Donna Belton 20.1031

From: ADRIANA ONDARZA <opra+request-15708-9f2762e1@requests.opramachine.com>
Sent: Thursday, July 30, 2020 11:38 AM
To: clerkforms
Subject: OPRA request - Property Permit Information

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

Dear Howell Township,

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

I would like to know of open and closed permits that have been submitted for this property:

28 Driftway Rd., Howell, NJ
Block: 75 Lot: 4.02

Yours faithfully,

ADRIANA ONDARZA

TOWNSHIP OF HOWELL
RECEIVED
2020 JUL 30 A 11:41
CLERKS OFFICE

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-15708-9f2762e1@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,uZsYqCalixiQz7K1Q05Sv4bvMUWyXI8x2sVSN4CByiFsMQ0K8imMtqIyopS7VXAOa4G96m_Mt4oyORPaMOqMROU4zmZ-44-765G0edmdsJVsgMcK&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,eGDs7jajbO0D80yXLQj2rFT533DzVI4_I2-3wwzPJjOM-FpgcDZBgFDJ1VMvhIAhIbyMVyFE_v5cJpChdPe7SEfqEU0fZfDP3nG6ENh8rtLkQQ,,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fproperty_permit_information&c=E,1,aOTH4PcEF6oLniNLa4ih208oVy_PH2lS_X3Qw1Iz31aWhlSbcGd47dRhhIeWPBzkjjKuL7lV6uVbVSTWEnpfJEh_Ixpq6Za7oDsAfIXqmP7r-KxWWTaWULYw&typo=1

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

Angela Martino

From: Caitlin Doren
Sent: Monday, July 20, 2020 10:00 AM
To: Angela Martino
Cc: Matthew Howard
Subject: FW: Emailing: 20-910
Attachments: 20-910.pdf

No open land use permits found for OPRA 20-910. Building department to send response.

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: Monday, July 13, 2020 1:55 PM
To: Caitlin Doren <cdoren@twp.howell.nj.us>
Subject: FW: Emailing: 20-910

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: Monday, July 13, 2020 1:49 PM
To: Paul Orlando <porlando@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>; Gregory Hutchinson <ghutchinson@twp.howell.nj.us>; Erin Serfass <eserfass@twp.howell.nj.us>; Ricky Wiget <rwiget@twp.howell.nj.us>; Elizabeth Hasenpusch <ehasenpusch@twp.howell.nj.us>; Brian Geoghegan <bgeoghegan@twp.howell.nj.us>
Subject: Emailing: 20-910

S-19-0042

THIS IS A COURTESY COPY OF THIS RULE. ALL OF THE DEPARTMENT'S RULES ARE COMPILED IN TITLE 7 OF THE NEW JERSEY ADMINISTRATIVE CODE.

20-933

APPENDIX B STANDARD FORMS FOR SUBMISSION OF SOILS/ENGINEERING DATA

COUNTY/MUNICIPALITY Monmouth / Howell

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

TOWNSHIP OF HOWELL RECEIVED 2019 APR 24 A 10 47 CLERK'S OFFICE

Form 1—General Information

1. Type of Permit Needed (Check an l Fill-in applicable categories):
   - ___ a. New Construction
   - ___ b. Alteration/ No Expansion or Change in Use
   - ___ c. Alteration/Expansion or Change in Use
   - _X_ d. Alteration/Malfunctioning System
   - ___ e. Repair (in-kind replacement)/ Malfunctioning system
   - ___ f. Repair (in-kind replacement) System is not malfunctioning
   - ___ g. Deviation from Standards
   - ___ h. New system installed (existing structure)
2. Location of Project:
   Municipality Howell Block No. 75 Lot No. 4.02
   Street Address 28 Driftway Zip ___
3. Name of Applicant (print): Prince of Pools
4. Applicant's Present Address: 488 Northern Blvd Bayville 08721
5. Applicant's Phone Number: 1-848-210-3402
6. Type Of Facility:
   - X Residential
   - _ Commercial/Institutional

   Specify Type of Establishment: ___
7. Type of Wastes to be Discharged:
   - X Sanitary Sewage
   - _ Industrial Wastes
   - _ Other—Specify Type
8. If d. or e. in 1. above are checked, indicate the type of malfunction and its cause (check all that apply):
   - ___ Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
   - ___ Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
   - ___ Seepage of sanitary sewage or effluent into portions of building below ground
   - _X_ Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
   - ___ Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent.
   - ___ Direct discharges to ground water (no zone of treatment)

   Describe the cause of the malfunction: Clogged Field
9. Please expand on Question #1, above, by checking if any of the following apply):
   - ___ A privy, outhouse, latrine or pit toilet is present, a system must be installed,
   - ___ A system must be upgraded as part of a real property transfer,
   - ___ A cesspool has been identified during a real property transfer and a conforming system must be installed,
   - ___ A malfunctioning cesspool has been identified and a conforming system must be installed.
10. Other Approvals/Certification/Waivers/Exemptions (Attach to Application):
    - _ Pinelands Commission
    - _ Highlands Water Protection and Planning Act

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_ U.S. Army Corps of Engineers
_ NJDEP—Bureau of Flood Plain Management
_ Other—Specify:

11. I hereby certify that the inform ition furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.
Signature of Applicant _____ Date 3-13-19 (For Applicant)

FOR AGENCY USE ONLY

_ Application Denied—Reason f r Denial/Citation of Rules Violated: _____
_ Application Approved
_ Application Approved Subject to Approval by NJDEP
Date of Action _____ Signature of Authorized Agent _____ _____
Name and Title _____

COUNTY/MUNICIPALITY Monmouth / Howell
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM 4.02
Form 2a—General Site Evaluation Data Lot ___ Block 75

1. Name of Site Evaluator (print): South Jersey Engineers
2. Business Address of Site Evaluator: P.O. Box 1406 Voorhees NJ 08043
3. Business Phone Number of Site Evaluator: _____ 732-551-1507 (PHIL)
4. Special Site Limitations Identified (Check appropriate Categories):
   _ Flood Plains _ Bedrock Outcrops _ Wetlands
   _ Excessively Stony _ Disturbed Ground _ Sink Holes
   _ Sand Dunes _ Steep Slopes
   _ Other—Specify _____ _____
5. Soil Logs—Enter on Form 2b—Use one sheet for each soil log.
6. Considerations Relating to Disturbed Ground:
   a) Type of Disturbance (Check appropriate categories):
   _ Filled Area _ Excavated Area _ Re-graded Area
   _ Subsurface Drains _ Other –Specify __
   b) Existing Ground Surface
   Elevation Relative to Ground Surface _____
   Method of Identification _____
   c) Suitability of Disturbed Ground
   _ Unsuitable: Objects Subject to Disintegration or Change in Volume
   _ Excessively Coarse
   _ Proctor Test performed _% Standard Proctor Density = _____
7. Hydraulic Head Test:
   a) Hydraulically Restrictive Horizon: Depth Top to Bottom ___
   b) Piezometer A: Depth to Bottom _ Depth of Water Level (24 hrs) _
   c) Piezometer B: Depth to Bottom _ Depth of Water Level (24 hrs) _
   d) Witnessed by _____ Signature _____ Date _____
8. Attachments (Check items included):
   X Site Plan
   X Key Map Showing Location of Site On U.S.G.S. Quadrangle or Other Accurate Map
   X Key Map Showing Location of Site on U.S.D.A. Soil Survey Map
   _ Other—Specify _____
9. I hereby certify that the information furnished on Form 2a of this application (and the attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

THIS IS A COURTESY COPY OF THIS RULE. ALL OF THE DEPARTMENT'S RULES ARE COMPILED IN TITLE 7 OF THE NEW JERSEY ADMINISTRATIVE CODE.

