Donna Belton 20-1769

From: James Manser <opra+request-18706-d3d7ae29@requests.opramachine.com>
Sent: Wednesday, November 25, 2020 4:05 PM
To: clerkforms
Subject: OPRA request - Property Information Request | 32 Marc Dr, Howell, NJ 07731

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning,

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:

Open Permits
Closed Permits
Open Property Liens
Violations
Survey of Property

"any information regarding the presence of an underground oil tank if applicable including permits, remediation reports, environmental reports"
"survey showing underground oil tank location if applicable"
"any information of the presence of a septic system"
"any substantial damage letter, if applicable"

PROPERTY INFORMATION:

Property Location: 32 Marc Dr, Howell, NJ 07731 Block Number: 78 Lot Number: 155

Please provide information dated for the past 20 years.

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-18706-d3d7ae29@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,rws_E7q1TmDtKNHJ4UMYOn20rO9zHoKHpwxlR6MpK5WZQYsckJ7vd31oJyNnuvMzKGKyUWRx18F5HAkKXhbuE5AkMOG9IbE6a4aMfWa-m7-Bf5Qj&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

Angela Martino

From: Caitlin Doren
Sent: Thursday, October 15, 2020 9:39 AM
To: Angela Martino
Cc: Matthew Howard
Subject: FW: Emailing: 20-1508
Attachments: 20-1508.pdf

No open land use permits found for OPRA 20-1508. Building dept. to send their files.

Caitlin Doren
Administrative Assistant

Township of Howell
Community Development
4567 Route 9 North, 2nd Floor
Howell, NJ 07731
Phone: (732) 938-4500 x 2338
cdoren@twp.howell.nj.us
www.twp.howell.nj.us

-----Original Message-----
From: Matthew Howard <mhoward@twp.howell.nj.us>
Sent: Tuesday, October 13, 2020 10:54 AM
To: Caitlin Doren <cdoren@twp.howell.nj.us>
Subject: FW: Emailing: 20-1508

Matthew R. Howard, PSM
Land Use Director

Township of Howell
4567 Route 9 North, 2nd Floor
Howell, NJ 07731
P: 732-938-4500 x2334

-----Original Message-----
From: Angela Martino <amartino@twp.howell.nj.us>
Sent: Tuesday, October 13, 2020 10:52 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>; Janine Martuscelli <jmartuscelli@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Brian Geoghegan <bgeoghegan@twp.howell.nj.us>
Subject: Emailing: 20-1508

Good Morning-

HOWELL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

Township of Howell

Certificate of Continued Occupancy

SMOKE DETECTORS CONFORM WITH NJ
STATE HOUSING CODE REQUIREMENTS

Date December 22, 1998

Property Address: 32 Marc Drive Block 78 Lot 155

Property Owners Name: Stephen & Mary Gurczynski

Address: Same

Person Making Application: Gail Cirmintillo

Attorney or Real Estate Broker: C-21 Action Plus

[X] DWELLING RESALE [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN:

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $25.00 Inspected By Patricia L. Hoover

December 22, 1998

DATE ISSUED

DIVISION OF HOUSING

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

6/96

TOWNSHIP OF HOWELL
OFFICE OF HOUSING INSPECTIONS

251 Preventorium Rd.
Howell, NJ 07731

(732) 938-4500
Fax: (732) 938-6492

Housing Inspection Report Date: 12-21-99

Name: Gwizejewski **Block:** 78 **Lot:** 155

Address: 32 Marc Dr. **Unit Type:** 1FD

Residential [X] **Commercial** [ ]

Sale [X] **Rental** [ ] **Tenant Name:** _____

Well [ ]* **Septic** [ ]* **City Water** [X] **City Sewer** [X]

Well and/or Septic requires Monmouth County Board of Health approval prior to a CCO being issued. Call (732) 431-7456.

Type of Heat: gas **Type of Siding:** Al.
Basement: full **Garage:** 2car
1st Floor: Kitchen | living | dining | ½ bath | utility | family
2nd Floor: 2 full baths | 4 bedrooms
Accessory Structures: fence - deck - shed - fireplace

VIOLATIONS NOTED AT TIME OF INSPECTION:

12-21-99

The above violations must be corrected within 60 days. Upon completion of the above, notify this office 72 hours prior to scheduling a re-inspection. This inspection report is not to be used as/or in place of actual Certificate of Continued Occupancy (CCO).

Inspector: _____

TOWNSHIP of HOWELL

OFFICE OF HOUSING INSPECTIONS
251 Preventorium Road
Post Office Box 580
Howell, New Jersey 07731-0580

(732) 938-4500
FAX (732) 938-6492

CERTIFICATE OF CONTINUED OCCUPANCY APPLICATION

Note: No Change in title or occupancy will be permitted without prior issuance of CCO.

BLOCK: 78 LOT: 155

ADDRESS FOR INSPECTION: 32 Marc Dr

OCCUPANCY DUE TO: SALE [X] RENTAL [ ] OTHER [ ]

TENANT/NAME OF BUSINESS: Warren Swindlehurst

PROPERTY OWNER NAME: Stephen & Mary Gurczynski

ADDRESS OF OWNER: (If different than above) same

CONTACT PHONE NUMBER: [redacted]

NAME/ADDRESS/PHONE # OF ATTORNEY OR AGENT OF PROPERTY: (If other than owner is applying)
Gail Ciriminello | C-21 Action Plus 303-8383
2218 Rt 9 So, Howell, NJ 07731

WATER SYSTEM:

** Well and/or Septic requires Monmouth County Board of Health approval PRIOR TO A CCO BEING ISSUED. Call (732) 431-7456

WELL [ ]** SEPTIC [ ]** CITY WATER [X] CITY SEWER [X]

ALL COMMERCIAL CCO'S REQUIRE APPLICATION FROM THE HOWELL TOWNSHIP FIRE BUREAU PRIOR TO PROCESSING AND ISSUANCE.

FEES: *(PAYMENT MUST ACCOMPANY APPLICATION AND THERE ARE NO REFUNDS.)*

Residential with City Water & Sewer	$25.00
Residential with Well and/or Septic	$35.00
Smoke Detector Certification	$20.00
Commercial with City Water & Sewer	$50.00
Commercial with Well and/or Septic	$60.00

PAID CASH _____ CHECK # 2194

I understand the above and will allow the Housing Inspector onto the above property at any reasonable time. All CCO's will be picked up by applicant from this office unless request is made in writing.

Gail Ciriminello 12-14-98

AUTHORIZED SIGNATURE DATE OF APPLICATION

****

[FOR OFFICE USE ONLY]

OPEN PERMIT FOR: None INSPECTIONS SCHEDULED: 12/21 Mon.

NO CCO WILL BE ISSUED WITHOUT THE BELOW CERTIFICATION SIGNATURES FROM THE DEPARTMENT OF LAND USE

(Please Print)

RESIDENTIAL PROPERTY

I, Gail Ciemniello, hereby certify that I am the (please check one)

Owner [ ] Buyer [ ] Agent [X]

for the property in Howell located at 30 Marc Dr
known as Block 78 Lot 155,
and that meeting all requirements, a CCO will be issued for a
ONE FAMILY RESIDENTIAL USE ONLY.....AS IT CURRENTLY EXISTS.

Land Use Office, please specify other usage if applicable _____

I also attest to the fact that NO rubbish/debris/bulk garbage will be left on this property prior to new occupancy.

FAILURE TO COMPLY WILL RESULT IN RETRACTION OF CCO AND A SUMMONS WILL BE ISSUED. THIS APPLIES TO ALL PROPERTY WITHIN HOWELL TOWNSHIP!

Gail Ciemniello — AUTHORIZED SIGNATURE — 12-14-98 — DATE

[signature] — LAND USE OFFICER — 12/14/98 — DATE

COMMERICAL/ INDUSTRIAL PROPERTY

I, _____, hereby certify that I am the (please check one)

Owner [ ] Buyer [ ] Agent [ ]

for the property in Howell located at _____
known as Block _____ Lot _____,
and that meeting all requirements, a CCO will be issued for the "existing use" which is:

Current use (be specific): _____

Describe new proposed use (be specific): _____

_____ AUTHORIZED SIGNATURE — _____ DATE

_____ LAND USE OFFICER — _____ DATE

IMPORTANT

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A (CCO) CERTIFICATE OF CONTINUED OCCUPANCY IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTIALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT THEMSELVES WITH REGARD TO THE PREMISES BEING OCCUPIED, SINCE SUCH INSPECTION REQUIRES JUDGEMENT IN DIFFICULT AREAS AND IS NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A (CCO) CERTIFICATE OF CONTINUED OCCUPANCY. A NEW CCO MUST BE ISSUED EACH TIME A PROPERTY IS SOLD OR RENTED. OCCUPANCY

BLOCK 78 LOT 155 QUALIFICATION CODE _____ ADDRESS (SITE) 32 MARC DR. PERMIT NO. 00-1849

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 32 MARC DR. HOWELL
2. Name of Owner in Fee: WARREN SWINDLEHURST Tel. ( ) [redacted]
   Address SAME. (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Ke Lich Const. Tel. ( ) 928-2467
   Address 643 BURKE RD. JACKSON NJ. 08527
   License No. OR, if new home, Builder Reg. No. 156-54-5881 Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Pete Ke Lich
   Tel. ( ) 928-2467 FAX ( ) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 8' ft.	
3. Area — Largest Floor 784 sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Construction Classification _____	
7. Total Land Area Disturbed _____ sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____	
no _____	
11. Max. Live Load _____	
12. Max. Occupancy Load _____	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	1150				8-11-00	OV			
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 _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS HW-B 10410583

CERTIFICATION IN LIEU OF OATH.

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name Pete Kelich const

Address 643 Burke Rd. Jackson NJ - 08527

Telephone ( ) 928-2467

Signature Pete Kelich

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

CERTIFICATE

Date issued 12-20-00
Control #
Permit # 00-1849

IDENTIFICATION

Block 78 Lot 155
Work Site Location Swindleburst
32 Marc Dr
Owner in Fee/Occupant Holmdel, NJ 07731
Address [redacted]
Reilich Const.
643 Burke Rd
Tele. ( ) Jackson, NJ
Contractor
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use: Completion and approval of basement finish

☒ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

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

Edward S Mack
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. F260
(rev. 3/96)

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

CONSTRUCTION PERMIT

Date Issued 8-25-00
Control #
Permit # 00-1849

IDENTIFICATION Block 78 Lot 155
Work Site Location 32 MARC Dr. HOWELL
Owner in Fee WARREN SWINDLEHURST
Address SAME
Tel. ( ) [redacted]

Contractor Kelich Const
Address 643 BURKE RD. JACKSON N.J.
Tel. ( )
Lic. No. or Bldrs. Reg. No. [redacted]
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: FINISH BASMENT FOR ENTERTAINMENT's SEE PLANS.

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 $ 6,000.00

Construction Official

8.25.00
Date

PAYMENTS (Office Use Only)	86
Building	
Electrical	36
Plumbing	
Fire Protection	46
Elevator Devices	
Other	
DCA Training Fee	5
Cert. of Occupancy	20
Other	
Total	193
Check No.	10432
Cash	
Collected by	

(see reverse side)

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

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-25-00
Date Issued
Control #
Permit # 00-1849

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

Block 78 Lot 155
Work Site Location 32 MARC DR. HOWELL.
Owner in Fee WARREN SWINDLE HURST
Address SAME
Tele. ( ) [redacted]
Contractor Kelich Const
Address 643 BURKE RD. JACKSON NJ.
Tele. ( ) 928-2467 Fax ( )
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		
[X] Frame	8/30/00	GB
[ ] Other		

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

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 12/19/00
Approved by: CB

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing				
Foundation				
Slab				
Frame			9/12/00	ECK
Barrier-Free				
Insulation			9/18/00	ECK
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12/18/00	CB
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-3
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 8' Ft.
Area — Largest Floor 784 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. $ ~~6,000.00~~
2. Alteration $ 4800
3. Total (1+2) $ ____

C. CERTIFICATION IN LIEU OF OATH

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

Pete Kelich
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Finish Basement For pool Table & TV Room
See PLANS!
784 SQ'

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

[ ] Demolition

FEE (Office Use Only)
$ 86

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

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

NO ROUGH FIRE AS OF 9/18/00 TOLD
HOME OWNER COULD NOT CONTINUE UNTIL
ROUGH FIRE IS IN PLACE & CT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-25-00
Date Issued
Control #
Permit # 00-1849

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

Block 78 Lot 155
Work Site Location 32 MARC DR. HOWELL.

Owner in Fee WARREN SWINDLE HURST
Address SAME

Tele. ( ) [redacted]
Contractor Ku Lich Const
Address 643 BURKE RD. JACKSON NJ.

Tele. ( ) 928-2467 Fax ( )
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		
[X] Frame	8/24	GB
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-3
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 8' Ft.
Area — Largest Floor 784 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. $ ~~6,000.00~~
2. Alteration $ 4800
3. Total (1+2) $

C. CERTIFICATION IN LIEU OF OATH

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

Pete Kulick
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 1

Finish Basement For pool Table & TV Room

See PLANS!
784 SQ'

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

[ ] Demolition

FEE (Office Use Only)
$ 86

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 8-25-00
Date Issued
Control #
Permit # 00-1849

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

Block 78 Lot 155
Work Site Location 32 MARC DR. HOWELL

Owner in Fee/Occupant WARREN SWINDLEHURST
Address SAME.

Tele. ([redacted]
Contractor Michael J. Hemmler Elec. Corp
Address 7 GRASS BLVD
JACKSON NJ 08527
Tele. (732) 928-1117 Fax ( ) _____
Lic. No. 12429
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 $ 1,100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8-11-00
Approved by: (CP)

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/18/00
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			9-12-00	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/18/00	CP

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
9		Lighting Fixtures	
12		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
25		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$ 36
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (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
Date Issued 8-25-00
Control #
Permit # 00-1849

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

Block 78 Lot 155
Work Site Location 32 MARC DR. HOWELL
Owner in Fee/Occupant WARREN SWINDLEHURST
Address SAME.
Tele. ( ) [redacted]
Contractor Michael J. Hemmler Elec. Corp
Address 7 GRAND BLVD
JACKSON NJ 08527
Tele. (732) 928-1577 Fax ( )
Lic. No. 12429
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 $ 1,100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8-17-00
Approved by: (CP)

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
9		Lighting Fixtures	
12		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors---Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
25		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	36
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/98)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE TECHNICAL SECTION

Date Received 8-25-00
Date Issued
Control #
Permit # 00-1849

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

Block 78 Lot 155
Work Site Location 32 MARC DR. HOWELL NJ.
Owner in Fee WARREN SWINDLE HUEST.
Address SAME.
Tele. ([redacted]
Contractor KELICH CONST.
Address 643 BURKE RD. JACKSON NJ. 08527
Tele. ( ) 928-2467 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 25.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8-31-00
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/15/00
Approved by: JC Hosmer

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO		12/15/00		
Final		9-11-00		
Other FRAME				

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.

Pete Kelich
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: LOWER EXISTING SMOKE ALARM THROUGH DROP CEILING
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [✓] 110v Interconnected [ ] System		
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		
Halon Suppression		
Other BASEMENT RENO		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other Comb Air - Utility Room		No. 90

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

U.C.C. F140
(rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received 8-25-00
Date Issued
Control #
Permit # 00-1849

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

Block 78 Lot 155
Work Site Location 32 MARC DR. HOWELL NJ.

Owner in Fee WARREN SWINOKE HUEST.
Address SAME.

Tele. ( ) [redacted]
Contractor KELICH CONST.
Address 643 BURKE RD. JACKSON N.J. 08527
Tele. ( ) 928-2467 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [*] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 25.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8-7-00
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				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Pete Kelich
Signature

D. TECHNICAL SITE DATA

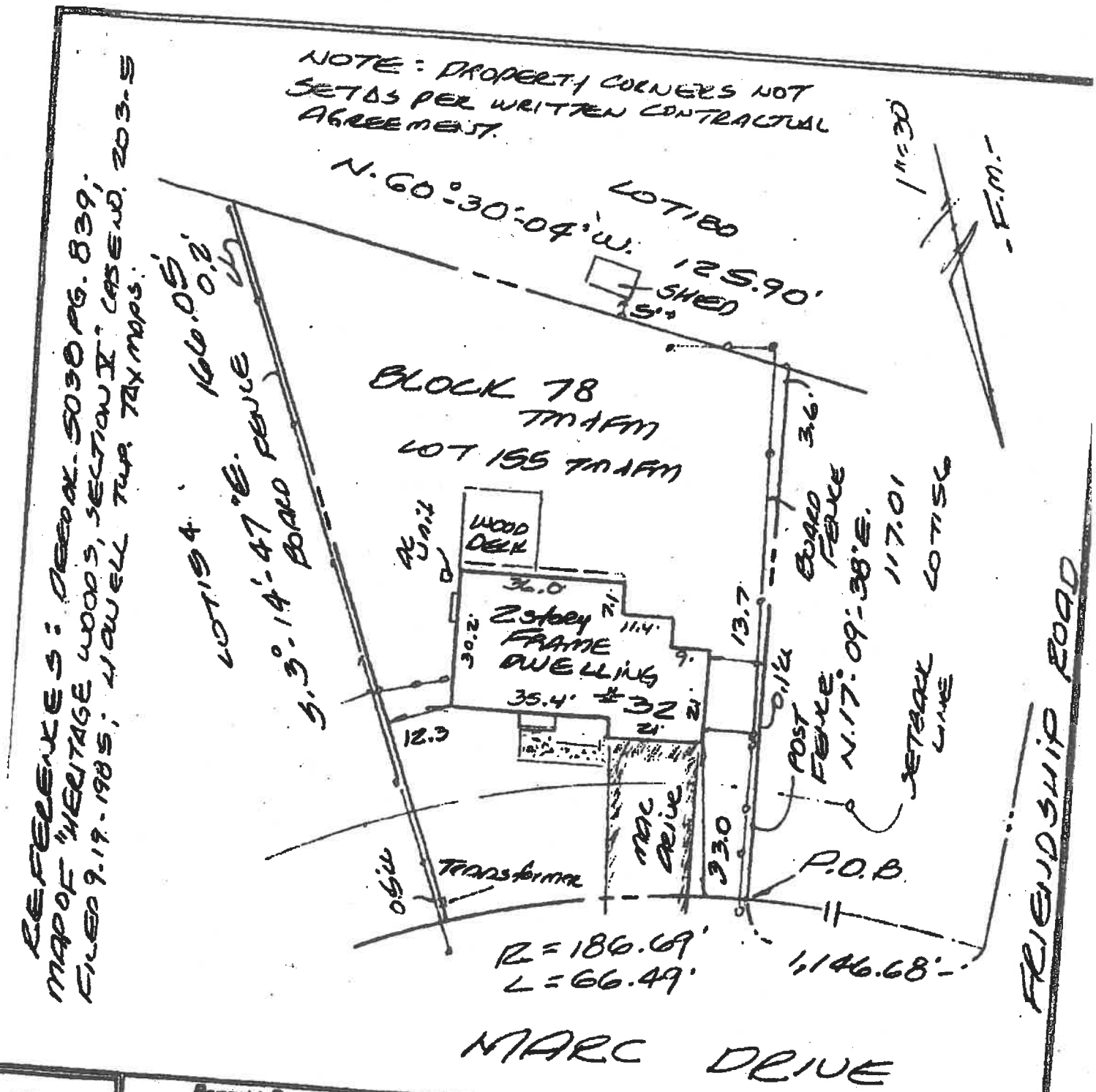
DESCRIPTION OF WORK: LOWER EXISTING SMOKE ALARM THROUGH DROP CEILING.

