BLOCK 4.02 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 48 CHURCH ST. PERMIT NO. 02-146

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CA 4/26 done JS

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

I. IDENTIFICATION

1. Propsed Work Site at: 48 Church St.
2. Name of Owner in Fee: Jim & Lorie Campbell Tel. ( ) _____
   Address 48 Church St. (street) Schuylerville (municipality) Bridge (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: AF ROOFING Tel. (908) 284-0025
   Address 120 C-1 Flemington Acres Flem. NJ 08822
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. SS# [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Scott Babich
   Tel. (908) 284-0025 FAX ( ) _____

LORIE SCHULTZ & JAMES R CAMPBELL

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 46		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 6		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	52		
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

00061_021363 1566 1
20020146 1 1 SF
00000TSO

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	$0.00								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name Scott Baldwin

Address 120 C-1 Plemmons Arms Plemmons, NJ 08822

Telephone (908) 284-0025

Signature _____

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

4.02
4

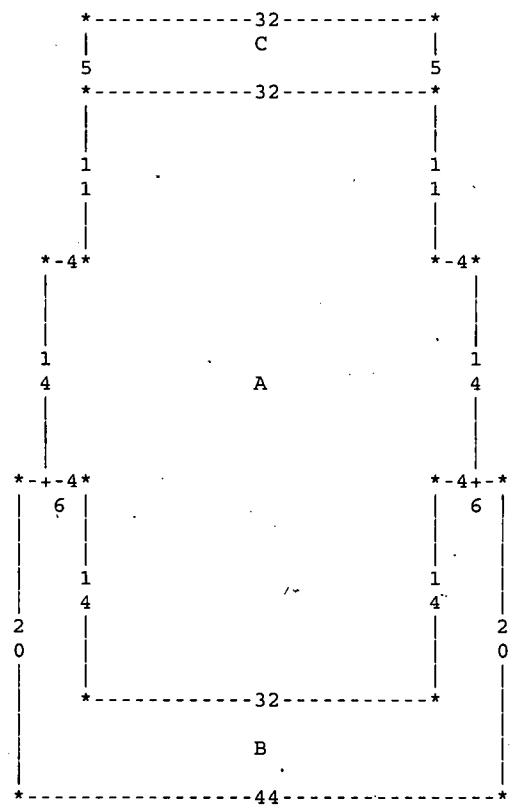
1014 PROCESS DATE 12/10/04

BLK 4.02 48-50 CHURCH ST
LOT 4 50X150
CARD 01 OF 01 VCS= 11 CLASS= 2 ZONE= R-4 MAP= 6

SCHULTZ, LORI E & JAMES R CAMPBELL
SALE DATE 110698 PRICE 100
BLDG CLS= 17 INT COND= AVERAGE
YR BUILT= 1925 EXT COND= AVERAGE
EXT. FIN= WOOD SIDNG LAY COND= AVERAGE

---- BUILDING CALCULATIONS ----

DESCRIPT	UNITS	RATE	QFAC	VALUE
MAIN BUILDING CALCULATIONS				
1ST FLOOR	1360	59.18	1.14	91746
UPPER FLOO	1360	38.99	1.20	63631
** TOTAL MAIN BUILDING VALUE				155377
ATTACHED ITEM CALCULATIONS				
OPEN PORCH	144	13.86	1.15	2295
OPEN PORCH	432	11.82	1.15	5873
OPEN PORCH	160	13.56	1.15	2494
** TOTAL ATTACHED ITEM VALUE				10663
ADD / DEDUCT CALCULATIONS				
BASEMENT	1360	11.03	1.15	17247
RADIATORS	2720	4.02	1.12	12251
2FIX BATH	1-	1895	1.12	2122-
UNF ATTIC	1360	4.75	1.08	6970
** TOTAL ADD/DEDUCT VALUE				34345
REPLACEMENT COST (1975)				200385
COST CONVERSION FACTOR				1.30
REPLACEMENT COST NEW				260501
NET CONDITION (1925)				.700
MARKET ADJUSTMENT				1.00
APPRAISED BLDG. VALUE				182351
ACCESS/FARM BUILDINGS				5951
TOTAL IMPROVEMENT VALUE				188300



MAIN BUILDING AREAS

	DESCRIPT.	BSMT	FRST	UPPR	HALF	ATTC
A	A-2S-B	1360	1360	1360		1360
	TOTAL	1360	1360	1360		1360

ATTACHED ITEM AREAS

DESCRIPT.	AREA
Z OPEN PORCH	144
B OPEN PORCH	432
C OPEN PORCH	160

DETACHED ITEMS (COST CONV. FAC.=1.30)

DESCRIPT.	AREA	RATE	QFAC	COND	VALUE
DET. GAR.	380	24.10	1.00	.50	5953

****** LAND CALCULATIONS ******

FRNT FOOT	AVER DPTH	DPTH FAC.	NO OF UNITS	UNIT RATE	---ADJUSTMENT--- INFL(+)	COND(-)	VALUE
SITE VALUE			1	90000			90000
ACREAGE			.17	20000			3400
* TOTAL LAND VALUE							93400

--- FINAL VALUATION SUMMARY ---

LAND	IMPROVEMENT	TOTAL
93,400	188,300	281,700

Book No. 682 Page No. 142

4.02/4

HUNTERDON COUNTY CLERK'S OFFICE
(Chapter 324, P. L. 1921)

Deed No. 53985

Flemington, N. J. July 12, 1965

Notice to Assessor of High Bridge { ~~Township~~ / Borough

1791519

of the change of ownership of property in your { ~~Township~~ / Borough

Harry F. Masser and Iva C. Masser, his wife

FORMER OWNER

ADDRESS 225 Apple Drive, Greencastle, Pa.

to

Albert Van Nest, Jr. and Elsie Van Nest, his wife

NEW OWNER

Dated July 2, 1965

Recorded July 9, 1965

Consideration, $1.00

Stamp, $13.20

Address 50 Church Street, High Bridge, New Jersey

11,750

Conveys following:

120.08 X 65.45 X 93.83 X 60
93.83 X 135.57 X 45.05 X 102.05
37.6 X 136.49 X 40.9 X 120.8

County Clerk

Total 11750
Lot 1150
10,600

~~of the~~ of Greencastle, in the County of Franklin, and State of Pennsylvania party of the first part;

And

ALBERT VAN NEST, JR. and ELSIE VAN NEST, his wife, of 50 Church Street, in the Borough of High Bridge and State of New Jersey,

party of the second part;

Witnesseth That the said party of the first part, for and in consideration of One ($1.00) Dollar

lawful money of the United States of America, and other valuable consideration, to them in hand well and truly paid by the said party of the second part, at or before the sealing and delivery of these presents, the receipt whereof is hereby acknowledged and the said party of the first part being therewith fully satisfied, contented and paid, have given, granted, bargained, sold aliened, released, enfeoffed, conveyed and confirmed, and by these presents do give, grant bargain, sell, alien, release, enfeoff, convey and confirm unto the said party of the second part, and to their heirs and assigns, forever, All those 3 certain tracts or parcels of land and premises, hereinafter particularly described, situate, lying and being in the Borough of High Bridge in the County of Hunterdon and State of New Jersey, bounded and described as follows:

TRACT NO. 1: BEGINNING at an iron pin on the Northerly side of Mountain Avenue, said pin also locating the Southeasterly corner of Lot No. 3 and the Southwesterly corner of this lot and running thence (1) at right angles to the center line of Mountain Avenue and along the Easterly side of Lot No. 3, North two degrees, no minutes East, one hundred twenty and eight hundredths (120.08) feet to an iron pin in line of land of Ella C. Tighe (This pin also locates the Northeast corner of Lot No. 3 and the Northwest corner of this Lot); thence (2) along land of said Tighe, South sixty four degrees twenty two minutes East, sixty five and forty five hundredths (65.45) feet to an iron pin (This pin locates the Northwest corner of Lot No. 5 and the Northeast corner of this lot); thence (3) along the Westerly side of Lot No. 5, South two degrees, no minutes West, ninety three and eighty three hundredths (93.83) feet to an iron pin on the Northerly side of Mountain Avenue (This pin also locates the Southwesterly corner of Lot No. 5 and the Southeasterly corner of this lot); thence (4) at right angles to Course No. 3 along the Northerly side of Mountain Avenue, North eighty eight degrees, no minutes West, sixty (60) feet to the place of beginning, containing six thousand four hundred eighteen (6,418) square feet, be the same more or less.

Being the same lands and premises conveyed by Iva C. Masser and Harry F. Masser, her husband, to the said Iva C. Masser and Harry F. Masser, husband and wife, by deed dated December 13, 1947 and recorded in the Hunterdon County Clerk's Office in Book 470 of Deeds, page 28.

TRACT NO. 2: BEGINNING at an iron pin on the Northerly side of Mountain Avenue, said pin also locating the South-easterly corner of Lot No. 4 and the South-westerly corner of this lot, and running thence

(1) at right angles to the center line of Mountain Avenue and along the Easterly side of Lot No. 4 North two degrees no minutes East Ninety-three and eighty-three hundredths feet (93.83) feet to an iron pin for a corner in line of land of Ella C. Tighe (This pin also locates the North-easterly corner of Lot No. 4 and the North-westerly corner of this lot); thence (2) along land of said Tighe South Sixty-four degrees twenty-two minutes East One Hundred thirty-five and fifty-seven hundredths feet (135.57 ft.) to an iron pin on the westerly side of the Right of way of the High Bridge Branch of the Central Railroad of New Jersey (This pin being also a common corner of Ella C. Tighe); thence (3) Along the westerly side of the said Railroad Company's Right of Way South thirty degrees fifty-four minutes west forty-five and five one hundredths feet (45.05 ft.) to another iron pin in the same Right of Way line; thence (4) Along the Northerly side of Mountain Avenue North eighty-eight degrees no minutes West one hundred two and five tenths feet (102.5 ft.) to the place of beginning, containing seven thousand eight hundred fifty-three square feet (7853 sq. ft.) be the same more or less.

Being the same lands and premises conveyed by Charles Edward Gratrix and Guida Gratrix, his wife, to the said Harry F. Masser and Iva C. Masser, his wife, by deed dated January 20, 1948 and recorded in the Hunterdon County Clerk's Office in Book 471 of Deeds, page 64.

TRACT NO. 3: BEGINNING at an iron pin on the Northerly side of Mountain Avenue, formerly the Southeasterly corner of Lewis W. Hoffman's land, and now the Southwesterly corner of Tract No. 1 herein, and running thence (1) along the Northerly side of Mountain Avenue, North eighty eight degrees West thirty seven and one half feet to a corner in the Northerly side of said Avenue; thence (2) by lands conveyed by Thomas H. Reilly and wife to Arthur Samose and wife, North two degrees East one hundred thirty six and forty nine hundredths feet to a corner in line of lands, now or formerly of Ella C. Tighe; thence (3) along line of lands now or formerly of Ella C. Tighe, South sixty four degrees twenty two minutes East forty and nine hundred and twenty five thousandths feet to an iron; thence (4) along Tract No. 1 herein, South two degrees West one hundred twenty and eight hundredths feet to the place of Beginning, containing four thousand eight hundred ten and sixty nine hundredths (4,810.69) square feet, more or less.

Being the same lands and premises conveyed to Harry F. Masser and Iva C. Masser, his wife, by Thomas H. Reilly and Lenora H. Reilly, his wife, by deed dated August 1, 1952 and recorded in the Hunterdon County Clerk's Office in Book 520 of Deeds, page 479.

The lands and premises above described being all of Lot #4 and Lot #5 and the Easterly portion of Lot #3 as shown on "Plan of Lots on Mountain Avenue in the Boro of High Bridge, N. J., as laid out in 1917 for Miss Helen Crane by J. T. Piggot, Surveyor, H. B. N. J.", a copy of which is annexed to the aforesaid deed recorded in Book 471, page 64.

