Jennifer 5/21/20
Gail 5/21/20

Annie Eng

From: egrandi hazlettwp.org <egrandi@hazlettwp.org>
Sent: Thursday, May 21, 2020 2:00 PM
To: jokeeffe hazlettwp.org; gscaglione
Cc: aeng hazlettwp.org
Subject: OPRA - 6 N. Parkview Terrace

RECEIVED
MAY 21 2020
MUNICIPAL CLERK

Jennifer/Gail:

Please see the below OPRA request.

Evelyn A. Grandi, Municipal Clerk
egrandi@hazlettwp.org
1766 Union Avenue
Hazlet, NJ 07730
732-264-1700 X8686
Hazlet Township Municipal
Offices are closed on Fridays

> ---------- Original Message ----------
> From: ADRIANA ONDARZA <opra+request-11221-57e671b8@requests.opramachine.com>
> To: OPRA requests at Hazlet Township <EGrandi@Hazlettwp.org>
> Date: May 21, 2020 1:48 PM
> Subject: OPRA request - Property Information
>
>
> 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. I would like to know which permits are still open and need to be closed. 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.
>
> 6 N Parkview Terr.
> Hazlet, NJ
> Block: 199 Lot: 10
>
> Yours faithfully,
>
> ADRIANA ONDARZA
>
> ---
>

> Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
> opra+request-11221-57e671b8@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_81
>
>
> 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.
>
> ---

OPEN PERMITS

BLOCK 199 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 6 N. Parkview PERMIT NO. 07-0490

199/10

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at 6 N. Parkview Terr.
2. Name of Owner in Fee: Joseph Delcain
   Tel. [redacted] e-mail _____
   Address 6 N. Parkview Terr (street) Hazlet (municipality) NJ 07730 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Weisrose Tel. (732) 566-1635
   Address 116 Johnson Ave e-mail _____
   License No. OR, if new home, Builder Reg. No. 22545 Exp. Date 1/08
   Federal Employee No. 22-3715531 FAX: ( ) _____
5. Architect or Engineer 13VH02173800 Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

5-1-06 - Spoke w/Pg advised permit ready

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		150 ✓	
3. Plumbing		250 ✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee		3	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	403	

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))

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	250				5/1/06	AC			
7. ☑ Electrical	150								
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: SFD
2. Use Group: R-5
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction	1	
After Construction	1	
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

5-1-07 - LM on H.O. UM - permit ready to be issued

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. 5:23-2.15(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 Wetscape

Address 11 Johnson Ave

Metuchen NJ 07747

Telephone (732) 566-1635

Signature _____

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

C 199/10

Date issued 8/9/07

Permit # 07-0690

CONSTRUCTION PERMIT

IDENTIFICATION Block 199 Lot 10 Qualification Code

Work Site Location 6a N. Parkview terr.

Owner In Fee Joseph Delcan

Address 6a N. Parkview Terr. Hazlet NJ 07730

Tel. [redacted]

Contractor Wetscape

Address 11 e Johnson Ave Matawan NJ 07747

Tel. (732) 566-1635

Lic. No. or Bldrs. Reg. No. 23545 13VH02173800

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:

Lawn Sprinkler System

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 $ 2,675

Dennis Rino

Construction Official

5-1-06

Date

PAYMENTS (Office Use Only)

Building	[redacted] 15
Electrical	[redacted] 30
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	3
Cert. of Occupancy	
Other	
Total	[redacted] 65
Check No.	2999
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

6 N. Parkview

ELECTRICAL SUBCODE
TECHNICAL SECTION

EP

Date Received
Control #
Date Issued 8/2/07
Permit # 07-0690

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

Block 199 Lot 10 Qualification Code

Work Site Location 6 N. Parkview Terr.

Owner in Fee: Joseph Delean

Tel. ([redacted]) e-mail

Address 6 N. Parkview Terr Hazlet NJ 07730
street municipality zip code

Contractor: Wetscape Tel. (732) 566-1635

Address 11 Johnson Ave e-mail

Contractor License No. 22545 Exp. Date 1/08

Federal Employee No. 22-3715531 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [✓] Certif'd Landscape Irrigation Cont'r [ ] 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	
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	
		Low Voltage transformer	

Administrative Surcharge $ 15
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required 7/30/07

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

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	9-10-07			
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

Reorder from DGS Printing (609) 396-4375

1-6-07 NO ENTRY 8:15

1-13-09 LEFT MESSAGE

Co N. Parkview

PLUMBING SUBCODE
TECHNICAL SECTION

EP

Date Received
Control #

Date Issued 8/6/07
Permit # 07-0690

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

Block 119 Lot 10 Qualification Code

Work Site Location 60 N. Parkview Terr

Owner in Fee Joseph Delesio

Address 60 N. Parkview Terr
Hazlet NJ 07730

Tel ([redacted]

Contractor ABC Payless Plumbing

Address 1675 Union Ave
Hazlet NJ 07730

Tel (800) 621 3079 FAX ( )

Contractor License No. 1115

Federal Emp. No. 22-3264608

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 ~~$5,250.00~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 5/11/06

Approved by:

SUBCODE APPROVAL

[ ] CO [/] CCO [ ] CA

Date: 8/6/07

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final C			8/6	

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 in 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	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 50

U.C.C. F139 (rev. 01/04)

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

OFFICE DATE RECEIVED: 4-18-06 from zoning

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.				

CLOSED PERMITS

BLOCK 199 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 6 NO. PARKVIEW TERR PERMIT NO. 04-1545

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 6 NO PARKVIEW TERR
2. Name of Owner in Fee: DELEONI PAUL Tel. [redacted]
   Address 6 NORTH PARKVIEW TERR (Street) HAZLET (Municipality) (Zip Code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Pool Town, Inc. Tel. (732) 901-9071
   Address 5500 U.S. Highway 9 South, Howell, NJ 07731
   License No. OR if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-2763004 FAX (732) 364-1815
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work PoolTown, Inc.
   Tel. (732) 901-9071 FAX (732) 364-1815

Proposed _____ Inground Pool. • Existing/Proposed _____
Fence with self latching, locking gate, opening outward, installed by homeowner.

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	200 ✓		
2. Electrical		40 ✓	10 ✓	
3. Plumbing		~~30~~	45 ✓	
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee		20	1	
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	260	135	

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	

E. 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~~ Pool		OPT.	11/1/04		11/1/04				
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection		45	11/16/04		11/16/04	45			
6. ☑ Plumbing									
7. ☑ Electrical		RM	11-9-04	11-9-04	11/15/04	RM	12-20-04	12-21-04	RM
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	15,000								

OPTIONAL (for office use only)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: R-5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units.

	All Units	Income-restricted
Before Construction	1	
After Construction	1	
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

U.C.C. F100-1 (rev. 12/03)

12-14-04 Kelly @ Pooltown 9% PT

CA-2127 11/8/04

8-18-05 - advised Contractor Need Lic. Elec. or H.O.

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. 5:23-2.15(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 POOL TOWN, INC.
Address 2660 RT. 9 S.
HOWELL, NJ 07731

Telephone (732) 505 9002
Signature

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

OFFICE DATE RECEIVED: 1-9-04

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Preliminary Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Preliminary Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Preliminary Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Preliminary Initial	STATE APPROVAL Final Date	COMMENTS
☐ 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	Other
Building		
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.			
☐ Certificates of Approval	No.			
☐ Lead Abatement Clearance Certificate	No.			

U.C.C. FH30-2 rev. 1/2004

CERTIFICATE

Date Issued: 2/27/19
Control #: 000000
Permit #: 2004-1545

Block #: 199 Lot #: 10
Work Site Location: 6 North Parkview Terrace
Hazlet, NJ 07730
Owner in Fee/Occupant: Joseph and Grace De Leonibus
Address: 6 North Parkview Terrace
Hazlet, NJ 07730
Telephone: [redacted]
Contractor: Mr. Rooter Plumbing
Address: 1720 Ginesi Drive
Freehold, NJ 07728
Telephone: 732-303-8500
Lic No or Bldrs Re No. 8446
Federal Emp. No. 223365466

Home Warranty No.
Type of Warranty Plan ( ) State ( ) Private
Use Group: R5
Maximum Live Load:
Construction Classification: 5B
Maximum Occupancy Load:

Description of Work/Use:

In-ground pool, gas piping for pool heater

( ) CERTIFICATE OF OCCUPANCY
This serves notice that said building structure has been constructed in Accordance with the NJ Uniform Construction Code and is approved for Occupancy

(X) CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed In accordance with the NJ Uniform Construction Code and is approved. If the Permit was issued for minor work, this certificate is based upon what was visible At the time of inspection

( ) TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to fine or order to vacate

( ) CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 to the following extent:
( ) Total removal of lead-based paint hazards in scope of work
( ) Partial or limited time period (years) see file

( ) CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy

( ) CERTIFICATE OF COMPLIANCE
This serves notice that potentially hazardous equipment has been installed or maintained in accordance with the NJ Uniform Construction Code and is approved for use until

Fee $266 & $132
Paid (X) Check Number: 31565 & 373
Collected by: TF

2/27/19
Dennis Pino, Construction Official

U.C.C. F260 (rev. 12/99)

CONSTRUCTION PERMIT

Date Issued 12-16-04

Permit # 04-1545

IDENTIFICATION Block 199 Lot 10 Qualification Code

Work Site Location 6 NO. PARKVIEW TERR. HAZLET

Owner in Fee DELEON, LUIS

Address SAME

Tel. [redacted]

Contractor Pool Town, Inc.

Address 5500 U.S. Highway 9 South, Howell, NJ 07731

Tel. (732) 901-9071

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:

Proposed 16 x 32 Inground Pool. • Existing/Proposed 6' WOOD Fence with self latching, locking gate, opening outward, installed by homeowner.

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 $ 15,000

Construction Official

12/14/04
Date

PAYMENTS (Office Use Only)

Building	200.
Electrical	46
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	20.
Cert. of Occupancy	
Other	
Total	266
Check No.	31565
Cash	
Collected by	

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

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

(see reverse side)

(NOTE: CONDITION OF PERMIT 10'X10' SECTION OF EXISTING DECK TO BE REMOVED

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.

6 North PARKVIEW

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-16-04

Date Issued / Permit # 04-1545 BE

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

Block 199 Lot 10 Qualification Code

Work Site Location 6 NO. PARKVIEW TERR HAZLET

Owner in Fee DELEON, LUIS

Address S/A

Tele. [redacted]

Contractor Pool Town, Inc.

Address 5500 U.S. Highway 9 South, Howell, NJ 07731

Tele. (732) 901-9071 Fax (732) 364-1815

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2763004

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	12/16/04	

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Collar			11/8/05	DJ
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 15,000

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

Proposed 16X32 Inground Poll.

Existing/Proposed 6' WOOD

Fence with self latching, locking gate, opening outward, installed by homeowner.
Self closing LATCH TO BE AT LEAST 54 inches ABOVE GROUND
CONDITION OF APPROVAL - 10'X10' SECTION OF DECK TO BE REMOVED AS REQUIRED BY ZONING PERMIT # 04-1060

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

FEE (Office Use Only)
$ 200

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

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

6/29/05 Not Installed

CONCRETE O.K., TIE RODS UNKNOWN
BRACES BOLTED

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-16-04

Date Issued / Permit # 04-1545

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

Block 1967 Lot 10 Qualification Code

Work Site Location 6 NO PARKVIEW TERR HALLET

Owner in Fee DELEIN, BJS

Address S/H

Tele. [redacted]

Contractor Pool Town, Inc.

Address 5500 U.S. Highway 9 South, Howell, NJ 07731

Tele. (732) 901-9071 Fax (732) 364-1815

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2763004

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	12/14/04	

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
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) $ 1,500.00

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

Proposed 16 x 32 Inground Poll.

Existing/Proposed 6' WOOD

Fence with self latching, locking gate, opening outward, installed by homeowner.
Self closing LATCH TO BE AT LEAST 54 inches ABOVE GROUND
CONDITION OF APPROVAL - 10'x10' SECTION OF DECK TO BE REMOVED AS REQUIRED BY ZONING PERMIT # 04-1060

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

FEE (Office Use Only)
$ 200

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-16-04

Date Issued / Permit # 04-1545 BE

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

Block 69 Lot 10 Qualification Code

Work Site Location 6 NO. PARKVIEW TERR
HAZLET

Owner in Fee DELVECCHIO

Address 51A
[redacted]

Tel

Contractor CPB Electric

Address 1371 Bridport Drive
Toms River, N.J. 08755

Tel (732) 244-2570 FAX (732) 244-3825

Contractor License No. 3984

Federal Emp. No. 22-2852256

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400

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.

Charles P Bonacci
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
7		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
1		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	1.5	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
16' x 32'		INGROUND Swimming Pool	
		Administrative Surcharge	$
		Minimum Fee	$ 46
		State Permit Surcharge Fee	$
		TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 9-13-06

Approved by: Ronald Mayer

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other BONDING TRENCH			P-1805 RM	
Service				
Final			9-1306 RM	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. FT20 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

8-18-05 UPDATE ON POOL HEATER

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-16-04

Date Issued / Permit # 04-1545

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

Block 199 Lot 10 Qualification Code

Work Site Location 6 NO. PARKVIEW TERR HAZLET

Owner in Fee DELEONIS

Address SAME

Tel [redacted]

Contractor CPB Electric

Address 1371 Bridport Drive
Toms River, N.J. 08755

Tel (732) 244-2570 FAX (732) 244-3825

Contractor License No. 3984

Federal Emp. No. 22-2852256

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	138
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 1
1		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	1.5	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
16'X32' INGROUND Swimming Pool			

Administrative Surcharge $

Minimum Fee $ 46

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: 12/13

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

8-29-05 LMorn w/ H.O. Advised PReady

PERMIT UPDATE

Date Update Issued 8-30-05
Control #
Permit # 04-1545
Date Permit Issued

IDENTIFICATION Block 199 Lot 10
Work Site Location 6 North Parkview
HAZLET
Owner in Fee DeLeonibus
Address 6 North Parkview
HAZLET
Tel. [redacted]

Contractor MR. Rooter Plumbing
Address 1720 Ginesi Drive
Freehold NJ 07728
Tel. (732) 303-8500
Lic. No. or Bldrs. Reg. No. 8446
Fed. Emp. No. 223-365-466

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:

Gas Piping for Pool Heater

Estimated Cost of Work $ 899

Dennis Rooter Contr
Construction Official

8/24/05
Date

PAYMENTS (Office Use Only)

Building	
Electrical	46
Plumbing	46
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	
Other	
Total	132
Check No.	373
Cash	
Collected by	TF

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 8-30-05

Date Issued
Permit # 04-1545+ PEF

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

Block 199 Lot 10 Qualification Code

Work Site Location CONORTH Parkview Terrace

Owner in Fee Mr Mrs Delecticus

Address CONORTH Parkview Terrace Hazlet

Tel [redacted]

Contractor Electric

Address 1371 Bridport Drive
Toms River, New Jersey 08755

Tel. (732) 244-2570 FAX (732) 244-3825

Contractor License No. 15474

Federal Emp. No. 22-2852256

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: 8-21-05

Approved by: Ronald Mayk

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 9-13-06

Approved by: Ronald Mayk

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier - Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		9-Bob		RM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certificate

C. CERTIFICATION IN LIEU OF OATH

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

Charles P Bonnette
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] 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/Hot Tub	
		KW Elec. Ranger/Receptable	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptable	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Elec. Tell Heater	

Administrative Surcharge $ 10

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

4-27-06 MARK PANEL
JOE 732-264-2780

9-13-06 POST LITES GFCI ?

