
Approved by: WDE

INSPECTIONS

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 Siding	10/12/12 WDE		10/22/12 WDE	
Final				
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 6
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 4,000 Material only

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued / /
Control # C31603/13
Permit #

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE
FIREPLACE INSERT
Owner in Fee PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) [redacted]

Contractor PETES HVAC
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) 452-4740
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIREPLACE INSERT

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 $ 1,200

Construction Official

/ /
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	67
Check No.	
Cash	
Collected By	

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 03/25/15
Control #
Permit # 15-013

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE
FIREPLACE INSERT

Owner in Fee/Occupant PETROSINO P
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973) [redacted]
Contractor PETES HVAC
Address 255 LAKESHORE DR
PARSIPPANY, NJ 07054-
Telephone (973)452-4740 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

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

FIREPLACE INSERT

[ ] 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. 1108
Collected by: SJH

Construction Official

U.C.C. F260 (rev. 3/96)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/9/2015
Control #
Date Issued
Permit # 15-013

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

Block 3160 3 Lot 13 Qualification Code
Work Site Location 22 A Kisling Ave
Lake Hopatcong
Owner in Fee: Gloria Petrosino
Tel. 973 [redacted] e-mail N/A
Address 255 Lakeshore DR
Contractor: (street) Pete's Heating (municipality) Tel. 973-452-7140 (zip code)
Address 255 Lakeshore DR e-mail
Parsippany NJ 07054
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [X] Other Wood
Location:
Total Cost of Fire Protection Work $ 1200

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [X] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: —

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.

Applicant/Contractor sign here:
Print name here: Pete Petrosino

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney	2	
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		6.5
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 1/12/15 Approved by: J.d.C.
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/13/15
Approved by: J.d.C

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3/18/15
Approved by: J.d.C

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			3/18/15	J.d.C
Final				
Other				

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

U.C.C. F140 (rev. 02/11)

OPEN

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 7/17/2019
Control # C31603/13
Permit # 19-604

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31603 Lot 13 Qual

Work Site Location 22 KISLING AVE
H20 TRTMNT
Owner in Fee PETROSINO P
Address SAME
HOPATCONG, NJ 07843-
Telephone (201) [redacted] 1287

Contractor ALL AMERICAN PLUMBING SERVICE
Address 49 BARN OWL DR
HACKETTSTOWN, NJ 04840-
Telephone (973) 975-7658
Lic. No. or Bldrs. Reg. No. 12361
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
H20 TRTMNT

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 $ 2,400

Construction Official

7/16/19
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	75
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	5
Cert. of Occupancy	0
Other	
Total	80
Check No.	1834
Cash	
Collected By	

dh 8/6/19

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

Date Received
Control #

Date Issued
Permit #

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING 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 ______ Lot ______ Qualification Code ______

Work Site Location ______

Owner in Fee: ______

Tel. 201 [redacted] e-mail ______

Address ______ (street / municipality / zip code)

Contractor: All American Plumbing Tel. 973 975-7658

Address 49 Barn Owl Dr. e-mail ______

Hackettstown, NJ 07840

Contractor License No. 12361 Exp. Date 6/21

Home Improvement Contractor Registration No. or Exemption Reason ______

Federal Emp. ID No. [redacted] FAX: ______

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______

Building Sewer Size ______ Public Sewer ______ Private Septic ______

Water Service Size ______ Public Water ______ Private Well ______

Est. Cost of Plumbing Work $ 2400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[ ] Plumbing Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: ______

Approved by: ______

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar ______				
TCO				
Final				

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: ______

Print name here: Brian Kinney

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of Water Treatment

QTY.	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	
1	Stacks Neutralizer	
1	Other Softener	

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

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

)ROUGH OF HOPATCONG
L1 RIVER STYX RD
)PATCONG, N.J. 07843

Date Issued 7/23/16
Control # C31704/25D
Permit # 16-744

UCC NEW JERSEY CONSTRUCTION PERMIT

)ENTIFICATION Block 31704 Lot 25 Qual

)rk Site Location 1 ELBA AVENUE

)wner in Fee DELORENZO, ROBIN
)ddress SAME
HOPATCONG, NJ 07843-
)elephone (973) [redacted]

Contractor DEVITO ROOFING
Address 72 ROUTE 46
MINE HILL, NJ 07803-
Telephone (973) 328-9026
Lic. No. or Bldrs. Reg. No. 13VH02415400
Federal Emp. No. [redacted]

) hereby granted permission to perform the following work:

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

)SCRIPTION OF WORK:
ROOF

)TE: If construction does not commence within one (1) year of date of issuance, : if construction ceases for a period of six (6) months, this permit is void.