Excepting and reserving thereout and therefrom, all the mining right and privileges reserved to the Thomas Iron Company in their deed to Amos Seal.

Subject to the month to month tenancy of Joseph Alpaugh, now occupying the said premises at the rent of $90 per month, payable on the first day of each and every month, in advance.

HIGH BRIDGE

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. HB-168-87
DATE ISSUED 5-21-87
Block 4.02 Lot 4
Subdivision

A. IDENTIFICATION

Owner CLARENCE APGAR
Address 30 TAYLOR ST. HIGH BRIDGE N.J.
Tel. ( ) 638-6222

Agent FRANCES DIEPER
Address 48 CHURCH ST. HIGH BRIDGE
Tel. ( ) 638-6322

Work Site Address 48 CHURCH ST. HIGH BRIDGE, NJ
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 20.00
Fees Remitted $ 20.00
☐ Check No.
☒ Cash
☐ Other
Collected By: CH
Date: 5-21-87

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:
REPLACING OLD FRAME + ROOF.

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: $ 300.00

Charles T Herring
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BOROUGH OF HIGH BRIDGE

71 Main St. High Bridge, New Jersey 08829
(908) 638-6455
Fax: (908) 638-9374

CONTINUING CERTIFICATE of OCCUPANCY APPLICATION and INSPECTION FORM

C. C. O. #: 03-71

Date: 8-10-03

Address to be inspected: 50 CHURCH ST. Block 4.02 Lot: 4

Applicants Name: LORI E. SCHULTZ Phone # 638-6322

Address: 48 CHURCH ST. HIGH BRIDGE, N.J. 08829

Building Type: Single family ( ), Multi family (X), Commercial ( ), Industrial ( )
Other (specify): _____

Use: Residential owner occupied ( ), Residential rental (X)
Commercial - specify use: _____
Industrial - specify use: _____
Other: _____

Is the Certification of Taxes and Utilities Paid: Yes (X), No ( ), Not Applicable ( )

Application Fee:	Amount paid	30.00	Date	8-10-03
Re-inspection Fee:	Amount paid		Date	
Re-inspection Fee:	Amount paid		Date	
Additional Fees:	Amount paid		Date	
	Amount paid		Date	

ITEMS TO BE INSPECTED: For basic operation, maintenance, health and safety.

	Approved	Not Approved	Comments
Kitchen sink and faucet	(✓)	( )	
Appliances	(✓)	( )	
Toilets (#: 1)	(✓)	( )	
Vanity sinks and faucets (#: 1)	(✓)	( )	
Bath / Shower and faucets (#: 1)	(✓)	( )	
Bathroom ventilation (window / fan)	(✓)	( )	
Heating system	(✓)	( )	
Hot water heater	(✓)	( )	
Electric system and fixtures	(✓)	( )	
Windows	(✓)	( )	
Doors	(✓)	( )	
Interior stairs and railings	(✓)	( )	
Exterior stairs and railings	(✓)	( )	
General maintenance of:			
Walls	(✓)	( )	
Ceilings	(✓)	( )	
Floors	(✓)	( )	
Exterior	(✓)	( )	

	Approved	Not Approved	Comments
General housekeeping / cleanliness: Exterior	(X)	( )	
Parking availability / capacity	(X)	( )	
Auxiliary structures	(X)	( )	
Water pressure reducing valve	(X)	( )	RP 80 PSI. INSTALLED
Sump pumps, etc. into sewer line	( )	( )	N/A
Other: _____	( )	( )	
_____	( )	( )	

INSPECTED BY: T. Vanderpool DATE: 8-10-03

RE-INSPECTED BY: _____ DATE: _____

RE-INSPECTED BY: _____ DATE: _____

CONTINUING CERTIFICATE OF OCCUPANCY GRANTED: YES (X) NO ( )

BY: _____ DATE: 8-10-03

COMMENTS:

Revised: 8-10-2002

High Bridge Municipal Bldg.
Office of Code Enforcement
71 Main Street, NJ 08829
Satellite Office (908) 832-9891

CONSTRUCTION PERMIT

Date Issued 04-05-02
Control #
Permit # 02-146

IDENTIFICATION Block 4.02 Lot 4

Work Site Location 48-50 CHURCH ST HIGH BRIDGE NJ

Owner in Fee Lorie Schultz & Jas P Campbell

Address (Same)

Tel. ( )

Contractor A+ Roofing

Address 120 C-1 Flemington Arms Flemington NJ

Tel. (908) 284-0025

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK

Rip off & Re Roof (40yr) 310 sq

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 $ 8009

James Graham 4/5/02

Construction Official JAMES GRAHAM Date

U.C.C.

PAYMENTS (Office Use Only)

Building	46
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	6
Cert. of Occupancy	
Other	
Total	52
Check No.	
Cash	
Collected by	

(see reverse side)

1 WHITE-APPLICANT 2 CANARY-CODE 3 PINK-M.A.E. 4 GOLD-FINANCE

HIGH BRIDGE

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

I. IDENTIFICATION

Proposed Work at: 48 CHURCH ST. High BRIDGE N.J.

Owner Name: CLARENCE APGAR Tel. (201) 638-6188

Address 30 TAYLOR STREET

Principal Contractor: SELF Tel. (201) 638-6222

Address 48 CHURCH ST. High BRIDGE

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

Architect or Engineer: _____ Tel. (___) _____

Address _____

Responsible Person in Charge of Work JACK CUMMINGS + FRANCES DIEPER Tel. (___) 638-6222

II. PROPOSED WORK

TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☑ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: REPLACING OLD FRAME + ROOF.

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$ 300 00
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

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

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☒ Temporary, Misc. (U)
23. ☐ Other _____

ate Specific Use: _____

Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

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

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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

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

☐ **Check if contractor.**

AGENT NAME Frances Pieper TEL.( ) 638-6222

ADDRESS 48 Church St.
High Bridge NJ.

SIGNATURE Frances Pieper

HIGH BRIDGE

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. HB-118-87
DATE ISSUED 5-21-87
REVISION DATE
Block 4.07 Lot 4
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner CLARENUCE ADAIR
Address 30 TAYLOR ST. HIGH BRIDGE
Tel. ( ) 638-6232
Work Site Address 48 CHURCH ST. HIGH BRIDGE N.J.

Contractor OWNER
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

12' X 12' SCREENED PATIO. REPLACING OLD FRAME AND ROOF.

☐ See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
		$
		0
SUBTOTAL		$
Minimum Building Fee (if applicable)		$ 20.00
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: R Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 300.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
11-10-89	No contact from owner - Void

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

High Bridge

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. HB-168-87
DATE ISSUED 5-21-87
Block 4.02 Lot 4
Subdivision

A. IDENTIFICATION

Owner CLARENCE APGAR
Address 30 TAYLOR ST. High BRIDGE NJ
Tel. ( ) 638-6222

Agent FRANCES DIEPER
Address 48 CHURCH ST. High BRIDGE
Tel. ( ) 638-6222

Work Site Address 48 CHURCH ST. High BRIDGE, NJ
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 20.00
Fees Remitted $ 20.00
☐ Check No.
☒ Cash
☐ Other

Collected By: CHT
Date: 5-21-87

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:
REPLACING OLD FRAME & ROOF.

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: $ 300.00

Charles T Herring
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

HIGH BRIDGE

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. HB-168-87
DATE ISSUED 5-21-87
REVISION DATE
Block 402 Lot 4
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner CLARENCE AGAR
Address 30 TAYLOR ST. HIGH BRIDGE
Tel. ( ) 638-6222
Work Site Address 48 CHURCH ST. HIGH BRIDGE N.J.

Contractor OWNER
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

12' X 12' SCREENED PATIO. REPLACING OLD FRAME AND ROOF.

☐ See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$ 20.00
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: R Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 300.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

Borough of High Bridge

COUNCIL CHAMBER
71 MAIN STREET
HIGH BRIDGE, NEW JERSEY 08829
(201) 638-6455
Meetings—2nd and 4th Thursday Monthly at 8 p.m.

TO WHOM IT MAY CONCERN:

This is to certify that the following property is current for REAL ESTATE TAXES due the Borough and any permits being sought as of this date may, therefore, be issued.

PROPERTY ADDRESS: 48 Church

BLOCK # 407 LOT # 4

OWNER'S NAME: Apgar

DATE OF CERTIFICATION: 5/21/87

D Giordano

Deborah Giordano, Tax Collector

Borough of High Bridge

COUNCIL CHAMBER
71 MAIN STREET
HIGH BRIDGE, NEW JERSEY 08829
(201) 638-6455
Meetings—2nd and 4th Thursday Monthly at 8 p.m.

DATE: May 21, 1987

TO WHOM IT MAY CONCERN:

This is to certify that the following property is current for Water, Sewer and Solid Waste charges as well as any other charges made by the Borough of High Bridge, and any permits being sought as of this date may, therefore, be issued.

PROPERTY ADDRESS: 48 Church St.

OWNER'S NAME: Clarence Apgar

Diane Fuchs Dep. Clerk.
Claire R. Knapp, Borough Clerk
Utilities Collector

CERTIFICATE VALID THROUGH: May 31, 1987

BOROUGH OF HIGH BRIDGE

CONTINUING CERTIFICATE OF OCCUPANCY
AND
CERTIFICATE OF SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

Telephone: 908-638-6455

James Graham
Code Enforcement Officer

Fax: 908-638-4703

C.C.O.#: 003-06

DATE: 1-14-06

PROPERTY ADDRESS: 48 CHurch Street

BLOCK 4.02 LOT 4

OWNER (S): Lori Schultz PHONE: _____

BUILDING TYPE: SINGLE FAMILY (✓) MULTI-FAMILY (✓) COMMERCIAL ( ) INDUSTRIAL ( )
OTHER (SPECIFY): _____

USE: RESIDENTIAL OWNER OCCUPIED ( ) RESIDENTIAL RENTAL (✓ VACANT

COMMERICAL (SPECIFY USE): _____

INDUSTRIAL (SPECIFY USE): _____

A continuing certificate of occupancy, hereinafter referred to as a "CCO", shall be required for all new and existing dwelling unites, auxiliary structures, commercial buildings and industrial buildings in the Borough of High Bridge before a change in occupancy or change of use of any such structure may occur.

CCO GRANTED: John Baregh DATE: 1-14-06
James Graham
CCO Officer
John Barczyk

SMOKE DETECTORS AND CARBON MONOXIDE ALARM COMPLIANCE / Fire Extinguisher

The CCO officer herein certifies that the above referenced property satisfies minimum requirements of the New Jersey Uniform Fire Code (N.J.A.C. 5:70-2.3) concerning the installation of smoke detectors and carbon monoxide alarm(s) in one and two-family dwellings. This certificate is valid only for a change in occupancy, which occurs within six months of this certificate issuance date. Any change in occupancy after the initial occupancy will require a new certificate.

John Baregh DATE: 1/14/06.
James Graham
CCO Officer
John Barczyk 145081

JAMES R. CAMPBELL
LORI E. SCHULTZ
48 CHURCH ST.
HIGH BRIDGE, NJ 08829

2109

55-8351/2212

Date 1-14-06

Pay to the Order of BOROUGH OF HIGH BRIDGE $ 160 00/00

One Hundred Sixty Dollars + 00/00 Dollars

Security features are included. Details on back.