Water Supply Source
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity Fuel		
Alarm Systems [✓] 110v Interconnected	**NUMBER**	
[ ] System		
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		
Halon Suppression		
Other BASEMENT REMO		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other Comb Air - Utility Room		No. 90

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

U.C.C. F140
(rev. 3/96)



B S I

Brunswick Surveying Incorporated
Land Surveying
91 Stelton Road
(732) 752-0100
Piscataway, New Jersey
08854

PLAN OF SURVEY

Warren C. Swindlehurst
Township of Howell
Monmouth County, New Jersey
Block 78 Lot 155

Drawn by RH Job No. 304198 Date 1/7/99
Checked by RSZ Drawing No. _____ Scale 1"=30'

I hereby certify this survey to: Warren C. Swindlehurst; K. Hovnanian Mortgage, Inc., its successors and/or assigns; Signature Title, Inc.

ROBERT M. HORVATH N.J.L.S. 27476
RICHARD S. ZINN N.J.L.S. 34988
JAY A. STUHL, JR. N.J.L.S. 36762

PLAN REVIEW RECORD

MONTH: 08 HOWELL TOWNSHIP FIRE BUREAU YEAR: 2000

DATE: 8/8/00 TYPE: Residential DIST#: 3

BLOCK: 78 LOT: 155 PERMIT#: 00-1849

ADDRESS: 32 Marc Drive

NAME: Warren Swindlehurst

COMMENTS Bsmnt Reno/Lower existing smoke alarm through drop ceiling REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: 9/19/00 REMARKS Frame-Renos-Approved

REINSPECTION DATE: REMARKS

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: 9/19/00 INSPECTORS CODE: 3

FINAL INSPECTION REPORT

SCHEDULE DATE: 12/18/00 COMMENTS Final-Bsmnt-Approved

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPROVED: 12/18/00 INSPECTORS CODE: 3

OTHER INSPECTION REPORT

TOPIC:

SCHEDULE DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

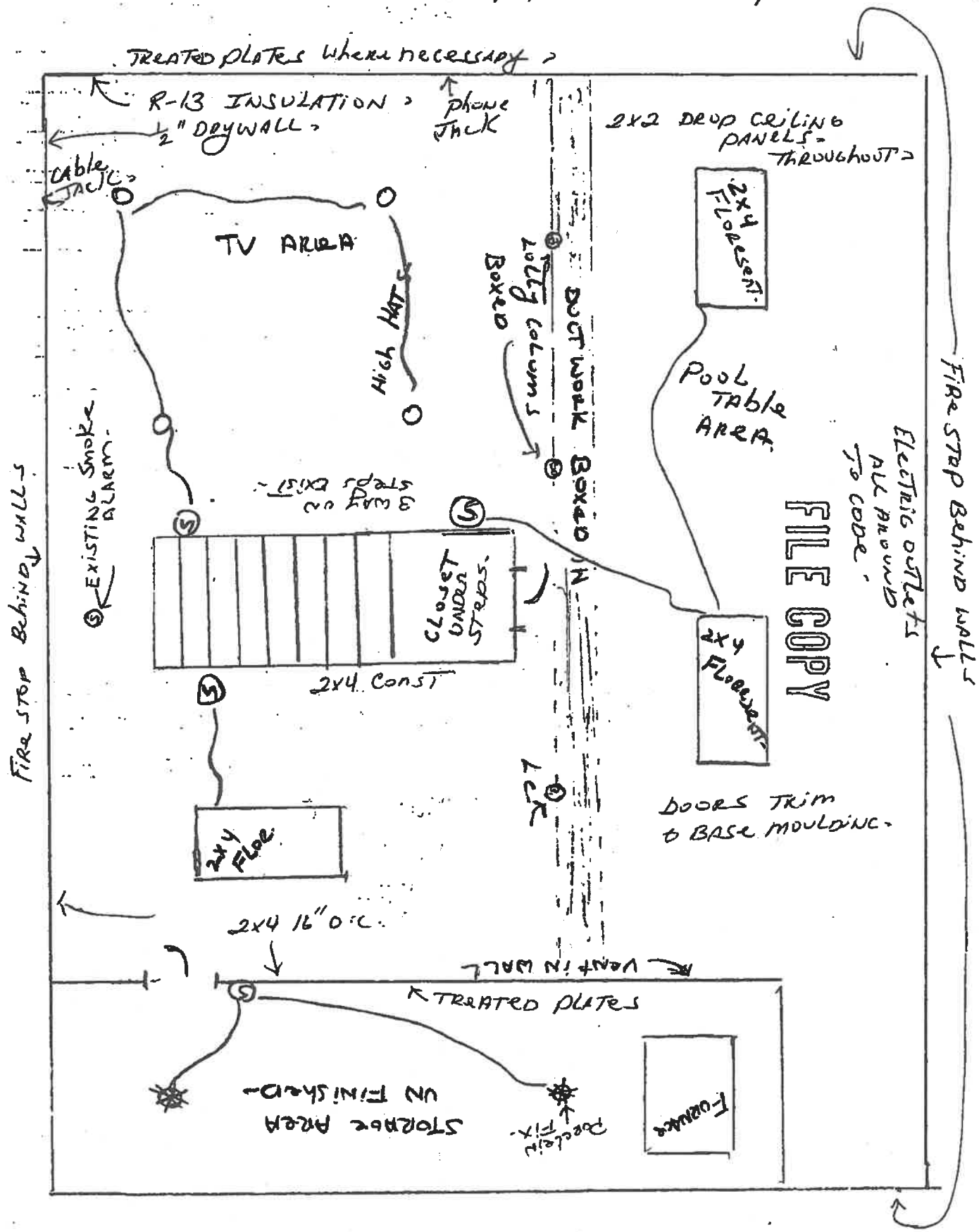
****DATE OTHER WAS COMPLETED: INSPECTORS CODE:

HISTORY

WARREN SWINOK HURST
32 MARC DR.
HOWELL N.J.

BL #78
LOT 155

FINISH BASEMENT.
NOT FOR LIVING SPACE.



928-2467
PETE

Fully Insured and Guaranteed

446-2257
JOE

KELICH Contractors

SERVING MONMOUTH, OCEAN & MIDDLESEX

VINYL SIDING, ROOFING, DECKS, WINDOWS
BASEMENTS, ADDITIONS &RENOVATIONS

Date_____

M_____

PLAN REVIEW CHECK LIST

NAME Swindle hurst BLOCK 78 LOT 155

ADDRESS 32 marc Dr ZONING RELEASE

DATE SUBMITTED 8-8-00 Basement Conversion

DEVELOPMENT

	REVIEWED BY:		APPROVED	COMMENTS
FIRE	✓ 8/7/00		OK	
BUILDING	✓ 8/10/00		OK	
ELECTRICAL	✓ 8-11-00	JV	OK	
PLUMBING				
MECHANICAL				
SEPTIC				
OTHER				AUG - 8 2000

BLOCK 78 LOT 155 QUALIFICATION CODE 28e81 ADDRESS (SITE) 32 Marc Drive PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 32 Marc Drive, Howell, NJ
2. Name of Owner in Fee: Anthony Raza Tel. ([redacted]
   Address 32 Marc Drive, Howell, NJ, 07731
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (732) 364 6901 FAX: ( ) _____

Deck around pool

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	45.00		
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		1.00		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$			

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area – Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification VB	
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 Deck	1000			6/10/04		PO	7/15/04		PW
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	1,000								

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		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS HW-B 10410582

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 Anthony Diaz Date 5/25/04

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL NJ 07731
732-938-4500

CERTIFICATE

IDENTIFICATION

Date Issued: 10/21/2004
Control #: 28681
Permit # 20042316

Block: 78 Lot : 155 Qual:

Work Site : 32 MARC DRIVE
HOWELL

Owner in Fee: PIAZZA, ANTHONY
Address: 32 MARC DRIVE
HOWELL NJ 07731
Telephone: [redacted]

Agent/Contractor: PIAZZA, ANTHONY
Address: 32 MARC DRIVE
HOWELL NJ 07731
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: DECK AROUND POOL

[ ] **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 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

Chet Phillips Construction Official

Fees $0.00
Paid [X]Check No 544
Collected by JM

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20042316
Permit Date: 08/06/2004
Update Number:
Control Number: 28681
Application Date: 05/25/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 78 Lot : 155 Qual :

Work site Location: 32 MARC DRIVE HOWELL
Owner In Fee: PIAZZA, ANTHONY
Address: 32 MARC DRIVE
HOWELL NJ 07731
Telephone: [redacted]
Use Group(s): U

Contractor: PIAZZA, ANTHONY
Address: 32 MARC DRIVE
HOWELL NJ 07731
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
DECK AROUND POOL

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	1,000.00
Cost of Demolition:	0.00
Total Cost:	$1,000.00

PAYMENTS (Office Use Only)

Building	$45.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$46.00**
All Fees Waived :	No

Amount to be Paid: **$46.00**
Check Number: 544
Check amount: $46.00

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

Chet Phillips
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: JM
Receipt No:
Total Cash Amount
Total Check Amount $46.00
Total CC Amount
Grand Total $46.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

Township of Howell
Preventorium Road
P.O. Box 580
Howell, NJ 07731

CONSTRUCTION PERMIT

Date Issued 8-6-04
Control # 280081
Permit # 20042316

IDENTIFICATION Block 78 Lot 155

Work Site Location 32 Marc Drive
Howell

Owner in Fee Anthony Piazza

Address 32 Marc Drive
Howell, NJ. 07731

Tel. [redacted]

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Deck around pool

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

Estimated Cost of Work $ 1,000-00

CPL

Construction Official

8-6-04

Date

PAYMENTS (Office Use Only)

Building	46
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occupancy	
Other	
Total	46
Check No.	544
Cash	
Collected by	CM

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.

U.C.C. Form F-170D

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-6-04
Date Issued
Control # 280081
Permit # 20042316

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

Block 78 Lot 155
Work Site Location 32 Marc Drive Howell, NJ. 07731
Owner in Fee Anthony Piazza
Address 32 Marc Drive Howell NJ 07731
Tele. [redacted]
Contractor
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing		
[ ] Foundation	7/15/04	PJ GB
[X] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10/20/04
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing			8/27/04	GB
Foundation				
Slab				
Frame			9/8/04	
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10-13-04	RM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

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 Anthony Piazza

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Deck around pool

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

FEE (Office Use Only)
$ 46.00 CC

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1.00
TOTAL FEE	$	

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

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-6-04
Date Issued 28681
Control #
Permit # 20042316

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

Block 78 Lot 155
Work Site Location 32 Marc Drive
Howell, N.J. 07731
Owner in Fee Anthony Piazza
Address 32 Marc Drive
Howell, NJ 07731
Tele. [redacted]
Contractor
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing		
[ ] Foundation	7/15	P3
[X] Frame	7/15/04	GB
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

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
Deck around pool

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

FEE (Office Use Only)
$ 40.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1.00
TOTAL FEE	$

U.C.C. F110 (rev. 3/98)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580
Howell, New Jersey 07731-0580

(732) 938-4500
FAX (732) 938-6492
Web site: www.twp.howell.nj.us

Deck Information Package

Documents needed to obtain a construction permit:

1. One copy of your plot plan or survey showing the location of your deck. It must show all distances from deck to all applicable property lines or setbacks. For more information about your required setbacks or survey requirements, contact the *Howell Township Land Use Department.*
2. Two (2) copies of the construction drawings must show the following information:
   *Footing size and layout *Species of lumber *Sizes of lumber *All metal connectors *Ledger attachment *Complete stair details including graspable handrails *Guardrail details *Type of decking *All dimensions *Floor plan *Cross section *Height of deck from ground *(See attached samples)*
3. Filled out and signed Construction Permit application and all necessary Subcode forms.

Fees for construction permits:

*The fee for the construction permit is based on the cost of the project. According to the State of New Jersey Uniform Construction Code N.J.A.C. 5: 23-2.15(a) 4 ***where any material or labor proposed for installation in the building or structure is furnished or provided at no cost, its normal or usual cost shall be included in the estimated cost.*** The cost of the project is then multiplied by a figure of (.022) to arrive at the permit fee.

Construction Permitting Process:

*Once the survey has been submitted and approved by the *Land Use Department,* a copy of the approval must be included with the Building Permit Application. New Jersey regulations allow the Building Department Twenty (20) working days to review the application and issue a permit. If the application and details are complete and clear, the process should not take the full (20) days.

CG

Construction Guidelines

*Lumber:

All lumber used in the construction of the deck shall be pressure treated with (.40 CCA) or be of natural decay resistant wood (heartwood of redwood, black walnut, black locust, or cedar).

*Metal Connectors:

The following are the location and model number of the metal connectors commonly used. The examples given are Simpson connectors. Any approved metal connector can be used.

-Post to concrete footing----------Simpson ABE44 or equal
-Post to girder----------Simpson LPC4 or equal
-Joist to girder----------Simpson H3 or equal
-Joist to ledger board----------Simpson LU2 series 6,8,10 or equal

*Footings:

Footings must comply with the International Residential Code section R403. The footing must be a minimum of twelve (12") inches in diameter and a depth of thirty-six (36") inches, which is below the frost level for this locality. The depth is measured from the finished grade to the bottom of the footing. The footing may also be eight (8") inches of concrete placed in the bottom of the thirty-six (36") inch hole. The post would extend from the top of the concrete to the bottom of the girder. The back-fill material must be well compacted around the post.

*Cantilevers:

The maximum cantilever allowed by code is two (2) feet. For longer cantilevers, a set of calculations proving the code design limits and safety of the extended length are being met. These calculations must be signed and sealed by a New Jersey architect or engineer.

*Stairways:

Stairways are to comply with the International Residential Code section R314. Stairways shall not be less than thirty-six (36") inches in width. The landing shall be at least the width of the stairway and be a non-slip surface. All risers are to be equal in height (The greatest riser height within any flight of stairs shall not exceed the smallest by more then 3/8".) The maximum step riser height is (8 ¼") inches. The minimum tread depth is (9") inches with a mandatory ¾" to 1 ¼" nosing. If the tread depth is (11") inches or more nosing is not required. All risers must not allow passage of a (4") inch sphere.

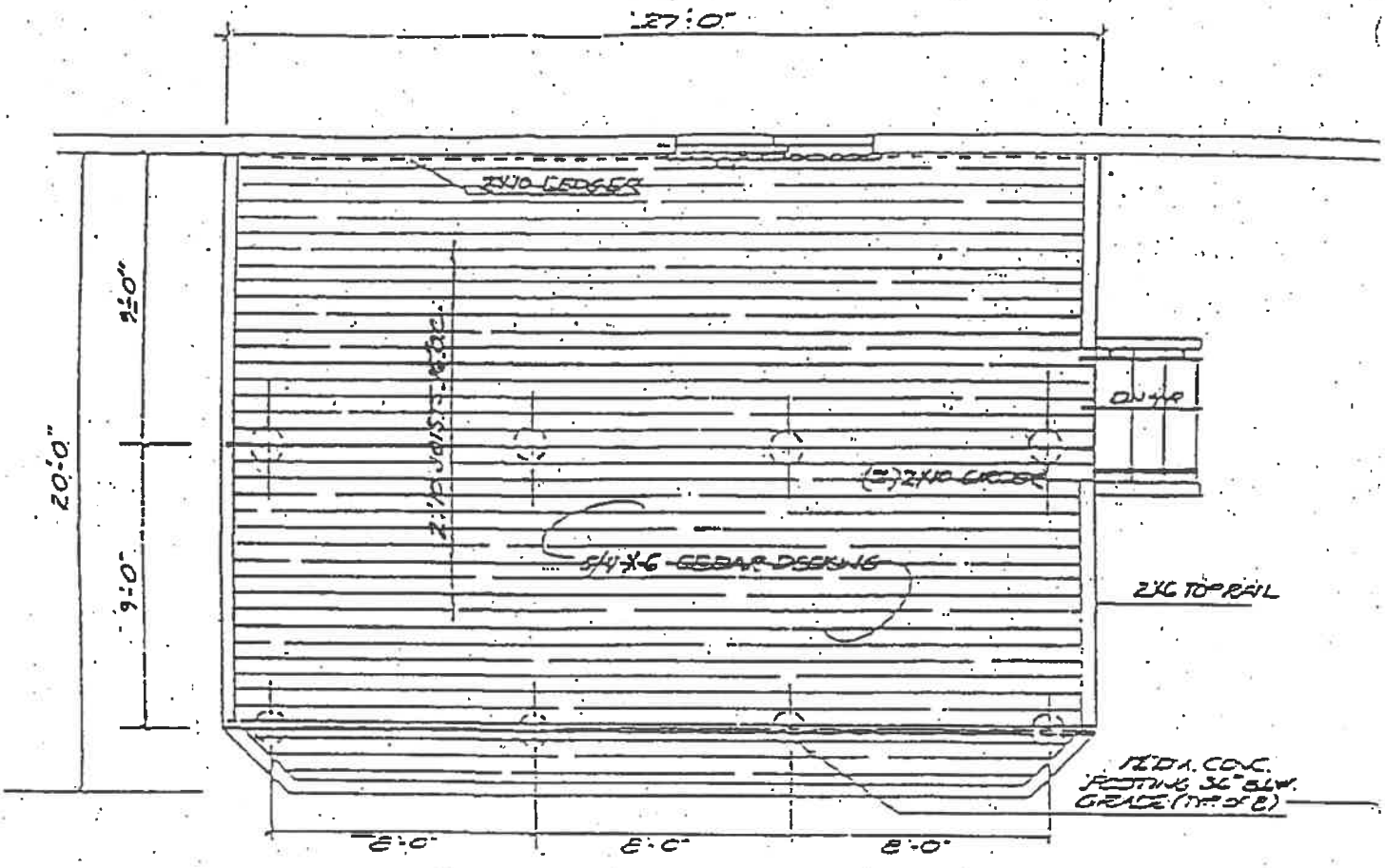
*Guardrails and Handrails:

Decks built higher than (30") inches from finished grade to top of deck floor require guardrails. Guardrails are to be a minimum of (36") inches in height measured from the finished floor to the top of the guardrail. Openings in the guardrail are to be less than (4") inches. Three (3) or more risers on a stairway require handrails. Handrails are to be (30") inches to (38") inches in height measured from the edge of the nosing. Handrails are to be continuous without interruptions by newel posts, spindles, etc. The gripping surface of the handrail shall be 1 ¼" to 2 5/8" cross section. (other handrail shapes that provide an equivalent grasping surface are permissible.

