Jennifer - 12/12/19
Laura - 12/12/19
Gail - 12/12/19

Evelyn Grandi

From: ADRIANA ONDARZA <opra+request-8585-b95a2e97@requests.opramachine.com>
Sent: Thursday, December 12, 2019 10:42 AM
To: OPRA requests at Hazlet Township
Subject: OPRA request - Property Information

RECEIVED
DEC 12 2019
MUNICIPAL CLERK

Dear Hazlet Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and/or septic tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank and/or septic tank location.

RECEIVED
DEC 16 2019
CONSTRUCTION DEPARTMENT

22 Jersey St., Hazlet
Block: 43 Lot: 3

Yours faithfully,

ADRIANA ONDARZA

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-8585-b95a2e97@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/property_information_76

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Please be advised that this may not be a complete list.

Construction permit applications have been removed from the building for scanning purposes.

I do not have a date of when these construction permit applications will be available.

NO

OPEN

PERMITS

CLOSED PERMITS

BLOCK 43 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 22 Jersey PERMIT NO. 01-1144

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 22 Jersey Street W. Keansburg
2. Name of Owner in Fee: Steve Licistro Tel. ( ) _____
   Address 22 Jersey St. W. Keansburg 07734
   street municipality 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 _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		85.00	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	85	

VI. BUILDING/SITE CHARACTERISTICS

(office use or

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

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing		EWR	11-05-01		11-5-01	EWR			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	40.00								

III. DO YOU WANT: (optional)

1. ☐ Partial Occupancy

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
5. ☐ Cross-Connections/Backflow Preventers
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 1
After Construction 1
Net Gain or Loss 0

B. NON-RESIDENTIAL

1. State Specific Use: 99 (3)
2. Use Group:

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 occu pancy. 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 o by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that saic 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, EM PLOY, 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 prop erty listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, ar existing single family residence that is owned and occupied by myself and located on the property listed on Page 1

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

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

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division o 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.

X Signature _____ Date 11/1/01

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 Taxatior 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.

OFFICE DATE RECEIVED: 11/1/01

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.				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11-9-01
Control #
Permit # 01-1144

IDENTIFICATION Block 43 Lot 3
Work Site Location 22 JERSEY STREET
WEST KEANSBURG NJ
Owner in Fee STEVE LUCISANO
Address 22 JERSEY STREET
Tel. [redacted]

Contractor
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Putting Gas lines for Stove + H.W.H

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 $ 40.00

Peter Terranova 11/5/01
Construction Official Date

ans

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	85.00
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	85
Check No.	
Cash	
Collected by	

(see reverse side)

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

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

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 5-170D

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11-4-01
Date Issued
Control #
Permit # 01-1144

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

Block 43 Lot 3
Work Site Location 22 JERSEY STREET
WEST KEANSBURG NJ 07734
Owner in Fee STEVE LUCISANO
Address 22 Jersey Street West Keansburg
Tele. [redacted]
Contractor Self
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present R3 Proposed R3
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[V] Plumbing Plans Approved
Date: 11-5-01
Approved by: EWV

SUBCODE APPROVAL
[ ] CO [ ] CCO [V] CA
Date: 2-13-02
Approved by: EWV

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping Test			11-14-01	EWV
Solar				
TCO				
Final			2-13-02	EWV

C. CERTIFICATION IN LIEU OF OATH

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

Signature — ~~Contractor's Seal~~

[ ] Licensed Plumbing Contractor [X] 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	
1	Water Heater	16.00
	Fuel Oil Piping	
1	Gas Piping	65.00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Stove	10.00
	Other	
	Other	
		85.00

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

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

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

HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 Highway 35, Suite 9
Hazlet, New Jersey 07730
(732) 264-5707

Peter A. Terranova – Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR,

Address 22 Jersey St West Kennsbury

Type of Work Gas Pipe

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I further understand that failure to call for all required inspections will make me liable for a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23 – 2.31 (b) 1.

Failure to notify this office of the office of the completion of the project will subject you to a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23 – 2.31 (b) 1.