AFFINITY FEDERAL CREDIT UNION
73 Mountain View Blvd., Basking Ridge, NJ 07920

For Certificate of Occupancy #484#50

Lori E Schultz MP

[redacted]

©Clarke American

REGAL® WDR(

BOROUGH OF HIGH BRIDGE

71 Main St. High Bridge, New Jersey 08829
(908) 638-6455
Fax: (908) 638-9374

CONTINUING CERTIFICATE of OCCUPANCY APPLICATION and INSPECTION FORM

C. C. O. #: 003-06 48-Church
004-06 50-Church

Date: 1-14-06

Address to be inspected: Lori Schultz 48-50 Church St Block: 402 Lot: 4

Applicants Name: " Phone #:

Address: 48 Church Street

Building Type: Single family ( ), Multi family (✓), Commercial ( ), Industrial ( )
Other (specify):

Use: Residential owner occupied (✓), Residential rental ( ) VACANT #50
Commercial - specify use:
Industrial - specify use:
Other:

Is the Certification of Taxes and Utilities Paid: Yes ( ), No ( ), Not Applicable ( )

Application Fee:	Amount paid	160.00	Date	1-14-06
Re-inspection Fee:	Amount paid		Date	
Re-inspection Fee:	Amount paid		Date	
Additional Fees:	Amount paid		Date	
	Amount paid		Date	

ITEMS TO BE INSPECTED: For basic operation, maintenance, health and safety.

	Approved	Not Approved	Comments
Kitchen sink and faucet (2)	48 ✓ 50 ✓	( )	
Appliances	✓ ✓	( )	
Toilets (#: 1)	✓ ✓	( )	
Vanity sinks and faucets (#: 1)	✓ ✓	( )	
Bath / Shower and faucets (#: 1)	✓ ✓	( )	
Bathroom ventilation (window / fan)	✓ ✓	( )	
Heating system	✓ ✓	( )	
Hot water heater	✓ ✓	( )	
Electric system and fixtures	✓ ✓	( )	
Windows	✓ ✓	( )	
Doors	✓ ✓	( )	
Interior stairs and railings	✓ ✓	( )	
Exterior stairs and railings	✓	( )	
General maintenance of:			
Walls	✓ ✓	( )	
Ceilings	✓ ✓	( )	
Floors	✓ ✓	( )	
Exterior	✓ ✓	( )	

	Approved	Not Approved	Comments
General housekeeping / cleanliness: Exterior	4/8 (✓) 80	( )	
Parking availability / capacity	(✓)	( )	
Auxiliary structures	(✓)	( )	
Water pressure reducing valve	(✓)	( )	
Sump pumps, etc. into sewer line	(✓)	( )	
Other:	(✓)	( )	
	(✓)	( )	

INSPECTED BY: John Bayh DATE: 1/14/06

RE-INSPECTED BY: _____ DATE: _____

RE-INSPECTED BY: _____ DATE: _____

CONTINUING CERTIFICATE OF OCCUPANCY GRANTED: YES (✓) NO ( )

BY: John Bayh DATE: 1/14/06

COMMENTS:

Revised: 8-10-2002

BLOCK 402 LOT 4 ADDRESS (SITE) 48-50 CHURCH ST. HIGH BRIDGE, N.J. PERMIT NO. HB-069-93.

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 48-50 CHURCH ST., HIGH BRIDGE, N.J.
2. Name of Owner in Fee: ESTATE OF CLARENCE W. AGAR Tel. (215) 493-5675
   Address HOWARD S. AGAR EXECUTOR 6 BROOK LANE (street) YARDLEY (municipality) PA (zip code) 19067
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: D.W.W. ENTERPRISES INC Tel. (609) 771-9079
   Address 76 DOVER AVE., TRENTON, N.J. 08638
   License No. OR, if new home, Builder Reg. No. 00095 Exp. Date 4-15-95
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (____) _____

JUN 25 1993

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 70.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	28.00		
12. Other			
13. TOTAL	$ 98.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

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

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
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: 2 Farm

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. AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS

MUNICIPALITY HIGH BRIDGE

UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. HB-069-93
DATE ISSUED 7-14-93
Block 4.02 Lot 4
Subdivision

IDENTIFICATION

Owner Estate of Clarence W. Apgar Howard Apgar
Address 6 Brook Lane
Yardley, Penna. 19067
Tel. (215) 493-5675

Agent DWW Enterprises, Inc.
Address 76 Dover Avenue
Trenton, N.J. 08638
Tel. (609) 771-9079

Work Site Address 48-50 Church St.
High Bridge, N. J.

Lic. No. 00095
Federal Emp. No.

PAYMENTS

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

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Asbestos Removal

USE GROUP R-3
FIRE GRADING
MAXIMUM LIVE LOAD
MAXIMUM OCCUPANCY LOAD
SPECIFIC USE Duplex Dwelling

FINAL COST OF CONSTRUCTION: $ 2,000.00

Charles T Herring
CONSTRUCTION OFFICIAL
Charles T. Herring

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy = Yellow/Orange = Tax Assessor Copy

Nyak Bridge

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6-28-93
Control #
Permit # HB-067-93

IDENTIFICATION Block 402 Lot 4

Work Site Location 48-50 CHURCH ST. HIGH BRIDGE, N.J.

Owner in Fee ESTATE OF CLARENCE W. HAGAR

Address HOWARD S. HAGAR, EXECUTOR 6 DEER RUN, HARDEY, PA. 19067

Tele. (215) 459-3675

Contractor D.W.W. ENTERPRISES, INC

Address 76 DOVER AVE. TRENTON N.J. 08638

Tele. (609) 771-9079

Lic. No. or Bldrs. Reg. No. 6095 Exp. Date 4-15-95

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[X] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

ASBESTOS REMOVAL

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 $ 2000

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	70.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	28.00
Other	
Total	98.00
Check No.	204
Cash	
Collected By:	RG

(see reverse side)

U.C.C. Form F-170C

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

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS

MUNICIPALITY HIGH BRIDGE

UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. HB-069-93
DATE ISSUED 7-14-93
Block 4.02 Lot 4
Subdivision

IDENTIFICATION

Owner Estate of Clarence W. Apgar
Howard Apgar
Address 6 Brook Lane
Yardley, Penna. 19067
Tel. (215) 493-5675

Agent DWW Enterprises, Inc.
Address 76 Dover Avenue
Trenton, N.J. 08638
Tel. (609) 771-9079

Work Site Address 48-50 Church St.
High Bridge, N. J.

Lic. No. 00095

Federal Emp. No.

PAYMENTS

Fees Remitted $ Paid
☐ Check No.
☐ Cash
☐ Other

Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Asbestos Removal

USE GROUP R-3

FIRE GRADING

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Duplex Dwelling

FINAL COST OF CONSTRUCTION: $ 2,000.00

Charles T Herring
CONSTRUCTION OFFICIAL
Charles T. Herring

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy = Yellow/Orange = Tax Assessor Copy

Block 4.02 Lot 4

D-TEC, INC.

The Environmental Company

826 West State Street
Trenton, New Jersey 08618 Tel: (609) 695-2610
Fax: (609) 695-1183

2058 East Wallington Road
Newton, Pa. 18940 Tel: (215) 968-0182

Project/Report #: 89-114-55
Date: 7-7-93

Certificate of Analysis (C.of A.)

Client: D.W.W. Enterprises Inc.
Project / Facility: 76 Dover Ave., Trenton, N.J.
Client # : Hangar
Work Loc.: 48 & 50 Church St., Highbridge, N.J.
89-114-55
Basement

Date of Sampling: 6-29-93
Project Activity: Asbestos Abatemer
Collected by: Stan DWW Staff

Workers Name:
Social Security:
Respiratory protection: Type A

CODES: PRE-Personal sample; TWA- Time weighted average; STA- Stationary work area; CB- At or near critical barriers; REM- Remote to work area; D/con- In clean room of D/con; C/B- Clean area during containment bag remova; Pre- Pretest; Post- Final clearance test; A.S.- Air survey; EXC.- Excursion (ceiling) sample

Sample / Code	Location / Employee	Total Sample Volume (L)	Fibers / Field	Concentratio (Ficc)
6-29-93-01	PRE-Pretest LOCATION 48	1440	.04	< .002
6-29-93-02	PRS-Removal Julio Rodriguez SS583-25-9425	360	.02	< .008
6-29-93-03	STEL-Removal	360	.12	.02
6-29-93-04	POST	1440	.04	< .002
6-29-93-05	LOCATION 50 PRE-Pretest	1440	.05	.002
6-29-93-06	PRS-Removal Stan Fijalkowski SS137-32-1886	600	.07	.006
6-29-93-07	STEL-Removal	360	.13	.02
6-29-93-08	POST	1440	.07	.002
	Lot M08-3074 / Track 9304-07			

N.Y.S. DOH ELAP #11067
A.I.H.A PAT # 18940-001
N.J. ASCM # 00071

Rudy Galiber

BLOCK 4.02 LOT 4

D-TEC, INC.

The Environmental Company

826 West State Street,
Trenton, New Jersey 08618 Tel: (609) 695-2610
Fax: (609) 695-1183

2058 East Wallington Road
Newton, Pa. 18940 Tel: (215) 968-0182

Project/Report #: 89-114-55
Date: 7-7-93

Certificate of Analysis (C of A)

Client: D.W.W. Enterprises Inc.
Project / Facility: 76 Dover Ave., Trenton, N.J.
Client # : Hopper
Work Loc.: 48 & 50 Church St., Highbridge, N.J.
89-114-55
Basement

Date of Sampling: 6-29-93
Project Activity: Asbestos Abatemen
Collected by: Stan DWW Staff

Workers Name:
Social Security:
Respiratory protection: Type A

CODES: PRS-Personal sample; TWA- Time weighted average; STA- Stationary work area; CB- At or near critical barriers; REM- Remote to work area; D/con- In clean room at D/con; C/S- Clean area during containment bag removal; Pre- Pretest; Post- Final clearance test; A.S.- Air survey; EXC.- Excursion (ceiling) sample

Sample / Code	Location / Employee	Total Sample Volume (L)	Fibers / Field	Concentration (Ficc)
6-29-93-01	PRE-Pretest LOCATION 48	1440	.04	< .002
6-29-93-02	PRS-Removal Julio Rodriguez SS583-25-9425	360	.02	< .008
6-29-93-03	STEL-Removal	360	.12	.02
6-29-93-04	POST	1440	.04	< .002
6-29-93-05	LOCATION 50 PRE-Pretest	1440	.05	.002
6-29-93-06	PRS-Removal Stan Fijalkowski SS137-32-1886	600	.07	.006
6-29-93-07	STEL-Removal	360	.13	.02
6-29-93-08	POST	1440	.07	.002
	Lot M08-3074 / Track 9304-07			

N.Y.S. DOH ELAP #11067
A.I.H.A PAT # 18940-001
N.J. ASCM # 00071
A.I.H.A. AAR # 18940-001

DWW
Enterprises, Inc.

76 DOVER AVENUE, TRENTON NEW JERSEY 08638 609-771-9079

PERMANENT SOLUTIONS FOR ASBESTOS HAZARDS

TO Code Office 908-537-7142

FROM Kay Williamson

DATE 7/14/93

NO PAGES INCLUDING COVER 2

RE 48-50 Church St. - asbestos

High Bridge

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6-28-93
Control #
Permit # HB-069-93

IDENTIFICATION Block 4.02 Lot 4

Work Site Location 48-50 CHURCH ST. HIGH BRIDGE N.J.

Owner in Fee ESTATE OF CLARENCE V. HAGAN

Address HOWARD S. HAGAN EXECUTOR 6 BROOK LANE YARDLEY, PA. 19067

Tele. (215) 493-3675

Contractor D.W.W. ENTERPRISES, INC

Address 76 DOVER AVE. TRENTON N.J. 08638

Tele. (609) 771-9079

Lic. No. or Bldrs. Reg. No 0095 Exp. Date 4-15-95

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

ASBESTOS REMOVAL

PAYMENTS (Office Use Only)	
Building	70.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	28.00
Other	
Total	98.00
Check No.	204
Cash	
Collected By:	RC.

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 $ 2000

CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
MUNICIPALITY HIGH BRIDGE

BUILDING
SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-28-93
Control #
Permit # HB-069-93

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

Block 4.02 Lot 4
Work Site Location 48-50 CHURCH ST., HIGH BRIDGE, NJ.
Owner in Fee ESTATE OF CLARENCE W. AGGA
Address HOWARD S. AGGA, EXECUTOR
6 BROOK LANE, HARLEY, PA. 19067
Tele. (215) 493-1675
Contractor D. W. W. ENTERPRISES INC.
Address 76 DOVER AVE
TRENTON, N.J. 08638
Tele. (609) 771-9879
Lic. No. or Bldrs. Reg. No. 00095
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
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.