CHECK SERVICE ON SITE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 8-30-05

Date Issued
Permit # 04-1545+

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

Block 149 Lot 10 Qualification Code

Work Site Location Conorth Parkview Terrace

Owner in Fee Mr Mrs Dziecinias

Address Conorth Parkview Terrace Howell

Tel. [redacted]

Contractor CPB Electric

Address 1371 Bridport Drive
Toms River, New Jersey 08755

Tel. (732) 244-2570 FAX (732) 244-3825

Contractor License No. 15474

Federal Emp. No. 22-2852256

B. ELECTRICAL CHARACTERISTICS

Use Group Present RS Proposed R

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

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

Date: 8-30-05

Approved by: Ronald Mayer

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certificate

C. CERTIFICATION IN LIEU OF OATH

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

Charles P Kosmicki

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] 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/Hot Tub	
		KW Elec. Ranger/Receptable	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptable	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		1-Loc Tent Heaters	

Administrative Surcharge $ 40

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

~~Changed to~~ 6 N. Parkview ~~Deleted~~

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-30-05
Control #
Permit # 04-1545 + PEF

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

Block 199 Lot 10 Qualification Code
Work Site Location 6 North Parkview Terr
Hazlet
Owner in Fee DeLeBarbus
Address Same
Tel ([redacted]
Contractor MR. ROOTER PLUMBING
Address 1720 GINESI DRIVE
FREEHOLD, NEW JERSEY 07728
Tel (732) 303-8500 FAX (732) 303-1856
Contractor License No. 8446
Federal Emp. No. 223-365-466

B. PLUMBING CHARACTERISTICS

Use Group R-3 Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 8990

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/24/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10/26/05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping (pool)			9/15/05	CBL
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
			10/26	JS

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	
1	Gas Piping for pool heater	65 —
	LPGas Tank	
	Steam Boiler	
1	~~Hot Water Boiler~~	10 —
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $	
Minimum Fee $	75 —
State Permit Surcharge Fee $	
TOTAL FEE $	

NO permits on file for Pool Heater

UCC/F-130 (REV. 1/04) Professional Printing (856) 468-7933

1. White-Inspector copy 2. Canary- Applicant copy 3. Pink- Office Copy 4. White Tag- Office copy

Went Must be befor Trap

Change of Contractor

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-30-05
Control #
Permit # 04-1545

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

Block 190 Lot 10 Qualification Code
Work Site Location 6 North Parkview Terr Howell NJ
Owner in Fee DeRobbio
Address Same
Tel [redacted]
Contractor MR. ROOTER PLUMBING
Address 1720 GINESI DRIVE FREEHOLD, NEW JERSEY 07728
Tel (732) 303-8500 FAX (732) 303-1856
Contractor License No. 8446
Federal Emp. No. 223-365-486

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 $ 899.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/29/05
Approved by:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas 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) $
11	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping 1= pool heate	65 —
	LP Gas Tank	
1	Steam Boiler	10 —
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 75 —
State Permit Surcharge Fee	$
TOTAL FEE	$

NO Permits on file for pool Heater

UCC/F-130 (REV. 1/04) Professional Printing (856) 468-7933

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

DATE	JOB CONDITION / COMMENTS

6 N. Parkview

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-30-05
Control #
Date Issued
Permit # 04-1545 + PEF

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

Block 99 Lot 10 Qualification Code
Work Site Location 6 NORTH PARKVIEW TERRACE HAZLET
Owner in Fee DELEONIBUS
Address SAME
Tel ([redacted]
Contractor MR. ROOTER
Address 1720 C JONES DR. FREEHOLD NJ
Tel (732) 303-6500 FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity
Total Cost of Fire Protection Work $

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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. Alan McLendon
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source POOL HEATER
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		46

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2/26/19
Approved by: JM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	Voided			
Other				

U.C.C. F140 (rev. 1/04)

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

6/11/08 Need Relief Pipe Form grind JS
3/4" Pipe

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 8-30-05

Date Issued Permit # 04-1545

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

Block 119 Lot 10 Qualification Code E

Work Site Location 6 NORTH PARKVIEW TERRACE HAZLET

Owner in Fee DELEONIBUS

Address SAME

Tel ([redacted])

Contractor MR. ROOTER

Address 120 C. WEST DR. FREEHOLD NJ

Tel (732) 303-8500 FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____

Total Cost of Fire Protection Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

(1) No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: ____

Approved by: ____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other ____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source POOL HEATER

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

Administrative Surcharge $ ____

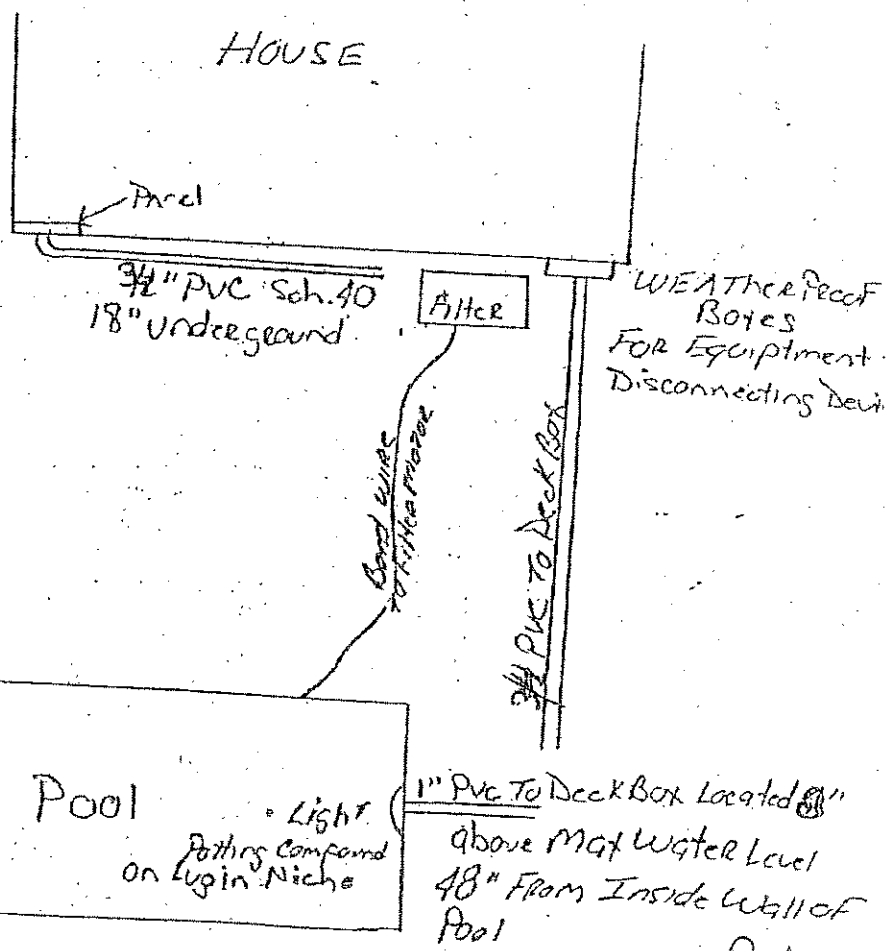
Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ 46

04-1545

#12 THHN Stand. To All Pool Equipt. All Bonding Done with Insulated Solid #8 Green. Copper lugs For Bonding



CPB ELECTRIC
[redacted]
732- 244-2570

RM
8-2405

RICHARD J. CODEY
Acting Governor

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark, NJ 07102

PETER C. HARVEY
Attorney General

KIMBERLY S. RICKETTS
Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

June 30, 2005

TO WHOM IT MAY CONCERN

This is to inform you that **Charles Bonicker Jr** is a newly-licensed electrical contractor who has not yet been supplied with a pressure seal by the vendor for **BUSINESS PERMIT NO. 15474, CPB Electric, 1371 Bridport Drive, Toms River, NJ 08755.**

Please accept this letter as an interim device pending the furnishing of this pressure seal.

This letter will be rendered invalid 140 days after the date of its issuance.

Sincerely,

Barbara A. Cook
Executive Director

BAC:gb

Change of Contractor

Mr. Rooter Plumbing
1720 Ginesi Drive
Freehold, New Jersey 07728
Andrew August
Lic. # 8446
732-303-8500 Ext 11
732-303-1656 - Fax

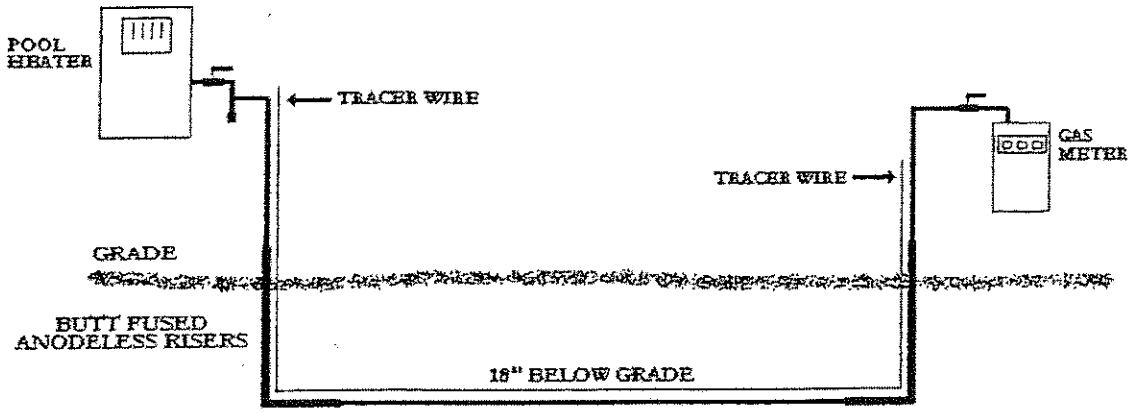
NAME Deleombus

ADDRESS 6 North Parkview Ter

Hazlet

BLOCK 199 LOT 10

PERMIT# 04-1545



INPUT BTU 400,000

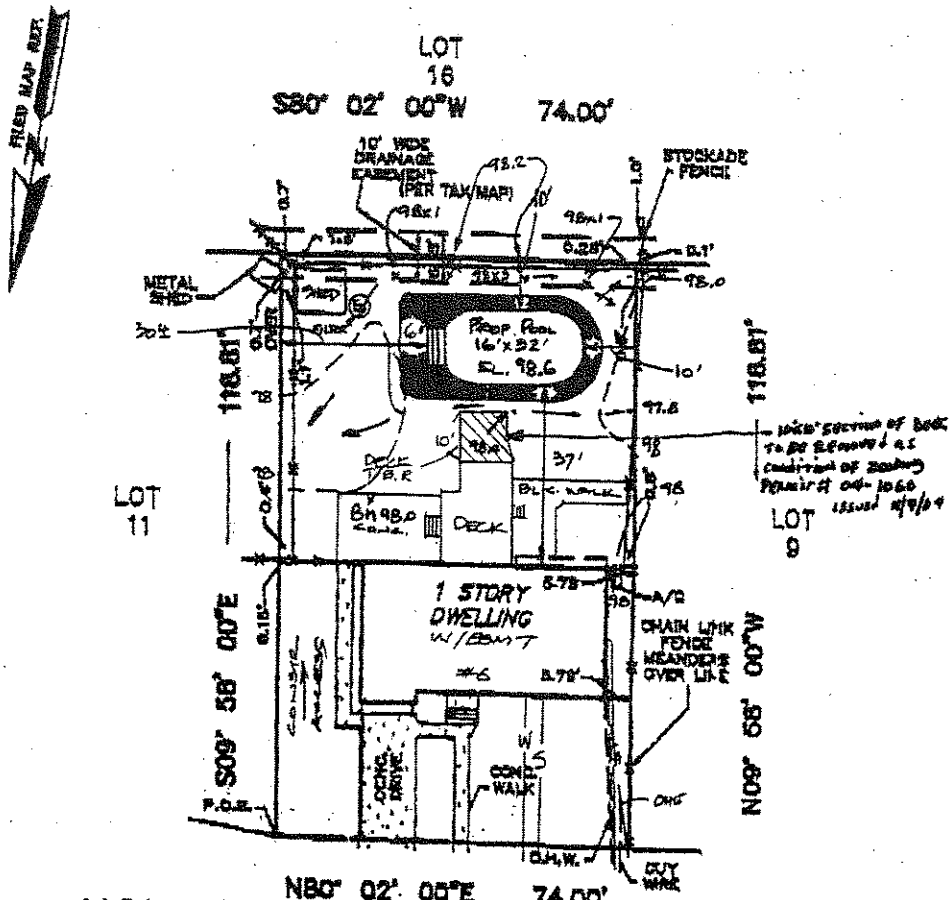
LGTH OF RUN up to 60'

SIZE OF PIPE 1¼"

TYPE OF PIPE poly

SAND IN TRENCH _____

APPROVED
HAZLET TOWNSHIP
PLUMBING SUB-CODE OFFICIAL
DATE 5/24/12



Municipal Office Copy 04-1545

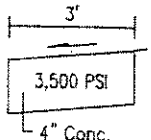
NOTES:

1. Grading Plan based on Survey by Frank J. Ernst, NJPLS No. 28308 and elevations by R.C. Burdick, P.E., P.C. on October 5, 2004.
2. Contractor to verify location of all utilities prior to the start of construction. Utilities shown are per visual observation of physical features and/or existing markouts and location is approximate. The undersigned professionals are not responsible for the presence of underground utilities or structures if they are not visible or otherwise disclosed by any of the above data. Pool contractor shall utilize the services of CALL DIG (1-800-272-1000) to accurately locate utilities.
3. Pool to be secured by minimum 4' fence with self-latching and closing gates by property owner. Fence and all other construction shall comply with the 2000 International Building Code and the 2000 International Residential Code, New Jersey Edition (IRC 2000), including, ANSI/NSPI-5 Standards for Residential In-Ground Swimming Pools. When fence ties to dwelling, door alarms must be installed.
4. All electrical equipment must be located at least 10 feet from the swimming pool.
5. The contractor shall protect all existing structures from damage and/or failure by acceptable methods, as may be required. The Design Engineer accepts no responsibility for the safety or adequacy of the existing structures.
6. The Design Engineer assumes no responsibility for pool construction in easements or required setback areas not shown on Survey provided to Design Engineer. The pool contractor and property owner shall verify the pool layout and all dimensions prior to construction.
7. Property owner responsible for any necessary environmental permits. The determination of the presence or absence of wetlands, stream encroachment lines, buffer lines or easements not shown on the survey supplied by Property Owner was outside of the scope of this project.
8. By use of this Grading Plan for the purpose of obtaining a Permit to Construct, the Property Owner and Pool Company agree to of the proposed pool location, concrete, operating equipment and grading associated with the proposed swimming pool.
9. Min. 1 %, max. 3:1 grading provided in area that is to be disturbed by pool construction; 0.5 % (typ.) grading on concrete.

Property Owner: Joseph DeLeonibus
6 No. Parkview Terrace
Hazlet Twp., NJ
Phone: 732-264-2788

LEGEND

96.6 Exist. El. (ft.)
96x2 Prop. El. (ft.)
– – Exist. Contour
—— Prop. Contour
EQ. Equipment



SIDEWALK DETAIL
N.T.S.

NO.	DATE	DESCRIPTION	
2	11/1/04	REMOVE A.G. POOL DECK	RLB
1	10/22/04	REMOVE 888F conc. (1%)	RLB

POOL GRADING PLAN

Block 199, Lot 10
Township of Hazlet
Monmouth County, New Jersey

DATE: 10/6/04
SCALE: 1" = 30'
JOB No. 04-449
SHEET 1 OF 1

R.C. BURDICK
CONSULTING ENGINEERS SURVEYORS
PLANNING · ENVIRONMENTAL PERMITTING
1023 OCEAN ROAD
POINT PLEASANT, NJ 08742
(732)892-5050 FAX (732)892-5888

ROBERT C. BURDICK
N.J. PROFESSIONAL ENGINEER #30929
N.J. PROFESSIONAL PLANNER #04383

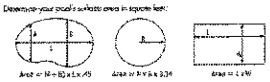
HAZLET TOWNSHIP
Department of Construction Code Enforcement
PLAN REVIEW RELEASE

BUILDING SUB CODE OFFICIAL — 12/14/04
Plan Review Release
ELECTRICAL SUBCODE OFFICIAL
Plan Review Release
FIRE SUBCODE OFFICIAL
Plan Review Release
PLUMBING SUBCODE OFFICIAL
Plan Review Release
CONSTRUCTION OFFICIAL
Go for Construction Permit

Selecting the correct size H-Series heater

For Your Swimming Pool

Determine your pool's surface area in square feet:



Area = (A + B) x L x .45 | Area = R x R x 3.14 | Area = L x W

MODEL	SURFACE AREA
H400	1200
H350	1050
H300	900
H250	750
H200	600
H150	450

In the table, locate the surface area that is equal to or just greater than the pool's surface area. To the left of this number is the appropriate H-Series model that will fit the selected area.

For indoor pool installations, divide the pool's surface area by 2.

Table is based on a 30°F temperature rise, 3½ mph average wind velocity and elevation of up to 2,000 feet above sea level.

For Your Spa or Hot Tub

Determine your spa capacity in gallons (Surface area x average depth x 7½).

The reference table lists the time required in minutes to raise the temperature of the spa/hot tub by 30°F. In the table below, locate the column with the spa/tub size in gallons that is closest to yours. Select the desired time to raise the spa/hot tub temperature 30°F, read to the left and select the appropriate H-Series model.

This guide can be adjusted for other temperature rises. For example, if you desire a 15°F increase in temperature, simply divide the time for 30°F rise by the ratio of 30/15, or 2.

Note: Heat loss and/or heat absorbed by spa walls or other objects will add to the time it takes the spa to heat up.

Spa sizing is based on an insulated and covered spa. Always cover your spa or hot tub when not in use to minimize heat loss and evaporation.

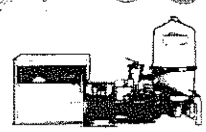
MODEL	SPA/TUB SIZE IN GALLONS								
	200	300	400	500	600	700	800	900	1000
	[illegible]								
H400	9	14	19	23	28	33	37	42	47
H350	11	16	21	27	32	37	43	48	54
H300	1	19	25	31	37	44	50	56	62
H250	15	22	30	37	45	52	60	67	75
H200	19	28	37	47	56	66	75	84	94
H150	25	37	50	62	75	87	100	112	125

Specifications and Dimensions

		H400	H350	H300	H250	H200	H150
[illegible]		400,000	350,000	300,000	250,000	200,000	150,000
[illegible]		[illegible]	[illegible]	[illegible]	27"	[illegible]	[illegible]
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]		9"	9"	8"	7"	7"	6"
[illegible]		10"	10"	9"	7"	7"	6"
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	19"
[illegible]		200 lbs.	[illegible] lbs.	[illegible] lbs.	144 lbs.	140 lbs.	[illegible] lbs.
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

H-Series heaters are available in a comprehensive range of BTU sizes and options, including 1½" and 2" water connections, millivolt and electronic temperature control, and natural or propane gas. All units are certified by the American Gas Association and carry Hayward's exclusive warranty.