Signature of owner or other responsible person in charge of work

22 Jersey

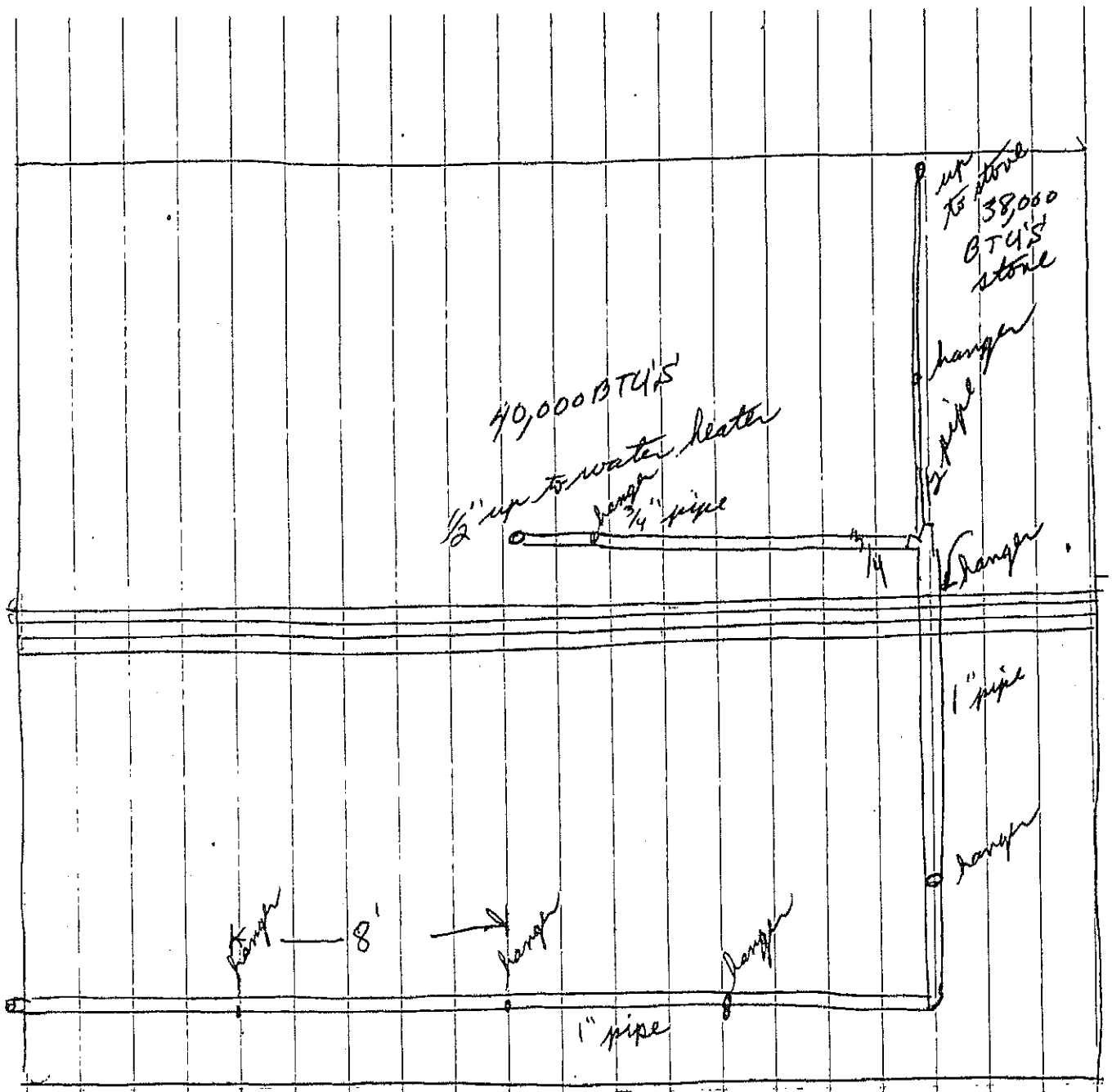
Address

[redacted]