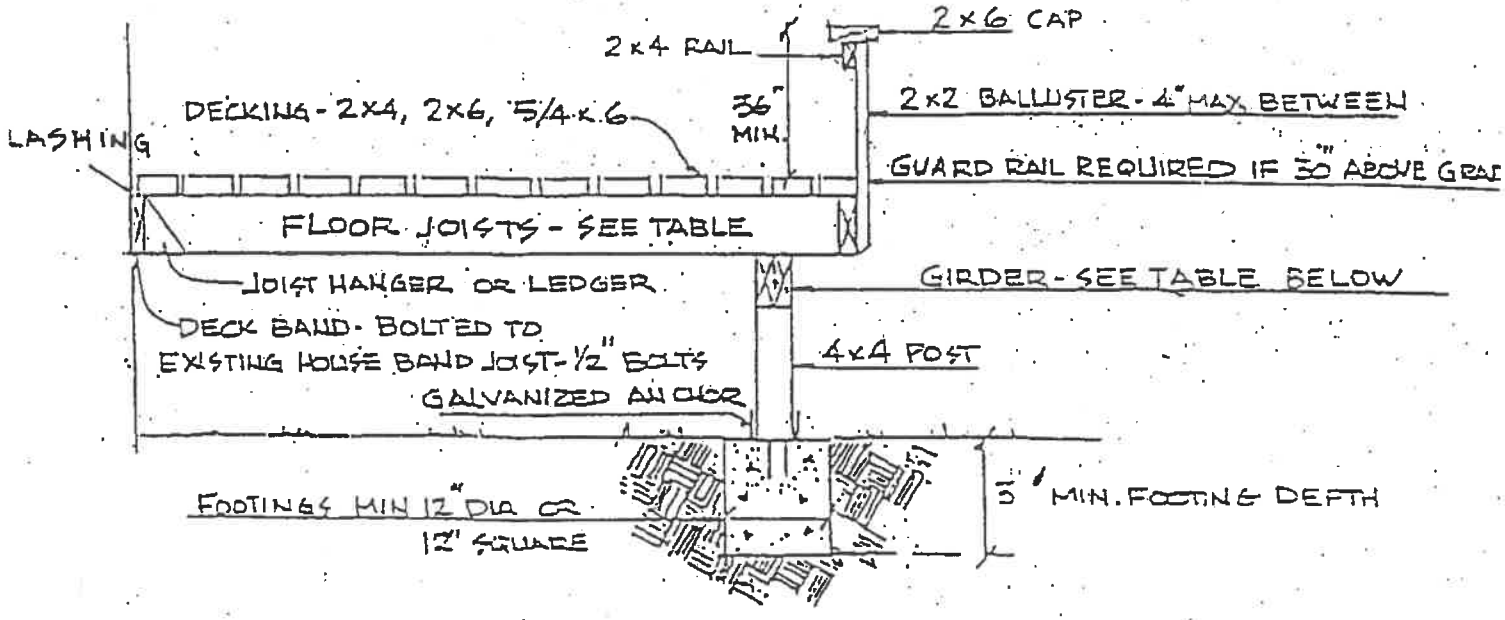
CG

EXAMPLE OF THE INFORMATION TO BE SHOWN ON THE

CONSTRUCTION PLANS BEING SUBMITTED WITH THE APPLICATION FOR THE CONSTRUCTION PERMIT OF A DECK



OPEN DECK CONSTRUCTION



Spans given in feet and inches inside to inside of bearing.

TABLE 40 WET-SERVICE FLOOR JOISTS — 40 PSF LIVE LOAD, 10 PSF DEAD LOAD, 360 DEFLECTION

DECKS; MOISTURE CONTENT EXCEEDS 19%

Size	Spacing	Grade										
		Visually Graded				Machine Stress Rated (MSR)				Machine Evaluated Lumber (MEL)		
Inches	Inches on center	Select Structural	No. 1	No. 2	No. 3	2400f-2.0E	2250f-1.9E	2100f-1.8E	1950f-1.7E	M-23	M-19	M-14
2 x 6	12	10-9	10-7	10-4	9-4	11-2	11-0	10-9	10-7	10-9	10-4	10-7
	16	9-9	9-7	9-5	8-1	10-2	10-0	9-9	9-7	9-9	9-5	9-7
	19.2	9-2	9-0	8-9	7-4	9-6	9-4	9-2	9-0	9-2	8-10	9-0
	24	8-7	8-5	7-10	6-7	8-10	8-8	8-7	8-5	8-7	8-3	8-5
2 x 8	12	14-2	13-11	13-8	11-11	14-8	14-5	14-2	13-11	14-2	13-8	13-11
	16	12-11	12-8	12-5	10-3	13-4	13-2	12-11	12-8	12-11	12-5	12-8
	19.2	12-2	11-11	11-4	9-5	12-7	12-4	12-2	11-11	12-2	11-8	11-11
	24	11-3	11-1	10-2	8-5	11-8	11-6	11-3	11-1	11-3	10-10	11-1
2 x 10	12	18-1	17-9	17-5	14-0	18-9	18-5	18-1	17-9	18-1	17-5	17-9
	16	16-5	16-2	15-10	12-2	17-0	16-9	16-5	16-2	16-5	15-10	16-2
	19.2	15-6	15-1	14-8	11-1	16-0	15-9	15-6	15-2	15-6	14-11	15-2
	24	14-4	13-6	13-1	9-11	14-11	14-8	14-4	14-1	14-4	13-10	14-1
2 x 12	12	22-0	21-7	21-2	16-8	22-10	22-5	22-0	21-7	22-0	21-2	21-7
	16	20-0	19-8	18-10	14-6	20-9	20-4	20-0	19-8	20-0	19-3	19-8
	19.2	18-10	17-11	17-2	13-2	19-6	19-2	18-10	18-6	18-10	18-1	18-6
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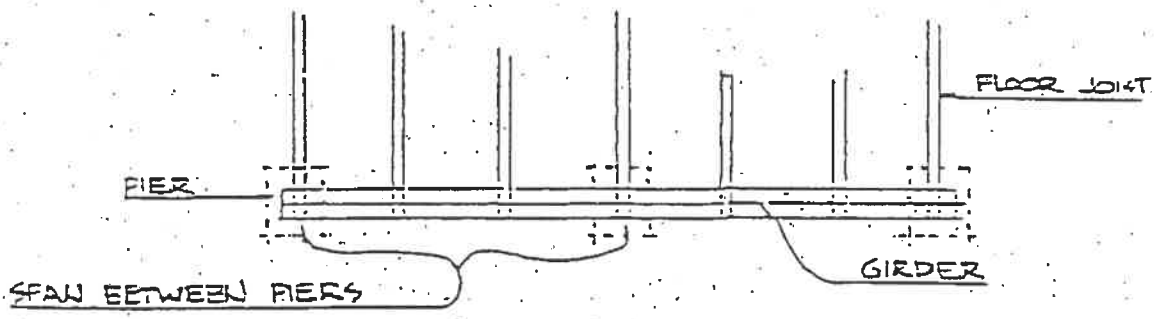


TABLE 502.3.3a
ALLOWABLE SPAN FOR GIRDERS SUPPORTING ONE FLOOR ONLY[1]

SIZE OF WOOD GIRDER[2]		FLOOR LIVE LOAD (psf)	SPACING BETWEEN GIRDERS OR BETWEEN GIRDERS AND LOAD-BEARING WALLS[3]				
			4 feet	6 feet	8 feet	10 feet	12 feet
4 x 4	—	40	5'-0"	4'-0"	3'-6"	3'-0"	2'-6"
4 x 6	—	40	7'-6"	6'-0"	5'-6"	4'-6"	4'-0"
4 x 8	6 x 6	40	10'-0"	8'-6"	7'-6"	6'-6"	5'-0"
4 x 10	6 x 8	40	13'-0"	10'-6"	9'-6"	8'-6"	5'-6"
4 x 12	6 x 10	40	16'-0"	12'-6"	11'-0"	10'-0"	8'-0"

For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm, 1 psf = 0.0479 kN/m².

1 Allowable spans may be interpolated between tributary loads shown in table. Spans and girder sizes may be computed independently of the above table in accordance with accepted engineering practice.

2 Spans are based on No. 2 lumber.

3 The spacing of the tributary load to the girder. It is found by adding the unsupported spans of the floor structure on each side which are supported by the girder and dividing by 2.

PLAN REVIEW/INSPECTION GUIDELINES FOR DECKS

1. THE INSIDE OF JACKET MUST BE FILLED OUT AND SIGNED BY THE RESPONSIBLE PERSON WHO IS DOING THE WORK.
2. THE OUTSIDE OF THE JACKET MUST BE FILLED OUT COMPLETELY WITH THE ESTIMATED COST OF WORK PER SUBCODE.
3. SMALL CONSTRUCTION PERMIT MUST BE FILLED OUT COMPLETELY WITH DESCRIPTION OF WORK AND ESTIMATED COST OF WORK.
4. BUILDING TECH SHEET MUST BE FILLED OUT PROPERLY.
5. PRIOR APPROVAL FROM LAND USE.
6. SPECS- SHOWING FOOTING, FRAME, STAIRS AND CONNECTIONS.

INSPECTIONS

1. FOOTING
2. FRAME (OPEN DECK)
3. FINAL AFTER WORK IS COMPLETED

A CERTIFICATE OF APPROVAL WILL BE ISSUED WHEN FINAL INSPECTION HAS PASSED.

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 78 LOT(S) 155 STREET marc Drive.

APPLICANT: NAME Anthony Piazza.

ADDRESS 32 Marc Drive, Howell. NJ. 07731

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool ✓ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way right of back of house. feet (and ____ feet if a corner lot)

✓ Side yard clearances 26 feet and ____ feet

✓ Rear yard clearances 24 feet

DESCRIPTION OF STRUCTURE: Height 4 Feet feet to highest point

✓ Length 12 feet Width 6 and 8 feet

Type of fence: on back (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE: Cash
FEE: ✓ $10.00 residential
FEE: ____ $20.00 non-residential

X Anthony Piazza 5/25/04
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

5/25/04
Date

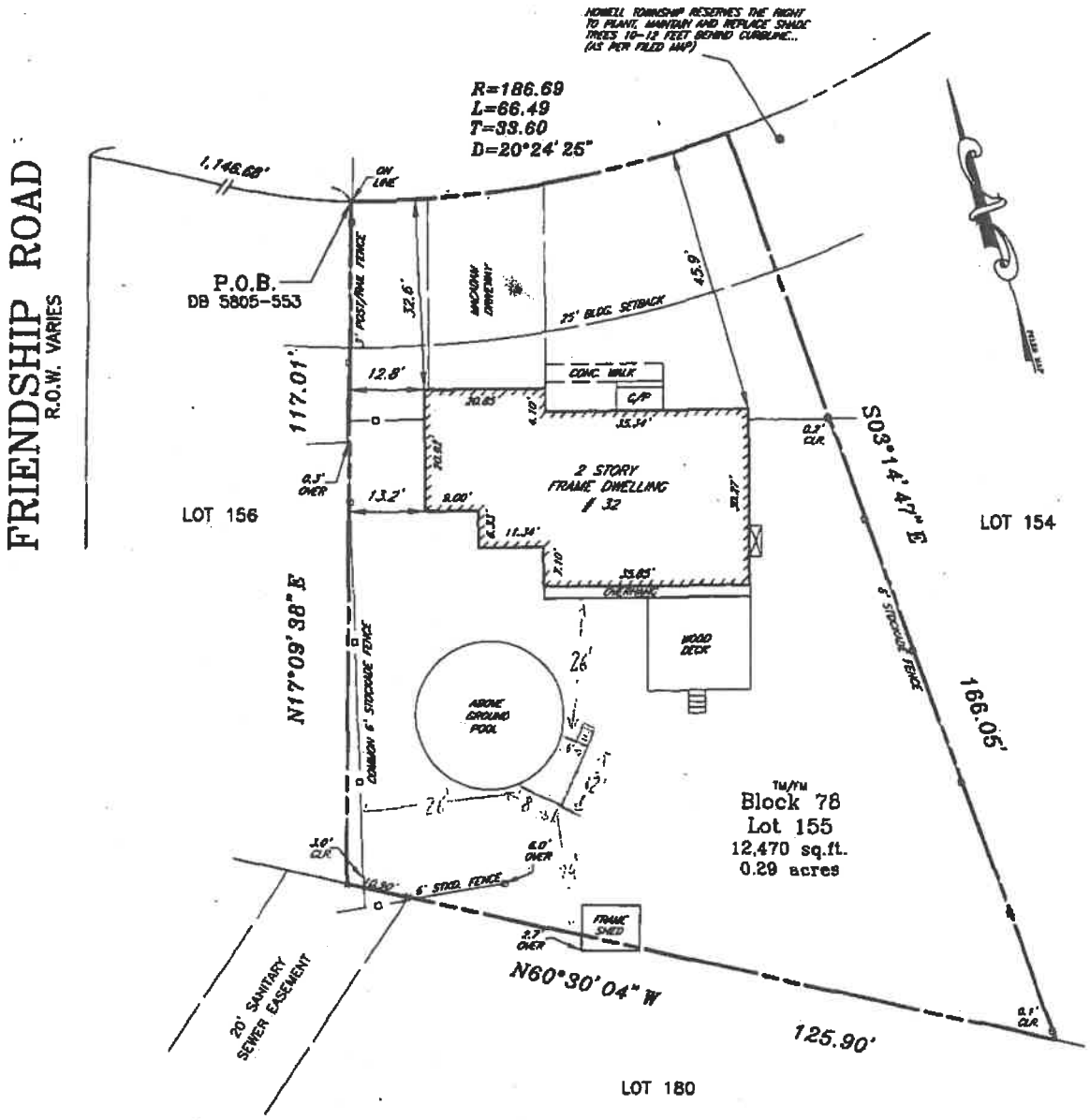
Betty Lou Lester
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: 12 odd to Pool deck 8' X 12' To be water for Pool to comply with Swimming Pool Ordinance. Receipt # 11892

REFERRALS:
✓ To Building Dept.
____ To Planning Bd.
____ To Fire Prevention
____ To Zoning Bd.
____ To Bd. of Health
____ To M.U.A.
____ To Engineering
____ To ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

PLAN OF SURVEY
AGNES CRAIG & ANTHONY PIAZZA
SITUATED IN
TOWNSHIP OF HOWELL, MONMOUTH COUNTY, NEW JERSEY
BLOCK 78 LOT 155



THIS CERTIFICATION IS MADE ONLY TO ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

I HEREBY CERTIFY THIS SURVEY TO:

AGNES CRAIG & ANTHONY PIAZZA

SIB MORTGAGE CORP., its successors and/or assigns

NRT TITLE AGENCY, INC. (NRT 8434)
CHICAGO TITLE INSURANCE COMPANY

RHONDA J. EIGER, ESQ.

REFERENCES:

DEED BOOK 5805 PAGE 553

"FINAL MAP HERITAGE WOODS - SECTION V"
FILED 9/19/85 CASE# 203-5

NO STAKES SET AS PER CONTRACTUAL AGREEMENT

CONTROL LAYOUTS, INC.
LAND SURVEYORS
CERTIFICATE OF AUTHORIZATION #24GA28001900
271 CLEVELAND AVENUE HIGHLAND PARK, N.J. 08904 P.O. BOX 4319
PHONE (732) 846-9100 FAX (732) 937-5793

DATE: 4/22/03

FILE NO. 719-03 | DATE: 4/21/03 | SCALE: 1"=20' | DSS | DSS | WILLIAM J. BUTTLER, NEW JERSEY PROFESSIONAL LAND SURVEYOR #19461

MATERIAL LIST AND SPECS

DECK @ 32 MARC DR. HOWELL, NEW JERSEY, 07731

THE FOLLOWING MATERIALS AND APPLICATION OF MATERIALS WILL BE USED FOR CONSTRUCTION OF DECK AROUND POOL.

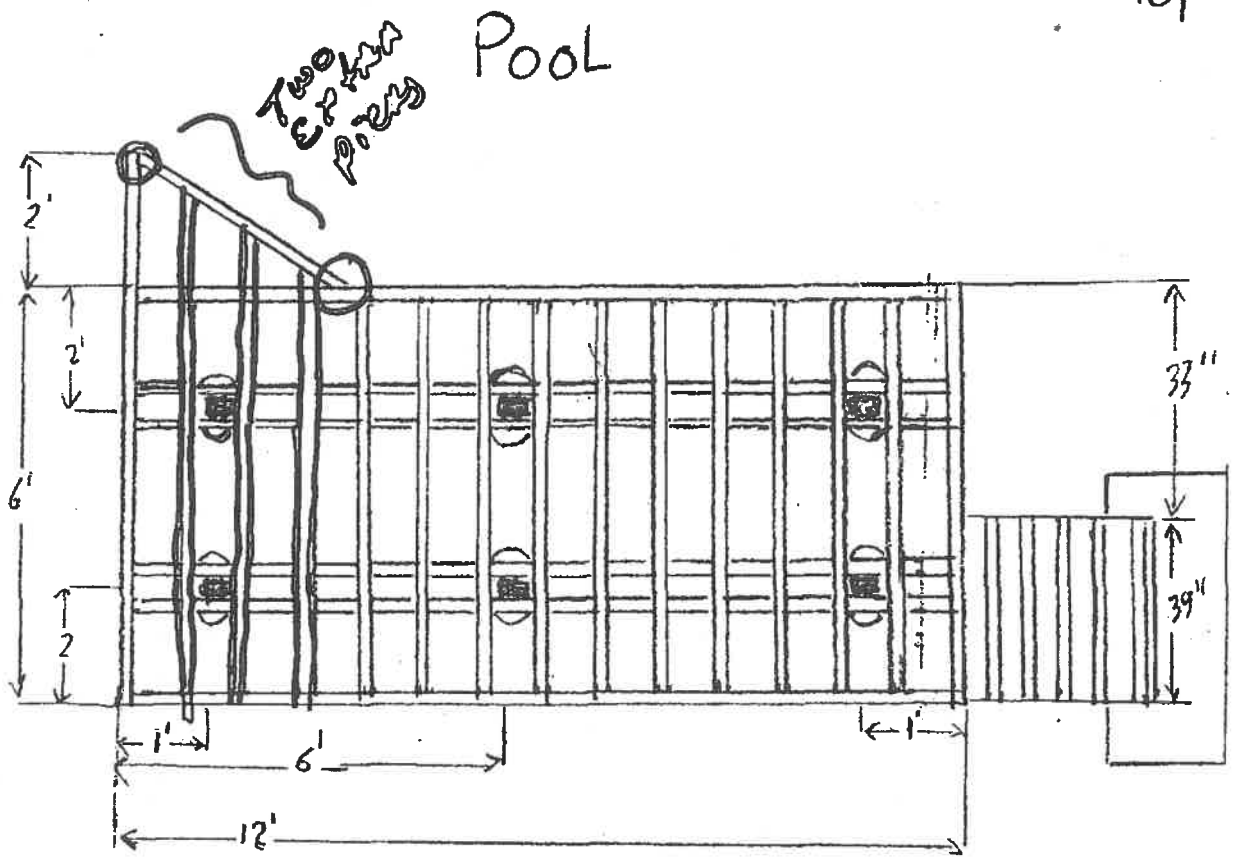
1. FOOTINGS 36"X12" DIA.
2. GIRDER 2X10 DOUBLED AND BOITED.
3. FLOOR JOIST 2X8 TREATED 12" ON CENTER.
4. DECKING 5/4 X 6 TREX.
5. RAILING 2X2 NO GREATER 3 1/2" ON CENTER.
6. STAIRS 12" TREADS STRINGERS 12" ON CENTER.
7. CONCRETE PAD LANDING FOR STAIRS.
8. CHILD PROOF GATE AT LANDING.
9. GALVINIZED HARDWARE (JOIST HANGERS ECT)
10. STAINLESS SCREWS.
11. 4X4 RAILING POST.