Signature of Soil Evaluator _____ Date 3-13-19
Signature of Professional Engineer _____ License # GE23106

COUNTY/MUNICIPALITY _____
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 2b—Soil Log and Interpretation Lot ___ Block ___

1. Log Number __ Method (Check One): _ Profile Pit _ Boring
2. Soil Log
   Depth (inches)
   Top-Bottom
   Munsel Color Name and Symbol; Estimated Textural Class: Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling—Abundance, Size and Contrast, If Present
3. Ground Water Observations:
   _ Seepage—Indicate Depth _ ___
   _ Pit/Boring Flooded—Depth after _ Hours ____
4. Soil Limiting Zones (Check Appropriate Categories):
   _ Fractured Rock Substratum—Depth to Top ____
   _ Massive Rock Substratum—Depth to Top ____
   _ Excessively Coarse Horizon—Depth Top to Bottom __
   _ Excessively Coarse Substratum—Depth to Top ____
   _ Hydraulically Restrictive Horizon—Depth Top to Bottom __
   _ Hydraulically Restrictive Substratum—Depth to Top ___
   _ Perched Zone of Saturation—Depth Top to Bottom ___
   _ Regional Zone of Saturation—Depth to Top ____

   See Attached Logs
5. Soil Suitability Classification:
6. I hereby certify that the information furnished on Form 2b of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.
   Signature of Site Evaluator _____ Date _____
   Signature of Professional Engineer _____ License # _____

COUNTY/MUNICIPALITY _____
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM
Form 3a. Soil Permeability Data Lot ___ Block ___
Assign a number for each test and a letter for each test replicate. Show test data and calculations on Form 3b, 3c, 3d, 3e, 3f or 3g. Use one sheet for each separate test or test replicate.

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

Type of Test	Test (number)	Replicate (letter)	Depth (inches)	Result*

THIS IS A COURTESY COPY OF THIS RULE. ALL OF THE DEPARTMENT'S RULES ARE COMPILED IN TITLE 7 OF THE NEW JERSEY ADMINISTRATIVE CODE.

_ Basin Not Drained within 24 Hrs.

9. I hereby certify that the information furnished on Form 3g of this application is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.
   Signature of Site Evaluator _____ Date _____
   Signature of Professional Engineer _____ License # _____

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. 650
   X Residential: No. of Dwelling Units 1 Total No. of Bedrooms 4
   _ Commercial/Institutional—Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading _____
2. Alterations or Repairs
   a) Reason for Alteration or Repair (Check appropriate categories):
   _ Expansion or Change in Use _ Upgrade Existing Facilities
   X Correct Malfunctioning System _ Other—Specify __
   b) Describe Nature of Alteration or Repairs: New Field per code
3. System Components:
   a) Grease Trap Capacity, gals ____
   Show Calculation Used: ____ Ex. 1000 Gal Tank
   b) Septic Tank Capacities, gals: _ First (Single) Compartment __ Second Compartment __
   Third Compartment _
   c) Effluent Distribution
   Method: _ Gravity Flow X Gravity Dosing _ Pressure Dosing
   Dosing Device: X Pump _ Siphon
   d) Dosing Tank Capacities, gals: Total Capacity 1350 Dose Volume 162.5 Reserve Capacity 1835
   e) Laterals: Number 5 Total Length _ Pipe Size _ Spacing 3'
   f) Connecting Pipe: Size 4" Length 205' 4"
   g) Manifold: Size __ Length 14'
   h) Disposal Field: Type of Installation Soil Repl. Fill Encl.
   Design Permeability (Percolation Rate) Lt 61 (6-20 in/hr)
   Trenches: Width __ Total Length __ Bed: Area 1,062 SF
   i) Seepage Pits: Design Percolation Rate ___
   Number of Pits __ Total Percolating Area Provided _
4. Attachments (Check items included):
   X General Plan of System Showing Location of All System Components
   X X-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains
   X Pump Performance Curve
   _ Other—Specify _____
5. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.
   Signature of Professional Engineer _____ Date 3-13-19

Form 5. Design of Pressure Dosing System

1. Configuration of Distribution Network:
   Type of Manifold: _ End _ Central
   Distribution Laterals: Number _ Length, ft _ Spacing, ft _
   Hole Diameter, ins _ Hole Spacing, ins _

MONMOUTH COUNTY/HOWELL TOWNSHIP (28 DRIFTWAY ROAD)

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

Form 2b—Soil Log and Interpretation Lot __4.02_____ Block ___75_____
1. Log Number ____1____ Method (Check One): __X___ Profile Pit ____ Boring_____
2. Soil Log
Depth (inches)

0"-12" DARK GRAY (7.5 YR 4/1) LOAMY SAND, SUB ANGULAR BLOCKY, FRIABLE, TOP SOIL

12"- 24" BROWN (7.5 YR 5/2) LOAMY SAND, SUB ANGULAR BLOCKY, FRIABLE

24"- 54" STRONG BROWN (7.5 YR 5/6) SAND, SINGLE GRAIN, LOOSE, 20% COARSE

54"- +120" STRONG BROWN (7.5 YR 5/6) SAND, SINGLE GRAIN, LOOSE

MOTTLES, FEW, MED., DISTINCT @53"
WATER @ 84"

Munsel Color Name and Symbol; Estimated Textural Class: Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling—Abundance, Size and Contrast, If Present

3. Ground Water Observations:
X Seepage—Indicate Depth _84"____
_ Pit/Boring Flooded—Depth after _____ Hours _____

4. Soil Limiting Zones (Check Appropriate Categories):
_ Fractured Rock Substratum—Depth to Top ____
_ Massive Rock Substratum—Depth to Top ____
_ Excessively Coarse Horizon—Depth Top to Bottom _____
_ Excessively Coarse Substratum—Depth to Top ____
_ Hydraulically Restrictive Horizon—Depth Top to Bottom ____
_ Hydraulically Restrictive Substratum—Depth to Top ___
_ Perched Zone of Saturation—Depth Top to Bottom ___
X Regional Zone of Saturation—Depth to Top _53"___

5. Soil Suitability Classification: II WR

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

Signature of Site Evaluator _____ Date 3-13-19

SANDFORD S. MERSKY, P.E.
Signature of Professional Engineer _____ License # GE28106

MONMOUTH COUNTY/HOWELL TOWNSHIP (28 DRIFTWAY ROAD)

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

Form 2b—Soil Log and Interpretation Lot __4.02_____ Block ___75_____
1. Log Number ____2____ Method (Check One): __X___ Profile Pit ____ Boring_____
2. Soil Log
Depth (inches)

0"-12" DARK GRAY (7.5 YR 4/1) LOAMY SAND, SUB ANGULAR BLOCKY, FRIABLE, TOP SOIL

12"- 24" BROWN (7.5 YR 5/2) LOAMY SAND, SUB ANGULAR BLOCKY, FRIABLE

24"- 54" STRONG BROWN (7.5 YR 5/6) SAND, SINGLE GRAIN, LOOSE, 20% COARSE

54"- +120" STRONG BROWN (7.5 YR 5/6) SAND, SINGLE GRAIN, LOOSE

MOTTLES, FEW, MED., DISTINCT @53"
WATER @ 84"

Munsel Color Name and Symbol; Estimated Textural Class: Estimated Volume % Coarse Fragment, If Present; Structure; Moist or Dry Consistence; Mottling—Abundance, Size and Contrast, If Present

3. Ground Water Observations:
X Seepage—Indicate Depth _84"____
_ Pit/Boring Flooded—Depth after _____ Hours _____

4. Soil Limiting Zones (Check Appropriate Categories):
_ Fractured Rock Substratum—Depth to Top ____
_ Massive Rock Substratum—Depth to Top ____
_ Excessively Coarse Horizon—Depth Top to Bottom _____
_ Excessively Coarse Substratum—Depth to Top ____
_ Hydraulically Restrictive Horizon—Depth Top to Bottom ____
_ Hydraulically Restrictive Substratum—Depth to Top ___
_ Perched Zone of Saturation—Depth Top to Bottom ___
X Regional Zone of Saturation—Depth to Top _53"___