H-Series heaters feature water connections that are fully compatible with preexisting installations.

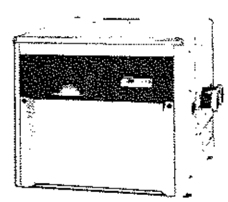


Convenience. Performance. Innovation.

For pure comfort in ideal water temperatures, count on the control and efficiency of H-Series heaters -- the perfect high-quality addition to your Totally Hayward™ System.

HAYWARD Pool Products
One source. Every pool.

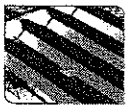
A higher degree of comfort and control.



Pumps
Filters
Heaters
Heat Pumps
Cleaners
Lighting
Controls
Electronic Chlorine Generators
Total System

Digital LED control panel for easy temperature programming and diagnostics check.

Hayward burners — tough, durable and easily accessible.



Our 316" Groove Fin Plate™ Heat Exchanger — the heart of heat exchanger technology.

Hot Surface Silicon Nitride ignition system is the most reliable direct system in the pool heater industry and its made by Hayward.

Our blue, patented, non-corrosive polymer headers and stainless steel tube sheets.

Hayward® H-Series: Advancing technology to a higher degree.

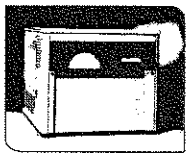
The Hayward® H-Series features a wealth of advances. All delivering precision water temperature control, achieving the ideal comfort level. Built to withstand even the harshest of conditions, the H-Series is the last line of heaters to offer a rust-resistant water path. And, like all Hayward products, the H-Series line is designed to the most exacting standards of any pool system. With the H-Series, Hayward delivers the complete package.

Selecting the H-Series that's right for you.

The Hayward H-Series line of pool and spa heaters incorporates the most advanced technology to provide lavish comfort, energy-efficient operation and long-lasting dependability. When you select the H-Series that meets your specific needs, you'll be turning up the heat in confidence, with the precision, comfort and control you've come to expect from the leader in pool systems.

Hayward's Heat Pro Tir combustion chamber

CPVC capability reduces cost, installation time and cost

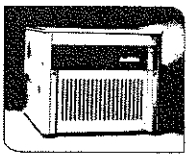


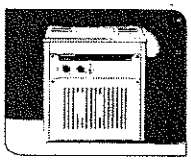
Induced Draft Heaters

The induced draft system provides lavish comfort, control and a state-of-the-art heating environment that is impervious to wind and other environmental factors. Its pre-mix burners provide an environmentally friendly low NOx system with the highest efficiency rating in the industry. Installation is a snap with voltage that adapts to either 110V or 220V.

Electronic Heaters

The most advanced technologies. Impressive dependability. You'll find it in the Direct Spark Ignition, living without fail in windy conditions, keeping the temperature consistent and your fuel costs down. Consider the addition of a fuel-efficient, digitally precise system for transforms water into pure comfort.

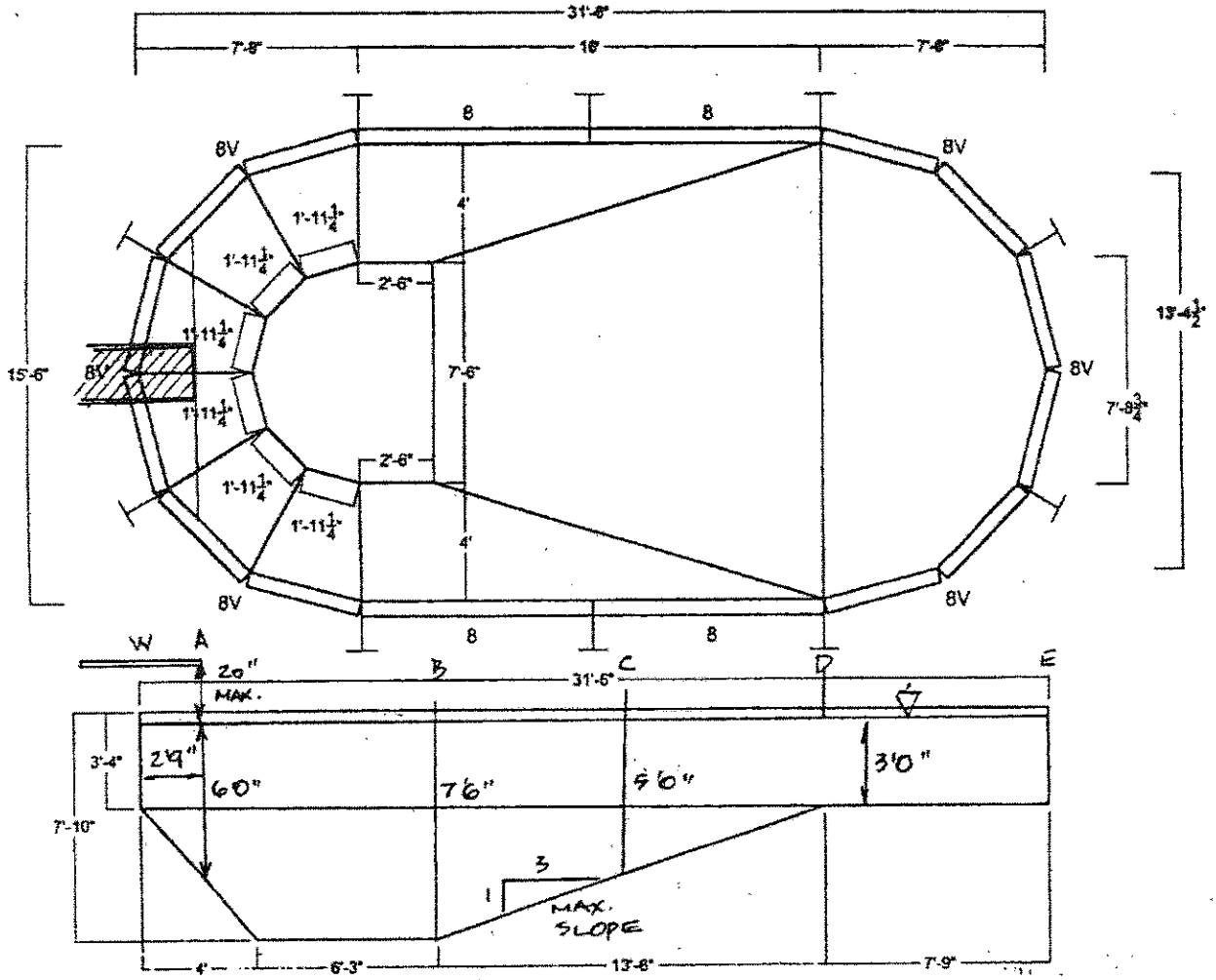




Millivolt Heaters

The millivolt system is the right choice for budget-oriented pool and spa applications, helping to extend your pool season and enhance your pool experience. This system offers high-performance flow control management and a "Y" Groove Finn Plate for fast heating and virtually no condensation.

H-SERIES FEATURES	INDUCED DRAFT	ELECTRONIC	MILLIVOLT	ADVANTAGE
Thermal Efficiency	84%	80%–83%	80%–82%	More heat for less money
Control Panel	Digital Thermostat	Digital Thermostat	Mechanical Thermostat	Simple setting of temperature and on-board diagnostics
Burner System	Pre-mix Low NOx	Eugenus	Eugenus	Pre-mix burners are environmentally friendly and efficient
Ignition System	Silicon Nitride	Direct Spark	Standing Pilot	More reliable lighting
Heat Exchanger	Finn Plate	Finn Plate	Finn Plate	Heats quickly and consistently
Patented Polymer Headers and Stainless Steel Tube Sheets	Yes	Yes	Yes	Reliable rust-resistant water path
Flow Control Management System	Thermal Control Valve	Thermal Control Valve	Thermal Control Valve	Regulates water flow to heat efficiently and eliminates condensation
Combustion Chamber	1" FireTile®	1" FireTile®	1" FireTile®	State-of-the-art combustion chamber to maximize heat retention and stretch energy dollars
Warranty	1 Year Parts	1 Year Parts	1 Year Warranty	Peace of mind



Size	Diving Type*1	Depths At Point A	B	C	D	Widths At Point A	B	C	D	Lengths Between Points WA	AB	BC	CD	DE
16'x 32'	II	6'	7' 6"	5'	3'	12'	16'	16'	16'	2' 9"	6'	7' 6"	6'	7' 9"

*1 6' or 8' Diving Board or 6' Jump Board

All construction shall comply with the 2000 International Building Code and the 2000 International Residential Code, New Jersey Edition (IRC 2000), including, ANSI/NSPI-5 Standards for Residential In-Ground Swimming Pools.

16,780 Gallon Capacity/419 s.f.

NO.	DATE	DESCRIPTION	BY

Jewell Pool

Shop Drawing
Size: 16' x 32'
Imperial Pools, Inc. # 104

DATE: 12/30/03
SCALE: N.T.S.
JOB No.: 03-449
SHEET: 1 OF 1

R.C. BURDICK
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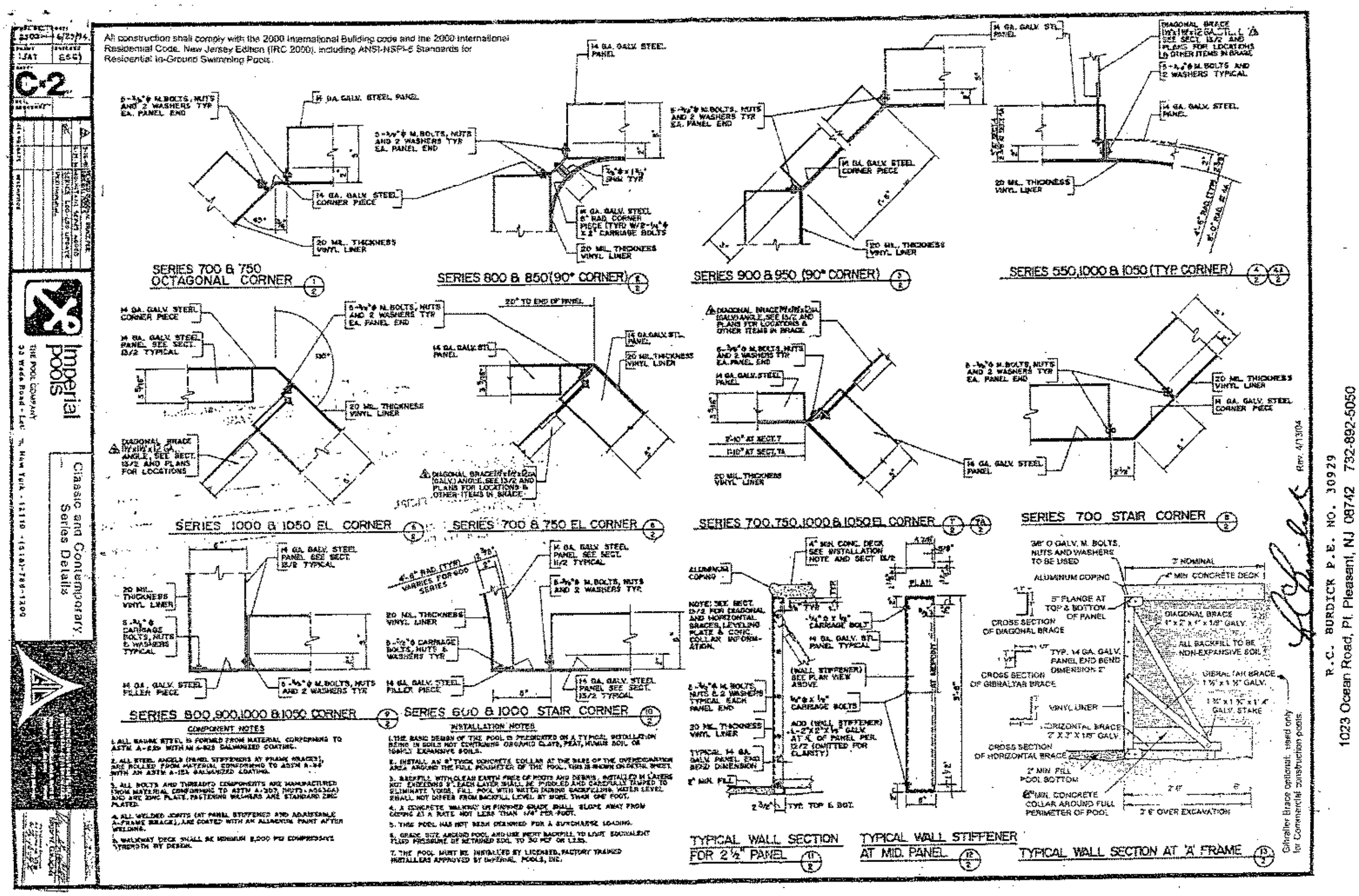
ROBERT C. BURDICK
N.J. PROFESSIONAL ENGINEER #30929
N.J. PROFESSIONAL PLANNER #04383

HAZLET TOWNSHIP
Department of Construction Code Enforcement
PLAN REVIEW RELEASE

BUILDING SUB CODE OFFICIAL
Plan Review Release
ELECTRICAL SUBCODE OFFICIAL
Plan Review Release
FIRE SUBCODE OFFICIAL
Plan Review Release
PLUMBING SUBCODE OFFICIAL
Plan Review Release
CONSTRUCTION OFFICIAL
OK for Construction Permit

12/11/14



All construction shall comply with the 2000 International Building code and the 2000 International Residential Code, New Jersey Edition (IRC 2000), including ANSI-NSPI-5 Standards for Residential In-Ground Swimming Pools.
C-2
imperial pools
Classic and Contemporary Series Details
SERIES 700 & 750 OCTAGONAL CORNER
SERIES 800 & 850 (90° CORNER)
SERIES 900 & 950 (90° CORNER)
SERIES 550,1000 & 1050 (TYP. CORNER)
SERIES 1000 & 1050 EL CORNER
SERIES 700 & 750 EL CORNER
SERIES 700,750,1000 & 1050 EL CORNER
SERIES 700 STAIR CORNER
SERIES 800,900,1000 & 1050 CORNER
SERIES 600 & 1000 STAIR CORNER
COMPONENT NOTES
INSTALLATION NOTES
TYPICAL WALL SECTION FOR 2 ½" PANEL
TYPICAL WALL STIFFENER AT MID. PANEL
TYPICAL WALL SECTION AT 'A' FRAME
14 GA. GALV. STEEL PANEL
14 GA. GALV. STEEL CORNER PIECE
20 MIL. THICKNESS VINYL LINER
ALUMINUM COPING
4" MIN. CONCRETE DECK
DIAGONAL BRACE
ALL BACKFILL TO BE NON-EXPANSIVE SOIL
GIBRALTAR BRACE
VINYL LINER
HORIZONTAL BRACE
2" MIN FILL POOL BOTTOM
6" MIN. CONCRETE COLLAR AROUND FULL PERIMETER OF POOL
2' 6" OVER EXCAVATION
Gibraltar Brace optional, used only for Commercial construction pools.
R.C. BURDICK P.E. NO. 30929
1023 Ocean Road, Pt. Pleasant, NJ 08742 732-892-5050
Rev. 4/13/04

HAZLET TOWNSHIP
Department of Construction Code Enforcement
PLAN REVIEW RELEASE

BUILDING SUB CODE OFFICIAL
Plan Review Release

ELECTRICAL SUBCODE OFFICIAL
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FIRE SUBCODE OFFICIAL
Plan Review Release

PLUMBING SUBCODE OFFICIAL
Plan Review Release

CONSTRUCTION OFFICIAL
OK for Construction Permit

12/17/07

HAZLET TOWNSHIP, NEW JERSEY
APPLICATION FOR ZONING PERMIT

DATE 11-9-04

APPLICATION NO. _____
PERMIT NO. 04-1060

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 Pool Town Inc

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

ADDRESS 6 No. PARKVIEW TERR.

Block 199 Lot 10 Zone R70

The above named applicant hereby applies for a Zoning Permit to: Proposed 16x32 Inground Pool. Deleting rear section of deck 10'x10' to be removed. As condition of Approval AT- 25% Maximum Coverage

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

SIZE OF PROPERTY

Area 8792 Sq.Ft.

Frontage ____ Ft

Depth ____ Ft.

PRINCIPAL BUILDING

Type 1 Story Frame

Gross Floor Area ____ Sq.Ft.

Lot Coverage 25 Percent

Building Height ____ Ft.(Max)

ACCESSORY BUILDING(S)

Pool Deck

Total Area 419 276 Sq.Ft.