FILE COPY

See Notes in Red

Use all Correct Hangers & Nails for ACQ Lumber

Top View

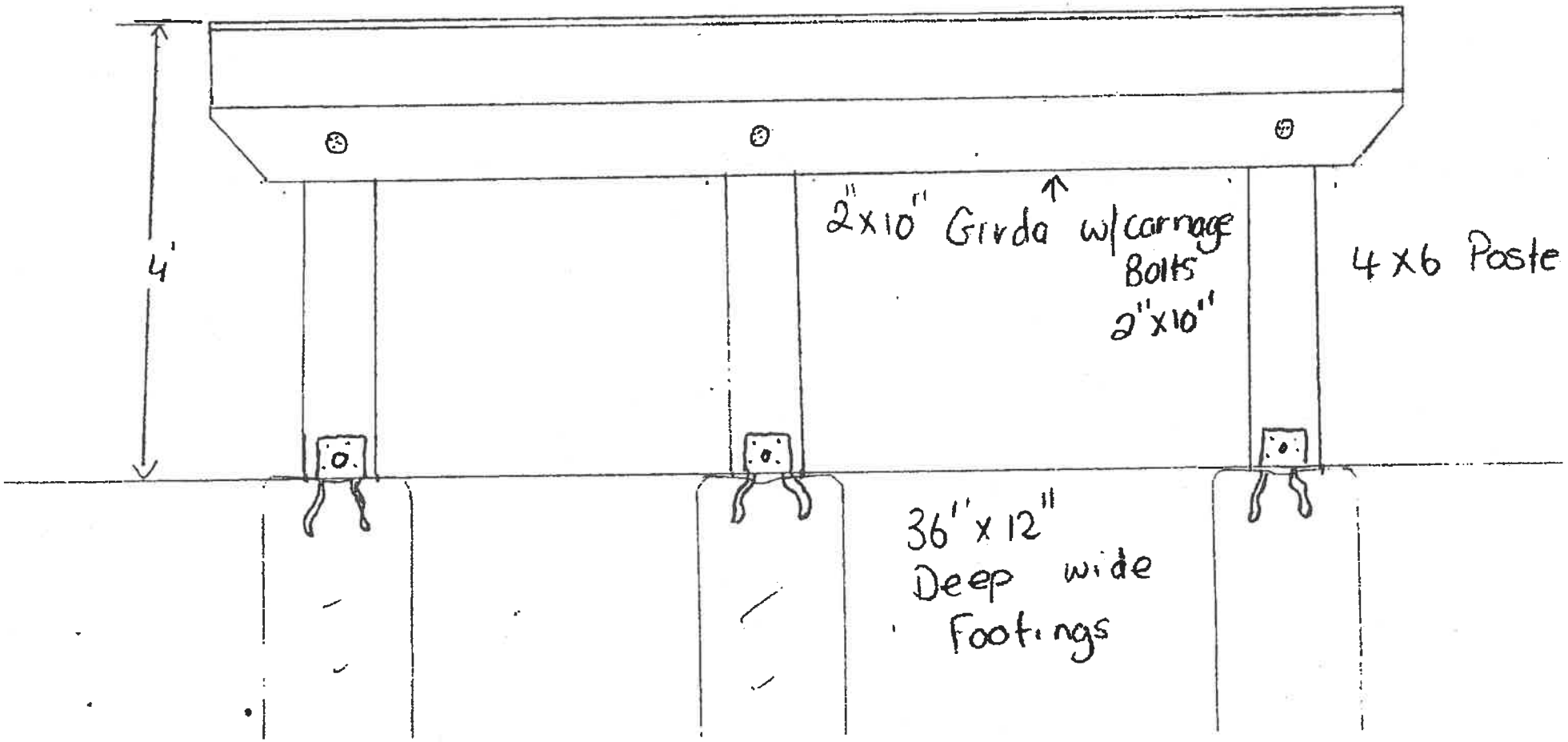


Concrete Sk
4' x 3'

Stairs
39" wide
12" Treads
With child

SIDE VIEW

Decking 5/4 x6 Trexs Attached by screws Stainless steel.

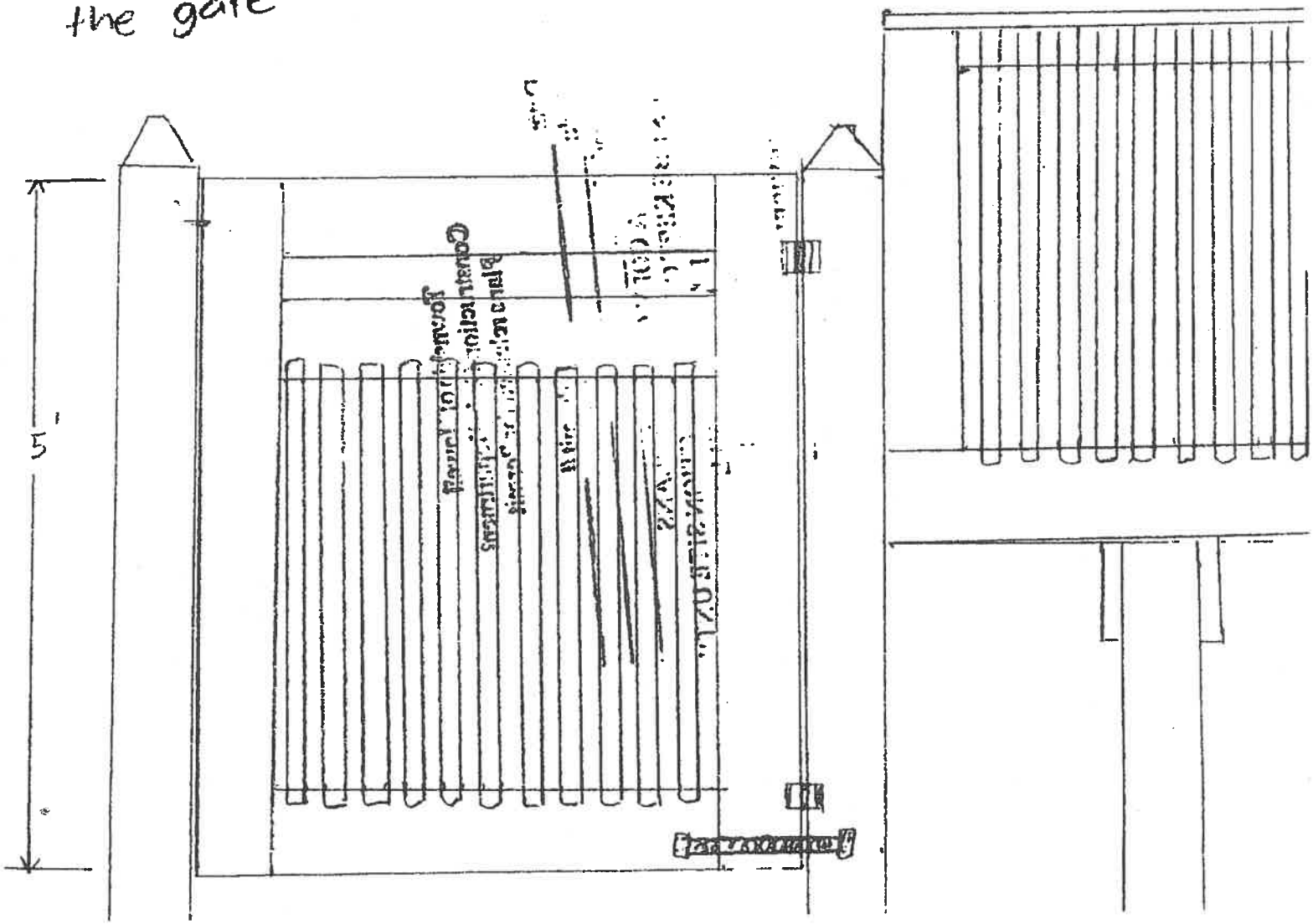


Child proof fence

Self closing and self-latching device.

located at 54" from the bottom of the ga

With balaster spacing on staircase and gate l
and opening outwards from pool. with self-
latching device located on the pool side o
the gate



Township of Howell
Construction Code Department
Plans released for Permit

Date: 7/15/04 Permit #
Block: 78 Lot 153
Sub-code Official GB

A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

REVISED: _____

HOWELL TOWNSHIP

Agent : PIAZZA, ANTHONY
32 MARC DRIVE
HOWELL, NJ-07731
Ph [redacted]

Contractor : PIAZZA, ANTHONY
MARC DRIVE
HOWELL, NJ-07731
Ph [redacted]

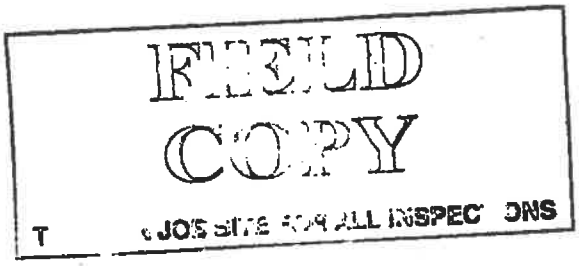
Ref : Application #. **28681**

Subject : **Building Review for 32 MARC DRIVE**

Date : June 10, 2004

Subcode Notes

1. MAX. CANTILEVER ON GIRDERS OR FLOOR JOIST 24" [SEE DECK HANDOUT SUPPLIED]
2. WHAT IS A CHILD PROOF GATE [SEE POOL HANDOUT FOR DETAILS REQUIRED FOR GATE . [MAX BALASTER SPACING ON STAIRCASE 1 3/4 "]



PLAN REVIEW CHECK LIST

NAME Piazza BLOCK 78 LOT 153

ADDRESS 32 Mara Drive ZONING RELEASE

DATE SUBMITTED 5/25/04 28681

DEVELOPMENT (If any) Deck around pool

	Reviewed By:	Approved	Comments
FIRE			
BUILDING ✓	PJO 6/18/04	~~Not~~ OK	
ELECTRICAL			
PLUMBING			
MECHANICAL			
OTHER			9 2004
SEPTIC			Resub

NOTIFIED

HOME OWNER X

CONTRACTOR

DATE 6/15

TIME 9:45

MAY 25 2004

HOWELL TOWNSHIP

Agent : PIAZZA, ANTHONY
32 MARC DRIVE
HOWELL, NJ-07731
Ph [redacted]

Contractor : PIAZZA, ANTHONY
MARC DRIVE
HOWELL, NJ-07731
Ph [redacted]

Ref : Application #. **28681**

Subject : **Building Review for 32 MARC DRIVE**

Date : June 10, 2004

Subcode Notes

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2. WHAT IS A CHILD PROOF GATE [SEE POOL HANDOUT FOR DETAILS REQUIRED FOR GATE . [MAX BALASTER SPACING ON STAIRCASE 1 3/4 "]

FILE COPY

HOWELL TOWNSHIP

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: _____
2. Owner Name: M. Fidzivra Tel. ( ) [redacted]
   Address 32 Marc Drive Howell N.J.
3. Principal Contractor: Cruz Bros. Construction Tel. ( ) 370-9349
   Address 610 Aldrich Rd. Howell, N.J.
   Lic. No. or Builder Reg. No. [redacted] Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work David Cruz Tel. ( ) 370-9349

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: Deck

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other Deck	
6. ☐	Other	
	TOTAL COST	$2,800 –

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.

LDS HW-B 10410586

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 M. Fabara DATE 3/9/88

II. AGENT SECTION

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

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

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

☐ Check if contractor.

AGENT NAME Cruz Bros. Construction TEL # 370-9349

ADDRESS 610 Aldrich Rd. Howell NJ

SIGNATURE

BLOCK NO. _____ LOT NO. _____ SUBDIVISION _____ PERMIT NO. _____

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	_____
☐ Plumbing	_____	☐ 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	$ 25.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$.
– LESS: 20% of subtotal (when plan review performed by state agency).	(.)
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 45.00

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

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

CERTIFICATE

CERT. NO. 3033-1

DATE ISSUED 4-11-88

Block 78 Lot 155

Subdivision

IDENTIFICATION

Owner Mitchell Fidziura
32 Marc Drive
Address Howell, NJ 07731

Tel. ( ) [redacted]

Work Site Address Same as above

Agent Cruz Bros. Const.
610 Aldrich Rd
Address Howell, NJ 07731

Tel. ( ) 370-9349

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By: BF

Date: 4-11-88

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Completion and approval of deck 18' x 18'

USE GROUP R-3 FIRE GRADING

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE

FINAL COST OF CONSTRUCTION: $ 2,800.00

CONSTRUCTION OFFICIAL

TOWNSHIP OF HOWELL
POST OFFICE BOX 580
HOWELL, NEW JERSEY 07731-0580
(201) 938-4500

CONSTRUCTION PERMIT

PERMIT NO. 3033-1
DATE ISSUED 3/15/88
Block 78 Lot 155
Subdivision

A. IDENTIFICATION

Owner Mitchell Fidziura
Address 32 Marc Drive
Howell, NJ 07731
Tel. ( ) [redacted]

Agent Cruz Brost. Const.
Address 610 Aldrich Road
Howell, NJ 07731
Tel. ( ) 370-9349

Work Site Address Same as above
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 45.00
Fees Remitted $
☐ Check No.
☒ Cash
☐ Other

Collected By: [signature]
Date: 3-16-88

is hereby granted permission to perform the following work:

- [X] BUILDING
- [ ] ELECTRICAL
- [ ] PLUMBING
- [ ] FIRE PROTECTION
- [ ] OTHER

Description of work:

18' x 18' Deck

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: $ 2,800.00

[signature]
CONSTRUCTION OFFICIAL

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

HOWELL. TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3033-1
DATE ISSUED 3-15-88
REVISION DATE
Block 78 Lot 155
Subdivision Heritage Point

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Mitchell & Patricia Fiozinka
Address 32 Marc Drive
Howell, N.J.
Tel. ( ) [redacted]
Work Site Address SAME

Contractor Cruz Bros.
Address 610 Aldrich Rd.
Howell, N.J.
Tel. ( ) 370-9349
Lic. No. [redacted]
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.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

One 18'x18' Deck Complete with
2'x6' Floor Joist & Hangers
2x6' Decking w Gal: or Alum Nails
2x6' Double Headers
4x4' Posts (3' deep holes w Cement)
2x2' Ballisters (Rail)
2x6' Cap & Ribbon
One set of 3' stairs
Lattice skirt under deck
All wood pressure treated
40 CCA
Wolmanized

☐ See Plans

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

Fee Basis	Fee
	25.—

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

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present ______ Proposed

No. of Stories ______ Total Building Area—All Floors ______ Sq. Ft.
Height of Structure ______ Ft. Volume of Structure ______ Cu. Ft.
Area—Largest Floor ______ Sq. Ft. Total Land Area Disturbed ______ Sq. Ft.

Estimated Cost of Building Work: $ 2,800.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

HOWELL. TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. [illegible]
DATE ISSUED [illegible]
REVISION DATE
Block 78 Lot 155
Subdivision Heritage Point

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner [illegible] Patricia [illegible]
Address [illegible] Mare Drive
Howell, N.J.
Tel. ( ) [redacted]
Work Site Address Same

Contractor Cruz Bros.
Address 610 Aldrich Rd.
Howell, N.J.
Tel. ( ) 370-9349
Lic. No. [redacted]
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.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

[illegible] 12'x16' Deck Complete with
[illegible] Joist Hangers
[illegible]
[illegible] Headers
[illegible] 3' [illegible]
[illegible]
[illegible] Risers
[illegible] set of [illegible] Stairs
[illegible] Skirt under Deck
[illegible] Pressure Treated
[illegible]
[illegible]

☐ See Plans

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

Fee Basis	Fee

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

C. BUILDING CHARACTERISTICS

USE GROUP: [illegible] Present ______ Proposed
No. of Stories ______ Total Building Area—All Floors ______ Sq. Ft.
Height of Structure ______ Ft. Volume of Structure ______ Cu. Ft.
Area—Largest Floor ______ Sq. Ft. Total Land Area Disturbed ______ Sq. Ft.
Estimated Cost of Building Work: $ [illegible]

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS
MAR 22 1988	(Rail) over 6" between Balusters

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	3-14-88	RK
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

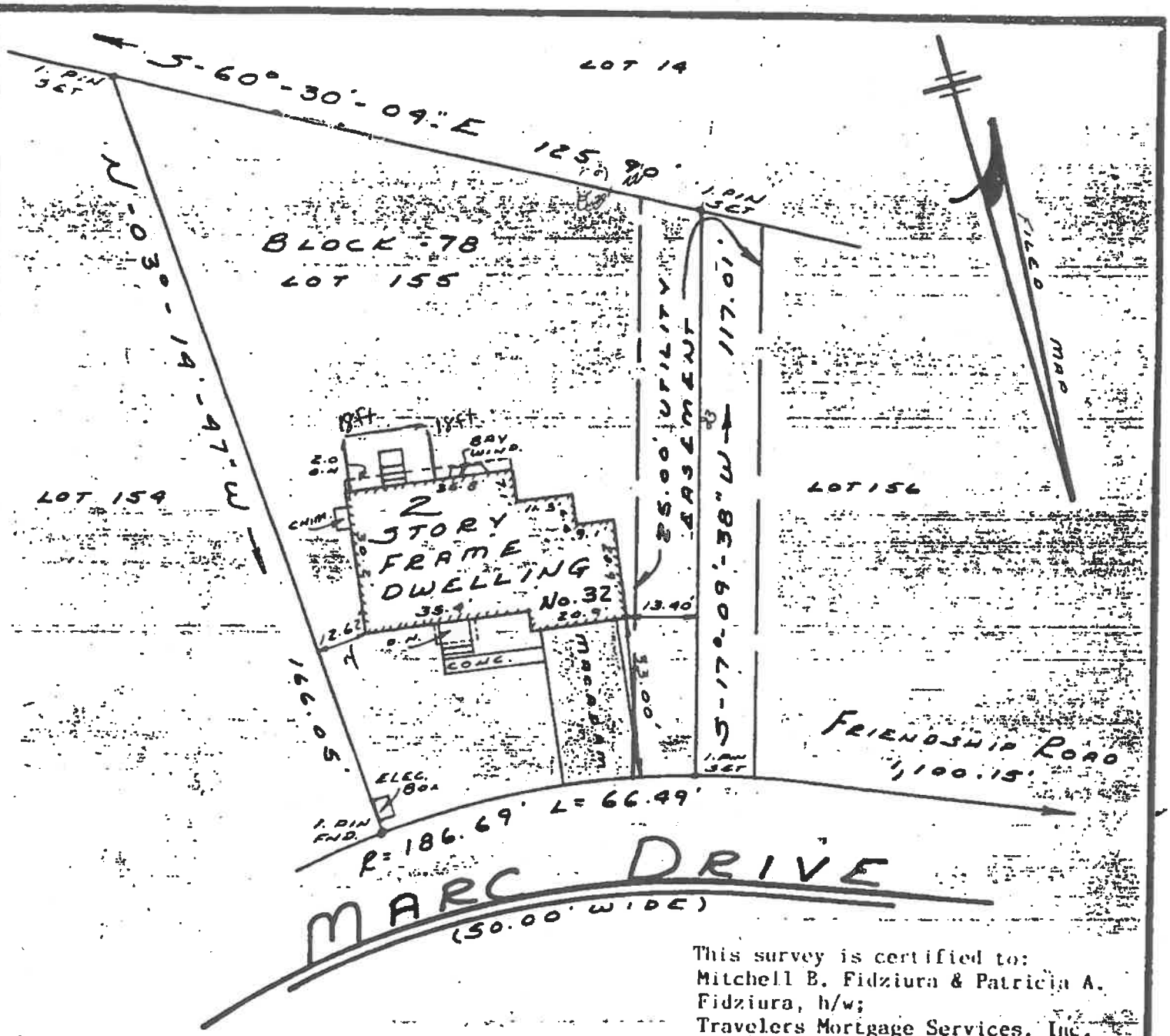
Date: APR - 8 1988

Inspected By: RK

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				MAR 17 1988
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation	MAR 22			
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F 110 (8/83)



Property known as lot-155, Block-78 as shown on a ,ap entitled "Final Plat, Heritage Woods, Section 5" & filed in the ocean county clerks office on Sept. 19, 1985 as case No. 203-5.
A/K/A lot 155, Block-78 as shown on the Howell Township tax map.

This survey is certified to:
Mitchell B. Fidziura & Patricia A. Fidziura, h/w;
Travelers Mortgage Services, Inc. and/or its assigns;
Progressive Lawyers Services, Inc. agents for Lawyers Title Insurance Corporation ;
Perry & Blum, Esqs.

Robert S. YURO L.S. #19463

SURVEY OF PROPERTY
prepared for
MITCHELL B. FIDZIURA & PATRICIA A. FIDZIURA, h/w
situated in
HOWELL TOWNSHIP MONMOUTH COUNTY, N.J.
prepared by

ROBERT S. YURO ASSOCIATES INC.
Professional Land Surveyors
382 Hulse's Corner Rd., Howell Twp., N.J.
367-0447

dated: JAN. 16, 1987
scale: 1"=30'
File No. Y-9470

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 78 LOT(S) 155 STREET MARC DRIVE

APPLICANT: NAME Mitchell & PATRICIA FIDZIURA

ADDRESS 32 MARC DRIVE HOWELL, N.J. 07731

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool X Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way ____ feet (and ____ feet if a corner lot)
Side yard clearances 45 ft. feet and 15 ft feet
Rear yard clearances 50 ft feet

DESCRIPTION OF STRUCTURE: Height 30" ~~6 ft~~ feet to highest point
Length 12 ft. feet Width 12 ft. feet

Type of fence: ____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ✓ $10.00 residential
FEE: ____ $20.00 non-residential

Patricia C. Fidziura 3/9/1987
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/~~is not~~ found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/~~disapproved~~.

