



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
HOWELL, NJ 07731

Date Issued	6/5/2024
Control Number	C-23403
Permit Number	20131347
Permit Issue Date	5/23/2013
Certificate Number	20131347

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 6 RODEO CT. Howell Township, NJ Block: 72 Lot: 13.03 Qual: _____
Owner in Fee: CORTESE, TRACY & MICHAEL
Owner Address: _____
Telephone: _____
Contractor: NICHOLAS POOLS
Address: 1820 LAKEWOOD ROAD TOMS RIVER NJ 08755
Telephone: (732) 505-0404 Fax: (732) 505-1593 Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 40 Maximum Occupancy Load: _____
Description of Work/Use: DUAL SUCTION DRAINS, IN-GROUND SWIMMING POOL

Certificate Comments:

☐ **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.

☐ **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 Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

 (Acting)

Construction Official

Date Printed: 6/5/2024

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

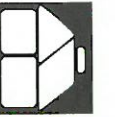
Check Number: _____

Collected By: _____

Page 1



BUILDING SUBCODE TECHNICAL SECTION



7/15/19

Date Received
Control #
Date Issued
Permit #

5/23/13
C-234103
20131347

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

Block 72 Lot 1303 Qualification Code

Work Site Location 6 Rodeo Ct

Owner in Fee: Mike & Tracy Corfese

Tel. e-mail

Address 6 Rodeo Ct Howell 07731

Contractor: Nicholas Potts 1820 Lakeside Rd 10ms Lwr 08755

Address 1820 Lakeside Rd 10ms Lwr 08755

Contractor License No. or Builder Registration No. 13440382600 Exp. Date 6/31/13

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

Federal Emp. ID No. FAX: (732) 505 1513

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Required 5/22/13 CS

☒ All Footings/Foundations CS

☐ Structural/Framework

☐ Exterior

☐ Interior

Joint Plan Review Required:

☒ Elec. ☒ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT 5-22-13

Date: CS

Approved by: CS

INSPECTIONS

Type: Footings CS

Failure Failure Approval 6/19/13 Initial CS

Footings/Foundations

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes -Base Layer

FINISHES

Finishes -Final

Energy

Mechanical

TCO

Other

Final

Barrier-Free

Approved by: CS

Date: CS

Approved by: CS

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: Frederic Sargis (VP)

Print name here: Frederic Sargis

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Excavate + install inground swimming pool 22' x 34' x 4' deep w/3' concrete wall 18' x 29' x 35'

TYPE II

Basement must comply w/ 2009 IRC

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence Height (exceeds 6')

☐ Sign Sq. Ft.

☒ Pool Sq. Ft.

☒ Retaining Wall Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

☐ Demolition

☐ Demolition

☐ Demolition

☐ Demolition

☐ Demolition

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

57-

57-

57-

57-



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 12 Lot 13.03 Qualification Code _____

Work Site Location 4 Rodco Ct

Owner in Fee Mike & Tracy Costese

Address 4 Rodco Ct

Tel Home 973-1111

Contractor J.P. HARE ELECTRICAL LLC (JAMES HARE)

Address 436 CEDAR DR. LANOKA HARBOR, NJ 08734

OFFICE (732) 237-4978

Tel (732) 608-3811 (Cell #) _____ FAX (609) 242-9932

Contractor License No. # 16020

Federal Emp. No. _____ Exp. Date 3-31-15

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1200-(in contract)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[x] No Plans Required			Type: _____	Failure _____
Joint Plan Review Required:			Rough _____	Approval _____
[] Building [] Plumbing			Barrier-Free _____	Initial _____
[] Fire [] Elevator			Transit-Free _____	
[] Elec. Plans Approved			Temp. Serv. _____	
Date: <u>5-22-13</u>			Const. Serv. _____	
Approved by: _____			TCO _____	
			Other _____	
			Service _____	
			Final _____	
			Barrier-Free _____	
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued _____	
[] CO [] CCO			Final Cut-In-Card Date Issued _____	
Date: <u>5-8-14</u>			Annual Pool Inspection _____	
Approved by: _____			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.