Phone

11/1/01

Date



FRONT

22 Jersey St

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION

Proposed Work at: 22 Jersey St. W. Keansburg NJ

Owner Name: Luciano Stone & D... Tel. ( ) 787-1202

Address 22 Jersey St. W. Keansburg NJ

Principal Contractor: JDC Siding Inc. Tel. [redacted]

Address 146 Blackhorse Pike W. Collingswood NJ

Lic. No. or Builder Reg. No. 79167 Federal Emp. No. 22-2642350

Architect or Engineer: Tel. ( )

Address

Responsible Person in Charge of Work D. Hare Tel. (800) 453-7145

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:

re-Siding

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 4,000
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 4,000

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

II. 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

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.

LDS HZ 10503695

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 J.K.C. Siding Inc. TEL. 609 423-7145

ADDRESS 146 Blackhorse Pike

W. Collingswood N.J.

SIGNATURE J. Hare

BLOCK NO. 43 LOT NO. 3 SUBDIVISION _____ PERMIT NO. 89-6

PRIOR APPROVALS CHECKLIST

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

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical		☐ Barrier Free		☐ Other	_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____ •
PLUMBING	_____ •
ELECTRICAL	_____ •
FIRE PROTECTION	_____ •
OTHER _____	_____ •
SUBTOTAL	$ _____ •
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____ •
D.C.A. TRAINING FEE .0006 x _____	= _____ •
CERTIFICATE OF OCCUPANCY	_____ •
OTHER _____	_____ •
OTHER _____	_____ •
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____ •

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

APPLICATION FOR CERTIFICATE

PERMIT NO. CCE-553
DATE ISSUED Dec 13 1984
Block 43 Lot 3
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name Evelyn M. Strongoli
Address 22 Jersey Street
Town/State/Zip W. Keansburg, N.J. 07734

~~CONSTRUCTION LOCATION~~ Mr. & Mrs.
Buyer: Steven & Donna Lucisano
Address
Tel. ( )

ACTION

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

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

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

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

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

SIGNED: Evelyn M. Strongoli OWNER/AGENT
☐ Owner
☐ Agent
Date: 12/13/84

U.C.C. Form F-270 (8/83)

approved: Eugene D. Balestrieri 12/13/84

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

APPLICATION FOR CERTIFICATE

6/29 @ 45 -

PERMIT NO. CO 3019
DATE ISSUED 7/21/8
Block 43 Lot 3
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name JAMES + SPANA McCARTHY
Address 110. MUNRO AVE'
Town/State/Zip WICKERNSBURG N.J. 07734 Tel [redacted]

BUYER
Name: RONALD + JUANITA GRACE SAN NICOLAS

ACTION

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

USE GROUP: R3a Previous R3a Current

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

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

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

One Family Dwelling

ANY CHANGE IN OWNERSHIP OR TENANT A NEW CERTIFICATE MUST BE APPLIED FOR.

BEFORE ISSUANCE OF A CERTIFICATE, SELLER OR AGENT MUST RETURN THE RECYCLE BUCKETS TO THE ROAD DEPT AT LEOCADIA COURT.
CERTIFICATE/APPLICATION IS GOOD FOR 6 MONTHS.

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

SIGNED: James McCarthy Spana McCarthy
OWNER/AGENT
☐ Owner
☒ Agent

U.C.C. Form F-270 (8/83)

approved: Eugene D. Balestriere 9/17/89

disapproved:

1. Sheet rock over furnace.
2. Smoke detector required in basement.
3. " " relocate first floor hallway
4. " " " 2nd " "

6/30/89 EDB

Ck Permit OK

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT

PERMIT NO. 89-644
DATE ISSUED 8-1-89
Block 43 Lot 3
Subdivision

A. IDENTIFICATION

Owner Luccisano, Steve & | Agent Y.V.C. Siding Inc.
Address 22 Jersey St. | Address 1146 Blackhorse Pike
W. Keansburg N.J. | W. Collingswood N.J.
Tel. ( ) [redacted] | Tel. (800) 423-7145
Work Site Address 22 Jersey St. | Lic. No. 79167
W. Keansburg N.J. | Federal Emp. No. 22-2642358