Howard S. Agga
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

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

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
MUNICIPALITY HIGH BRIDGE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-28-93
Control #
Permit # HB-069-93

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

Block 4.02 Lot 4
Work Site Location 48-50 CHURCH ST, HIGH BRIDGE, N.J.
Owner in Fee ESTATE OF CLARENCE W. HAGAA
Address HOWARD S. HAGAA, EXECUTOR
6 BRADY LANE, YARDLEY, PA. 19067
Tele. (215) 493-7675
Contractor D. W. W. ENTERPRISES INC.
Address 716 DOVER AVE
TRENTON, N.J. 08638
Tele. (609) 771-9079
Lic. No. or Bldr. Reg. No. 00095
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
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.

Howard S Hagaa
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

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

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
MUNICIPALITY HIGH BRIDGE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-28 93
Control #
Permit # HB-069 93

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

Block 4.02 Lot 4
Work Site Location 48-50 CHURCH ST., HIGH BRIDGE, N.J.,
Owner in Fee ESTATE OF CLARENCE W. AGAR
Address HOWARD S. AGAR, EXECUTOR
6 OAK LANE, YARDLEY, PA. 19067
Tele. (215) 493-7675
Contractor D. W. W. ENTERPRISES INC.,
Address 76 DOVER AVE
TRENTON, N.J. 08638
Tele. (609) 771-9079
Lic. No. or Bldg. Reg. No. 00095
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

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

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

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

Howard S Agar
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

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

DWW
Enterprises, Inc.

76 DOVER AVENUE. TRENTON. NEW JERSEY 08638 609-771-9079

PERMANENT SOLUTIONS FOR ASBESTOS HAZARDS

BLOCK 4.02
LOT 4

July 9, 1993

Charles Herring
NJ Dept of Community Affairs
PO Box 445
Glen Gardner, NJ 08826

Dear Chuck:

I am enclosing permit application for asbestos abatement at 48-50 Church St., Highbridge, as well as check in the amount of $60, DWW license, state notification.

Air samples were collected throughout the course of the project and were evaluated by D-Tech, Inc., Trenton, NJ. Verbal results of the POST tests were "less than" 0.002 f/cc, which satisfy EPA clearance standard. Certificate of Analysis will be forwarded upon receipt from D-Tech.

Waste disposal manifest will be forwarded upon receipt from landfill.

Sincerely yours,

Kay Williamson

Kay Williamson
Project Manager

State of New Jersey
Department of Labor
DIVISION OF WORKPLACE STANDARDS

ASBESTOS LICENSE

LICENSE NUMBER: 00095

ISSUE DATE: 04/15/93 EXPIRATION DATE: 04/15/95

THIS LICENSE has been issued in accordance with and subject to the provisions of the Asbestos Control and Licensing Act, P. L. 1984, c. 173.

Employer: D.W.W. Enterprises Inc.

Address: 76 Dover Avenue

Trenton, NJ 08638

TYPE "A" LICENSE

Responsible Individual: David W. Williamson, President

This license is VALID ONLY FOR THE EMPLOYER NAMED HEREIN and must be readily available at the work site for inspection by the Commissioners of Labor and Health and the contracting agency.

Raymond L. Bra
Commissioner

06418

ACL-4 (R-2-90)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION & ENERGY
DIVISION OF SOLID WASTE MANAGEMENT
SOLID WASTE TRANSPORTER

EXPIRES APRIL 30, 1993

41463
DECAL NO.

VEH. ID #: 1FTHX26M2NKA41102
LIC. #: EDW94F TYPE: S

This certifies that:

D W W ENTERPRISES INC
76 DOVER AVE.
TRENTON NJ 08638

D.E.P. No. 13883

has an approved license as a
SOLID WASTE TRANSPORTER
Issued by N.J.D.E.P.E.

~~STATE COMMISSIONER OF ENVIRONMENTAL PROTECTION & ENERGY~~

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 5/25/93

Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [ ] Initial Notification [X] Amended Notification

Name of Building Owner/Operator (2): APGAR

Street Address: 6 Brook Lane

City, State, Zip Code: Yardley, PA 19067

Name of Contact:

Telephone Number: 215 493-5675

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):

Street Address: 4850 Church ST.

City (5): High Bridge | County (6): Hunterdon | County Code (7):

Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e., private & commercial bldgs, (home), etc.)

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished): home

Name of Monitoring Firm Hired by Building Owner (8): | ACM No.

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm | Telephone Number

Previous Notification Dated 12/15/93

Job re-scheduled

Scheduled Start Date (10): 6/9/93 | Scheduled Completion Date (11): 6/9/93

Occupancy Status During Abatement (Check only one):
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
Describe:
[ ] Other - Describe:

Name of Contractor (9): DWW Enterprises, Inc

Street Address: 76 Dover Avenue

City, State, Zip Code: Trenton, New Jersey 08638

Telephone Number: (609) 771-9079 | License Number: 00095

Name of OSHA Monitor: D-Tech, Inc

Street Address: 826 West State Street

City, State, Zip Code: Trenton, New Jersey 08618

Scope of Work (Check all that apply)
[ ] Demolition [X] Renovation
[X] Large Project (≥ 160 SF or ≥ 260 LF ACM)
[ ] Small Project (> 25 < 160 SF or > 10 < 260 LF ACM)
[ ] Minor Project (≤ 25 SF or ≤ 10 LF ACM)

[ ] Full Containment with Negative Pressure
[X] Mini-Enclosure
[ ] Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) Yes / No / N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSUL	ENCLOSURE
Basement	/	Pipe Insulation	225 LF	X			

Name of Registered Hauler: DWW | NJDEP Waste Hauler ID No.: 13883

City, State: Trenton, NJ

Cubic Yards of Waste: 1 | Disposal Date:

Name of Registered Landfill: Grows

City, State: Morrisville, PA

Completed by (Print or Type): Ray Williamson | Title: Project Manager | Signature: Ray Williamson | Date: 5/25/93

State of New Jersey
Department of Labor
DIVISION OF WORKPLACE STANDARDS

ASBESTOS LICENSE

LICENSE NUMBER: 00095

SUE DATE: 04/15/93 EXPIRATION DATE: 04/15/95

HIS LICENSE has been issued in accordance with and subject to the provisions of the Asbestos Control and Licensing Act, P. L. 1984, c. 173.

Employer: D.W.W. Enterprises Inc.

Address: 76 Dover Avenue
Trenton, NJ 08638

TYPE "A" LICENSE

Responsible Individual: David W. Williamson, President

This license is VALID ONLY FOR THE EMPLOYER NAMED HEREIN and must be readily available at the work site for inspection by the Commissioners of Labor and Health and the contracting agency.

Raymond L. Bramnick
Commissioner

06418

ACL-4 (R-2-90)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION & ENERGY
DIVISION OF SOLID WASTE MANAGEMENT
SOLID WASTE TRANSPORTER

EXPIRES APRIL 30, 1993 41463
DECAL NO.

VEH. ID #: 1FTHX26M2NKA41102 TYPE: S
LIC. #: EDW94F

This certifies that:
D W W ENTERPRISES INC
76 DOVER AVE
TRENTON NJ 08638

D.E.P. No. 13883

has an approved license as a
SOLID WASTE TRANSPORTER
issued by N.J.D.E.P.E.

~~STATE COMMISSIONER OF ENVIRONMENTAL PROTECTION & ENERGY~~

State of New Jersey
Department of Labor
DIVISION OF WORKPLACE STANDARDS

ASBESTOS LICENSE

LICENSE NUMBER 00095

ISSUE DATE 04/15/93 EXPIRATION DATE. 04/15/95

THIS LICENSE has been issued in accordance with and subject to the provisions of the Asbestos Control and Licensing Act, P. L. 1984, c. 173

Employer D.W.W. Enterprises Inc.

Address. 76 Dover Avenue

Trenton, NJ 08638

TYPE "A" LICENSE

Responsible Individual David W. Williamson, President

This license is VALID ONLY FOR THE EMPLOYER NAMED HEREIN and must be readily available at the work site for inspection by the Commissioners of Labor and Health and the contracting agency

Raymond J. Bu
Commissioner

06418

ACL-4 (R-3-90)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION & ENERGY
DIVISION OF SOLID WASTE MANAGEMENT
SOLID WASTE TRANSPORTER

EXPIRES APRIL 30, 1993

41463
DECAL NO.

VEH. ID #: 1FTNX26H2NKA41102
LIC. #: EDW94F TYPE: S

This certifies that:

D W W ENTERPRISES INC
76 DOVER AVE
TRENTON NJ 08638

D.E.P. No. 13883

has an approved license as a
SOLID WASTE TRANSPORTER
issued by N.J.D.E.P.E.

~~STATE COMMISSIONER OF ENVIRONMENTAL PROTECTION & ENERGY~~

DWW
Enterprises, Inc

78 DOVER AVENUE TRENTON NEW JERSEY 08638 609-771-9070

PERMANENT SOLUTIONS FOR ASBESTOS HAZARDS

TO Bureau of Code Enforcement

FROM D.W.W Inc.

DATE 6/25/93

NO PAGES INCLUDING COVER 2

RE

CLAIRE R. KNAPP, CMC
Municipal Clerk

CARL J. LEWIS
Mayor

DEBORAH K. GIORDANO
Treasurer

Borough of High Bridge

COUNCIL CHAMBER
71 MAIN STREET
HIGH BRIDGE, NEW JERSEY 08829
(908) 638-6455
Meetings—2nd and 4th Thursday Monthly at 8 p.m.

TO WHOM IT MAY CONCERN:

This is to certify that the REAL ESTATE TAXES due the Borough on the following property are current.

PROPERTY ADDRESS: 48-50 Church St.

BLOCK: 4.02 LOT 4

OWNER'S NAME: Est. of Clarence Agger

DATE OF CERTIFICATION: June 25, 1993

DGiordano-dc
Deborah Giordano, Tax Collector

CLAIRE R. KNAPP, CMC
Municipal Clerk

CARL J. LEWIS
Mayor

DEBORAH K. GIORDANO
Treasurer

Borough of High Bridge

COUNCIL CHAMBER
71 MAIN STREET
HIGH BRIDGE, NEW JERSEY 08829
(908) 638-6455
Meetings—2nd and 4th Thursday Monthly at 8 p.m.

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT ALL CHARGES FOR WATER, SEWER AND SOLID WASTE UTILITY SERVICE DUE THE BOROUGH OF HIGH BRIDGE FOR THE FOLLOWING PROPERTY HAVE BEEN PAID IN FULL AND SAID UTILITY ACCOUNT IS IN A CURRENT STATUS:

201-048/050
PROPERTY ADDRESS: 48 CHURCH ST HIGH BRIDGE N.J. 08829

OWNER(S) NAME: CLARENCE APGAR C/O HOWARD S APGAR

DATE OF CERTIFICATION: 6-25-93

Kathleen A. Lewis
HIGH BRIDGE UTILITIES COLLECTOR

High Bridge Municipal Bldg.
Office of Code Enforcement
71 Main Street, NJ 08829
Satellite Office (908) 832-9891

CONSTRUCTION PERMIT

Date Issued 04-05-02
Control #
Permit # 02-146

Posted

IDENTIFICATION Block 4.02 Lot 4

Work Site Location 48-50 CHURCH ST HIGH BRIDGE NJ

Contractor A+ Roofing

Address 120 C-1 Flemington Arms Flemington NJ

Owner in Fee LORIE SCHULTZ & JOSEPH CAMPBELL

Address (SAME)

Tel. (908) 284-6025

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Rip off & Reroof (40yr) 310-9546

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 $ 8009

James Graham
Construction Official JAMES GRAHAM

4/5/02
Date

U.C.C.