5. Soil Suitability Classification: II WR

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

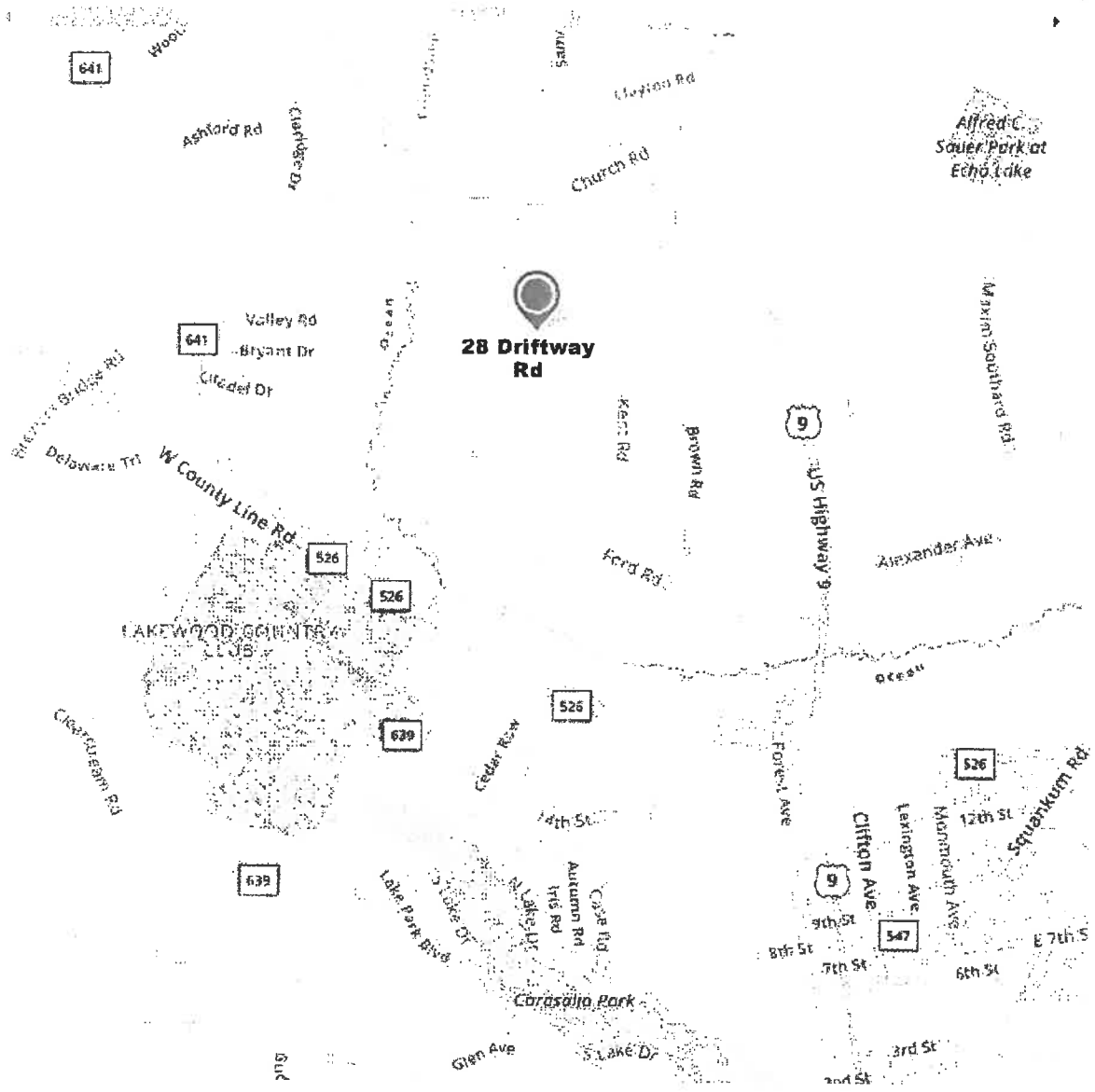
Signature of Site Evaluator _____ Date 3-13-19

SANDFORD S. MERSKY, P.E.
Signature of Professional Engineer _____ License # GE28106

28 Driftway Rd

Howell | NJ 07731-2412

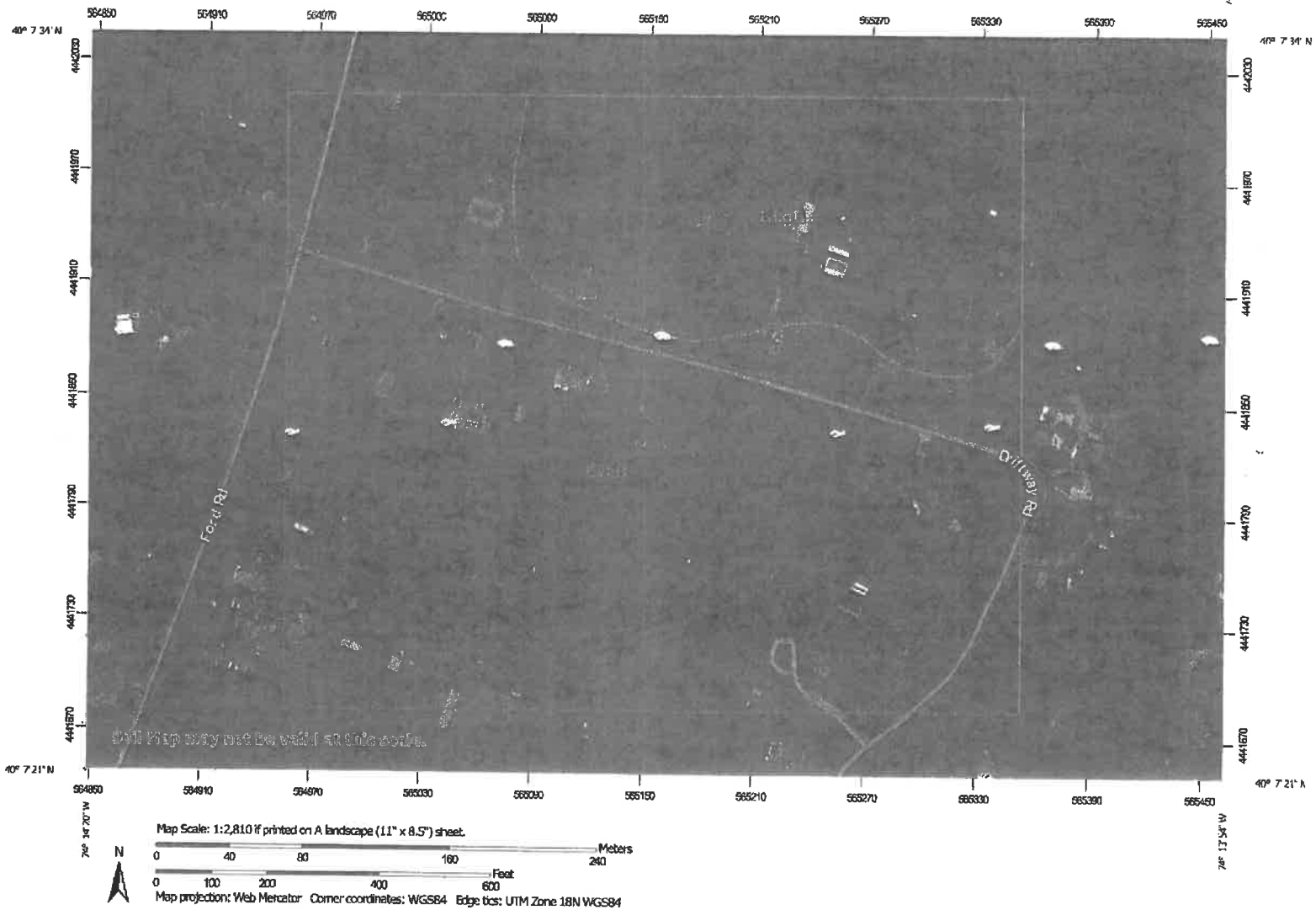
mapquest



Car trouble mid-trip?
MapQuest Roadside Assistance is here:

(1-888-461-3625)

Soil Map—Monmouth County, New Jersey



Map Scale: 1:2,810 if printed on A landscape (11" x 8.5") sheet.