Min Side Yard 10 6.0 Ft

Min Rear Yard 10 10 Ft

Min of 7 7 Ft.

(From ~~Ducling~~) Structure

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 DELEONIBUS Address 6 NO. PARKVIEW TERR Tel No. [redacted]

Lessee ____ Address ____ Tel.No ____

Contractor Pool Town Inc Address 5700 Rt 9 Howell Tel.No 732 505 9000

Estimated Value of Work $ $15000

Zoning Permit Fee $ 80-00

Signature of Applicant or Agent

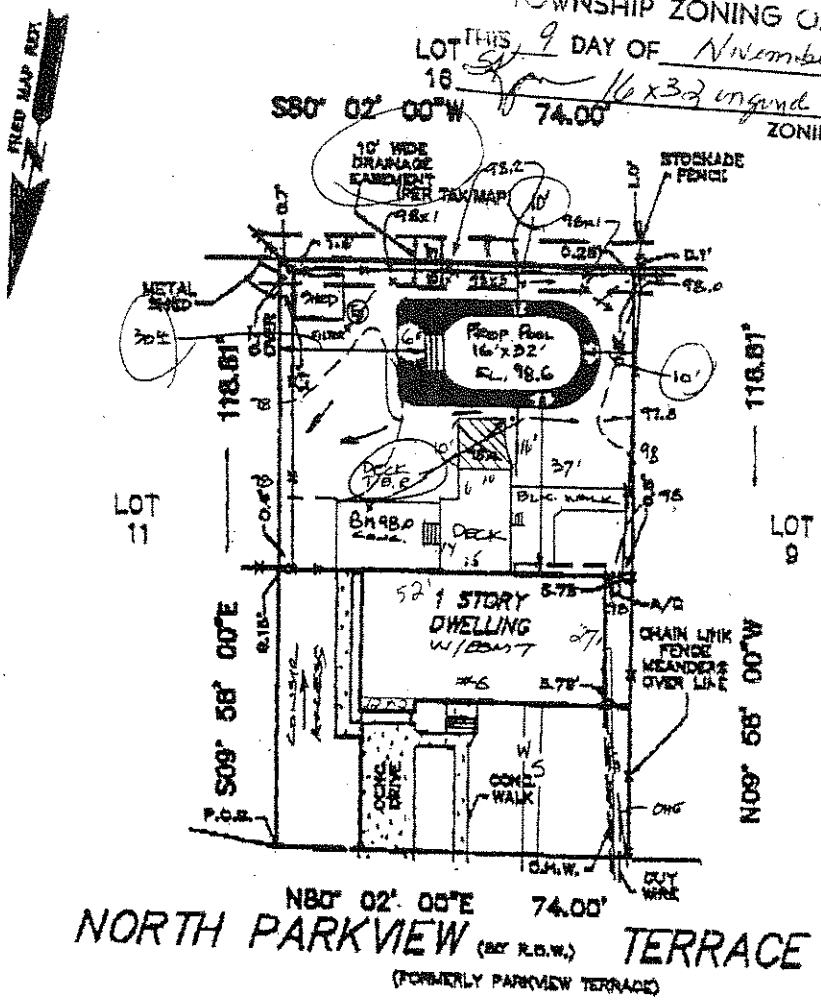
Sharon A. Keegan – Zoning Officer

NOTES:

APPROVED BY HAZLET TOWNSHIP ZONING OFFICE
THIS 9 DAY OF November 2004
16'x32' Inground Pool
ZONING OFFICER

As condition of Approval 10'x10' section of Deck To be removed

APPROVED BY HAZLET TOWNSHIP ZONING OFFICE
THIS 9 DAY OF November 2004
16x32 unground pool AS ZONING O...



Conditional Approval 10'x10' section of deck to be removed

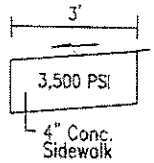
NOTES:

1. Grading Plan based on Survey by Frank J. Ernst, NJPLS No. 28308 and elevations by R.C. Burdick, P.E., P.C. on October 5, 2004.
2. Contractor to verify location of all utilities prior to the start of construction. Utilities shown are per visual observation of physical features and/or existing markouts and location is approximate. The undersigned professionals are not responsible for the presence of underground utilities or structures if they are not visible or otherwise disclosed by any of the above data. Pool contractor shall utilize the services of CALL DIG (1-800-272-1000) to accurately locate utilities.
3. Pool to be secured by minimum 4' fence with self-latching and closing gates by property owner. Fence and all other construction shall comply with the 2000 International Building Code and the 2000 International Residential Code, New Jersey Edition (IRC 2000), including, ANSI/NSPI-5 Standards for Residential In-Ground Swimming Pools. When fence ties to dwelling, door alarms must be installed.
4. All electrical equipment must be located at least 10 feet from the swimming pool.
5. The contractor shall protect all existing structures from damage and/or failure by acceptable methods, as may be required. The Design Engineer accepts no responsibility for the safety or adequacy of the existing structures.
6. The Design Engineer assumes no responsibility for pool construction in easements or required setback areas not shown on Survey provided to Design Engineer. The pool contractor and property owner shall verify the pool layout and all dimensions prior to construction.
7. Property owner responsible for any necessary environmental permits. The determination of the presence or absence of wetlands, stream encroachment lines, buffer lines or easements not shown on the survey supplied by Property Owner was outside of the scope of this project.
8. By use of this Grading Plan for the purpose of obtaining a Permit to Construct, the Property Owner and Pool Company agree to of the proposed pool location, concrete, operating equipment and grading associated with the proposed swimming pool.
9. Min. 1 %, max. 3:1 grading provided in area that is to be disturbed by pool construction; 0.5 % (typ.) grading on concrete.

Property Owner: Joseph DeLeonibus Phone: 732-264-2788
6 No. Parkview Terrace
Hazlet Twp., NJ

LEGEND

96.6 Exist. El. (ft.)
96x2 Prop. El. (ft.)
– – Exist. Contour
—— Prop. Contour
EQ. Equipment



SIDEWALK DETAIL
N.T.S.

NO.	DATE	DESCRIPTION	
2	11/1/04	REMOVE A.G. POOL DECK	RLB
1	10/22/04	REMOVE 88sf conc. (1%)	RLB

POOL GRADING PLAN

Block 199, Lot 10
Township of Hazlet
Monmouth County, New Jersey

DATE: 10/6/04
SCALE: 1" = 30'
JOB No. 04-449
SHEET 1 OF 1

R.C. BURDICK
CONSULTING ENGINEERS SURVEYORS
PLANNING · ENVIRONMENTAL PERMITTING
1023 OCEAN ROAD
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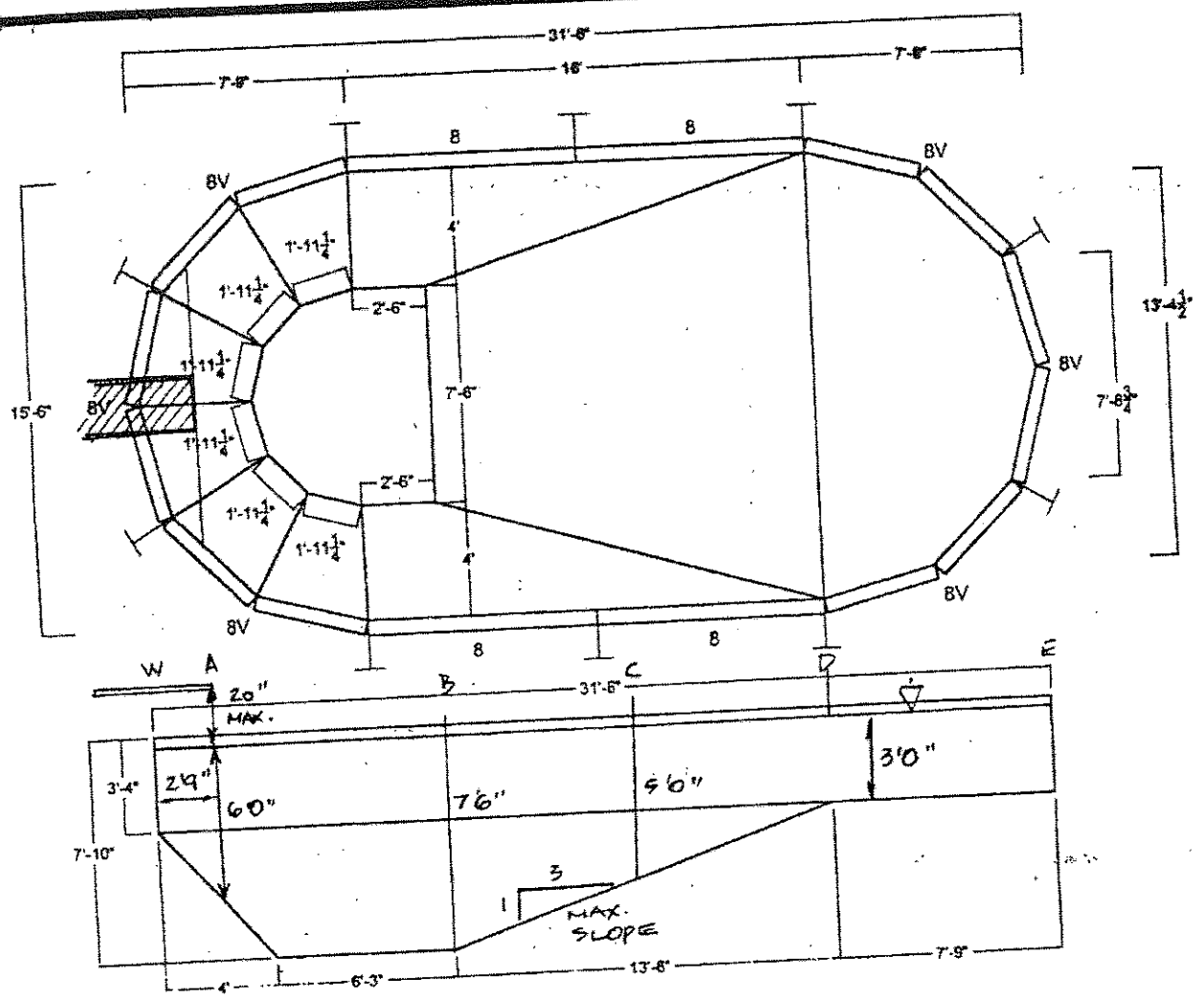

Size	Diving Type*1	Depths At Point A	B	C	D	Widths At Point A	B	C	D	Lengths Between Points WA	AB	BC	CD	DE
16' x 32'	II	6'	7' 6"	5'	3'	12'	16'	16'	16'	2' 9"	7' 6"	7' 6"	6'	7' 9"

*1 6' or 8' Diving Board or 6' Jump Board

All construction shall comply with the 2000 International Building Code and the 2000 International Residential Code, New Jersey Edition (IRC 2000), including, ANSI/NSPI-5 Standards for Residential In-Ground Swimming Pools.

16,780 Gallon Capacity/419 s.f.

NO.	DATE	DESCRIPTION	BY

Jewell Pool

Shop Drawing
Size: 16' x 32'
Imperial Pools, Inc. # 104

DATE: 12/30/03
SCALE: N.T.S.
JOB No.: 03-449
SHEET: 1 OF 1

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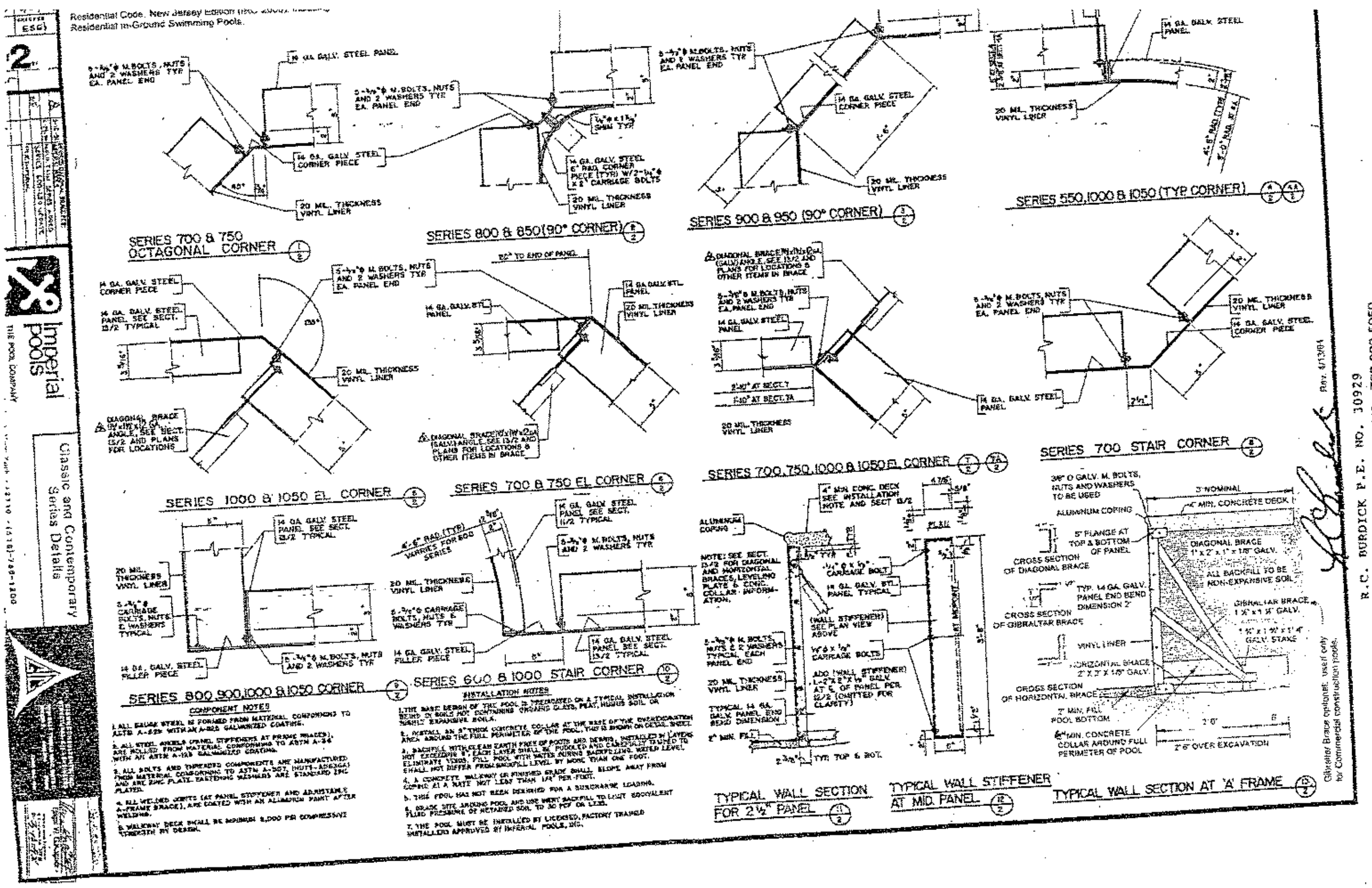
Residential Code, New Jersey Edition (...) Residential In-Ground Swimming Pools.



COMPONENT NOTES

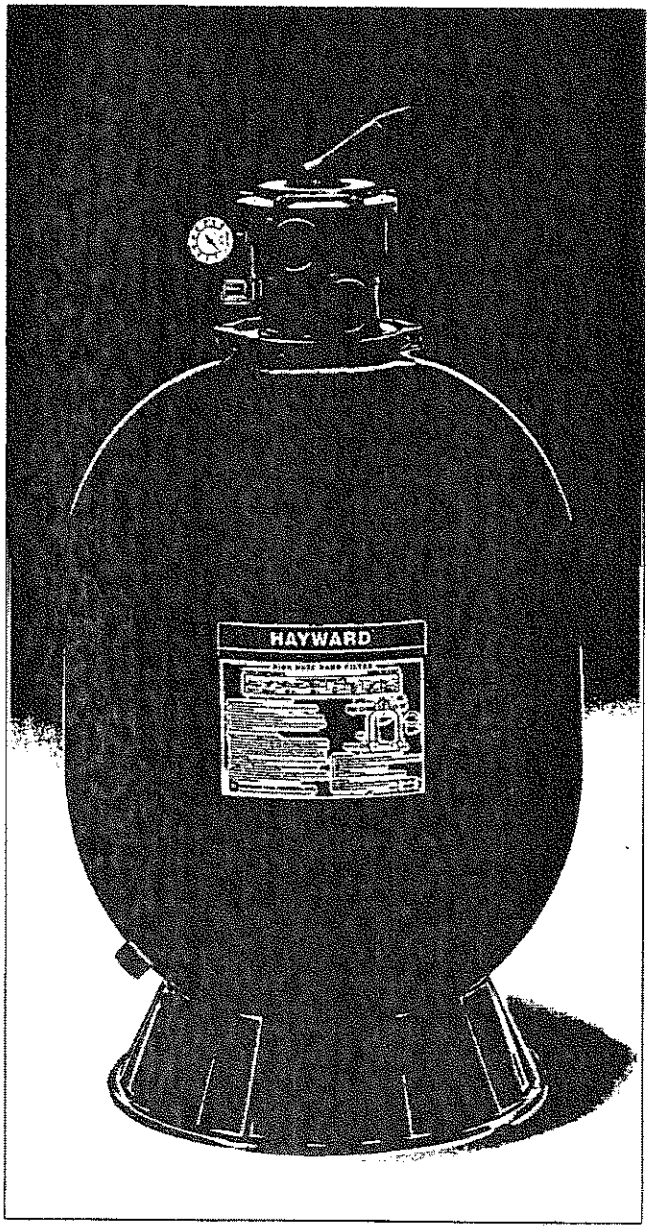
1. ALL GAUGE STEEL IS FORMED FROM MATERIAL CONFORMING TO ASTM A-525 WITH AN A-525 GALVANIZED COATING.
2. ALL STEEL ANGLES (PANEL STIFFENERS AT FRAME BRACES), ARE ROLLED FROM MATERIAL CONFORMING TO ASTM A-36 WITH AN ASTM A-123 GALVANIZED COATING.
3. ALL BOLTS AND THREADED COMPONENTS ARE MANUFACTURED FROM MATERIAL CONFORMING TO ASTM A-307, (NUTS-A563A) AND ARE ZINC PLATE. FASTENING WASHERS ARE STANDARD ZINC PLATED.
4. ALL WELDED JOINTS (AT PANEL STIFFENER AND ADJUSTABLE A-FRAME BRACE), ARE COATED WITH AN ALUMINUM PAINT AFTER WELDING.
5. WALKWAY DECK SHALL BE MINIMUM 2,000 PSI COMPRESSIVE STRENGTH BY DESIGN.