PAYMENTS (Office Use Only)

Building	46
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	6
Cert. of Occupancy	
Other	
Total	52.00
Check No.	
Cash	
Collected by	E. Molleri

(see reverse side)

1 WHITE-APPLICANT 2 CANARY-CODE 3 PINK-M.A.B. 4 GOLD-FINANCE

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person 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. All structural framing and connections prior to covering with finish or infill material, plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations.
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and / or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 04-05-02
Date Issued
Control #
Permit # 02-146

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

Block 4.02 Lot 4
Work Site Location 48-50 CHURCH
HIGH BRIDGE NJ
Owner in Fee LORIE SCHULTZ & JAMES ? CAMPBELL
Address 48-50 CHURCH ST
HIGH BRIDGE, NJ
Tele. ( ) _____
Contractor At Roof
Address 120 C-1 Flemington Arms
Flemington NJ
Tele. (908) 284-8025 Fax ( ) _____
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ReRoof (2 off)
40yr Shingles +

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	4/5/02	JP
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/26/02
Approved by: JP

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/26/02	JP
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
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
	46

Administrative Surcharge	$
Minimum Fee	$ 6
DCA Training Fee	$
TOTAL FEE	$ 52

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
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) $ 8000

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 04-05-02
Date Issued
Control #
Permit # 02-146

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

Block 4.02 Lot 4
Work Site Location 48-50 CHURCH
HIGH BRIDGE NJ
Owner in Fee LORIE SCHULTZ & JAMES P CAMPBELL
Address 48-50 CHURCH ST
HIGH BRIDGE, NJ
Tele. ( ) _____
Contractor A+ ROOF
Address 120 C-1 Flemington Arms
Flemington NJ
Tele. (908) 284-6625 Fax ( ) _____
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

X contractor signed Letter
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ReRoof (Repoff)
40yr Shingles +

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required 4/4/02 JD
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
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
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$ _____
AC 46
Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ 6
TOTAL FEE $ 52

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
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) $ 8000

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

TECHNICAL SECTION Permit #

02-146

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

Block 4.02 Lot 4 Qual

of) owner

Work Site Location 48-50 CHURCH STREET

his application.

HB

Owner in Fee SCHULTZ & CAMPBELL,LORIE/JAMES

Address 48 CHURCH STREET
HIGH BRIDGE, NJ 08829-

Tele.(908)638-

Contractor A PLUS ROOFING SCOTT BABICH

Address 120-C FLEM ARMS
FLEMINGTON, NJ 08822-

P-EDGE, 30 # FELT,40 YEAR SHINGLES,

Tele.(908)284-0025 Fax (908)284-1009

ED, ALUM GUTTERS, SNOW GUARD

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 15-0807663

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent

of record and am authorized to make t

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TEAROFF, INSTALL CDX, ICE SHIELD, DRI

1 1/2" NAILS, RIDGE VENT, SOFFIT VENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
FEE (Office Use Only)							
[ ] All			Footing				
$ 0							
[ ] Footing 0			Foundation				
[ ] Foundation 0			Slab				
[ ] Frame 46			Frame				
[ ] Other 0			BarrierFree				
Joint Plan Review Required: (exceeds 6') 0			Insulation				
[ ] Elect [ ] Plumb [ ] Fire 0			Finishes				
SUBCODE APPROVAL [ ] Elev 0			Energy				
[ ] CO [ ] CCO [ ] CA 0			Mechanical				
Date: 0			TCO				
Approved By: 0			Other				
0			Final				
0			BarrierFree				

TYPE OF WORK

[ ] New Building

[ ] Addition

[X] Alteration

[X] Roofing

[ ] Siding

[ ] Fence 0 Height

[ ] Sign 0 Sq. Ft

[ ] Pool

[ ] Asbestos Abatement Subchapter 8

[ ] Lead Haz. Abatement NJAC 5:17

[ ] Other

Other

[ ] Demolition

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Bst. Cost of Bldg. Work:

1. New Bldg. $ 0

2. Alteration $ 8,000

3. Total (1+2)$ 8,000

Industrialized Building:

[ ] State Approved

[ ] HUD

Administrative Surcharge $ 0

Minimum Fee $ 0

TOTAL FEE $ 46

DCA Training Fee $ 6

Paid [ ] Check #

Collected by:

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

NO MORE APPLICATIONS

Scott cell # (908) 310-9546.

Tear off
RUD disposal
½" CDX plywood
Ice & water shield
Drip edge all edges.
30 lb. felt
40 yr. SLATE/TILE
1½" galv. nails.
Ridge vent
Soffit vents
½ round alum. gutters.
Snow guards

} plain roof

"NOT DOING FLAT ROOF THIS YEAR"

Est. cost = @ 8,000.00

16 x 6 colonies

Y.O. Jim!

There are no Building permits - so here's a jacket please fill out & proceed with what ever you do!

Thank you -

Diane

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

16 Stillwell
02-142
final Refook

1 pm

Jim Bukowsky
638 1184
dishwasher

System IN

BLOCK 4.02 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO 06-0008

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 48-50 CHURCH ST HIGHBRIDGE
2. Name of Owner in Fee: CAMPBELL / SCHULTZ Tel. (908) 638-6322
   Address 48 CHURCH ST (street) HIGHBRIDGE (municipality) NJ 08829 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Jim CAMPBELL
   Tel. (908) 638-6322 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		92	
3. Plumbing		130	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee		4	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other		20	
13. TOTAL	$	246.-	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair / ☐ b. Alteration / ☐ c. Renovation / ☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing					11/14/06	RH			
7. ☒ Electrical					11/14/06	RH			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date 1-4-06

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.

( ) 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 4-02 Lot 4 Qualification Code

Work Site Location 48-50 CHURCH ST
HIGH BRIDGE

Owner in Fee JIM CAMPBELL / LORI SCHULTZ

Address 48 CHURCH ST
HIGH BRIDGE NJ 08829

Tel. (908) 638-6322

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: BOILER & SUB PANEL

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 $ 3000.

Construction Official

11/7/06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	92.00
Plumbing	~~150.00~~ 130.-
Fire Protection	
Elevator Devices	
Other EIS	20.00
DCA State Permit Fee	4.00
Cert. of Occupancy	
Other	
Total	246.-
Check No.	
Cash	
Collected by	

(see reverse side)

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

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 with 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 as follows:

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 other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 4.02 Lot 4 Qualification Code

Work Site Location 46 50 CHURCH ST
HIGH BRIDGE

Owner in Fee J. & C. CAMPBELL & LOR. SCHULTZ

Address 46 CHURCH ST
HIGH BRIDGE NJ 08829

Tel. (908) 638-6322

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: BOILER & SUB PANEL

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 $ 1500.

Construction Official

1/17/06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	92.00
Plumbing	~~150.00~~ 150.-
Fire Protection	
Elevator Devices	
Other FIS	20.00
DCA State Permit Fee	4.00
Cert. of Occupancy	
Other	
Total	246.-
Check No.	
Cash	
Collected by	

(see reverse side)

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

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 with 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 as follows:

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 other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 2 Lot 1 Qualification Code

Work Site Location 11 Main St

Owner in Fee [illegible]

Address [illegible]

Tel. ( ) [illegible]

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK: BOILER & SUB PANEL

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

1/17/06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	72.00
Plumbing	~~[illegible]~~ 70.-
Fire Protection	
Elevator Devices	
Other FIS	20.00
DCA State Permit Fee	4.00
Cert. of Occupancy	
Other	2.00
Total	270.
Check No.	
Cash	
Collected by	

(see reverse side)

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

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 with 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 as follows:

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 other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

PLUMBING SUBCODE
TECHNICAL SECTION

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 4-02 Lot 4 Qualification Code _____

Work Site Location 48-50 CHURCH ST HIGH BRIDGE

Owner in Fee: CAMPBELL / SCHULTZ

Tel. (908) 638-6322 e-mail _____

Address 48 CHURCH ST (street) HIGH BRIDGE (municipality) NJ 08829 (zip code)

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ 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 $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

_____

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
2	Steam Boiler	~~95.~~ 130.—
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	ES 10.—
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ 3.—
TOTAL FEE	$ ~~103~~ 143.—

U.C.C. F130
(rev. 07/05)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

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 4-02 Lot 4 Qualification Code

Work Site Location 48-50 CHURCH ST
HIGH BRIDGE

Owner in Fee: JIM CAMPBELL / LORI SCHULTZ

Tel. (908) 638-6322 e-mail

Address 48 CHURCH ST (street) HIGHBRIDGE (municipality) NJ 08829 (zip code)

Contractor: Tel. ( )

Address e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 11/14/06 AH

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 11/7/06

Approved by: AH

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/7/06	AH
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors–Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
2	100	AMP Subpanels	92.—
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		@15	10.—

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 103.

U.C.C. F120 (rev. 07/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

1-4-06

Al -

I was working w/ Jen Graham for the following:

- Certificate of Occupancy w/ Smoke Detector & CO^2 cert.
- Permits & inspection of 2 new boilers, new breaker boxes & some wiring
- Official proof of 2 family dwelling

Jen gave me the paperwork for the permits but asked me to come back after the 1st of the year.

Can I get an appointment with you to finalize the permits & schedule inspections for 48-50 Church Street?

Thank You.

Lori Schultz-Campbell
908 638-6322

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 4.02 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 48-50 Church Street PERMIT NO. 06-0024

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: Adding second water meter
2. Name of Owner in Fee: Dave Crandall, Rinkbound Properties, LLC Tel. (908) 410-1879
   Address PO Box 5079, Clinton, NJ. 08809
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓ 908 832 0934
4. Principal Contractor: Pete Forbre Plbg + Htg Tel. (908) 310-9124
   Address 124 Raritan River Rd Califon
   License No. OR, if new home, Builder Reg. No. 10559 Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer — Tel. (_____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (_____) _____ FAX: (_____) _____

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☑ Plumbing	$400				2/11/06	AF			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	$400								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: Rental Units
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the 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, count y, and local prior approvals have been given, including such certification as the construction official may require.

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

BOROUGH OF HIGH BRIDGE

CONTINUING CERTIFICATE OF OCCUPANCY
AND
CERTIFICATE OF SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

Telephone: 908-638-6455

James Graham
Code Enforcement Officer

Fax: 908-638-4703

C.C.O.#: 004-06

DATE: 1-14-06

PROPERTY ADDRESS: 50 Church St

BLOCK 4.02 LOT 4

OWNER (S): Lori Schultz PHONE: _____

BUILDING TYPE: SINGLE FAMILY (✓) MULTI-FAMILY ( ) COMMERCIAL ( ) INDUSTRIAL ( )
OTHER (SPECIFY): _____

USE: RESIDENTIAL OWNER OCCUPIED (✓) RESIDENTIAL RENTAL ( )

COMMERICAL (SPECIFY USE): _____

INDUSTRIAL (SPECIFY USE): _____

A continuing certificate of occupancy, hereinafter referred to as a "CCO", shall be required for all new and existing dwelling unites, auxiliary structures, commercial buildings and industrial buildings in the Borough of High Bridge before a change in occupancy or change of use of any such structure may occur.

CCO GRANTED: John Barczyk DATE: 1-14-06

~~James Graham~~
CCO Officer
John Barczyk

SMOKE DETECTORS AND CARBON MONOXIDE ALARM COMPLIANCE

The CCO officer herein certifies that the above referenced property satisfies minimum requirements of the New Jersey Uniform Fire Code (N.J.A.C. 5:70-2.3) concerning the installation of smoke detectors and carbon monoxide alarm(s) in one and two-family dwellings. This certificate is valid only for a change in occupancy, which occurs within six months of this certificate issuance date. Any change in occupancy after the initial occupancy will require a new certificate.