PAYMENTS

Permit Fee $ 65
Fees Remitted $ 65
☐ Check No.
☑ Cash
☐ Other
Collected By: AMS
Date: 8/1/89

is hereby granted permission to perform the following work:

☑ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Vynal siding and Trim

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

Estimated Cost of Work: $ 4,000

Eugene D Balestriere
CONSTRUCTION OFFICIAL
AMS

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

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 84-644
DATE ISSUED 8-1-84
REVISION DATE
Block 43 Lot 3
Subdivision

A. IDENTIFICATION

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

Owner Lucisano Steve & D.
Address 22 Jersey St
W. Keansburg NJ
Tel. ( ) [redacted]
Work Site Address 22 Jersey St
W. Keansburg NJ.

Contractor A-1 Siding Inc
Address 14th Block Kings Rd
W. Collingwood NJ
Tel. (609) 433 7145
Lic. No. 7767
Federal Emp. No. 22-2642350

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.

D. Faus
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Vynal Siding and Trim.

☐ See Plans

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

	Fee Basis	Fee
		$
		40
SUBTOTAL		$
Minimum Building Fee (if applicable)		$ 25
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 65.-

C. BUILDING CHARACTERISTICS

USE GROUP: _____ 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: $ 4,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 84-6941
DATE ISSUED 8-1-84
REVISION DATE
Block 45 Lot 3
Subdivision

A. IDENTIFICATION

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

Owner Luciano + Steve Pinto
Address 22 Swan St
W. Keansburg NJ
Tel. ( ) [redacted]
Work Site Address 22 Swan St.
W. Keansburg NJ.

Contractor A.V.C. Siding Trim
Address 146 Black Horse Pike
W. Collingswood NJ
Tel. (609) 435 7145
Lic. No. 7967
Federal Emp. No. 22-2642350

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.

D. Pinto
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Vinyl Siding and Trim.

☐ See Plans

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

	Fee Basis	Fee
		$
		65
SUBTOTAL		$ 65
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 65

C. BUILDING CHARACTERISTICS

USE GROUP: _____ 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: $ 4,000

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

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: 2/20/02

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other Siding				2/11/02

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner JAMES + SPANA McCARTHY
Address 110 MUNRO AVE
W. KEANSBURG NJ.
Tel. [redacted]
Work Site Address _____

Contractor _____
Address _____
Tel. ( ) _____
Lic.No./Bus. Permit. _____
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

List all wiring and equipment and provide necessary data

TYPE OF WORK: _____

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
Estimated Cost of Electrical Work: $ _____

D. COMMENTS

Electrical wiring adequate
7/17/89 EWD

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83)

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

CCOE-553

HAZLET TOWNSHIP ELECTRICAL INSPECTION

319 MIDDLE ROAD, HAZLET, NEW JERSEY 07730

(201) 264-1700 EXT. 38

Desiring Certificate of Approval, application is made for inspection of electrical installation in the premises described below. On demand, applicant agrees to pay for inspection service in accord with schedule of charges.

DATE Dec. 13, 1984

PLEASE PRINT

City or Town W. Keansburg County Monmouth State New Jersey

Address 22 Jersey Street

~~Pole Number~~ Occupant Housewife

Owner Evelyn M. Strongoli Occupied As

Owner's Mailing Address 93 10th - W. Keansburg, N.J. 07734

Correct Location 22 Jersey St. - W. Keansburg Building – New ☐ Old ☒

App. For – Rough Wiring ☐ Fixtures ☐ or

Work – New ☐ Additional ☐ READY FOR INSPECTION ON 12/13/84 19

Fee Remitted – $ by Check ☒ Cash ☐ Money Order ☐ Make payable to HAZLET TOWNSHIP

LIST ALL EQUIPMENT AND WIRING

NUMBER OF ROUGH WIRING OUTLETS		NUMBER OF FIXTURES	
SWITCHES		MEDIUM BASE	
LIGHTING		MOGUL BASE	
RECEPTACLES		FLUORESCENT	
ELEC HEAT		SERVICE	

SERVICES, ELEC. HEAT, AIR CONDITIONERS-BURNERS-DRYERS-HEATERS-RANGES, ETC.