INSTALLATION NOTES

1. THE BASE DESIGN OF THE POOL IS PREDICATED ON A TYPICAL INSTALLATION BEING IN SOILS NOT CONTAINING ORGANIC CLAYS, PEAT, HUMUS SOIL OR HIGHLY EXPANSIVE SOILS.
2. INSTALL AN 8" THICK CONCRETE COLLAR AT THE BASE OF THE OVEREXCAVATION AREA AROUND THE FULL PERIMETER OF THE POOL. THIS IS SHOWN ON DETAIL SHEET.
3. BACKFILL WITH CLEAN EARTH FREE OF ROOTS AND DEBRIS, INSTALLED IN LAYERS NOT EXCEEDING 8", EACH LAYER SHALL BE PUDDLED AND CAREFULLY TAMPED TO ELIMINATE VOIDS. FILL POOL WITH WATER DURING BACKFILLING. WATER LEVEL SHALL NOT DIFFER FROM BACKFILL LEVEL BY MORE THAN ONE FOOT.
4. A CONCRETE WALKWAY OR FINISHED GRADE SHALL SLOPE AWAY FROM COPING AT A RATE NOT LESS THAN 1/4" PER FOOT.
5. THIS POOL HAS NOT BEEN DESIGNED FOR A SURCHARGE LOADING.
6. GRADE SITE AROUND POOL AND USE WENT BACKFILL TO LIMIT EQUIVALENT FLUID PRESSURE OF RETAINED SOIL TO 30 PCF OR LESS.
7. THE POOL MUST BE INSTALLED BY LICENSED, FACTORY TRAINED INSTALLERS APPROVED BY IMPERIAL POOLS, INC.

Pro™ Series

TOP-MOUNT SAND FILTERS



■ *Pro-Series S244T 24" filter, shown with Vari-Flo™ top-mount filter control valve.*

Hayward Pro Series sand filters are the very latest in pool filter technology, and produce crystal clear, sparkling water with only minimum care.

Totally Hayward™

Molded of durable, corrosion-proof polymeric materials, they feature attractive, unitized construction, and self-cleaning 360° slotted laterals for smooth, efficient flow and totally-balanced backwashing. Plus, a versatile seven-position control valve allows for easy operation and maximum efficiency.

Pro Series filters set a new standard for performance, value and dependability. And you know it's quality throughout because it's made by Hayward — the first choice of pool professionals.

HAYWARD®

Pro™ Series Top-Mount Sand Filters

Flange Clamp Design allows 360° rotation of valve to simplify plumbing.

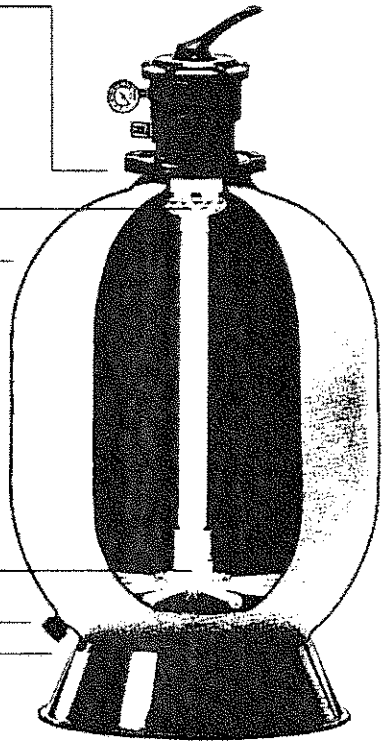
Integral Top Diffuser assures even distribution of water over the top of the sand media bed. Full-size internal piping gives smooth, free-flowing performance.

Unitized, Corrosion-Proof Filter Tank molded of tough, durable, colorfast polymeric material for dependable, all-weather performance with only minimal care.

Efficient, Multi-Lateral Underdrain Assembly with precision engineered, self-cleaning 360° slotted laterals gives totally balanced flow and backwashing.

Integral Molded Drain Plug for easy draining of tank, without the loss of sand.

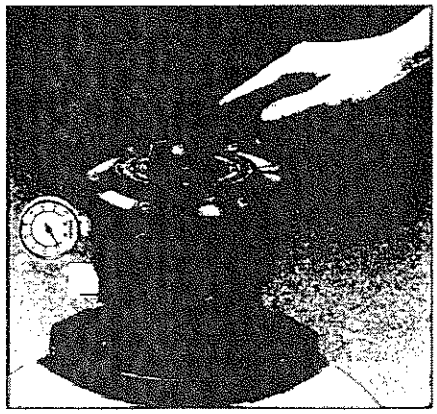
Totally Corrosion-Proof Base is rugged and attractively styled to provide strong, stable support.



Specifications – Pro Series High-Rate Sand Filters

FILTER TYPE:	High-Rate Sand: No. 1/2 Silica Sand (.45mm – .55mm)
FILTER TANK:	Molded Polymeric
UNDERDRAIN:	360° Self Cleaning Slotted Laterals, Precision Installed in Ball Joint Assembly
CONTROL VALVE:	1 1/2 or 2" 7-Position, Top-Mount Vari-Flo™ With Lever-Action Handle
VALVE FASTENING:	Flange Clamp Design
SUPPORT BASE:	Injection-Molded ABS
PERFORMANCE RANGE:	1/2 to 3 HP (30 to 120 GPM) .37 to 2.2 KW (114 to 454 LPM)
DIMENSIONS:	S180T–18 1/2" W x 35" H (470 mm x 889 mm) S210T–20 1/2" W x 38" H (521 mm x 965 mm) S220T–22 1/2" W x 41" H (572 mm x 1041 mm) S244T–24 1/2" W x 42" H (622 mm x 1067 mm) S310T2–30 1/2" W x 48" H (775 mm x 1219 mm)

NSF

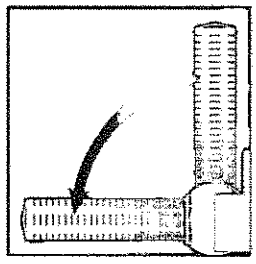


Vari-Flo™ 7-Position Control Valve with easy-to-use lever-action handle lets you "dial" any of seven valve/filter functions.

Performance Data

MODEL NUMBER	EFFECTIVE FILTRATION AREA		DESIGN FLOW RATE*		TURNOVER 8 Hr. GALLONS	TURNOVER 10 Hr. GALLONS	TURNOVER 8 Hr. KILO LITERS	TURNOVER 10 Hr. KILO LITERS	SAND REQUIRED	
	ft.²	m²	GPM	LPM					lbs.	kgs.
S180T	1.75	0.163	35	132	16,800	21,000	63.59	79.48	150	68
S210T	2.20	0.205	44	167	21,120	26,400	79.94	99.92	200	91
S220T	2.64	0.246	52	197	24,960	31,200	94.47	118.09	250	114
S244T	3.14	0.292	62	235	29,760	37,200	112.64	140.80	300	136
S310T2	4.91	0.457	98	371	47,040	58,800	178.05	222.56	500	227

*Based upon 20 GPM per ft.² (814 LPM per m²). Maximum allowable NSF rating.



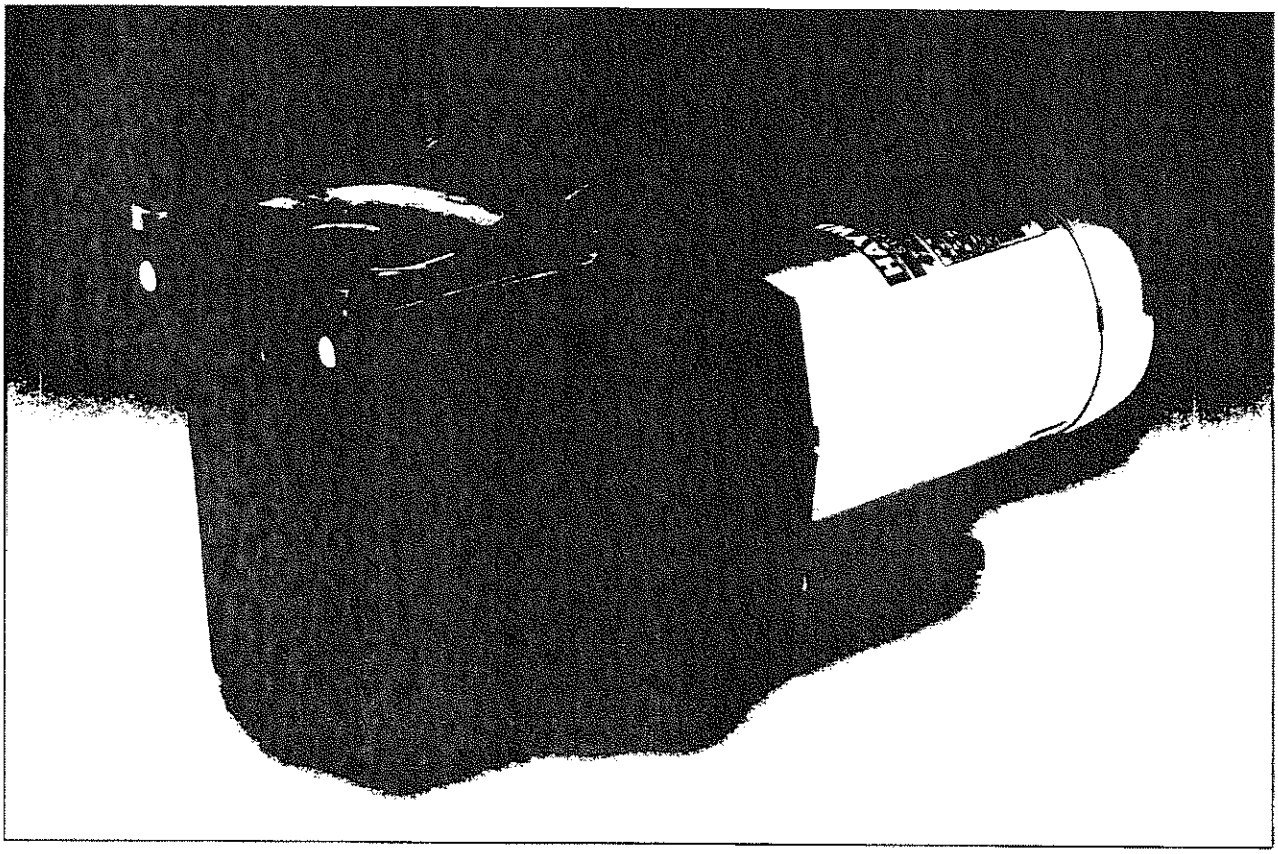
Patented Service Ease Design
Unique folding ball-joint design allows lateral assembly to be easily accessed for simple servicing.

HAYWARD®

6T00

Super Pump®

HIGH-PERFORMANCE PUMP SERIES



■ *Super Pump: high performance and quiet operation.*

Hayward's Super Pump is a series of large capacity, high technology pumps that blend cost-efficient design with durable corrosion-proof construction.

Designed for pools of all types and sizes, Super Pump features a large "see-thru" strainer cover, super-size debris basket and exclusive "service-ease" design for extra convenience.

Totally Hayward

Quiet, efficient, dependable, and proven, the Super Pump has all the quality features you expect from Hayward — the first choice of pool professionals.

HAYWARD®

Super Pump® High Performance Pump Series

Exclusive, Swing-Aside Hand Knobs make strainer cover removal easy. No tools required...no loose parts... no clamps.

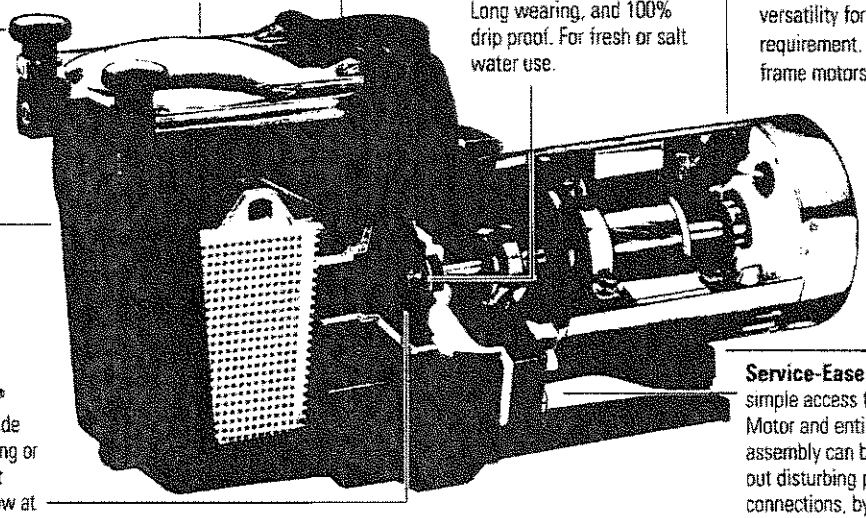
Lexan® See-Thru Strainer Cover lets you see when basket needs cleaning and eliminates guesswork. Special self-adjusting seal assures dependable sealing.

All Components Molded of Corrosion-Proof PermaGlassXL™ for extra durability and long life.

Heavy-Duty, High-Performance Motor with air-flow ventilation for quieter, cooler operation.

Heat Resistant, Industrial Size Ceramic Seal. Long wearing, and 100% drip proof. For fresh or salt water use.

Mounting Base provides stable, stress-free support, plus versatility for any installation requirement. Adapts 48 and 56 frame motors.

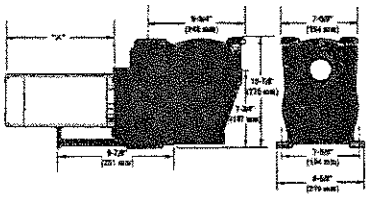


Super-Size Housing has extra air handling capacity to assure rapid priming.

Totally Balanced, Corrosion-Proof Noryl® Impeller has smooth, wide openings to prevent fouling or clogging. Energy-efficient design produces more flow at equivalent horsepower.

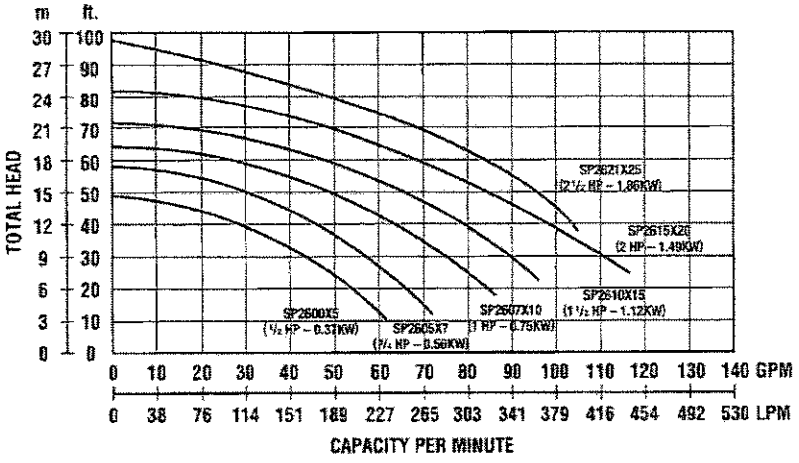
Service-Ease Design gives simple access to all internal parts. Motor and entire drive group assembly can be removed, without disturbing pipe or mounting connections, by disengaging just four bolts.

