OLCE -Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722

CONSTRUCTION PERMIT

Date Issued 06/07/2023
Permit # 23-34131

IDENTIFICATION Block 34 Lot 6.07 Qualifier

Work 1Site 49 OLD CREAMERY RD
ANDOVER TWP, NJ 07860
Owner in Fee ASHWORTH, PAUL & TERI
Address 49 OLD CREAMERY RD
NEWTON, NJ 07860
Telephone (973) 222-3110

Contractor HOMEOWNER
Address
Telephone
Lic./Reg. No.

open permit

Is hereby granted permission to perform the following work:

[X]BUILDING [X]PLUMBING [ ]LEAD HAZARD ABATEMENT
[X]ELECTRICAL [ ]FIRE PROTECTION [ ]DEMOLITION
[ ]ELEVATOR DEVICES [ ]ASBESTOS ABATEMENT [X]MECHANICAL

DESCRIPTION OF WORK:
GARAGE AND MUD ROOM ADDITION GARAGE AND MUD ROOM ADDITION GARAGE AND MUD ROOM ADDITION.PERFECTION CONTRACTING LIC# 19HC00587000 INSTALLING A/C ADDITION AND RENOVATION.INSTALL 1 100 GAL LPG TANK

V. FEE SUMMARY (Office Only)

1. Building	$1,801.66
2. Electrical	$331.00
3. Plumbing	$482.00
4. Fire Protection	$0.00
5. Mechanical	$105.00
6. Elevator	$0.00
7. Plan Review	$0.00
8. Subtotal	$2,719.66
9. DCA State Fee	$175.90
10. Subtotal	$2,895.56
11. Certificate	$0.00
12. Subtotal	$2,895.56
13. Exemption	$0.00
TOTAL	$2,896.00

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 for Selected Subcode(s) $297,350

Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the requirements of the Uniform Construction Code.
The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5.23-3.5, "Posting Structures".
☐ A complete copy of released plans must be kept on the job site.

Block: 34	Land Desc: 3.978 ACS	Owners Name:	ASHWORTH, PAUL & TERI		Land:	94,900	Exemption	Net Taxable Value	Deductions
Lot: 6.07	Bldg Desc:	Street Address:	49 OLD CREAMERY RD	Bank: 01516	Impr:	218,300	Code:		Cd No-Ow
Qual:	Addl Lots:	City & State:	NEWTON, NJ	Zip: 07860	Total:	313,200	Value: 0	313,200	
Card: M (#1 of 1)	Acreage: 3.980 Class: 2	Property Loc:	49 OLD CREAMERY RD	Zone: R-2			Map: 10		ANDOVER TWP REVAL

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
	09/17/01	2584 /37	87000	

ASSESSMENT HISTORY

Year	Land	Impr	Total
2015	94900	218300	313200
2016	104400	218300	322700

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.

LAND CALCULATIONS

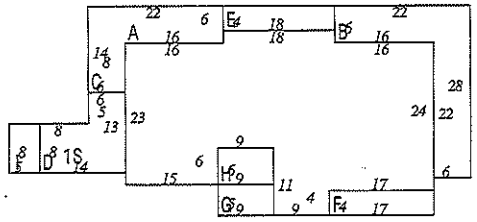
Frt	Rr	SB	T	FF	Avgd Tabl	EqF	Rate	Site	Cond			Value

TRAF/LOC 95	Units	Rate	Site	Cond			Value
	1.000 AC	10000	85000	100	100	100	95000
	2.980 AC	5000		100	100	100	14900

Net Adj: 95.00 SF: 173,368 Auto: Y Land Value: 104,405

SRC: WALK THROUGH 11/01 PERMIT-NEW SF D WELLING C/OD

8/1/02 *2015 NOTES: VC IN FRONT, ONGOING CONTRUCTION IN



A:1.5S/B	u15r35cd2l16d23r15u6r9d11r9u4r17u24l16u2l18	1194
B:OP	u19r53cd6r16d22r6u28l22	264
C:OP	u19r13cd14r6u8r16u6l22	180
D:1S	r5cd8r14u13l6d5l8	142
E:1S/B	u19r35cd4r18	72
F:1S/B	d11r52cd4r17	68
G:OP	d10r34cd5r9	45
H:1S/B	d4r34cd6r9	54
I:WD	cd8r5	
J:		M:
K:		N:
L:		O:
		P:

Scale: 30

SITE INFORMATION

Road: PAVED	Utilities:
Curbs:	Sewer:
Sidewalk:	Water:
Measured: CP	Gas:
Info: INT. INSP: YES MODERATE TOPO	Topo:
Inspected: CP	Neigh: 220
08/10/15	VCS: A220

BUILDING INFORMATION

Type and Use: ONE FAMILY	Class/Quality: 17
Story Height: 1.5 STORY	Condition: AVERAGE
Style: CAPE COD	Year Built/EffA: 2001 / 14 (Y)
Exterior Finish: WOOD SHINGLE	Windows:
Roof Type: GABLE	Livable Area: 2246 SF
Roof Material: ASPHALT SHINGLE	Interior Cond: AVERAGE
Foundation: CONC/CIND BLK	Interior Wall: SR/PL

Baths: M:1 A:2 O:

Kitchens: M: A:1 O:

ROOM COUNT

	B	1	2	3/A	Tot
Living Rm		1			1
Dining Rm		1			1
Kitchen		1			1
Dinette					
5 Fixt Bath					
4 Fixt Bath		1			1
3 Fixt Bath	1		1		2
2 Fixt Bath					
Bed Room		1	3		4
Fam Room	2				2
Den/Other					

Old B: 7

Old L: 02/26/16

RESIDENTIAL COST APPROACH

Basement

BASEMENT 1388 x 9.630 + 2016 x1.15 x1.00= 17690

BASEMENT FIN 1249 x 13.630 + 1008 x1.15 x1.00= 20737

Main Bldg

FIRST STORY 1530 x 59.130 +26880 x1.00 x1.00=117349

HALF STORY 1194 x 24.450 + 3960 x1.00 x1.00= 33153

Heat/AC

FORCED HOT AIR 3495 x 2.820 + 0 x1.15 x1.00= 11334

AC ADDED TO HOT 3495 x 1.790 + 0 x1.12 x1.00= 7007

Plumbing

4 FIXTURE BATH 1 x3185.000 + 0 x1.12 x1.00= 3567

3 FIXTURE BATH 2- 2 x2595.000 + 0 x1.12 x1.00= 0

2 FIXTURE BATH 0- 1 x1895.000 + 0 x1.12 x1.00= -2122

Fireplace

Attic

DORMER 36 x 118.000 + 0 x1.15 x1.00= 4885

Deck/Patio/Garage/Misc

OPEN PORCH 489 x 10.773 + 453 x1.15 x1.00= 6579

DECK 40 x 5.450 + 182 x1.15 x1.00= 460

Base Cost:	220639	CCF: 105	CLA: 100	Cost New:	231671
Phys Depr:	6.30 (Y)	Func Depr:		Net Depr:	93.70
Loc Depr:		Mkt+:	Mkt-:	Bldg Value:	217076

Detached Items:

SHED 1STY 192 x 15.570 + 828 x1.20 x0.25 x1.05= 1202

Land: 104,400 Impr: 218,300 Total: 322,700

49 Old Creamery Rd Bl. 34
L. 6.07

Permit # 10569

Number of Bedrooms 4

THIS PERMIT IS VALID FOR A PERIOD OF One
YEAR(S) FROM DATE OF ISSUE

SUSSEX COUNTY HEALTH DEPARTMENT

Permission is hereby granted for Walter Edwards Custom Designs to

( ) Sewage Disposal System

( ) construct a new
( ) alter an existing
( ) repair an existing

(X) Potable Water Supply

(X) construct a new
( ) geo thermal well
( ) test well/monitoring

( ) RENEWAL Originally Issued _____

in the municipality of Andover Township

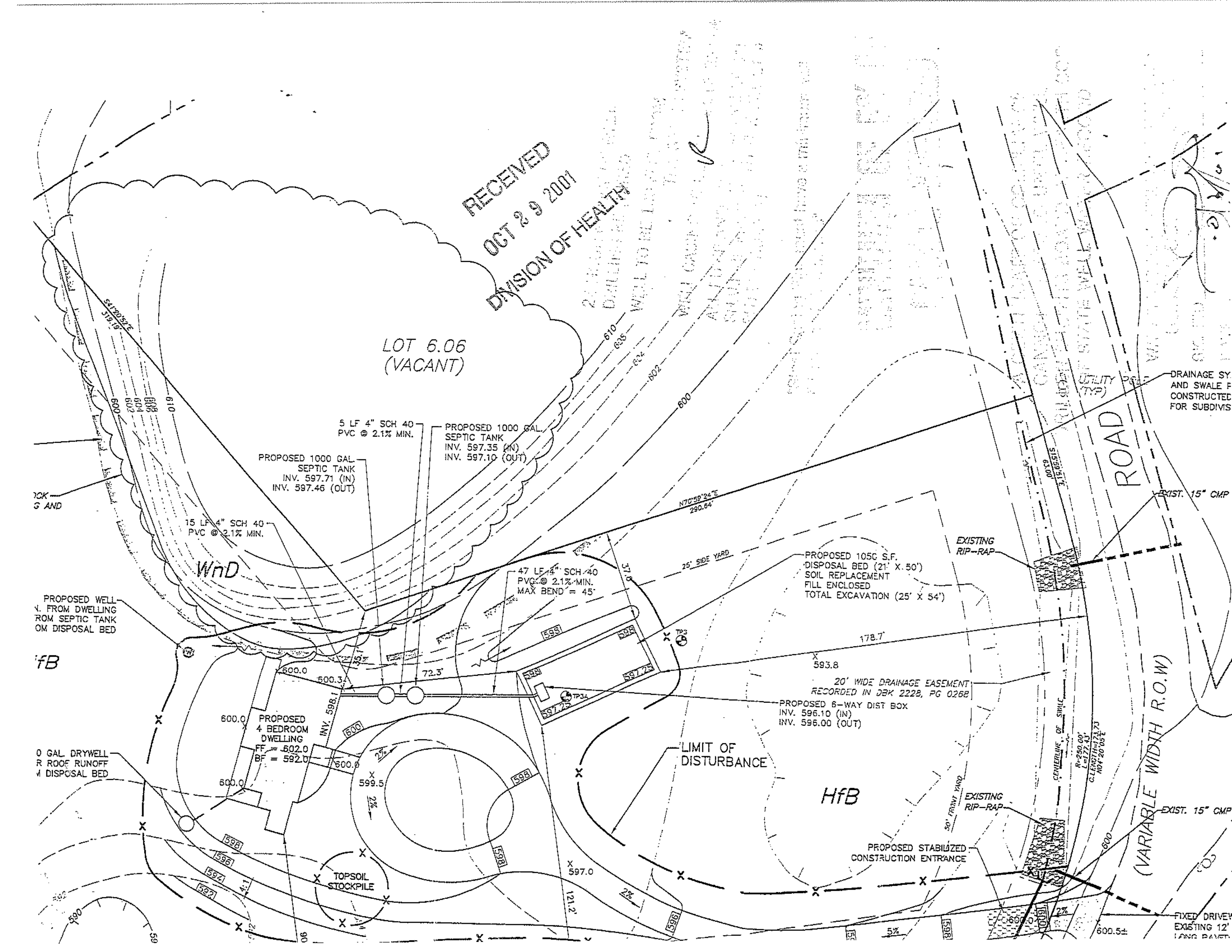
at Block 34 Lot 6.07, Old Creamery Road
(Street)

The system must be installed according to the design on the application approved by this department.

$ 100.00
Fee

10/31/01
Date

_____
Board of Health Authorized Agent


RECEIVED
OCT 29 2001
DIVISION OF HEALTH
LOT 6.06
(VACANT)
5 LF 4" SCH 40
PVC @ 2.1% MIN.
PROPOSED 1000 GAL.
SEPTIC TANK
INV. 597.35 (IN)
INV. 597.10 (OUT)
PROPOSED 1000 GAL.
SEPTIC TANK
INV. 597.71 (IN)
INV. 597.46 (OUT)
15 LF 4" SCH 40
PVC @ 2.1% MIN.
WnD
PROPOSED WELL
N. FROM DWELLING
ROM SEPTIC TANK
OM DISPOSAL BED
HfB
47 LF 4" SCH 40
PVC @ 2.1% MIN.
MAX BEND = 45°
25' SIDE YARD
N70°59'24"E
290.64'
PROPOSED 1050 S.F.
DISPOSAL BED (21' X 50')
SOIL REPLACEMENT
FILL ENCLOSED
TOTAL EXCAVATION (25' X 54')
178.7'
593.8
20' WIDE DRAINAGE EASEMENT
RECORDED IN DBK 2228, PG 0268
PROPOSED 6-WAY DIST BOX
INV. 596.10 (IN)
INV. 596.00 (OUT)
PROPOSED
4 BEDROOM
DWELLING
FF = 602.0
BF = 592.0
INV. 598.1
LIMIT OF
DISTURBANCE
0 GAL. DRYWELL
R ROOF RUNOFF
M DISPOSAL BED
TOPSOIL
STOCKPILE
597.0
121.2'
72.3'
35.1'
37.6'
599.5
PROPOSED STABILIZED
CONSTRUCTION ENTRANCE
50' FRONT YARD
EXISTING
RIP-RAP
EXIST. 15" CMP
CENTERLINE OF SWALE
R=250.00'
L=177.43'
C.LENGTH=173.73
N04°20'05"E
S15°59'15"E
63.00'
UTILITY
(TYP)
ROAD
(VARIABLE WIDTH R.O.W)
DRAINAGE SY
AND SWALE F
CONSTRUCTED
FOR SUBDIVIS
FIXED DRIVEW
EXISTING 12'
S41°20'52"E
319.19'
600.5±

Sussex County Health Department

APPLICATION FOR PERMIT TO CONSTRUCT OR ALTER A WATER SUPPLY SYSTEM

Application Date _____

Municipality Andover Twp. Block 34 Lot 6.07 Street Old Creamery Road

Owner's Name Walter Edwards Custom Designs Phone # 973-300-0989
(Ashworth Facility)

Mailing Address 26 Hibler Road, Newton, N.J. 07860

Well Driller Dan Ballentine Well Drilling, Inc. Phone # 908-689-7666

Mailing Address P.O. Box 178, Port Murray Rd., Port Murray, N.J. 07865-0178

Type of Building to be Served: (XXX) Individual Dwelling

( ) Other – Use _____ # Units _____ # Persons _____ Gal/Pers/Day _____

Type of Supply (XXX) New ( ) Alteration (XXX) Drilled Well – State Permit # 22-39754

( ) Other than drilled well (Describe) _____

Sketch:

Attach 4 copies of scale sketch showing verified locations of proposed and existing water supply system, sewage disposal system components, and any other potential sources of contamination both on the property and on adjacent properties. Also show locations of roads, driveways, easements, watercourses, drains, rock outcrops, large trees, and all proposed and existing buildings.

RECEIVED
OCT 29 2001
DIVISION OF HEALTH

Notes:

1) ***Well Head*** – Installation must be minimum of 12" above final grade.
2) ***Freezing Protection*** – Water lines must be installed at least 3 ½ feet below final grade.
3) ***Disinfection*** – Prior to sampling, water system must be disinfected with 50 ppm chlorine solution.
4) ***Sampling*** – A water sample should not be requested unless:
   (a) the entire potable water plumbing system has been installed.
   (b) the entire system has been disinfected and flushed free of chlorine solution.
   (c) the house is unlocked and electricity is on.
5) State Well record form must be submitted to this department upon completion of well.

The undersigned hereby certifies that the enclosed sketch is accurate and locations of water and sewage system components have been verified. The water supply system will be installed in accordance with local board of health ordinances and State standards.

Date: _____

Check # _____ Check Date _____ Amount _____

Name _____ Owner _____

_____ And /or Authorized Agent

49 Old Creamery Rd Bl: 34
L: 6.07

Permit # 8268 Number of Bedrooms 4

THIS PERMIT IS VALID FOR A PERIOD OF TWO(2)
YEAR(S) FROM DATE OF ISSUE

SUSSEX COUNTY HEALTH DEPARTMENT

Permission is hereby granted for Paul Ashworth to

(X) Sewage Disposal System	( ) Potable Water Supply
(X) construct a new	( ) construct a new
( ) alter an existing	( ) geo thermal well
( ) repair an existing	( ) test well/monitoring

( ) RENEWAL Originally Issued _____

in the municipality of Andover Township

at Block 34 Lot 6.07, Old Creamery Road
(Street)

The system must be installed according to the design on the application approved by this department.

$ 200.00 10/17/01 _____
Fee Date Board of Health Authorized Agent

Dykstra Walker Design Group
Municipality: ANDOVER TOWNSHIP
County: SUSSEX

Project No.: 97001 Page 1 of 9
Block: 34 Lot: 6.07
Street: OLD CREAMERY ROAD

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 1 - General Information

1. Type of Permit Needed (Check applicable categories):

_X_ New Construction _____ Alteration/No Expansion or Change of Use
_____ Alteration/Expansion or Change in Use _____ Alteration/Malfunction
_____ Deviation from Standards _____ Repairs to Existing System

2. Name/Address of Applicant: PAUL ASHWORTH
29 R Village Green, Budd Lake, NJ 07828

3. Applicant's Phone Number: 973-347-0736

4. Type of Facility:

__X__ Residential _____ Commercial/Institutional
_____ Specify Type of Establishment: _____

5. Type of Wastes to be Discharged:

__X__ Sanitary Sewage _____ Industrial Wastes
_____ Other - Specify Type _____

6. Other Approvals/Certifications/Waivers/Exemptions(Attach to Applications)

_____ Pinelands Commission _____ U.S. Army corps of Engineers
_____ NJDEP - Bureau of Flood Plain Management
_____ Other - Specify: _____

7. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant _____ Date: _____
PAUL ASHWORTH

FOR AGENCY USE ONLY

_____ Application Denied - Reason for Denial/Citation of Rules Violated: _____
_____ Application Approved
_____ Application Approved Subject to Approval by NJDEP

WATER TEATER
OCT 2 2001
RECEIVED

ate of Action Signature of Authorized Agent _____
e and Title _____

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2a - General Site Evaluation Data

1. Name of Site Evaluator: ***Dykstra Walker Design Group***
2. Business Address of Site Evaluator: 694 Route 15 South, Suite 103
   Lake Hopatcong, NJ 07849
3. Business Phone Number of Site Evaluator: 973-663-6540 (973-663-0042 Fax)
4. Special Site Limitations Identified (Check appropriate categories):
   ___Flood Plains ___Bedrock Outcrops ___Wetlands ___Excessively Stony
   ___Disturbed Ground ___Sink Holes ___Sand Dunes ___Steep Slopes
   ___Other - Specify_____
5. Soil Logs - Enter on Form 2b - Use one sheet for each soil log.
6. Considerations Relating to disturbed Ground:
   a) Type of Disturbance (Check appropriate categories):
   ___Filled Area ___Excavated Area ___Re-graded Area ___Subsurface Drains
   ___Other-Specify_____
   b) Pre-existing Natural Ground Surface
   Elevation Relative to Existing Ground Surface_____
   Method of Identification_____
   c) Suitability of Disturbed Ground
   ___Unsuitable: Objects Subject to Disintegration or Change in Volume
   ___Excessively Coarse
   ___Proctor Test Performed - % Standard Proctor Density = _____
7. Hydraulic Head Test:
   a) Hydraulically Restrictive Horizon: Depth Top to Bottom_____
   b) Piezometer A: Depth to Bottom___ Depth of Water Level (24 hrs)___
   c) Piezometer B: Depth to Bottom___ Depth of Water Level (24 hrs)___
   d) Witnessed by_____Signature_____Date_____
8. Attachments (Check items included):
   _X_Site Plan
   _X_Key Map U.S.G.S. Quadrangle or Other Accurate Map
   _X_Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
   ___Other - Specify_____
9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate in my professional opinion. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator_____ Date 9/12/01

Signature of Professional Engineer_____

Kenneth D. Dykstra, PE
New Jersey License No. 32972

Dykstra Walker Design Group
Municipality: ANDOVER TOWNSHIP
County: SUSSEX

Project No.: 97001
Block: 34 Lot: 6.07
Street: OLD CREAMERY ROAD

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b – Soil Log and Interpretation:

1. Log Number: 3 Method (check one): X Profile Pit _____ Boring
2. Soil Log: Date Performed 12/5/95 BY BRIAN HOBBS OF SCHOOR DePALMA UNDER DIRECTION OF KENNETH DYKSTRA, P.E. Witnessed By Emeric Seabold, SCDH

Depth (inches)	Description
0-15	Dark brown (10YR3/3) loamy sand; spheroidal; friable; common fine roots
15-26	Strong brown (7.5YR 4/6) sandy loam; subangular blocky; friable; common dark brown (10YR 3/3) staining along root channels and worm holes.
26-96	Dark yellowish brown (10YR 3/6) coarse sand and gravel; single grain; loose (excessively course).
96-108	Brown (10YR 4/3) coarse sand and gravel; single grain; loose (excessively coarse)
108-120	Light olive brown (2.5Y 5/4) sand; single grain; loose.

3. Ground Water Observations: NONE
   _____Seepage – Indicate Depth
   _____Pit/Boring Flooded – Depth after _____Hours:

4. Soil Limiting Zones (check appropriate categories):
   _____Fractured Rock Substratum – Depth to Top
   _____Massive Rock Substratum – Depth to Top
   _____Excessively Coarse Horizon – Depth Top to Bottom
   X Excessively Coarse Substratum – Depth to Top 26"
   _____Hydraulically Restrictive Horizon – Depth Top to Bottom
   _____Hydraulically Restrictive Substratum – Depth to Top
   _____Perched Zone of Saturation – Depth Top to Bottom
   _____Regional Zone of Saturation – Depth to Top

5. Soil Suitability Classification: IISc

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate in my professional opinion. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator _____ Date 9/17/01

Signature of Professional Engineer _____

Kenneth D. Dykstra, PE
New Jersey Lic. No. 32972

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 2b – Soil Log and Interpretation:

1. Log Number: 3A Method (check one): X Profile Pit _____ Boring
2. Soil Log: Date Performed 8/29/01 Witnessed By Candice Morgan, SCDH

Depth (inches)	Description
0-12	Topsoil, roots, organic material
12-72	(5YR 4/6) Reddish brown sandy loam, 15% gravel, 10% cobbles, single grain, loose. no mottling.
72-120	Reddish brown loamy sand (5YR 5/4) 15 % gravel, single grain, loose, no mottling.

3. Ground Water Observations: NONE
   _____Seepage – Indicate Depth
   _____Pit/Boring Flooded – Depth after_____Hours:

4. Soil Limiting Zones (check appropriate categories):
   _____Fractured Rock Substratum – Depth to Top
   _____Massive Rock Substratum – Depth to Top
   _____Excessively Coarse Horizon – Depth Top to Bottom
   X Excessively Coarse Substratum – Depth to Top 72"
   _____Hydraulically Restrictive Horizon – Depth Top to Bottom
   _____Hydraulically Restrictive Substratum – Depth to Top
   _____Perched Zone of Saturation – Depth Top to Bottom
   _____Regional Zone of Saturation – Depth to Top

5. Soil Suitability Classification: I

6. I hereby certify that the information furnished on Form 2b of this application is true and accurate in my professional opinion. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C.7:14-8.

Signature of Soil Evaluator _____ Date 9/12/01

Signature of Professional Engineer _____

Kenneth D. Dykstra, PE
New Jersey Lic. No. 32972

Dykstra Walker Design Group
Municipality: ANDOVER TOWNSHIP
County: SUSSEX

Project No.: 97001
Block: 34 Lot: 6.07
Street: OLD CREAMERY ROAD

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 3a – Soil Permeability Data:

1. Summary of Data – Enter data for each test replicate on a separate line.

Type of Test	Test Number	Replicate	Test Pit	Depth (inches)	Result*
CLASS RATING	1	A	3	26"-96"	**K5**
	1	B	3	26"-96"	**K5**

*For tube permeameter, pit-bailing and piezometer tests report results in inches per hour. For soil permeability class rating give soil permeability class number. For percolation test repot result in minutes per inch. For basin flooding test report result as positive if basin drains completely within 24 hours after second filling, negative otherwise.

2. Design Permeability/Percolation Rate: K4 (Select Fill) Specify Test Number
____Average of Test Replicates _____Single Replicate _____Slowest of Replicates

3. Type of Limiting Zone Identified Test Number

4. Attachments (Check items attached):
____Form 3b – Number of Sheets
__2__Form 3c – Number of Sheets
____Form 3d – Number of Sheets
____Form 3e – Number of Sheets
____Form 3f – Number of Sheets
____Form 3g – Number of Sheets

6. I hereby certify that the information furnished on Form 3c of this application is true and accurate in my professional opinion. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C.7:14-8.

Signature of Soil Evaluator _____ Date 9/12/01

Signature of Professional Engineer _____

Kenneth D. Dykstra, PE
New Jersey Lic. No. 32972

Schoor DePalma Inc.
Project Name: PLUMBERS
County/Municipality: SUSSEX/ANDOVER Twp

Project No: B9514/A / #97001
Block 34, **Lot** 6.07
Date: 12-18-95

Soil Permeability Class Rating Data

1. Test Number 1 Replicate (Letter) A

2. Sample Depth 26-96" Soil Pit/Boring Number 3 Date Collected 12-5-95

3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 248.27
   Weight of Material Retained on 2 mm sieve, W.C.F., grams 33.1
   Wt. % Coarse Fragment (W.C.F./W.T. X 100): 13.33

4. Oven Dry Weight (24 hours, 105°C) of 40 Gram Air Dry Sample, grams, Wt. 39.94

5. Hydrometer Calibration, Rc 3

6. Hydrometer Reading - 40 seconds, grams, R1 5/5
   Temperature of Suspension, °F 68

7. Corrected Hydrometer Reading, grams, R1' 2

8. Hydrometer Reading - 2 hours, grams, R2 4
   Temperature of Suspension, °F 68

9. Corrected Hydrometer Reading, grams, R2' 1

10. % sand = Wt. - R1'/Wt. X 100 = (39.94 - 2)/39.94 X 100 = 94.99

11. % clay = R2'/Wt. X 100 = 1 / 39.94 X 100 = 2.50

12. Sieve Analysis:
    a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams 26.21
    b. Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams 10.03
    c. % Fine Plus Very Fine Sand (b/a) 38.27

    Gravel 13.3 %
    Sand 95.0 %
    Clay 2.5 %
    Silt 2.5 %
    VC-M Sand 61.7 %
    F+VF Sand 33.3 %

13. Soil Morphology (Natural Soil Samples Only):
    Structure of Soil Horizon Tested SINGLE GRAIN
    Consistence of Soil Horizon Tested: Dry: _____ Moist: Loose

14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) K5 SAND

15. I hereby certify that the information furnished on Form 3c of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Soil Evaluator [signature] Date: 12-18-95

Signature of Professional Engineer [signature]

Date: 12/18/95 Kenneth D. Dykstra P.E. License No. 32972

+MZ3/98

Pg 7069

Schoor DePalma Inc.
Project Name: BLUMBERG
County/Municipality: SUSSEX/ ANDOVER TWP

Project No: B9514A/#97001
Block 34, Lot 6.07
Date: 12-18-95

Soil Permeability Class Rating Data

1. Test Number 1 Replicate (Letter) B
2. Sample Depth 26-96" Soil Pit/Boring Number 3 Date Collected 12.5.95
3. Coarse Fragment Content:
   Total Weight of Sample, W.T., grams 248.27
   Weight of Material Retained on 2 mm sieve, W.C.F., grams 33.1
   Wt. % Coarse Fragment (W.C.F./W.T. X 100): 13.33
4. Oven Dry Weight (24 hours, 105°C) of 40 Gram Air Dry Sample, grams, Wt. 39.94
5. Hydrometer Calibration, Rc 3
6. Hydrometer Reading - 40 seconds, grams, R1 5/5
   Temperature of Suspension, °F 68
7. Corrected Hydrometer Reading, grams, R1' 2
8. Hydrometer Reading - 2 hours, grams, R2 4
   Temperature of Suspension, °F 68
9. Corrected Hydrometer Reading, grams, R2' 1
10. % sand = Wt. - R1'/Wt. X 100 = (39.94 - 2)/ _____ X 100 = 94.99
11. % clay = R2'/Wt. X 100 = 1 / 39.94 X 100 = 2.50
12. Sieve Analysis:
    a. Oven Dry Wt. (2 hrs., 105°C) Total Sand Fraction (Soil Retained in 0.047 mm Sieve), grams 26.77
    b. Wt. of Fine Plus Very Fine Sand Fraction (Sand Passing 0.25 mm Sieve), grams 10.11
    c. % Fine Plus Very Fine Sand (b/a) 37.77

    Gravel 13.3 %
    Sand 95.0 %
    Clay 2.5 %
    Silt 2.5 %
    VC-M Sand 62.2 %
    F+VF Sand 37.8 %
13. Soil Morphology (Natural Soil Samples Only):
    Structure of Soil Horizon Tested SINGLE GRAIN
    Consistence of Soil Horizon Tested: Dry: _____ Moist: Loose
14. Soil Permeability Class Rating (Based upon average textural analysis of this replicate and other replicate samples) MS SAND
15. I hereby certify that the information furnished on Form 3c of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

    Signature of Soil Evaluator _____ Date: 12-18-95

    Signature of Professional Engineer _____

    Date: 12/20/95 Kenneth D. Dykstra P.E. License No. 32972

+MZ3/98

Municipality: ANDOVER TOWNSHIP Block: 34 Lot: 6.07

County: SUSSEX Street: OLD CREAMERY ROAD

APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Form 4 General Design Data:

1. Volume of Sanitary Sewage, gal. 650

   X Residential: No. of Dwelling Units 1 Total No. of Bedrooms 4

   _____ Commercial/Institutional - Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading _____

2. Alterations or Repairs

   a) Reason for Alteration or Repair (Check appropriate categories):