N

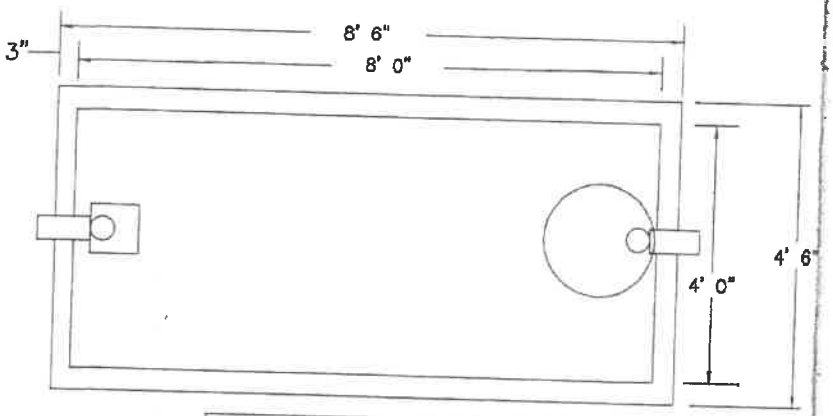
0 40 80 160 240 Meters

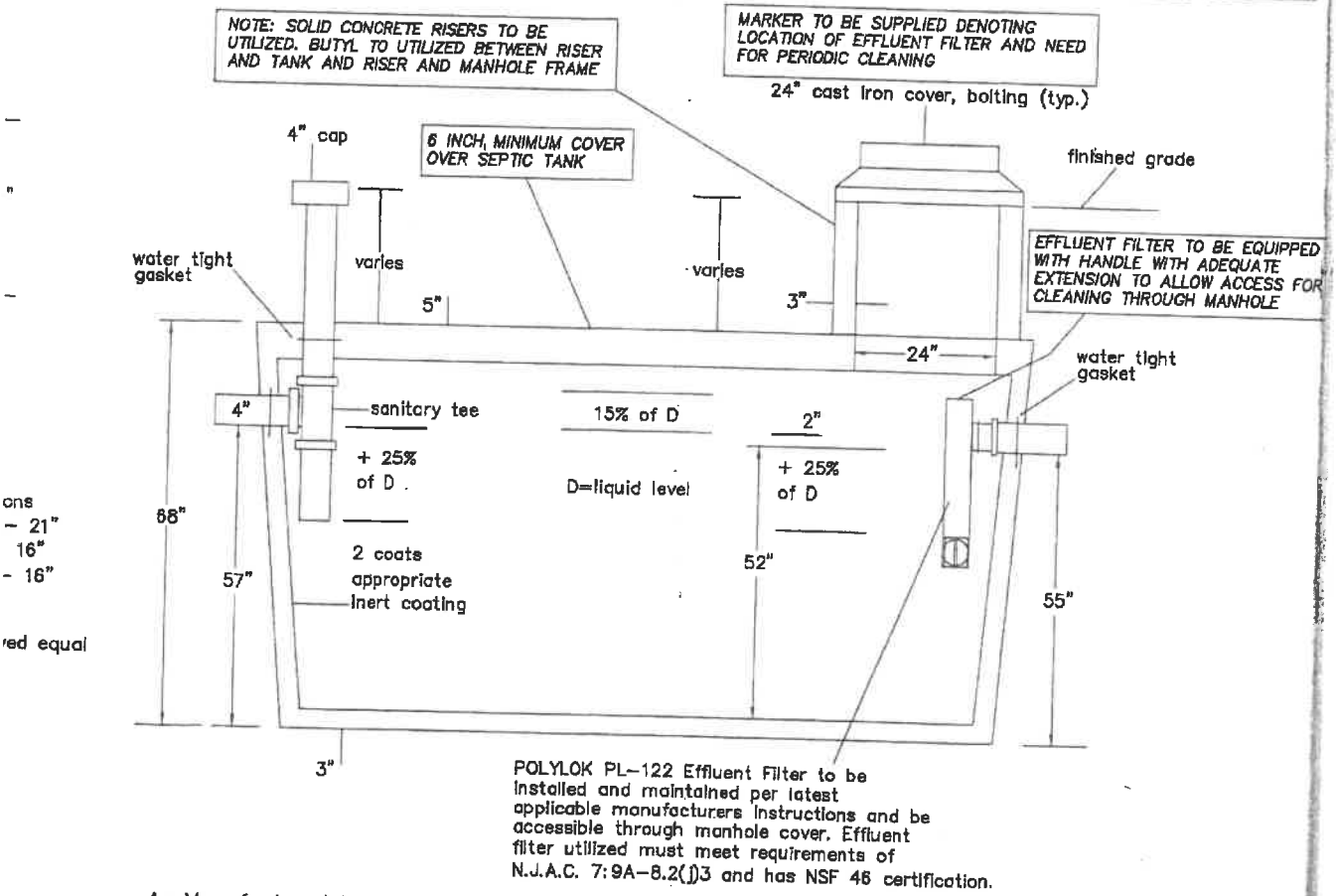
0 100 200 400 600 Feet

Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 18N WGS84

Notes:

1. **Tank is 4000 psi concrete - steel reinforced**
2. **Concrete conforms to ACI 318-16-4.5.1 and ACI 318-16-4.5.2**
3. **Tank complies with all requirements of NJDEP Chapter 199 7:9A-8.2**
4. **Tank to be tested for water tightness in accordance with N.J.A.C. 7:9A-8.2(m).**
5. **Tank access opening labeling to be in accordance with N.J.A.C. 7:9A-8.2(12)**
6. **Should a plastic tank be substituted for a concrete tank the installer must use cast iron lids for the tank.**





As Manufactured by Mershon Concrete – Bordentown, NJ or approved equal (1-800-MERSHON)