NUMBER	TYPE OF DEVICE	H.P. OR K.W.	NUMBER	TYPE OF DEVICE	H.P. OR K.W.
	Elect. Heat			Air Cond. (2nd Floor)	
	Dryer				
	Washer				
	Ranger				

MOTORS H.P. MARK NUMBER OF EACH SIZE	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100	125	150	200

APPLICANT'S NAME Evelyn M. Strongoli

APPLICANT'S ADDRESS 93 - 10th Street

CITY W. Keansburg STATE N.J. ZIP CODE 07734

AUTHORIZED SIGNATURE Evelyn M. Strongoli

SIZE OF MAIN SUB MAIN

BRANCHES NO. OF CIRCUITS

LICENSE # PERMIT #

NAME OF UTILITY OFFICE TO BE NOTIFIED

SPACE BELOW FOR USE OF INSPECTORS ONLY

ROUGH WIRING OUTLETS	AMP SERVICE EQUIPMENT	H.P. PUMP	
SWITCHES	AMP SERVICE CONDUCTORS	K.W. OVEN	
RECEPTACLES	K.W. SURFACE UNIT	H.P. GARBAGE DISPOSAL UNIT	
MEDIUM BASE FIXTURES	K.W. RANGE	K.W. DISHWASHER	
MOGUL BASE FIXTURES	K.W. WATER HEATER	K.W. DRYER	
FLUORESCENT FIXTURES	H.P. AIR CONDITIONER	AMP.	RECEPTACLES
MERCURY VAPOR OR QUARTZ FIXTURES	WIRING & CONTROLS FOR BURNER		FRAC. H.P. VENT FANS

MOTORS H.P. MARK NUMBER OF EACH SIZE	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100	125	150	200

APPARATUS

MISC. INFO.

Electrical wiring adequate 12/13/84 EDB

DATE REC'D DATE INSPECTED

ISSUE CERTIFICATE ☐ R.W. ☐ FINAL ☐ DUP

ISSUE LETTER ☐ APPROVAL ☐ SWIMMING POOL ☐ NURSING HOME

☐ PROGRESS ☐ DEFECTIVE

	NOTIFIED	REPORT	CARD
CONTRACTOR			
OWNER			
OCCUPANT			
AGENT			
ELECT. LT. CO.			

FEE PAID

Check No.

Money Order

Cash

Charge

TEMP. CARD # DATE

FINAL CARD # DATE

LIC NO.

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 22 JERSEY STREET West Keansburg
2. Owner Name: Steven & Donna Lucisano Tel. [redacted]
   Address 22 JERSEY STREET
3. Principal Contractor: Pool Towne Tel. (201) 905-1300
   Address 1094 River Ave. LAKEWOOD, NJ.
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. 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: _____

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ *Structural*	$
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)

A. 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): _____

B. 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 _____

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 2
15. Height of Structure _____ Ft.

LDS HZ 10503696

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 Dana Lucaro DATE 7-21-88

II. AGENT SECTION

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

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

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

☐ Check if contractor.

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 43 LOT NO. 3 SUBDIVISION _____ PERMIT NO. B-4

PRIOR APPROVALS CHECKLIST

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

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐		☐		☐ Other	

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$_____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	$_____
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$_____

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANC

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			(
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT

PERMIT NO. B-4102
DATE ISSUED 7/21/88
Block 43 Lot 3
Subdivision

A. IDENTIFICATION

Owner Steven & Donna Lucisano Agent Don Towne
Address 22 Jersey St. Address 1094 River Ave.
W. Keansburg Lakewood NJ.
Tel. ([redacted] Tel. ( ) 905-1300
Work Site Address Same Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 75.00
Fees Remitted $ 75.00
☒ Check No.
☐ Cash
☐ Other
Collected By: EJB
Date: 7/21/88

is hereby granted permission
to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Install 16x32
Inground Pool