   _____ Expansion or Change in Use _____ Upgrade Existing Facilities

   _____ Correct Malfunctioning System _____ Other - Specify _____

   b) Describe Nature of Alteration or Repairs: _____

3. System Components:

   a) Grease Trap Capacity, gals _____ Show Calculation Used: _____

   b) Septic Tank Capacities, gals: 2000 FirstCompartment 1000 Second Compartment 1000

   c) Effluent Distribution

   Method: X Gravity Flow _____ Gravity Dosing _____ Pressure Dosing

   Dosing Device: _____ Pump _____ Siphon

   d) Dosing Tank Capacities: Total Capacity _____ Dose Volume _____ Reserve Capacity _____

   e) Laterals: Number 6 Total Length 264' Pipe Size 4" Spacing 3"

   f) Connecting Pipe: Size 4" Length 24'

   g) Manifold: Size _____ Length _____

   h) Disposal Field: Type of Installation SOIL REPLACEMENT FILL ENCLOSED

   Design Permeability K-4

   Trenches: Width _____ Total Length _____ Bed: Area 1050 S.F.

   i) Seepage Pits: Design Percolation Rate _____

   Number of Pits _____ Total Percolating Area Provided _____

4. Attachments (Check items included):

   X General Plan of system Showing Location of All System Components

   X X-Sections of Each system Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains

   _____ Pump Performance Curve

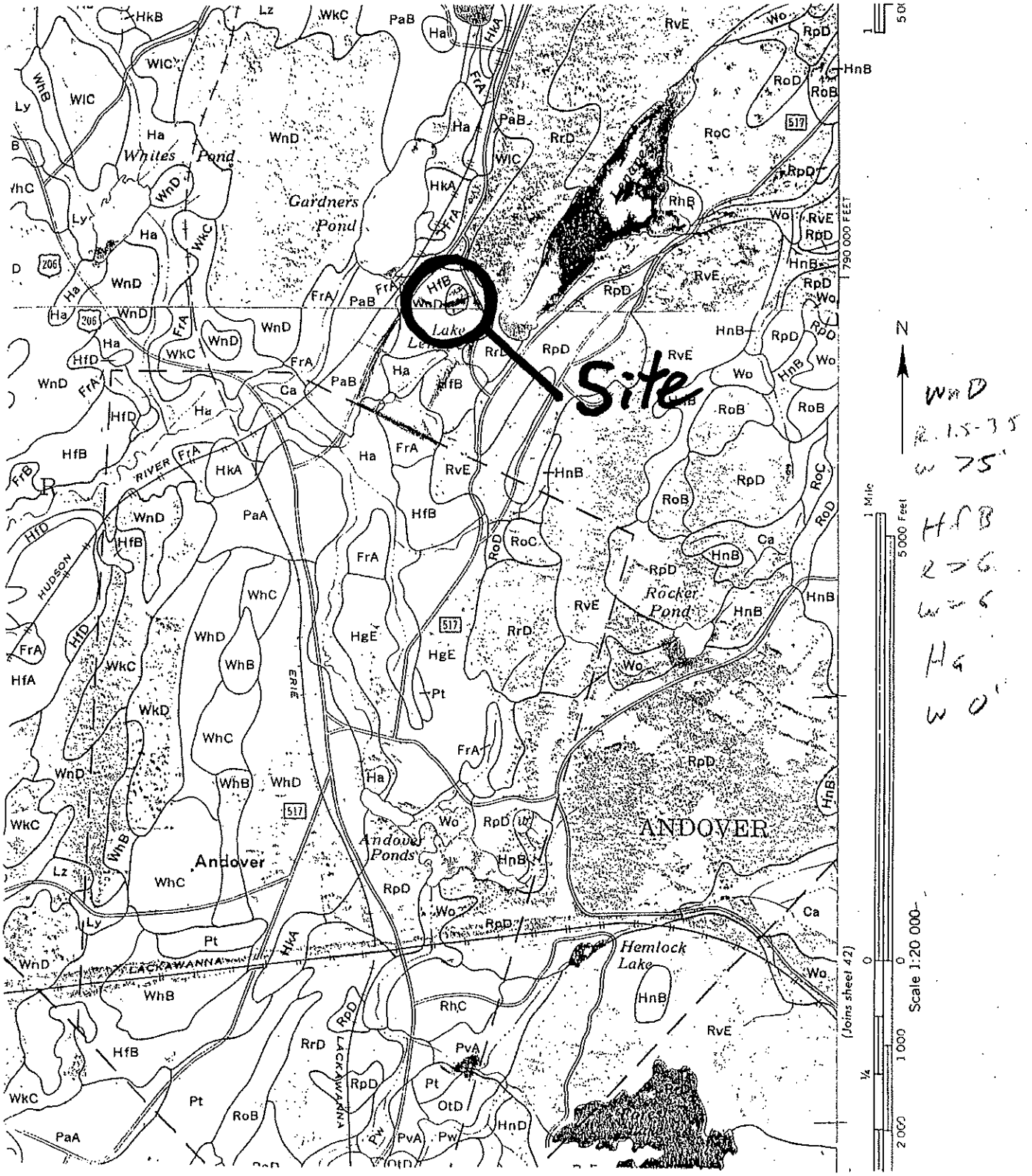
   _____ Other - Specify _____

5. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is true and accurate in my professional opinion. I am aware that falsification of data is a violation of the Water Pollution control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer _____ Date 9/17/01

Kenneth D. Dykstra, PE

New Jersey License No. 32972



WnD
R. 1.5-7.5
W 75'

HfB
2-6
W 6

Ha
W 0'

Soil Survey 97001
Ashworth
Block 34 Lot 6.07

DWR 04

SUSSEX COUNTY HEALTH DEPARTMENT
SDS INSPECTION REPORT

INSPECTOR Morgan MUNICIPALITY Fredon Twp 19 DATE 3-29-01

OWNER Paul Schwartz PHONE # _____ STREET Old Mans Rd

CONTRACTOR Mid Sussex PHONE # _____ BLOCK 34 LOT 6.07

ENGINEER Mark Fox PHONE # _____ (✓) NEW SYSTEM ( ) ALTER ( ) REPAIR

(Alternate)

TEST HOLE INSPECTION

Total Depth 120"

Depth of Ledge _____

Depth to Water _____

Seepage at _____

Est SHWT _____

Roots Scattered

Soil Sample Taken 79"

SITE INSPECTION

Lot Size _____

Slope in Disp. Area _____

Permanent Reference Point

-Type _____

- Location Certified by: _____

Sketch showing location of test holes ,wells and prominent surface features in remarks section

Depth 0 to 12 Color Symbol _____

Texture topsoil

Coarse Frags: %Gravel _____ %Cobble _____ %Stone _____ Total _____

Structure: Granular _____ Spheroidal _____ Blocky _____

Prismatic _____ Massive _____ Platy _____

Consistence: (Dry) Loose _____ Soft _____ Hard _____

(Moist)Loose _____ Friable _____ Firm _____

Mottling: No Mottling _____

Abundance% Few ____ Common ____ Many ____

Size/mm Fine ____ Medium ____ Coarse ____

Contrast Faint ____ Distinct ____ Prominent ____

Depth 12 to 72" Color Symbol 5YR 4/4

Texture loamy Sandy loam

Coarse Frags: %Gravel 15 %Cobble 10 %Stone _____ Total 25%

Structure: Granular ✓ Spheroidal _____ Blocky SBK

Prismatic _____ Massive _____ Platy _____

Consistence: (Dry) Loose _____ Soft _____ Hard _____

(Moist)Loose _____ Friable ✓ Firm _____

Mottling: No Mottling ✓

Abundance% Few ____ Common ____ Many ____

Size/mm Fine ____ Medium ____ Coarse ____

Contrast Faint ____ Distinct ____ Prominent ____

Depth 72 to 120 Color Symbol 5YR 5/4

Texture ~~Sandy loam~~ Loamy Sand

Coarse Frags: %Gravel 15 %Cobble _____ %Stone _____ Total _____

Structure: Granular ✓ Spheroidal _____ Blocky _____

Prismatic _____ Massive _____ Platy _____

Consistence: (Dry) Loose _____ Soft _____ Hard _____

(Moist)Loose ✓ Friable _____ Firm _____

Zoning Officer/Code Enforcement Officer
134 Newton-Sparta Road
Newton, New Jersey 07860
Tel: 973-383-4280, X231

ZONING PERMIT

Permit # **23-26** Date Issued: 05/1/2023 Resolution Dated: n/a

Location: **49 Old Creamery Road**

Description of structure/use: **Proposed Addition**

Block: **34** Lot: **6.07** Zone: R-2.0

This *Zoning Permit* certifies that Andover Township's Zoning Official has reviewed and approved the *erection or alteration of a structure(s)* or *change of use* on this property that is described above. This *Zoning Permit* may be revoked if the work/use being performed on this property does not represent the information provided by the applicant to obtain this permit. A copy of the application submitted to obtain this permit is on file in the Zoning Official's office in the municipal building. This permit is does not expire and remains valid unless the use of this property is changed or if this Zoning Permit is revoked by the Zoning Officer.

(signed) _____ DATE 5/3/23

CALL BEFORE YOU DIG! 811 or 1-800-272-1000

APPLICATION FOR ZONING PERMIT

ANDOVER TOWNSHIP
134 NEWTON SPARTA ROAD
NEWTON, NJ 07860
(973) 383-4280, EXT. 240 & 231

OFFICE USE ONLY	DATE RECEIVED	TIME	BY

INSTRUCTIONS

1. Please use ball point 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 of the property, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc. and show all dimensions and the distances from both property lines and other structures.
4. If the applicant is other than the owner of the property, an affidavit of ownership from the owner may be required.

Name of Applicant: Paul V. Ashworth	Name of Owner: Paul V. Ashworth
Address of Applicant: 49 Old Creamery Rd. Newton NJ 07860	Address of Owner (if different):
Applicant's Phone: 973-222-3110	Owner's Phone:
Applicant's E-mail: paul@pvaarchitect.com	Owner's E-mail:
What is the present use of the principal building? Single family residence (SFR)	
What is the proposed use of the principal building? SFR - Garage, workshop and storage	
What is the present accessory use(s) of property or any accessory building(s)? SFR, pool house and tractor garage	
What are the proposed uses of any new structures or additions for which a zoning permit is requested? Garage, workshop and storage	
State whether the property has been the subject of any prior applications to the Zoning Board of Adjustment or the Planning Board. If "none" state "none". If so, state the nature of the application, the date, and the action(s) of the Board.(s).	

Address of Premises:	Block#	Lot#	Zone
49 Old Creamery Rd Newton NJ 07860	34	6.07	R2.0

WETLANDS: Yes☐ No■	Flood Zone: Yes☐ No■	Airport Hazard Zone: Yes☐ No■

I hereby make application for zoning permit for the changes described above and on the attached plot plan or survey map. I understand that before starting construction, a building permit may be required. Answers to the above questions and representations made on the attachments to this application are true and complete to the best of my knowledge.

Paul V. Ashworth
Digitally signed by Paul V. Ashworth
DN: CN=US, E=paul@pvaarchitect.com, O=PVA Architecture LLC, OU=PVA Architecture LLC, CN=Paul V. Ashworth
Reason: I am approving this document
Date: 2023.04.12 16:34:13-04'00'

Signature of Applicant (Individual)

Date: 4/12/2023

Attest: 4/12/2023

Name of Corporation or Association

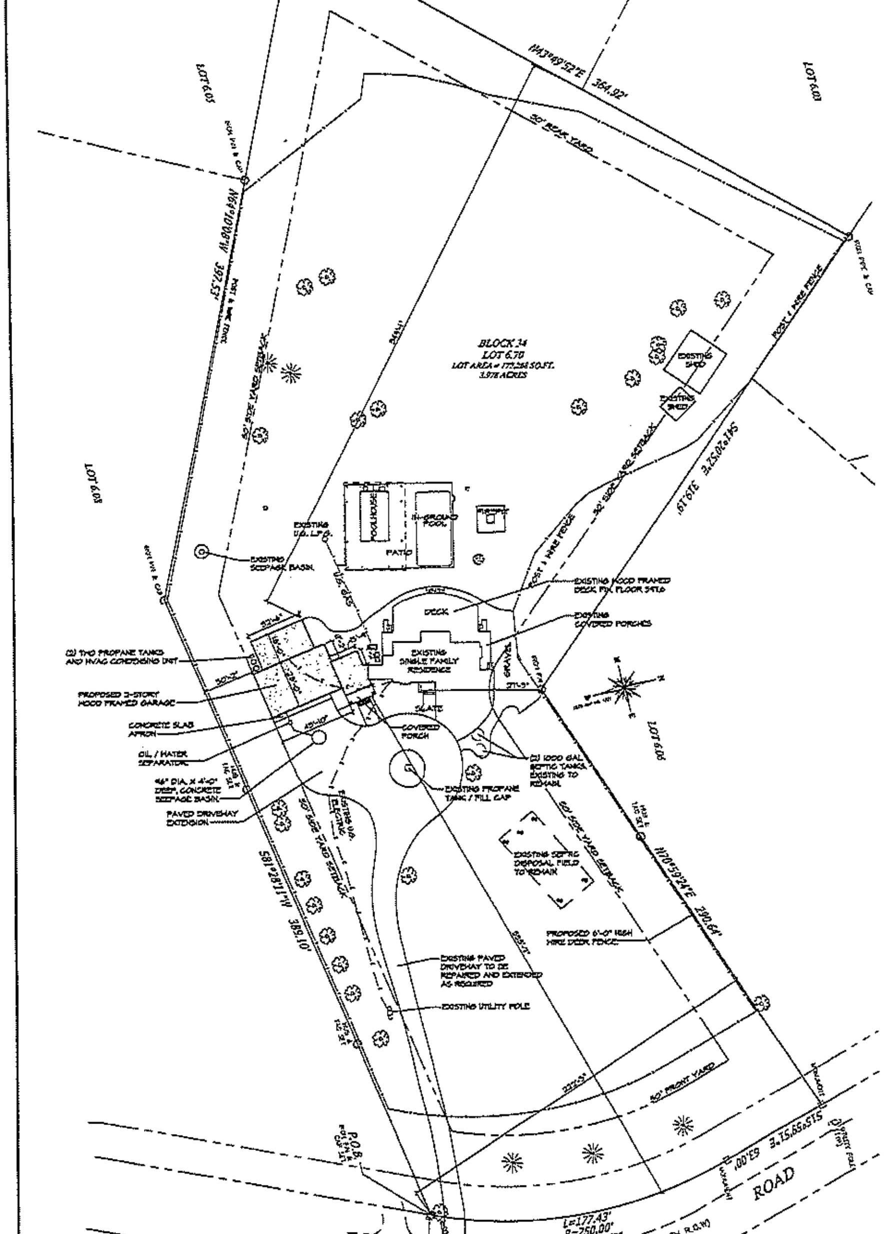
By: _____

DO NOT WRITE BELOW THIS LINE

(✓) **Permit** Issued Permit # 23-26 ( ) **Denial Issued** **Permit#** _____

Zoning Officer: _____ **Date:** 5/1/23

☐Single Family Residential Fee: _____ CHECK# _____



Andover Township
Table 5, Schedule of General Zoning Regulations for Andover Township
Zoning Setbacks and Bulk Requirements

	Zone	Primary Permitted Uses	Minimum Lot Area (square feet)	Lot width	Principle building Front(feet)	Principle building Side (feet)	Principle building Rear (feet)	Max. Structure lot coverage	Max. Height (stories)	Height (feet)
Requirement	R-2.0 (Conv.)	Garage	~~43,560~~ 87,000SF ✓	200 ✓	50 ✓	30 ✓	40 ✓	15% ✓	2 1/2	35
Proposed	R-2.0 (Conv.)	Garage	173,268	222'-5"	333'-7"	30'-2"	349'-1"	4.0%	2	27'-7"
Complies		YES NO CHANGE	YES NO CHANGE	YES NO CHANGE	YES	YES	YES	YES	YES	YES

MAX. STRUCTURE LOT COVERAGE	sq. ft.
Proposed garage and mud room	2181
Existing principle building	1,664
Existing principle building covered porches	418
Existing accessory tractor shed and shed	900
Existing pool house	1,785
TOTAL	6,948
Existing lot area	173,268
Proposed structural lot coverage	6,948
Proposed structural lot coverage percentage	4.0%

GENERAL ADMINISTRATIVE NOTES

1. WORK AFFECTED BY CHANGES PROPOSED IN ANY REVISED DRAWINGS OR DOCUMENTS ISSUED TO THE CONTRACTOR SHALL NOT BE EXECUTED UNLESS CHANGES ARE ACCOMPANIED BY LETTER OF AUTHORIZATION TO PROCEED ACCORDINGLY. IN CASES WHERE INSTRUCTIONS ACCOMPANYING ANY ISSUE OF REVISED DRAWINGS OR SPECIFICATIONS REQUEST ESTIMATES OF COST INVOLVED, SUCH ESTIMATES SHALL BE PREPARED AND SUBMITTED PROMPTLY IN ORDER NOT TO UNDULY DELAY THE PROGRESS OF THE WORK.

2. NO CHANGE ORDERS WILL BE PERMITTED UNLESS SUBMITTED IN WRITING BY THE CONTRACTOR AND APPROVED BY THE OWNER IN ADVANCE.

3. THE CONTRACTOR SHALL DELIVER TO THE ARCHITECT AND THE OWNER, PARTIAL WAIVERS OF LIEN FOR EACH AND EVERY INVOLVED SUBCONTRACTOR AND SUB-SUBCONTRACTOR EACH MONTH, AS A PREREQUISITE FOR EACH MONTHLY PROJECT PROGRESS PAYMENT.

4. SUBMITTALS: ALL PRODUCT SUBMISSIONS AND SHOP DRAWINGS SHALL BE FORWARDED TO THE OWNER AND ARCHITECT FOR APPROVAL.

5. ALL CORRESPONDENCE WILL BE VIA THE OWNER, UNLESS OTHERWISE SPECIFIED IN WRITING.

PROJECT GENERAL NOTES

ARCHITECT'S RESPONSIBILITIES: THE ARCHITECT DOES NOT HAVE CONSTRUCTION ADMINISTRATION RESPONSIBILITY. THE INFORMATION SHOWN ON THESE DRAWINGS CONSTITUTES THE EXTENT OF ARCHITECTURAL SERVICES RENDERED TO THE OWNER. THE ARCHITECT HAS NO CONTRACTUAL OBLIGATION TO THE CLIENT BEYOND THE PREPARATION OF THESE DRAWINGS TO DIMENSION AND MATERIALS BEFORE PROCEDURE. THE ARCHITECT AND HE MAY CERTIFY OR TAKES RESPONSIBILITY FOR EXISTING CONDITIONS BEYOND THE AREA OF WORK SHOWN. THE ARCHITECT AND HIS AGENTS ARE NOT RESPONSIBLE OR LIABLE FOR THE ABOVE AND SHALL BE HELD HARMLESS AND IDENTIFIED BY ALL CONTRACTORS' SUBCONTRACTORS FROM ANY CLAIMS, LOSSES, SUITS OR LEGAL ACTIONS ARISING FROM THE PERFORMANCE OF WORK ON THIS PROJECT. THE ARCHITECT DID NOT PERFORM AN EXHAUSTIVE OR DETAILED SURVEY OF EXISTING CONDITIONS THAT COULD HAVE BE SEEN DURING THE CATTLE INSPECTION OF SURFACE AREAS, SYSTEMS OR CONDITIONS WITHIN THE CONSTRUCTION, ABOVE CEILINGS, BELOW FLOORS AND SLABS OR WITHIN WALLS HAVE NOT BEEN VERIFIED. CONTRACTOR SHOULD TAKE THEIR OWN PRECAUTIONS PART OF ANY DEMOLITION OR CONSTRUCTION OPERATION TO ENSURE SAFETY ON THE JOB SITE.

DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS ARE PROVIDED TO INDICATE DESIGN INTENT ONLY. LARGE-SCALE DETAILS SHALL SUPERSEDE SMALLER SCALE DRAWINGS.

THE GENERAL CONTRACTOR SHALL:

1. COORDINATE THE WORK OF ALL TRADES AND THE OWNER'S REQUIREMENTS FOR ALL THE WORK INDICATED IN THESE CONTRACT DOCUMENTS AND ASSUME FINAL RESPONSIBILITY FOR ALL CONSTRUCTION COORDINATION.

2. VERIFY ALL DIMENSIONS AND CONDITIONS IN FIELD. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR THE FIT AND FINISH OF ALL COMPONENTS OF THE PROJECT.

3. THE CONTRACTOR IS SOLELY RESPONSIBLE AT ALL TIMES FOR THE SAFETY CONDITIONS OF THE JOB SITE, INCLUDING SAFETY OF ALL PERSONS AND PROPERTY, AND FOR ALL INDEPENDENT ENGINEERING REVIEWS OF THESE CONDITIONS REQUIRED BY ANY AGENCY HAVING JURISDICTION. THE ARCHITECT'S JOB SITE VISITS ARE NOT INTENDED TO INCLUDE REVIEW OF THE ADEQUACY OF THE CONTRACTOR'S SAFETY MEASURES.

4. COORDINATE ALL WORK WITH OWNER'S TELEPHONE SYSTEM, INTERNET AND CABLE PROVIDER.

5. CONTRACTOR IS RESPONSIBLE FOR MAINTAINING THE SECURITY OF THE BUILDINGS THROUGHOUT THE PROJECT TO FINAL COMPLETION AND OWNER'S ACCEPTANCE.

6. VERIFY REQUIREMENTS FOR FIRE EXTINGUISHER LOCATIONS AND INSTALLATION, PER REQUIREMENTS OF THE LOCAL FIRE MARSHALL.

7. PERFORM ALL WORK SHOWN ON THESE DRAWINGS UNLESS SPECIFICALLY NOTED OTHERWISE.

PROJECT REQUIREMENTS:

1. THE GENERAL CONTRACTOR SHALL HAVE AT LEAST SEVEN (7) YEARS EXPERIENCE IN COMMERCIAL PROJECTS OF SIMILAR SCOPE.

2. THE WORK INDICATED IN THESE DOCUMENTS SHALL CONFORM TO ALL FEDERAL, STATE AND LOCAL CODES AND STANDARDS THAT HAVE JURISDICTION IN THE STATE OF NEW JERSEY.

3. THE GENERAL CONTRACTOR SHALL COMPLY WITH ALL APPLICABLE ACCESSIBILITY AND O.S.H.A. REGULATIONS IN THE PERFORMANCE OF THE WORK INDICATED IN THESE DOCUMENTS.

4. THE GENERAL CONTRACTOR SHALL OBTAIN ALL REQUIRED FEDERAL, STATE, COUNTY, AND LOCAL PERMITS AND APPROVALS TO PERFORM THE WORK SHOWN IN THE CONTRACT DOCUMENTS.

5. THE GENERAL CONTRACTOR AND THE G.C.'S SUBCONTRACTORS SHALL BE PROPERLY LICENSED TO PERFORM WORK IN NEW JERSEY.

6. THE GENERAL CONTRACTOR SHALL OBTAIN FINAL CERTIFICATE OF OCCUPANCY PRIOR TO APPLICATION FOR FINAL PAYMENT.

7. THE GENERAL CONTRACTOR SHALL PROVIDE ALL INSURANCE AND BONDS AS REQUIRED BY THE OWNER.

8. THE GENERAL CONTRACTOR SHALL COMPLY WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS, ALL APPROPRIATE MUNICIPAL AND REGULATORY AGENCIES' CODES AND REQUIREMENTS, AND OWNER'S REQUIREMENTS.

SCOPE OF WORK

NEW THREE CAR GARAGE AND 2ND FLOOR STORAGE SPACE

POSTING PLACARD

CONSTRUCTION TYPE	WOOD FRAME "V-B"
USE GROUP	R-5
AREA OF RESIDENCE	MUD ROOM = 248 SQ. FT. GARAGE + SHOP = 1,[illegible] SQ. FT. 2ND FLOOR + DECK = [illegible] SQ. FT. TOTAL = [illegible] SQ. FT.
VOLUME OF ADDITION	[illegible] CU. FT.
BUILDING MAX HEIGHT	27'-7" HIGHEST ELEVATION POINT
DESIGN LOADS	1ST FLOOR = 15 PSF (DL) + 40 PSF (LL) 2ND FLOOR = 15 PSF (DL) + 40 PSF (LL) ROOF = 15 PSF (DL) + 30 PSF (LL) DECK PARTY LOAD = 15 PSF (DL) + 40 PSF (LL)
WIND SPEED DESIGN	40 MPH

NEW JERSEY BUILDING CODES

PERFORM ALL WORK IN ACCORDANCE WITH REGULATIONS OF THE LATEST ADOPTED STATE AND LOCAL ORDINANCES, REGULATIONS, AND CODES. PLANS WERE DEVELOPED USING THE FOLLOWING CODES. WHERE CODES CONFLICT WITH INFORMATION SHOWN ON THESE DOCUMENTS, THE MORE STRINGENT SHALL TAKE PRECEDENCE.

REHABILITATION SUBCODE (NJAC 5:23-6)
N.J.U.C.C. SUBCHAPTER 6 [illegible]

ONE + TWO-FAMILY DWELLING SUBCODE (NJAC 5:23-3.21)
INTERNATIONAL RESIDENTIAL CODE/2021, NJ ED

BUILDING SUBCODE (NJAC 5:23-3.14)
INTERNATIONAL BUILDING CODE/2021, NJ ED

PLUMBING SUBCODE (NJAC 5:23-3.15)
NATIONAL STANDARD PLUMBING CODE/2021, NJ ED

ELECTRICAL SUBCODE (NJAC 5:23-3.16)
NATIONAL ELECTRICAL CODE (NFPA 70)/2020

ENERGY SUBCODE (NJAC 5:23-3.18)
INTERNATIONAL ENERGY CONSERVATION CODE/2021 (LOW-RISE RESIDENTIAL)

MECHANICAL SUBCODE (NJAC 5:23-3.20)
INTERNATIONAL MECHANICAL CODE/2021

FUEL GAS SUBCODE (NJAC 5:23-3.22)
INTERNATIONAL FUEL GAS CODE/2021

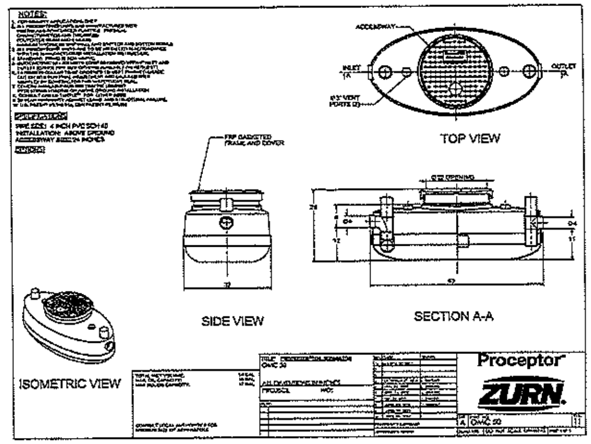
PVAARCHITECT
49 Old Creamery Road
Newton NJ 07860

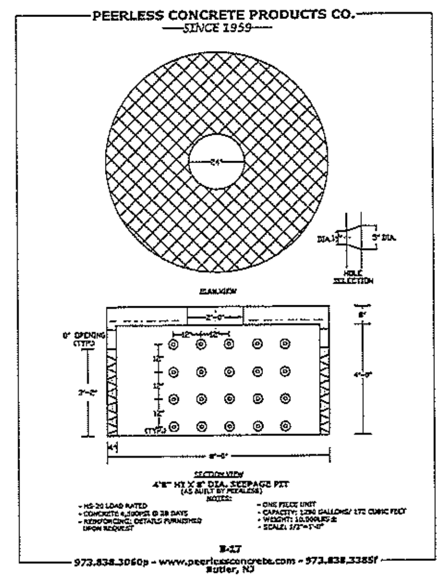
Paul V. Ashworth AIA NCARB
NJ Lic. #:21AI01817500

NO.	DESCRIPTION	DATE

PROPOSED GARAGE ADDITION FOR:
PAUL V. ASHWORTH
49 OLD CREAMERY ROAD
NEWTON NJ 07860 - ANDOVER TOWNSHIP, SUSSEX COUNTY
BLOCK 34 / LOT 6.07

DATE ISSUED:	2022-03-18
SCALE:	AS NOTED
DRAWN BY: PVA	CHECKED BY: PVA
FILE NAME:	GARAGE
PROJECT NUMBER:	22-09
DRAWING NUMBER:	C-1





NOAA Atlas 14, Volume 2, Version 3
Location name: Newton, New Jersey, USA*

POINT PRECIPITATION FREQUENCY ESTIMATES

PF tabular | PF graphical | Maps & aerials

PF tabular

PDS-based point precipitation frequency estimates with 90% confidence intervals (in inches)[1]										
Duration	Average recurrence interval (years)									
	1	2	5	10	25	50	100	200	500	1000
5-min	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10-min	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
15-min	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
30-min	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
60-min	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2-hr	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3-hr	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6-hr	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
12-hr	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
24-hr	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2-day	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3-day	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4-day	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7-day	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10-day	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
20-day	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
30-day	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
45-day	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
60-day	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Back to Top

PF graphical

Drywell calculations
PVA Architecture LLC

Site address:
49 Old Creamery Road
Newton NJ 07860
Lot: 6.07
Block: 34

Area of residence roof to be collected 2173 sq ft
Area of parking lot to be collected 0 sq ft

Total drainage area

Precipitation frequency – see attachment from NOAA
(Point precipitation frequency estimates)

Andover NJ - 25 year storm - 60 min length
2.26 inches

2173 * 2.26 / 12 = 409 cu ft of storm water required

Seepage pit volume (see attached catalog cut)
172 cu ft interior volume
239 cu ft exterior volume

Stone fill volume (see section detail)
12'-0" x 12'-0" x 5'-0" = 720 cu ft
720 *.4 for stone void 288 cu ft. useable area

Total storage volume
172 cu ft seepage pit
288 cu ft. stone fill
460 cu ft provided greater than 409 cu ft required