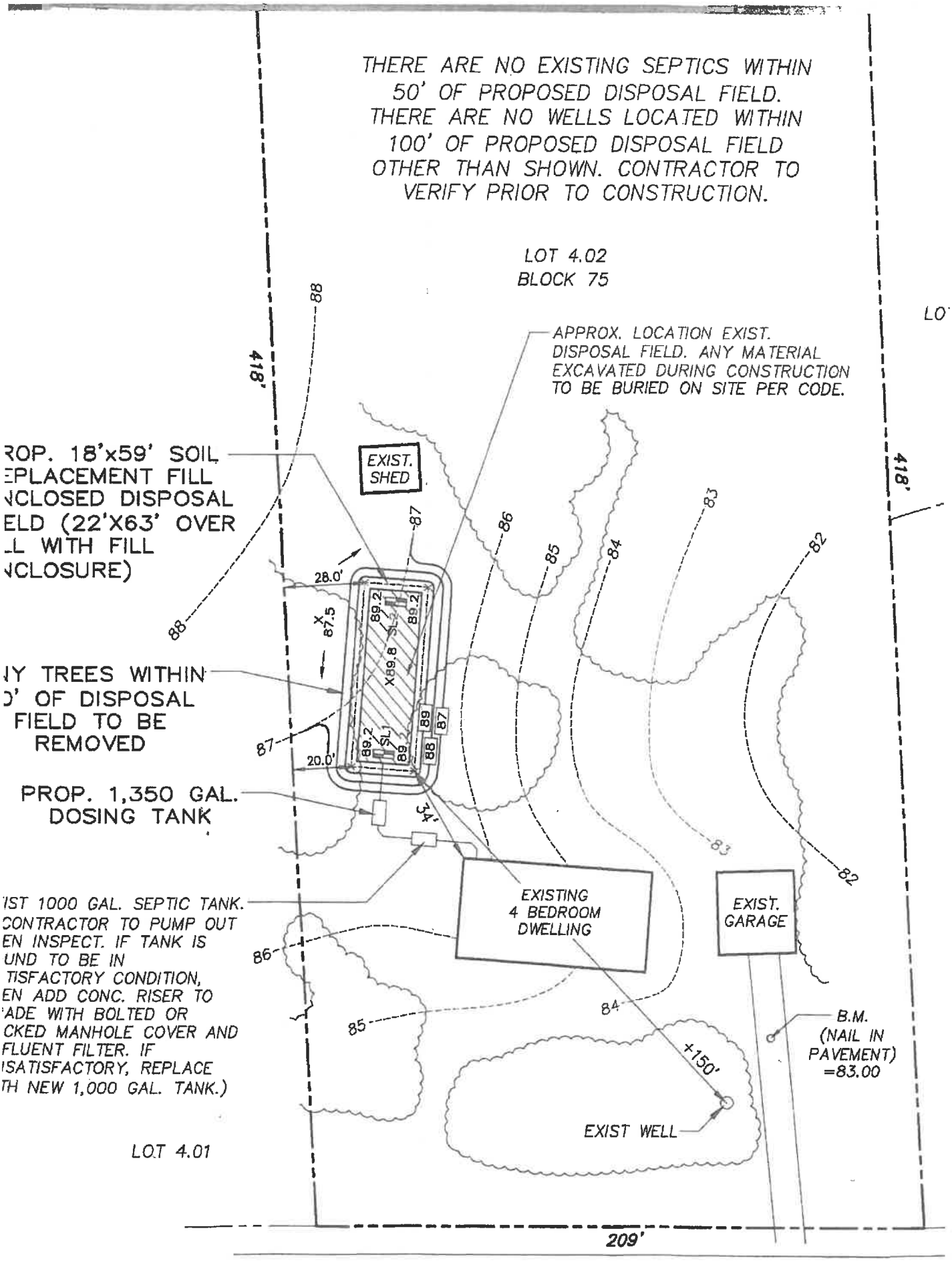
1000 GAL SEPTIC TANK W/ EFFLUENT FILTER

N.T.S.

LOT 4.01

209'

REMOVABLE C


THERE ARE NO EXISTING SEPTICS WITHIN 50' OF PROPOSED DISPOSAL FIELD. THERE ARE NO WELLS LOCATED WITHIN 100' OF PROPOSED DISPOSAL FIELD OTHER THAN SHOWN. CONTRACTOR TO VERIFY PRIOR TO CONSTRUCTION.
LOT 4.02
BLOCK 75
APPROX. LOCATION EXIST. DISPOSAL FIELD. ANY MATERIAL EXCAVATED DURING CONSTRUCTION TO BE BURIED ON SITE PER CODE.
ROP. 18'x59' SOIL EPLACEMENT FILL NCLOSED DISPOSAL ELD (22'X63' OVER L WITH FILL NCLOSURE)
NY TREES WITHIN D' OF DISPOSAL FIELD TO BE REMOVED
PROP. 1,350 GAL. DOSING TANK
IST 1000 GAL. SEPTIC TANK. CONTRACTOR TO PUMP OUT EN INSPECT. IF TANK IS UND TO BE IN TISFACTORY CONDITION, EN ADD CONC. RISER TO ADE WITH BOLTED OR CKED MANHOLE COVER AND FLUENT FILTER. IF ISATISFACTORY, REPLACE TH NEW 1,000 GAL. TANK.)
LOT 4.01
EXIST. SHED
EXISTING 4 BEDROOM DWELLING
EXIST. GARAGE
EXIST WELL
B.M. (NAIL IN PAVEMENT) =83.00
+150'
28.0'
20.0'
87.5'
418'
209'
88
87
86
85
84
83
82

Donna Belton

From: Paul Orlando
Sent: Wednesday, July 22, 2020 9:51 AM
To: Donna Belton
Subject: RE: OPRA 20-970
Attachments: 94-1271.pdf; 98-1746.pdf; 7354.pdf; 635696-BLK75 - L4.02 CA TANK REMOVAL-UST-2019-07-30.pdf; MISC.pdf

PLEASE FIND ATTACHED.NO OPEN UCC PERMITS OR VIOLATIONS FOUND AT THIS TIME

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Tuesday, July 21, 2020 3:07 PM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 20-970

Good Afternoon,

Attached please find OPRA 20-970 for your review. Please forward your findings to me no later than 7/30/2020.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us

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NOTICE OF CONFIDENTIALITY
This message, including any prior messages and attachments, may contain advisory, consultative and/or deliberative material, confidential information or privileged communications of the Township of Howell.

BLOCK 75 LOT 4.02 ADDRESS(site) 28 Driftway Rd. PERMIT NO _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 28 Driftway Rd. Howell
2. Name of Owner in Fee: John B. Yard Tel [redacted]
   Address 28 Driftway Rd. Howell 07731
   (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Owner Te[redacted]
   Address 28 Driftway Rd. Howell
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work John B. Yard T[redacted]

II. PROPOSED WORK

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

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

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
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:

U.C.C. F-1008

LDS HW-B 16505693

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 6-23-94

II. AGENT SECTION

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

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): 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 _____ Date _____

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (OFFICE USE ONLY)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ NJ Department of Community Affairs									
☐ NJ Department of Transportation									
☐ NJ Department of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED **(office use only)**

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

CONSTRUCTION PERMIT

Date Issued 6-24-94
Control #
Permit # 1271 94-

IDENTIFICATION Block 75 Lot 4.02

Work Site Location 28 Driftaway Rd. Howell
Owner in Fee John B Yard
Address 28 Driftaway Rd Howell
Tele. [redacted]

Contractor Owner
Address
Tele. [redacted]
Lic. No. or Bldrs. Reg. No: Exp. Date:
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:
[x] BUILDING [ ] PLUMBING [x] OTHER Pool
[x] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR/DEVICES

DESCRIPTION OF WORK: A.G. Pool 24' Round w/5' Fence 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 $ 4800

ALK

CONSTRUCTION OFFICIAL

PAYMENTS: (Office Use Only)

Building	25.00
Electrical	50.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ	20.00
Other	2.00
Total	97.00
Check No.	2581
Cash	
Collected By:	BY 6-30-94

(see reverse side)

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-23-94
Date Issued 6-24-94
Control #
Permit # 94-1271

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

Block 75 Lot 4.02
Work Site Location 28 Dirtmuy Rd Howe II
Owner in Fee John B Yard
Address 28 Dirtmuy Rd Howe II
Tele [redacted]
Contractor Owner
Address Same as above
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[X] No Plans Req.	6/24	[illegible]					
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final	5/20/97			

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 1800.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

A.G. Pool 24' Round
w/5' Fence around Pool

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

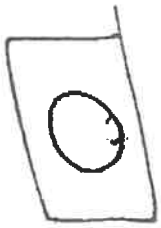
(Office Use Only)
FEE
$

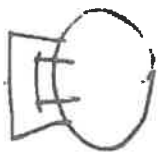
Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

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

5/20/99

① NO DECK PERMIT
② GATES DO NOT COMPLY
③ SPINDLES 5"





BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-23-94
Date Issued 6-24-94
Control #
Permit # 94 1271

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

Block 75 Lot 4.02
Work Site Location 28 Driftway Rd House 11

Owner in Fee John B Yard
Address 28 Driftway Rd. House 11

Tele. [redacted]
Contractor Owner
Address Same as above

Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[X] No Plans Req.	6/24	AC					
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 1500.00
3. Total (1+2) $ 1500.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

A.G. Pool 24' Round
w/5' Fence around Pool

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

(Office Use Only)
FEE
$ ____

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6-23-94
Date Issued 6-24-94
Control #
Permit # 94-1271

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

Block 75 Lot 4.02
Work Site Location 28 Driftway Rd Howell

Owner in Fee John B Yard
Address 28 Driftway Rd. Howell

Tele. ([redacted]
Contractor Owner
Address Same As above

Tele. (____) [redacted]
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 06/24/94
Approved by: [signature]

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	07/22			[signature]

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.