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

Estimated Cost of Work: $ 5,000

Eugene D. Baldwin
CONSTRUCTION OFFICIAL

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

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. B-4002
DATE ISSUED 7/21/88
REVISION DATE
Block 43 Lot 3
Subdivision

A. IDENTIFICATION

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

Owner Steven & Donna Lucisano
Address 22 Jersey St. W. Keansburg, N.J.
Tel. ([redacted]
Work Site Address same

Contractor Pool Towne
Address 1094 River Ave. Lakewood NJ. 0870
Tel. ( ) 905-1300
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.

INSTALL 16 X 32
IN Ground Pool

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$ 50.00
1	25.00
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$ 75.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ 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: $ 5,000

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
8/8/88	o.k. Footing EJB

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				

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Date 7/24/68

Application No. 2965

Permit No. 2881

APPROVED BY HAZLET TOWNSHIP ZONING OFFICER THIS 24 DAY OF 7 19 68

ZONING OFFICIAL

Application is hereby made for a Zoning Permit in conformity with the requirements of the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name Luciano

(If Commercial or Industrial give name of store, company etc.)

Address 22 Jersey St.

Block ~~87~~ 43 Lot ~~8~~ 3 Zone R-5.0

The above named applicant hereby applies for a Zoning Permit to: Pool in ground 16' x 32'

Fill in the following items that apply to the property in question.

SIZE OF PROPERTY		PRINCIPAL BUILDING		ACCESSORY BUILDING(S)	
Area	Ft.	Type		Total Area	Sq.
Frontage	Ft.	Gross Flor Area	Sq. Ft.	Min. Side Yard	Feet
Depth	Ft.	Lot Coverage	Percent	Min. Rear Yard	Feet
		Building Height	Feet		

SIGNS: Type ..... Area permitted ..... Area Requested .....

YARD DIMENSIONS (Not required for signs)

Front .....Ft. Right Side .....Ft. Left Side .....Ft. Rear .....Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner Same Address ..... Tel. No. .....

Lessee ..... Address ..... Tel. No. .....

Contractor Pool Town Address ..... Tel. No. [redacted]