Applicant's Signature/Contractor's Seal and Signature _____

[x] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

2 Lighting Fixtures

541 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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	<u>195</u>

Date Received 5/23/13
Control # C-23403
Date Issued 20131347
Permit # _____

72-13.03



13-14-16

Date Received
Control # 5/23/13
Date Issued 2-23-03
Permit # 20131347

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

Block 72 Lot 13.03 Qualification Code 6

Work Site Location Howell 07131

Owner in Fee: Mike & Tracy Catese

Tel: 606-000-0000 e-mail: Howell 07131

Address: 1820 Lakewood Rd Municipality: Howell Tel: 735-505-0404 ZIP Code: 07131

Contractor: Mike & Tracy Catese e-mail: Howell 07131

Contractor License No. 1341401382000 Exp. Date 12/31/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 1341401382000

Federal Emp. ID No. 1341401382000 FAX: (735) 505-1593

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Private Well

Building Sewer Size 12" Public Sewer 12" Private Septic 12"

Water Service Size 1 1/2" Public Water 1 1/2" Private Well 1 1/2"

Est. Cost of Plumbing Work \$ 745-000.00 (in contract)

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
		Type	Failure	Approval	Initial
☐ No Plans Required		Slab			
☐ Partial - Under-slab Utilities Approved		Rough			
Date: <u>5-22-13</u>	Approved by: <u>Allen</u>	Water			
☒ Plumbing Plans Approved	Date: <u>5-22-13</u>	Sewer			
Date: <u>5-22-13</u>	Approved by: <u>Allen</u>	Fixtures			
Joint Plan Review Required:		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL for PERMIT		LPGas Tank			
Date: <u>5-22-13</u>	Approved by: <u>Allen</u>	Fuel Oil Piping			
SUBCODE APPROVAL for CERTIFICATE		Solar			
☐ CO ☐ GCO ☐ CA	Date: <u>5-22-13</u>	Final			
Date: <u>5-22-13</u>	Approved by: <u>Allen</u>				

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: Mike & Tracy Catese

Print name here: Mike & Tracy Catese

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 1820 Lakewood Rd

QTY. 1

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

FEE (Office Use Only)