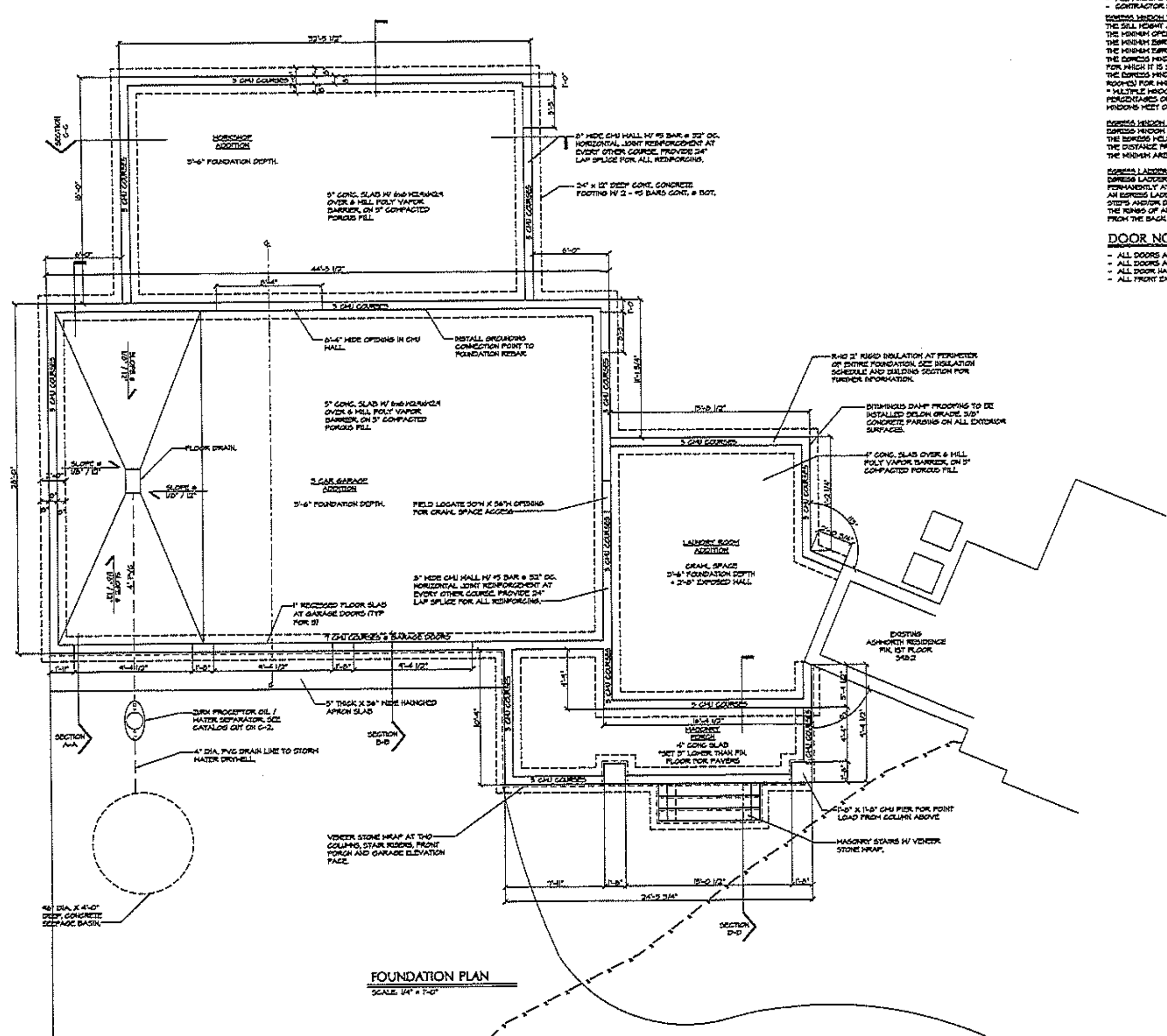
PVAARCHITECT
49 Old Creamery Road
Newton NJ 07860

Paul V. Ashworth AIA NCARB
NJ Lic. #: 21AI01817600

NO	DESCRIPTION	DATE

PROPOSED GARAGE ADDITION FOR:
PAUL V. ASHWORTH
49 OLD CREAMERY ROAD
NEWTON NJ 07860 - ANDOVER TOWNSHIP, SUSSEX COUNTY
BLOCK 34 / LOT 6.07

DATE ISSUED: 2022-03-18	
SCALE: AS NOTED	
DRAWN BY: PVA	CHECKED BY: PVA
FILE NAME: GARAGE	
PROJECT NUMBER: 22-09	
DRAWING NUMBER: C-1	



FOUNDATION PLAN

SCALE: 1/4" = 1'-0"

WINDOW NOTES:

- ALL WINDOWS SHALL BE ANDERSEN 400 SERIES WINDOWS. FINISH, COLOR AND HARDWARE AS PER OWNER.
- ALL WINDOWS SHALL HAVE SCREENS.
- ALL WINDOWS ARE TO BE INSTALLED AS PER MANUFACTURERS RECOMMENDATIONS.
- BATHROOM WINDOWS SHALL BE TEMPERED
- ALL WINDOWS ARE TO BE CAULKED AND SEALED.
- ALL WINDOWS ARE TO HAVE FLASHING INSTALLED AS PER MANUFACTURERS RECOMMENDATIONS.
- (E OR EGRESS) DENOTES EGRESS WINDOW - SEE REQUIREMENTS BELOW
- ALL WINDOWS SHALL HAVE LOW-E GLAZING
- CONTRACTOR SHALL COORDINATE ALL WINDOW SIZES, ROUGH OPENINGS REQUIREMENTS AND HEADERS.

EGRESS WINDOW REQUIREMENTS

THE SILL HEIGHT ABOVE THE FINISHED FLOOR IS A MAX. OF 44"
THE MINIMUM OPENING AREA OF THE EGRESS WINDOW IS 5.7 SQUARE FEET.
THE MINIMUM EGRESS WINDOW OPENING HEIGHT IS 24" HIGH.
THE MINIMUM EGRESS WINDOW OPENING IS 20" WIDE.
THE EGRESS WINDOW MUST HAVE A GLASS AREA OF NOT LESS THAN 8% OF THE TOTAL FLOOR AREA OF ROOM(S) FOR WHICH IT IS SERVICING, TO ALLOW THE MINIMUM AMOUNT OF SUFFICIENT NATURAL LIGHT. *
THE EGRESS WINDOW MUST HAVE A OPENING AREA OF NOT LESS THAN 4% OF THE TOTAL FLOOR AREA OF ROOM(S) FOR WHICH IT IS SERVICING, TO ALLOW THE MINIMUM AMOUNT OF NATURAL VENTILATION. *
* MULTIPLE WINDOWS CAN BE USED TO SERVICE A SINGLE AREA WHERE ONE WINDOW DOES NOT MEET THESE PERCENTAGES OF TOTAL FLOOR AREA, AS LONG AS THE TOTALED AMOUNTS FROM THIS COMBINATION OF WINDOWS MEET OR EXCEED THE 8% FOR NATURAL LIGHT AND 4% FOR NATURAL VENTILATION.

EGRESS WINDOW WELLS

EGRESS WINDOW WELLS ARE REQUIRED WHERE THE BOTTOM OF THE EGRESS WINDOW IS BELOW GROUND LEVEL.
THE EGRESS WELL MUST NOT INTERFERE WITH THE EGRESS WINDOW FULLY OPENING.
THE DISTANCE FROM THE EGRESS WINDOW TO THE BACK OF THE EGRESS WELL MUST BE AT LEAST 36"
THE MINIMUM AREA OF THE EGRESS WELL MUST BE 9 SQUARE FEET. (WIDTH X PROJECTION)

EGRESS LADDERS AND/OR STEPS

EGRESS LADDERS AND OR STEPS ARE REQUIRED ON WINDOW WELLS DEEPER THAN 44" AND MUST BE PERMANENTLY ATTACHED.
AN EGRESS LADDER OR STEP MAY ENCROACH INTO WELL UP TO 6".
STEPS AND/OR DISTANCE BETWEEN RUNGS OF THE LADDER CAN'T EXCEED 18".
THE RUNGS OF AN EGRESS LADDER MUST BE 12" WIDE OR GREATER AND MUST PROJECT A MINIMUM OF 3" AWAY FROM THE BACK WALL, BUT CAN'T EXCEED 6" FROM THE BACK OF THE WALL.

DOOR NOTES:

- ALL DOORS ARE TO HAVE 1 1/2" PAIR BUTTS.
- ALL DOORS ARE TO BE PAINTED AS PER SPECIFICATIONS.
- ALL DOOR HARDWARE SHALL BE SELECTED BY THE OWNER & INSTALLED BY THE GENERAL CONTRACTOR.
- ALL FRONT EXTERIOR AND GARAGE ENTRY DOORS TO BE PAINTED / SEALED AS PER OWNER.

PVAARCHITECT
49 Old Creamery Road
Newton NJ 07860 .

Paul V. Ashworth AIA NCARB
NJ Lic. #:21AI01817800

NO.	DESCRIPTION	DATE

PROPOSED GARAGE ADDITION FOR:
PAUL V. ASHWORTH
49 OLD CREAMERY ROAD
NEWTON NJ 07860 - ANDOVER TOWNSHIP, SUSSEX COUNTY
BLOCK 34 / LOT 6.07

DATE ISSUED:	2022-03-18
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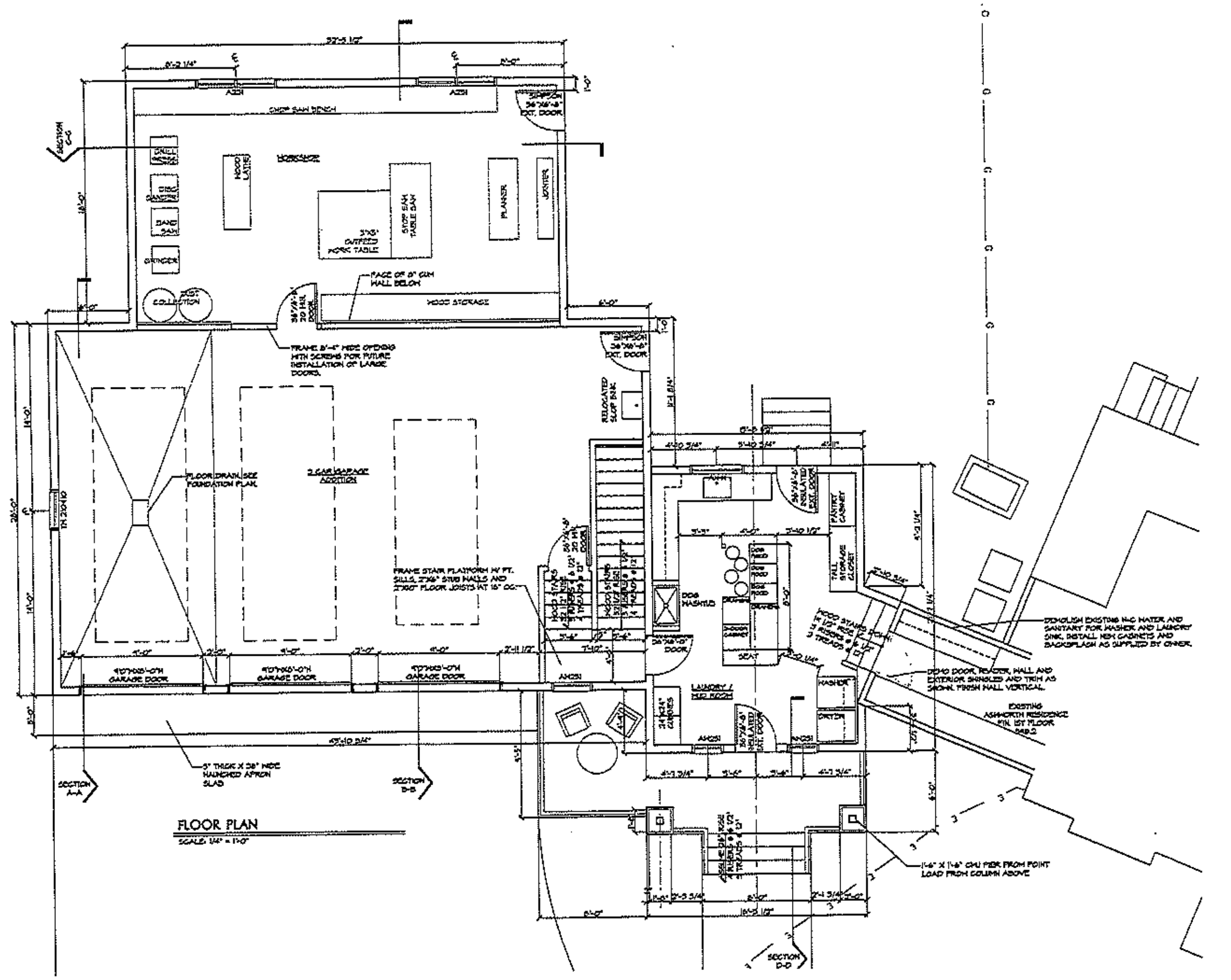


FLOOR PLAN
SCALE: 1/4" = 1'-0"

FRAMING NOTES:

1. ROUGH CARPENTRY SHALL CONFORM TO THE PRESCRIPTIVE STANDARDS IN THE IRC AS WELL AS THE NATIONAL DESIGN STANDARDS (NDS) FOR WOOD CONSTRUCTION, LATEST VERSION, AS PUBLISHED BY THE AMERICAN WOOD COUNCIL. IN THE CASE OF CONFLICTS BETWEEN THESE PUBLICATIONS, THE MORE STRINGENT REQUIREMENTS SHALL GOVERN.
2. DIMENSIONS AND SIZES OF FRAMING SHOWN ON PLANS BASED ON PRELIMINARY SIZING AND LAYOUT. VERIFY ALL FRAMING MEMBER DIMENSIONS, SIZES, QUANTITIES, AND LOCATIONS BASED ON ACTUAL FIELD CONDITIONS TO REFLECT VARIATIONS IN EXISTING FRAMING SIZES AND LOCATION, WALL LAYOUT, REQUIRED ROUGH OPENINGS, EXISTING COLUMN / BEARING WALL LOCATIONS, ETC. AND MAKE THE NECESSARY REVISIONS.
3. ALL FRAMING SHALL FOLLOW ALL RECOMMENDATIONS IN THE 2015 ED. WFCM GUIDE (WOOD FRAME CONSTRUCTION IN HIGH WIND AREAS) FOR 130 MPH EXPOSURE B.
4. G.C. TO ENSURE THAT ALL COLUMN POINT LOADS AND BEARING WALLS HAVE A CONTINUOUS LOAD PATH FROM POINT OF ORIGIN TO FOUNDATION.
5. INTERIOR WALL DIMENSIONS WILL BE DICTATED BY THE LOCATION OF THE LOAD BEARING COLUMNS AND WALLS BELOW. REPORT ALL DISCREPANCIES TO THE ARCHITECT IN WRITING FOR APPROVAL BEFORE PROCEEDING.
6. DOUBLE FRAMING MEMBERS UNDER ALL PARALLEL PARTITIONS, BATHROOM SHOWERS AND TUBS, AND ALL EQUIPMENT.
7. ALL STRUCTURE THAT IS NOT LABELED SHALL FOLLOW THE SIZING AS OUTLINED IN THE SPECIFICATIONS NOTE SHEET. TYPICALLY THE EXTERIOR AND INTERIOR WINDOW AND DOOR HEADS ARE NOT SHOWN AND SHALL BE (2) 1 3/4" X 10 1/4" TRUS JOIST MICROLLAM LVL'S.
8. PROVIDE 1 1/4" TIMBERSTRAND LSL RIM BOARDS AT ALL EXTERIOR RIM JOIST LOCATIONS.
9. ALTERNATE OR SUBSTITUTED FLOOR AND ROOF FRAMING SYSTEMS ARE TO BE DESIGNED FOR APPROPRIATE LOADS AND SPANS AS DICTATED IN THE GENERAL NOTES. CONTRACTOR TO SUPPLY ALL SPECIFICATIONS, SHOP DRAWINGS AND LAYOUT DRAWINGS TO LOCAL CODE OFFICIAL AND ARCHITECT PRIOR TO ORDERING MATERIALS.
10. FOLLOW MANUFACTURES DETAILS FOR ALL ENGINEERED LUMBER FRAMING SYSTEMS. PROVIDE OWNER / ARCHITECT ALL CONNECTION INSTALLATION CUT SHEETS - INCLUDING BUT NOT LIMITED TO: CANTILEVERS, BEARING POINTS, WEB STIFFENERS, SQUASH BLOCKS, NAIL PATTERNS, AND ALL ENG. TO ENG. CONNECTIONS.
11. MAINTAIN 2" CLEAR FROM WOOD FRAMING TO MASONRY AS REQ'D BY BUILDING CODE.
12. LUMBER SHALL BE AIR OR KILN DRIED WITH A MOISTURE CONTENT LESS THAN 15%. LUMBER SHALL BE FREE OF LARGE KNOTS, CHECKS, SPLITS, OR OTHER DEFECTS THAT MAY JEOPARDIZE DEVELOPED STRENGTH OF THE COMPLETED ASSEMBLY.
13. DIMENSIONAL LUMBER SHALL BE DOUGLAS FIR #2 OR BETTER. LUMBER USED AS STUDS (VERTICAL APPLICATIONS ONLY) SHALL BE PERMITTED TO BE NO. 3 OR STUD GRADE.
14. SET JOISTS WITH NATURAL CAMBER UP.
15. GLUE ALL SHEATHING USING CONTINUOUS BEADS OF CONSTRUCTION ADHESIVE ON ALL SUPPORTING MEMBERS. WALL AND ROOF SHEATHING SHALL BE INSTALLED USING ADHESIVE COATED NAILS. FLOOR SHEATHING SHALL BE INSTALLED USING SCREWS. SHEATHING SHALL BE AS FOLLOWS, OR AN EQUAL PRODUCT THAT PROVIDES EQUIVALENT STRENGTH, DURABILITY, AND SPAN RATINGS.

    EXTERIOR WALL — 1/2" APA-RATED 24/0 CDX PLYWOOD
    FLOOR — 3/4" ADVANTECH T&G UNDERLAYMENT
    ROOF — 5/8" APA-RATED 32/16 CDX PLYWOOD

16. INTERIOR WALLS SHALL BE FRAMED WITH 2x4" LUMBER @ 16" O.C. UNLESS OTHERWISE NOTED. FOR BEARING WALLS THAT ARE NOT CONTINUOUSLY SHEATHED ON ONE SIDE, PROVIDE SOLID BLOCKING AT INTERVALS NOT TO EXCEED 4 FEET.
17. INSTALL DOUBLE JOISTS UNDER INTERIOR WALLS WHERE WALLS ARE PARALLEL TO JOISTS.
18. HEADERS SHALL BE BUILT UP (DOUBLE) 2" NOMINAL THICKNESS DIMENSIONAL LUMBER, SIZED IN ACCORDANCE WITH IRC, UNLESS OTHERWISE NOTED ON PLANS. WHERE HEADERS ARE BUILT FROM 2" NOMINAL THICKNESS LUMBER, PROVIDE 1/2" PLYWOOD SPACER TO ENSURE HEADER IS SAME THICKNESS AS WALL FRAMING.
19. PROVIDE SOLID WOOD BRIDGING FOR FLOOR JOIST SPANS EXCEEDING 8 FEET. INSTALL BRIDGING SUCH THAT MAXIMUM SPACE BETWEEN BRIDGING IS 4 FEET.
20. WOOD IN CONTACT WITH MASONRY OR CEMENT SHALL BE PRESSURE TREATED.
21. FLOOR JOISTS WITHIN 18" OF FINISHED GRADE SHALL BE PRESSURE TREATED.
22. PROVIDE FIRE STOPPING AS PER IRC.
23. HIP RAFTERS, VALLEY RAFTERS, AND ROOF RIDGES SHALL BE LVL MEMBERS OF ONE SIZE LARGER THAN RAFTERS, UNLESS OTHERWISE NOTED.
24. PROVIDE BOTH RIDGE STRAPS AND COLLAR TIES IN UPPER 1/3 OF ROOF FOR EACH PAIR OF OPPOSING ROOF RAFTERS.
25. WHERE CUTS/NOTCHES, ETC. ARE MADE IN FRAMING MEMBERS IN ACCORDANCE WITH IRC, REINFORCE CUT AREAS WITH MATERIAL OF EQUIVALENT STRENGTH.
26. PROVIDE APPROVED FRAMING ANCHORS FOR ALL RAFTER/JOIST CONNECTIONS TO FLUSH BEAMS, HEADERS, AND GIRDERS.
27. TRUSSES SHALL BE DESIGNED AS COMPLETE ASSEMBLY. TRUSS DESIGN DRAWINGS SHOWING DESIGN LOADS, REQUIRED BLOCKING AND BRACING, AND REACTIONS SHALL BE PROVIDED IN ADVANCE OF STARTING FRAMING WORK. TRUSS DESIGN DRAWINGS SHALL BE SIGNED AND SEALED BY AN ENGINEER WHO IS LICENSED TO PRACTICE IN THE STATE OF NJ.
28. MATERIAL PROPERTIES FOR ENGINEERED LUMBER SHALL MEET/EXCEED THE FOLLOWING SPECIFICATIONS. FASTEN BUILT-UP LVL BEAMS AS PER MANUFACTURER INSTRUCTIONS. I-JOISTS SHALL BE NORDIC NI40X OR APPROVED EQUAL.

ENGINEERED LUMBER MATERIAL PROPERTIES (PSI)

	F_b	E (x 10^6)	F_v	F_c
RIM BOARD	600	0.55	270	550
PSL	2360	1.55	410	875
LVL	2460	2.0	240	750

INSULATION SCHEDULE

LOCATION	TYPE	THICKNESS	R-VALUE
WOOD STUD FRAMED EXT. WALLS	FIBERGLASS BAT INSULATION (PAPER BACKED)	5 1/2"	21
CEILING AREAS	FIBERGLASS BAT INSULATION (PAPER BACKED)	10 1/4"	38
CRAWL SPACE	RIGID FOAM INSULATION	2"	10

WALL SCHEDULE

- 2"x6" WD. STUD PARTITION W/ ONE LAYER OF 1/2" GYPSUM WALL BOARD INSIDE & 1/2" EXT. GRADE PLYWOOD W/ FIBERGLASS BATT INSULATION
- 2"x4" WD. STUD PARTITION @ 16" o.c. W/ ONE LAYER OF 1/2" GYPSUM WALL BOARD EACH SIDE. (WATER RESISTANT GYP. BRD. AT ALL WET AREAS, CEMENTICIOUS BACKER BOARD AT ALL SHOWERS / TUB STALLS)
- 2"x4" FIRE RATED INTERIOR WD. STUD PARTITION
  INSTALL 1 LAYER OF 5/8" TYPE "X" GYPSUM BOARD ON EACH SIDE OF INTERIOR GARAGE WALL AS SHOWN TO ACHIEVE A ONE HOUR FIRE RATING IN ACCORDANCE WITH FIRE RATED ASSEMBLY R505, (NJUCC- PTO-15)

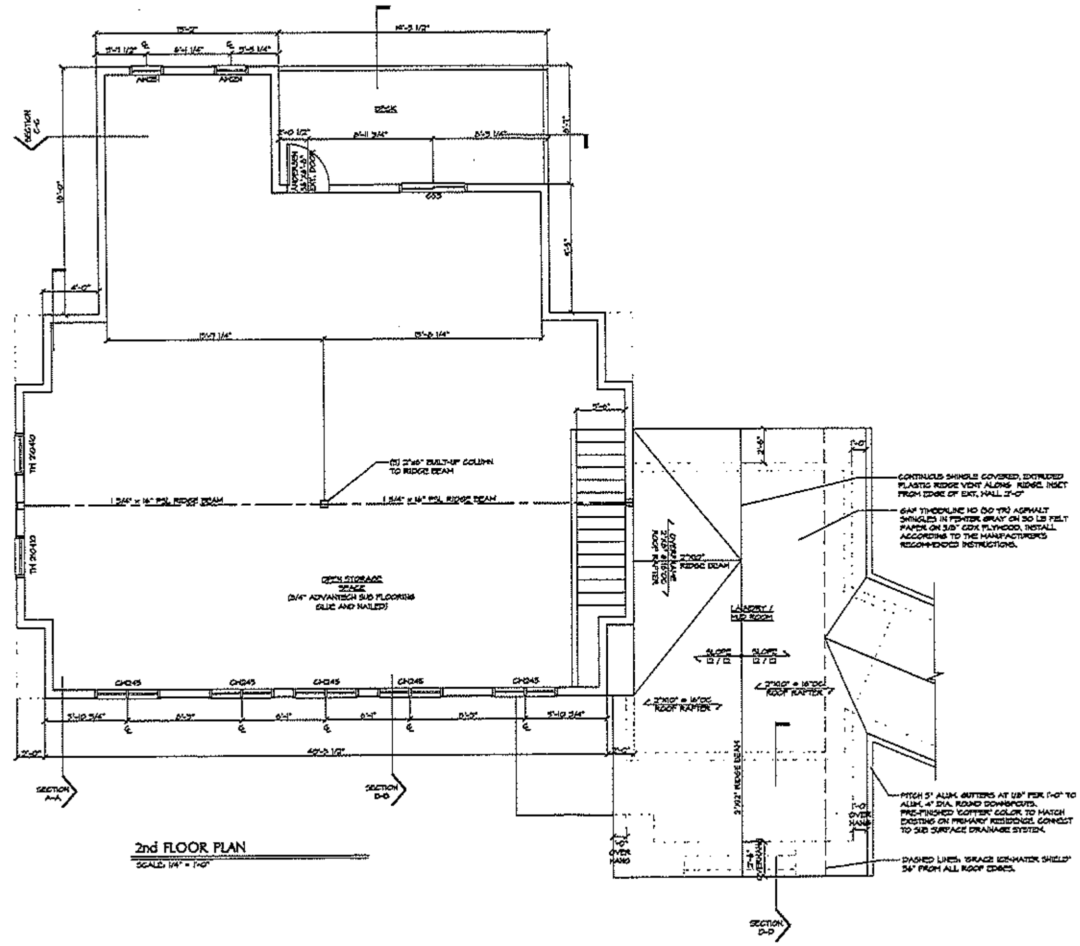
PVAARCHITECT
49 Old Creamery Road
Newton NJ 07860

Paul V. Ashworth AIA NCARB
NJ Lic. #: 21AI01817800

NO.	DESCRIPTION	DATE

PROPOSED GARAGE ADDITION FOR:
PAUL V. ASHWORTH
49 OLD CREAMERY ROAD
NEWTON NJ 07860 - ANDOVER TOWNSHIP, SUSSEX COUNTY
BLOCK 34 / LOT 6.07

DATE ISSUED: 2022-03-18
SCALE: AS NOTED
DRAWN BY: PVA | CHECKED BY: PVA
FILE NAME: GARAGE
PROJECT NUMBER: 22-09
DRAWING NUMBER: A-2



2nd FLOOR PLAN

SCALE: 1/4" = 1'-0"

PVAARCHITECT
49 Old Creamery Road
Newton NJ 07860

Paul V. Ashworth AIA NCARB
NJ Lic. #: 21AI01817800

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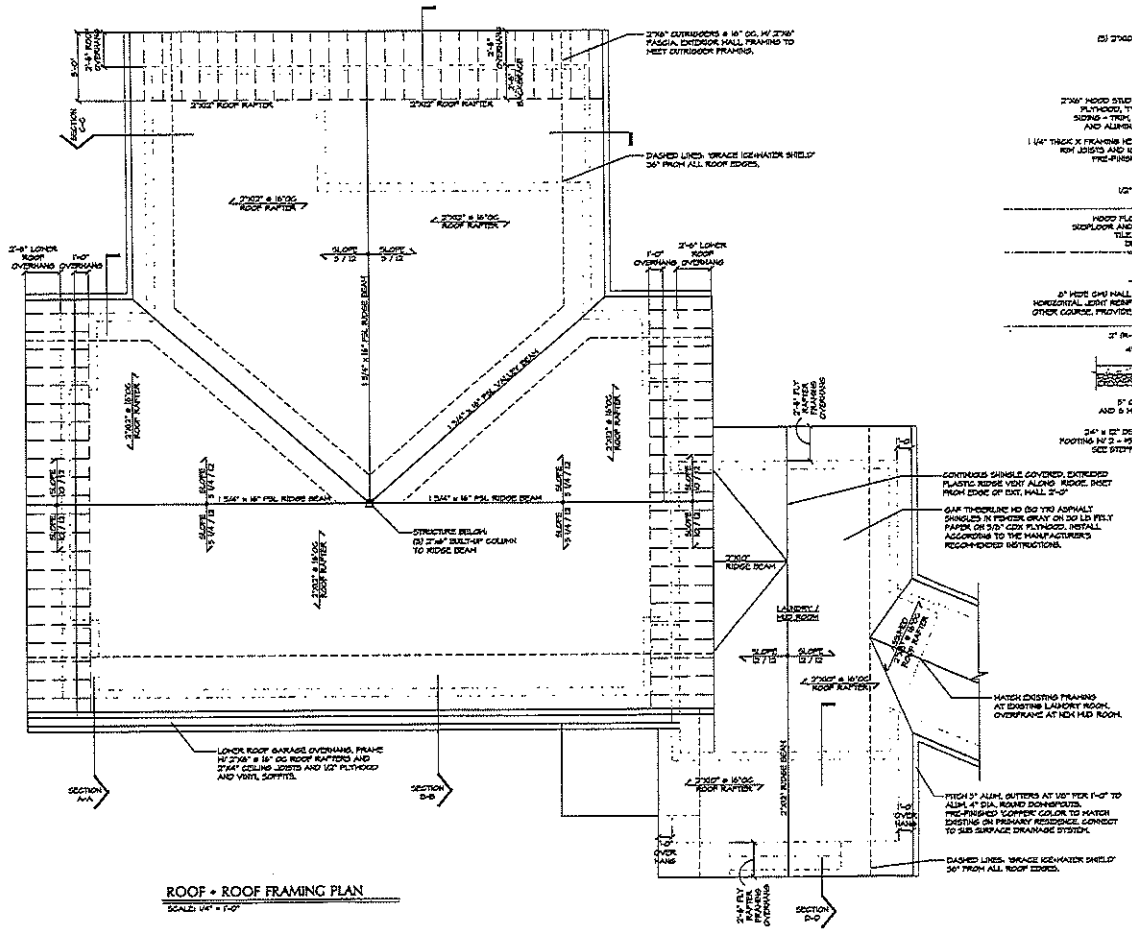
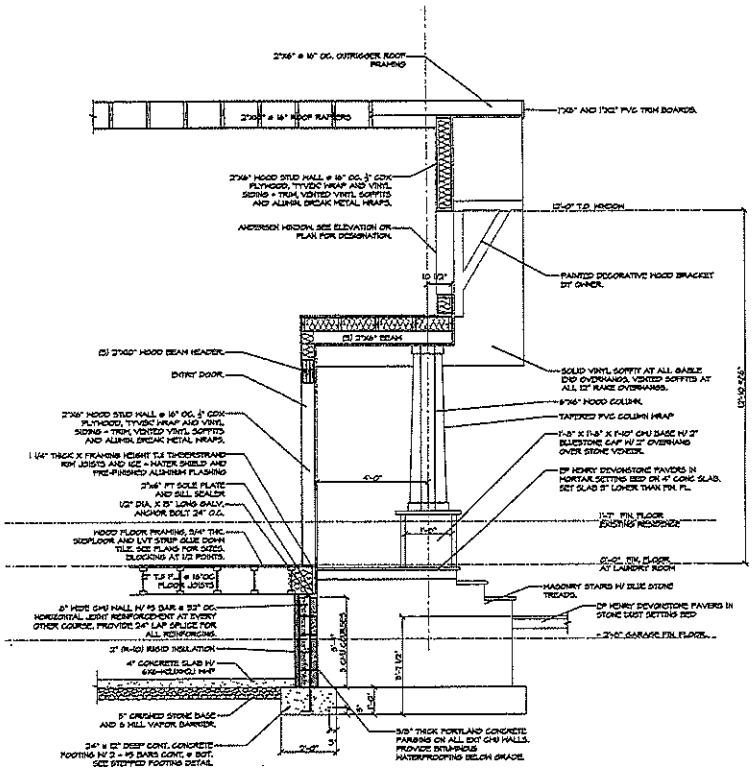
NEWTON NJ 07860 - ANDOVER TOWNSHIP, SUSSEX COUNTY
BLOCK 34 / LOT 6.07