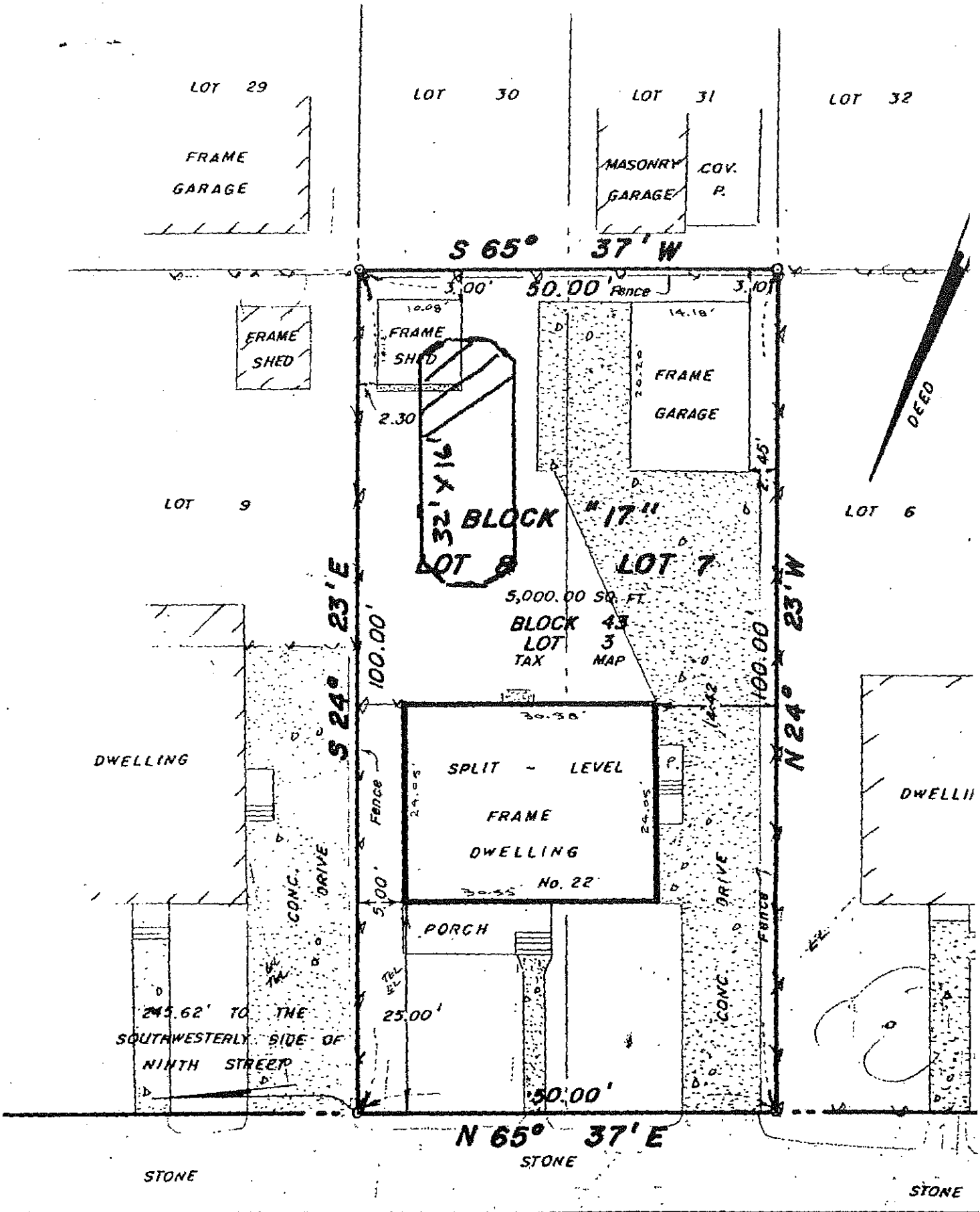
Estimated cost of work $ 5,500.00

Signature of Applicant or Agent

Zoning Permit Fee $ 30.00

John J. Conti - Zoning Officer

NOTES:


LOT 29
LOT 30
LOT 31
LOT 32
FRAME GARAGE
MASONRY GARAGE
COV. P.
S 65° 37' W
3.00'
50.00' Fence
3.10'
FRAME SHED
10.09'
FRAME SHED
14.18'
FRAME GARAGE
20.20'
2.30
3.2'
DEED
LOT 9
LOT 6
32' X 14'
BLOCK "17"
LOT 8
LOT 7
5,000.00 SQ. FT.
BLOCK 43
LOT 3
TAX MAP
S 24° 23' E
100.00'
N 24° 23' W
100.00'
DWELLING
SPLIT - LEVEL
FRAME
DWELLING
No. 22
30.30'
30.55'
24.05'
24.05'
14.42'
P.
Fence
5.00'
PORCH
CONC. DRIVE
CONC. DRIVE
245.62' TO THE SOUTHWESTERLY SIDE OF NINTH STREET
25.00'
50.00'
N 65° 37' E
STONE
STONE
STONE
EDGE OF PAVEMENT
JERSEY
45'
STREET

HAZLET
Block: 43
Lot: 3
Qual:

Land Desc: 50X100 .1148 ACRE
Bldg Desc: 1.5S-AL-F-1UG
Addl Lots:
Acreage: 0.115 Class: 2

Owners Name: U.S. BANK TRUST NA, TRUSTEE
Street Address: P.O. BOX 4698
City & State: LOGAN, UT. Zip: 84323
Property Location: 22 JERSEY STREET

Land: 148,000
Impr: 98,300
Total: 246,300
Exempt:

Reval Date: 2019/10/01
Map: 12
Seq#: 637 (#1 of 1)

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
GOLDEN, SHAUN, SHERIFF	07/08/19	9360 /7574	1000	12
LUCISANO, STEVEN Q & DONNA M	02/28/02	8107 /9845	177000	
	01/02/85	04534/00147	64000	

ASSESSMENT HISTORY

Year	Land	Impr	Total
2012	115000	94100	209100
2013	100000	90300	190300
2015	121700	94700	216400

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.

