



I. IDENTIFICATION

1. Proposed Work at: 217 Sandra Place, Brick Town, N.J.
 2. Owner Name: Murray Firestone
 Address: 19 Phelps Ave. Tenafly, N.J. 07670
 3. Principal Contractor: Same
 Address: Same
 Lic. No. or Builder Reg. No.: 07680 Federal Emp. No.: 13-2602905
 4. Architect or Engineer: Dinklage & Sebring Tel.: 201-528-9444
 Address: Valley Park Prof. Bldg. Rt. #35, Manasquan
 5. Responsible Person in Charge of Work: Patricia Ferris Tel.: (201) 840-8573

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	Estimated	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Minor Work (Single Trade)	Permit/Category		1. ☐ Elevators/Dumbwaiters
2. ☐ Small Job (\$5,000 and no Prior Approvals)	1. ☒ Building/Structural	\$10,000.-	2. ☐ High-Pressure Boilers
3. ☒ New Building	2. ☒ Plumbing	2,000.-	3. ☐ Refrigeration Systems
4. ☐ Addition	3. ☒ Electrical	900.-	4. ☐ Pressure Vessels
5. ☐ Alteration	4. ☒ Fire Protection	15.-	5. ☐ Hazardous Uses/Pieces of Assembly
6. ☐ Repair, Replacement	5. ☐ Other		6. ☐ Cross-connections/Backflow Preventors
7. ☐ Demolition	6. ☐ Other		7. ☐ Sprinklers
8. ☐ Other:			8. ☐ Smoke Control Systems in Open Wells
	TOTAL COST	\$12,915.-	
C. DO YOU WANT:			
1. ☒ Partial Releases			
2. ☒ Prototype Processing			

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL	B. NON-RESIDENTIAL
1. ☐ Hotels (R-1)	5. ☐ Theatres with Stage (A-1-A)
2. ☒ Multi-Family (R-2)	6. ☐ Movie Theatres (A-1-B)
HMD Reg. No.:	7. ☐ Night Clubs (A-2)
3. ☐ Two Family (R-3b)	8. ☐ Restaurants, Libraries, Museums (A-3)
4. ☐ One-Family (R-3a)	9. ☐ Religious Assembly (A-4)
	10. ☐ Outdoor Assembly (A-6)
	11. ☐ Business (B)
	12. ☐ Educational (E)
	13. ☐ Moderate-Hazard Factory (F-1)
	14. ☐ Low-Hazard Factory (F-2)
	15. ☐ High-Hazard (H)

If new construction, enter no. of dwelling units: 12
 If other than new construction, enter no. of dwelling units: _____

Before Construction: _____
 After Construction: _____
 Net Gain (or loss): _____

State Specific Use: _____
 If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP	B. HEATING FUEL	C. TYPE OF SEWAGE DISPOSAL	D. TYPE OF WATER SUPPLY	E. BUILDING CHARACTERISTICS
1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)	Principal ☒ Gas	10. ☒ Public or Private Company	12. ☒ Public or Private Company	14. No. of Stories <u>2</u>
2. ☐ Public (State, County or Local Govt.)	Secondary ☐ Oil	11. ☐ Private (Septic Tank, Etc.)	13. ☐ Private (Well, Etc.)	15. Height of Structure <u>20.8</u> Ft.
	3. ☐ Electric			16. Area - Largest Floor <u>1643.5</u> Sq. Ft.
	4. ☐ Solid (Wood, Coal, Etc.)			17. Bldg. Area - All Fls. <u>1241.5</u> Sq. Ft.
	5. ☐ Propane			18. Volume of Structure <u>13513.5</u> Cu. Ft.
	6. ☐ Solar			19. Total Land Area Disturbed <u>1646.6</u> Sq. Ft.
	7. ☐ Other			

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

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

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

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

☐ Check if contractor.

AGENT NAME _____ TEL. 201, 840-8573

ADDRESS _____

SIGNATURE

Patricia Ferris

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL		COUNTY		REGIONAL		STATE		COMMENTS
	Prelim. Approval	Final Approval	Prelim. Approval	Final Approval	Prelim. Approval	Final Approval	Prelim. Approval	Final Approval	
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board									
☐ Zoning Board									
☒ Sewer Authority	<i>KS</i>	<i>D</i>							
☒ Water Authority	<i>KD</i>	<i>D</i>							
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Dept. of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Other: _____									

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE		EDITION OF CODE			
☐ One and Two Family Dwellings ☐ Building ☐ Electrical ☒ Plumbing	☐ Mechanical ☐ Energy ☐ Barrier Free ☐ Other	☐ Flood Hazard ☐ As Built Elevation Certification ☐ Other			
<u>NSPC 1983</u>					

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO.