[signature]
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
____		Fixtures (1)	____
1		Receptacles (2)	____
1		Switches (3)	____
____		Total 1 + 2 + 3	____
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
1	1 hp	Pool Filter Motor	50.00
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat: oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ 2.00
Collected by: _____ TOTAL FEE $ 50.00

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6-23-94
Date Issued 6-24-94
Control #
Permit # 94-1271

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

Block 75 Lot 4.02
Work Site Location 28 Driftway Rd Howell

Owner in Fee John B Yard
Address 28 Driftway Rd Howell

Tele. [redacted]
Contractor Owner
Address Same As above

Tele. ( ) [redacted]
Lic. No.
Federal Emp. No. ______ or Social Security No. ______

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ______
Approved by: ______

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved By: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	07/22			

Dates (Month/Day)

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.

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
1		Receptacles (2)	
1		Switches (3)	
		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
1	1 hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Administrative Surcharge $ ______
Paid [ ] Check # ______ Minimum Fee $ ______
DCA Training Fee $ ______
Collected by: ______ TOTAL FEE $ ______

U.C.C. Form F-120B

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

07/22/94 Need 12-3 Cond and
WP Conn, no Bond

S-144T Series
Pro-Series Systems

This economical Pro-Series system will provide crystal clear water with minimal maintenance and care. System comes complete with fully-assembled 14" Pro-Series filter, 4-position multiport control valve, modular two-piece molded base, Power-Flo 3/4 HP pump, and all connecting hardware.

S-166T Series
Pro-Series Systems

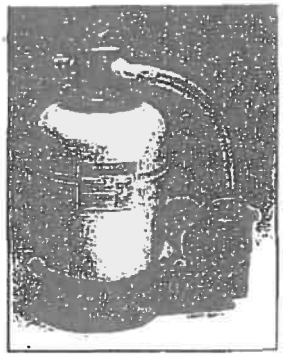
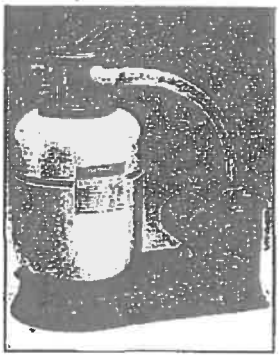
A larger Pro-Series system that is designed for most above-ground pools. System includes fully-assembled 16" Pro-Series filter, 6-position multiport control valve, 1 HP Power-Flo pump, and all connecting hardware.

S-166T Series
Pro-Series Systems

This durable Pro-Series system comes complete with fully-assembled 16" Pro-Series filter, 6-position multiport control valve, modular platform base, which accepts optional Hayward chlorine feeder and Auto-Time™ automatic pump timer, deluxe Power-Flo LX 1 HP pump, and all connecting hardware.

S-180T Series
Pro-Series Systems

A high-powered, high-capacity Pro-Series system that will provide years of maintenance free swimming pool filtration. System comes complete with fully-assembled 18" Pro-Series filter, 6-position multiport control valve, high-profile mounting base, deluxe 1 or 1-1/2 HP Power-Flo LX pump, and all connecting hardware.


Pro-Series filters are also available as individual units to custom design filtration requirements. Choose the appropriate pump as well as system enhancing accessories, such as automatic timer and chlorine feeders.

Completely corrosion-proof platform bases are specifically designed to accommodate the broad assortment of Pro-Series systems. Equipment placement slots allow for quick assembly of filter system components and ensure precise alignment.

SPECIFICATIONS - S-144T/S-164T/S-166T/S-180T Filter Systems

Filter Type:	High Rate Sand No. 1/2 silica sand (.45mm - .55mm)
Filter Tank:	Molded polymeric
Underdrain:	Precision slotted laterals
Control Valve:	4 or 6 position top-mount Vari-Flo™ with action handle
Valve Fastening:	Corrosion-proof polymeric flange clamp
Pump and Motor:	Power-Flo™ Series Pump-115 Volts
Mounting Base:	Corrosion-proof platform

For proper filtration of residential swimming pools, your filter system should provide a complete turnover of the pool water once every 12 hours. Determine the capacity of your swimming pool to select the correct size Pro-Series system, or consult your swimming pool dealer.

PERFORMANCE - S-144T/S-164T/S-166T/S-180T Filter Systems

Filtration Turnover (U.S. Gallons)				
Filter Series	**Filtration Area**	**Flow* Rates**		**Turnover (U.S. gallons)**
		@ 20 gpm per sq. ft.	**@ 25 gpm per sq. ft.**	**8 hrs**
S-144T	1.07 sq.ft.	21 gpm	-	10,080
		-	27 gpm	12,960
S-164T	1.40 sq.ft.	28 gpm	-	13,440
		-	35 gpm	16,800
S-166T	1.40 sq.ft.	28 gpm	-	13,440
		-	35 gpm	16,800
S-180T	1.75 sq.ft	35 gpm	-	16,800
		-	44 gpm	21,120

* Controlled by pump selection.