LAND CALCULATIONS

Frt	Eff D	Back L	Tri	Dpf	FPF	Dep	Reason	Value
50	100			1.00		1.00		15000
1	LOT(S)			1.00		1.00		133000

Neigh: FS06
VCS: FS06
Zone: R70
Min Front: 70
Std Depth: 100

Front Ft Value: 300
Acre Value:
Lot Value: 133000

Land Value: 148,000

SITE INFORMATION

Road:	PAVED	Util:	SEW/WATER
Curbs:	NO	Gas:	YES
Sidewalk:	NO	Elec:	YES
Loc:		Topo:	LEVEL

STAFF CONTROL

Info By: OWNER	Date: 06/24/17
Visits: 2	Collector: 20
Old B:	Prtd: 12/19/19
Old L:	Card: M VH

BUILDING INFORMATION

Class: 16	Roof Type: GABLE
Age/Eff Age: 67 / 35 (Y)	Roof Material: SHINGLE
Exterior Walls: ALUM/VINYL	Room Count: Total Rooms:7 Bed Rooms: 3
Style: CAPE COD	Row/End: N.A.
Story Height: 1.5 STORY	Conversion:
Exterior Condition: NORMAL	Number of Units: 1
Interior Condition: FAIR	Heat Source: GAS
Foundation: CONCRETE BLOCK	Livable Area: 1190 SF

DEPRECIATION

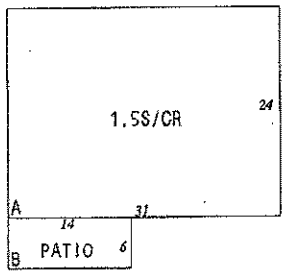
Physical:	44 %	Auto:	Y
Func Obs:	%	Over Imp:	%
Econ Obs:	%	Under Imp:	%
		Final Net:	0.56

Baths: M: A: 1 O: 1
Kitchens: M: A: O: 1

NOTES

1990; FWW

BUILDING SKETCH



A: 1.5S/CR u0r0cr31u24 744
B: PATIO u0r0cr14d6 84
C: 0
D: 0
E: 0
F: 0
G: 0
H: 0
I: 0
J: 0
K: 0
L: 0
M:
N:
O:
P:

Scale: 20

RESIDENTIAL COST APPROACH

Basement	Area	Rate	Const	Q/F	Mult	Value
Main Bldg						
FIRST STORY	744 x	49.420	+22260	x1.00	x1.00=	59028
HALF STORY	744 x	20.140	+ 3465	x1.00	x1.00=	18449
Heat/AC						
FORCED HOT AIR	1190 x	2.380	+ 960	x1.00	x1.00=	3792
AC (COMB DUCTS)	1190 x	0.870	+ 2160	x1.00	x1.00=	3195
Plumbing						
3 FIXTURE BATH	1- 2 x	2595.000	+ 0	x1.00	x1.00=	-2595
2 FIXTURE BATH	1- 1 x	1895.000	+ 0	x1.00	x1.00=	0
Fireplace						
Attic						
LARGE DORMER	1 x	3075.000	+ 0	x1.00	x1.00=	3075
Deck/Patio						
PATIO	84 x	5.330	+ 180	x1.00	x1.00=	628
Garage						

Base Cost: 85572 CCF: 1.73 Cost New: 148040
Net Cond: 0.56 Bldg Value: 82902

Detached Items:

VINYL POOL	512 x	14.800	+ 7155	x0.78	x0.40 x1.73=	7952
DET GAR-FRM	240 x	15.910	+ 3096	x0.93	x0.67 x1.73=	7453

Land: 148,000 Impr: 98,300 Total: 246,300