DATE ISSUED: 2022-03-18
SCALE: AS NOTED
DRAWN BY: PVA
CHECKED BY: PVA
FILE NAME: GARAGE
PROJECT NUMBER: 22-09
DRAWING NUMBER: A-3



ROOF + ROOF FRAMING PLAN

SCALE: 1/4" = 1'-0"



LAUNDRY ROOM SECTION D-D

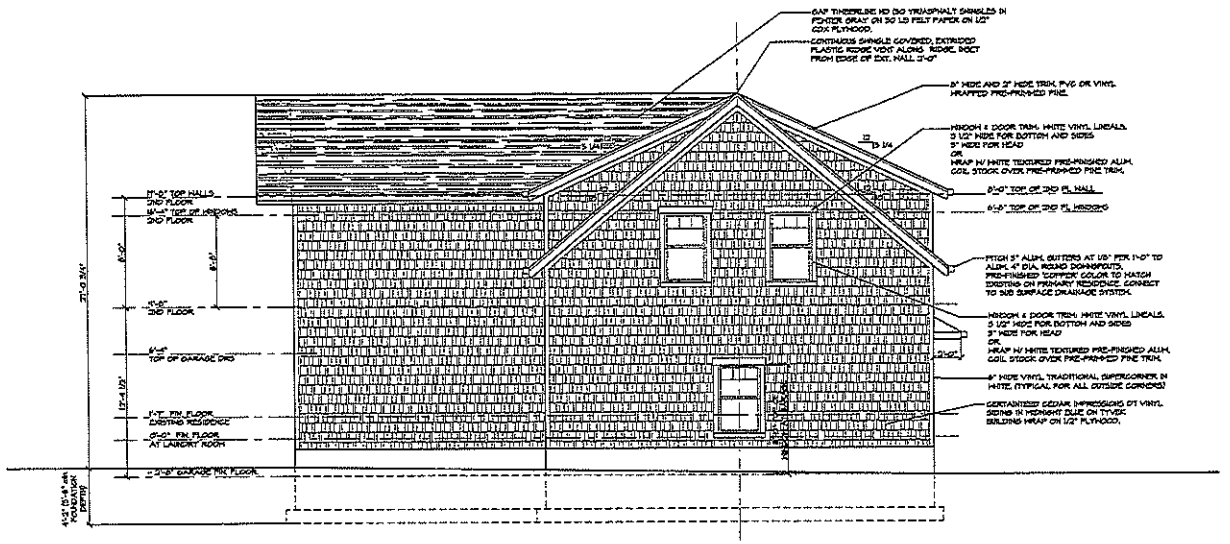
SCALE: 1/2" = 1'-0"

PVAARCHITECT
49 Old Creamery Road
Newton NJ 07860
Paul V. Ashworth AIA NCARB
NJ Lic. #: 21AI01817900

NO.	DESCRIPTION	DATE

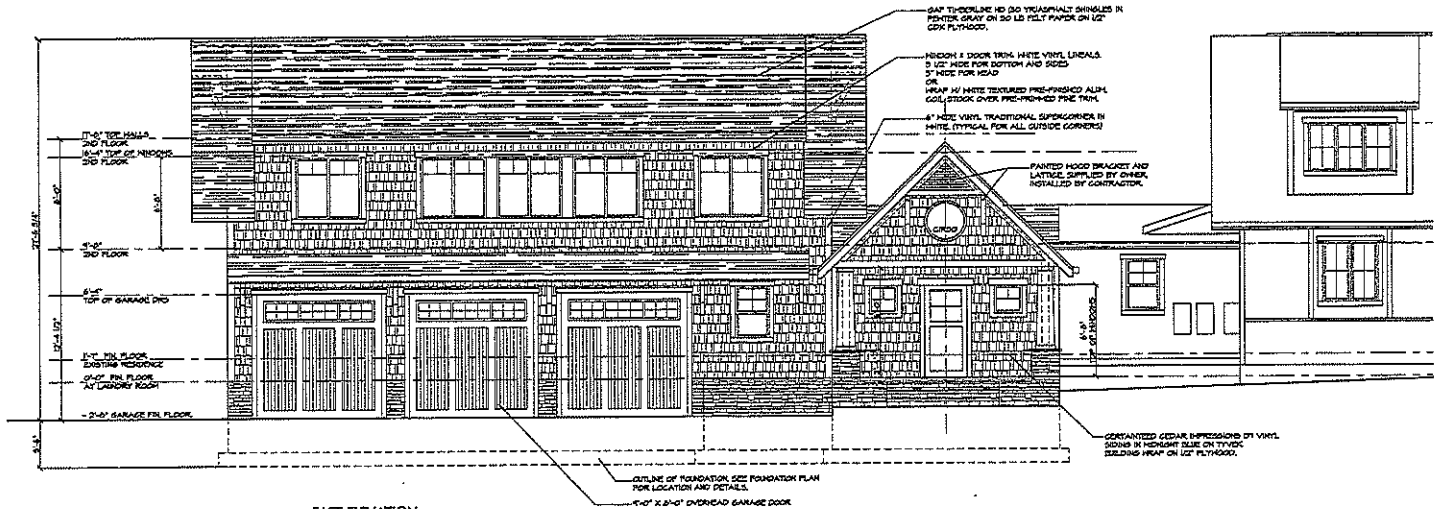
PROPOSED GARAGE ADDITION FOR:
PAUL V. ASHWORTH
49 OLD CREAMERY ROAD
NEWTON NJ 07860 - ANDOVER TOWNSHIP, SUSSEX COUNTY
BLOCK 34 / LOT 6.07

DATE ISSUED:	2022-03-18
SCALE:	AS NOTED
DRAWN BY:	PVA
CHECKED BY:	PVA
FILE NAME:	GARAGE
PROJECT NUMBER:	22-09
DRAWING NUMBER:	A-4



SOUTH ELEVATION

SCALE: 1/4" = 1'-0"



EAST ELEVATION

SCALE: 1/4" = 1'-0"

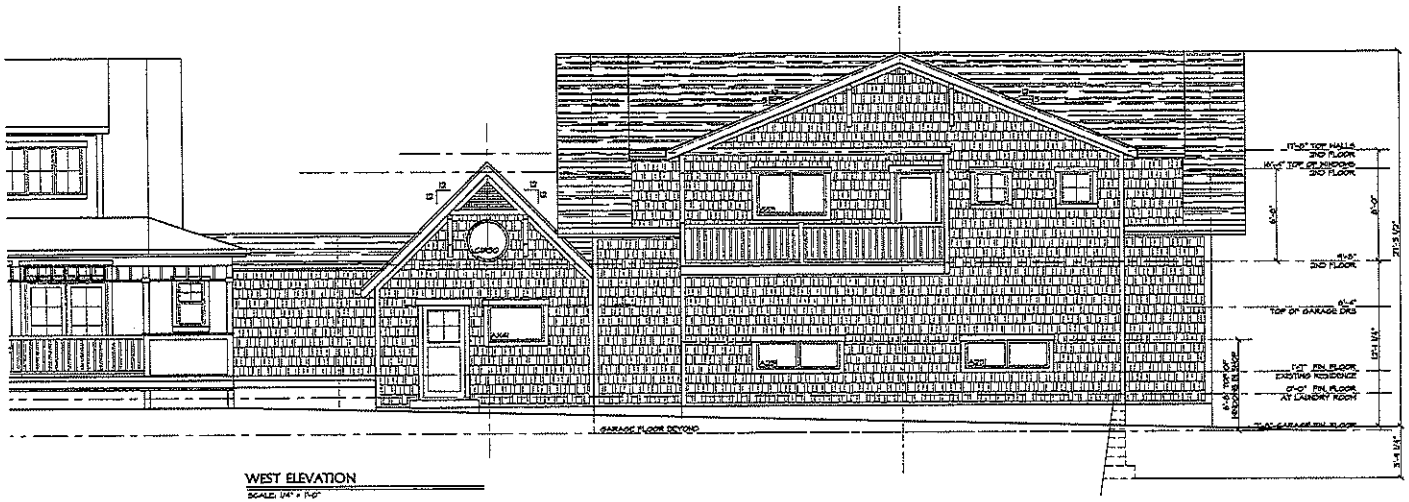
PVAARCHITECT
47 Old Creamery Road
Newton NJ 07860

Paul V. Ashworth AIA NCARB
NJ Lic. #: 21AI01817800

NO.	DESCRIPTION	DATE

PROPOSED GARAGE ADDITION FOR:
PAUL V. ASHWORTH
49 OLD CREAMERY ROAD
NEWTON NJ 07860 - ANDOVER TOWNSHIP, SUSSEX COUNTY
BLOCK 34 / LOT 6.07

DATE ISSUED	2022-03-18
SCALE	AS NOTED
DRAWN BY	PVA
CHKD BY	PVA
FILE NAME	GARAGE
PROJECT NUMBER	22-09
DRAWING NUMBER	A-5



WEST ELEVATION

SCALE: 1/4" = 1'-0"

PVAARCHITECT
49 Old Creamery Road
Newton NJ 07860

Paul V. Ashworth AIA RCAR
NJ Lic. #: 21AI01817300

NO.	DESCRIPTION	DATE

PROPOSED GARAGE ADDITION FOR:
PAUL V. ASHWORTH
49 OLD CREAMERY ROAD
NEWTON NJ 07860 - ANDOVER TOWNSHIP, SUSSEX COUNTY
BLOCK 34 / LOT 6.07

DATE ISSUED:	2022-03-16
SCALE:	AS NOTED
DRAWN BY:	PVA
CHECKED BY:	PVA
TITLE NAME:	GARAGE
PROJECT NUMBER:	22-07
DRAWING NUMBER:	A-6

Zoning Officer/Code Enforcement Officer
134 Newton-Sparta Road
Newton, New Jersey 07860
Tel: 973-383-4280, X231

ZONING PERMIT

Permit # 22-34 Date Issued: 6/27/2022 Resolution Dated: n/a

Location: 49 Old Creamery Road

Description of structure/use: 25X28 Storage Shed

Block: 34 Lot: 6.07 Zone: R-2

This *Zoning Permit* certifies that Andover Township's Zoning Official has reviewed and approved the *erection or alteration of a structure(s)* or *change of use* on this property that is described above. This *Zoning Permit* may be revoked if the work/use being performed on this property does not represent the information provided by the applicant to obtain this permit. A copy of the application submitted to obtain this permit is on file in the Zoning Official's office in the municipal building. This permit is does not expire and remains valid unless the use of this property is changed or if this Zoning Permit is revoked by the Zoning Officer.

(signed) _____ DATE 6/27/22

CALL BEFORE YOU DIG! 811 or 1-800-272-1000

APPLICATION FOR ZONING PERMIT

ANDOVER TOWNSHIP
134 NEWTON SPARTA ROAD
NEWTON, NJ 07860
(973) 383-4280, EXT. 240 & 231

OFFICE USE ONLY	DATE RECEIVED:	TIME:	BY:

INSTRUCTIONS

1. Please use ball point 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 of the property, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc. and show all dimensions and the distances from both property lines and other structures.
4. If the applicant is other than the owner of the property, an affidavit of ownership from the owner may be required.

Name of Applicant: PAUL ASHWORTH	Name of Owner: PAUL ASHWORTH
Address of Applicant: 49 OLD CREAMERY RD NEWTON NJ	Address of Owner (if different): SAME
Applicant's Phone: 973 222 3110	Owner's Phone: SAME
Applicant's E-mail: PAUL@PVAARCHITECT.COM	Owner's E-mail: SAME
What is the present use of the principal building? SFR	
What is the proposed use of the principal building? SFR	
What is the present accessory use(s) of property or any accessory building(s)? RESIDENTIAL POOL HOUSE	
What are the proposed uses of any new structures or additions for which a zoning permit is requested? 25X28 STORAGE SHED	
State whether the property has been the subject of any prior applications to the Zoning Board of Adjustment or the Planning Board. If "none" state "none". If so, state the nature of the application, the date, and the action(s) of the Board.(s). NONE - ALL IN COMPLIANCY	

Address of Premises: SAME	Block# 34	Lot# 6.07	Zone R-2
WETLANDS: Yes☐ No☒	Flood Zone: Yes☐ No☒	Airport Hazard Zone: Yes☐ No☒	

I hereby make application for zoning permit for the changes described above and on the attached plot plan or survey map. I understand that before starting construction, a building permit may be required. Answers to the above questions and representations made on the attachments to this application are true and complete to the best of my knowledge.

Signature of Applicant (Individual)

Date: 2022-06-07

Attest: _____

Name of Corporation or Association

By: _____

DO NOT WRITE BELOW THIS LINE

☒ **Permit** Issued Permit # 22-34 ( ) **Denial Issued** **Permit#** _____

Zoning Officer: _____ **Date:** 6/27/22

☒ Single Family Residential Fee: $75.00 CHECK# 3070

APPLICATION FOR ZONING PERMIT Andover Township Municipal Building 134 Newton Sparta Road Newton, NJ 07860 973-383-4280 x231	Block: 34	Lot: 6.07

INSTRUCTIONS:

1. *Please use 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 of the property, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc., and show their dimensions and the distances from both the property lines and other structures.*
4. *If the applicant is other than the owner of the property, an affidavit of ownership from the owner may be required.*

Name of Applicant Paul V. Ashworth	Name of Owner Paul V. Ashworth
Address of Applicant 49 Old Creamery Road, Newton NJ 07860	Address of Owner (if different)
Applicant's Phone: 973-222-3110	Owner's Phone:

What is the present use of the principal building?
SFR

What is the proposed use of the principal building?
SFR

What is the present accessory use(s) of property or any accessory building(s)?
Tool shed

What are the proposed uses of any new structures or additions for which a zoning permit is requested?
Pool house and pool

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

Address of premises: 49 Old Creamery Rd.	Zone R-1 BS
Wetlands: Yes ☐ No ■ | Flood Zone: Yes ☐ No ■	Airport Hazard Zone: Yes ☐ No ■

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 before starting construction, a building permit may be required. Answers to the above questions and representations made on the attachments to this application are true and complete to the best of my knowledge.

Date 2019-02-22

P.W. Ashworth MH
Signature of Applicant (Individual)
Paul V. Ashworth
Name of Corporation or Association

Attest _____

By _____

DO NOT WRITE IN THIS SPACE (✓) *Permit Issued* # 19-10 ( ) *Denial Issued* # _____ Fred A. Fulgic *Zoning Officer* 2/27/19 *Date*

☑ SINGLE FAMILY RESIDENTIAL ☐ OTHER _____ SPECIFY

FEE $100.00 PAID: CHECK # 2577 CASH _____

APPLICATION FOR ZONING PERMIT Andover Township Municipal Building 134 Newton Sparta Road Newton, NJ 07860 973-383-4280 x231	Block: 34	Lot: 6.07

INSTRUCTIONS:

1. *Please use 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 of the property, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc., and show their dimensions and the distances from both the property lines and other structures.*
4. *If the applicant is other than the owner of the property, an affidavit of ownership from the owner may be required.*

Name of Applicant Paul V. Ashworth	Name of Owner Paul V. Ashworth
Address of Applicant 49 Old Creamery Road, Newton NJ 07860	Address of Owner (if different)
Applicant's Phone: 973-222-3110	Owner's Phone:

What is the present use of the principal building?
SFR

What is the proposed use of the principal building?
SFR

What is the present accessory use(s) of property or any accessory building(s)?
Tool shed

What are the proposed uses of any new structures or additions for which a zoning permit is requested?
Pool house and pool

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

Address of premises: 49 Old Creamery Rd.	Zone R-1 BS
Wetlands: Yes ☐ No ■ | Flood Zone: Yes ☐ No ■ | Airport Hazard Zone: Yes ☐ No ■	

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 before starting construction, a building permit may be required. Answers to the above questions and representations made on the attachments to this application are true and complete to the best of my knowledge.

Date 2019-02-22

R.W. H MA
Signature of Applicant (Individual)

Paul V. Ashworth
Name of Corporation or Association

Attest _____

By _____

DO NOT WRITE IN THIS SPACE (✓) *Permit Issued* # 19-10 ( ) *Denial Issued* # _____ Fred A. Fulgic *Zoning Officer* 2/27/19 *Date*

☑ SINGLE FAMILY RESIDENTIAL
☐ OTHER _____ SPECIFY

FEE $100.00

PAID: CHECK # 2577
CASH _____

APPLICATION FOR ZONING PERMIT Andover Township Municipal Building 134 Newton Sparta Road Newton, NJ 07860 973-383-4280 x231	Block: 34	Lot: 6.07

INSTRUCTIONS:

1. *Please use 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 of the property, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc., and show their dimensions and the distances from both the property lines and other structures.*
4. *If the applicant is other than the owner of the property, an affidavit of ownership from the owner may be required.*

Name of Applicant Paul V. Ashworth	Name of Owner Paul V. Ashworth
Address of Applicant 49 Old Creamery Road, Newton NJ 07860	Address of Owner (if different)
Applicant's Phone: 973-222-3110	Owner's Phone:

What is the present use of the principal building?
SFR

What is the proposed use of the principal building?
SFR

What is the present accessory use(s) of property or any accessory building(s)?
Tool shed

What are the proposed uses of any new structures or additions for which a zoning permit is requested?
Pool house and pool

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

Address of premises: 49 Old Creamery Rd.	Zone R-1 BS

Wetlands: Yes ☐ No ■ | Flood Zone: Yes ☐ No ■ | Airport Hazard Zone: Yes ☐ No ■

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 before starting construction, a building permit may be required. Answers to the above questions and representations made on the attachments to this application are true and complete to the best of my knowledge.

Date 2019-02-22

R.W. W MA
Signature of Applicant (Individual)
Paul V. Ashworth
Name of Corporation or Association

Attest _____

By _____

DO NOT WRITE IN THIS SPACE (✓) *Permit Issued* # 19-10 ( ) *Denial Issued* # _____ Fred A. Fulgio *Zoning Officer* 2/27/19 *Date*

☑ SINGLE FAMILY RESIDENTIAL
☐ OTHER _____ SPECIFY

FEE $100.00

PAID: CHECK # 2577
CASH _____

134 NEWTON SPARTA RD.
NEWTON, NJ 07860
(973) 383-8922

Office use only — Date Rec'd: Time: By:

INSTRUCTIONS

1. *Please use ball point 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 of the property, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc., and show their dimensions and the distances from both the property lines and other structures.*
4. *If the applicant is other than the owner of the property, an affidavit of ownership from the owner may be required.*

Name of Applicant	Name of Owner
Paul V. Ashworth	Same
Address of Applicant	Address of Owner (if different)
29 R Village Green Budd Lake, N.J. 07828	
Applicant's Phone: 222-3110	Owner's Phone:

What is the present use of the principal building?

What is the proposed use of the principal building?
SF Dwelling

What is the present accessory use(s) of property or any accessory building(s)?

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

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

Address of premises	Block #	Lot#	Zone
Old Creamery Rd	34	6.07	

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 before starting construction, a building permit may be required. Answers to the above questions and representations made on the attachments to this application are true and complete to the best of my knowledge.

Date 11·13·01

Signature of Applicant (Individual)

Name of Corporation or Association

Attest _____

By _____

DO NOT WRITE IN THIS SPACE — (X) *Permit Issued* # 157-01 ( ) *Denial Issued* #_____

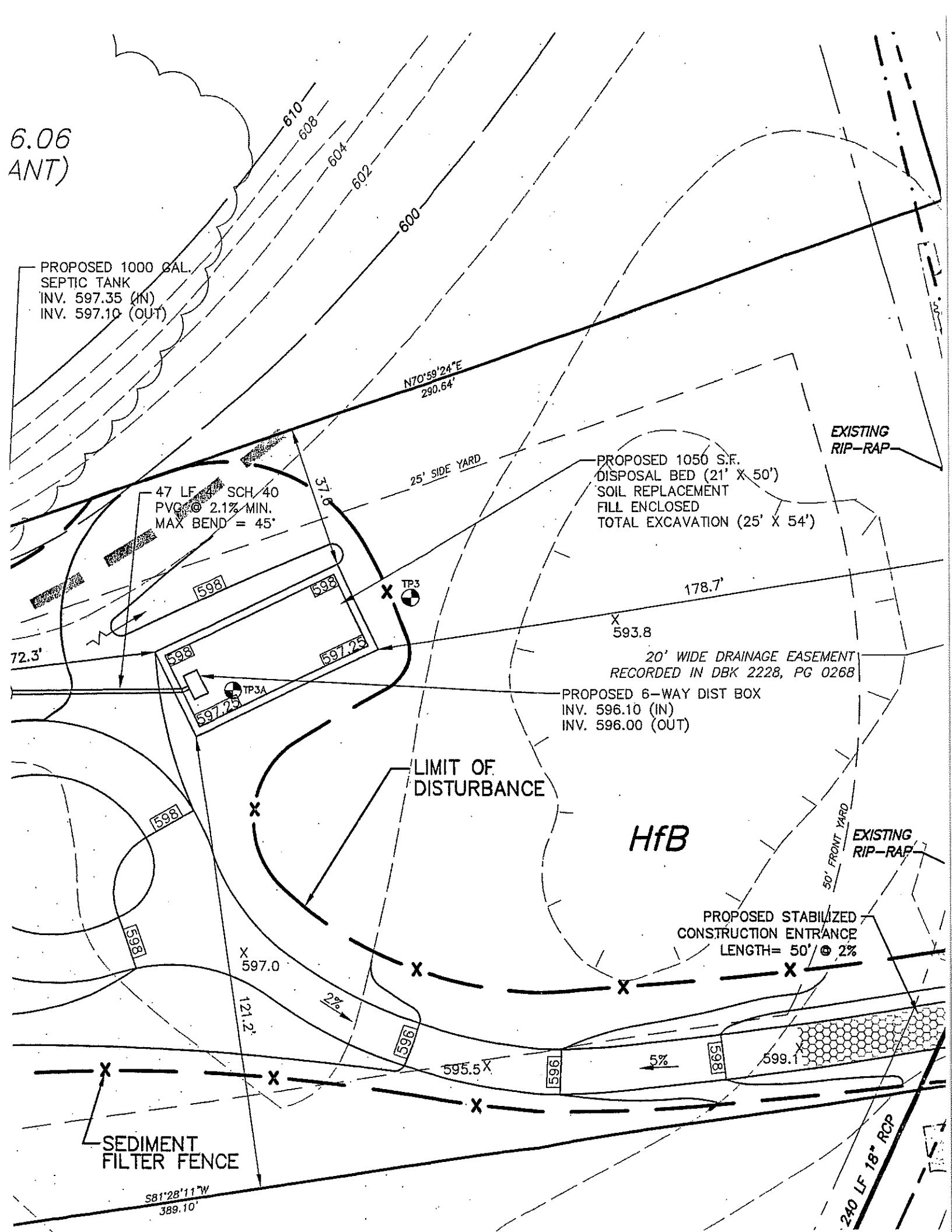
Zoning Officer 10250/ *Date*

☐ SINGLE FAMILY RESIDENTIAL FEE $ 50.—

☐ OTHER _____

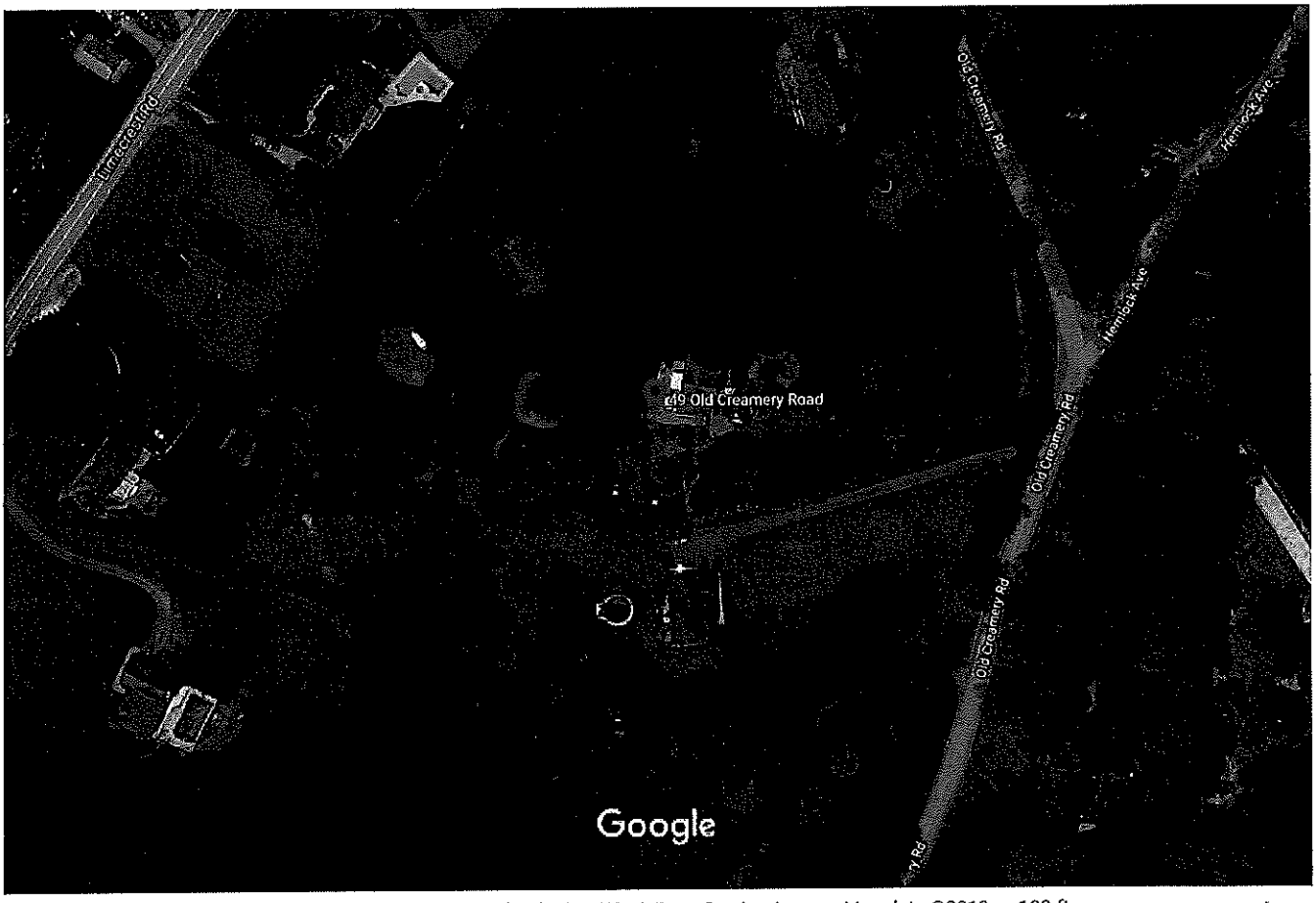
PAID: CK# 120 11-13-01

CASH _____

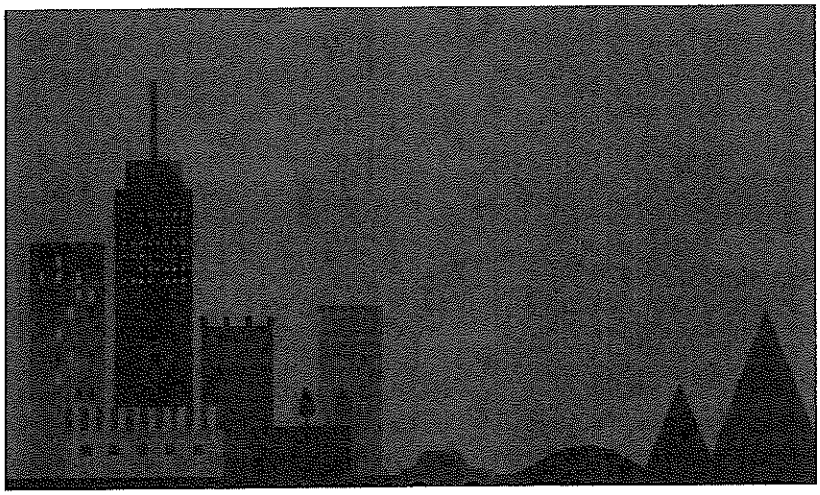

6.06
ANT)
610
608
606
604
602
600
PROPOSED 1000 GAL.
SEPTIC TANK
INV. 597.35 (IN)
INV. 597.10 (OUT)
N70°59'24"E
290.64'
EXISTING
RIP-RAP
25' SIDE YARD
PROPOSED 1050 S.F.
DISPOSAL BED (21' X 50')
SOIL REPLACEMENT
FILL ENCLOSED
TOTAL EXCAVATION (25' X 54')
47 LF 4" SCH 40
PVC @ 2.1% MIN.
MAX BEND = 45°
37.6'
598
598
TP3
178.7'
X
593.8
72.3'
598
597.25
TP3A
597.25
20' WIDE DRAINAGE EASEMENT
RECORDED IN DBK 2228, PG 0268
PROPOSED 6-WAY DIST BOX
INV. 596.10 (IN)
INV. 596.00 (OUT)
LIMIT OF
DISTURBANCE
HfB
598
50' FRONT YARD
EXISTING
RIP-RAP
PROPOSED STABILIZED
CONSTRUCTION ENTRANCE
LENGTH= 50' @ 2%
598
X
597.0
121.2'
2%
596
595.5
X
596
5%
598
599.1
X
SEDIMENT
FILTER FENCE
S81°28'11"W
389.10'
240 LF 18" RCP

Google Maps 49 Old Creamery Rd

Pre-Soil Fill Placement

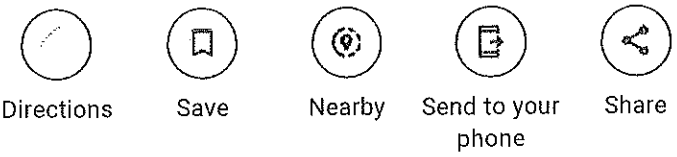


Imagery ©2019 Google, Imagery ©2019 Maxar Technologies, USDA Farm Service Agency, Map data ©2019 100 ft



49 Old Creamery Rd

Newton, NJ 07860



2727+79 Andover Township, New Jersey

User Guide Operations: Reports

How to Generate a Report (as a User)

To generate a Report:

1. As a user:

   Press MENU and select the path: **Reports**

2. A list of available report types is displayed.

3. Select the report type and press [OK].

4. Depending on the report type, the system may ask for preferences such as:

   - Period of time targeted (begin date, end date).