HAYWARD®

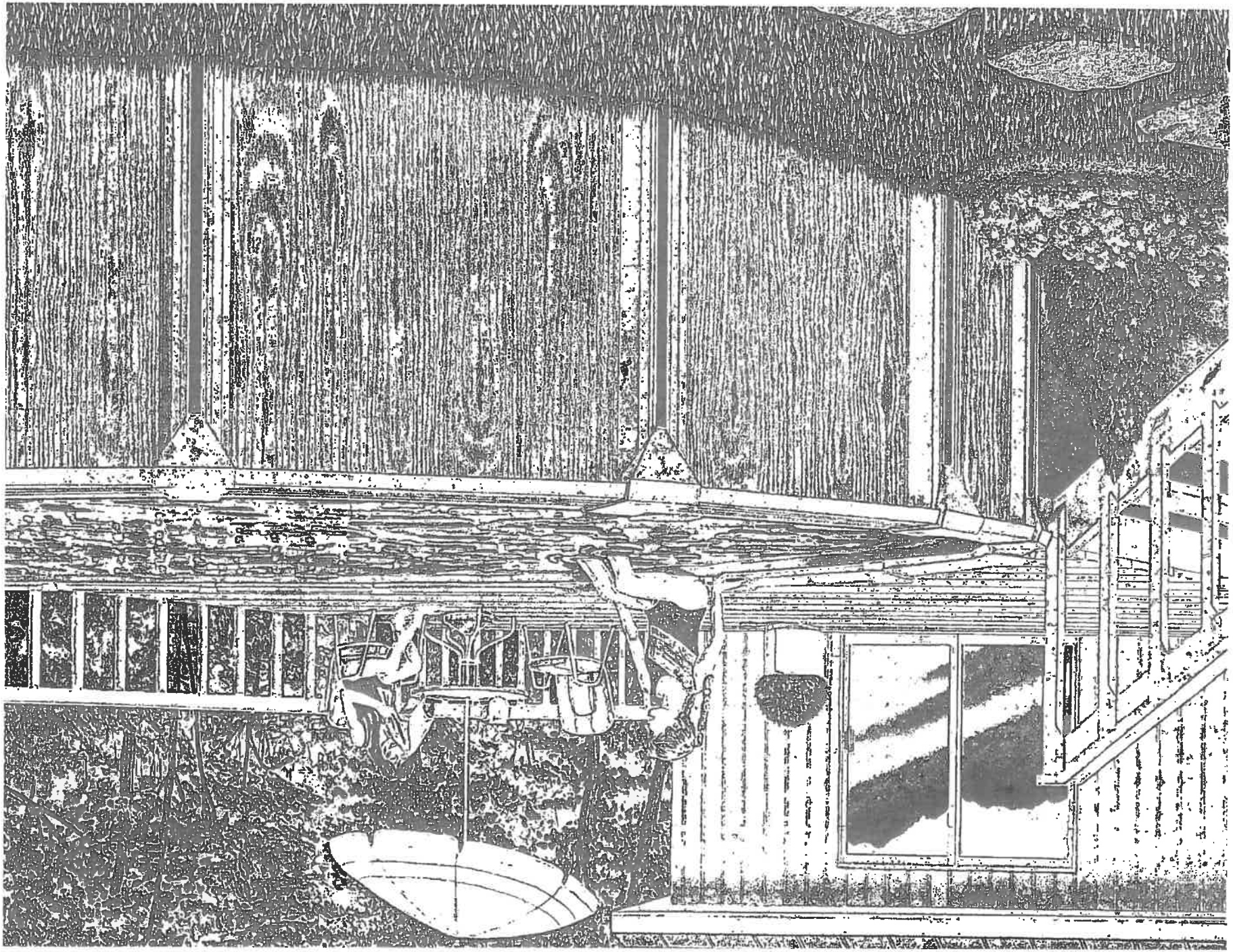
UL NSF

Hydrogen, Oxygen and Hayward. The elements of clear water.™

Elizabeth, NJ (908) 351-5400 • Pomona, CA (714) 594-1600 • Oakville, Ontario (416) 829-2880 • Jumet, Belgium 3271 341242

Literature Code: 5-91

© Hayward Printed in U.S.A.



Authorized Dealer

The Dove

This rugged beauty is crafted in the **USA** from heavy duty galvanized steel and protected with multiple layers of weather resisting compounds. Its corrugated steel wall and aluminum bar enclosure system insure years of bathing pleasure.

35 Year Warranty
Thirty Five Year Limited Warranty

SPECIFICATIONS AND FEATURES

UPRIGHT 6 1/2" Heavy Duty Galvanized Steel Upright features roller curled edges for maximum strength and safety.

LEDGE 7" Ribbed Steel Top Ledge also features roller curled edges and generous end treatment for ease of installation.

WALLS Vinyl coated galvanized steel wall features skimmer knock out and safety reinforced aluminum closure bar system.

SEAT CLAMPS Corrosion resistant galvanized steel clamp features a baked on Finish. The two piece clamp is safety embossed with the "Do Not Dive" warning.

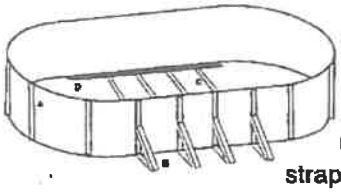
RAILS 1" Universal top and bottom rails are made from weather resistant steel and available in a variety of configurations.

HARDWARE All hardware is premium grade Stainless Steel for superior strength and durability.

SAFETY All Haydon Pools are supplied with weather resistant signs and decals. Be sure to read and follow all installation and safety procedures.

OVAL FEATURES

A. Extra Heavy Duty Side Uprights for strength and rigidity.



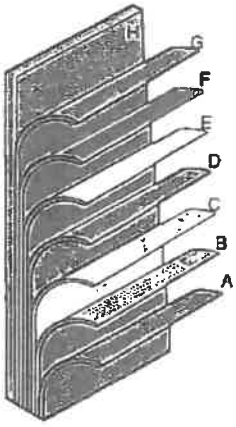
B. Low profile matching steel side buttresses for maximum strength.

C. Super heavy tension straps that fasten with the bottom support plates (**D**) for superior strength.

Note: All pool sizes and capacities are approximate. Manufacturer reserves the right to alter specifications without notice.

AVAILABLE SIZES AND CAPACITIES

ROUND			OVAL		
Dia.	Height	Capacity	Dia.	Height	Capacity
12'	48"	4,250 gal.	12'x18'	48"	5,500 gal.
15'	48"	5,500 gal.	12'x24'	48"	7,600 gal.
18'	48"	7,700 gal.	15'x24'	48"	9,900 gal.
21'	48"	10,350 gal	15'x27'	48"	10,900 gal.
24'	48"	13,350 gal.	15'x30'	48"	11,900 gal.
27'	48"	17,000 gal.	18'x33'	48"	16,000 gal.
18'	52"	8,500 gal.	12'x18'	52"	6,000 gal.
21'	52"	11,300 gal	12'x24'	52"	8,300 gal.
24'	52"	14,600 gal.	15'x24'	52"	11,000 gal.
27'	52"	18,900 gal.	15'x30'	52"	13,100 gal.
			18'x33'	52"	17,600 gal.



A. KRYSTAL KOTE PLASTISOL COATING

B. VINYL FORTIFIED BAKED POLYESTER PAINT

C. FULL UNDERCOATING

D. CHROMIC RINSE

E. BONDERIZED

F. ALKALINE-CLEANED

G. ZINC-CLAD HOT-DIPPED GALVANIZED

H. SUPER CORROSION RESISTANT STEEL AND COPPER ALLOY CORE

WARNING
POOLS ARE NOT DESIGNED FOR JUMPING OR DIVING

HAYDON 35

NATIONAL SPA & POOL INSTITUTE

I9402 Printed in USA

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Yard

BLOCK 25 LOT 4.02

ADDRESS 28 Driftway

ZONING RELEASE

DATE SUBMITTED 6-23-94

DEVELOPMENT A.G. Pool

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING ✓	6/24/94	[illegible]	[illegible]	
PLUMBING				
FIRE				
ELECTRICAL ✓	6/24/94	[illegible]	[illegible]	
MECHANICAL				
SEPTIC				
OTHER				

CODELFRM

BLOCK 75 LOT 4.02 QUALIFICATION CODE _____ ADDRESS (SITE) 28 Driftway Rd PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 28 Driftway Rd Howell
2. Name of Owner in Fee: John Yard Tel [redacted]
   Address 28 Driftway Rd Howell 07731
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Owner Tel. ([redacted]
   Address _____
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work John Yard
   Tel. ([redacted] 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
2. Height of Structure ft.
3. Area — Largest Floor sq. ft.
4. New Building Area sq. ft.
5. Volume of New Structure cu. ft.
6. Construction Classification
7. Total Land Area Disturbed sq. ft.
8. Flood Hazard Zone
9. Base Flood Elevation ft.
10. Wetlands yes / no
11. Max. Live Load
12. Max. Occupancy Load

II. PROPOSED WORK

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

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:

U.C.C. F100-1 (rev. 3/98)

LDS HWB 10506595

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. (N) I further certify that I will perform or supervise the following work:
C.1. (N) Building C.2. (N) 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(e)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 8/25/06

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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. _____				

CERTIFICATE

Date Issued 2-14-01
Control #
Permit # 98-1748

IDENTIFICATION

Block 75 Lot 4.02
Work Site Location Same as below

Owner in Fee/Occupant Yard
Address 28 Driftway Rd
Howell, NJ 07731
Tele: ( ) [redacted]
Contractor
Address Same

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

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group U
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Completion and approval of garage construction 28' x 26'

(8736 c.f.)
(728 s.f.)