Administrative Surcharge \$ 65

Minimum Fee \$ 65

State Permit Surcharge Fee \$ 65

TOTAL FEE \$ 195

Water Service Connection

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

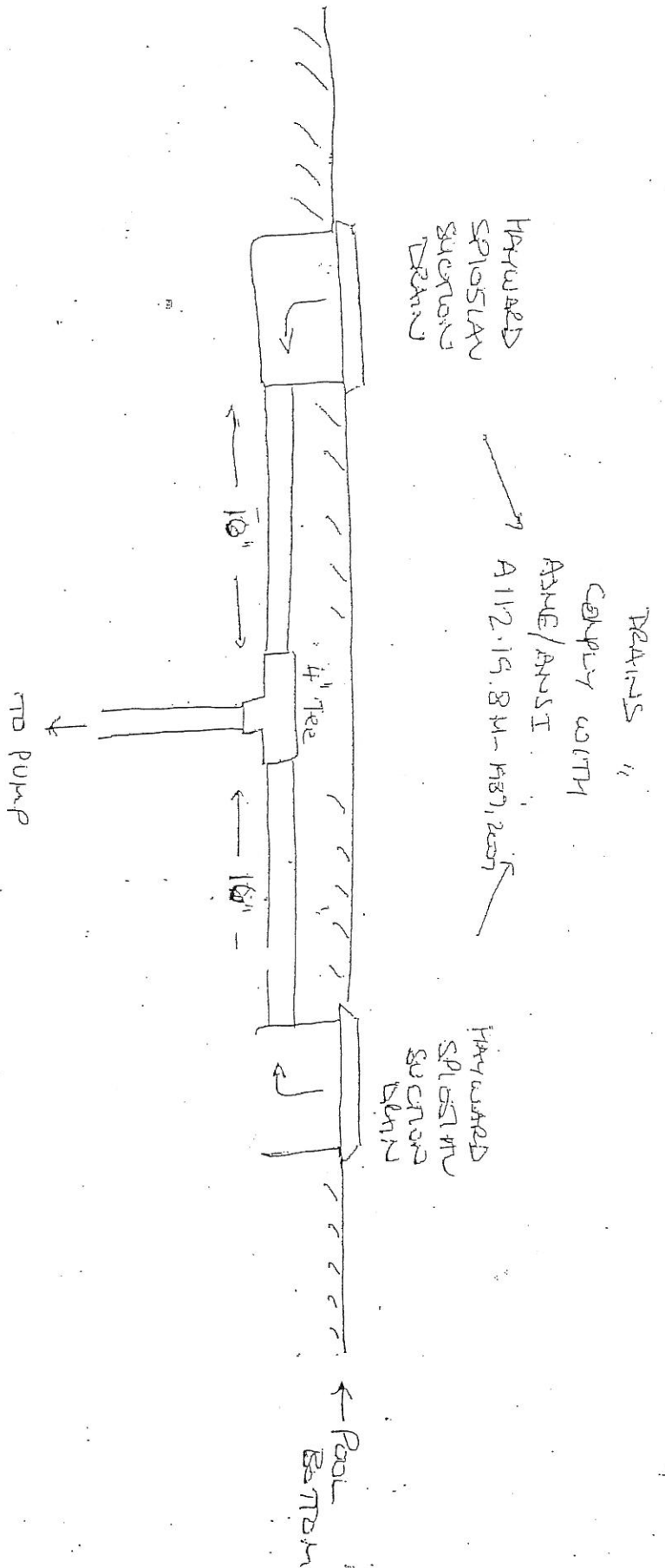
ASPT compliant

Other: main drains

State Permit Surcharge Fee \$ 65

TOTAL FEE \$ 195

* No ACCESS-TRAFFIC DOOR-713-23-TS & Could Not See





Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Final Inspection Notice Letter

Block: 72 Lot: 13.03 Qualifier: _____

Owner: CORTESE, TRACY & MICHAEL

Address: 6 RODEO CT. Howell Township

RE: Final Inspections
Construction Permit Number: 20131347 Date Issued: 5/23/2013

Dear Sir / Madam:

You are hereby advised that FINAL INSPECTION(S) are required on all permits. According to our records no final inspections have been requested on the above referenced permit.

☒ Building

☒ Plumbing

☐ Fire

☐ Electrical

☐ Elevator

☐ Mechanical

If your project is completed, please call for inspections at (732) 938-4500 EXT.2415 between the hours of 830 - 430.

In any event kindly advise us of the status of your project, whether complete or not, no later than 1-13-17

Thank you for your cooperation in this matter.

Very truly yours,

A handwritten signature in dark ink, appearing to read "R. J. [unclear]", written over a horizontal line.

Construction Official

SOIL REMOVAL/FILLING FINAL INSPECTION
ENGINEERING DEPARTMENT
TOWNSHIP OF HOWELL

Date: 4/11/22 1:00 PM

Permit: Pool-13-010

Address: 6 Rodeo Ct.

Applicant: Cortese

Contractor: Nicholas Pools

BLOCK: 72

LOT: 13.03

	ACCEPTABLE	UNACCEPTABLE
GRADING	✓	
STABILIZATION	✓	
DRAINAGE	✓	
CURB	N/A	
SIDEWALK	N/A	
POOL LOCATION	✓	
ADDITIONAL CONCRETE/PAVERS	N/A	
RETAINING WALL	N/A	

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

- ☒ MEETS ENGINEERING REQUIREMENTS - RECOMMEND CONSIDERATION FOR
ISSUANCE OF CERTIFICATE OF APPROVAL.
- ☐ DOES NOT MEET ENGINEERING REQUIREMENTS - RECOMMEND CERTIFICATE
OF APPROVAL NOT BE CONSIDERED UNTIL SITE CONFORMS.
- ☐ AS-BUILT PLAN REQUIRED
- ☐ *** LAND USE OFFICER TO INVESTIGATE THE CONDITIONS LISTED BELOW. THE
ENGINEERING DEPARTMENT RESERVES THE RIGHT TO REOPEN THIS PERMIT
FOR ANY CORRECTIVE MEASURE TO RESOLVE THIS CONDITION(S).
- ☐ SENT TO LAND USE FOR FUTURE HANDLING ON _____

COMMENTS: Pool, patio and equipment installed as per approved plans

No drainage issues observed

Stone placed around pool perimeter to assist with drainage; No trip hazard

Yard fully graded and grass grown in; stabilization complete

INSPECTOR

Justin Meyer

4/11/22
DATE

APPROVED

DISAPPROVED

4/12/22
DATE

DATE