   - Desired account, etc.

   Select or type the required parameters and press [OK].

   The Output selection screen is displayed.

   > Use the [C] key to clear displayed parameter data (from right to left) and then enter the new parameter data you want.

5. Select an available output device.

   The system will send the report details to the selected output.

Date created:

03/11/2014 21:05:40

Last updated:

08/17/2018 15:41:02

Product(range):

IN-600

TOWNSHIP OF ANDOVER
SUSSEX COUNTY, NEW JERSEY

ORDINANCE NO. 2019-09

AN ORDINANCE OF THE TOWNSHIP OF ANDOVER, COUNTY OF SUSSEX, AND STATE OF NEW JERSEY TO AMEND THE TOWNSHIP CODE BY AMENDING THE TOWNSHIP CODE TO INCLUDE A NEW CHAPTER 138 ENTITLED "SOIL FILL PLACEMENT"

WHEREAS, the unregulated and uncontrolled dumping of fill in the Township of Andover has caused concerns over the resulting possible conditions detrimental to the health, safety and general welfare of the citizens of the Township; and

WHEREAS, there is currently no mechanism for the Township to abate and prohibit hazards created by dumping of fill; and

WHEREAS, the Township further does not have the necessary mechanism in place to abate such hazards; and

WHEREAS, the Mayor and Township Committee have determined that it is in the best interests of the Township to regulate the placement of fill within the Township; and

WHEREAS, procedures are needed to allow for submission for the placement of fill within the Township; and

WHEREAS, the Township Code must be amended to include permit fees for the placement of fill; and

NOW THEREFORE BE IT ORDAINED, by the Township Committee of the Township of Andover, Sussex County, New Jersey, that the Township Code shall be amended to add new Chapter 138 "Soil Fill Placement".

SECTION 1. New Chapter 138 "Soil Fill Placement" shall read as follows:

Chapter 138 Soil Fill Placement

Article I. Title; Findings; Definitions; Permit Requirements

§138-1 Title

This Section shall be known as the "Soil Fill Ordinance of the Township of Andover"

§138-2 Purpose and Findings

The Township Committee finds that the unregulated and uncontrolled placement and movement of soil and other mineral deposits can result in conditions detrimental to the public safety, health and general welfare. Such conditions substantially hamper and deter the efforts of the Township to effectuate the general purposes of municipal planning. Soil movement operations and filling operations should relate to the overall physical development of the area within which the operation is located. It is essential that all soil movement operations and filing operations be reviewed and approved by

the Township Zoning Officer and/or Township Engineer. All soil movement operations and filling operations must be conceived and operated in such a way that there will be no appreciable harmful effects to the environment. In order to best ensure that all soil movement operations and filling operations are an asset to the Township of Andover, rather than a liability, all such operations shall adhere to the conditions, restrictions and provisions outlined in this Section.

§138-3 Definitions

The words defined in this section shall mean and include the following when used in this Section:

APPROVED PLAN – A plan for the placement of soil fill approved by the Zoning Official and/or the Township Engineer (minor permit) or by the Township Land Use Board (major permit) pursuant to the provisions of this Section.

MAJOR SOIL FILL PERMIT – A permit for the fill of more than a cumulative total of 500 cubic yards of soil.

MINOR SOIL FILL PERMIT – A permit for the fill of more than a cumulative total of 100 cubic yards of soil but less than 500 cubic yards of soil.

PERMIT – A soil fill permit.

PERSON – Includes an individual, a partnership, a corporation or any other legal entity.

LAND USE BOARD – The Land Use Board of the Township of Andover.

SOIL FILL – For the purpose of this ordinance, "soil fill" shall include dirt, stone, gravel, sand, humus, clay, loam and mixtures of any of these. This shall not include quarry process or rock products utilized in the construction of roads, driveways or similar types of construction. Materials, such as asphalt, asphalt millings, concrete, bricks and other inorganic materials shall not be used as soil fill.

TOPSOIL – The arable soil within eight (8) inches of the surface.

TOWNSHIP – The Township of Andover.

§138-4 Permit required

No person shall fill or cause the placement of any soil on any premises in the Township of Andover whether such fill be for sale, gift or otherwise, unless a permit therefore is first secured from the Township Zoning Official and/or Township Engineer or the Township Land Use Board as hereinafter provided. A permit shall not be required for the moving or placement of fill or less than 100 cubic yards of soil.

§138-5 Exceptions and Exemptions

(1) The Provisions of this Section shall not apply to excavations or fill for building foundations, septic tanks or sanitary installations, provided that no excavation or

construction of any kind shall take place until a site plan or permit has been approved by the Construction Official and/or Department of Health as required by law.

(2) Nothing in this Section shall be construed to affect or apply to any person engaged in the moving of soil in and upon lands enrolled in the Soil Conservation Program of the Sussex County Soil Conservation District, Department of Agriculture Soil Conservation Service and for which lands an approved farm plan has been established by said agency, provided that all soil moving operations and fill operations in and upon such lands are performed in accordance with said approved farm plan and provided further that a copy of said approved farm plan is placed on file with the Township prior to any soil moving operations or fill operations.

(3) A separate soil permit under this Section shall not be required for subdivisions and/or site plans approved pursuant to other Sections within this Article.

(4) Nothing in this Section shall be construed to affect or apply to any person engaged in a state-mandated cleanup plan; provided that all soil moving, removal operations and fill operations are performed in accordance with said cleanup plan and provided further that notice of the state-mandated cleanup plan is placed on file with the Township Engineer prior to any soil moving, removal operations or fill operations.

(5) The provisions of this Section shall not apply to the storage of sand, soil, stone, topsoil, mulch or other similar materials on lawfully existing nurseries and landscaping/contractor yards provided that the outdoor storage of materials on said property has previously been established and does not require site plan approval pursuant to this Article.

(6) This Section does not regulate the movement and placement of soil fill directly related to agricultural uses on farm properties within the Township of Andover and does not supersede any rights granted under the Right to Farm Act.

§138-6 Application for Permit

(1) Application for a minor soil fill permit shall be filed with the Township Zoning Officer who shall issue the permit based upon substantial compliance with the provisions of this Section, provided, however, that the Township Zoning Officer and/or the Township Engineer shall have the authority to deny a permit if he/she determines that the placement of fill would be detrimental to the health, welfare or safety of the general public. The denial shall be in writing setting forth the reasons for same.

(2) Application for a major soil fill permit shall be filed with the Township Land Use Board and shall be accompanied by a fee prescribed in Section 138-22 "Fees". Appropriate copies of the application shall be submitted on forms prescribed by the Township Land Use Board and supplied to the Secretary to the Board.

(3) The application for minor and major permits shall set forth the following:

a. Name and address of the applicant.
b. Name and address of the owner, if other than the applicant.
c. The description and location of the land in question, including tax map block and lot numbers.
d. The purpose or reason for placement of soil.
e. The nature and quantity, in cubic yards, of soil to be filled.

→ f. Proof that the soil fill materials to be used has been tested and found to be in conformance with the Soil Ranking Criteria found in N.J.A.C. 7:26D, Appendix 1, Table 1A.

1. Proof under this section shall be a letter from a laboratory certified by the State to perform soil analysis, stating that results meet or exceed the standards set forth in N.J.A.C. 7:26D, Appendix 1, Table 1A, and such other State, county, or municipal standards in effect at the time of testing, along with the actual test results.

2. A minimum of two samples are to be extracted from the source for laboratory analysis for each 1,000 (one thousand) cubic yard lot, or fraction thereof. Samples are to be extracted, tested, and evaluated by a State certified laboratory. Samples must be based to the location of the highest suspected contaminated concentrations, as determined by the laboratory professional or his duly assigned representative.

3. Natural material obtained from a quarry shall be exempt from the testing criteria; however, a receipt from the quarry with the material amount is required.

4. Source from where the soil is coming from to be shown on the plans, including tax lot and block; owner's name and municipality.

g. The location to which the soil is to be placed.
h. The proposed date of completion of the soil fill.
i. Supporting documentation as required to adequately address and comply with the purpose and provisions of this Section.
j. An approved soil erosion and sediment control permit (if applicable).

§138-7 Supporting documentation for a major soil fill application

The application for a major soil fill permit shall be accompanied by a topographic map or maps prepared and certified by a professional engineer or land surveyor. The scale of said map shall not be more than 100 feet to the inch and shall include the following:

(1) Key map.
(2) Existing contour lines at five-foot intervals.
(3) Proposed contour lines at five-foot intervals after fill of the soil.
(4) All existing structures, all existing roads and drainage within 200 feet of the property.
(5) Location of all property lines.
(6) Location of any wetlands, streams, or other environmentally sensitive areas on the property.
(7) Location of any topsoil storage areas.

§138-8 Referral

Upon receipt of an application for a major soil fill permit, the Land Use Board Secretary shall forthwith send a copy of same to the Zoning Officer, Construction Official, Township Engineer, and the Environmental Commission who shall review the application, and they shall make best efforts to submit their reports and recommendations, and their reasons, to the Township Land Use Board within thirty (30) days of receipt of the application. Failure to file such a report within the required time period may be deemed an approval of the application by such department, officials and commissions.

§138-9 Action by Land Use Board; notice of hearing on major soil fill applications

(1) The Township Land Use Board shall grant or deny the application within forty-five (45) days after receipt of the reports and recommendations of the Zoning Officer, Construction Official, Township Engineer and Environmental Commission. On an application for a major soil fill permit, the Land Use Board shall schedule a public hearing and shall notify the applicant of the date of such hearing. The applicant shall notify, in writing, all property owners within 200 feet of the extreme limits of the property, as their names appear on the Township tax records, at least ten (10) days prior to the date of the hearing on the application. The notice shall be given in person or by registered mail and shall state the reason for the hearing; the time and place of the hearing as fixed by the Township Land Use Board; a brief description of the property; and that a copy of the application and map has been filed with the Township Clerk for public inspection. The applicant shall also cause notice of the hearing to be published in the official newspaper of the Township, at least ten (10) days prior to the date of the hearing.

(2) Five (5) days prior to the hearing, the applicant shall present to the Township Land Use Board Secretary the following:

a. Certification, in the form of an affidavit, signed and sworn by the affiant, affirming that he has notified all property owners, as required in Subsection (1) above.
b. Proof of publication of the newspaper notice required in Subsection (1) above.

§138-10 Factors to be considered in approving permits

In considering and reviewing the application and arriving at a decision, the Zoning Officer and/or Township Engineer (minor permit) and the Township Land Use Board (major permit) shall be guided by and take into consideration the public health, safety and general welfare and the general purposes of municipal planning, and particulate consideration shall be given to the following factors:

(1) Soil erosion by water and sand.
(2) Surface water drainage.
(3) Soil fertility.
(4) Lateral support of abutting streets and lands.
(5) Public health and safety.
(6) Land values and uses.

(7) Contours, both existing and proposed.
(8) Existing contours and topographic character of the land prior to the placement of any soil and proposed contours which will result subsequent to the placement of soil in accordance with the soil fill application.
(9) Whether the proposed placement of soil is necessary and incidental to the development of the property for its intended use or whether the proposed placement of fill constitutes primarily a commercial activity.

§138-11 Issuance of permit

A permit shall be issued after the approval of the application by the Zoning Officer and/or the Township Engineer (minor permit) or by the Land Use Board (major permit). The approval shall specifically list the total number of cubic yards of soil authorized to be filled as calculated by the Township Engineer based upon the contour maps submitted and approved.

§138-12 Enforcement

(1) The Township Zoning Officer, the Township Police, or other official designated by the Township Committee, shall have the authority to enforce the provisions of this Section and to issue summonses to any person importing soil without a permit.

(2) The Township Engineer, or other official designated by the Township Committee, shall have the authority to enforce the provisions of this Section with respect to persons importing soil with a permit. The Township Engineer, or other designated official, shall, from time to time, upon their own initiative, and whenever directed by the Township, inspect the premises for which permits have been granted to ensure compliance with the terms of the permit and this Section. The Township Engineer, or other designated official, shall have the right to enter upon any lands for the purpose of examination and inspection of the operation without advance notice.

(3) After notice and an opportunity to be heard before the Zoning Officer, Township Engineer, or other designated official, the permit of any person may be revoked or suspended for such period as may be determined for any violation of the terms hereof or the terms and conditions of any permit granted hereunder. In addition to the revocation provided for herein, any person who violates this Section or any director or officer of a corporation who participates in a violation of this Section shall, upon conviction thereof, be subject to a minimum fine of $2,000, or imprisonment for a period not to exceed 90 days, or both. Each and every day that such violation continues or exists shall be considered a separate and specific violation of these provisions and not as a continuing offense.

(4) In addition to the penalties set forth above, the Township shall have the right, but not the obligation, to pursue injunctive relief in the Superior Court of New Jersey, Sussex County, including but not limited to requiring the removal of any soil imported without a permit, testing to ensure no presence of contaminated soil, and site restoration.

Article II. Operating Requirements

§138-13 Method of operation

If a permit is issued for the placement of soil as provided herein, the owner or person in charge shall so conduct the operations that there shall be no sharp declivities, pits or depressions, and in such manner that the area shall be properly leveled off, cleared of debris, and graded to conform with the contour lines and grades as required and shown on the approved plan.

§138-14 Regulation of operation

No soil shall be placed nor shall any operation be conducted so as to violate any of the regulations contained in this Section after a permit is granted.

§138-15 Deposit of soil on adjoining property or public roads

Soil fill shall not be deposited or in any way thrown or placed upon adjoining property or public roads. Any soil or material resulting from any such operation accumulating on any adjoining property or public road shall be removed there from immediately upon notice to the permitee of such accumulation.

§138-16 Compliance with other standards and terms of permit

All operations shall be conducted in strict accordance with any state and/or county laws, other ordinances of the Township, and the terms and conditions of any permit granted for such operations.

§138-17 Nuisances and unsafe conditions

The operation shall be so conducted as to not constitute a nuisance, and in no event shall said operation create any hazardous or unsafe condition with regard to any person or persons. Natural screening is to be preserved by the applicant.

§138-18 Restoration of area

(1) Upon completion of any operation delineated on the approved plan, said area shall be properly leveled off, cleared of debris, and graded to conform to the contours and grades as approved by the Zoning Officer and/or Township Engineer. A final map for all major soil fill permits shall be submitted containing and complying with all requirements of this Section and the preceding Section "Soil Fill Placement".

(2) No trash, junk or debris may be stored in any area, and no safety hazards will be permitted, either during or after completion of operations.

§138-19 Storage limitations

The temporary storage of soil fill material shall not exceed a height of 20 feet, and shall have a maximum storage slope of 45°. The temporary storage of soil fill material shall not be considered steep slopes as set forth in the Township Code.

§138-20 Enforcing officer; inspections

(1) The Zoning Officer and/or the Township Engineer are hereby designated as the officer whose duty it shall be to enforce the provisions of this Section. He/she shall, from time to time, upon their own initiative, and whenever directed by the Township, inspect the premises for which permits have been granted to ensure compliance with the terms of the permit and this Section. The Zoning Officer and/or the Township Engineer shall have the right to enter upon any lands for the purpose of examination and inspection of the operation without advance notice.

§138-21 Use of streets for soil transportation

In the placement of soil or fill operation, the applicant shall cause such streets to be kept free from dirt and debris resulting from such soil or fill operation.

Article III Fees; Bonds; Penalties and Miscellaneous Provisions

§138-22 Permit fees; inspection fees

(1) Soil Fill Placement Permit Fees

(a)	Minor soil fill permit (100 to 500 cubic yards)	Fee $100	Escrow $500
(b)	Major soil fill permit (greater than 500 cubic yards)	Fee $500	Escrow $2,000

(2) The permitee shall be responsible for all of the inspection fees of the Township Engineer incurred in making inspections.

§138-23 Revocation of permit; violations and penalties

After notice and an opportunity to be heard before the Zoning Officer, Township Engineer, or other designated official including the Township Administrator, the permit of any person may be revoked or suspended for such period as may be determined for any violation of the terms hereof or the terms and conditions of any permit granted hereunder. In addition to the revocation provided for herein, any person who violates this Section or any director or officer of a corporation who participates in a violation of this Section shall, upon conviction thereof, be subject to a minimum fine of $2,000, or imprisonment for a period not to exceed 90 days, or both. Each and every day that such violation continues or exists shall be considered a separate and specific violation of these provisions and not as a continuing offense.

ANDOVER TOWNSHIP SOIL-FILL PLACEMENT PERMIT APPLICATION

For Premises Located _____ Block_____ Lot _____
Applicant Name: _____ Phone # _____ Cell # _____
Mailing Address: _____ Email: _____
Owner's Name (If other than applicant): _____
Owner's Address (If different than applicant): _____
Engineer: _____ Phone # _____ Fax #_____
Mailing Address: _____ Email: _____

Quantity of Soil to be filled _____ (Applicants for major soil fill permit shall provide the requisite supporting documents as noted in the Code of the Township of Andover Chapter 138)

Source Material _____
(Including certification that the fill is clean fill as required by state and local regulations)

The Purpose for Placement of Soil _____

Location on property where soil is to be located _____

Start Date _____ Completion Date _____

Applicant shall provide the following:

1. **One (1) completed application form including checklist and all items required therein**
2. **Application filing fee and escrow**
   - **Minor Soil Fill Permit (100 to 500 cubic yards) = Fee: $100 Escrow: $500**
   - **Major Soil Fill Permit (greater than 500 cubic yards) = Fee: $500 Escrow: $2,000**
3. **Fee and escrow is due upon submission of application. Please make check payable to Andover Township.**
4. **An approved soil erosion and sediment control permit (if applicable).**

Check # _____ Cash $_____ Receipt #_____ Amt. $_____

I the below applicant do hereby swear or affirm that I have the consent of the owner of this property to make this application. I further swear (or affirm) that the source of the material to be used as fill is "clean fill" as regulated by local and state regulations.

Signature of Applicant: _____ Date: _____

I the below named property owner do hereby swear or affirm that I have given consent to the above named applicant to make this application. I further swear (or affirm) that the source of the material to be used as fill is "clean fill" as regulated by local and state regulations.

Signature of Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY:

Approval is granted and a Soil-Fill Placement Permit is hereby issued in accordance with Chapter 138 of the Andover Township Municipal Code.

The following approval is granted:

_____ Date _____
Andover Township Zoning Officer and/or
Andover Township Engineer

§138-24 Other permits

Nothing contained in this Section shall be construed to affect the owner's application for soil erosion and sediment control permits or any other state or federal regulations or permits as required.

SECTION 4. All ordinances or parts of ordinances of the Township of Andover inconsistent herewith are repealed to the extent of such inconsistency.

SECTION 5. If any section, subsection, clause or phrase of this Ordinance is for any reason held to be unconstitutional or invalid by any court or competent jurisdiction, such decision shall not affect the remaining portion of this Ordinance.

SECTION 6. This ordinance may be renumbered as necessary.

SECTION 7. This law shall take effect immediately upon final passage, approval and publication as required by law.

TOWNSHIP OF ANDOVER
COUNTY OF SUSSEX
STATE OF NEW JERSEY

ATTEST:

Diana Francisco, Administrator/Clerk

By: _____
Dolores Blackburn, Mayor

VOTE:
AYES: Carafello, Lensak, McGovern, Walsh, Blackburn
NAYS: None
Absent None

Introduce: 06-21-2019
Adopted: 07-18-2019

HAROLD E. PELLOW & ASSOCIATES, INC.

CONSULTING ENGINEERS · PLANNERS · LAND SURVEYORS

ESTABLISHED 1969

HAROLD E. PELLOW, *PRESIDENT*
NJ – P.E. & L.S., NJ – P.P., NJ – C.M.E.
PA - P.E. & L.S.

CORY L. STONER, *EXEC. VICE PRESIDENT*
NJ – P.E., NJ – C.M.E.
PA – P.E.

ANN PELLOW WAGNER
NJ – C.L.A., VA – C.L.A., PA – C.L.A.
(5/26/84 – 7/27/89)

MATTHEW J. MORRIS
NJ – L.L.A., NJ – P.P.

DAVID B. SIMMONS, JR., *VICE PRESIDENT*
NJ – P.E. & L.S., NJ – P.P., NJ – C.M.E.
NY – P.E. & L.S., PA – P.E. & L.S.

THOMAS G. KNUTELSKY, *ASSOCIATE*
NJ – P.E.

October 16, 2019

Via Email (cbollmann@andovertwp.org)

MEMORANDUM TO: Craig Bollmann, Andover Township Zoning Officer

FROM: Cory L. Stoner, P.E., C.M.E., Andover Township Engineer

SUBJECT: Soil Fill Permit Application – Paul Ashworth
Block 34 Lot 6.07
Located at 49 Old Creamery Road
Andover Township, Sussex County
HPA No. 19-287

Dear Craig,

I have reviewed the documents submitted in support of the above-referenced soil fill permit application. Based on my review of this information, I offer the following comments:

1. The items submitted in support of this application include:

   a. Survey plan entitled, "Boundary Survey Plan, Block 34 – Lot 6.07 Old Creamery Road Township of Andover Sussex County New Jersey," prepared by Dykstra Walker Design Group, consisting of one (1) sheet, dated September 6, 2001 and last updated June 20, 2002.

   b. A site plan entitled, "Proposed Pool House for: Paul V. Ashworth 49 Old Creamery Road Newton NJ 07860 – Andover Township, Sussex County Block 34/Lot 6.07," prepared by PVA Architect, consisting of one (1) sheet and dated January 19, 2019.

   c. Application and additional information.

2. As shown on the supplied site plan, the placement of fill will occur on the southern side of the lot. A portion of the proposed fill will be taken from the rear of the yard and the remainder is being imported to the site.

3. Based on rough measurements from the site plan it appears that the overall area of disturbance on this property will be greater than 5,000 square feet. An Andover Township Soil Erosion Sediment Control Certification will be required if that is indeed the situation.

4. Per Section 138-63.f. of the Township Code, proof is needed to show that the soil fill material used has been tested and is in conformance with the Soil Ranking Criteria found in N.J.A.C. 7: 26D, Appendix 1, Table 1A. as stated under Section 138-6 of the Andover Township Code. Said proof needs to be provided.

5. A trucking ticket has been provided stating that the soil was trucked from Wilson Septic (201 Houses Corner Road). However, if the soil came from another location and was stockpiled at Wilson Septic, a certification of where the material onsite came from needs to be provided.

As illustrated above, there are a number of items that need to be addressed by the Applicant. That being stated, it is my recommendation that the Soil Fill Permit application not be approved at this time.

If you or the Applicant wish to discuss the application further, please feel free to contact me.

Very truly yours,

Cory L. Stoner, P.E., C.M.E.
HAROLD E. PELLOW & ASSOCIATES, INC.
Andover Township Engineer

CLS:MJM;mjm
K:\PROJECTS\MUNICIPAL\ANDOVER TWP\SOIL FILL PERMITS\19-287 - PAUL, ASHWORTH\BOLLMANN1.DOCX

cc: Paul Ashworth (*via email*)

ANDOVER TOWNSHIP SOIL-FILL PLACEMENT
PERMIT APPLICATION

For Premises Located 49 OLD CREAMERY ROAD Block 34 Lot 6.07
Applicant Name: PAUL V. ASHWORTH Phone # 973-222-3110 Cell # SAME
Mailing Address: 49 OLD CREAMERY ROAD NEWTON NJ Email: PAUL@PVAARCHITECT.COM
Owner's Name (if other than applicant): _____
Owner's Address (if different than applicant): _____
Engineer: PVA ARCHITECTURE LLC Phone # 973-222-3110 Fax # _____
Mailing Address: 49 OLD CREAMERY ROAD NEWTON NJ Email: PAUL@PVAARCHITECT.COM
Quantity of Soil to be filled +/- 150 YARDS (Applicants for major soil fill permit shall provide the requisite supporting documents as noted in the Code of the Township of Andover Chapter 138)

Source Material 201 HOUSES COLONEL ROAD, SPARTA NJ 07871
(Including certification that the fill is clean fill as required by state and local regulations)

The Purpose for Placement of Soil LEVEL OUT PROPERTY + REMAINDER OF ON SITE FILL

Location on property where soil is to be located SIDE YARD - SEE DRAWING G-1

Start Date SEPT 24 2019 Completion Date SEPT 24 2019

Applicant shall provide the following:

1. **One (1) completed application form including checklist and all items required therein**
2. **Application filing fee and escrow**
   - **Minor Soil Fill Permit (100 to 500 cubic yards) = Fee: $100 Escrow: $500**
   - **Major Soil Fill Permit (greater than 500 cubic yards) = Fee: $500 Escrow: $2,000**
3. **Fee and escrow is due upon submission of application. Please make check payable to Andover Township.**
4. **An approved soil erosion and sediment control permit (if applicable).**

Check # 2702 Cash $_____ Receipt #_____ Amt. $ 600 ← RETURNED TO OWNER FOR 2 SEPERATE ✓'s

I the below applicant do hereby swear or affirm that I have the consent of the owner of this property to make this application. I further swear (or affirm) that the source of the material to be used as fill is "clean fill" as regulated by local and state regulations.
Signature of Applicant: _____ Date: 2019/10/1

I the below named property owner do hereby swear or affirm that I have given consent to the above named applicant to make this application. I further swear (or affirm) that the source of the material to be used as fill is "clean fill" as regulated by local and state regulations.
Signature of Applicant: _____ Date: 2019/10/1

FOR OFFICIAL USE ONLY:

Approval is granted and a Soil-Fill Placement Permit is hereby issued in accordance with Chapter 138 of the Andover Township Municipal Code.

The following approval is granted:

_____ Date _____
Andover Township Zoning Officer and/or
Andover Township Engineer

ANDOVER TOWNSHIP SOIL-FILL PLACEMENT
PERMIT APPLICATION

For Premises Located 49 OLD CREAMERY ROAD Block 34 Lot 6.07
Applicant Name: PAUL V. ASHWORTH Phone # 973-222-3110 Cell # SAME
Mailing Address: 49 OLD CREAMERY ROAD NEWTON NJ Email: PAUL @ PVAARCHITECT.COM
Owner's Name (if other than applicant): _____
Owner's Address (if different than applicant): _____
Engineer: PVA ARCHITECTURE LLC Phone # 973-222-3110 Fax # _____
Mailing Address: 49 OLD CREAMERY ROAD NEWTON NJ Email: PAUL @ PVAARCHITECT.COM
Quantity of Soil to be filled +/- 150 YARDS (Applicants for major soil fill permit shall provide the requisite supporting documents as noted in the Code of the Township of Andover Chapter 138)

Source Material 201 HOUSES COLONEL ROAD, SPARTA NJ 07871
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3. **Fee and escrow is due upon submission of application. Please make check payable to Andover Township.**
4. **An approved soil erosion and sediment control permit (if applicable).**

CK $ 2703 fee.
Check # [redacted]2704 Cash $_____ Receipt #_____ Amt. $ [redacted]500 $100 Zoning Escrow

I the below applicant do hereby swear or affirm that I have the consent of the owner of this property to make this application. I further swear (or affirm) that the source of the material to be used as fill is "clean fill" as regulated by local and state regulations.
Signature of Applicant: _____ Date: 2019/10/1

I the below named property owner do hereby swear or affirm that I have given consent to the above named applicant to make this application. I further swear (or affirm) that the source of the material to be used as fill is "clean fill" as regulated by local and state regulations.
Signature of Applicant: _____ Date: 2019/10/1

FOR OFFICIAL USE ONLY:

Approval is granted and a Soil-Fill Placement Permit is hereby issued in accordance with Chapter 138 of the Andover Township Municipal Code.

The following approval is granted:

_____ Date _____
Andover Township Zoning Officer and/or
Andover Township Engineer

C: Cty W/ Ak #

Tax Account Maintenance

Add | Edit | Close | Delete | Previous | Next | Detail | Letter | Help

Block: 34
Lot: 6.07
Qualifier:
Owner: ASHWORTH, PAUL & TERI
Prop Loc: 49 OLD CREAMERY RD Account Id: 00000353

Tax Bill | PTR Form | Restricted Edit

General | Assessed Value | Additional | Billing | Deductions | Balance | All Charges | Add/Omit | Notes

Tax Year	List Type	List Year	Completion MM/DD	Num Months	Building Descript	Land Value	Impr Value	Exempt Value	Net Value	Prorated Value	Sptx 1	Sptx 2	S
2014	Added	2014	04/01	8	FINISHED BSMT/B	.00	27,900.00	.00	27,900.00	18,600.00			

TOWNSHIP OF ANDOVER
TAX COLLECTOR
134 NEWTON SPARTA ROAD
NEWTON, NJ 07860

Finished basement year 2014 added 27,900 in value for year 2015.

This is only change in Value I have since 2004.

(Property Record CARD will have Records of assessmts for structures + pool.)