)timated Cost of Work $ 5,000

Construction Official

7/23/16
Date

PAYMENTS (Office Use Only)

Building	65
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	10
Cert. of Occupancy	0
Other	
Total	75
Check No.	# 2017
Cash	
Collected By	WDC

Receipt # 66112

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 10/05/16
Control #
Permit # 16-744

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31704 Lot 25 Qual

Work Site Location 1 ELBA AVENUE

Owner in Fee/Occupant DELORENZO, ROBIN
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]
Contractor DEVITO ROOFING
Address 72 ROUTE 46
MINE HILL, NJ 07803-
Telephone (973)328-9026 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH02415400
Federal Emp. No. [redacted]

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

ROOF

[ ] CERTIFICATE OF OCCUPANCY

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

[ ] CERTIFICATE OF 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

[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.

[ ] 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.

[ ] 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 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. 2017
Collected by: WCO

William O'Brien
Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9-22-16
Control #
Permit # 16-744

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

Block 31704 Lot 25 Qualification Code
Work Site Location 1 Effort AVE.
Holatong NJ 07843
Owner in Fee: DeLorenzo
Tel. (973 [redacted] e-mail
Address 16 Ithanell RD Holatong NJ 07843
street municipality zip code
Contractor: DE VITO ROOFING Tel. (973) 328-9026
Address 72 ROUTE 46
MINE HILL, NEW JERSEY 07803
Contractor License No. or Builder Registration No. 13VH02415400 Exp. Date 3/31/17
Federal Emp. ID No. [redacted] FAX: (973) 328-7406

C. CERTIFICATION IN LIEU OF OATH

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

Scott DeVito
Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Rep Roof & Install new Roof units See sheild
Emergency (leaks)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	09/26/16	mDE
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA
Date: 09/26/16
Approved by: mDE

INSPECTIONS Type:	Dates (Month/Day) 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 Roof			09/26/16	mDE
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group: Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.

Est. Cost of Bldg. Work
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 5000.00

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
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge	$ 65.-
Minimum Fee	$ 10.-
State Permit Surcharge Fee	$
TOTAL FEE	$ 75.-

UCC/F-110
Professional Printing
(856) 468-7933

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 9/27/16
Control # C31704/25
Permit # 16-762

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31704 Lot 25 Qual

Work Site Location 1 ELBA AVENUE

Owner in Fee DELORENZO, ROBIN
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]

Contractor ALL ENVIRONMENTAL
Address 638 LAKESIDE AVE
ANDOVER, NJ 07821-
Telephone (973) 222-1020
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVE (1) 550 UST

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 $ 1,750

Construction Official

Date

PAYMENTS (Office Use Only)

Building	75
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	75
Check No.	1456
Cash	
Collected By	CB

Receipt # 66132

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 10/05/16
Control #
Permit # 16-762

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31704 Lot 25 Qual
Work Site Location 1 ELBA AVENUE

Owner in Fee/Occupant DELORENZO, ROBIN
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]
Contractor ALL ENVIRONMENTAL
Address 638 LAKESIDE AVE
ANDOVER, NJ 07821-
Telephone (973)222-1020 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

REMOVE (1) 550 UST

[ ] 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. 1456
Collected by: SJT

William O'Brien
Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9/08/16
Permit # 16-762

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

Block 31704 Lot 25 Qualification Code

Work Site Location 1 ELBA AVE
Hopatcong NJ 07843

Owner in Fee: Robin DeLorenzo Joe Stier

Tel. 973) [redacted] e-mail

Address 1 ELBA AVE Hopatcong NJ 07843
street municipality zip code

Contractor: All Environmental Tel. (973) 222-1020

Address 63B Lakeside Ave e-mail
Andover NJ 07821

Contractor License No. or Builder Registration No. US01301 Exp. Date 12-16

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: (973) 7708681

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.