3-9-87
Date

HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: ____

REFERRALS:
____ To Building Dept. ____ To Zoning Bd. ____ To Engineering
____ To Planning Bd. ____ To Bd. of Health ____ To ____
____ To Fire Prevention ____ To M.U.A. ____ ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

Proposal

Page No. of Pages

CRUZ BROS. CONSTRUCTION
610 ALLRICH RD.
HOWELL, N.J. 07731
(201) 370-9349

PROPOSAL SUBMITTED TO: Mitch Fidziura	PHONE: [redacted]	DATE: 3-7-88	
STREET: 32 Mark Dr.	JOB NAME:		
CITY, STATE AND ZIP CODE: Howell, N.J. 07731	JOB LOCATION: Same		
ARCHITECT:	DATE OF PLANS:		JOB PHONE:

We hereby submit specifications and estimates for:

ONE 18'X18' DECK Complete with:
2'X6' FLOOR JOIST with JOIST HANGERS
2'X6' DECKING WITH GALVANIZED OR ALUMINUM NAILS
2'X6' DOUBLE HEADERS
4'X4' POSTS (3' DEEP HOLES with CEMENT)
2'X2' BALLISTERS (RAIL)
2'X6' CAP AND RIBBON
ONE SET OF 3' STAIRS
LATTICE SKIRT UNDERDECK

3-8-88
Paid
$1,400.00

ALL WOOD WILL BE PRESSURE TREATED 40CCA
(WOLMANIZED)

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Two thousand eight hundred ——— dollars ($2800.00).

Payment to be made as follows:
$1400.00 DOWN AT CONTRACT Balance due at completion of job ($1400.-) No Refunds on Deposits

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature [signature]

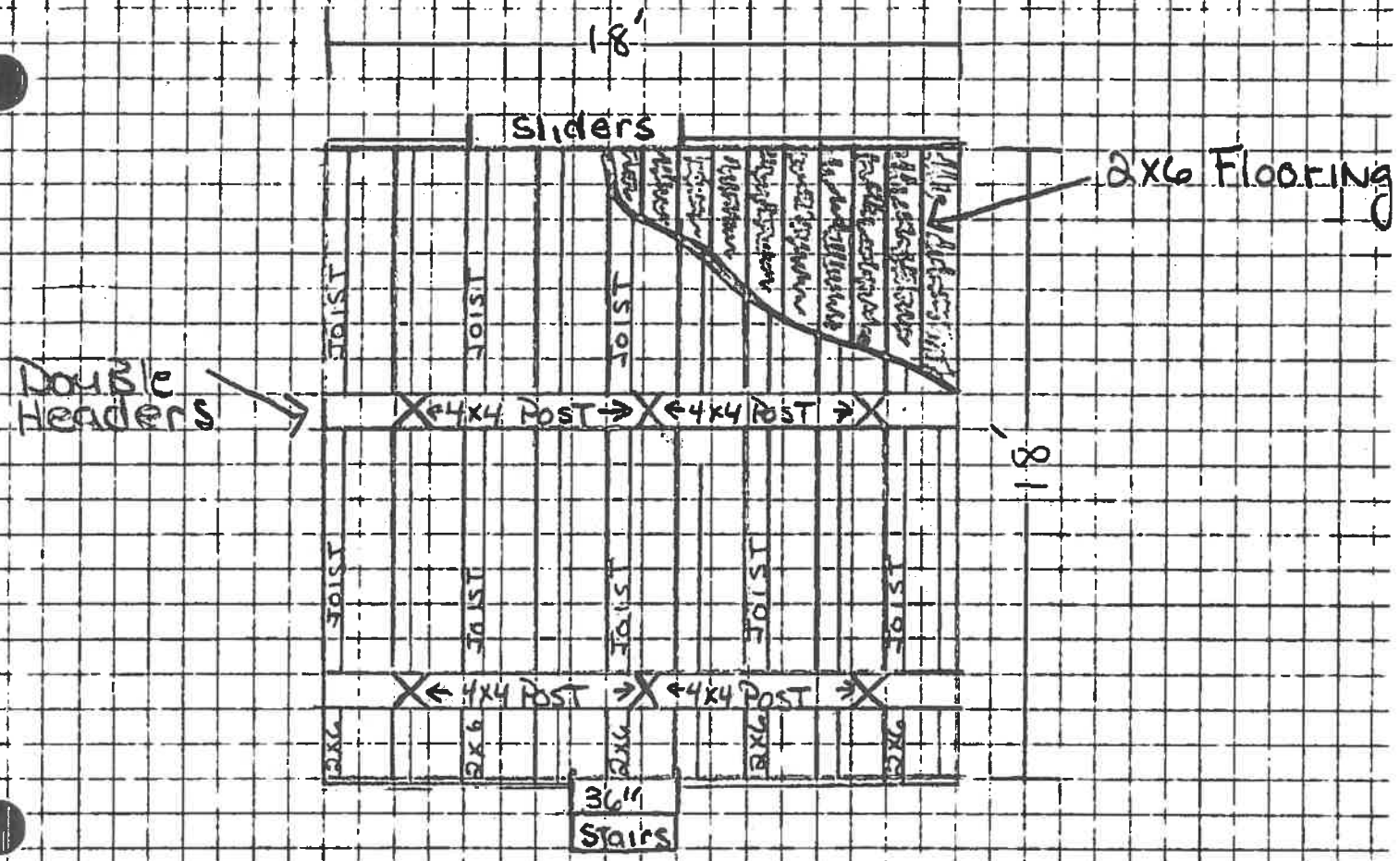
Note: This proposal may be withdrawn by us if not accepted within _____ days.

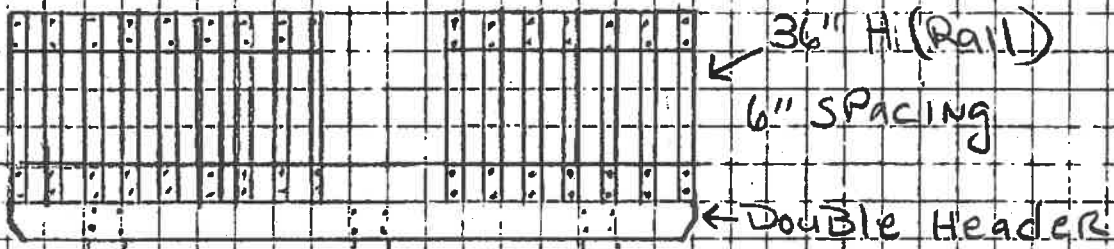
Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

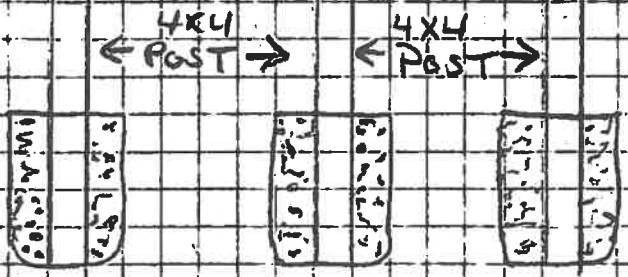
Signature [signature]

Date of Acceptance: _____

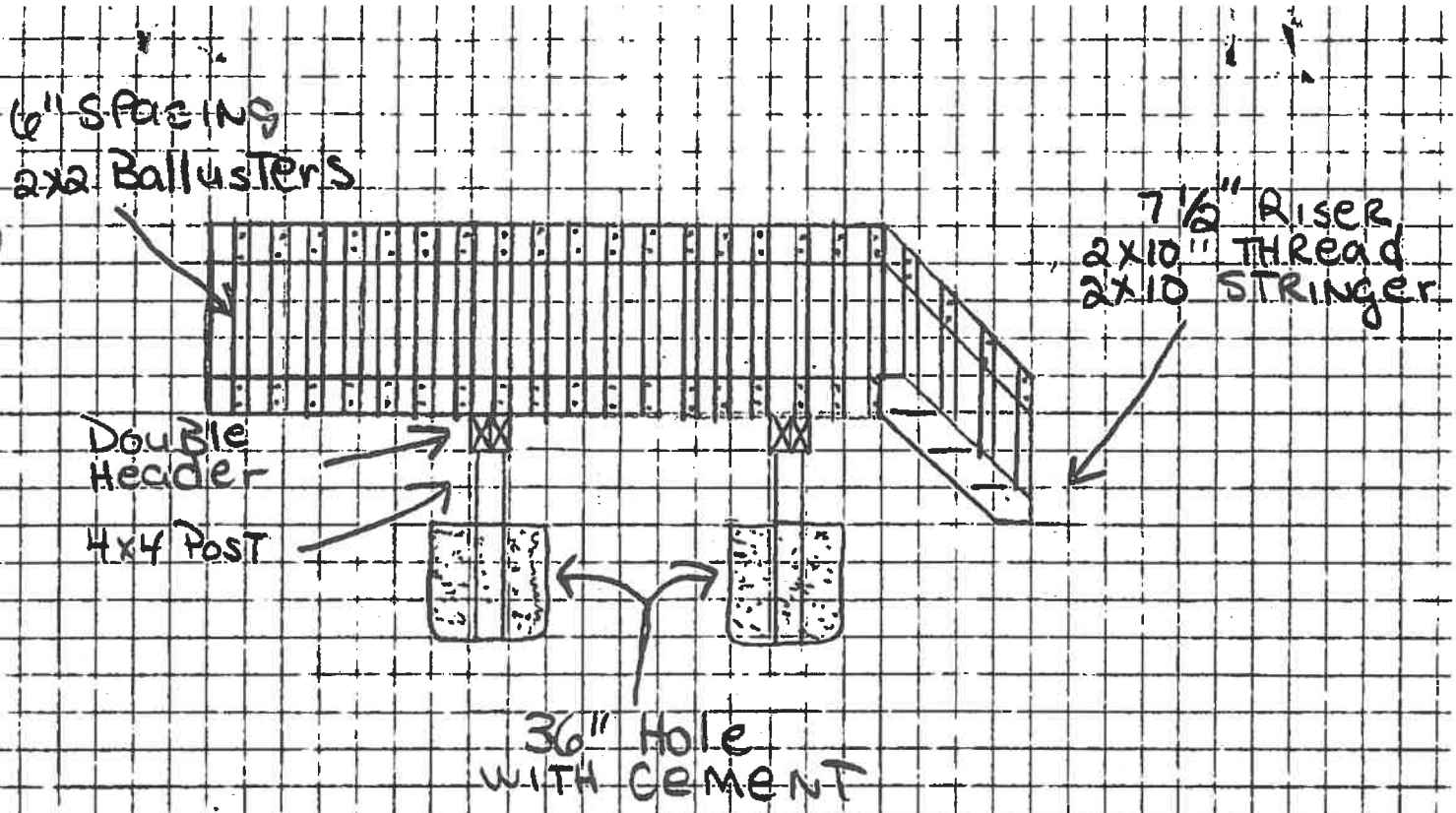
Signature _____


18'
Sliders
2X6 Flooring
Double Headers
4X4 POST
4X4 POST
4X4 POST
4X4 POST
JOIST
JOIST
JOIST
JOIST
JOIST
JOIST
2X6
2X6
2X6
2X6
2X6
2X6
18'
36"
Stairs


36" H. (Rail)
6" SPACING
Double Header


4X4 POST
4X4 POST
36" Hole
with cement

OFFICE COPY


6" SPACING
2x2 BALLUSTERS
7½" RISER
2x10" THREAD
2x10 STRINGER
DOUBLE HEADER
4x4 POST
36" HOLE WITH CEMENT

RECEIVED
MAR 10

PLAN REVIEW CHECK LIST

NAME FIDZIURA Block 78 Lot 155

ADDRESS 32 MARC DR. Zoning Release 3-9-88

Date Submitted 3-10-88

Development DECK

30-33-1

	Reviewed By		Approved	Comments
Building ✓	3-14-88		dlw	
Plumbing				
Fire				
Electrical				
Mechanical				
Septic				
Other				

Ch#4034 D Model
~~Hatch~~ Basement

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Heritage Pointe
2. Owner Name: Hoal Associates Tel. [redacted]
   Address 198 Route 9, Manalapan, NJ 07726
3. Principal Contractor: same Tel. ( )
   Address
   Lic. No. or Builder Reg. No. 04547 Federal Emp. No. [redacted]
4. Architect or Engineer: Salkin Group Tel. (215) 546-2414
   Address 1528 Walnut St., Philadelphia, PA 19102
5. Responsible Person in Charge of Work Larry Rosen Tel. (201) 371-0551

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

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

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☒ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units 7

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 2
15. Height of Structure 24 Ft.
16. Area–Largest Floor Sq. Ft.
17. Bldg. Area–All Fls. B Sq. Ft.
18. Volume of Structure B Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

LDS HW-B 10410585

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

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

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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

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

☐ **Check if contractor.**

AGENT NAME Hoal Associates TEL 201, 577-1000

ADDRESS 198 Rt. 9 Manalapan NJ 07726

SIGNATURE for Hoal Assoc.

BLOCK NO. 78 LOT NO. 155 SUBDIVISION _____ PERMIT NO. _____

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	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection					

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	$ 312.66
PLUMBING	96.00
ELECTRICAL	50.00
FIRE PROTECTION	•
OTHER _____	•
SUBTOTAL	$ •
-- LESS: 20% of subtotal (when plan review performed by state agency).	(•)
D.C.A. TRAINING FEE .0006 x _____	- 20.84
CERTIFICATE OF OCCUPANCY	20.00
OTHER Mech.	35.00
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 539.50

DATE 10-29-85 Collected By P.S.

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

CERTIFICATE

CERT. NO. 3033
DATE ISSUED 9-12-86
Block 78 Lot 155
Subdivision Heritage Pointe

IDENTIFICATION

Owner Hoal Assoc.
Address 198 Route 9
Manalapan, N.J.
Tel. ( ) [redacted]
Work Site Address
32 Marc Drive

Agent same
Address
Tel: ( )
Lic. No.
Federal Emp. No.

PAYMENTS

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

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Construction of one family dwelling completed and approved.

Model D

USE GROUP R-3 FIRE GRADING

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE

FINAL COST OF CONSTRUCTION: $ 40,000.

William P. Hall
CONSTRUCTION OFFICIAL

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

TOWNSHIP OF HOWELL
POST OFFICE BOX 580
HOWELL, NEW JERSEY 07731-0580
(201) 938-4500

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3033
DATE ISSUED 10/31/85
Block 78 Lot 155
Subdivision Heritage Pointe

A. IDENTIFICATION

Owner Hoal Assoc. Agent SAME
Address 198 Route 9 Address
Manalapan, New Jersey
Tel. ( ) [redacted] Tel. ( )
Work Site Address 32 Marc Drive Lic. No.
Howell, New Jersey Federal Emp. No.

PAYMENTS

Permit Fee $ 534.50
Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By: P.H.
Date: 10/31/85

is hereby granted permission
to perform the following work:

☑ BUILDING ☑ ELECTRICAL
☑ PLUMBING ☑ FIRE PROTECTION
☐ OTHER

Description of work:

Single family dwelling, model D, basement

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

Estimated Cost of Work: $ 40,000.00

CONSTRUCTION OFFICIAL

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3033
DATE ISSUED 10/30/85
REVISION DATE
Block 78 Lot 155
Subdivision Heritage Pointe

A. IDENTIFICATION

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

Owner: Hoal Associates
Address: 198 Route 9
Manalapan, NJ 07726
Tel. ( ) [redacted]
Work Site Address: New Friendship Rd
32 Marc Drive

Contractor: same
Address:
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

☒ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☒ New Building		$ 312.66
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$ 2084
Minimum Building Fee (if applicable)		$ 20.00
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 353.50

C. BUILDING CHARACTERISTICS

USE GROUP: R-4 Present _____ Proposed

No. of Stories 2
Height of Structure 24 Ft.
Area—Largest Floor _____ Sq. Ft.
Total Building Area—All Floors _____ Sq. Ft.
Volume of Structure 34740 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ 40,000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3033
DATE ISSUED 10/30/85
REVISION DATE
Block 78 Lot 155
Subdivision Heritage Pointe

A. IDENTIFICATION

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

Owner Hoal Associates
Address 198 Route 9
Manalapan, NJ 07726
Tel. ([redacted]
Work Site Address New Friendship Rd
32 Marc Drive

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

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☒ See Plans

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

Fee Basis	Fee
	$ 312.66
SUBTOTAL	$ 2084
Minimum Building Fee (if applicable)	$ 00.00
Total Building Fee *(Greater of Minimum or Subtotal)*	$ 353.50

C. BUILDING CHARACTERISTICS

USE GROUP: R-4 Present _____ Proposed

No. of Stories 2
Height of Structure 24 Ft.
Area—Largest Floor _____ Sq. Ft.
Total Building Area—All Floors _____ Sq. Ft.
Volume of Structure 34740 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ 40,000.00

D. COMMENTS

☒ Partial-Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
9/8/86	Final Incomplete.

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

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

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9/12/86

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☒ Frame	7-1-86			7-3-86 JL
☐ Architectural				
☒ Insulation				8-7-86 JL
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F 110 (8/83)

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 3033
DATE ISSUED 10/30/85
REVISION DATE
Block 18 Lot 15.5
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Hoal Assoc.
Address 198 Rt. 9
Manalapan NJ 07726
Tel. ( ) [redacted]
Work Site Address 32 Marc Drive

Contractor Joyce Electric Co.
Address 105 Evesboro-Medford
Marlton, NJ 08053
Tel. (609) 596-9550
Lic.No./Bus. Permit 5413
Federal Emp. No. [redacted]

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.

Theodore Kuffman
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

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

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 50.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-4 Present ____ Proposed
Service: 100 Amps 1 Phase ____ System Type
____ Wire 240 Volts 3 Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 4,200.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 78 Lot 155
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Hood Assoc.
Address 198 Rt. 9
Marlboro NJ 07726
Tel. ( ) [redacted]
Work Site Address 33 Marc Drive

Contractor Joyce Electric Co.
Address 105 Evesboro-Medford
Marlton, NJ 08053
Tel. (609) 596-9550
Lic.No./Bus. Permit 5413
Federal Emp. No. [redacted]

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:

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

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

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 50.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-4 Present _____ Proposed
Service: 100 Amps 1 Phase _____ System Type
_____ Wire 240 Volts 3 Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 1,200.00

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
7-1-86	ROUGH WIRING – O.K. TO COVER
8-12-86	FINAL

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 8-12-86

Inspected By: A. Lauto

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Rough				7-1-86
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card	7-1-86	
Temporary Cut-in-Card		
Final Cut-in-Card		

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

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 3038
DATE ISSUED 10/30/85
REVISION DATE
Block 78 Lot 155
Subdivision

A. IDENTIFICATION

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

Owner Hoal Assoc.
Address R8 Rt-9 Manalapan NJ 07726
Tel. ( ) [redacted]
Work Site Address 32 Marc Drive

Contractor Joyce Electric Co.
Address 105 Evesboro-Medford Rd Marlton, NJ 08053
Tel. (609) 596-9550
Lic. No. 5413
Federal Emp. No. [redacted]

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.

Sheldon R Kauffman
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☒ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-4 Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ N/A

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO.
DATE ISSUED
REVISION DATE
Block 78 Lot 155
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Hoal Assoc.
Address RS RT. 9
Manalapan NJ 07726
Tel. ( ) [redacted]
Work Site Address 32 Marc Drive

Contractor Joyce Electtic Co
Address 105 Evesboro-Medford Rd
Marlton, NJ 08053
Tel. (609) 596-9650
Lic. No. 5413
Federal Emp. No. [redacted]

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.