John Barczyk DATE: 1-14-06

~~James Graham~~
CCO Officer
John Barczyk

JAMES R. CAMPBELL
LORI E. SCHULTZ
48 CHURCH ST.
HIGH BRIDGE, NJ 08829

2109

55-8351/2212

Date 1-14-06

Pay to the Order of BOROUGH OF HIGH BRIDGE $160 00/00

ONE HUNDRED SIXTY DOLLARS + 00/00 Dollars

Security features are included. Details on back.

AFFINITY FEDERAL CREDIT UNION
73 Mountain View Blvd., Basking Ridge, NJ 07920

For Certificate of Occupancy #484#50

Lori E. Schultz MP

[redacted]

©Clarke American

REGAL® WDR

PO Box 5079, Clinton, NJ. 08809

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/11/06

908 310-9124 Permit # 06-0024

Meter 4

IDENTIFICATION Block 4.02 Lot 4 Qualification Code

Work Site Location 48-50 Church St.

Contractor Pete Fosbre

Address

Owner in Fee Dave Crandall, Rinkbound Properties LLC

Address PO Box 5079, Clinton, NJ 08809

Tel. (908) 310-9124

Lic. No. or Bldrs. Reg. No.

Tel. (908) 410-1899

Is hereby granted permission to perform the following work:

[ ] BUILDING	[X] 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 $ 400

Construction Official

2/11/06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	65.—
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1.—
Cert. of Occupancy	
Other SIS	10.—
Total	76.—
Check No.	1015
Cash	
Collected by	AA

(see reverse side)

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

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 with 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 as follows:

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 other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

P.O. Box 5079, Clinton NJ 08809

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/11/06

Permit # 06-0024

IDENTIFICATION Block 4.02 Lot 4 Qualification Code

Work Site Location 48-50 Church St.

Contractor Pete Fosbre

Address

Owner in Fee Dave Crandall, Rinkbrand Properties LLC

Address PO Box 5079, Clinton, NJ 08809

Tel. (908) 310-9124

Lic. No. or Bldrs. Reg. No.

Tel. (908) 735-1979

Is hereby granted permission to perform the following work:

[ ] BUILDING	[X] 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 $ 400

Construction Official

2/11/06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	65.-
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1.-
Cert. of Occupancy	
Other S15	11.-
Total	76.-
Check No.	1015
Cash	
Collected by	AF

(see reverse side)

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

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 with 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 as follows:

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 other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

PLUMBING SUBCODE
TECHNICAL SECTION

Church Street

Date Received
Control #

Date Issued
Permit # 06-0024

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

Block 4.02 Lot 4 Qualification Code

Work Site Location 42-50 Church Street

Owner in Fee: David Crandall - Rinkbourn Properties, LLC

Tel. (908) 410-1979 David Crandall 908 410-1979 e-mail dcrandall@att.com

Address PO Box 5079 Clinton NJ. 08809
street municipality zip code

Contractor: Peter Fosbre cPMg + Htg Tel. (908) 310-9124

Address 124 Raritan River Rd Califon e-mail

Contractor License No. 10559 Exp. Date 2008

Federal Employee No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 3/4 Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2/11/06 AH
Approved by:

SUBCODE APPROVAL $400
[ ] CO [ ] CCO [X] CA
Date: 4/10/06 AH
Approved by:

$400

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

C. CERTIFICATION IN LIEU OF OATH

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

D. Crandall Peter Fosbre

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

10559

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
✓	Water Service Connection	105.—
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 11.—
TOTAL FEE	$ 66.—

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

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Church Street

Date Received
Control #

Date Issued
Permit # 06-0024

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

Block 4.02 Lot 4 Qualification Code

Work Site Location 43-50 Church Street

Owner in Fee: Dave Crandall - Rinkbound Properties LLC

Tel. (908) 410-1879 e-mail drcrandall@att.com

Address PO Box 5079 Clinton, NJ. 08809
street municipality zip code

Contractor: Peter Fosbre (Phil + Mike) Tel. (908) 310-9124

Address Rt 31 Raritan River Rd Clinton e-mail

Contractor License No. 10557 Exp. Date 2008

Federal Employee No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4 Public Sewer ✓ Private Septic

Water Service Size 3/4 Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 2/11/06

Approved by: AH

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 4/10/06

Approved by: AH

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

C. CERTIFICATION IN LIEU OF OATH

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

Dave Crandall = AH 4/10/06

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

10557

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
✓	Water Service Connection	105.-
	Stacks	
	Other	
	Other	

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	11.-
TOTAL FEE $	116.-

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

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

DATE	JOB CONDITION / COMMENTS

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 4.02 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 48-50- CHURCH ST PERMIT NO 07-0074

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: REPLACE PORCH ROOF - REPAIR PORCH DECK
2. Name of Owner in Fee: DAVE CRANDALL
   Tel. (908) 410-1879 e-mail DCRANDALL@ATT.COM
   Address 48-50 (street) CHURCH ST (municipality) HIGH BRIDGE (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: FOX CONSTRUCTION Tel. (908) 578-8481
   Address 74 STAATS RD BLOOMSBURY e-mail STEVE@FOXCONSTRUCTION.US
   License No. OR, if new home, Builder Reg. No. 13VH03570300 Exp. Date 12/31/07
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (908) 479-4916
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge ~~office~~ Work has Begun STEVE FOX
   Tel. (908) 578-8481 FAX: (908) 479-4916

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	504.-	
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		28.-	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other GIS		10.-	
13.	TOTAL	$	542.-	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☒ a. Repair	21,000.00				5/15/07	RH			
	☐ b. Alteration									
	☐ c. Renovation									
	☒ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	21,000.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	2	
After Construction	2	
Net Gain or Loss	0	

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.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. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the 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 STEVE FOX - FOX CONSTRUCTION

Address 74 STARTS RD

BLOOMSBURY NJ 08804

Telephone (908) 479-8481

Signature _____

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

Bl. 4.02
Lot 4

Borough of High Bridge
Zoning Office

71 Main Street, High Bridge, NJ 08829
Phone: (908) 638-6455 fax: (908) 638-9374

Lori Schultz and Jim Campbell
48-50 Church Street
High Bridge, NJ 08829

Dear Lori, January 14, 2006

Per Land Use Ordinance of the Borough of High Bridge Section 305 J "Certificate of Nonconformity" is issued for 48-50 High Street as a two-family dwelling located in the R-4 zone as a pre-existing nonconforming use prior to December 23, 2004.

Per Section 701A.11 a fee of $15.00 is required. Please make check payable to "Borough of High Bridge".

Sincerely,

John Barczyk
Zoning Official

December 23, 2005

Lori Schultz and Jim Campbell
48-50 Church Street
High Bridge, NJ 08829

Jim Graham
High Bridge Borough Inspector

Jim,
My husband and I own the duplex at 48-50 Church Street. Unfortunately family medical issues require us to move. The buyer would like proof that the house is a proper 2-family dwelling.
The house was built as a 2-family in the late 1800s. It pre-exists the zoning ordinance. I have enclosed copies of our electric bills for both addresses and our Borough of High Bridge Utilities stub showing double charges for Sewer and Garbage collection so that we may be able to get this proof for the new buyer.

Thanks for your help and Happy Holidays.

Sincerely,

Lori Schultz

R-4

MAIL TO: **BOROUGH OF HIGH BRIDGE UTILITIES**
71 MAIN ST., HIGH BRIDGE, N.J. 08829
908-638-6455

OR:

ACCOUNT NO.	201040	BILLING DATE	5/07/05
SERVICE ADDRESS	49-50 CHURCH ST		

METER READING DATES		READING PER 1,000 GALLONS
CURRENT	4/04/05	137
PREVIOUS	12/29/04	121
CONSUMPTION		16

DESCRIPTION OF CHARGES	WATER	SEWER	GARBAGE
PREVIOUS BALANCE			
INTEREST			
CURRENT CHARGE	66.02	70.72	90.00
TREATMENT CHARGE		154.00	
SEWER RENTAL FEE			
MISCELLANEOUS			
TOTALS	66.02	224.72	90.00

	DATE	AMOUNT
TO AVOID INTEREST TOTAL PAYMENT DUE BY	5/31/05	380.74

INTEREST ON PREVIOUS BALANCE AS OF: 5/31/05

NEW WATER AND SEWER RATES ARE IN EFFECT

KEEP THIS PORTION FOR YOUR RECORDS

Jersey Central Power & Light
A FirstEnergy Company

Bill for: LORI SCHULTZ
50 CHURCH ST
HIGH BRIDGE NJ 08829

Billing Period: Feb 19 to Mar 21, 2005 for 31 days
Next Reading Date: On or about Apr 21, 2005
Bill Based On: Actual Meter Reading
Prorated Bill

Residential Service

Account Summary		Amount Due
Your previous bill was	-10.67	
Total payments/adjustments	0.00	
Balance at billing on March 22, 2005	**-10.67**	**-10.67**
Current Basic Charges		**6.05**
JCP&L - Consumption		
You have a credit balance of		**-$4.62**

General Information

Bill issued by:
JCP&L
PO Box 16001
Reading PA 19612-6001

Customer Service	1-800-662-3115
Outage Reporting Line	1-888-544-4877
Collections	1-800-962-0383

Price to Compare Message

The Basic Generation Service price per KWH listed in the charges box is the price to compare. In order to save money, you must buy your electricity from a supplier at a price THAT IS LESS than your JCP&L price to compare.

See other pages for additional information and telephone numbers

Jersey Central Power & Light
A FirstEnergy Company

PO Box 16001
Reading, PA 19612-6001

Return this part with a check or money order
Payable to JCP&L

Amount Paid	

Please Pay	**$0.00**
Due By	

**********AUTO**5-DIGIT 08829
00042362 1 AV 0.278 11
LORI SCHULTZ
50 CHURCH ST
HIGH BRIDGE NJ
08829-1512

JCP&L
PO BOX 3687
AKRON OH 44309-3687

H 03100056540659000000000000000000000000060500000000006

Jersey Central Power & Light
A FirstEnergy Company

April 21, 2005

Account Number: 10 00 03 7055 0 4

Bill for: LORI SCHULTZ
48 CHURCH ST
HIGH BRIDGE NJ 08829

Billing Period: Mar 22 to Apr 20, 2005 for 30 days
Next Reading Date: On or about May 20, 2005
Bill Based On: Actual Meter Reading

Residential Service

Account Summary

		Amount Due
Your previous bill was	203.48	
Total payments/adjustments	-203.45	
Balance at billing on April 21, 2005	**0.03**	**0.03**
Current Basic Charges		
JCP&L - Consumption		158.85
Total Due by May 06, 2005 - Please pay this amount		**$158.88**

General Information

Bill issued by:
JCP&L
PO Box 16001
Reading PA 19612-6001

Customer Service	1-800-662-3115
Outage Reporting Line	1-888-544-4877
Collections	1-800-962-0383

Price to Compare Message

The Basic Generation Service price per KWH listed in the charges box is the price to compare. In order to save money, you must buy your electricity from a supplier at a price THAT IS LESS than your JCP&L price to compare.

See other pages for additional information and telephone numbers

Jersey Central Power & Light
A FirstEnergy Company

PO Box 16001
Reading, PA 19612-6001

Return this part with a check or money order Payable to JCP&L

Amount Paid	

**********AUTO**5-DIGIT 08829
00038323 1 AV 0.278 25
LORI SCHULTZ
48 CHURCH ST
HIGH BRIDGE NJ
08829-1512

Please Pay	$158.88
Due By	May 06, 2005

JCP&L
PO BOX 3687
AKRON OH 44309-3687

H 03100003705504000000000000000000000015885000015888L

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 5-15-07

Permit # 07-0074

IDENTIFICATION Block 402 Lot 4 Qualification Code

Work Site Location 48-50 CHURCH ST

Owner in Fee DAVE CRANDALL

Address BOWER BROOK - CLINTON TWP.

Tel. (908) 410-~~1879~~ 1879

Contractor FOX CONSTRUCTION

Address 74 STAATS RD BLOOMSBURY NJ.