Overall Dimensions



Model	Motor Power HP	Motor Power KW	Pipe Size inch	Dimension "A" inch	Dimension "A" mm
SP2600X5	½	0.37	1½"	11¼"	286
SP2605X7	¾	0.56	1½"	11⅝"	295
SP2607X10	1	0.75	1½"	11⅞"	302
SP2610X15	1½	1.12	1½"	12¼"	311
SP2615X20	2	1.49	2"	13¼"	337
SP2621X25	2½	1.86	2"	13¾"	349

Super Pumps are also available with dual speed motors.



SUPER-SIZE 110 CUBIC INCH BASKET has extra leaf-holding capacity and extends time between cleanings. Rigid construction with load-extender ribbing assures free flowing operation for heavy debris loads.

Super Pump® Series Pumps are listed by:

UL® NSF® CSA®

HAYWARD®

2693

SWIMMING POOL REQUIREMENTS

The following information is being provided to guide you through the proper steps for installing an above ground swimming pool.

ABOVE GROUND POOLS

1. A **zoning permit must be obtained from the Zoning Officer**
   The Zoning Officer's Hours are Tuesday, Thursday, Friday 8:30 a.m. to 4:00 p.m.
   Survey of your property is required by the Zoning Officer.

2. Once a zoning permit is issued you will then submit your building permit along with a copy of the **approved** zoning permit. A brochure of the pool and filter **must** accompany the building permits. The electrical permit must be **signed and sealed** by the electrical contractor unless you (the owner who is also the occupant of a single family dwelling) are doing the work yourself. The building permit must contain the contractor's information unless you are installing the pool yourself.

3. The following safety measures are required:
   a. The yard and/or pool area must be enclosed in **at least** a 48" high approved fence; (examples: chain link, stockade, or board-on-board.) No openings in the fence can exceed 4 inches in width and the fence cannot be of the type which can be climbed by children.
   b. All gates shall be self closing and equipped with self closing latches **at least** 54" above the ground. **GATES SHALL SWING OUTWARD AWAY FROM THE POOL.**

4. The following **inspections are required** to be in called by the homeowner or contractor;
   a. a trench/rough inspection of the electric system and a final inspection upon completion must be done by the Electrical Inspector
   b. a final building inspection

INGROUND POOLS

All of the above applies with the addition of the following:
Two sets of plans sealed by a New Jersey Licensed Engineer or Architect must be submitted with the construction permit application.
Inspections may vary depending on the type and method of inground pool construction.

I hereby certify that I am in receipt of this informational sheet.

Signature: [signature] Address: 6 NO. PARKVIEW TERR.

Date: 10-11-04 Time: _____

BLOCK 199 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 6 No. Parkview Terrace PERMIT NO. 00-0703

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 6 North Parkview Terrace
2. Name of Owner in Fee: Joseph Deleonibus Tel. [redacted]
   Address 6 North Parkview Terrace (street) Hazlet (municipality) N.J. 07730 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: James Ayotte Tel. (732) 672-3659
   Address 80 Campbell Ave Edison, N.J. 08817
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer Homeowner Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work James Ayotte
   Tel. (732) 672-3659 FAX (—) —
   672-2446.

6/28/00 - Received BP - INC. No - Construction Permit
Called - Contractor

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 102.		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	5.		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 107.		

CO 7/14/05

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 11 ft ft.	
3.	Area — Largest Floor 816 sq. ft.	
4.	New Building Area 0 sq. ft.	
5.	Volume of New Structure 0 cu. ft.	
6.	Construction Classification 5B	
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. ☑ Alteration	6,000.	OPT.	7/11/00		7/11/00	OPT.		✓	
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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	1
After Construction	1
Net Gain or Loss	0

B. NON-RESIDENTIAL

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

LDS HZ 10608255

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 Joseph A. Palermo Jr. Date 6/25/00

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 Jim Ayotte

Address 80 Campbell Ave.
Edison NJ

Telephone (732) 572-3659

Signature Jim Ayotte.

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

OFFICE DATE RECEIVED: 6/25/100

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7/12/00
Control #
Permit # 00-0703

IDENTIFICATION Block 199 Lot 10
Work Site Location 6 Northview Terrace

Owner in Fee Joseph DeLeonibus
Address 6 Northview Terrace
Matawan, N.J.
Tel. [redacted]

Contractor Jim Ayotte
Address 80 Campbell Ave
Edison NJ 08817
Tel. (732) 572-3659
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:
Brick Veneer on existing House - New footing Rebar #4 into existing Foundation To hold new footing New front Porch with Railing & limestone Tread

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 6000

Construction Official

7/11/2000
Date

PAYMENTS (Office Use Only)

Building	102.
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5.
Cert. of Occupancy	
Other	
Total	107.
Check No.	2335
Cash	
Collected by	

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

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

(see reverse side)

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.

6 North Parkview Terrace

7/29

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/12/05
Date Issued
Control #
Permit # 05-0703

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

Block 199 Lot 10

Work Site Location 6 Northview Terrace. Hazlet, N.J.

Owner in Fee Joseph Delemi, Jr.

Address 6 Northview Terrace Hazlet, N.J.

Tele. [redacted]

Contractor Jim AMOTTE

Address 80 CAMPBELL AVE EATON, NJ 07717

Tele. (732) 572 3659 Fax (732) 672-2446.

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	7/11	JPF

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/14/05
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing			7/14/05	JPF
Foundation			7/29/05	JPF
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8/29/05	JPF
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 R-4 Proposed SAME
Constr. Class Present 5B Proposed
No. of Stories 1
Height of Structure 11 FT Ft.
Area — Largest Floor MAIN & UNDER Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 5,000
3. Total (1+ 2) $ 5,000

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
BRICK VENEER ON EXISTING HOUSE, NEW FOOTING. REBAR #4 INTO EXISTING FOUNDATION TO HOLD NEW FOOTING. NEW FRONT PORCH WITH RAILINGS, and limestone treads.

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 BRICK FRONT

[ ] Demolition BRICK PORCH.

FEE (Office Use Only)

$	
	102.
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 5.
TOTAL FEE	$ 107

UCC F110
(rev 3/00)

1 White = Inspector Copy
2 Canary = Office Copy
3 Cardstock = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/12/00
Date Issued
Control #
Permit # 00-0703

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

Block 199 Lot 10
Work Site Location 6 Northview Terrace. Hazlet, N.J.
Owner in Fee Joseph Deleonibus
Address 6 Northview Terrace. Hazlet, N.J.
Tele. [redacted]
Contractor Jim AYOTTE
Address 80 CAMPBELL AVE EDISON, N.J. 08817.
Tele. (732) 572-3659 Fax (732) 672-2446.
Lic. No. or Bidrs. Reg. No.
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.

James Ayotte.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Brick Veneer on existing house, new footing. Rebar #4 into existing foundation to hold new footing. New front porch with railings, and limestone treads.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	7/11	AT

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present SB R-4 Proposed SAME
Constr. Class Present 5B Proposed
No. of Stories 1
Height of Structure 11 Ft Ft.
Area — Largest Floor 1215 (approx) Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed / Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 6,000
3. Total (1+ 2) $ 6,000.

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 brick front
[ ] Demolition Brick Porch.

FEE (Office Use Only)

	$	
		102.

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	5.
TOTAL FEE	$	107

U.C.C. F110
(rev. 3/98)

1 White = Inspector Copy 2 Canary = Office Copy
3 Cardstock = Applicant Copy

HAZLET TWP. 732-264-5707
3400 HIGHWAY 35, SUITE 9
HAZLET,NJ 07730

Date Issued 07/14/05
Control #
Permit # 00-0703

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 199 Lot 10 Qual
Work Site Location 6 NORTH PARKVIEW TERRACE
HAZLET, NJ 07730
Owner in Fee/Occupant DELEONIOUS, JOSEPH
Address 6 N PARKVIEW TERR
HAZLET, NJ 07730-
Telephone [redacted]
Contractor JAMES AYOTTE
Address 80 CAMPBELL AVE
EDISON, NJ 08817-
Telephone (732)572-3659 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-7485793

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

FRONT PORCH +REPAIRS

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF 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

U.C.C. F250 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 2335
Collected by: CS

APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER
THIS ___ DAY OF ___

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

ZONING OFFICER

Date 6/27/2000 Application No. X

Permit No. 7919

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

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

Address 8 NORTH PARKWAY TERR.

Block 199 Lot 12 Zone R-70

The above named applicant hereby applies for a Zoning Permit to: ENLARGE EXISTING ATTACHED OPEN PORCH TO 4'X14'

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

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 8,732 Sq. Ft.	Type 1 STORY FRAME	Total Area 100 Sq. Ft.
Frontage 74 Ft.	Gross Floor Area 1532 Sq. Ft.	Min. Side Yard 15.77 NS Ft.
Depth 118 Ft.	Lot Coverage 19 Percent	Min. Rear Yard ... Ft.
	Building Height 35 Ft.(Max.)	

SIGNS: Type X Area permitted X Area requested X

YARD DIMENSIONS (Not required for signs)

Front 24.09 Ft. Right Side 5.75 Ft. Left Side X Ft. Rear 25+ 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 JAMES RYAN Address EDISON Tel. No. 732-572-3[illegible]

Estimated cost of work $ 6,000.00

Zoning Permit Fee $ 35.00 PAID CASH 6-27

Signature of Applicant or Agent

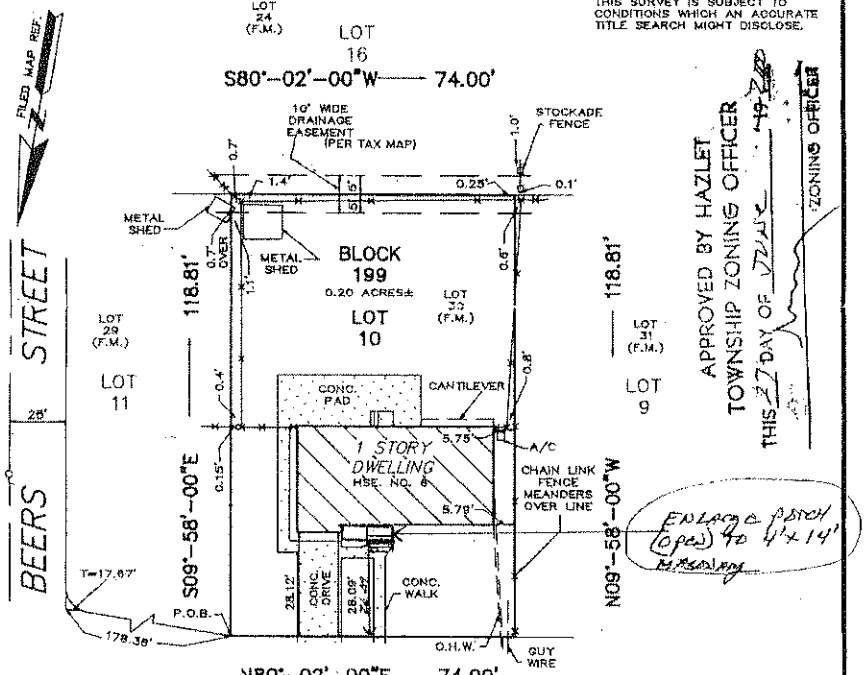
NOTES:

Gregory F. Maryak - Zoning Officer

NOTE: NO ATTEMPT WAS MADE OR LIABILITY IS ASSUMED TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF NEW JERSEY AS TIDELANDS. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY.

NOTE: PROPERTY CORNERS HAVE NOT BEEN SET AS PER CONTRACTUAL AGREEMENT WITH THE OWNER.

THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE.



APPROVED BY HAZLET TOWNSHIP ZONING OFFICER
THIS 27 DAY OF MAY
ZONING OFFICER

Enlarge porch (open) to 4'x14'

DEED DESCRIPTION:
BEING KNOWN AS LOT 30 AS SHOWN ON A MAP ENTITLED "REVISED MAP OF CORAL WOOD MANOR, RARITAN TOWNSHIP, MONMOUTH COUNTY – NEW JERSEY," FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON AUGUST 1, 1956 AS CASE NO. 53, SHEET 31.

A.K.A. LOT 10 IN BLOCK 199 AS SHOWN ON THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF HAZLET, MONMOUTH COUNTY, NEW JERSEY.

DEED REFERENCE-DB4555-617

THIS SURVEY IS CERTIFIED TO:

JOSEPH DE LEONIBUS AND GRACE M. DE LEONIBUS, H/W

PROGRESSIVE LAWYERS SERVICES, INC. (PLS 96-16736)
FIRST AMERICAN TITLE INSURANCE COMPANY

BROGAN & BROGAN P.C.

DELTA FUNDING CORP., ITS SUCCESSORS AND/OR ASSIGNS

"TO ANY INSUROR OF TITLE RELYING HEREON AND ANY OTHER PARTY IN INTEREST," IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS THAT ARE NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON. THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.

OFFSETS AS SHOWN HEREON ARE NOT TO BE USED AS A BASIS FOR CONSTRUCTION OF FENCES OR OTHER PERMANENT STRUCTURES.

DATE	REVISIONS
5/7/96	CERTS.

153232

PLAN OF SURVEY

SITUATE

TOWNSHIP OF HAZLET

MONMOUTH COUNTY, NEW JERSEY

BLOCK 199 LOT 10

5/7/96
DATE

FRANK J. ERNST
PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 28308
PROFESSIONAL PLANNER NO. 2864

SENECA SURVEY CO., INC.
SURVEYORS & PLANNERS
387 HERBERTSVILLE ROAD
BRICK, NEW JERSEY 08724
(908)206-0566

Date: 5/7/96	Drawn by: A-PLAT
Scale: 1" = 30'	Proj. No.: 96-7260

Hazlet Township

Permits without a Jacket

HAZLET TOWNSHIP, NEW JERSEY

Referral to the Zoning Board of Adjustment

Date: 10/15/04

PERMIT DENIED
Number: 04-1008

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

Name: Deleon

(If Commercial or Industrial give name of store or company)

Address: 6 No Parkview Terr

Block: 199 Lot: 10 Zone: R70

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

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

Size of Property	Prinicipal Building	Accessory Buildings
Area 8792 Sq. Ft.	Type 1 Story Frame	Shed 80 Deck 400 Total Area ____ Sq. Ft.
Frontage ____ Ft.	Gross Floor Area ____ Sq.Ft.	Min. Side Yard 2 ____ Ft. 10
Depth ____ Ft.	Lot Coverage 26 %	Min. Rear Yard 2 ____ Ft. 10
	Bldg. Height ____ Ft. (Max.)	

This Permit has been denied for the following reasons(s):

____ Ft. Front Yard where ____ ft. is required

____ Ft. Side Yard where ____ ft. is required

____ Ft. Combined Side Yards where ____ ft. is required

____ Ft. Rear Yard where ____ ft. is required

26 Percent Lot Coverage where 25 percent is the maximum

5 Ft Accessory Structure to Principal where 7 is required

~~Use not permitted in ____ Zone (Subsection ____)~~

Sharon A. Keegan

Sharon A. Keegan/Zoning Officer

Call 732-264-5707 ext. 233 for Inspection
Hazlet Township, New Jersey
Application for Zoning Permit

Date: 10-11-04

Application No. _____

Permit No. Denied

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: DELEANI BUS

Address: 6 NO. PARKVIEW TERR

Block: 199 Lot: 10 Zone: R-70

The above named applicant hereby applies for a Zoning Permit to:

Proposed 16x32 Inground Pool

Proposed 6' WOOD FENCE

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

Size of Property	Principal Building	Accessory Building/Structure (s)
Area ..... Sq.Ft.	Type	Total Area .....Sq.Ft.
Frontgage .....Ft.	Gross Floor Area .....Sq.Ft.	Min. Side Yard .....Ft.
Depth .....Ft.	Lot Coverage ..26.....%	Min. Rear Yard .....Ft.
	BLDG. HT. .....Ft. (Max)	Min. distance .....Ft. (from dwelling)

Signs: Type .....Area Permitted .....Area Requested .....Ft.
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 DELEANI BUS Address 6 N. PARKVIEW TERR. Phone [redacted]

Lessee .....Address.....Phone.....