Assessed Value Listing: Print to Screen

Print | Close | Print Range | Search

June 22, 2023
09:44 AM

ANDOVER TOWNSHIP
Assessed Value Listing

Page No: 1

Block/Lot/Qual: 34. 6.07 Owner: ASHWORTH, PAUL & TERI
Property Location: 49 OLD CREAMERY RD

Year	Land Value	Impr Value	Limited Exemptions				Net Value	Special Tax Codes
2004	94,900	190,400	0	0	0	0	285,300	A01
2005	94,900	190,400	0	0	0	0	285,300	A01
2006	94,900	190,400	0	0	0	0	285,300	A01
2007	94,900	190,400	0	0	0	0	285,300	A01
2008	94,900	190,400	0	0	0	0	285,300	A01
2009	94,900	190,400	0	0	0	0	285,300	A01
2010	94,900	190,400	0	0	0	0	285,300	A01
2011	94,900	190,400	0	0	0	0	285,300	A01
2012	94,900	190,400	0	0	0	0	285,300	
2013	94,900	190,400	0	0	0	0	285,300	A01
2014	94,900	190,400	0	0	0	0	285,300	A01
2015	94,900	218,300	0	0	0	0	X 313,200	A01 X
2016	104,400	218,300	0	0	0	0	322,700	A01
2017	104,400	218,300	0	0	0	0	322,700	
2018	104,400	218,300	0	0	0	0	322,700	
2019	104,400	218,300	0	0	0	0	322,700	
2020	104,400	218,300	0	0	0	0	322,700	

Revaluation Year 2016

(No Change in Value Since 2016 Revaluation)

TOWNSHIP OF ANDOVER
TAX COLLECTOR
134 NEWTON SPARTA ROAD
NEWTON, NJ 07860

PLUMBING SUBCODE
TECHNICAL SECTION

EXISTING PERMIT 08-044

Date Received
Control #

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 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY ROAD NEWTON NJ 07860

Owner in Fee: PAUL V. ASHWORTH

Tel. (973) 222-3110 e-mail PVA3@EMBARQMAIL.COM

Address SAME (street / municipality / zip code)

Contractor: SELF Tel. ( )

Address SAME e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: (973) 786-7036

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 6" Public Sewer Private Septic YES

Water Service Size ~~3/4" outside~~ Public Water Private Well YES

Est. Cost of Plumbing Work $ $2800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 12-15-00

Approved by: DR

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 4-16-19

Approved by:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab	W/O TEST 3-29-00		4-13-00	DR
Rough			12-2-00	DR
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			4-16-19	

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

[ ] Lic[illegible] Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FULL BATH IN BASEMENT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 20
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	Shower	25
	Floor Drain	20
1	Sink	
	Dishwasher	20
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump EJECTOR PUMP	50
	Interceptor/Separator → CAT.	
	Backflow Preventer CUT INCLUDED	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks ~~THRU ROOF OR~~	20
	Other SEPERATE DRAIN SYSTEM	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 150

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Co[illegible] Gold = Applicant Copy

Rough = 12-2-2010

FINAL ELEC APPLIANCE 3-17-11

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # AN08-044

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY ROAD NEWTON NJ 07860

Owner in Fee: PAUL V. ASHWORTH

Tel. (973) 222-3110 e-mail PVA3CEMBA@GMAIL.COM

Address SAME (same as owner / mailing address / applicant)

Contractor: OWNER Tel. ( )

Address SAME 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 R-3 Proposed R-3

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

Building Occupied as RESIDENCE-SINGLE Utility Co. JCP&L

Est. Cost of Elec. Work: $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] 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 [ ] CA
Date:
Approved by:

INSPECTIONS

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

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRICAL OUTLETS, RECESSED CEILING UNITS + 3 BASE BOARD HEATERS. NEW SUB PANEL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
46		Lighting Fixtures	
26		Receptacles	
9		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	
3	1.5KW	KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		100 AMP SUBPANEL	

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

U.C.C. F120 (rev. 12/07)
Internet version

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

1902 - ANDOVER TWP

INSPECTION NOTICE

AN-08044

To Dave Menendez

Time _____ Date 04/01/2014 By _____

Owner ASHWORTH, PAUL & TERI

Telephone (973)222-3110 App # _____

Permit # _____

Block 34 Lot 6.07 Qual. _____

Work Site Location 49 old Creamery Rd

Caller (Owner) ASHWORTH, PAUL & TERI

Telephone (973)222-3110

Email _____

Inspection Requested Electrical Periodic Inspection

Availability/Comments

4-1-14 ALREADY FINALED ON STICKER 3-17-11 BY OTHER

PermitsNJ PNJF200A rev(3/2008)

Tech card you have this is an old permit it's not in the computer.

Date Is
Control
Permit i

BLOCK 6.07 (34) LOT 34 (6.07) QUALIFICATION CODE _____ ADDRESS (SITE) OLD CREAMERY RD.

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: OLD CREAMERY ROAD
2. Name of Owner in Fee: PAUL V. ASHWORTH Tel. (973) 222-3110
   Address 29 R VILLAGE GREEN BUDD LAKE NJ 07828
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: CUSTOM DESIGNS Tel. (973) 300-0989
   Address 26 HIBLER ROAD NEWTON NJ 07860
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer SOWINSKI SULLIVAN ARCH. Tel. (973) 347-3962
   Address 134 NORTH SHORE ROAD ANDOVER NJ 07821
6. Responsible Person in Charge of Work WALTER EDWARDS
   Tel. (973) 300-0989 FAX (_____) _____

FAX # 426-9655 Paul

4 BDR SEPTIC

V. FEE SUMMARY (for office use only)

1.	Building	$ 1
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 3 P	
13.	TOTAL	$ 1

VI. BUILDING/SITE CHARACTERISTICS

1.	Number of Stories	2
2.	Height of Structure	22 4
3.	Area — Largest Floor	1527
4.	New Building Area	2679
5.	Volume of New Structure	33 7 9
6.	Construction Classification	5B
7.	Total Land Area Disturbed	1527
8.	Flood Hazard Zone	NO
9.	Base Flood Elevation	NO
10.	Wetlands yes / no	NO
11.	Max. Live Load	40 PSF
12.	Max. Occupancy Load	4

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) 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	89.00								

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. DI
A. RI
1. ☐
2. ☐
3. ☐
4. ☐
5. ☐
6. ☐
No.
B
A
N
B. N
1.
2.
3.

Date Issued August 1, 2002
Control #
Permit # 01-377

CERTIFICATE

IDENTIFICATION

Lot 6.07
amery Rd
Ashworth
lage Green
ke, NJ 07828
0
Fax ( )

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [ ] Private
Use Group R4
Maximum Live Load CABO
Construction Classification 5B
Maximum Occupancy Load CABO
Description of Work/Use:

New Single Family Three Bedroom Dwelling
Unfinished Basement

NCY

ıg or structure has been constructed in accordance
struction Code and is approved for occupancy.

AL

ompleted has been constructed or installed in accor-
m Construction Code and is approved. If the permit
rtificate was based upon what was visible at the time

: OF OCCUPANCY/COMPLIANCE

Occupancy or Compliance, the following conditions
_____ or the owner will be subject

☐ **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 $ Prepaid
Paid [ ] Check No.
Collected by:

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

ANDOVER TOWNSHIP BUILDING DEPARTMENT
NEW HOME PROJECT CHECKLIST

APPLICANT Paul Ashworth
WORK SITE LOCATION Old Creamery Rd BLOCK/LOT 34/6.07

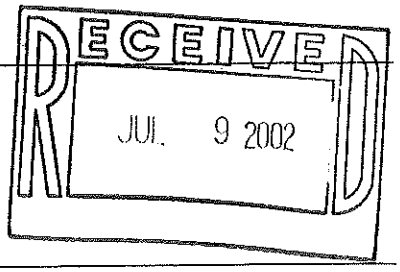
The following prior approvals must be obtained before a construction permit will be issued:

- ✓ ☑ Well permit issued by Sussex County Health Dept.
- ☑ Septic permit issued by Sussex County Health Dept.
- ☑ Soil erosion and sediment control plan review and approval
- ✓ ☑ Inspection and approval of on-site soil erosion and sediment control measures
- ☐ Road entrance permit for driveways on a County road
- ☐ Storm water discharge permit for subdivisions of five acres or more
- ✓ ☐ Zoning permit - submit plot plan for review
- ✓ ☐ Copy of Builder Registration card for Homeowner Warranty. Must be issued in name of property owner.

Certificate of occupancy will be issued pending completion of:

- ☑ Submission of application for certificate of occupancy
- ☑ Final inspection - Building 7-29-02
- ☑ Final inspection - Electric 7-22-02
- ☑ Final inspection - Plumbing 7-29-02
- ☑ Final inspection - Fire Protection 7-29-02
- ☑ Issuance of Certificate of Compliance by Sussex County Health Dept. for well and septic system. NOTE: Results of water test take at least seven days to come back from lab.
- N/A ☑ Submit copy of Homeowner Warranty registration
- — ☑ Submit copy of final survey
- ☐ Approval of road entrance for driveway on a County road
- — ☑ Final approval of Sediment Control measures or posting of $1000 bond if growth is not established throughout — paid 7-22-02 OK - 7-29-02
- ☐ Payment of outstanding Planning / Zoning fees, if any

SUSSEX COUNTY HEALTH DEPARTMENT
- CERTIFICATE OF COMPLIANCE -



Issued to: Walter Edwards Custom Designs
(Owner)

This is to certify that:

(X) The individual sewage disposal system

(X) The potable water supply

installed in the municipality of Andover Township

at Block 34 Lot 6.07, 49 Old Creamery Rd
(Street)

has/have been approved by the Sussex County Health Department.

XXXX July 8, 2002
Date

Sanitary Inspector

Remarks:

(XX) A sample of the water exceeded the recommended standard for hardness, iron & manganese

( ) The Septic System has been ( ) Revised ( ) Altered as per the approved design.

( )

The issuance of this certificate shall not be construed as a guarantee that the system(s) will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any ordinance or law relating to the public health

revised 9-15-99

APPLICATION FOR CERTIFICATE

Date Received 10-10-01
Date Permit Issued 11-13-01
Control #
Permit # 01-377
Date Issued 8-1-02

IDENTIFICATION

Block 34 Lot 6.07
Work Site Location 49 old Creamery Rd
Owner in Fee Paul J. Ashworth
Address 29R Village Green
Budd Lake, NJ 07828
Tel. (973) 222-3110

Contractor Custom Designs
Address 26 Hoffer Rd
Newton, NJ 07860
Tel. (973) 300-0989
License No.
Federal Employee No.

ACTION

- ☑ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R-4 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 188,000.—
(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.

DESCRIPTION OF WORK/USE:

New S.F. Three Bedroom Dwelling
Unfinished Basement

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11-13-01
Control #
Permit # 01-377

IDENTIFICATION Block 6.07 Lot 34
Work Site Location OLD CREAMERY ROAD ANDOVER NJ 07828
Owner in Fee PAUL V. ASHWORTH
Address 29 R VILLAGE GREEN BUDD LAKE NJ 07828
Tel. (973) 222-3160

Contractor CUSTOM DESIGNS
Address 26 HIBLER ROAD NEWTON NJ 07860
Tel. (973) 300-0989
Lic. No. or Bidrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW SINGLE FAMILY DWELLING

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 $ 188,000.00

Construction Official

11-2-01
Date

PAYMENTS (Office Use Only)

Building	1026.-
Electrical	127.-
Plumbing	370.-
Fire Protection	145.-
Elevator Devices	
Other	
DCA Training Fee	68.-
Cert. of Occupancy	87.-
Other	
Total	1823.-
Check No.	120.-
Cash	
Collected by	JC

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

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

(see reverse side)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-1
Date Issued
Control #
Permit # 01-37

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

Block 6.07 Lot 34
Work Site Location OLD CREAMERY ROAD
ANDOVER NJ
Owner in Fee PAUL V. ASHWORTH
Address 29 R VILLAGE GREEN
BUDD LAKE NJ 07828
Tele. (973) 222-3110
Contractor CUSTOM DESIGNS
Address 26 HIBLER ROAD
NEWTON NJ 07860
Tele. (973) 300-0989 Fax ( ) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

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

PVA
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SINGLE FAMILY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/24/01	VR
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/9/02
Approved by: VR

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing house			11-19-01	JC
Foundation BKF	11-30-01		12-4-01	JC
Slab basement			1-16-02	JC
front porch			3-1-02	JC
Frame			3-6-02	JC
Barrier-Free				
Insulation			3-18-02	JC
Finishes				
Energy				
Mechanical				
TCO				
Other deck final			1-16-02	JC
Final			7-22-02 7-29-02	JC
Barrier-Free				

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (e
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

B. BUILDING CHARACTERISTICS

Use Group Present RESIDENTIAL Proposed _____
Constr. Class Present 5B Proposed _____
No. of Stories 2
Height of Structure 22'-0" Ft.
Area — Largest Floor 1527 Sq. Ft.
New Bldg. Area/All Floors 2679 Sq. Ft.
Volume of New Structure 33,918 Cu. Ft. VOL PER UCC= 42759 CF
Total Land Area Disturbed 1527 Sq. Ft.

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

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

1 White = Inspec
3 Pink = Office C

Andover Twp

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 11-60-

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

Block 34 Lot 6.07
Work Site Location 0/c Cressmay Rd
Owner in Fee/Occupant Paul Ashworth
Address
Tele. (973) 300-0989
Contractor Klinger Electric Inc.
Address 10 Highview road
Newton NJ 07860
Tele. (973) 383-5598 Fax (973) 940-7842
Lic. No. 9318
Federal Emp. No. 22-3612682

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: 10/9/01
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7/22/02
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			3/1	
Temp. Serv.				
Constr. Serv.				
TCO				
Other Fence			2/15	VS
Service 7/17/02			1/30	
Final				
Temp. Cut-in-Card Date Issued			7/22/02	
Final Cut-in-Card Date Issued				

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
113		Lighting Fixtures
~~155~~		Receptacles
77		Switches
8		Detectors
		Light Poles
4		Motors—Fract. HP
		Emergency & Exit Lights
12		Communications Points
		Alarm Devices/F.A.C. Panel
~~289~~		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
1	10	KW Oven/Surface Unit
		KW Elec. Water Heater
1	7	KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
2	3 Ton	KW Central A/C Unit
1	1/2	HP/KW Space Heater/Air H
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	200	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

Administrative S
Mini
DCA Tra
TO

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 Electrical Contractor [ ] Exempt Applicant

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

1 White = Inspecto
3 Pink = Office Cop

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11-13-01
Date Issued
Control #
Permit # 01-377

MPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING
E. CALL UTILITY DIG NO: 1-800-272-1000.

Lot 34
REAMERY ROAD ANDOVER NJ
SHTWORTH
E GREEN
NJ 07828

~~FAS~~ PAUL V. ASHTWORTH
VILLAGE GREEN
O LAKE NJ 07828
Fax ( )

Proposed
Public Sewer Private Septic
Public Water Private Well

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	$ 40 00
	Urinal/Bidet	
3	Bath Tub	30 00
4	Lavatory	40 00
1	Shower	10 00
	Floor Drain	
1	Sink	10 00
1	Dishwasher	10 00
	Drinking Fountain	
1	Washing Machine	10 00
4	Hose Bibb	40 00
1	Water Heater (GAS) 5 APPLIANCES	10 00
	Fuel Oil Piping	
1	Gas Piping	50 00
	Steam Boiler	
~~2~~ 1	Hot Water Boiler	35 00
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
~~2~~ 1	Sewer Connection	35 00
~~2~~ 1	Water Service Connection	N/C
2	Stacks	20 00
2	Other SETS - A/C DRAINS	20 00
1	Other LAUND. TRAY	10 00
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	370 00

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough			3-6-02	JC
Water test			5-22-02	JC
Sewer				
Fixtures				
Gas Equipment				
Gas Piping propane underground			2-26-02 8-1-02	JC JC
Solar				
TCO				
final 7-22-02			7-29-02	JC

GAS RANGE
GAS DRYER
(2) FURNACES + WTR HTR

ner of record and am authorized
work listed on this application.

[ ] Exempt Applicant

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

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-13-01
Control #
Permit # 01-377

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

Block 34 Lot 6.07
Work Site Location Old Cremo Rd
Owner in Fee Paul Ashworth
Address
Tele. (973) 300-0989
Contractor Klinger Electric Inc.
Address 10 highview road
Newton NJ 07860
Tele. (973) 383-5598 Fax (973) 940-7842
Lic. No. 9318
Federal Emp. No. 22-3612682

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ ____

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
[X] Fire Plans Approved
Date: 10/24/01
Approved by: ____

SUBCODE APPROVAL
[Y] CO [ ] CCO [ ] CA
Date: 7/29/02
Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
(Final)	7-22-02		7-29-02	JC
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[Y] LPG [ ] LNG Capacity 1000 Fuel LP		10.00
Alarm Systems [ ] 110v Interconnected [ ] System		
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	8	35.00
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 GAS RANGE GAS DRYER		25.00
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [2] or Oil [ ] Fired Appliances		
Other FURNACES		50.00
LP 95000 BTU		

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	145

U.C.C. F140
(rev. 3/95)

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

134 NEWTON SPARTA RD.
NEWTON, NJ 07860
(973) 383-8922

Office use only — Date Rec'd:

INSTRUCTIONS

1. *Please use ball point 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 of the property, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc., and show their dimensions and the distances from both the property lines and other structures.*
4. *If the applicant is other than the owner of the property, an affidavit of ownership from the owner may be required.*

Name of Applicant	Name of Owner
Paul V. Ashworth	Same
Address of Applicant: 29R Village Green Budd Lake, NJ 07828	Address of Owner (if different)
Applicant's Phone: 222-3110	Owner's Phone:

What is the present use of the principal building?

What is the proposed use of the principal building?
SF Dwelling

What is the present accessory use(s) of property or any accessory building(s)?

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

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

Address of premises	Block #	Lot#	Zone
Old Creamery Rd	34	4.07	

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 before starting construction, a building permit may be required. Answers to the above questions and representations made on the attachments to this application are true and complete to the best of my knowledge.

Date 11.13.01

Signature of Applicant (Individual)

Name of Corporation or Association

Attest _____

By _____

DO NOT WRITE IN THIS SPACE — (X) *Permit Issued* # 157-01 ( ) *Denial Issued* #

Zoning Officer 10250 *Date*

☐ SINGLE FAMILY RESIDENTIAL FEE $ 50.—

☐ OTHER _____

PAID: CK# 120 11-13-01

CASH

Permit # 8268 Number of Bedrooms 4

THIS PERMIT IS VALID FOR A PERIOD OF TWO~~EE~~
YEAR(S) FROM DATE OF ISSUE

SUSSEX COUNTY HEALTH DEPARTMENT

Permission is hereby granted for Paul Ashworth1 to

(X) Sewage Disposal System	( ) Potable Water Supply
(X) construct a new	( ) construct a new
( ) alter an existing	( ) geo thermal well
( ) repair an existing	( ) test well/monitoring

( ) RENEWAL Originally Issued _____

in the municipality of Andover Township

at Block 34 Lot 6.07, Old Creamery Road
(Street)

The system must be installed according to the design on the application approved by this department.

$ 200.00 Fee

10/17/01 Date

Board of Health Authorized Agent

Number of Bedrooms 4

Permit # 10569

THIS PERMIT IS VALID FOR A PERIOD OF One
YEAR(S) FROM DATE OF ISSUE

SUSSEX COUNTY HEALTH DEPARTMENT

Permission is hereby granted for Walter Edwards Custom Designs to

( ) Sewage Disposal System

( ) construct a new
( ) alter an existing
( ) repair an existing

( ) RENEWAL Originally Issued _____

(X) Potable Water Supply

(X) construct a new
( ) geo thermal well
( ) test well/monitoring

in the municipality of Andover Township

at Block 34 Lot 6.07 , Old Creamery Road
(Street)

The system must be installed according to the design on the application approved by this department.

Board of Health Authorized Agent

$ 100.00
Fee

10/31/01
Date

REVISED 8-8-00

BLOCK 34 LOT 6.07 QUALIFICATION CODE _____ ADDRESS (SITE) 49 OLD CREAMERY ROAD PERMIT NO. AN 08-04

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 49 OLD CREAMERY ROAD, NEWTON, NJ 07860
2. Name of Owner in Fee: PAUL V. ASHWORTH
   Tel. (973) 222-3160 e-mail PVA3C@EMBARQMAIL.COM
   Address 49 OLD CREAMERY ROAD (street) NEWTON (municipality) NJ (zip code) 07860
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: OWNER Tel. (____) _____
   Address SAME e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer OWNER Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun PAUL V. ASHWORTH
   Tel. (973) 222-3110 FAX: (973) 786-7031

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. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	2	
2. Height of Structure	24 ft.	
3. Area — Largest Floor	1616 sq. ft.	
4. New Building Area	— sq. ft.	
5. Volume of New Structure	— cu. ft.	
6. Max. Live Load	—	
7. Max. Occupancy Load	—	
8. If Industrialized Building: State Approved	— HUD —	
9. Total Land Area Disturbed	— sq. ft.	
10. Flood Hazard Zone	—	
11. Base Flood Elevation	— ft.	
12. Wetlands yes ____ no X		

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
X Building	3,000								
X Electrical	2,000								
☐ Plumbing									
☐ Fire Protection									
☐ Elevator					31308	R			
TOTAL COST	5000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: RESIDENTIAL
2. Use Group, Proposed: R-3
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Date Issued 4/14/2014
Control #
Permit # AN-08-044

CERTIFICATE

IDENTIFICATION

Block 34 Lot 6.07

Work Site Location 49 OLD CREAMER ROAD
ANDOVER TOWNSHIP

Owner in Fee PAUL V. ASHWORTH

Address 49 OLD CREAMER ROAD
ANDOVER TOWNSHIP

Telephone #

Contractor OWNER

Address

Telephone #

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

Home Imprv. Number

Home Warranty No.

Type of Warranty Plan: **[ ] State** **[ ] Private**

Use Group RE

Maximum Live Load

Construction Classification 5B

Maximum Occupancy Load

Description of Work/Use: FINISH BASEMENT, ADD BATHROOM IN BASEMENT, INSTALL BASEMENT ACCESS DOOR

☐ 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 visibile 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 iminent hazards and the building is approved for continued occupancy. _____

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until_____

CONSTRUCTION OFFICIAL

Fee $_____
Paid [ ] Check No. _____
Collected By: _____

PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued 4-30-10

08-044A

IDENTIFICATION Block 34 Lot 6.07

Work Site Location 49 OLD CREAMERY RD

Owner in Fee PAUL ASHWORTH

Address 49 OLD CREAMERY RD NEWTON, N.J. 07860

Tel. ( ) 973 786 7031 FAX

Contractor OWNER

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE BULKHEAD STAIR COVER - CONSTRUCT NEW WALLS AND ROOF

Estimated Cost of Work $ 610

Construction Official

4-22-10
Date

PAYMENTS (Office Use Only)

Building 50
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 1
Cert. of Occupancy CA
Other
Total
Check No. 1494
Cash
Collected by

U.C.C. F190
(rev. 3/96)

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

PERMIT UPDATE

Date Update Issued 15DEC09
Control #
Permit # 08-044A
Date Permit Issued

IDENTIFICATION Block 34 Lot 6.07
Work Site Location 49 OLD CREAMERY RD
Owner in Fee PAUL V. ASHWORTH
Address SAME NEWTON
Tel. ( ) 973 222 3110

Contractor HOMEOWNER
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ADD BATHROOM TO BASEMENT FINISH PERMIT

Estimated Cost of Work $ 2800 00

Construction Official

12 15 09
Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing 150
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total 150
Check No. 1466
Cash
Collected by KR

U.C.C. F190
(rev. 3/86)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 14 March 08

Permit # 08-044

IDENTIFICATION Block 34 Lot 6.07 Qualification Code _____

Work Site Location 49 OLD CREAMERY RD NEWTON

Owner in Fee ASHWORTH

Address SAME

Tel. (_____) _____

Contractor OWNER

Address _____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK:

FINISH BASEMENT

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 $ 5000

Construction Official

3-13-08

Date

PAYMENTS (Office Use Only)

Building 60

Electrical 104

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee 7

Cert. of Occupancy CA

Other _____

Total 171 —

Check No. 1377

Cash _____

Collected by KR

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

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

(see reverse side)

NO ZONING

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 08-044 REVISION

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

Block 34 Lot 6.07
Work Site Location 49 OLD CREAMERY ROAD NEWTON NJ 07860
Owner in Fee PAUL V. ASHWORTH
Address SAME
Tele. (973) 222-3110
Contractor
Address SAME
Tele. ( ) Fax (973) 786-7031
Lic. No. or Bldrs. Reg. No. V
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/22/10	JR
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 4/1/14
Approved by: Bill Finkel

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame			12-2-10	JR
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other			4/1	BF
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present V Proposed V
No. of Stories 2
Height of Structure 25'-9" Ft.
Area — Largest Floor 1268 Sq. Ft.
New Bldg. Area/All Floors 2514 49 Sq. Ft.
Volume of Structure 440 Cu. Ft.
Total Land Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 610
3. Total (1+ 2) $ 610

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
BASEMENT ACCESS DOOR AND FRAMING.

ALL Roughs Done By previous town inspector-

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

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$ 50
DCA Training Fee	$ 1
TOTAL FEE	$ 51

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 14 march 08
Permit # 08-044

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY ROAD
NEWTON NJ 07860

Owner in Fee: PAUL V. ASHWORTH

Tel. (973) 222-3110 e-mail PVA3@EMBARQMAIL.COM

Address SAME (street / municipality / zip code)

Contractor: OWNER Tel. ( )

Address SAME 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 R-3 Proposed R-3

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

Building Occupied as RESIDENCE-SINGLE Utility Co. JCP&L

Est. Cost of Elec. Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 3-11-08
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 3-17-11
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			12-21	[signature]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-17-11	[signature]
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
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.

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRICAL OUTLETS, RECESSED CEILING LIGHTS + 3 BASE BOARD HEATERS. NEW SUB PANEL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
46		Lighting Fixtures	
26		Receptacles	
9		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
81		TOTAL NUMBERS	$ 48
		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	
3	1.5EACH	KW Baseboard Heat	10
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		100 AMP SUBPANEL	46

Administrative Surcharge $	
Minimum Fee $	104
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F120 (rev. 12/07)
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

EXISTING PERMIT 08-044

Date Received
Control #

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 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY ROAD
NEWTON NJ 07860

Owner in Fee: PAUL V. ASHWORTH

Tel. (973) 222-3110 e-mail PVA3@EMBARQMAIL.COM

Address SAME
street municipality zip code

Contractor: SELF Tel. ( )

Address SAME e-mail

Contractor License No. — Exp. Date

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

Federal Emp. ID No. FAX: (973) 786-7031

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 6" Public Sewer Private Septic YES

Water Service Size 3/4" COPPER Public Water Private Well YES

Est. Cost of Plumbing Work $ $2800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 12-15-10

Approved by: DR

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	W/O TEST 3 29 10		A 4-3-10	DR
Rough			12-2-10	DR
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.

PV. A.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FULL BATH IN BASEMENT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 20
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	Shower	20
	Floor Drain	20
1	Sink	
	Dishwasher	20
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump EJECTOR PUMP	50
	Interceptor/Separator	
	Backflow Preventer ↳ CAT.	
	Greasetrap CUT INCLUDED	
	Sewer Connection	
	Water Service Connection	
	Stacks THRU ROOF OR	20
	Other SEPERATE DRAIN SYSTEM	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 150

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 08-044 REVISION

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

Block 34 Lot 6.07
Work Site Location 49 OLD CREAMERY ROAD
NEWTON NJ 07860
Owner in Fee PAUL V. ASHWORTH
Address SAME
Tele. (973) 222-3110
Contractor
Address SAME
Tele. ( ) Fax (973) 786-7031
Lic. No. or Bldrs. Reg. No. V
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BASEMENT ACCESS DOOR AND FRAMING.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/27/10	IR
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame			12-2-10	IR
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$ 50
DCA Training Fee	$ 1
TOTAL FEE	$ 51

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R-3	R-3
Constr. Class	V	V
No. of Stories	2	
Height of Structure	25'-9" Ft.	
Area — Largest Floor	1268 Sq. Ft.	
New Bldg. Area/All Floors	2514 49 Sq. Ft.	
Volume of New Structure	440 Cu. Ft.	
Total Land Area Disturbed	— Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 610
3. Total (1+ 2) $ 610

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

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

ANDOVER TOWNSHIP CONSTRUCTION OFFICE
134 NEWTON SPARTA RD
NEWTON, NJ 07860

(973) 383-4280 EXT.231
Fax (973) 383-9977

Date: 9/2/09

Dear Property Owner at: 49 Old Creamery Rd. Newton, NJ 07860

Block: 34 Lot: 6.07
Permit # 08-044

A construction permit for finished basement remains open and the following inspections are needed to be able to issue a Certificate of Occupancy or Approval:

✓ Final Building	_____ Smoke Detectors
✓ Final Electric	_____ Carbon Monoxide Detectors
_____ Final Plumbing	_____ Final Fire

Please call (973) 383-4280 extension "231" between 8 a.m. and 3 p.m. to arrange for the required inspections.

If this letter has been mailed to you in error, as final inspection has been done, please contact this office immediately.

Failure to respond to this letter could result in penalties of up to $2,000.00 per week.

Sincerely,

Karen Reed

Karen Reed, Technical Assistant
to James M. Cutler, Construction Official

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date 3.10.08

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 14 March 08
Permit # 08-044

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY ROAD
NEWTON NJ 07860

Owner in Fee: PAUL V. ASHWORTH

Tel. (973) 222-3110 e-mail PVA3@EMBARQMAIL.COM

Address SAME
street municipality zip code

Contractor: OWNER Tel. ( )

Address SAME e-mail

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

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

Federal Emp. ID No. FAX: (973) 786-6612

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
MTL STUD FRAMING + GYPSUM BOARD PERIMETER OF BASEMENT W/ LIGHTS + OUTLETS.

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure (Dates Month/Day)	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 R-3 Proposed R-3
No. of Stories 2
Height of Structure 25'-9" ft.
Area — Largest Floor 1268 sq. ft.
New Bldg. Area/All Floors 2514 sq. ft.
Volume of New Structure — cu. ft.
Max. Live Load —
Max. Occupancy Load

Constr. Class Present V Proposed V

If Industrialized Building:
State Approved HUD

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

3000 BUILDING

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
[X] Other BASEMENT FRAMING
[ ] Demolition

FEE (Office Use Only)
$ 60

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

U.C.C. F110 (rev. 12/07)
Internet version

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

BLOCK 151 34 LOT 4 6.07 QUALIFICATION CODE _____ ADDRESS (SITE) 49 OLD CREAMERY RD. PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 49 OLD CREAMERY ROAD, NEWTON, NJ 07860
2. Name of Owner in Fee: PAUL V. ASHWORTH. Tel. (973) 786-6612
   Address 49 OLD CREAMERY ROAD NEWTON NJ 07860
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: OWNER Tel. (_____) _____
   Address SAME
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer SAME - OWNER Tel. (_____) _____
   Address SAME
6. Responsible Person in Charge of Work OWNER
   Tel. (973) 786-6612 FAX (973) 786-7031

DESCRIPTION OF WORK: 12'-0" x 16'-0" SHED - WOOD FRAMED.