Tel. (908) 575-9481

Lic. No. or Bldrs. Reg. No. BVH 03370300

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PORCH REPAIRS

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 $ 21,000.00

Construction Official

5/15/07

Date

PAYMENTS (Office Use Only)

Building	504.—
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	28.—
Cert. of Occupancy	
Other CIS	10.—
Total	542.—
Check No.	288
Cash	
Collected by	J Jordan

(see reverse side)

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

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 with 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 as follows:

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 other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 5-15-07

Permit # 07-0074

IDENTIFICATION Block 402 Lot 4 Qualification Code

Work Site Location 48-50 CHURCH ST

Owner in Fee DAVE CRANDELL

Address READE BLVD. - CLINTON TWP.

Tel. (908) 410-~~1879~~ 1879

Contractor FOX CONSTRUCTION

Address 74 STATE RD

KLOMISTER NJ.

Tel. (908) 979-9481

Lic. No. or Bldrs. Reg. No. BVH 0337030

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PORCH REPAIRS

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 $ 21,000.00

Construction Official

5/15/07
Date

PAYMENTS (Office Use Only)

Building	504.—
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	28.—
Cert. of Occupancy	
Other DLS	10.—
Total	542.—
Check No.	288
Cash	
Collected by	

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

(see reverse side)

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 with 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 as follows:

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 other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/15/07

Date Issued / Permit # 07-0074

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

Block 402 Lot 4 Qualification Code _____

Work Site Location 48-50 CHURCH ST.

Owner in Fee: DAVE CRANDALL

Tel. (908) 410-1879 e-mail DCRANDALL@ATT.COM

Address BEAVER BROOK (street) CLINTON TWP (municipality) (zip code)

Contractor: FOX CONSTRUCTION Tel. (908) 578-8481

Address 74 STAATS RD BLOOMSBURY e-mail STEVE@FOXCONSTRUCTION.US

Contractor License No. or Builder Registration No. 13VH03370300 Exp. Date 12/31/07

Federal Employee No. _____ FAX: (908) 479-4916

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

PORCH REPAIRS-
REPLACE PORCH ROOF - FRONT
REPAIR PORCH DECK - FRONT
GENERAL REPAIRS - REAR PORCH

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	5/16/07	AH
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/24/07
Approved by: AH

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			6/21/07	AH
Footing Bonding				
Foundation				
Slab				
Frame Roof Front			6/18/07	AH
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/24/07	AH
Barrier-Free				

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

FEE (Office Use Only)

$	504.-
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	28.-
TOTAL FEE $	532.-

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure _____ Ft.
Area – Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 21,000.00
3. Total (1+ 2) $ 21,000.00

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

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

Reorder from OCS Printing (609) 398-4375

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/15/07
Control #

Date Issued
Permit # 07-0074

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

Block 4.02 Lot 4 Qualification Code

Work Site Location 48-50 CHURCH ST.

Owner in Fee: DALE CRANDALL

Tel. (908.) 410-1879 e-mail DCRANDALL@ATT.COM

Address BEAVER BROOK CLINTON TWP
street municipality zip code

Contractor: FOX CONSTRUCTION Tel. (908) 578-8481

Address 74 STATS RD BLOOMSBURY e-mail STEVE@FOXCONSTRUCTION.US

Contractor License No. or Builder Registration No. 13VH03370700 Exp. Date 12/31/07

Federal Employee No. FAX: (908) 479-4916

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
PORCH REPAIRS-
REPLACE PORCH ROOF-FRONT
REPAIR PORCH DECK-FRONT
GENERAL REPAIRS- REAR PORCH

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	5/15/07	AH
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/24/07
Approved by: AH

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing			6/30/07	AH
Footing Bonding				
Foundation				
Slab				
Frame ROOF			6/5/07	AH
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/24/07	AH
Barrier-Free				

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

FEE (Office Use Only)

$	
	504.—
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	28.—
TOTAL FEE $	532.—

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$ 21,000.00
3. Total (1+ 2)	$ 21,000.00

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

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

Reorder from OCS Printing (609) 398-4375

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/15/07

Date Issued / Permit # 07-0074

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

Block 4.02 Lot 4 Qualification Code _____

Work Site Location 48-50 CHURCH ST.

Owner in Fee: DALE CRANDALL

Tel: (908) 410-1879 e-mail DCRANDALL@ATT.COM

Address BEAVER BROOK CLINTON TWP
street municipality zip code

Contractor: FOX CONSTRUCTION Tel. (908) 578-8481

Address 74 STATES RD BLOOMSBURY e-mail STEVE@FOXCONSTRUCTION.US

Contractor License No. or Builder Registration No. 13VH03370300 Exp. Date 12/31/07

Federal Employee No. _____ FAX: (908) 479-4916

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	5/16/07	AH
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/24/07
Approved by: AH

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing			6/20/07	AH
Footing Bonding				
Foundation				
Slab				
Frame ROOF			6/5/07	AH
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/24/07	AH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure _____ Ft.
Area – Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 21,000.00
3. Total (1+ 2) $ 21,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PORCH REPAIRS-
REPLACE PORCH ROOF-FRONT
REPAIR PORCH DECK-FRONT
GENERAL REPAIRS- REAR PORCH,

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

FEE (Office Use Only)

$	
	504.-
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	28.-
TOTAL FEE $	532.-

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

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

Reorder from OCS Printing (609) 398-4375

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/15/07

Date Issued / Permit # 07-0074

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

Block 402 Lot 41 Qualification Code _____

Work Site Location 48-50 CHURCH ST.

Owner in Fee: DAVE CAMPBELL

Tel. (DAY) 446-1879 e-mail DAVIDWMC@ATT.COM

Address 48 CHURCH STREET MONTCLAIR NJ 07042
street municipality zip code

Contractor: FOX CONSTRUCTION Tel. (DAY) 578-8481

Address 741 SUMMIT AVE UNIT 2D MONTCLAIR NJ e-mail STEVE@FOXCONSTRUCTION.US

Contractor License No. or Builder Registration No. 13VH03376300 Exp. Date 12/31/07

Federal Employee No. _____ FAX: (DAY) 744-6916

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/16/07	AH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/24/07
Approved by: AH

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			6/28/07	AH
Footing Bonding				
Foundation				
Slab				
Frame ROOF			6/5/07	AH
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/24/07	AH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories 2

Height of Structure _____ Ft.

Area – Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 21,000.00
3. Total (1+ 2) $ 21,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PORCH REPAIRS -
REPLACE PORCH ROOF - FRONT
REPAIR PORCH DECK - FRONT
GENERIC REPAIRS - REAR PORCH

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

FEE (Office Use Only)

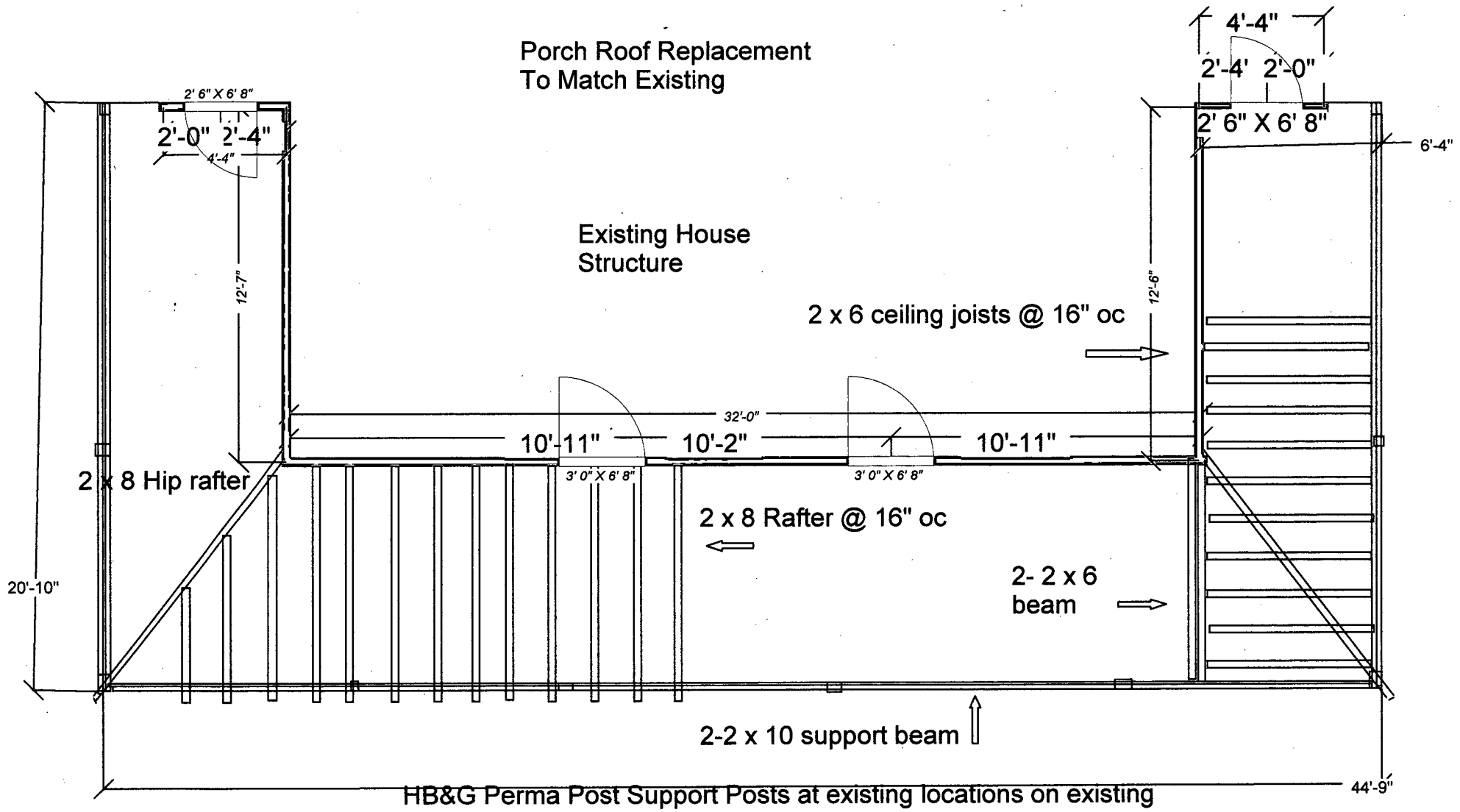
$	
	504.—
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	28.—
TOTAL FEE $	532.—

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

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

Reorder from OCS Printing (609) 398-4375

6/5/07 REPLACE Col. supports Right Side of Door
AH


Porch Roof Replacement
To Match Existing
4'-4"
2'-4" 2'-0"
2' 6" X 6' 8"
2' 6" X 6' 8"
2'-0" 2'-4"
4'-4"
6'-4"
Existing House
Structure
12'-7"
12'-6"
2 x 6 ceiling joists @ 16" oc
32'-0"
10'-11"
10'-2"
10'-11"
3' 0" X 6' 8"
3' 0" X 6' 8"
2 x 8 Hip rafter
2 x 8 Rafter @ 16" oc
20'-10"
2- 2 x 6
beam
2-2 x 10 support beam
44'-9"
HB&G Perma Post Support Posts at existing locations on existing
footings

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

4.02

BLOCK [illegible] LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 48-50 Church PERMIT NO. 07-0152

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

FILE

I. IDENTIFICATION

1. Proposed Work Site at: 48 +50 Church Str.
2. Name of Owner in Fee: Dave Crandall
   Tel. ( ) 410-1879 e-mail _____
   Address 90 Westgate Dr (street) Annandale (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Benchmark Sid Co LLC Tel. (908) 575-2747
   Address 45 No Branch River Rd. e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH01139200 Exp. Date 12/31/07
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 202561777 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun David Carmen
   Tel. (908) 566-7623 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	46.-	
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		24.-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other D.O		10.	
13. TOTAL	$	80.-	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. X Minor Work					9/18/07	AH			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	17600								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.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. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the 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.