Sign here: Philip Mannello

Print name here: Philip Mannello

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE 1-550 UST
BACK FILL to Grade

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	09/13/16	CWDC
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 09/13/16
Approved by: CWDC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/03/16
Approved by: CWDC

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 UST TANK DEMO			10/03/16	CWDC
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present V Proposed
No. of Stories V
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present * Removal Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 1750.00
2. Rehabilitation $
3. Total (1+ 2) $ 1750.00

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

FEE (Office Use Only)
$
Administrative Surcharge $ 15.00
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110 (rev. 11/09)

OROUGH OF HOPATCONG
11 RIVER STYX RD
OPATCONG, N.J. 07843

Date Issued 9/21/16
Control # C31704/25A
Permit # 16-763

UCC NEW JERSEY CONSTRUCTION PERMIT

DENTIFICATION Block 31704 Lot 25 Qual

ork Site Location 1 ELBA AVENUE

wner in Fee DELORENZO, ROBIN
ddress SAME
HOPATCONG, NJ 07843-
elephone (973) [redacted]

Contractor ALL ENVIRONMENTAL
Address 638 LAKESIDE AVE
ANDOVER, NJ 07821-
Telephone (973)222-1020
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

s hereby granted permission to perform the following work:

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

ESCRIPTION OF WORK:
INSTALL (1) 275 GALLON AST

OTE: If construction does not commence within one (1) year of date of issuance,
r if construction ceases for a period of six (6) months, this permit is void.

stimated Cost of Work $ 1,850

Construction Official

9/21/16
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	65
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	133
Check No.	1156
Cash	
Collected By	LB

Receipt # 66132

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9/29/16
Permit # 16.763

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

Block 31704 Lot 25 Qualification Code

Work Site Location 1 ELBA AVE Hopatcong NJ 07843

Owner in Fee: Robin DeLorenzo Joseph Stier

Tel. (973) [redacted] e-mail

Address 1 Elba Ave Hopatcong NJ 07843
street municipality zip code

Contractor: All Environmental Tel. (973) 2331020

Address 638 Lakeside Dr e-mail
Andover NJ 07849

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: (973) 7708681

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed

Constr. Class: Present 5 Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar [ ] Other

Location: Side Right of House

Total Cost of Fire Protection Work $ 1750.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [V] Combustible
Capacity 275

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant sign/Contractor sign and seal here:

Print name here: Philip Mannello

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 1-275 AGST

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems:		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems:		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems:		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems:		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
		65
Administrative Surcharge $		3
Minimum Fee $		
State Permit Surcharge Fee $		68
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 9/14/16 Approved by: J.U.C.
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/14/16
Approved by: J.U.C.

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/3/16
Approved by: J.U.C.

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10/3/16	J.U.C.
Other				

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 10/27/16
Permit # 16-763

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

Block 31704 Lot 25 Qualification Code

Work Site Location 1 ERBA Ave
Hopatcong NJ 07843

Owner in Fee: Robin DeLorenzo Joseph Stern

Tel. (973) [redacted] e-mail

Address 1 Erba Ave Hopatcong NJ 07843
street municipality zip code

Contractor: All Environmental Tel. (973) 2221020

Address 638 Lakeside Blvd e-mail
Andover NJ 07821

Contractor License No. 13501301 Exp. Date 12-16

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: (973) 7208681

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size Public Sewer Private Septic X

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 10/28/16 Approved by: WDE
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [X] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/28/16
Approved by: WDE

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/03/16
Approved by: WDE

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping AS			10/03/16	WDE
Solar				
TCO				
Final				

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 sign/Contractor sign and seal here: Philip Manniello

Print name here: Philip Manniello

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 1-New 3/8 Copper Fuel Oil Line

QTY.	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	
X	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	
	Other	

Administrative Surcharge	$ 6.50
Minimum Fee	$ 160.00
State Permit Surcharge Fee	$ 4.00
TOTAL FEE	$ 170.50