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	$		

RECEIVED JUL 1 2004

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	1
2. Height of Structure	12 ft.	
3. Area — Largest Floor	12X16 = 192 sq. ft.	
4. New Building Area	192 sq. ft.	
5. Volume of New Structure	1536 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	192 sq. ft.	
8. Flood Hazard Zone	NO	
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no	X	
11. Max. Live Load	X	
12. Max. Occupancy Load	X	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date
1. ☐ Minor Work				
2. ☒ New Building	2,200.00			
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				

mail when Ready

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING C

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems

6/20 - Ron Lee, permit never issued.

CALLED ON 7/6/04

JIM,

I STARTED ALREADY. THE SHED IS READY FOR A FRAMING INSPECTION.

NO DRAWINGS OF SHED NEED FULL SURVEY

N OF BUILDING USE

(R-2)
(R-3) BOCA
(R-4) CABO
(R-3) BOCA
(R-4) CABO

nits:
uction
tion
ss
NTIAL
ic Use:

lse Group, Indicate Former:

U.C.C. F100-1 (rev. 3/96)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block _____ Lot _____

Work Site Location 49 OLD CREAMERY ROAD NEWTON NJ 07860

Owner in Fee PAUL V. ASHWORTH

Address 49 OLD CREAMERY ROAD NEWTON NJ 07860

Tel. (973) 786-6612

Contractor OWNER- PAUL ASHWORTH

Address 49 OLD CREAMERY ROAD NEWTON NJ 07860

Tel. (973) 786-6612

Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK:

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 $ _____

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

U.C.C. F170
(rev. 5/2K)

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

(see reverse side)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location 49 OLD CREAMERY ROAD
NEWTON NJ 07860
Owner in Fee PAUL V. ASHWORTH
Address SAME

Tele. (973) 786 6612
Contractor OWNER
Address SAME

Tele. (973) 786 6612 Fax (973) 786 7031
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
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.
Total Land Area Disturbed _____ Sq. Ft.

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

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
12'-0" X 16'-0" WOOD FRAMED
SHED ON CRUSHED STONE BASE

TYPE OF WORK:
[ ] 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 _____

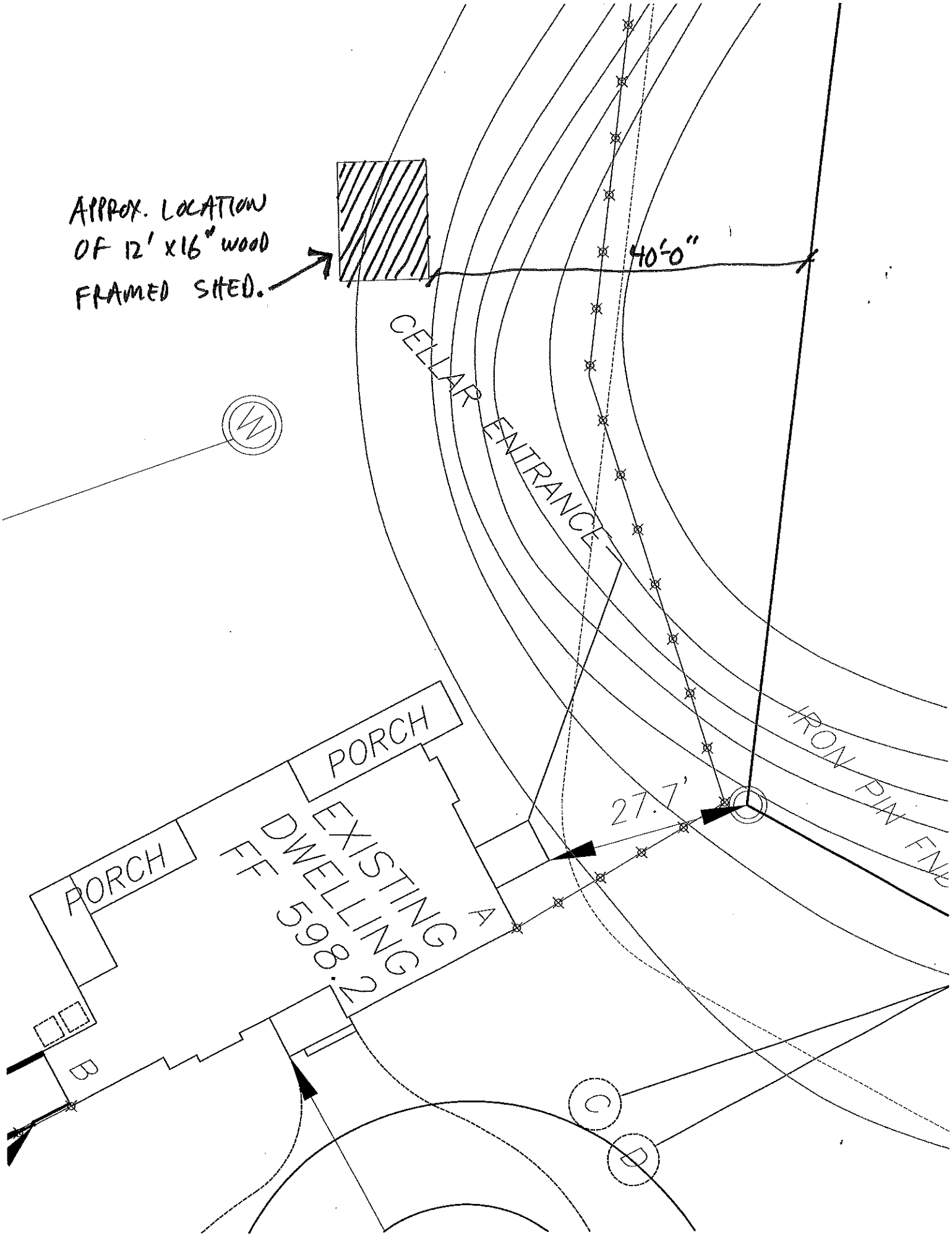
[ ] Demolition

FEE (Office Use Only)
$ _____

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

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

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


APPROX. LOCATION OF 12' x 16" WOOD FRAMED SHED.
40'-0"
CELLAR ENTRANCE
PORCH
PORCH
EXISTING DWELLING
598.2 SQ FT
27.7'
IRON PIN FND
A
B
C
D

LOCK 34 LOT 6.07 QUALIFICATION CODE 078-21 ADDRESS (SITE) _____ PERMIT NO. AN 2134092

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 49 Old Creamery Rd
2. Name of Owner in Fee: Paul Ashworth
   Tel. (973) ~~222~~-3110 e-mail _____
   Address Blairstown (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Schappe Elec Services Tel. (_____) _____
   Address 21 Grand Ave e-mail _____
   Newton NJ
   License No. OR, if new home, Builder Reg. No #15269 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20-0756486 FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 130		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices	60		
6. ~~Subtotal~~ Mech			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		X 10	
10. Subtotal	$ 18	10	
11. Cert. of Occupancy			
12. Other	208		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure 20 ft.
3. Area — Largest Floor generator sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☑ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ ~~Electrical~~ Mech	9000				3/8/21	MC			
☐ ~~Plumbing~~	518				3/12/21	[illegible]			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	9,518								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R-5
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

OLCE -Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received: 03/12/2021
Permit No.: 21-34092
Date Issued: 04/12/2021
Version: Base

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY RD

Owner in Fee ASHWORTH, PAUL & TERI

Address 49 OLD CREAMERY RD, NEWTON, NJ 07860

Owner Telephone (973) 222-3110 E-mail

Contractor Fairclough Propane

Address 91 Hampton House Road, Newton, NJ 07860

Telephone (973) 383-1768 E-mail

License No. LPG-0058 Exp Date

Home Imprv. Reg No.

Exempt Reason:

Federal Emp ID No. 22-4675752 FAX

Responsible Person

Telephone

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
22 KW GENERATOR-GAS PIPING

Qty/Size and/or Cost	Fixture/Equipment	Fee Amount
1	Gas Piping Connections	
1	Devices (Grouped)	$60.00
1	Generator	
	Administrative Fee	$0.00
	Total Subcode Fee	$60.00
		$60.00

B. MECHANICAL CHARACTERISTICS

Code/Use Group: Present ICC R-5

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

Type [ ]Hydronic [ ]Hot Air

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

Estimated Cost of Mechanical Work: $518

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
[ ] Mechanical Plans

Joint Plan Review Required:
[ ] Building [ ] Electric [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: March 12, 2021
Approved by: MARK DESANTO

SUBCODE APPROVAL for CERTIFICATE
[X] CA [ ] CO
Date: 8/24/21
Approved by: MM

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Gas Piping			
Appliance and Connec			
Chimney/Vent			
Oil Piping			
Oil Tank			
LPG Tank			
Hydronic Piping			
Fireplace			
Chimney Certification		8/24/21 MM	
Other			

CA 8-24-21

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 Contractor [ ] Exempt Applicant

PNJF145U (rev. 10/2018)
Printed On: 08/24/2021 09:54

DCCA Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 03/12/2021
Permit No.: AN 21-34092
Date Issued: 04/12/2021
Version: Base

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY RD
Owner in Fee ASHWORTH, PAUL & TERI
Address 49 OLD CREAMERY RD, NEWTON, NJ 07860
Owner Telephone (973) 222-3110 E-mail

Contractor SCHOUPPE ELECTRIC
Address 21 GRAND AVE, NEWTON, NJ 07860
Contractor Tel. (973) 300-0283 E-mail
Contractor License No. 15269 Exp Date
Home Imprv. Reg No.
Exempt Reason:
Federal Emp ID No. 20-0756468 FAX
Responsible Person
Telephone

B. ELECTRICAL CHARACTERISTICS

Use Group Present ICC R-5 Proposed
[ ] Pole/Pad # [ ]Temporary [ ] Other
Buillding Occupied As Utility Co

Est. Cost of Elec. Work $9,000

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
20 KW GENERATOR

Qty/Size and/or Cost	Items	Fee Amount
1	Transformer/Generator: 10 to 45 kw / kva	$65.00
1	Subpanels: 1 to 225 amps	$65.00
	Administrative Fee	$0.00
	Total Subcode Fee	$130.00
		$130.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
[ ] Underslab Utilities
[ ] Electric Plans
Joint Plan Review Required: [ ] Building
[ ] Plumb. [ ] Fire [ ] Mech. [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: March 12, 2021
Approved by: MICHAEL VELARDI
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCL [X] CA
Date: 8/24/21
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Approval	Initial
Rough			
Rough, Barrier-Free			
Trench			
Temporary Service			
Construction Service			
TCO			
Other			
Service			
Final		8/24/21	
Final, Barrier-Free			
Temp. Cut-in-Card Issued Date			
Final Cut-in-Card Issued Date			
Grounding and Bonding Certification Date			

CA 9-22-21

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 [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

OLCE -Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722

CERTIFICATE

1902 - ANDOVER TWP

Date Issued: 09/22/2021
Permit # AN 21-34092
Certificate: 2134092.1

IDENTIFICATION

Block 34 Lot 6.07 Qualifier

Work Site Location 49 OLD CREAMERY RD
ANDOVER TWP, NJ 07860

Owner in Fee ASHWORTH, PAUL & TERI
Address 49 OLD CREAMERY RD
NEWTON, NJ 07860

Telephone (973) 222-3110
Contractor SCHOUPPE ELECTRIC
Address 21 GRAND AVE
NEWTON, NJ 07860

Telephone (973) 300-0283 FAX
Lic No/Bldrs Reg No. 15269 Fed. Emp. No. 200756468

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/R-5
Maximum Live Load
Construction Class VB
Max. Occupancy Load
Description of Work/Use
20 KW GENERATOR 22 KW GENERATOR-GAS PIPING

☐ **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 the 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 will be

☐ **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 (0 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

_____ .

9/22/2021
CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00]
Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 09/22/2021 09:33

Const.

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT ~~UPDATE~~

Date Update Issued 4-12-21
Permit #
Date Permit Issued AN 2134092

IDENTIFICATION Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY ROAD NEWTON NJ 07860

Owner in Fee PAUL V. ASHWORTH

Address 49 OLD CREAMERY ROAD NEWTON NJ

Tel. (973) 222-3110

Contractor KEITH SCHWIPPE

Address 21 GRAND AVE NEWTON NJ 07860

Tel. (973) 300-0252

Lic. No. or Bldrs. Reg. No. 20-0756486

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GENERATOR.

Estimated Cost of Work $ ~~9,000.00~~ 9,518

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.

Construction Official

4-12-21
Date

PAYMENTS (Office Use Only)

Building	
Electrical	130
Plumbing	
Fire Protection	
Elevator Devices	
~~Other~~ Mech	60
State Permit Surcharge Fee	18
Cert. of Occupancy	
Other	
Total	208
Check No.	# 2501
Cash	
Collected by	

U.C.C. F190 (rev. 1/04)

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

Mech

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 4-12-21

Date Issued
Permit # AN2134092

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY ROAD - ANDOVER TOWNSHIP

Owner in Fee: PAUL ASHWORTH

Tel. (973) 222-3110 e-mail

Address 49 OLD CREAMERY ROAD (street) NEWTON (municipality) 07860 (zip code)

Contractor: FAIRCLOUGH PROPANE Tel. (973) 383-1768

Address 91 HAMPTON HOUSE RD e-mail

NEWTON NJ 07860

Contractor License No. LPG-0058 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 264675752 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 $ 518

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: 3/12/21
Approved by:

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

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

Print name here: ALLYSON CONTI

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RUN 5\8THS L.P. GAS LINE TO GENERATOR

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	
1	Gas Piping	W/C
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	66
1	Other CONNECT TO GENERATOR	

Administrative Surcharge	$
Minimum Fee	$ 66
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 11/09)
Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4-12-21
Control #
Date Issued
Permit # AN 2134092

UPDATE TO INCLUDE GENERATOR

AN 0934066

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY ROAD NEWTON NJ 07860

Owner in Fee: PAUL V. ASHWORTH

Tel. (973) 222-3110 e-mail PAUL@PVAARCHITECT.COM

Address SAME
street municipality zip code

Contractor: Schoppe Electrical Services Tel. (973) 300-0253

Address 21 Grand Ave e-mail

Newton NJ. 07860

Contractor License No. 15869 Exp. Date

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

Federal Emp. ID No. 80-0756486 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Private Utility Co.

Est. Cost of Elec. Work $ 9,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 3/8/21
Approved by: MV

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
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 sign/Contractor sign and seal here:

Print name here: Keith Schoppe

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 20 KW Standby Generator 200 Amp SER Transfer Switch

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	
1		20 KW Generator	
		TOTAL NUMBERS	$ 65
		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	
1		200 Amp Transfer Switch	65

Administrative Surcharge $
Minimum Fee $ 130
State Permit Surcharge Fee $
TOTAL FEE $

ANDOVER 34

Required Received

☑ ZONING ☒

☐ BOARD OF HEALTH ☐

34 BLOCK | 6.07 LOT | 3/12/21 DATE

Ashworth OWNER | Schoppe CONTRACTOR

☐ CONTRACTOR LICENSE, CERTIFICATION, REGISTRATION ☐

20 kw Generator DESCRIPTION OF WORK

☐ SMOKE/ CO CERTIFICATE ☐

	APPROVE	REJECT	REJECT	*REVISION RECEIVED*	
☐ **BUILD**					
☑ **ELECT**	3/6/21				
☑ ~~**PLUMB**~~	Mech 3/12/21				
☐ **FIRE**					

☐ APPLICATION FOR CERTIFICATE ☐

☐ NEW HOME WARRANTY ☐

COMMENTS *(Include date, person contacted, how contact was made i.e.: called, fax, in person etc.)*

☐ COAH ☐

BUILDING

☐ WATER FEES PAID ☐

☐ SEWER FEES PAID ☐

ELECTRIC

☐ DRIVEWAY ☐

☐ DEP ☐

PLUMBING

☐ FOUNDATION SURVEY ☐

☐ SOILS ☐

OTHER

FIRE

☐ _____ ☐

☐ _____ ☐

BLOCK 34 LOT 6.07 QUALIFICATION CODE 47-19 ADDRESS (SITE) 49 OLD CREAMERY RD PERMIT NO. AN1934666

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 49 OLD CREAMERY ROAD NEWTON NJ 07860
2. Name of Owner in Fee: PAUL V. ASHWORTH AIA
   Tel. (973) 222-3110 e-mail PAUL@PVAARCHITECT.COM
   Address 49 OLD CREAMERY ROAD NEWTON NJ 07860 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: ____ Tel. (____) ____
   Address ____ e-mail ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: (____) ____
5. Architect or Engineer PAUL V. ASHWORTH AIA Contact 973-222-3110
   Address 49 OLD CREAMERY ROAD NEWTON NJ e-mail PAUL@PVAARCHITECT.COM
   Tel. (973) 222-3110 FAX: (____) ____
6. Responsible Person in Charge once Work has Begun PAUL V. ASHWORTH
   Tel. (973) 222-3110 FAX: (____) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1065		
2. Electrical	222		
3. Plumbing	211		
4. Fire Protection	33		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 140		
9. State Permit Surcharge Fee			
10. Subtotal	$ 39		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1910		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1
2. Height of Structure D-10'
3. Area — Largest Floor 320 sq. ft.
4. New Building Area 320 sq. ft.
5. Volume of New Structure 3520 cu. ft.
6. Max. Live Load 40 PSF
7. Max. Occupancy Load 3
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed 1000 sq. ft.
10. Flood Hazard Zone N/A
11. Base Flood Elevation N/A ft.
12. Wetlands yes ____ no X

(office use only) RECEIVED FEB 25 2019 OLDE/NORTHERN REGIONAL OFFICE

IIa. PROPOSED WORK

☐ Minor Work ☒ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	55000				2/25	LK			
☒ Electrical	8500				2/27/19	MW			
☐ Plumbing	4450								
☐ Fire Protection	150								
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: POOL HOUSE + POOL
2. Use Group, Proposed: R-3
3. Change in Use Group, Indicate Present: R-3
4. No. of dwelling units: *Total Units* / *Income-restricted*
   Gained, Sale ____ / ____
   Gained, Rental ____ / ____
   Lost, Sale ____ / ____
   Lost, Rental ____ / ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

PVAARCHITECT

PVA Architecture LLC
49 Old Creamery Road
Newton NJ 07860
(973) 222-3110
paul@pvaarchitect.com

State of New Jersey DCA
Division of Codes and Standards
Northern Regional Office
171 Route 173
Suite 101
Asbury, NJ 08802

Project Reference: Ashworth Residence
49 Old Creamery Road
Newton NJ 07860
Lot: 6.07 / Block: 34
PERMIT #: AN 19 34 066

March 22, 2020

To Whom it may concern:

I am not going to complete the outdoor kitchenette at the pool house under this permit number. As of this date, I have acquired all final permits except building.

Can someone please call me on my cell phone number below to schedule the final building inspection so that this permit can be closed out.

Please contact me at the above email address if you have any further questions.

Sincerely,

Paul V. Ashworth AIA NCARB

NJ lic #: 21AI01817800

DCCE Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 02/27/2019
Permit No.: AN 19-34066
Date Issued: 03/06/2019
Version: Base

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY RD
Owner in Fee ASHWORTH, PAUL & TERI
Address 49 OLD CREAMERY RD, NEWTON, NJ 07860
Owner Telephone (973) 222-3110 E-mail
Contractor SCHOUPPE ELECTRIC
Address 21 GRAND AVE, NEWTON, NJ 07860
Contractor Tel. (973) 300-0283 E-mail
Contractor License No. 15269 Exp Date
Home Imprv. Reg No.
Exempt Reason:
Federal Emp ID No. 20-0756468 FAX
Responsible Person
Telephone

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ICC U
[ ] Pole/Pad # [ ]Temporary [ ] Other
Buillding Occupied As Utility Co

Est. Cost of Elec. Work $8,500

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WIRE POOL HOUSE AND IN-GROUND POOL

Qty/Size and/or Cost	Items	Fee Amount
49	Receptacles, Fixtures, Devices (Grouped)	$50.00
26	Lighting Fixtures	
15	Receptacles	
5	Switches	
1	Detectors	
1	Motors- Fractional HP	
1	Communications Points	
1	Private Pool/Spa/Hot Tub/Fountain	$77.00
1	Central A/C Unit: 1 to 10 kw	$15.00
1	Space Heater/Air Handler: 1 to 10 hp, OR 1 to 10 kw	$15.00
1	Subpanels: 1 to 225 amps	$65.00
	Administrative Fee	$0.00
	Total Subcode Fee	$222.00
		$222.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
[ ] Underslab Utilities
[ ] Electric Plans
Joint Plan Review Required: [ ] Building
[ ] Plumb. [ ] Fire [ ] Mech. [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: February 27, 2019
Approved by: MICHAEL VELARDI
SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCL [ ] CA
Date: 8/24/20
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Approval	Initial
Rough		03/18/20	MV
Rough, Barrier-Free			
Trench		03/12/20	MV
Temporary Service			
Construction Service			
TCO			
Other			
Service			
Final		8/24/20	
Final, Barrier-Free			
Temp. Cut-in-Card Issued Date			
Final Cut-in-Card Issued Date			
Grounding and Bonding Certification Date			

CO 9/22/21

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 [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3-6-19
Permit # AN1934066

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 Old Creamery Road
Newton NJ 07860

Owner in Fee: Paul V. Ashwroth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Road (street) Newton NJ (municipality) 07860 (zip code)

Contractor: Owner Tel.

Address Same 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

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed R-5

Constr. Class: Present Proposed 3B

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

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

Location:

Total Cost of Fire Protection Work $ 150

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial/Underslab Utilities Approved
Date: 3/7 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 8/24/21
Approved by:

INSPECTIONS Type:	Failure Dates (Month/Day)	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			8/24/21	
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.

Applicant/Contractor sign here:

Print name here: Paul V. Ashworth

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	33
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	2	
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 $		
TOTAL FEE $		

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

OLCE -Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722

CERTIFICATE

1902 - ANDOVER TWP

Date Issued: 09/22/2021
Permit # AN 19-34066+A
Certificate: 1934066.1

IDENTIFICATION

Block 34 Lot 6.07 Qualifier

Work Site Location 49 OLD CREAMERY RD
ANDOVER TWP, NJ 07860

Owner in Fee ASHWORTH, PAUL & TERI
Address 49 OLD CREAMERY RD
NEWTON, NJ 07860

Telephone (973) 222-3110
Contractor HOMEOWNER
Address

Telephone FAX
Lic No/Bldrs Reg No. Fed. Emp. No.
Homeowner
Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.
Type of Warranty Plan [X] State [ ] Private
Use Group ICC/U
Maximum Live Load
Construction Class VB
Max. Occupancy Load

Description of Work/Use

NEW POOL HOUSE AND INGROUND POOL WIRE POOL HOUSE AND IN-GROUND POOL NEW POOL HOUSE & INGROUND POOL MAKIN A SPLASH-DOING DRAINS FOR POOL OWNER DOING FURNACE FOR POOL HOUSE AND HOSE BIBS ALARM FOR POOL HOUSE GFI OUTLET IN POOL HOUSE BATH ADD BATH TO POOL HOUS

☒ **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 the 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 will be

☐ **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 (0years); 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

_____ .

9/22/2021
CONSTRUCTION OFFICIAL

Fee $39.00
Paid [$39.00]
Collected by: RVH

Check No. 2578

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 09/22/2021 09:48

OLCE -Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722

BUILDING SUBCODE
TECHNICAL SECTION

Date Received: 02/25/2019
Permit No.: 19-34066
Date Issued: 03/06/2019
Version: Base

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY RD
Owner in Fee ASHWORTH, PAUL & TERI
Address 49 OLD CREAMERY RD, NEWTON, NJ 07860
Owner Telephone (973) 222-3110 E-mail

Contractor HOMEOWNER
Address
Contractor Telephone E-mail
Contractor License No. Exp. Date
Home Imprv. Reg No.
Exempt Reason:
Federal Emp ID No. FAX
Responsible Person
Telephone

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

Closed

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW POOL HOUSE AND INGROUND POOL

Qty/Size and/or Cost		Type of Work	Fee Amount
22,496		New Building	$854.85
1	$30,000.00	Pool - in ground: Surface area > 550 sq ft	$210.00
		Administrative Fee	$0.00
		Total Subcode Fee	$1,064.85
			$1,064.85

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
[ ] Footing/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior
[ ] Building Plans
Joint Plan Review Required: [ ] Electrical [ ] Plum. [ ] Fire [ ] Mech. [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: February 27, 2019
Approved by: DRAKE RIZZO
SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCL [ ] CA
Date: September 22, 2021
Approved by: LEIGH M. WITTY

Closed

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Footing		03/27/19	WF
Footing Bonding			
Foundation		04/05/19	GR
Slab			
Frame		09/22/21	LMW
Frame, Truss System/			
Frame, Barrier-Free			
Insulation		11/04/20	LMW
Finishes, Base Layer			
Finishes, Final			
Energy			
Mechanical			
TCO			
Other		05/01/19	WF
Final		09/15/21	LMW
Final, Barrier-Free			

B. BUILDING CHARACTERISTICS

Code/Use Group: Present
Construction Class: Present
Number of Stories 1
Height of Structure 17
Area - Largest Floor 384
New Building Area 384
Volume of New Structure 22,496
Max. Live Load
Max. Occupancy Load

Proposed ICC U
Proposed VB
If Industrialized Building:
State Approved HUD

Estimated Cost of Building Work:

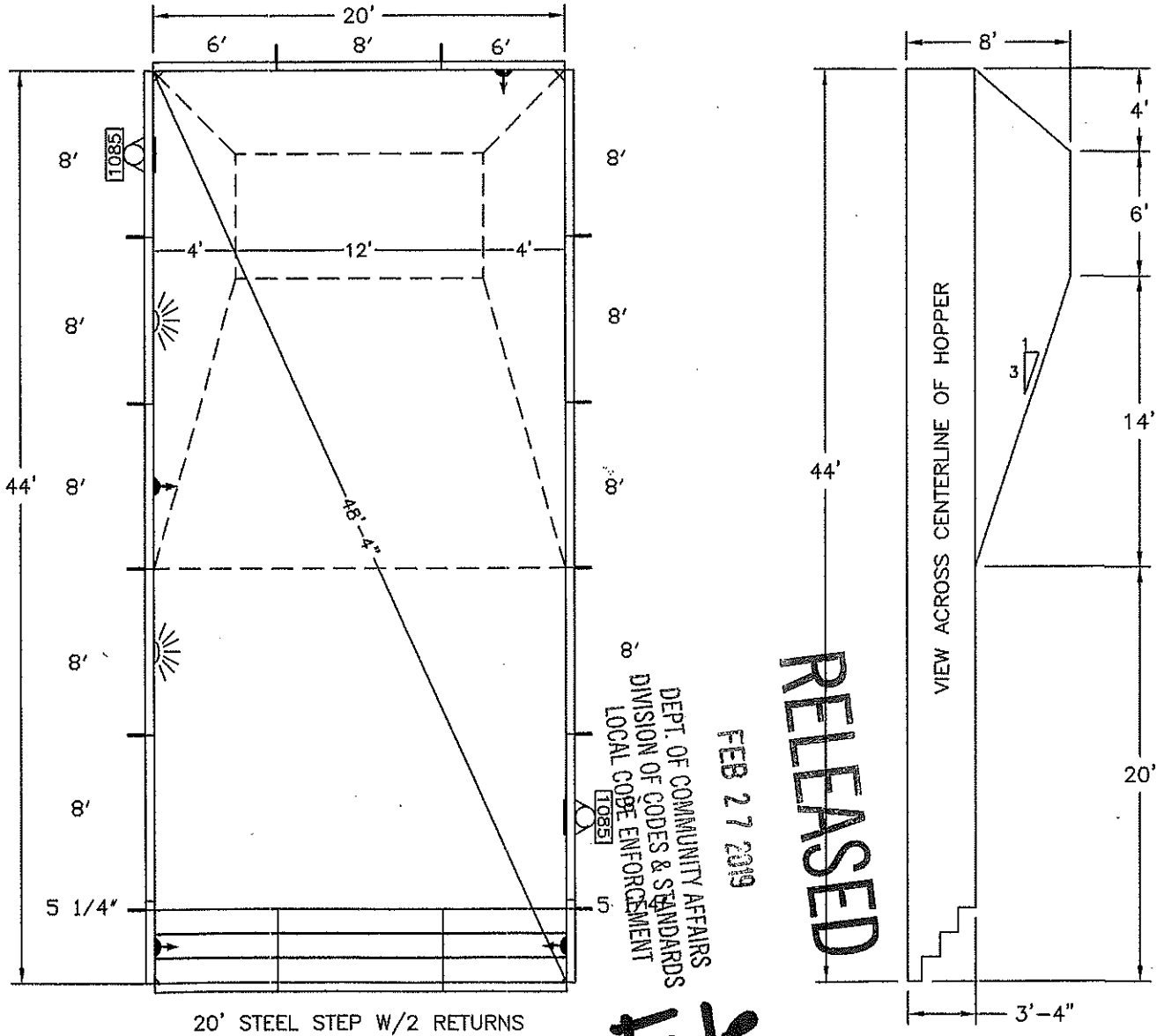
1. New Bldg. $55,000
2. Rehabilitation $0
3. Total (1 + 2) $55,000

Pool Size: 20' X 44'
Pool Shape: RECTANGLE
Pool Number: PRT15300

250 Route 61 South, Schuylkill Haven, PA 17972 • 570-385-4733 • fax: 570-385-1318 • CustomerService@CardinalSystemsInc.com

Bill of Materials

PART NO.	QUANTITY	DESCRIPTION
A FRAME	12	A FRAME ASSEMBLY
CS902SA	2	90 DEG CORNER ANGLE
CS902SB	2	6" RAD CORNER FILLER "BIG VEE"
STEP	1	20' STEEL STEP W/2 RETURNS W/LINER TRACK
5S42052XXX0	2	5 1/4" Straight PANEL W/0 Z
5S42600RCN1	1	6' Straight PANEL W/1 Z WITH Return
5S42600XXX1	1	6' Straight PANEL W/1 Z
5S42800LCN2	2	8' Straight PANEL W/2 Z WITH LIGHT
5S42800RCN2	1	8' Straight PANEL W/2 Z WITH Return
5S42800WCN2	2	8' Straight PANEL W/2 Z WITH 1085 Skimmer
5S42800XXX2	6	8' Straight PANEL W/2 Z



20' STEEL STEP W/2 RETURNS W/LINER TRACK

FK

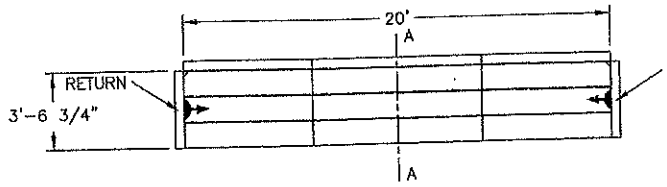
Date: 2/18/2019	**Perimeter:** 128'-0"
Drawn By: PHIL K	**Area:** 880.0 SQ FT
Scale: 1/8" = 1'-0"	**Notes:** ----

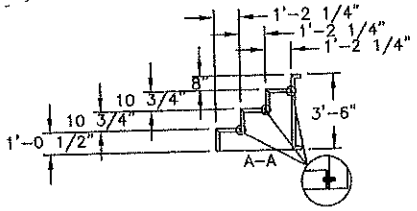
CardinalSystemsInc.com

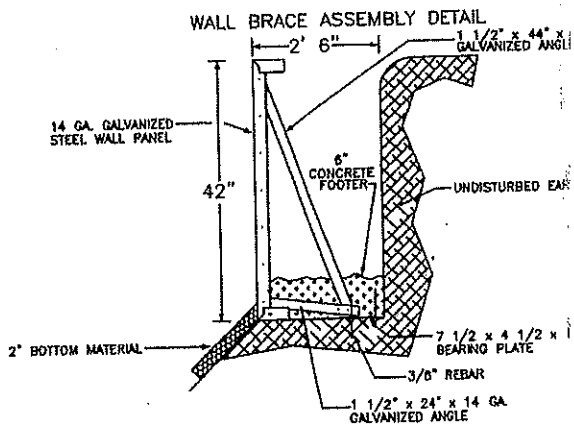
Cardinal Name: 20' STEEL STEP W/2 RETURNS W/LINER TRACK

Number: ----

250 Route 61 South, Schuylkill Haven, PA 17972 • 570-385-4733 • fax: 570-385-1318 • CustomerService@CardinalSystemsInc.com







NOTE: BACKFILL TO BE SAND, GRAVEL, OR OTHER NON EXPANSIVE MATERIAL
**THIS DETAIL NOT TO SCALE

FIBERGLASS ROD TOTALS:	
6' LENGTHS =	----
8' LENGTHS =	----

NOTE:
USE REBAR HOLE LOCATIONS TO PIN WALL AND STEP DECK SUPPORTS IN PLACE. THEN POUR 4"-6" OF CONCRETE AROUND THESE AREAS AND UNDER THE ASSEMBLY FOR REINFORCEMENT

Drawn By: PHIL K	Date: 2/18/2019
Scale: 3/16" = 1'-0"	Notes: ST010512

CardinalSystemsInc.com

GENERAL NOTES:

1) POOL CLEARANCES TO BUILDINGS AND PROPERTY LINES SHALL BE IN ACCORDANCE WITH LOCAL AND STATE REQUIREMENTS.
2) THIS PLAN DOES NOT INCLUDE POOL LOCATION ON PROPERTY, GRADING, FENCING, WALLS OR OTHER SITE INFORMATION.
3) ALL CONSTRUCTION SHALL BE DONE IN ACCORDANCE WITH ALL LOCAL AND STATE REGULATIONS.
4) CONTRACTOR SHALL VERIFY BURIED UTILITIES WITHIN SURROUNDS OF INSTALLATION AREA.