Plan Review Required	Type of Work	Plans Received By Date	Approval Date	Reviewer	Comments
☐	BUILDING Footings/Foundations Framing Architectural Other		5-18-84	R.D.	
☒	PLUMBING ELECTRICAL FIRE PROTECTION OTHER	5-15-84 DM	5-15-84 DM		
☐		5-24-84 M.C.	5-24-84 M.C.		

Temp. South
5-15-85

Temp Eng.
2-25-85

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION BUILDING Footings/Foundations Framing Architectural Other		2-8-85 DM	
	PLUMBING ELECTRICAL FIRE PROTECTION OTHER		2-8-85 DM 1-28-85 M.C. 2-7-85 M.C.	

cc
How
let

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

☒ Temporary Certificate of Occupancy
 Date Issued: 2-27-85
 Date Expired: 3-27-85

☐ Temporary Certificate of Occupancy
 Date Issued: 7-24-85
 Date Expired: 7-24-85

☒ Certificate of Occupancy
 No. 936

☐ Certificate of Continued Occupancy
 No. _____

☐ Certificate of Approval
 No. _____

☐ None

Soil ok
6-85

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)

Date Posted to Log and Ticker

Eng ok
7-23-85

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 94.59
PLUMBING	90.-
ELECTRICAL	.
FIRE PROTECTION	.
OTHER	.
SUBTOTAL	\$ 184.59
- LESS: 20% of subtotal (when plan review performed by state agency)	(- 5.00)
D.C.A. TRAINING FEE .0006 x 13513.5	8.11
CERTIFICATE OF OCCUPANCY	2.7
OTHER	6.9
OTHER	.
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 225.39
DATE 5-23-84 Collected By: [Signature]	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY		.
OTHER		.
OTHER		.
- LESS: Refunds		()
TOTAL COLLECTED AFTER PERMIT ISSUED		\$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	\$.



CERTIFICATE

CERT. NO. 936
 DATE ISSUED 7-24-85
 Block 757 Lot 217
 Subdivision Laurelton Woods

IDENTIFICATION

Owner Murray Firestone Agent _____
 Address 19 Phelps Ave. Address _____
 Tenafly, NJ _____
 Tel. (____) _____ Tel. (____) _____
 Work Site Address _____ Lic. No. _____
 217 Sandra Place Federal Emp. No. _____

PAYMENTS

Fees Remitted \$ _____
☐ Check No. _____
☐ Cash _____
☐ Other _____
 Collected By: _____
 Date: _____

CERTIFICATE OF OCCUPANCY / APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

condominium unit

USE GROUP R-2 FIRE GRADING 1 1/2 hours
 MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____
 SPECIFIC USE multifamily dwelling

FINAL COST OF CONSTRUCTION: \$ 22,000.

Arthur J. Cuiza
 CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



CERTIFICATE

CERT. NO. 936
DATE ISSUED 2-27-85
Block 757 217
Subdivision Laureleton Woods

IDENTIFICATION

Owner Murray Firestone Agent SAME
Address 19 Phelps Avenue
Tenafly, N.J. 07670
Tel. ()
Work Site Address
217 Sandra Place Lic. No. 07680
Federal Emp. No.

PAYMENTS

Fees Remitted \$
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than March 27, 1985 or the owner will be subject to a fine or order to vacate:
extended to July 15, 1985
Pending final soil, eng. approval and waste disposal approval.

D. DESCRIPTION OF WORK:

Multi family dwellings

USE GROUP R-2 FIRE GRADING 1 1/2 Hours
MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD
SPECIFIC USE Condos

FINAL COST OF CONSTRUCTION: \$ 22,000.

Arthur J. Clegg
CONSTRUCTION OFFICIAL



APPLICATION FOR CERTIFICATE

PERMIT NO. _____
 DATE ISSUED _____
 Block 157 Lot 217
 Subdivision AUGUSTIN WOODS
 Notice No. _____

IDENTIFICATION

OWNER:

Name MURRY FIRESTONEAddress 19 Phelps AveTown/State/Zip TENNESSEE - N.S. 07670

CONSTRUCTION LOCATION:

Address 217 SANDRA PLACEBRICKTOWN - NJ

Tel. () _____

ACTION

☒ CERTIFICATE OF OCCUPANCY☐ CERTIFICATE OF APPROVAL☐ CERTIFICATE OF CONTINUED OCCUPANCY☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____