Victor F. Kaufman
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☒ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

$ _____
$ _____
$ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-4 Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ NA

D. COMMENTS

R-4-P 1

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9-4-86

Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

U.C.C. Form F-140 (8/83)

HOWELL TOWNSHIP

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 3053
DATE ISSUED 12-21-92
REVISION DATE

Block 78 Lot 155
Subdivision Heritage Pointe

A. IDENTIFICATION

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

Owner Hoal Associates, Inc.
Address 198 Route 9
Manalapan, NJ 07726
Tel. ( ) [redacted]

Work Site Address
32 Marc Drive

Contractor C&R Plu. & Htg. Inc.
Address 1038 Ocean Rd. Rt.88
Pt. Pleasant, NJ 08742
Tel. ( )

Lic.No./Bus. Permit 2893
Federal Emp. No. [redacted]

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 fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
2	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink			Indirect Connection	
1	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		4	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$ 56.00
SUBTOTAL	$ 40.00
Minimum Plumbing Fee (If applicable)	$ 96.00
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 35.00
	$131.00

C. PLUMBING CHARACTERISTICS

USE GROUP: R-V

		Present	Proposed
Drainage –	Material PVC	Size	3"-2"-1½" Sch 40
Building Sewer–	Material PVC	Size	4" SDR 35
Water Service–	Material Poly	Size	1" 160 PSI
Venting –	Material PVC	Size	3"-2"-1½" Sch 40

Estimated Cost of Plumbing Work: $ 42000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

HOWELL TOWNSHIP

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO.
DATE ISSUED
REVISION DATE
Block 78 Lot 155
Subdivision Heritage Pointe

A. IDENTIFICATION

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

Owner Hoal Associates, Inc.
Address 198 Route 9
Manalapan, NJ 07726
Tel. ( ) [redacted]
Work Site Address
32 Marc Drive

Contractor C&R Plu. & Htg. Inc.
Address 1033 Ocean Rd. Rt.88
Pt. Pleasant, NJ 08742
Tel. ( )
Lic.No./Bus. Permit 2893
Federal Emp. No. [redacted]

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 fixtures
TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
4	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
2	Bathtub			Air Conditioner Unit	
2	Lavatory/Sink			Indirect Connection	
1	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		4	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

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

C. PLUMBING CHARACTERISTICS

USE GROUP: R-1 Present Proposed
Drainage — Material PVC Size 4" 1/4" Slope
Building Sewer — Material PVC Size 4" 1/4" Slope
Water Service — Material PVC Size 1" Poly
Venting — Material PVC Size 2" 1/4" Slope
Estimated Cost of Plumbing Work: $ [illegible]

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 8-15-86

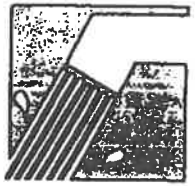
Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Slab				
☒ Rough				6-3-86 DG
☒ Water				4-14-86
☒ Sewer				4-14-86
☐ Energy				
☒ Mechanical				6-3-86 DR
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 3033
DATE ISSUED 10/30/85
REVISION DATE
Block 78 Lot 155
Subdivision Heritage Pointe

A. IDENTIFICATION

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

Owner: Hoal Associates
Address: 198 Route 9, Manalapan, NJ 07726
Tel. ( ) [redacted]
Work Site Address: New Friendship Rd 32 Marc Drive

Contractor: Rossi Bros. Plbg & Htg
Address: 9 Club Place, Freehold, NJ 07728
Tel. ( ) 462-1593
Lic.No./Bus. Permit: 6852
Federal Emp. No.: [redacted]

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.

Michael Rossi
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
2	Bathtub			Air Conditioner Unit	
5	Lavatory/Sink			Indirect Connection	
1	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		4	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$ 56.00
SUBTOTAL	$ 40.00
Minimum Plumbing Fee (If applicable)	$ 96.00
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 3500
	$131.00

C. PLUMBING CHARACTERISTICS

USE GROUP: R-4

		Present	Proposed
Drainage –	Material	PVC	Size 3"-2"-1½" Sch 40
Building Sewer–	Material	PVC	Size 4" SDR 35
Water Service–	Material	POLY	Size 1" 160 PSI
Venting –	Material	PVC	Size 3"-2"-1½" Sch 40

Estimated Cost of Plumbing Work: $ 2,200.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLUMBING SUBCODE
TECHNICAL SECTION

PERMIT NO. 3033
DATE ISSUED 10/30/85
REVISION DATE
Block 78 Lot 155
Subdivision Heritage Pointe

A. IDENTIFICATION

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

Owner Hoal Associates
Address 198 Route 9
Manalapan, NJ 07726
Tel. ( ) [redacted]
Work Site Address New Friendship Rd
32 Mark Drive

Contractor Rossi Bros. Plbg & Htg
Address 9 Club Place
Freehold, NJ 07728
Tel. ( ) 462-1593
Lic.No./Bus. Permit 6852
Federal Emp. No. [redacted]

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 fixtures
TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
2	Bathtub			Air Conditioner Unit	
5	Lavatory/Sink			Indirect Connection	
1	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		4	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$ 54.00
SUBTOTAL	$ 40.00
Minimum Plumbing Fee (If applicable)	$ 96.00
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 3500
	$131.00

C. PLUMBING CHARACTERISTICS

USE GROUP: R-4 Present Proposed

Drainage —	Material PVC	Size	3"-2"-1½" Sch 40
Building Sewer—	Material PVC	Size	4" SDR 35
Water Service—	Material POLY	Size	1" 160 PSI
Venting —	Material PVC	Size	3"-2"-1½" Sch 40

Estimated Cost of Plumbing Work: $ 2,200.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

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

Township of Howell
Office of Code Enforcement

LOT 155
BLK 78

PERMIT Nº 1105

ISSUED TO Mitchell & Patricia Fidyniak

LOCATION: 32 Mura Dr Howell

DATE: 7-15-87 Phone: [redacted]

FOR THE FOLLOWING:

SIGN ..... FENCE 3' & 6' TREE REMOVAL .....

APPROVED ☐ APPROVED

SPECIAL CONDITIONS, if any: 3 post & rail

6' Scalloped Gothic side & back

Fee $10.00

Approx. Cost $1600

Patricia L. Hearn
Code Administrator

NP 234

HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY

101 Morgan Lane, Suite 330
Plainsboro, N.J. 08536
1-800-982-5538

HOW Corp.
of New Jersey

CERTIFICATION FORM

(Used to obtain Certificate of Occupancy)

AUG 13 1986

HOW Builder Approval No. 563P (obtained by NJ HOW)

BUILDING FIRM NAME Neal Associates, Inc

BUILDING FIRM ADDRESS 198 Hwy 9 Manalapan

HOW CORP. OF NJ

MUNICIPALITY Howell

LOT NO. 155 BLOCK NO. 78

ADDRESS 92 Muse Dr. Howell

HOW BUILDER NO. 3100-05174

NJ DCA BUILDER REGISTRATION NO. 095774

ENROLLMENT # OR NOTIFICATION OF STARTS# 30/9/7

This is to certify that the above referenced premises has been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program.

TO BE VALID, FORM MUST BE STAMPED AND DATED BY THE HOW CORP. OF NEW JERSEY NOT MORE THAN (45) FORTY-FIVE DAYS BEFORE C. OF O. IS ISSUED.

NOTE: BUILDERS WHO FAIL TO ENROLL HOMES WITH HOW ONCE THIS FORM IS VALIDATED, C. OF O. IS OBTAINED, AND CLOSING/SETTLEMENT OCCURS, FACE TERMINATION FROM THE HOW PROGRAM AND SUSPENSION OF THEIR NJ STATE BUILDER REGISTRATION BY THE DEPARTMENT OF COMMUNITY AFFAIRS (N.J.A.C. 5:25-2.5)

MUNICIPALITY COPY

2853774-4

Jobs- 222 — 235
23

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)
35 COURT STREET
FREEHOLD, NEW JERSEY 07728
TELEPHONE: (201) 431-3850

CERTIFICATE OF COMPLIANCE

): Construction Official MUNICIPALITY: Howell

OJECT: Heritage Pointe

Application No. 78-132

Block No.(s) 78 Lot No.(s) 167,166,165,164,163,

Block No.(s) Lot No.(s) 162,161,160,159,158,

157,156,155,154

Complete Compliance ☐ *Partial Compliance ☒

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

Date August 27, 1986 Authorized Signature

*Subject to attached conditions. * Pending establishment of permanent vegetative cover

DISTRIBUTION: White - Municipal Construction Official Canary - Developer Pink - District Goldenrod - Other

A4261

Township of Howell

Certificate of Continued Occupancy A No. 8811

Date MARCH 15, 1991

Property Address: 32 MARC DRIVE Block 78 Lot 155

Property Owners Name: KRAFT GENERAL FOODS

Address: SAME

Person Making Application: RON CLOEN

Attorney or Real Estate Broker: MANOR HILL REALTY, RT 9 N., HOWELL

☒ DWELLING - 1FD ☐ COMMERCIAL ☐ INDUSTRIAL

TO WHOM IT MAY CONCERN: RESALE

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE 25.00 Inspected By PATRICIA L. HOOVER

MARCH 15, 1991
DATE ISSUED

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

Township of Howell

Certificate of Continued Occupancy A No. 8194

Date 10/4/90

Property Address: 32 Marc Drive HOwell Block 78 Lot 155

Property Owners Name: Mitchell and Patricia Fidziura

Address: 32 Marc Drive Howell, New Jersey 07731

Person Making Application: Lucy Cloen

Attorney or Real Estate Broker: MANOR HILL

[xx] DWELLING 1FD [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN: resale

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $25.00 Inspected By Patricia L. Hoover

10/4/90
DATE ISSUED

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

Township of Howell
Certificate of Continued Occupancy A - 5133

Date January 23, 1987

Property Address: 32 Marc Drive Block 78 Lot 155

Property Owners Name: Hwang K. Chon & In Y. Chon

Address: 32 Marc Drive Howell, N.J. (59 Devonshire, Morganville)

Person Making Application: Hwang Chon

Attorney or Real Estate Broker:

[X] DWELLING RE-SALE [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN:

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $15.00 Inspected By Robert LOrd

Robert Lord

January 23,1987
DATE ISSUED

CODE ENFORCEMENT OFFICER

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

Township of Howell

Certificate of Continued Occupancy

A 5133

Date January 23 1987

Property Address: 32 Marc Drive Block 78 Lot 155

Property Owners Name: Hwang K. Chon & In Y. Chon

Address: 32 Marc Drive Howell N.J. (59 Devonshire Morganville)

Person Making Application: Hwang Chon

Attorney or Real Estate Broker:

[X] DWELLING RE-SALE [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN:

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

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DATE ISSUED

CODE ENFORCEMENT OFFICER

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

FRAME

BUREAU OF FIRE PREVENTION

P.O. BOX 580
HOWELL, N.J. 07731

CERTIFICATE # _____ DATE 7/2/86 WED.

RESIDENTIAL X COMMERCIAL _____ CONSTRUCTION _____

C.O. C.C.O. INSPECTION REPORT: BLOCK 78 LOT 155

_____ HERITAGE POINTE

HEATING NAME OF ESTABLISHMENT/OWNER

_____ _____

DISTRICT ADDRESS

_____

PHONE #

THE ABOVE PREMISES WAS INSPECTED FOR OCCUPANCY CERTIFICATION, AND THE FOLLOWING DISPOSITION WAS TAKEN:

C.O. C.C.O. RECOMMENDED _____ REINSPECTION NECESSARY YES _ NO ___

C.O. C.C.O. NOT RECOMMENDED _____ TEMP. ISSUED _____ 938-4500 EXT. 251

VIOLATIONS: _____

REINSPECTION DATE _____

REMARKS: _____

C.O. C.C.O. RECOMMENDED _____
C.O.. C.C.O. NOT RECOMMENDED _____

_____
CHIEF

_____
INITIALS OF INSPECTOR

2214

The undersigned hereby applies for a Developers Permit for the following, to be issued on the basis of the representations contained herein, all of which applicant swears to be true:

1. Location of Property HERITAGE POINTE

   Blk 78 Lot 15B

2. Name of Land Owners _____

3. Occupant _____

4. Proposed Use:
   _____ New Construction
   _____ Remodeling
   _____ Accessory Building
   _____
   _____ Residence-Number of Families _____
   _____ Business
   _____ Manufacturing
   _____ Sign Board - Size _____

5. Survey of lot, showing public roads, existing buildings and proposed construction or use for which this application is made. Fill in all dimensions below:
   (a) Name of road or street MARC DRIVE
   (b) Main road frontage 66.49' Feet.
   (c) Set back from side of road right of way 27.0' Feet.
   (d) Side yard clearance 11.0' Feet.
   (e) Rear yard clearance 64.0' Feet.
   (f) Depth of lot from right of way 117.01' Feet.
   (g) Dimensions of building: Width 56.0' Feet Depth 30.0' Feet.
   (h) Highest point of building above established grade _____ Feet.
   (i) Area of lot - square feet or acres 12,470 Sq. Ft. Feet.
   (j) Sketch showing existing buildings and proposed construction (indicating which direction is North).

6. Buildings: Use _____
   Number of stories _____ Basement _____ Apartments _____
   Useable floor space designed for use as living quarters, exclusive of basements, porches, garage, breezeways, terraces, attics or partial stories:
   First floor _____ square feet Second floor _____ square feet.
   Off-street parking space _____ square feet.

7. REMARKS _____

WITNESS: _____ _____ APPLICANTS SIGNATURE

Date filed with Administrative Officer 10/29/14 Fee paid 0

Complies with the provisions of the Howell Township Land Use Ordinance:

(a) Review of other agencies:

(b) Revisions made:

(c) Bonds Posted:

(d) Taxes and assessments paid:

(e) DOT approval, if any:

(f) Soil Conservation, if any: N/A

(g) Monmouth County Planning Board: N/A

(h) Howell Township Municipal Utilities Authority:

PERMIT APPROVAL GRANTED:

PERMIT APPROVAL DENIED:

Upon the basis of the above applications, the statements which are made part hereof, the proposed usage is_____found to be in accordance with the Township Zoning Ordinance and is hereby_____ approved for the following zone:_____.

_____
ADMINISTRATIVE OFFICER

Date Application was received 10/29/85 Date ruled on 10/29/85

If certification is refused, reason for refusal:_____

BUREAU OF FIRE PREVENTION
P.O. BOX 580
HOWELL, N.J. 07731

CERTIFICATE # 86-941 DATE 9-4-86

RESIDENTIAL _____ COMMERCIAL _____ CONSTRUCTION _____

C.O. C.C.O. INSPECTION REPORT: BLOCK 78 LOT 155

_____ Heritage Pointe
HEATING NAME OF ESTABLISHMENT/OWNER

3 _____
DISTRICT ADDRESS

_____
PHONE #

THE ABOVE PREMISES WAS INSPECTED FOR OCCUPANCY CERTIFICATION, AND THE FOLLOWING DISPOSITION WAS TAKEN:

C.O. C.C.O. RECOMMENDED X REINSPECTION NECESSARY YES _ NO ___

C.O. C.C.O. NOT RECOMMENDED _____ TEMP. ISSUED _____ 938-4500 EXT. 251

VIOLATIONS: _____

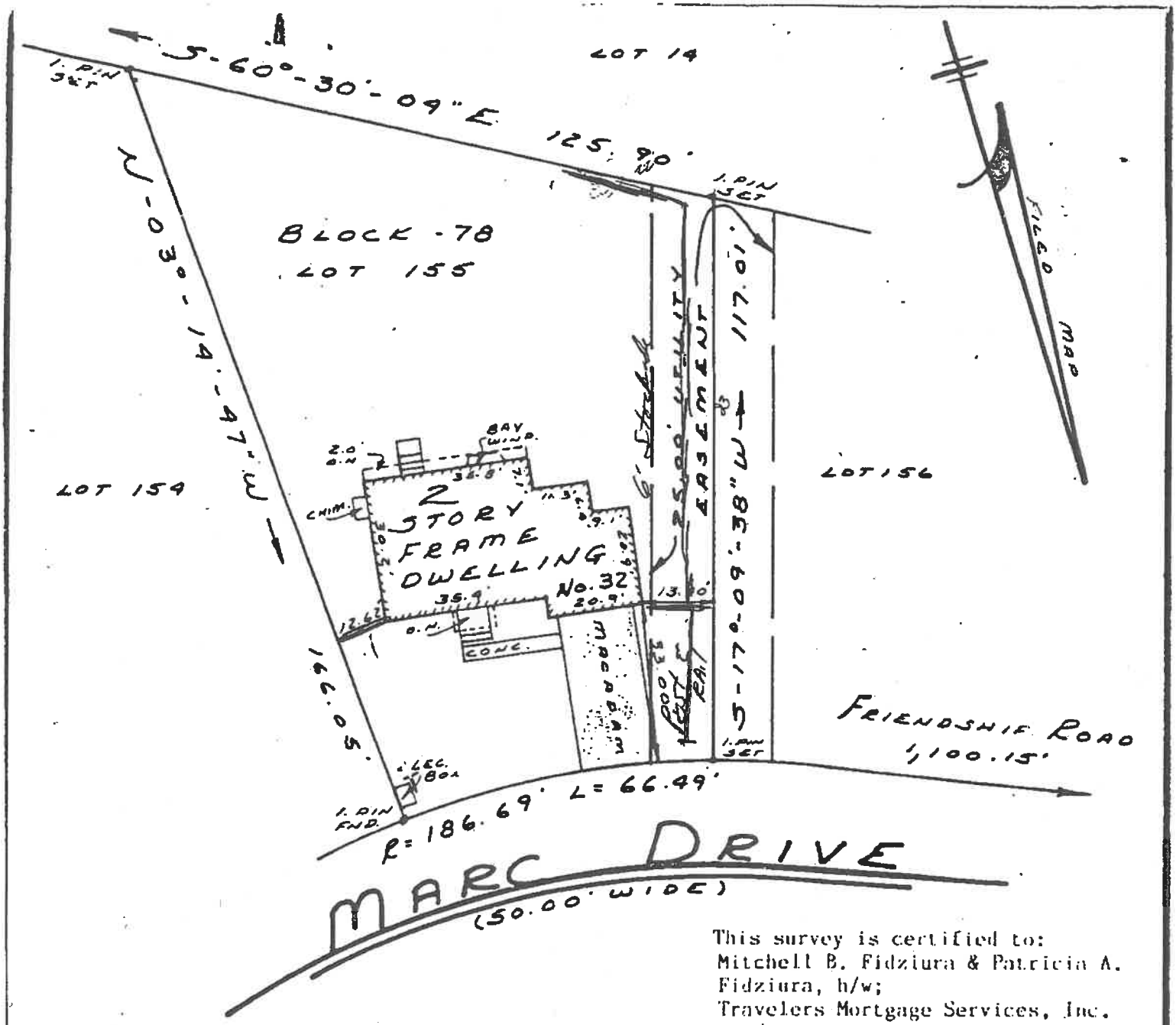
REINSPECTION DATE _____

REMARKS: _____

C.O. C.C.O. RECOMMENDED _____
C.O.. C.C.O. NOT RECOMMENDED _____

Richard H. Johnson
CHIEF

_____
INITIALS OF INSPECTOR



Property known as lot-155, Block-76 as shown on a ,ap entitled "Final Plat, Heritage Woods, Section 5" & filed in the ocean county clerks office on Sept. 19, 1985 as case No. 203-5.
A/K/A lot 155, Block-78 as shown on the Howell Towship tax map.

This survey is certified to:
Mitchell B. Fidziura & Patricia A. Fidziura, h/w;
Travelers Mortgage Services, Inc. and/or its assigns;
Progressive Lawyers Services, Inc. agents for Lawyers Title Insurance Corporation;
Perry & Blum, Esqs.