DIVING BOARD WILL NOT BE FURNISHED WITH POOL

LADDER WILL BE PROVIDED AT DEEP END

ROPE & FLOATS OFFSET 12" FROM TRANSITION SLOPE WILL BE PROVIDED

ANSI/NSPI – TYPE II POOL –DIVING PERMITTED

POOL COMPLIES TO NSPI-5

ADDITIONAL NOTE

IF POOL IS FURNISHED WITH DRAINS OR SUBMERGED SUCTION OUTLETS, THAN COMPLIANCE TO THE VIRGINIA GRAEME BAKER POOL AND SAFETY ACT IS REQUIRED:
DRAIN COVERS ASME A112.19.8 2007 AT 3'-0" MIN APART
AND ENTRAPMENT AVOIDANCE MUST BE INSTALLED.

CODE COMPLIANCE
NEW JERSEY
INTERNATIONAL RESIDENTIAL CODE - 2015 NJ Ed.
INTERNATIONAL SWIMMING POOL & SPA CODE - 2015

A. ELECTRICAL & PLUMBING

THE CONSTRUCTION AND INSTALLATION OF ELECTRIC WIRING, GROUNDING AND BONDING, AND EQUIPMENT ARE SUBJECT TO THE STATE CODE AND TO THE CURRENT ADOPTED NATIONAL ELECTRIC CODE REQUIREMENTS.
PLUMBING MUST COMPLY WITH THE CURRENT ADOPTED STATE CODE.

JAMES A. MARX JR.
PROFESSIONAL ENGINEER
10 High Meadow Road, Ringwood, New Jersey 07456
2/18/19
JAMES A. MARX JR.
NJ Professional Engineer License GE 25179

OLCE -Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722

PERMIT UPDATE

Date Update Issued 09/14/2020
Permit # 19-34066+A
Date Permit Issued 03/06/2019

IDENTIFICATION Block 34 Lot 6.07 Qualifier

Work Site	49 OLD CREAMERY RD	Contractor	HOMEOWNER
	ANDOVER TWP, NJ 07860	Address	
Owner in Fee	ASHWORTH, PAUL & TERI		
Address	49 OLD CREAMERY RD	Telephone	
	NEWTON, NJ 07860	Lic./Reg. No.	
Telephone	(973) 222-3110		

Is hereby granted permission to perform the following work:

[ ]BUILDING [X]PLUMBING [ ]LEAD HAZARD ABATEMENT
[X]ELECTRICAL [ ]FIRE PROTECTION [ ]DEMOLITION
[ ]ELEVATOR DEVICES [ ]ASBESTOS ABATEMENT [ ]MECHANICAL

DESCRIPTION OF WORK:
GFI OUTLET IN POOL HOUSE BATH ADD BATH TO POOL HOUSE

V. FEE SUMMARY (Office Only)

1. Building	$0.00
2. Electrical	$0.00
3. Plumbing	$241.00
4. Fire Protection	$0.00
5. Mechanical	$0.00
6. Elevator	$0.00
7. Plan Review	$0.00
8. Subtotal	$241.00
9. DCA State Fee	$0.00
10. Subtotal	$241.00
11. Certificate	$0.00
12. Subtotal	$241.00
13. Exemption	$0.00
TOTAL	$241.00

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 for Selected Subcode(s) $6,600

Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rought inspections and prior to the installation of any interior finish material.

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

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5.23-3.5, "Posting Structures".

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

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued
Permit #
Date Permit Issued AN 340666+A 19

IDENTIFICATION Block 34 Lot 6e.07 Qualification Code

Work Site Location 49 Old Greenwood Audubon Pk 08060

Owner in Fee Ashworth

Address Feaene

Tel. (973-222-3110

Contractor BDP P+H

Address

Tel. (973-584-8485

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ADD Bathroom to Pool House + outdoor GAS appliances

Estimated Cost of Work $ 60000.00

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.

Construction Official

Date 2/14/20

PAYMENTS (Office Use Only)

Building	
Electrical	P/C
Plumbing	241
Fire Protection	
Elevator Devices	
Other	
State Permit Surcharge Fee	
Cert. of Occupancy	
Other	
Total	241
Check No.	
Cash	# 2777
Collected by	

U.C.C. F190 (rev. 1/04)

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

Northern Regional Office
Suite 107
(908)[illegible]-0722

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 09/14/2020
Permit No.: 19-34066
Date Issued: 09/14/2020
Version: +A

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 OLD CREAMERY RD
Owner in Fee ASHWORTH, PAUL & TERI
Address 49 OLD CREAMERY RD, NEWTON, NJ 07860
Owner Telephone (973) 222-3110 E-mail
Contractor SCHOUPPE ELECTRIC
Address 21 GRAND AVE, NEWTON, NJ 07860
Contractor Tel. (973) 300-0283 E-mail
Contractor License No. 15269 Exp Date
Home Imprv. Reg No.
Exempt Reason:
Federal Emp ID No. 20-0756468 FAX
Responsible Person
Telephone

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ICC U
[ ] Pole/Pad # [ ]Temporary [ ] Other
Buillding Occupied As Utility Co

Est. Cost of Elec. Work $100

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
GFI OUTLET IN POOL HOUSE BATH

Qty/Size and/or Cost	Items	Fee Amount
1	Receptacles, Fixtures, Devices (Grouped)	
1	Receptacles	
	Administrative Fee	$0.00
	Total Subcode Fee	$0.00
		$0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
[ ] Underslab Utilities
[ ] Electric Plans
Joint Plan Review Required: [ ] Building [ ] Plumb. [ ] Fire [ ] Mech. [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: September 14, 2020
Approved by: MICHAEL VELARDI
SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCL [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Rough			
Rough, Barrier-Free			
Trench			
Temporary Service			
Construction Service			
TCO			
Other			
Service			
Final			
Final, Barrier-Free			
Temp. Cut-in-Card Issued Date			
Final Cut-in-Card Issued Date			
Grounding and Bonding Certification Date			

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 [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

PNJF120U (rev. 10/2018)
Printed On: 09/14/2020 10:08

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/14/20
Control #
Date Issued
Permit # AN 240666+A

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 490 Old Creamery Rd

Owner in Fee: Paul Ashworth

Tel. ( ) e-mail

Address 490 Old Creamery Rd (street) Newton (municipality) 07860 (zip code)

Contractor: BDP Plumbing & Heating Inc. Tel. (973) 584-8485

Address 150 Route 10 West e-mail biancodiamondplumbing@yahoo.com
Succasunna, NJ 07876

Contractor License No. 12630 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH06895300

Federal Emp. ID No. 45-5004372 FAX: (973) 584-7421

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 $ 6500.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am (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: D Bi

Print name here: Dominick Bianco

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
install Sinks, Shower, toilet, waterheater and sewage ejector pump.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	15
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	15
1	Shower	15
	Floor Drain	
1	Sink EXTERIOR	15
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	15
	Fuel Oil Piping	
3	Gas Piping	45
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
2	~~Grease Int.~~ Appliances	30
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Sewage ejector pump	41

Administrative Surcharge $
Minimum Fee $ 241
State Permit Surcharge Fee $
TOTAL FEE $

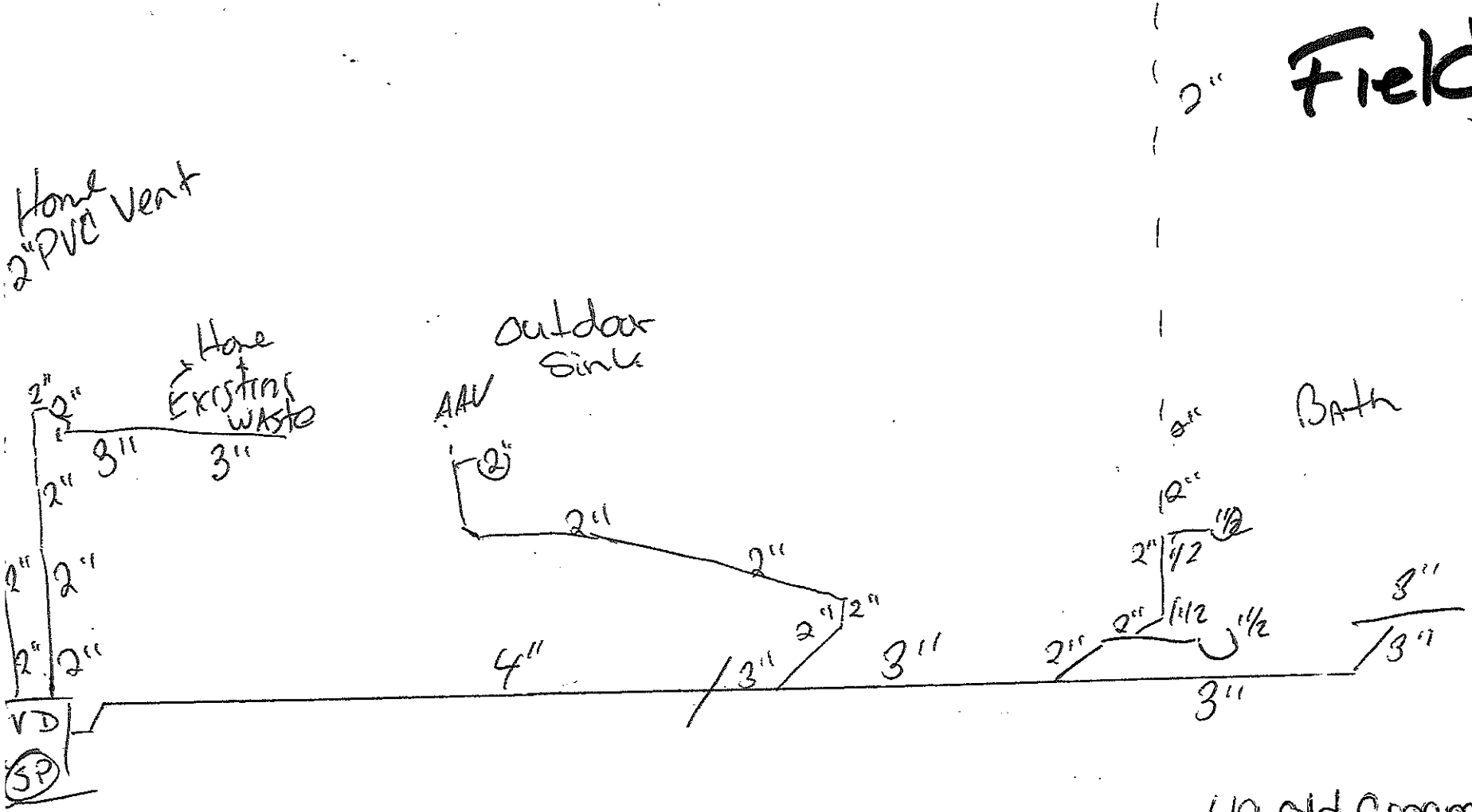
JOB SUMMARY (Office Use Only)

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: 9/14/20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
Final				



49 Old Creamery Rd
Newton 07860
B- 34
L- 6.07

DONE ONCE DONE RIGHT
BDP
BIANCO DIAMOND
PLUMBING & HEATING, INC.
24 HOUR EMERGENCY SERVICE
NJ Master Plumber Dominick Bianco
License No. 12630
150 Route 10 West
Succasunna, NJ 07876
Morris County:
973-584-8485
Sussex County:
973-729-7586

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 3-6-19

Permit # AN1934066

IDENTIFICATION Block 34 Lot 6.07 Qualification Code

Work Site Location 49 Old Creamery Rd

Owner in Fee Paul Ashworth

Address

Tel. (___) ___

Contractor OWNER

Address

Tel. (___) ___

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✓] ELECTRICAL [✓] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK: Pool House & inground pool

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 $ 70,300

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$ 1065
Electrical	222
Plumbing	211
Fire Protection	33
Elevator Devices	
Other	
DCA State Permit Fee	140
Cert. of Occupancy	39
Other	
Total	$ 1710
Check No.	# 2578
Cash	
Collected by	BVH

(see reverse side)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3-6-19
Control #
Date Issued
Permit # AN1934066

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 Old Creamery Road
Newton NJ 07860

Owner in Fee: Paul V. Ashworth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Road (street) Newton NJ (municipality) 07860 (zip code)

Contractor: Schouppe Electrical Services Tel. (973) 300-0283

Address 21 Grand Ave e-mail kncc@embarqmail.com
Newton NJ 07860

Contractor License No. 15269 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 20-0756486 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwelling Utility Co.

Est. Cost of Elec. Work $ 8,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 2/27/19
Approved by: M

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
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 sign/Contractor sign and seal here:

Print name here: Keith Schouppe

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Pool hookups and pool house

QTY	SIZE	ITEMS	FEE (Office Use Only)
26		Lighting Fixtures	
15		Receptacles	
5		Switches	
1		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
		Alarm Devices/F.A.C. Panel	50
49		TOTAL NUMBERS	$
1		Pool Permit/with UW Lights	77
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	15
1		HP/KW Space Heater/Air Handler	15
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	100	AMP Subpanels	65
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 222
State Permit Surcharge Fee $
TOTAL FEE $

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 3-6-19
Date Issued
Permit # AN1934066

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 Old Creamery Rd

Owner in Fee: Paul Ashworth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Rd (street) Andover (municipality) 07860 (zip code)

Contractor: Makin A Splash Inc Tel. (973) 208-7665

Address 7 Ridge Rd e-mail maspool@optonline.net

Oak Ridge, NJ 07438

Contractor License No. or Builder Registration No. _____ Exp. Date 03/31/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH02101600

Federal Emp. ID No. 222420047 FAX: (973) 208-7664

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/7/19	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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				
Final				
Barrier-Free				

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. $ 40,500
2. Rehabilitation $ _____
3. Total (1+ 2) $ 40,500

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

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: K. Ambler

Print name here: Keith Ambler

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
install 20x44 rectangle inground pool

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

FEE (Office Use Only)
$ 240

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 3-6-19

Date Issued / Permit # AN1934066

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

Block 34 Lot 6.04 Qualification Code

Work Site Location 49 Old Creamery Road
Newton NJ 07860

Owner in Fee: Paul V. Ashworth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Road (street) Newton NJ (municipality) 07860 (zip code)

Contractor: Owner Tel.

Address Same e-mail

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	2/25	MK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS

Type:	Failure	Failure (Dates Month/Day)	Approval (Dates Month/Day)	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 R-5

Constr. Class Present Proposed VB

No. of Stories 1

Height of Structure 18 ft.

Area — Largest Floor 384 sq. ft.

New Bldg. Area/All Floors 384 sq. ft.

Volume of New Structure 22496 4,224 cu. ft.

Max. Live Load 35

Max. Occupancy Load 4

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 55,000
2. Rehabilitation $
3. Total (1+ 2) $ 55,000

22,496 X .038 = 855.00

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

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: Paul V. Ashworth

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New pool house

TYPE OF WORK:

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

FEE (Office Use Only)

$ 855

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 3-6-19
Date Issued Permit # AN1934066

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 Old Creamery Road
Newton NJ 07860

Owner in Fee: Paul V. Ashworth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Road (street) Newton NJ (municipality) 07860 (zip code)

Contractor: Owner Tel.

Address Same e-mail

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

Home Improvement Contractor Registration No. or Exemption Reason

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:

Print name here: Paul V. Ashworth

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New pool house

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2/25	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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				
Final				
Barrier-Free				

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

FEE (Office Use Only)
$ 855

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5
No. of Stories 1
Height of Structure 18 ft.
Area — Largest Floor 384 sq. ft.
New Bldg. Area/All Floors 384 sq. ft.
Volume of New Structure 2496 4,224 cu. ft.
Max. Live Load 35
Max. Occupancy Load 4

Constr. Class Present _____ Proposed VB

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 55,000
2. Rehabilitation $
3. Total (1+ 2) $ 55,000

22,496 X .038 = 855.00

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 3-6-19
Date Issued
Permit # AN1934066

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

Block 34 Lot 6007 Qualification Code _____

Work Site Location 49 Old Creamery Rd

Owner in Fee: Paul Ashworth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Rd (street) Andover (municipality) 07860 (zip code)

Contractor: Makin A Splash Inc Tel. (973) 208-7665

Address 7 Ridge Rd e-mail maspool@optonline.net

Oak Ridge, NJ 07438

Contractor License No. or Builder Registration No. _____ Exp. Date 03/31/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH02101600

Federal Emp. ID No. 222420047 FAX: (973) 208-7664

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
[X] All 3/7/19 KA
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCC [ ] CA
Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

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

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. $ 40,500
2. Rehabilitation $ _____
3. Total (1+ 2) $ 40,500

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

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: K. Ambler

Print name here: Keith Ambler

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
install 20x44 rectangle inground pool

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

FEE (Office Use Only)
$ 210

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3-6-19
Control #
Date Issued
Permit # AN1934066

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 Old Creamery Road
Newton NJ 07860

Owner in Fee: Paul V. Ashworth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Road (street) Newton NJ (municipality) 07860 (zip code)

Contractor: Schouppe Electrical Services Tel. (973) 300-0283

Address 21 Grand Ave e-mail kncc@embarqmail.com
Newton NJ 07860

Contractor License No. 15269 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 20-0756486 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwelling Utility Co.

Est. Cost of Elec. Work $ 8,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 2/27/19
Approved by: M

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
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 sign/Contractor sign and seal here:

Print name here: Keith Schouppe

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Pool hookups and pool house

QTY.	SIZE	ITEMS	FEE (Office Use Only)
26		Lighting Fixtures	
15		Receptacles	
5		Switches	
1		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
		Alarm Devices/F.A.C. Panel	50
49		TOTAL NUMBERS	$ 77
1		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	15
1		HP/KW Space Heater/Air Handler	15
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	100	AMP Subpanels	65
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 222
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (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
Control # 3-6-19
Date Issued
Permit # AN 1934066

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 Old Creamery Rd

Owner in Fee: Paul Ashworth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Rd Andover 07860
(street) (municipality) (zip code)

Contractor: Makin A Splash Inc Tel. (973) 208-7665

Address 7 Ridge Rd e-mail maspool@optonline.net

Oak Ridge, NJ 07438

Contractor License No. Exp. Date 03/31/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH02101600

Federal Emp. ID No. 222420047 FAX: (973) 208-7664

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date 3/6/19 Approved by: MC
[ ] 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	Dates (Month/Day) Failure	Failure	Approved	Initial
Type:				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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: K. Ambler

Print name here: Keith Ambler

[ ] Licensed Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
install a pair of pool floor suctions (main drains)

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	
	Stacks	
2	Other main drains	30
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

U.C.C. F130 (rev. 10/17)
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
Control # 3-6-19
Date Issued
Permit # AN1934066

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

Block 34 Lot 6.07 Qualification Code _____

Work Site Location 49 Old Creamery Road
Newton NJ 07860

Owner in Fee: Paul V. Ashworth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Road (street) Newton NJ (municipality) 07860 (zip code)

Contractor: Owner Tel. _____

Address Same e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R5

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 3/27 Approved by: MC
[ ] 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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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: _____

Print name here: Paul V. Ashworth

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2 hose bibbs - Pool House

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	$30
2	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 _____	

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 3-6-19

Date Issued
Permit # AN1934066

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

Block 34 Lot 6.07 Qualification Code _____

Work Site Location 34 Old Creamery Road
Newton NJ 07860

Owner in Fee: Paul V. Ashwroth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Road (street) Newton NJ (municipality) 07860 (zip code)

Contractor: Same Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 6,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date 3/27 Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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.
Applicant sign/Contractor sign and seal here: _____

Print name here: PAUL V. ASHWORTH

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of;
hot LPG hot air furnace
400,000 BTU pool heater (other)
1000 gal underground propane storage tank

Pool House

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	30
2	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	15
1	Hot Air Furnace	
	Oil Tank	91
1	LPG Tank	
	Fireplace	
	Generator	#15
1	Other	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ #151
TOTAL FEE $ _____

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3-6-19
Permit # AN1934066

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

Block 34 Lot 6.07 Qualification Code

Work Site Location 49 Old Creamery Road
Newton NJ 07860

Owner in Fee: Paul V. Ashwroth

Tel. (973) 222-3110 e-mail paul@pvaarchitect.com

Address 49 Old Creamery Road (street) Newton NJ (municipality) 07860 (zip code)

Contractor: Owner Tel.

Address Same 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

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed R-5

Constr. Class: Present Proposed 5B

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

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

Location:

Total Cost of Fire Protection Work $ 150

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial/-Underslab Utilities Approved
Date: 3/27 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				

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: Paul V. Ashworth

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

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

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	33
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	1	
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 $
TOTAL FEE $

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

ANDOVER 34

	Required	Received
ZONING	X	X 2/27

34 BLOCK | 6.07 LOT | 2-20-19 DATE

☐ BOARD OF HEALTH ☐

Ashworth OWNER

CONTRACTOR

☐ CONTRACTOR ☐ LICENSE, CERTIFICATION, REGISTRATION

Pool House & Inground Pool DESCRIPTION OF WORK

☐ SMOKE/ CO ☐ CERTIFICATE

	APPROVE	REJECT	REJECT	REVISION RECEIVED	
☑ BUILD	2/25				
☑ ELECT	2/27/19				
☑ PLUMB	2/27/19				
☑ FIRE	2/27/19				

☐ APPLICATION ☐ FOR CERTIFICATE

☐ NEW HOME ☐ WARRANTY

COMMENTS *(Include date, person contacted, how contact was made i.e.: called, fax, in person etc.)*

☐ COAH ☐

BUILDING

☐ WATER FEES ☐ PAID

☐ SEWER FEES ☐ PAID

ELECTRIC

☐ DRIVEWAY ☐

☐ DEP ☐

PLUMBING

☐ FOUNDATION ☐ SURVEY

☐ SOILS ☐

FIRE

OTHER

☐ ☐

☐ ☐

HAYWARD® Pool Products
A Hayward Industries, Inc. Company

1 Hayward Industrial Drive
Clemmons, NC 27012
336-712-9900
www.haywardnet.com

CERTIFICATION OF COMPLIANCE

Contains: WG1048E Description: 8" Round Suction Outlet Cover

Ratings: Floor: ***125 GPM*** Wall: ***72 GPM*** Open Area: ***8.1 sq-in***

Certified to Comply with Section 1404 of the Virginia Graeme Baker Act (VGB) Pool & Spa Safety Act

Test Results can be obtained from:www.Haywardnet.com and/or http://www.nsf.org/Certified/Pools/

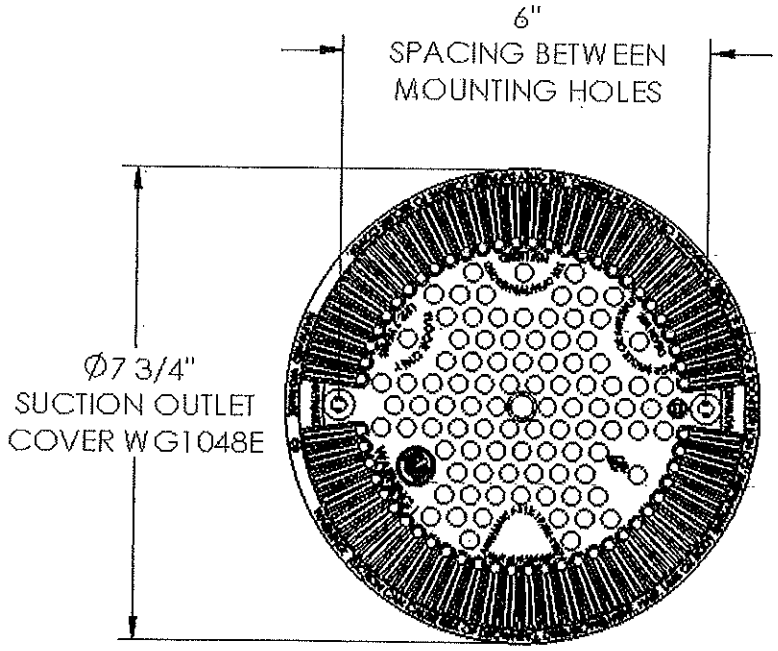
Manufactured: Between October 2008 and December 2008, by Hayward Pool Products in Jiangsu Province, China and Clemmons, NC Divisions of Hayward Industries, Inc. 620 Division Street, Elizabeth, NJ 07207, Phone 908-355-7995

Date of Mfr: The Lot Number shown on the product label contains the Year & Month of manufacture. The first number represents the year (ex 8 = 2008) and the second character the month (A=Jan, B=Feb, H=Aug, I is skipped, J=Sep, etc)

Tested to ANSI/ASME 112.19.8-2007 (addendum 8a-2008) per Section 1404 of the Virginia Graeme Baker Act (VGB) Pool & Spa Safety Act. Certified by NSF International, 789 N. Dixboro, Road, Ann Arbor, MI. 48105 1(800)-NSF-MARK.

Date of Installation: 2019

ISWG1048COC



USED ON FOLLOWING SERIES:

WG1030AVPAK2	SP1030AVPAK2
WG1048AVPAK2	SP1048AVPAK2
WG1049AVPAK2	SP1049AVPAK2
WG1051AVPAK2	SP1051AVPAK2
WG1052AVPAK2	SP1052AVPAK2
WG1053AVPAK2	SP1053AVPAK2
WG1054AVPAK2	SP1054AVPAK2
WG1153AVPAK2	SP1153AVPAK2
WG1154AVPAK2	SP1154AVPAK2

APPLICATION FOR ZONING PERMIT Andover Township Municipal Building 134 Newton Sparta Road Newton; NJ 07860 973-383-4280 x231	Block: 34	Lot: 6.07

INSTRUCTIONS:

1. *Please use 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 of the property, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc., and show their dimensions and the distances from both the property lines and other structures.*
4. *If the applicant is other than the owner of the property, an affidavit of ownership from the owner may be required.*

Name of Applicant Paul V. Ashworth	Name of Owner Paul V. Ashworth
Address of Applicant 49 Old Creamery Road, Newton NJ 07860	Address of Owner (if different)
Applicant's Phone: 973-222-3110	Owner's Phone:

What is the present use of the principal building?
SFR

What is the proposed use of the principal building?
SFR

What is the present accessory use(s) of property or any accessory building(s)?
Tool shed

What are the proposed uses of any new structures or additions for which a zoning permit is requested?
Pool house and pool

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

Address of premises: 49 Old Creamery Rd,	Zone R-1 BS

Wetlands: Yes ☐ No ■ | Flood Zone: Yes ☐ No ■ | Airport Hazard Zone: Yes ☐ No ■

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 before starting construction, a building permit may be required. Answers to the above questions and representations made on the attachments to this application are true and complete to the best of my knowledge.

Date 2019-02-22

P.W. N/A
Signature of Applicant (Individual)

Paul V. Ashworth
Name of Corporation or Association

Attest _____

By _____

DO NOT WRITE IN THIS SPACE (✓) *Permit Issued* # 19-10 ( ) *Denial Issued* #_____

Fred A. Fulgio — *Zoning Officer* — 2/27/19 *Date*

☑ SINGLE FAMILY RESIDENTIAL
☐ OTHER _____ SPECIFY

FEE $100.00

PAID: CHECK # 2577
CASH _____