Current _____

FINAL COST OF CONSTRUCTION: \$ 22,000⁰⁰

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

☐ Owner☒ Agent

OWNER/AGENT

A. IDENTIFICATION

APPLICANT -- Complete unshaded areas only

When changing contractors, notify this office

Owner *Murray Firestone*

Contractor *Same*

Address *19 Phelps*

Address *Same*

Toms River NJ

Tel

Work Site Address *214 Sandra Pl*

Lic. No. *04680*

Brighton

Federal Emp. No. *13-2602905*

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

masonry & Frame construction on slab foundation

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
 - ☐ Roofing
 - ☐ Siding
 - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
 - ☐ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Elevator
 - ☐ Other

Fee Basis

Fee

	\$

SUBTOTAL

\$

Minimum Building Fee (if applicable)

\$

Total Building Fee (Greater of Minimum or Subtotal)

\$

☒ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: Present Proposed

No. of Stories *2*

Total Building Area--All Floors *1241.5* Sq. Ft.

Height of Structure *27.8* Ft.

Volume of Structure *13513.5* Cu. Ft.

D. COMMENTS

unit B1

JOB SUMMARY

PLAN REVIEW

Date Initials

☐ No Plans Required

☐ All

☐ Footing/Foundation

☐ Frame

☐ Architectural

☐ Other

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

INSPECTIONS

Type

Failure Dates

Approval Date

☒ Footing/Foundation

☒ Slab

☐ Frame

☐ Architectural

☐ Insulation

☐ Finishes

☐ Energy

☐ Mechanical

Maximum Occupancy Load:

Maximum Live Load:

Fire Grading:

10-11-24

OK. Sheathing Etc

24

Slab OK Etc

7-18-24

#1-1 Etc

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Murray Firestone

Contractor _____

Address 19 Phelps Ave
Tenafly, N.J.

Address _____

Tel. _____

Tel. (____) _____

Work Site Address 219 Sandra Pl,
Laurelton Woods

Lic. No. _____

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____

FEE

Area Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised – Method: _____

Water Supply – Source: _____ Size: _____

FD Connection Location: _____

Estimated Cost of Work: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic

FEE

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ 15.00

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

_____ \$ _____

_____ \$ _____

_____ \$ _____

Subtotal

Minimum Fire Protection Fee (If Applicable) \$ _____

Total Fire Protection Fee (Greater of Minimum

or Subtotal) \$ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____

Heating Systems – Location: Mech. Rm.

D. COMMENTS

unit B1

JOB SUMMARY

☒ No Plans Required *PROTOTYPE*

☐ Plan Review Approved

Date: *5/22/84*

Approved By: *M.C.*

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

2-7-85

INSPECTIONS

☐ Fire Suppression Test

☐ Fire Alarm Test

☐ Smoke Test

☐ TCO

☒ Other *Final*

Type

Failure Date

Approval Date

2-7-85

Final: App

JOB CONDITION/COMMENTS

DATE

JOB SUMMARY

☒ No Plans Required
☐ Plan Review Approved
 Date: 5-15-84
 Approved By: *[Signature]*
 INSPECTIONS FINAL
☒ CO
☐ CCO
☐ CA
 Date: 5-8-85

INSPECTIONS

Type

Failure Dates

Approval Date

Slab ☒

Rough ☒

Water ☐

Sewer ☐

Energy ☐

Mechanical ☐

8-6-84 *[Signature]*
 11-20-84 *[Signature]*

DATE

JOB CONDITION/COMMENTS

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

660 MANTOLOKING ROAD
BRICK TOWNSHIP, NEW JERSEY 08723

CERTIFICATE OF COMPLIANCE

Date..... February 11, 1985

NAME..... Laurelton Woods

ADDRESS..... 19 Phelps Ave. Tenafly, N.J.

PROPERTY LOCATION..... 217 Sandra Place

Account No..... K960408 Block..... 757 Lot..... 217

I hereby certify that the above applicant has complied with all Rules
and Regulations of this Authority and has paid all required fees and charges.

For the Authority..... *Arita Stubbs*

6 Mott Place, C.N. 2191,
Toms River, N.J. 08753
Telephone: (201) 244-7048

RECEIVED
FEB 11
BUILDING

REPORT OF COMPLIANCE

TO: Mr. Arthur Cierzo
PROJECT: Laurelton Woods
MUNICIPALITY: Brick Township
SCD NO.: 1072

Block No.	Units 217	✓	Block No.	-----
Lot No.(s)	223	✓	Lot No.(s)	-----
	301	✓		-----
	311	✓		-----
	323	✓		-----

Block No.	-----	Block No.	-----
Lot No.(s)	-----	Lot No.(s)	-----
	-----		-----
	-----		-----

☐ Complete Compliance

☒ Temporary Compliance (See following conditions)

This temporary report of compliance will expire on May 15, 1985.
A \$25.00 re-inspection fee will be charged every time our office re-inspects this site for complete compliance.