Robert S. YURO L.S. #19463

SURVEY OF PROPERTY
prepared for
MITCHELL B. FIDZIURA & PATRICIA A. FIDZIURA, H/W
situated in
HOWELL TOWNSHIP MONMOUTH COUNTY, N.J.
prepared by
ROBERT S. YURO ASSOCIATES INC.
Professional Land Surveyors
382 Hulse's Corner Rd., Howell Twp., N.J.
367-0447

dated: JAN. 16, 1987
scale: 1"=30'
File No. Y-9470

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 78 LOT(S) 155 STREET 32 Marc Drive

APPLICANT: NAME Mitchell & Patricia Finziura

ADDRESS 32 Marc Drive, Howell

PHONE [redacted]

PROPOSED USE:
- X Fence
- ____ Detached garage
- ____ Shed
- ____ Pool
- ____ Deck
- ____ Patio
- ____ Tennis Court
- ____
- ____ Antenna/Antenna Tower
- ____ Farm structure: Specify ____
- ____ Other: Specify ____

ZONE: R-3

LOCATION OF STRUCTURE: Setback from right of way ____ feet (and ____ feet if a corner lot)
Side yard clearances ____ feet and ____ feet
Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height 6' 3' Post & Rail feet to highest point
Length ____ feet Width ____ feet

Type of fence: Wallace Gothic 4 post rail (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ✓ $10.00 residential
FEE: ____ $20.00 non-residential

Patricia C. Finziura 7/15/87
SIGNATURE OF APPLICANT / DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved:

7/17/87
Date

HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: ____

CASH 7/15/87

REFERRALS:
- ____ To Building Dept.
- ____ To Planning Bd.
- ____ To Fire Prevention
- ____ To Zoning Bd.
- ____ To Bd. of Health
- ____ To M.U.A.
- ____ To Engineering
- ____ To ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

RECEIPT NO. No 3571

TOWNSHIP OF HOWELL

P.O. Box 580

Howell, N.J. 07731

DATE 7-15- 19 87

NAME Patricia Fidyanin

ADDRESS 32 Marc Dr.

CITY STATE, ZIP Howell, NJ

☒ CASH ☐ CHECK $ 10 00

Ten DOLLARS

☐ OTHER Fence permit # 1185

REMARKS

RECEIVED BY Mary Woeff

FOR TOWNSHIP OF HOWELL, N.J.

WHITE - ORIGINAL CANARY - DUPLICATE

HOWELL TOWNSHIP CODE ENFORCEMENT OFFICE

APPLICATION FOR

CERTIFICATE OF CONTINUED OCCUPANCY

1.) OWNER'S NAME & ADDRESS:

HWANG K. CHON

IN Y. CHON

TELEPHONE [redacted]

2.) PROPERTY LOCATION:

32 MARC DR. HOWELL

BLOCK 78 LOT 155

(RESIDENTIAL) COMMERCIAL APARTMENT

3.) DOES PROPERTY HAVE A WELL? NO SEPTIC SYSTEM? NO

4.) OCCUPANCY CHANGE DUE TO SALE ✓ RENT ____ OTHER ____

5.) IS THIS A V.A. SALE? NO F.H. A SALE? NO

6.) NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED REGARDING THE INSPECTION:

HANK CHON 59 Devonshire Dr. Morganville, N.J. 591-1304

7.) NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REALTOR:

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A CONTINUED CERTIFICATE OF OCCUPANCY TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMAL REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE WHICH CODE HAS BEEN ADOPTED BY THE TOWNSHIP OF HOWELL. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT HIMSELF WITH THE REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTIONS SUCH AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREAS AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A CERTIFICATE OF CONTINUED OCCUPANCY.

THE SECOND RE-INSPECTION WILL REQUIRE AN ADDITIONAL FEE OF $15.00

FEE SCHEDULE IS AS FOLLOWS:

RESIDENTIAL & COMMERCIAL UNITS: ($15.00) CHECK# ____

SEPTIC SYSTEMS: $10.00 CASH ✓

PAYMENT OF $ 15.00 IS ENCLOSED WITH THIS APPLICATION

DATE: 1/20/07. X Hwang K. Chon SIGNATURE

DEPARTMENT: Code INSPECTION DATE: 1/23/07

NOTE: APPLICANT MUST CALL 431-7456 BETWEEN 9 & 9:30 A.M. TO ARRANGE APPOINTMENT WITH THE MONMOUTH CO. BOARD OF HEALTH WHEN WELL & SEPTIC IS INVOLVED

I HEREBY GIVE PERMISSION TO AUTHORIZED PERSONNEL FROM THE TOWNSHIP OF HOWELL TO INSPECT THE ABOVE PREMISES AT ANY REASONABLE TIME.

NOTE: BECAUSE OF TIME AND PAPERWORK INVOLVED IN SETTING UP INSPECTIONS, THERE WILL BE NO REFUNDS OF THE APPLICATION FEE IN THE EVENT OF CANCELLATION OF THE INSPECTION

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731 201-938-4500

BLOCK 78 LOT 155

ADDRESS: 32 marc Dr.

THIS IS TO VERIFY THAT THERE ARE NO OPEN PERMITS ON THE ABOVE REFERENCED PROPERTY.

Brenda Fraser
BUILDING DEPT.

1-20-87
DATE

New Development/New Construction

Inspections Dept. Check List/Certificate of Occupancy

Prior to issuance of Certificate of Occupancy

Final Building Inspection ----------

Final Plumbing Inspection --- 8-15-86 ----------

Final Electrical Inspection --- 8-12-86 ----------

Final Fire Inspection ----------

Soil Conservation Approval ✓ ----------

MUA/MCBOH/WELL/SEPTIC ----------

HOW Certificate Date ✓ ----------

Final Survey ✓ ----------

Driveway Approval ----------

Engineering Release ✓ ----------

Land Use Release ----------

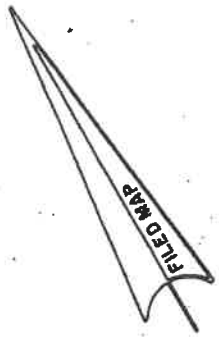
Final Review Complete ----------

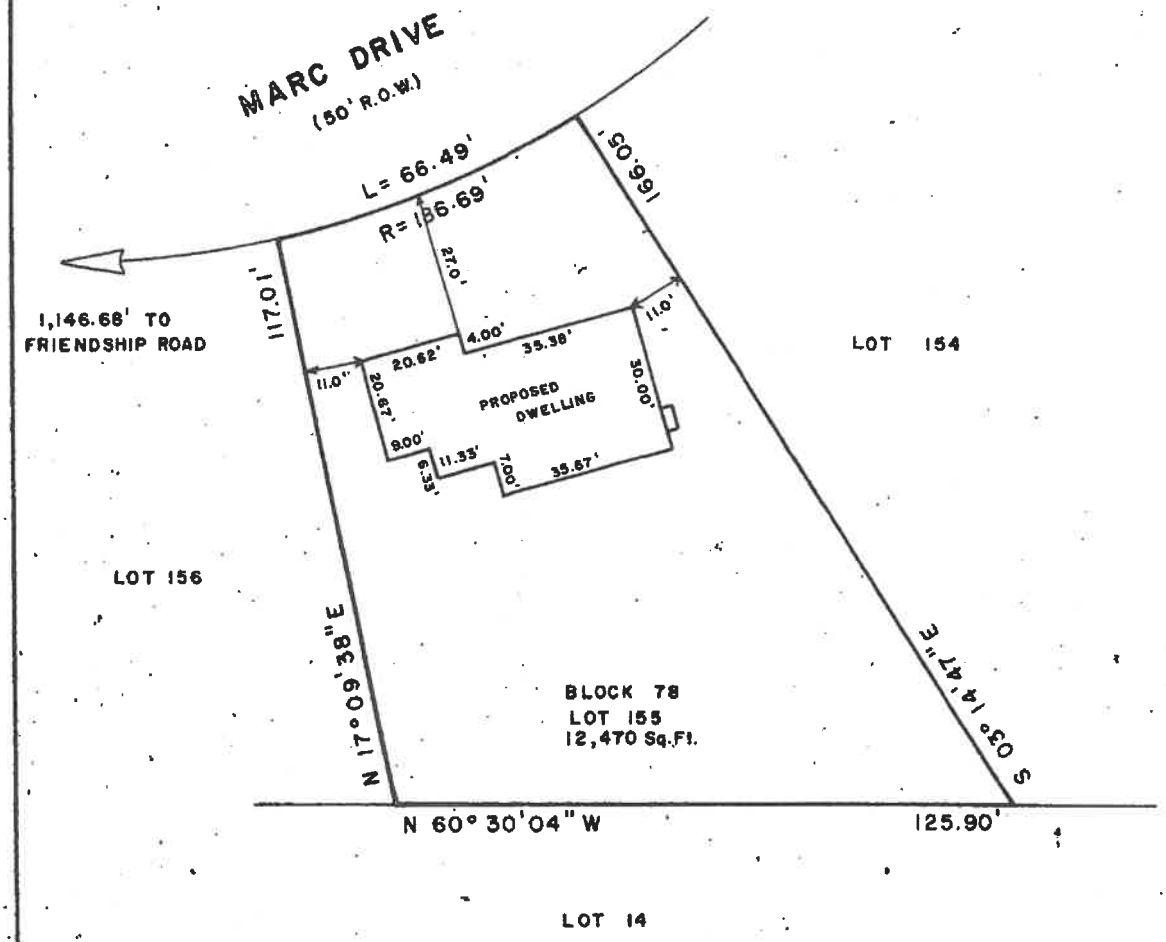
BLOCK ----- 78 ---------- LOT --- 155 ----------

NAME ----------

DATE ISSUED ----------

PLOT PLAN OF
LOT 155 BLOCK 78 AS SHOWN ON A
FINAL PLAT "HERITAGE WOODS, SECTION 5"
TOWNSHIP OF HOWELL.
MONMOUTH COUNTY, NEW JERSEY





NOTE
NO PROPERTY CORNERS REQUESTED

JOB NO. 234

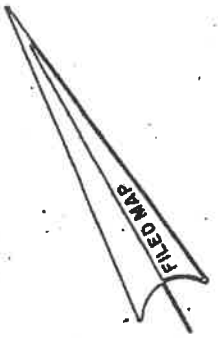
CHARLES W. THOMAS P.L.S # 27495 P.P. # 03188

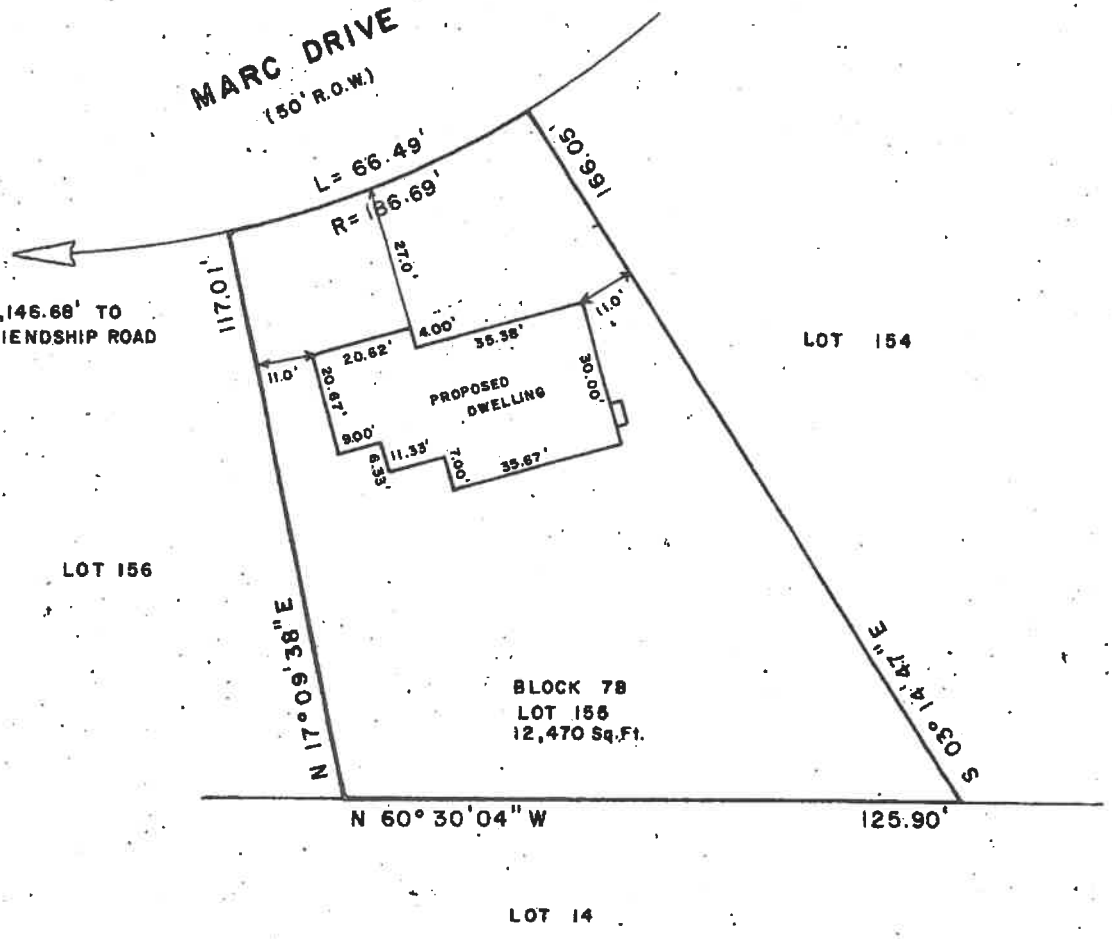
SCHOOR, DePALMA & GILLEN, INC.
(a member of the Schoor Engineering Group)
CONSULTING & MUNICIPAL ENGINEERS • (201) 840-1700
1466 ROUTE NO 88 WEST • BRICK, NEW JERSEY 08723

DATE	REVISIONS	ORDER NO

SCALE	DATE	DRAWN BY	CHK'D BY	FILE NO	FIELD BK.
1"=30'	OCT. 23, 1985	E. J. H.	C.W.T.	77023C	

PLOT PLAN OF
LOT 155 BLOCK 78 AS SHOWN ON A
FINAL PLAT "HERITAGE WOODS, SECTION 5."
TOWNSHIP OF HOWELL
MONMOUTH COUNTY, NEW JERSEY





NOTE
NO PROPERTY CORNERS REQUESTED

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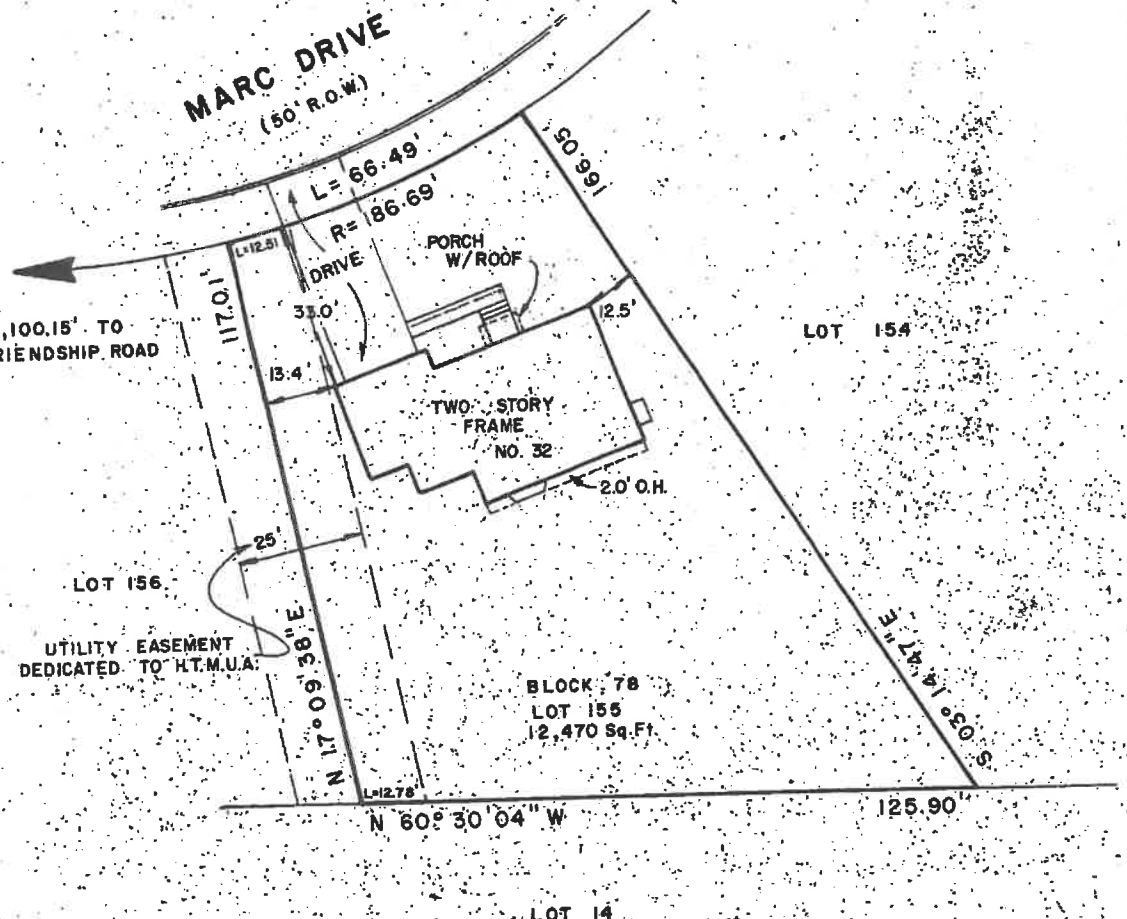
1466 ROUTE NO 88 WEST • BRICK, NEW JERSEY 08723

DATE	REVISIONS	ORDER NO

SCALE	DATE	DRAWN BY	CHK'D BY	FILE NO	FIELD BK.
1"= 30'	OCT. 23, 1985	E. J. H.	C.W.T.	77023C	

SURVEY OF
LOT 155 BLOCK 78 AS SHOWN ON A
FINAL PLAT "HERITAGE WOODS, SECTION 5"
TOWNSHIP OF HOWELL
MONMOUTH COUNTY, NEW JERSEY
FILED ON SEPT. 19, 1985 AS CASE NO. 203-5



NOTE:
NO PROPERTY CORNERS REQUESTED

JOB NO. 234

CERTIFIED TO
HOAL ASSOCIATES INCORPORATED
COLUMBIA SAVINGS AND LOAN ASSOCIATION

CHARLES W. THOMAS P.L.S. # 27495 P.P. #03188

SCHOOR, DePALMA & GILLEN, INC.
(a member of the Schoor Engineering Group)
CONSULTING & MUNICIPAL ENGINEERS • (201) 840-1700
1466 ROUTE NO. 88 WEST • BRICK, NEW JERSEY 08723

DATE	REVISIONS	ORDER NO
MAR. 15, 1986	FND. LOC.	E.J.H.