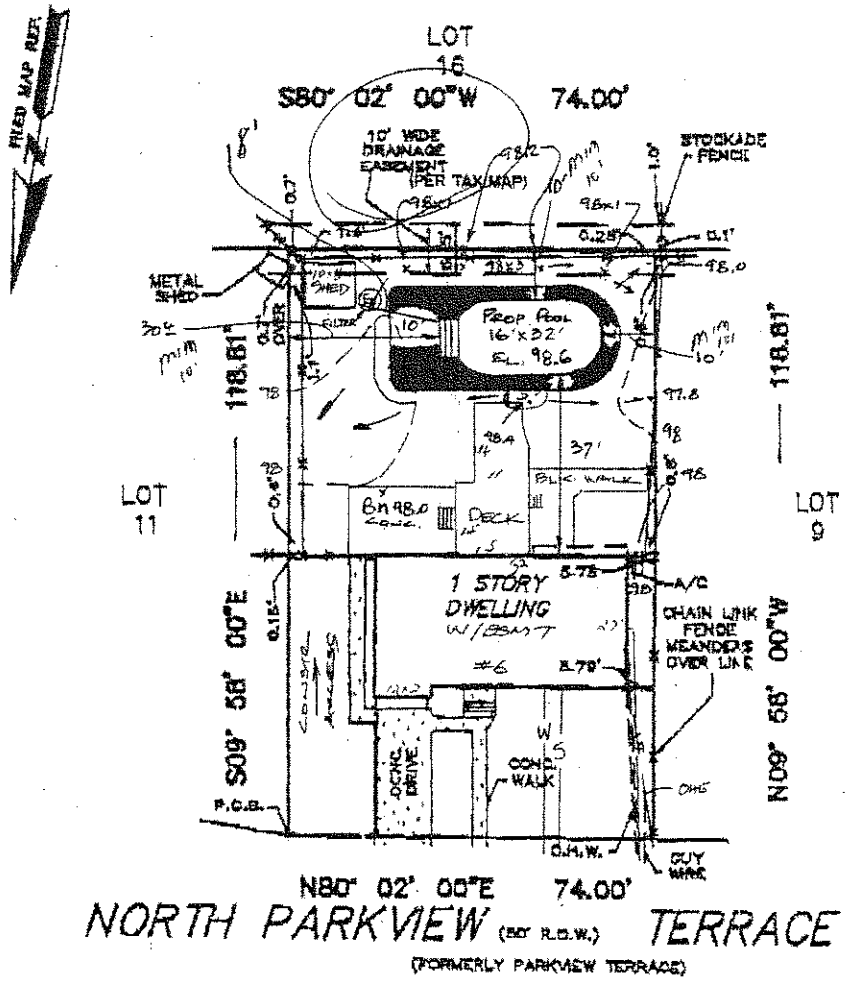
Contractor POOLTOWN INC Address 5500 HWY 9 HOWELL Phone 732 505 9000

Est. Cost of Work $.....

Zoning Permit Fee $.....

.....
Signature of Applicant or Agent

.....
Sharon A. Keegan/Zoning Officer



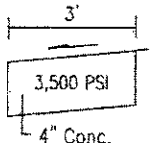
NOTES:

1. Grading Plan based on Survey by Frank J. Ernst, NJPLS No. 28308 and elevations by R.C. Burdick, P.E., P.C. on October 5, 2004.
2. Contractor to verify location of all utilities prior to the start of construction. Utilities shown are per visual observation of physical features and/or existing markouts and location is approximate. The undersigned professionals are not responsible for the presence of underground utilities or structures if they are not visible or otherwise disclosed by any of the above data. Pool contractor shall utilize the services of CALL DIG (1-800-272-1000) to accurately locate utilities.
3. Pool to be secured by minimum 4' fence with self-latching and closing gates by property owner. Fence and all other construction shall comply with the 2000 International Building Code and the 2000 International Residential Code, New Jersey Edition (IRC 2000), including, ANSI/NSPI-5 Standards for Residential In-Ground Swimming Pools. When fence ties to dwelling, door alarms must be installed.
4. All electrical equipment must be located at least 10 feet from the swimming pool.
5. The contractor shall protect all existing structures from damage and/or failure by acceptable methods, as may be required. The Design Engineer accepts no responsibility for the safety or adequacy of the existing structures.
6. The Design Engineer assumes no responsibility for pool construction in easements or required setback areas not shown on Survey provided to Design Engineer. The pool contractor and property owner shall verify the pool layout and all dimensions prior to construction.
7. Property owner responsible for any necessary environmental permits. The determination of the presence or absence of wetlands, stream encroachment lines, buffer lines or easements not shown on the survey supplied by Property Owner was outside of the scope of this project.
8. By use of this Grading Plan for the purpose of obtaining a Permit to Construct, the Property Owner and Pool Company agree to of the proposed pool location, concrete, operating equipment and grading associated with the proposed swimming pool.
9. Min. 1 %, max. 3:1 grading provided in area that is to be disturbed by pool construction; 0.5 % (typ.) grading on concrete.

Property Owner: Joseph DeLeonibus — Phone: 732-264-2788
6 No. Parkview Terrace
Hazlet Twp., NJ

LEGEND

96.6 Exist. El. (ft.)
96x2 Prop. El. (ft.)
– – Exist. Contour
—— Prop. Contour
EQ. Equipment



SIDEWALK DETAIL
N.T.S.

NO.	DATE	DESCRIPTION

POOL GRADING PLAN

Block 199, Lot 10
Township of Hazlet
Monmouth County, New Jersey

DATE: 10/6/04
SCALE: 1" = 30'
JOB No. 04-449
SHEET 1 OF 1

R.C. BURDICK
CONSULTING ENGINEERS SURVEYORS
PLANNING · ENVIRONMENTAL PERMITTING
1023 OCEAN ROAD
POINT PLEASANT, NJ 08742
(732)892-5050 FAX (732)892-5886

ROBERT C. BURDICK
N.J. PROFESSIONAL ENGINEER #30929
N.J. PROFESSIONAL PLANNER #4383

C199|10

BLOCK 199 LOT 10 QUALIFICATION CODE ______ ADDRESS (SITE) 6 N Parkview Terr PERMIT NO. 06-0316

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 6 N. PARKVIEW TERR. HZT NJ
2. Name of Owner in Fee: DELEONIBUS Tel. ([redacted]
   Address 6 N. PARKVIEW TERR. HAZLET NJ 07730
   street municipality zip code
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Westboard Siding & Bldrs Tel. (732) 928-5565
   Address 356 E Pleasant Gr Rd Jackson
   License No. OR, if new home, Builder Reg. No. 13VH00592000 Exp. Date ______
   Federal Employee No. ______ FAX: ( ) ______
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______ Contact ______
6. Responsible Person in Charge once Work has Begun ______
   Tel. ( ) ______ FAX: ( ) ______

4-11-06 - LM on Contr. VM Permit ready (JF)

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 288		
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	16		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 304		

$304 Pd

A 85

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									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	12,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: SFD
2. Use Group: R5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units / Income-restricted
   Before Construction 1
   After Construction 1
   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

U.C.C. F100-1 (rev. 12/03)

LDS HZ-B 10306595

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 Anne Lee Donahue Date 4/10/06

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 Justin McCarthy

Address 356 E Plumsted Cir Apt
Jackson NJ

Telephone (732-) 928-5568

Signature Justin McCarthy

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

OFFICE DATE RECEIVED: 4-10-06 FF

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				

HAZLET TWP. 732-264-1700
1766 UNION AVENUE
HAZLET,NJ 07730

Date Issued 01/08/08
Control #
Permit # 06-0316

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 199 Lot 10 Qual
Work Site Location 6 NORTH PARKVIEW TERRACE

Owner in Fee/Occupant DELEONIOUS
Address 6 NORTH PARKVIEW TERRACE
HAZLET, NJ 07730-
Telephone [redacted]
Contractor WESTBURY BUILDERS
Address 356 E. PLEASANT GR. ROAD
JACKSON, NJ 08527-
Telephone (732)928-5568 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH059200
Federal Emp. No. 13-0592000

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMOVE AND REPLACE ROOF & VINYL SIDING

[ ] 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.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no 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 _____, ____.

1/9/08
Construction Official
(u.c.c. F260 (rev. 3/98))

Fee $ 0
Paid [X] Check No. 468
Collected by: TF

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/13/06

Permit # 06-0316

IDENTIFICATION Block 199 lot 10 Qualification Code

Work Site Location 6 N. PARKVIEW TERR HAZLET NJ 07730

Owner in Fee DELEONIBUS

Address 6 N PARKVIEW TERR HAZLET NJ 07730

Tel. [redacted]

Contractor WESTBURY Builders

Address 356 E Prospect Gt Rd JACKSON NJ 08527

Tel. (732) 928-5568

Lic. No. or Bldrs. Reg. No. STATE-D 13VH05920000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: REMOVE & REPLACE ROOF
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 $ 16,000

Dennis Pinotti 4/13/06

Construction Official Date

PAYMENTS (Office Use Only)

Building	288
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	16
Cert. of Occupancy	
Other	
Total	304
Check No.	465 & 467
Cash	
Collected by	Jennifer

#15

(see reverse side)

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

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 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 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".

U.C.C. F170-2 (rev. 1/04)

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

6 N. Parkview

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 4/13/06
Permit # 06-0316

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

Block 199 Lot 16 Qualification Code ____

Work Site Location 6 N PARKVIEW TERR

Owner in Fee DELZONI, BUS

Address 6 N PARKVIEW TERR

HAZLET NJ 07730

Tel. [redacted]

Contractor WEST BURY Siding & Builders

Address 356 E PLEASANT CK RD

JACKSON NJ 08527

Tel. (732) 928-5568 FAX ( )

Contractor License No. or Builder Registration No. STATE # 13VH05920000

Federal Emp. No ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof + Siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [X] No Plans Required — 4/11/06 — TF
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/19/06
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/8/06	CA
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] 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)
$ ____

Administrative Surcharge $ ____
Minimum Fee $ ____
State Permit Surcharge Fee $ ____
TOTAL FEE $ 288

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
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 $ 12,000
3. Total (1+ 2) $ ____

6 N. Parkview

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4/13/06
Permit # 06-0316

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

Block 199 Lot 18 Qualification Code

Work Site Location 6 N PARKVIEW TERR

Owner in Fee DELEON ISOSTA

Address 6 N PARKVIEW TERR
HAZLET NJ 07730

Tel. [redacted]

Contractor WESTBURY SIDING & BUILDING

Address 556 E PLEASANT GR RD
JACKSON NJ 08527

Tel. (732) 928-5568 FAX ( )

Contractor License No. or Builder Registration No. STATE ID 13VH05720000

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof + Siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required 4/11/06 YY
[ ] 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				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] 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)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 200

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
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 $ 12,000
3. Total (1+2) $

U.C.C. F110 (rev. 07/03)

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

PERMIT# 06-0316 DATE _____
PROPERTY OWNER DELEON/ BUS
ADDRESS 6 N PARKVIEW TERRACE HAZLET NJ 07730
BLOCK 199 LOT 10
APPLICANT _____

NOTICE TO ALL CONSTRUCTION PERMIT APPLICANTS

IN COMPLIANCE WITH THE MONMOUTH COUNTY SOLID WASTE MANAGEMENT PLAN (MAY 1993) AND MUNICIPAL ORDINANCE 1000-95 THE APPLICANT SHALL IDENTIFY TO THE BUILDING DEPARTMENT ALL DISPOSAL AND RECYCLING ARRANGEMENTS BEFORE A CONSTRUCTION OR DEMOLITION PERMIT WILL BE ISSUED. THE APPLICCANT SHALL PROVIDE APPROPRIATE RECORDS DOCUMENTING THE QUANITIY AND DESPOSITION OF ALL MATERIALS. A DEPOSIT OF $ 15 — SHALL BE HELD BY THE BOROUGH UNTIL SUCH TIME AS PROPER RECORDS ARE SUBMITTED FOR SMALL QUANITIES OF DEBRIS, A HOMEOWNER EXEMPTION MAY APPLY:

THE FOLLOWING MATERIALS ARE RECYCLABLE:
CONCRETE, ASPHALT, BRICK, CINDER BLOCK, STUMPS, TREE PARTS, CLEAN DEMOLITION WOOD, LEAVES, GRASS, APPLIANCES, OIL, BATTERIES AND ALL HOUSEHOLD RECYCLABLES.

Prior to the issuance of a construction permit for any work where there is a presence of materials classified as hazardous by any regulatory government agency, the applicant shall provide the Construction Official with a statement specifying the type and quantity of hazardous materials, the method of disposal and an approval from the Monmouth County Health Department on the method of handling, transporting and disposing.

In the case of underground storage tanks or contaminated soil, the appropriate regulatory procedures shall be followed as a prerequisite to the issuance of a removal permit.

Please complete the reverse side of this form to indicate disposal arrangements.

ANTICIPATED DISPOSAL ARRANGEMENTS (check appropriate lines)

DISPOSAL BY CONTRACTOR ✓ HOMEOWNER_____ OTHER_____

NAME OF CONTRACTOR WCSI Bay Builders

CONTAINER (S) DUMPSTER_____ SIZE_____ HAULER_____

OTHER_____

ESTIMATED TONNAGE OR CUBIC YARDAGE OF DEBRIS GENERATED BY PROJECT_____ EST. AMOUNT TO BE RECYCLED_____

MATERIALS TO BE DISPOSED:	DESTINATION:
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____
6._____	_____
7._____	_____
8._____	_____
9._____	_____
10._____	_____

Date recycling deposit received:_____

Date recycling records received:_____

Date recycling deposit returned:_____

AN ORDINANCE AMENDING AND SUPPLEMENTING CHAPTER 259 (RECYCLING) OF THE CODE OF THE TOWNSHIP OF HAZLET.

BE IT ORDAINED by the Township Committee of the Township of Hazlet, County of Monmouth, State of New Jersey, that Chapter 259 Section 259-1(D) be and the same is hereby amended and supplemented as follows:

Section 259-1(D) Demolition Materials produced by residential and nonresidential establishments.

1. The Construction Official of the municipality shall issue construction and demolition permits only after the applicant has identified disposal and recycling arrangements. The applicant shall provide appropriate records documenting the quantity and disposition of all materials.

2. A deposit of 10% of the construction and demolition permits shall be required upon issuance of permit and held in an interest bearing account until such time as documentation is produced to the satisfaction of the municipality.

3. The municipality shall have the discretion to grant exemptions to small quantity generator engaged in minor home improvements.

4. A Certificate of Occupancy shall not be issued until proper disposal documentation has been submitted.

5. An administrative fee of 20% of the deposit monies shall be retained by the municipality.

Ordinances or parts of Ordinances inconsistent herewith are repealed.

This Ordinance shall take effect immediately upon adoption and publication according to law.

PLEASE DETACH HERE

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs
HAS REGISTERED
Westbury Siding & Builders
Home Improvement Contractor

05/05/2005 TO 12/31/2006
VALID

SIGNATURE

13VH00592000
License/Registration/Certificate #

ACTING DIRECTOR

BLOCK 199 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 6N Parkview Ter PERMIT NO. 06-0352

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 6N Parkview Ter Hazlet 07730
2. Name of Owner in Fee: Grace/DiDonato Tel. ([redacted])
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: NB Electrical Corp Tel. (732) 845 3333
   Address 56 Brookside Rd Clarks Summ PA 18411
   License No. OR, if new home, Builder Reg. No. 12823 Exp. Date 2009
   Federal Employee No. 223223069 FAX: (732) 845 9977
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

4.19.06 - LM ON H.O. VM permit ready (VV)

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical		82	
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	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	92	

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									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☑ Electrical	2500.00								
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	2500.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: 13.10
2. Use Group: R5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	1	
After Construction	6	
Net Gain or Loss	5	

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

U.C.C. F100-1 (rev. 12/03)

LDS HZ 10610819

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. 5:23-2.15(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 John B Acchar

Address 56 Brookside Rd
Clark Burg, NJ 08510

Telephone (732) 845 3333

Signature John Acchar

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

OFFICE DATE RECEIVED: 4-12-96

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.				

HAZLET TWP. 732-264-5707
3400 HIGHWAY 35, SUITE 9
HAZLET,NJ 07730

Date Issued 10/25/06
Control #
Permit # 06-0352

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 199 Lot 10 Qual
Work Site Location 6 NORTH PARKVIEW TERRACE

Owner in Fee/Occupant DELEONIOUS
Address 6 NORTH PARKVIEW TERRACE
HAZLET, NJ 07730-
Telephone [redacted]
Contractor JB ELECTRIC
Address 56 BROOKSIDE ROAD
CLARKSBURG, NJ 08510-
Telephone (732)845-9977 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 12823
Federal Emp. No. 22-3323069

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification 5B
Maximum Occupancy Load 0
Description of Work/Use:

200 AMP SERVICE/OUTLET/LIGHTS/SWITCHES

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF 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
C.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 2083
Collected by: MP

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4-24-06

Permit # 06-0352

IDENTIFICATION Block 199 Lot 10 Qualification Code

Work Site Location 6N Parkview Terr
Hazlet NJ 07730

Owner in Fee Grace / Soc. Dominicans

Address Same

Tel. [redacted]

Contractor JB Electrical Cons Inc

Address 52 Brookside Rd
Clark Summ NJ 08510

Tel. (732) 541-3333

Lic. No. or Bldrs. Reg. No. 12823

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Outlets/ 200 Amps Service/ Meters/ Switches

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 $ 7500.00

Dennis Pond

Construction Official

4-18-06

Date

PAYMENTS (Office Use Only)

Building	
Electrical	82
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	10
Cert. of Occupancy	
Other	
Total	92
Check No.	2083
Cash	
Collected by	JF

(see reverse side)

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

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 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 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.