(✓) Check if contractor.

Agent Name David Carmen Benchmark Sid Co LLC.

Address 45 No Branch River Rd.

Branchburg N.J. 08876

Telephone (908) 575-2747

Signature _____ Mgr

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/18/07

Permit # 07-0152

IDENTIFICATION Block 4.02 Lot 4 Qualification Code

Work Site Location 48-50 Church St. Highbridge

Owner in Fee Daur Crandall

Address 90 Westgate Dr Annandale

Tel. ( ) 410-1879

Contractor Benchmark Sid Co LLC.

Address 45 No Branch River RJ Branchburg

Tel. (908) 575-2747

Lic. No. or Bldrs. Reg. No. 13VH01139200

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 Vinyl Siding

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 $ 11,600

Construction Official

9/18/07
Date

PAYMENTS (Office Use Only)

Building	46.—
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	24.—
Cert. of Occupancy	
Other G.S.	10.—
Total	80.—
Check No.	2937
Cash	
Collected by	AA

(see reverse side)

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

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 with 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 as follows:

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 other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/18/07

Permit # 07-0152

IDENTIFICATION Block 4.02 Lot 4 Qualification Code

Work Site Location 48150 Church St.
Hightstown

Owner in Fee [illegible]

Address [illegible]

Tel. ( ) [illegible]

Contractor [illegible] LLC

Address 45 N. Main [illegible]

Tel. (908) 572-2147

Lic. No. or Bldrs. Reg. No. [illegible]

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 Vinyl siding

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 $ 11,600

Construction Official

9/18/07
Date

PAYMENTS (Office Use Only)

Building	46.—
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	24.—
Cert. of Occupancy	
Other 2%	10.—
Total	80.—
Check No.	2937
Cash	
Collected by	AA

(see reverse side)

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

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

OCS Printing (609) 398-4375

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 with 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 as follows:

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 other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision 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.

4( ) 402 4

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/18/07
Control #

Date Issued
Permit # 07-0152

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

Block 4.02 Lot 4 Qualification Code ______

Work Site Location 48 + 50 Church Street High Bridge

Owner in Fee: Dave Crandall

Tel. (908) 410-1879 e-mail ______

Address 90 Westgate Dr (street) Annandale (municipality) (zip code)

Contractor: Benchmark Siding Co LLC. Tel. (908) 575-2747

Address 45 No Branch River Rd e-mail ______

Contractor License No. or Builder Registration No. 13VH01139200 Exp. Date 12/31/07

Federal Employee No. 202561777 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.

Signature [signature] mgr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Vinyl Siding

Re-Side

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 [X] CA

Date: 10/13/07

Approved by: AT

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/13/07	AT
Barrier-Free				

(Dates (Month/Day))

TYPE OF WORK:

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

FEE (Office Use Only)

$ 46.—

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ 24.—

TOTAL FEE $ 70

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______

Constr. Class Present ______ Proposed ______

No. of Stories ______

Height of Structure ______ Ft.

Area – Largest Floor ______ Sq. Ft.

New Bldg. Area/All Floors ______ Sq. Ft.

Volume of New Structure ______ Cu. Ft.

Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ ______
2. Rehabilitation $ ______
3. Total (1+ 2) $ 17600

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

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

4

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/18/07

Date Issued / Permit # 07-0152

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

Block 4.02 Lot 4 Qualification Code

Work Site Location 48 + 50 Church Street
High Bridge

Owner in Fee: Dave Crandall

Tel. (908) 410-1879 e-mail

Address 90 Westgate Dr Annandale
street municipality zip code

Contractor: Beautiful Siding Co LLC Tel. (908) 575-2747

Address 45 No Branch River NJ e-mail

Contractor License No. or Builder Registration No. 13VH01139200 Exp. Date 12/31/07

Federal Employee No. 202561777 FAX: ( )

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 [X] CA
Date: 10/13/07
Approved by: HH

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			10/13/07	AH
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. Rehabilitation $
3. Total (1+ 2) $ 1-3(a)

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 mgr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Vinyl Siding
Re-Side

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[X] 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)
$ 40.-

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 24.-
TOTAL FEE $ 70

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

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

Reorder from OCS Printing (609) 398-4375

4

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/18/07
Control #

Date Issued
Permit # 07-0152

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

Block 402 Lot 4 Qualification Code

Work Site Location 42 [illegible]

Owner in Fee: [illegible]

Tel. ( ) 410-1[illegible] e-mail

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

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

Address [illegible] e-mail

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

Federal Employee No. [illegible] FAX: ( )

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 [X] CA
Date: 11/13/07
Approved by: HI

INSPECTIONS Type:	Failure	Dates (Month/Day) 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			6/13/07	HT
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. Rehabilitation $
3. Total (1+ 2) $ [illegible]

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
NJ Vinyl Siding
[illegible]

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

FEE (Office Use Only)

$	
	46.-
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	24.-
TOTAL FEE $	70

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

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

Reorder from OCS Printing (609) 398-4375

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Benchmark Siding Co. LLC
Home Improvement Contractor

11/03/2006 TO 12/31/2007
VALID

SIGNATURE

13VH01139200
License/Registration/Certificate #

ACTING DIRECTOR

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

BLOCK 4.02 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 00086-18 PERMIT NO. 18-00082

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 48 Church St Highbridge NJ 08829
2. Name of Owner in Fee: David Crandall
   Tel. (908) 713-9100 e-mail _____
   Address 48 Church St Highbridge NJ 08829 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (_____) _____
   Address _____ e-mail _____
   License No. OR, if _____ Exp. Date _____
   Home Improvemen _____ f applicable): _____
   Federal Emp. ID No _____ FAX: (_____) _____

   MSI Plumbing, Inc. – Rich DeTorres
   1109 B Route 31 South, Lebanon, NJ 08833
   908-735-4438 Phone * 908-735-2313 Fax
   NJ Plumbing Lic. # 8722
   Home Improvement Contractor #13VH00861500
   Fed. Emp. # 20-1446467
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	$		
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

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. 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 ____

(office use only)

2798 00061_028628 SF 20180082 *OOORVXG*

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									
X Plumbing					5/8/18	DW			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

David 5/8/18

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the 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.

(✓) Check if contractor.

Agent Name MSI Plumbing, Inc. – Rich DeTorres
Address 1109 B Route 31 South, Lebanon, NJ 08833
908-735-4438 Phone * 908-735-2313 Fax
NJ Plumbing Lic. # 8722
Home Improvement Contractor #13VH00861500
Fed. Emp. # 20-1446467
Telephone ___ . ___

Signature _____

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

High Bridge Construction Office
99 West Main St
High Bridge NJ 08829
(908)638-6455

CERTIFICATE

1014 - HIGH BRIDGE BORO

Date Issued: 05/29/2018
Permit # 18-00082
Certificate: 1800082.1

IDENTIFICATION

Block 4.02 Lot 4 Qualifier

Work Site Location 48-50 CHURCH ST
HIGH BRIDGE BORO, NJ 08829

Owner in Fee CRANDALL, DAVID
Address 48-50 CHURCH STREET
HIGH BRIDGE, NJ 08829

Telephone

Contractor MSI Plumbiing Inc,

Address 1109B Route 31 South
Lebanon, NJ 08833

Telephone (908) 735-4438 FAX

Lic No/Bldrs Reg No. Fed. Emp. No. 201446467

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

Max. Occupancy Load

Description of Work/Use

gas pipe

☐ **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

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00

Paid [$0.00] Check No.

Collected by:

Enforcing High Bridge Boro, Agency:Hunterdon (1014)
Worksite: 48-50 CHURCH ST

Application No.: 00086-18
Block/Lot/Qual: 4.02/4

Plan Review No.:
Proposed Minor Work
Work:

V. FEE SUMMARY

Permit

Local Fees

Building		0.00
Electrical		0.00
Plumbing		82.00
Fire Protection	Permit # 18-00082	0.00
Elevator	Date 5/14/18	0.00
Subtotal		**82.00**
	Check # 13502	

State Fees

	Name Crandall	
NJ State Permit Surcharge		1.69
Subtotal		**1.69**
	Type of Work	
Total Fees		**84.00**
	gas piping	

Certificate

Total Fees		**0.00**

Totals

Fees

Permit	Building $	84.00
Certificate		0.00
Subtotal	Electrical $	**84.00**
	Plumbing $ 887	

Payments

Permit		-0.00
Certificate	Fire $	-0.00
Subtotal	Total Cost $ 887	**-0.00**
Balance Due		**84.00**

View Permit Fee Summary

Has This Application Been Approved? **No**

Navigation

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 18-00082

Date Issued / Permit # 5/14/18

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

Block 4.02 Lot 4 Qualification Code

Work Site Location 48 CHURCH ST
HIGH BRIDGE, NJ 08829

Owner in Fee: CRANDALL, DAVID

Tel. (908) 713-9100 e-mail

Address 90 Westgate Drive Annandale NJ 08801
(street) (municipality) (zip code)

Contractor: MSI Plumbing, Inc. – Rich DeTorres Tel. (908) 735-4438

Address 1109 B Route 31 South e-mail
Lebanon, NJ 08833

Contractor License No. NJ Plumb #8722 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH00861500

Federal Emp. ID No. 201446467 FAX: (908) 735-2313

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 $ 887

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 5-8-18 Approved by: DW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-8-18
Approved by: DW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5-29-18
Approved by: DW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping – Air			5-22-18	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5/29/18	

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: Richard DeTorres

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
gas pipe to house from meter

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 – Air	82
	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 $ 82

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.

Enforcing Agency: High Bridge Boro, Hunterdon (1014)
Worksite: 48-50 CHURCH ST

Application No.: 00086-18
Block/Lot/Qual: 4.02/4

Plan Review No.:
Proposed Work: Minor Work

V. FEE SUMMARY

Permit

Local Fees

Building		0.00
Electrical		0.00
Plumbing		82.00
Fire Protection		0.00
Elevator		0.00
Subtotal		**82.00**

Permit # 18-000 82
Date 5/14/18
Check # 13502
Name Crandall
Type of Work gas piping

State Fees

NJ State Permit Surcharge	1.69
Subtotal	**1.69**

Total Fees	**84.00**

Certificate

Total Fees	**0.00**

Totals

Fees

Permit	84.00
Certificate	0.00
Subtotal	**84.00**

Payments

Permit	-0.00
Certificate	-0.00
Subtotal	**-0.00**

Balance Due	**84.00**

View Permit Fee Summary

Has This Application Been Approved? **No**

Navigation

PLUMBING SUBCODE
TECHNICAL SECTION

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 4.02 Lot 4 Qualification Code

Work Site Location 48 CHURCH ST
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Address 90 Westgate Drive Annandale NJ 08801
(street) (municipality) (zip code)

Contractor: MSI Plumbing, Inc. – Rich DeTorres Tel. (908) 735-4438

Address 1109 B Route 31 South e-mail
Lebanon, NJ 08833

Contractor License No. NJ Plumb #8722 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH00861500

Federal Emp. ID No. 201446467 FAX: (908) 735-2313

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 $ 887

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 5-8-18 Approved by: DU
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-8-18
Approved by: DU

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				
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Fuel Oil Piping				
Solar				
TCO				
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	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	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 $

U.C.C. F130 (rev. 11/09)
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PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

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Water Service Size Public Water Private Well

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JOB SUMMARY (Office Use Only)

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[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date 5-8-10 Approved by: DW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-8-10
Approved by: DW

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				
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Fuel Oil Piping				
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	Sink	
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	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	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.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		**Name of Code & Edition**		
Building	_____	Energy	_____	Other _____
Electrical	_____	Barrier Free	_____	_____
Plumbing	_____	Flood Hazard	_____	_____
Fire Protection	_____	As Built Elevation Cert.	_____	_____
Mechanical	_____	Other	_____	_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

5/8/18 called 968-735-~~2313~~ 42438 x110