Wd

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act (N.J.S.A. 4:24-39 et. seq.)

Date 2-8-85

Authorized Signature

David B. Freed

Distribution:

White - Construction Official
Canary - Applicant



DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING
BUREAU OF CONSTRUCTION CODE ENFORCEMENT
NEW HOME WARRANTY PROGRAM
CN 805

Trenton, New Jersey 08625

CERTIFICATE OF PARTICIPATION

in New Home Warranty Security Fund

PURCHASER

1
KATHLEEN M. MAHONEY & JEFFREY S. PANCHAK
NAME
135 PRIMROSE
STREET AND NO.
BRICKTOWN, NEW JERSEY 08723
CITY STATE ZIP

NEW DWELLING UNIT LOCATION

3
217 SANDRA PLACE
STREET NAME AND NUMBER
BRICK TOWNSHIP, NEW JERSEY 08723
CITY
757
BLOCK NUMBER
BRICKTOWNSHIP
CITY
LOT NUMBER
757
OCEAN
COUNTY

COMMENCEMENT DATE OF WARRANTY

4
month day year
COMMEMENT DATE **12 15 84**

(The date of closing or first occupancy, whichever occurs first.)
NOTE: Any change in the commencement date must be reported to the Bureau.

CHECK TYPE OF HOME:

SINGLE FAMILY ☐

TWO-FAMILY ☐

CONDOMINIUM ☒ XXI

TOWNHOUSE ☐

PURCHASER: If you disagree with any of the above information please notify this office in writing as soon as possible.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, Chapter 46:38-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years subject to the terms and conditions of the Act and Regulations.

NOTE: See reverse side in case of sale of property.

Charles M. Decker

Charles M. Decker, Chief
Bureau of Construction
Code Enforcement

VALIDATION STAMP
CERTIFICATE
NUMBER

9973 DEC-784

BUILDER

2
LAURELTON WOODS, INC.
NAME
LANES HILL ROAD
STREET AND NO.
BRICK, LAKEWOOD, NEW JERSEY 08701
CITY STATE ZIP
PHONE NUMBER: (201) 840-8555, 569-1169
SELLING PRICE: \$51,990.00
Amount of Premium: \$207.96
(.4 x 1% x Selling Price)
N.J. BLDG. REGISTRATION # 07680
Patricia L. Farn
Registered Builder's Signature
*Any change in the selling price & premium must be reported to the Bureau along with supplemental payment if applicable.

MORTGAGEE INFORMATION

5
FIRST GARDEN STATE FUNDING
NAME OF MORTGAGEE
1451 HIGHWAY 88
STREET AND NUMBER
BRICKTOWN, NEW JERSEY 08723
CITY STATE ZIP

PLEASE REMOVE ALL CARBON PAPER BEFORE RETURNING MUNICIPAL COPY

INSPECTION: RJ WELCH
LOCATION: LAURELTON VILLAGES
SECTION: 1
DATE: 02/21/17
WEATHER: SUNNY 85-92°F-1260

TYPE OF WORK: CORRECTION
LOCATION: 717 COURT 1
LOT: BLOCK:

TEMPERATURE: 50

CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Delivery	X	
2. Grading	X	
3. Sidewalk		X
4. Road Pavement	X	
5. Landscaping & Sodding		X
6. Clean-up Procedures		
7. Note on going construction in immediate area		

COMMENTS REFERENCING ITEM NUMBER:

- 1) STALLS NEED TO BE STRIPED
- 2) ROUGH GRADED ONLY (REAR)
- 3) 12' OF SIDEWALK MISSING ADJACENT TO PARKING AREA
- 4) NOT INSTALLED DUE TO WEATHER CONDITIONS
- 5) MINOR DEBRIS NOTED ADJACENT TO STRUCTURE

RECOMMENDATIONS:

- ☒ TEMP. C.O.
☐ FINAL C.O.
☐ DETAILED REINSPECTION
☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐

PLANNING BOARD ENGINEER

☒

MUNICIPAL ENGINEER

05/25/85
2/25/90

I, _____, Authorized representative of _____

above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.