6 N. Parkview

ELECTRICAL SUBCODE
TECHNICAL SECTION

HAZ/CT

TOWNSHIP OF UNION
Code Enforcement Agency
1976 Morris Ave.
Union, New Jersey 07083

(E)

Date Received / Control # 4-24-06
Date Issued / Permit # 06-0352

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

Block 199 Lot 10 Qualification Code

Work Site Location 6 N PARKVIEW Terrace
HAZLOT NJ 07730

Owner in Fee: Grace Joe DeLeNibus

Tel. [redacted] e-mail

Address Same

Contractor: JB Electrical Cont. LLC Tel. (732) 8453333
(street) (municipality) (zip code)

Address 56 Brookside Rd e-mail

Contractor License No. 12823 Exp. Date 2009

Federal Employee No. 223323068 FAX: (732) 8459977

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Single Family Utility Co. GPU

Est. Cost of Elec. Work $ 1,700.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
8	11,400	Lighting Fixtures	
6		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors–Fract. HP	
10		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 36
		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	
1	200	AMP Service	46
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 10
State Permit Surcharge Fee $ 92
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required — Date 4/18/06 Initial AM7

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

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 10/27/06
Approved by: Ronald Murphy

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other TRENCH			4-25-06	RM
Service				
Final			10/27/06	RM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

4-25 06 NO ENTRY $:20
WHEN WAS POOL DONE
OUTSIDE & MISSING BUBBLE COVERS

BLOCK 199 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 6 N. Parkview PERMIT NO. 06-0887

C199/10A

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 6 N PARKVIEW TERR., HAZELET, N.J.
2. Name of Owner in Fee: MIKIAS DELEONIANS Tel. [redacted]
   Address 6 N PARKVIEW TERR. HAZELET N.J.
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SALGIA BLDRS. Tel. (732) 232-3017
   Address 114 GEORGETOWN RD. TOMS RIVER, N.J.
   License No. OR, if new home, Builder Reg. No. 13VH01620600 Exp. Date 12-31-06
   Federal Employee No. 22-2775-289 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun SALVATORE GIACONE
   Tel. (732) 423-9021 FAX: (732) 226-0162

8-22-06 - Spoke w/Contr. advised need gas pipe diagram

8-25-06 - Spoke w/Sal advised permit ready

APPROVED

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical		49 / 83	10
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		1	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	132	10

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	
	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	Permission Dates Approval	Permission 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					8/25/06				
7.	☐ Electrical		RM	8-23-06		8-23-06	RM			
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: SFD
2. Use Group: R5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	1	
After Construction	1	
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

U.C.C. F100-1 (rev. 12/03)

LDS HZ 10610820

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. 5:23-2.15(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 SALGIA BLDRS

Address 114 GEORGETOWN RD

TOMS RIVER, N.J.

Telephone (732) 473-0021

Signature Debbie Owners Pres.

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

OFFICE DATE RECEIVED: 8/21/06

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				

HAZLET TWP. 732-264-5707
3400 HIGHWAY 35, SUITE 9
HAZLET,NJ 07730

Date Issued 10/27/06
Control #
Permit # 06-0887

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 199 Lot 10 Qual
Work Site Location 6 NORTH PARKVIEW TERRACE

Owner in Fee/Occupant DELEONIOUS
Address 6 NORTH PARKVIEW TERRACE
HAZLET, NJ 07730-
Telephone [redacted]
Contractor A.B. WOLFE ELECTRIC
Address 1828 HOLLY ROAD
NORTH BRUNSWICK, NJ 08902-
Telephone (732)940-9660 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 11377
Federal Emp. No. 15-5585046

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INSTALL WASHER & DRYER IN NEW LOCATION

[ ] 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.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no 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
Paid [X] Check No. 1266
Collected by: TF

O.C.C. #260 (rev. 2/96)

C199/10A

CONSTRUCTION PERMIT

Date Issued 8-25-06

Permit # 06-0887

IDENTIFICATION Block 199 Lot 10 Qualification Code

Work Site Location 6" PARKVIEW TERR. HAZELET N.J.

Owner in Fee MCINKS DELEONARDUS

Address 6" PARKVIEW TERR. HAZELET N.J.

Tel. [redacted]

Contractor SA[illegible]GIA BROS.

Address 1146 [illegible]ORGE TOWN RD [illegible]ER, N.J.

Tel. (732) [illegible] 32-3017

Lic. No. or Bldrs. Re[illegible] No. 13VH01620600

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:

INSTALL WASHER & DRYER IN NEW LOCATION

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 $ 450.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical 46

Plumbing 85

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 1

Cert. of Occupancy

Other

Total 132

Check No. 2666

Cash

Collected by

(see reverse side)

U.C.C. F-120 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 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 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.

C 199/10-A

PERMIT UPDATE

Date Update Issued 9-20-06
Control #
Permit # 06-08874
Date Permit Issued

IDENTIFICATION Block 199 Lot 10

Work Site Location 6 N PARKVIEW TERR. HAZLET, N.J.

Owner in Fee GRACE DELEONIBUS

Address 6 N PARKVIEW TERR. HAZLET, NJ.

Tel. ([redacted]

Contractor SALGIA BROS INC

Address 114 GEORGE TOWN RD TOMS RIVER N.J. 08757

Tel. (732) 423-9021

Lic. No. or Bldrs. Reg. No. 13VH01620600

Fed. Emp. No. ~~22-2775289~~ 22-2775-289

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:

NO - GAS TO DRYER ELECTRICAL

Estimated Cost of Work $ 150.00

Dennis Pinocchio
Construction Official

9-18-06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	10
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	10
Check No.	
Cash	
Collected by	

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

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

LM 9-19-06 - Advised Last Leaf

6 N. Parkview

Date Received 9-18-06
Control # 9-20-06
Date Issued
Permit # 06-0887+

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 199 Lot 10 Qualification Code
Work Site Location 6 N PARKVIEW TERR. HAZELET N.J.
Owner in Fee GRACE OLEONIUS
Address 6 N PARKVIEW TERR. HAZLET N.J.
Tel [redacted]
Contractor A.B Wolfe Electric
Address 1928 Holly Rd North Brunswick, NJ 08902
Tel (732) 940-9660 FAX (732) 951-0969
Contractor License No. 11377
Federal Emp. No. 30-0110113

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est Cost of Elec. Work $ $150.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] 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	
1	30AMP	KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 10
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-19-06
Approved by: Ronald Hoyt

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-18-06	RM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U C C F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

6 N. Parkview

ELECTRICAL SUBCODE
TECHNICAL SECTION

RE

Date Received / Control # 8-25-06

Date Issued / Permit # 06-0887

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

Block 149 Lot 10 Qualification Code

Work Site Location 6 N PARKVIEW TERR. HAZELET, NJ

Owner in Fee MR. & MRS. DELEONIOUS

Address 6 N PARKVIEW TERR. HAZELET, N.J.

Tel ([redacted]

Contractor A.B. Wolfe Electric

Address 132 Holly Rd North Brunswick NJ 08902

Tel (732) 940-9160 FAX ( )

Contractor License No. 11237

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		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	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 9-23-06

Approved by: Ronald Murph

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9-13-06

Approved by: Ronald Murph

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-13-06	RH
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Inspection				

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ Hld

Co N. Karlview

PLUMBING SUBCODE
TECHNICAL SECTION

PE

Date Received Control # 8-25-06

Date Issued Permit # 06-0887

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

Block 6.01 Lot 10 Qualification Code _____

Work Site Location 6 PARKVIEW TERR. HAZELET N.J.

Owner in Fee MR. & MRS. DELEONIBUS

Address 6 PARKVIEW TERR HAZELET, N.J.

Tel ([redacted])

Contractor Alliance Plumbing & Mech. Contr.

Address 34 Elgin Street Unit B Woodbridge NJ 07095

Tel (732) 602-9709 FAX (732) 602-1610

Contractor License No. 10168

Federal Emp. No. 22-2997886

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 $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8/25/06

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10/26/06

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	9/12	10/18	10/26	CL
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
_____			10/26	

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

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
1	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
1	Other Dryer
	Other

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ 85

TOTAL FEE $ _____

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

U.C.C. F130 (rev. 01/04)

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

9/13/06 ① need 1½ Vent on Water heater

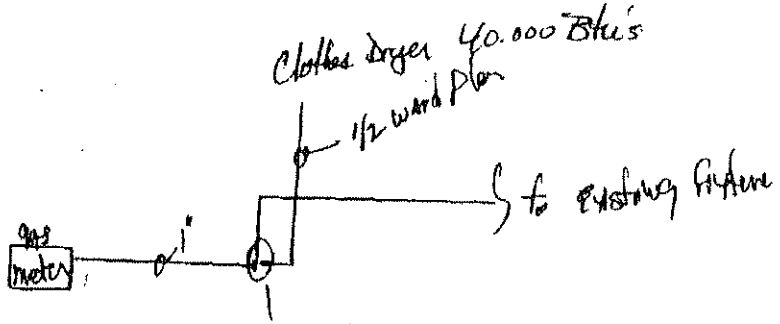
② vent in ~~Bath~~ Washer Room for Dryer

ALLIANCE PLUMBING & MECH. CONTR. INC.
34 GREEN ST. - UNIT B
WOODBRIDGE, N.J. 07095

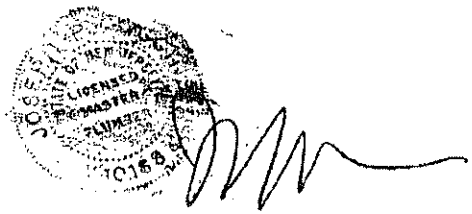
TELEPHONE (732) 602-9703
FAX (732) 602-1610

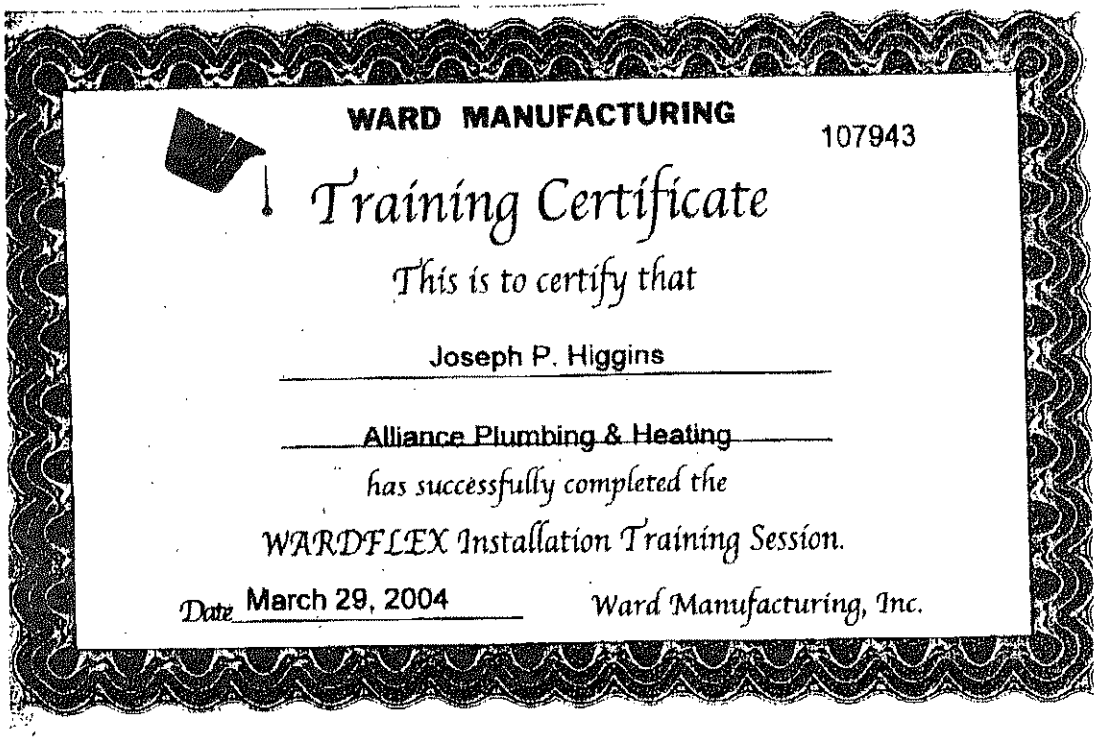
6 N. PARKVIEW TERRACE
HAZLET, NEW JERSEY

GAS RISER DIAGRAM



Total Lenth of New gas line.
10'





WARD MANUFACTURING

107943

Training Certificate

This is to certify that

Joseph P. Higgins

Alliance Plumbing & Heating

has successfully completed the

WARDFLEX Installation Training Session.

Date March 29, 2004

Ward Manufacturing, Inc.

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Le Parkview Terrace
2. Owner Name: Bilka Richard + Billie Tel. [redacted]
   Address Le Parkview Terrace Hazlet
3. Principal Contractor: Richard Bilka Tel. [redacted]
   Address Le Parkview Terrace Hazlet
   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	500 00
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 _____

State Specific Use: _____

If 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 Billie C Burke DATE March 19/85

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. 199 LOT NO. 10 SUBDIVISION _____ PERMIT NO. E-158

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	$ .00
PLUMBING	.00
ELECTRICAL	20.00
FIRE PROTECTION	.00
OTHER	.00
SUBTOTAL	$ 20.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.00)
D.C.A. TRAINING FEE .0006 x	= .00
CERTIFICATE OF OCCUPANCY	.00
OTHER	.00
OTHER	.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 20.00

DATE 3/19/86 Collected By [illegible]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.00
OTHER			.00
OTHER			.00
– LESS: Refunds			(.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ .00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ 20.00
COLLECTED AFTER PERMIT (VB)	.00
TOTAL	$ 20.00

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

pd Cash $25

APPLICATION FOR CERTIFICATE

PERMIT NO. CCOC 927
DATE ISSUED 8/22/85
Block 199 Lot 10
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name RICHARD + BILLIE BILKA
Address 6 N PARKVIEW TERRACE
Town/State/Zip HAZLET NJ

~~CONSTRUCTION LOCATION~~
Buyer:
Address JOE + GRACE Heleniak
Tel. ( ) 739-1656

ACTION

☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ 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: Billie Bilka
OWNER/AGENT

☐ Owner
☑ Agent

8/26/85

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

approved: Eugene D. Balestriere 8/22/85

disapproved:

4/16/85 - O.K. 1. Electrical service to be updated.

2. Smoke detector required in basement

3. " " " near bedroom.

3/7/85 E. D. B.

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

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. E-158
DATE ISSUED Mar. 14, 1985
REVISION DATE
Block 199 Lot 10
Subdivision

A. IDENTIFICATION

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

Owner RICHARD RILEY
Address 6 PARKVIEW TER. HAZLET
Tel. ( ) [redacted]

Contractor RICHARD RILEY
Address 6 PARKVIEW TER. HAZLET
Tel. ( ) [redacted]

Work Site Address 6 No. Parkview Ter
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	
60 & 100	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$ 30
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 20

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R3a Present R3a Proposed
Service: ____ Amps ____ Phase ____ System Type
____ Wire ____ Volts ____ Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS
4/15/85	o.k. Final E.D.B. 100 amp. Service

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 4/15/85

Inspected By: E.D.B.

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	4/15/85	

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. E-158
DATE ISSUED Jan. 19, 1985
REVISION DATE
Block 199 Lot 10
Subdivision

A. IDENTIFICATION

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

Owner RICHARD + BILLIE BILKA
Address 6 PARKVIEW TERR. HAZLET
Tel. ( ) [redacted]

Contractor RICHARD BILKA
Address 6 PARKVIEW TERR. HAZLET
Tel. ( ) [redacted]

Work Site Address 6 No. Parkview Ter
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.

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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	
60 to 100	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$ 30
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 20

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R3a Present R3a Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

CLOG-927

HAZLET TOWNSHIP ELECTRICAL INSPECTION

3[19] MIDDLE ROAD, HAZLET, NEW JERSEY 07730

(201) 264-1700 EXT. 38

8/22/85

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.

PLEASE PRINT DATE 2-26-85

City or Town HAZLET County MONMOUTH State N.J.

Address 6 N. PARKVIEW TERRACE

~~Pole Number~~ Occupant

Owner RICHARD + BILLIE BILKA Occupied As 1 family

Owner's Mailing Address

Correct Location Building – New ☐ Old ☒

App. For - Rough Wiring ☐ Fixtures ☐ or

Work – New ☐ Additional ☐ READY FOR INSPECTION ON 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		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.
SWITCHES		MEDIUM BASE							
LIGHTING		MOGUL BASE							
RECEPTACLES		FLUORESCENT							
ELEC. HEAT		SERVICE							

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
													1														

APPLICANT'S NAME SIZE OF MAIN SUB MAIN

APPLICANT'S ADDRESS BRANCHES NO. OF CIRCUITS

CITY Billie Bilka STATE ZIP CODE LICENSE # PERMIT #

AUTHORIZED SIGNATURE 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

NOTIFIED	REPORT	CARD	FEE PAID
CONTRACTOR			Check No.
OWNER			Money Order
OCCUPANT			Cash
AGENT			Charge
ELECT. LT. CO.			

MISC INFO.

Electrical wiring adequate 4/15/85 EDB

DATE REC'D DATE INSPECTED

ISSUE CERTIFICATE ☐ R.W ☐ FINAL ☐ DUP

ISSUE LETTER ☐ APPROVAL ☐ SWIMMING POOL ☐ NURSING HOME

☐ PROGRESS ☐ DEFECTIVE

TEMP. CARD # DATE

FINAL CARD # DATE

LTC NO.