SCALE	DATE	DRAWN BY	CHK'D BY	FILE NO	FIELD BK.
1"=30'	OCT. 23, 1985	E. J. H.	C.W.T.	77023C	

HOWELL TOWNSHIP

NAME Kraft | 78 BLOCK | 155 LOT

ADDRESS 32. Mare Dr. | 3-14-91

BUILDING TYPE: TOWN HOUSE | ONE FAMILY | APARTMENT | COMMERCIAL | OFFICE | TRAILER | NO ADMITTANCE

NJHC No	STRUCTURE INTERIOR	VIO-LA-TION
3.1	Potable — Approved Water Supply	
3.2	Flow Rate Min. 1 Gal Per Minute	
4.1	Kitchen Sink — Flush Toilet — Stove — Tub — Shower	
4.3	Toilet — Tub — Shower Affords Privacy	
4.4	Plumbing Fixtures in Good Working Order Properly Connected	
4.5	Sinks — Tubs — Showers Hooked to Hot & Cold Water	
4.6	Water Heater Properly Installed Able to Heat Water to 120° F.	
6.1	Minimum Window Area 10% of Floor Area	
6.3	Each Room to Have 2 Electrical Outlets or 1 Outlet — One Wall Switch or Pullchain	
6.4	All Electric Wiring to Meet Codes	
6.5	Common Stairways Min. Light 2 Lumens, Bathroom Min. Lumens 3	
6.6	Bathroom Light to be Controlled by Wall Switch	
7.1	Habitable Rooms to Have 2 Air Changes an Hour — Bathrooms Need 6 Changes Per Hour	
8.1	Heating Equipment Properly Installed and in Good Working Order 70° Min. Heat	
8.2	Space Heaters to be Vented	
8.2-9	Smoke Detectors on all Levels	
9.1	Egress Safe and Unobstructed	
9.2	Below Ground Sleeping Room — Proper Egress	
10.1	Floors — Foundation — Walls — Ceilings — Doors — Windows — Glass in Clean and Good Condition	
10.2	3 or More Steps To Have Hand Rails	
10.5	Foundation — Floors — Walls Free of Dampness	
10.6	Free From Rodents — Vermin — Insects. Windows Screened May 1 to Oct. 1	
10.8	Paint — Wallpaper in Good Condition	
10.9	Kitchen — Bathroom Floors Water Impervious	
11.1	Dwelling to Have 150 sq ft 1st Occupant; 100 sq ft for Each Additional Occupant	
11.2	Sleeping Area 70 sq ft For One Occupant 50 sq ft For Each Additional Occupant. Trailers 30 sq ft For 1 Occ.; 60 sq ft For Each Occ. Over 1.	
11.3	Min. Ceiling Height 7' for 50% of Floor Area	
11.5	Sleeping Room Not To Be More Than 3'6" below Ground	
10.1	Clean — Repair Furnace	
10.1	Trailers to Have 5 lb ABC Fire Extinguisher	

NJHC No.	STRUCTURE EXTERIOR	VI-LA-TION
5.1	Trash Properly Stored in Containers	
10.1	Windows — Roof — Other Parts of Building in Good Repair	
10.3	Porch — Balcony Has Safe Railings	
10.4	Roof — Walls — Windows — Exterior Doors Free From Holes and Leaks	
10.7	Premises Free From Litter — Garbage — Rubbish — Junk. Lawns — Hedges — Bushes Trimmed — Fences in Good Repair	
10.7	Repair Steps — Sidewalk — Driveway	
10.5	Correct Improper Drainage	
10.1	Point up Brickwork	
10.5	Repair Masonary Walls	
10.1	Repaint Trim	
10.1	Repaint House	
10.1	Repair — Replace Gutters — Down Spouts	
10.1	Place Street Number on Building	
10.1	Pool Fencing to Meet Code	
10.1	Clean Rain Gutters of Debris	

COMMERCIAL — OFFICES

25.9	Provide Electric Smoke — Fire Alarm System	
25.10	Provide — Repair Exit Signs	
17.1	Storage Area Fire Rated 1 Hour	
8.4	Means of Egress Readily Openable	
19.2	Entry Door Self Closing or Self Locking	
3.1-18	Provide Ample Trash Container Fence Enclosed	
3.13-6	Front and Rear Outside Areas to be clean	
3.13-6	Repair — Paint Siding	
3.13-6	Signs to be in Good Condition	
3.13-6	Repair Electric Fixture — Wiring	
3.13-6	Repair Entrance Door	
3.13-6	2 Means of Unobstructed Egress	
8.1	Heating System in Good Condition	
3.13-6	Hallways Free of Obstructions	
3.13-6	Sidewalk in Good Condition	
3.13-6	Parking Area in Good Condition	
3.13-6	Parking Area Free of Litter; Parking Space for Handicap if Lot Parks 12 or More Cars	
13.2	Hallway Illumination Adequate	
3.13-6	Windows, Roof, Other Parts of Building in Good Repair	
3.13-6	Correct Water Drainage	

3-14-91 RCH Please mail letter

HOWELL TOWNSHIP INSPECTIONS OFFICE

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

PLEASE NOTE: BOARD OF HEALTH MUST BE CONTACTED FOR WELL & SEPTIC APPROVAL

1. Print..PROPERTY OWNERS NAME & ADDRESS

KRAFT GENERAL FOODS
32 MARC DR
HOWELL NJ 07731

2. LOCATION FOR INSPECTION

BLOCK 78 LOT 155
32 MARC DR
HOWELL NJ 07731

PHONE # [redacted]

3. DOES PROPERTY HAVE A> WELL SEPTIC SYSTEM BOTH (circle one)

4. OCCUPANCY CHANGE DUE TO: (SALE) RENTAL (Circle One)

5. NAME/ADDRESS/PHONE # (DAYTIME) OF PERSON AVAILABLE FOR INSPECTION

Ron / Lucy CLOEN PHONE # 905/200

6. NAME/ADDRESS/PHONE # OF ATTORNEY OR REALTOR:

Ron / Lucy CLOEN MANOR HILL REALTY PHONE # 905/200

'HE PURPOSE OF THE MUNICIPAL INSPECTION FOR A CONTINUED CERTIFICATE OF OCCUPANCY S TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE IEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTIALLY 'ENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTIALLY 'ROTECT HIMSELF WITH REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTIONS SUCH AS 'HESE REQUIRE JUDGEMENT IN DIFFICULT AREAS AND AS THE WHOLE AND NOT FOR THE BENEFIT IF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE SSUANCE OF A CERTIFICATE OF OCCUPANCY.

Please note: There will be a RE-INSPECTION CHARGE OF $25.00, should a third nspection be required due to non-compliance of property owner meeting the scheduled nspection time, or causing the inspector to be delayed, requiring a re-inspection.

'EE SCHEDULE IS AS FOLLOWS: - MARK X

:ESIDENTIAL w/City Water & Sewer....$25.00	[X]	PAYMENT MUST ACCOMPANY APPLICATION
:ESIDENTIAL w/Well and/or Septic....$35.00	[ ]	==========
:OMMERCIAL w/City Water & Sewer.....$50.00	[ ]	ENCLOSED...
:OMMERCIAL w/Well and/or Septic.....$60.00	[ ]	CASH _____ CHECK # 6464

UNDERSTAND THE ABOVE, AND WILL ALLOW THE MUNICIPAL INSPECTOR ONTO THE ABOVE 'ROPERTY AT ANY REASONABLE TIME.

: K Cloen DATE 3-12-91
Signature

*NOTE: ALL APPLICATIONS WITH WELL AND SEPTIC SYSTEMS MUST CONTACT MONMOUTH COUNTY BOARD OF HEALTH, 431-7456, between 9 & 5, Mon.-Fri., TO ARRANGE FOR THE INSPECTION OF THE WATER AND SEPTIC.

NO CERTIFICATES OF OCCUPANCY WILL BE ISSUED WITHOUT APPROVAL FROM THE HEALTH DEPARTMENT

BECAUSE OF THE WORK AND PROCESSING OF THE C/C/O, THERE WILL BE NO REFUNDS OF APPLICATION FEES IN THE EVENT OF CANCELLATION OF THE SCHEDULED INSPECTION

DEPARTMENTS REQUIRED FOR INSPECTION: Code

:OUR INSPECTION DATE ~~WILL BE~~: 3-14-91

'PEN PERMITS? YES (NO) (If yes, have they been finaled? _____

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 9-4-86 INSPECTION REQUESTED BY:

CASE NUMBER: 21041 DEVELOPMENT: Hunting Park

BLOCK: 74 LOT: 135 SECTION: 5

ITEM	ACCEPTABLE	UNACCEPTABLE	
1. **UTILITIES**: Water, Gas, Electric, Telephone, Sanitary Sewer	/		
2. **STREET RIGHT-OF-WAY:**			
(a) Graded	/		a
(b) Stabilized (Evidence of Growth)	/		b
(c) Curb	/		c
(d) Sidewalk	/		d
(e) Driveway Apron	/		e
(f) Obstructions	/		f
(g) Drainage Facilities	/		g
(h) Pavement (Base or Wearing Surface)	/		h
(i) Retaining Device(s)	/		i
(j) Construction Debris Removed	/		j
(k) Fire Hydrants-Constructed & Tested	/		k
3. **LIGHTING:**			
(a) Parking Lot(s) Installed-Operational	NA		a
(b) Walkway(s) Installed - Operational	NA		b
(c) Street Installed - Operational	/		c
4. **TRAFFIC CONTROL DEVICES:**			
(a) Sign(s) Traffic Control	/		a
(b) Sign(s) Street	/		b
(c) Sign(s) Handicap	NA		c
(d) Marking(s) Pavement	NA		d
5. **SCREENING, FENCE(S) & LANDSCAPING:**			
(a) Topsoil	/		a
(b) Fertilizing & Seeding (Evidence of Growth)	/		b
(c) Shade Tree	NA		c
(d) Shrubs			d
(e) Trash Screening			e
(f) Screening (Fence or Plantings)	NA		f
6. **SOIL EROSION & SEDIMENT CONTROL:**			
(a) Compliance - Certified Plan	/		a
(b) Site Conditions - Field Observation	/		b
(c) Sediment Deposits	/		c
(d) Erosion Problems	/		d
7. **SITE GRADING:**			
(a) Graded to provide positive drainage	/		a
(b) Certified Grading Plan demonstrating positive drainage	/		b
(c) Steep slopes stabilized (Evidence of Growth)	/		c
(d) Retaining device(s)			d
8. **GENERAL CLEANUP**			
(a) Lot	/		a
(b) Adjoining buffer, open space, conservation area	/		b

RECOMMENDATION(S) AND/OR REQUIRED DOCUMENTATION:

X Meets engineering requirements - recommend consideration for issuance of Certificate of Occupancy.

_____ Does not meet engineering requirements - recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS:

AL C 9-12-86 M. KRAK (AL)

INSPECTOR DATE

7/ 3/86

White-Engineering, Yellow-Construction Official, Pink-Applicant, Orange-File

HOWELL TOWNSHIP

NAME	Fidziura	78 BLOCK	155 LOT
ADDRESS	32 Mace Dr.	10-4-90	

BUILDING TYPE: TOWN HOUSE | ONE FAMILY | APARTMENT | COMMERCIAL | OFFICE | TRAILER | NO ADMITTANCE

NJHC No	STRUCTURE INTERIOR	VIO-LA-TION
3.1	Potable — Approved Water Supply	
3.2	Flow Rate Min. 1 Gal Per Minute	
4.1	Kitchen Sink — Flush Toilet — Stove — Tub — Shower	
4.3	Toilet — Tub — Shower Affords Privacy	
4.4	Plumbing Fixtures in Good Working Order Properly Connected	
4.5	Sinks — Tubs — Showers Hooked to Hot & Cold Water	
4.6	Water Heater Properly Installed Able to Heat Water to 120° F.	
6.1	Minimum Window Area 10% of Floor Area	
6.3	Each Room to Have 2 Electrical Outlets or 1 Outlet — One Wall Switch or Pullchain	
6.4	All Electric Wiring to Meet Codes	
6.5	Common Stairways Min. Light 2 Lumens, Bathroom Min. Lumens 3	
6.6	Bathroom Light to be Controlled by Wall Switch	
7.1	Habitable Rooms to Have 2 Air Changes an Hour — Bathrooms Need 6 Changes Per Hour	
8.1	Heating Equipment Properly Installed and in Good Working Order 70° Min. Heat	
8.2	Space Heaters to be Vented	
8.2-9	Smoke Detectors on all Levels	
9.1	Egress Safe and Unobstructed	
9.2	Below Ground Sleeping Room — Proper Egress	
10.1	Floors — Foundation — Walls — Ceilings — Doors — Windows — Glass in Clean and Good Condition	
10.2	3 or More Steps To Have Hand Rails	
10.5	Foundation — Floors — Walls Free of Dampness	
10.6	Free From Rodents — Vermin — Insects. Windows Screened May 1 to Oct. 1	
10.8	Paint — Wallpaper in Good Condition	
10.9	Kitchen — Bathroom Floors Water Impervious	
11.1	Dwelling to Have 150 sq ft 1st Occupant; 100 sq ft for Each Additional Occupant	
11.2	Sleeping Area 70 sq ft For One Occupant 50 sq ft For Each Additional Occupant. Trailers 30 sq ft For 1 Occ.; 60 sq ft For Each Occ. Over 1.	
11.3	Min. Ceiling Height 7' for 50% of Floor Area	
11.5	Sleeping Room Not To Be More Than 3'6" below Ground	
10.1	Clean — Repair Furnace	
10.1	Trailers to Have 5 lb ABC Fire Extinguisher	

NJHC No.	STRUCTURE EXTERIOR
5.1	Trash Properly Stored in Containers
10.1	Windows — Roof — Other Parts of Building in Good Repair
10.3	Porch — Balcony Has Safe Railings
10.4	Roof — Walls — Windows — Exterior Doors Free From Holes and Leaks
10.7	Premises Free From Litter — Garbage — Rubbish — Junk. Lawns — Hedges — Bushes Trimmed — Fences in Good Repair
10.7	Repair Steps — Sidewalk — Driveway
10.5	Correct Improper Drainage
10.1	Point up Brickwork
10.5	Repair Masonary Walls
10.1	Repaint Trim
10.1	Repaint House
10.1	Repair — Replace Gutters — Down Spouts
10.1	Place Street Number on Building
10.1	Pool Fencing to Meet Code
10.1	Clean Rain Gutters of Debris

	COMMERCIAL — OFFICES
25.9	Provide Electric Smoke — Fire Alarm System
25.10	Provide — Repair Exit Signs
17.1	Storage Area Fire Rated 1 Hour
8.4	Means of Egress Readily Openable
19.2	Entry Door Self Closing or Self Locking
3.1-18	Provide Ample Trash Container Fence Enclosed
3.13-6	Front and Rear Outside Areas to be clean
3.13-6	Repair — Paint Siding
3.13-6	Signs to be in Good Condition
3.13-6	Repair Electric Fixture — Wiring
3.13-6	Repair Entrance Door
3.13-6	2 Means of Unobstructed Egress
8.1	Heating System in Good Condition
3.13-6	Hallways Free of Obstructions
3.13-6	Sidewalk in Good Condition
3.13-6	Parking Area in Good Condition
3.13-6	Parking Area Free of Litter; Parking Space for Handicap if Lot Parks 12 or More Cars
13.2	Hallway Illumination Adequate
3.13-6	Windows; Roof, Other Parts of Building in Good Repair
3.13-6	Correct Water Drainage

10-4-90

HOWELL TOWNSHIP INSPECTIONS OFFICE

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

PLEASE NOTE: BOARD OF HEALTH MUST BE CONTACTED FOR WELL & SEPTIC APPROVAL

1. Print..PROPERTY OWNERS NAME & ADDRESS
FIDZIURA, MITCHELL + PATRICIA
32 MARC DR
HOWELL NJ 07731

2. LOCATION FOR INSPECTION
BLOCK 78 LOT 155
32 Marc Dr.

PHONE # [redacted]

3. DOES PROPERTY HAVE A> WELL SEPTIC SYSTEM BOTH (circle one)

4. OCCUPANCY CHANGE DUE TO: (SALE) RENTAL (Circle One)

5. NAME/ADDRESS/PHONE # (DAYTIME) OF PERSON AVAILABLE FOR INSPECTION MANOR HILL
LUCY CLOEN 2303 Hwy 9 HOWELL NJ PHONE # 9051200

6. NAME/ADDRESS/PHONE # OF ATTORNEY OR REALTOR: MANOR HILL REALTY
LUCY CLOEN 2303 Hwy 9 HOWELL PHONE # 9051200

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A CONTINUED CERTIFICATE OF OCCUPANCY IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTIALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTIALLY PROTECT HIMSELF WITH REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTIONS SUCH AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREAS AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

*Please note: There will be a RE-INSPECTION CHARGE OF $25.00, should a third inspection be required due to non-compliance of property owner meeting the scheduled inspection time, or causing the inspecton to be delayed, requiring a re-inspection.

FEE SCHEDULE IS AS FOLLOWS: MARK X

RESIDENTIAL w/City Water & Sewer....$25.00	[X]
RESIDENTIAL w/Well and/or Septic....$35.00	[ ]
COMMERCIAL w/City Water & Sewer.....$50.00	[ ]
COMMERCIAL w/Well and/or Septic.....$60.00	[ ]

PAYMENT MUST ACCOMPANY APPLICATION
ENCLOSED... $25.00
CASH _____ CHECK # 5814

I UNDERSTAND THE ABOVE, AND WILL ALLOW THE MUNICIPAL INSPECTOR ONTO THE ABOVE PROPERTY AT ANY REASONABLE TIME.

X Lucy Cloen DATE 10/3/90
Signature

*NOTE: ALL APPLICATIONS WITH WELL AND SEPTIC SYSTEMS MUST CONTACT MONMOUTH COUNTY BOARD OF HEALTH, 431-7456, between 9 & 5, Mon.-Fri., TO ARRANGE FOR THE INSPECTION OF THE WATER AND SEPTIC.

NO CERTIFICATES OF OCCUPANCY WILL BE ISSUED WITHOUT APPROVAL FROM THE HEALTH DEPARTMENT

BECAUSE OF THE WORK AND PROCESSING OF THE C/C/O, THERE WILL BE NO REFUNDS OF APPLICATION FEES IN THE EVENT OF CANCELLATION OF THE SCHEDULED INSPECTION

DEPARTMENTS REQUIRED FOR INSPECTION: Code

YOUR INSPECTION DATE WILL BE: 10/4/90

OPEN PERMITS? YES (NO) (If yes, have they been finaled? _____

HOWELL TOWNSHIP

DEPARTMENT OF CODE ENFORCEMENT INSPECTION REPORT

NAME	CHON	DATE 1-25-87	BLOCK 78	LOT 155
ADDRESS	32 MARC DR		TEL.	

BUILDING TYPE: TOWN HOUSE | ONE FAMILY | APARTMENT | COMMERCIAL | OFFICE | TRAILER | NO ADMITTANCE

NJHC No	STRUCTURE INTERIOR	VIO-LA-TION
3.1	Potable — Approved Water Supply	
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4.1	Kitchen Sink — Flush Toilet — Stove — Tub — Shower	
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6.3	Each Room to Have 2 Electrical Outlets or 1 Outlet — One Wall Switch or Pullchain	
6.4	All Electric Wiring to Meet Codes	
6.5	Common Stairways Min. Light 2 Lumens, Bathroom Min. Lumens 3	
6.6	Bathroom Light to be Controlled by Wall Switch	
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8.2	Space Heaters to be Vented	
8.2-9	Smoke Detectors on all Levels	
9.1	Egress Safe and Unobstructed	
9.2	Below Ground Sleeping Room — Proper Egress	
10.1	Floors — Foundation — Walls — Ceilings — Doors — Windows — Glass in Clean and Good Condition	
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11.2	Sleeping Area 70 sq ft For One Occupant 50 sq ft For Each Additional Occupant. Trailers 30 sq ft For 1 Occ.: 60 sq ft For Each Occ. Over 1.	
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11.5	Sleeping Room Not To Be More Than 3'6" below Ground	
10.1	Clean — Repair Furnace	
10.1	Trailers to Have 5 lb ABC Fire Extinguisher	

OK

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10.3	Porch — Balcony Has Safe Railings	
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10.7	Repair Steps — Sidewalk — Driveway	
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10.5	Repair Masonary Walls	
10.1	Repaint Trim	
10.1	Repaint House	
10.1	Repair — Replace Gutters — Down Spouts	
10.1	Place Street Number on Building	
10.1	Pool Fencing to Meet Code	
10.1	Clean Rain Gutters of Debris	
	[illegible]	
	[illegible]	

NJHC No	COMMERCIAL — OFFICES	VIO-LA-TION
25.9	Provide Electric Smoke — Fire Alarm System	
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