☐ **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. 2/96)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-26-98
Date Issued 9-24-98
Control #
Permit # 98-1746

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

Block 75 Lot 4.02
Work Site Location 28 Driftway Rd
Howell, NJ 07731
Owner in Fee John Yard
Address 28 Driftway Rd Howell NJ. 07731
Tele [redacted]
Contractor Owner
Address
Tele. ([redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct [redacted] a two car garage.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9.17.98	WC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[X] CO [ ] CCO [ ] CA		
Date:	5/20/99	
Approved By:	DMB	

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			10-16-98	DE
Foundation				
Slab				
Frame			1-4-99	DE
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other SHEATH			1-4-99	DE
Final			5/20/99	DMB

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed U
Constr. Class	Present	Proposed 23 / 5B
No. of Stories	1	
Height of Structure	15	Ft.
Area—Largest Floor		Sq. Ft.
New Bldg. Area/All Floors	728	Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ 2500.00
2. Alteration $
3. Total (1+2) $ 2,500.00

TYPE OF WORK:

- [X] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other DCA = 5,736
  - [ ] Other
- [ ] Demolition

(Office Use Only)

FEE

$	79.00
	14.00

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-26-98
Date Issued 9-24-98
Control #
Permit # 98-1746

A. IDENTIFICATION - APPLICANT COMPLETE ALL APPLICABLE INFORMATION WHEN SIGNING. CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY BIG NOS 1-800-272-1000.

Block 75 Lot 4.02
Work Site Location 28 Dr. Freeway Rd
Howell NJ 07731
Owner in Fee John Yard
Address 28 Dr. Freeway Rd. Howell NJ 07731
Tele. [redacted]
Contractor owner
Address
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature John B. Yard

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct a [redacted] a two car garage.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	9.17.98	WC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			10-7-98	JE
Foundation				
Slab				
Frame			1-1-99	JE
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other			1-1-99	JE
Final				

TYPE OF WORK:

[X] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other DCA = $.73 ea
- [ ] Other

[ ] Demolition

(Office Use Only) FEE

$ 79.00
14.00

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed U
Constr. Class	Present	Proposed 5B
No. of Stories	1	
Height of Structure	15	Ft.
Area—Largest Floor		Sq. Ft.
New Bldg. Area/All Floors	728	Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2500.00
2. Alteration $
3. Total (1+2) $ 2,500.00

Paid [ ] Check #
Collected by:

Administrative Surcharge	$
Minimum Fee	$
BCA TRAINING FEE	$
TOTAL FEE	$

FIRE SUBCODE TECHNICAL SECTION

Date Received 8-26-98
Date Issued 9-24-98
Control #
Permit # 98-1746

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

Block 75 Lot 4.02
Work Site Location 28 Driftway Rd Howell
Owner in Fee John Yard
Address 28 Driftway Rd Howell 07731
Tele. [redacted]
Contractor Owner
Address
Tele. [redacted] Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8/25/98
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] TCO [ ] CA
Date: 2-13-01
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			2-13-01	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source
Method of Alarm/Suppression System Supervision

Storage Tanks Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
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 Wet Chem 2-Car Garage		25.00
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

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

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

PLAN REVIEW RECORD

MONTH: 02 HOWELL TOWNSHIP FIRE BUREAU YEAR: 2001

DATE: 8/25/98 TYPE: RESIDENTIAL DIST#: 3

BLOCK: 75 LOT: 4.02 PERMIT#: 98-1746

ADDRESS: 28 DRIFTWAY ROAD

NAME: JOHN YARD

COMMENTS FREESTANDING 2 CAR GARAGE

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: REMARKS

REINSPECTION DATE: REMARKS

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: INSPECTORS CODE:

FINAL INSPECTION REPORT

SCHEDULE DATE: 2/13/01 COMMENTS Final-Det. Garage-Approved

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPROVED: 2/13/01 INSPECTORS CODE: 3

OTHER INSPECTION REPORT

TOPIC:

SCHEDULE DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

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

HISTORY

TOWNSHIP OF HOWELL CONSTRUCTION CODE

PLAN REVIEW CHECK LIST

NAME Yard BLOCK 75 LOT 4.02

ADDRESS 28 Driftway Rd. ZONING RELEASE

DATE SUBMITTED

DEVELOPMENT Garage

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING ✓	9.1.98	9.17.98	[illegible]	(1) Header sizes (2) ceiling joists over spanned (3) anchor bolt sizes
PLUMBING				
[illegible] ✓	8/25/98		(a)	
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER				

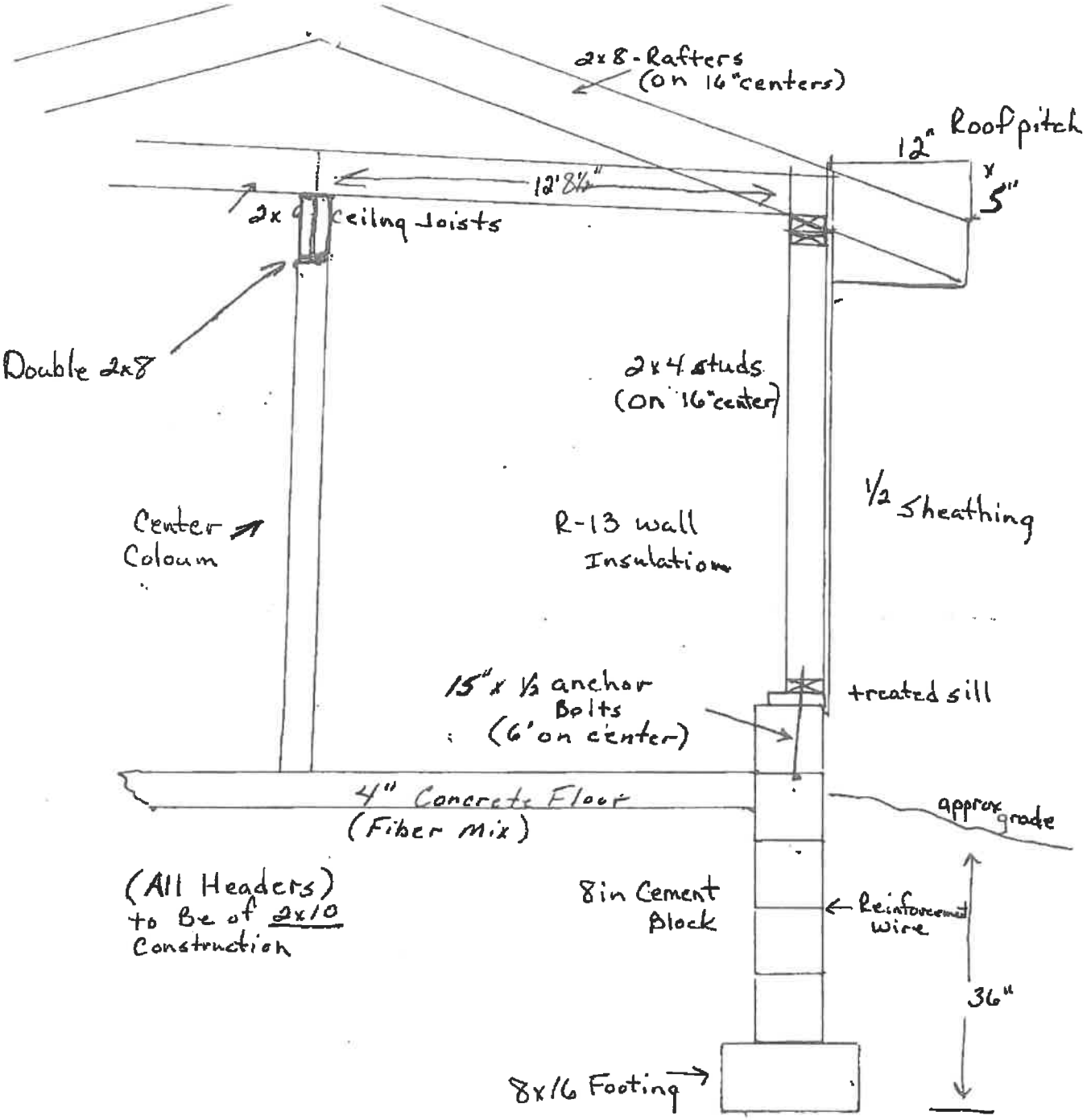
RECEIVED SEP - 1 1998 Re Sub

RECEIVED AUG 25 1998

901-1994 not Parents Home 9-2 11:10

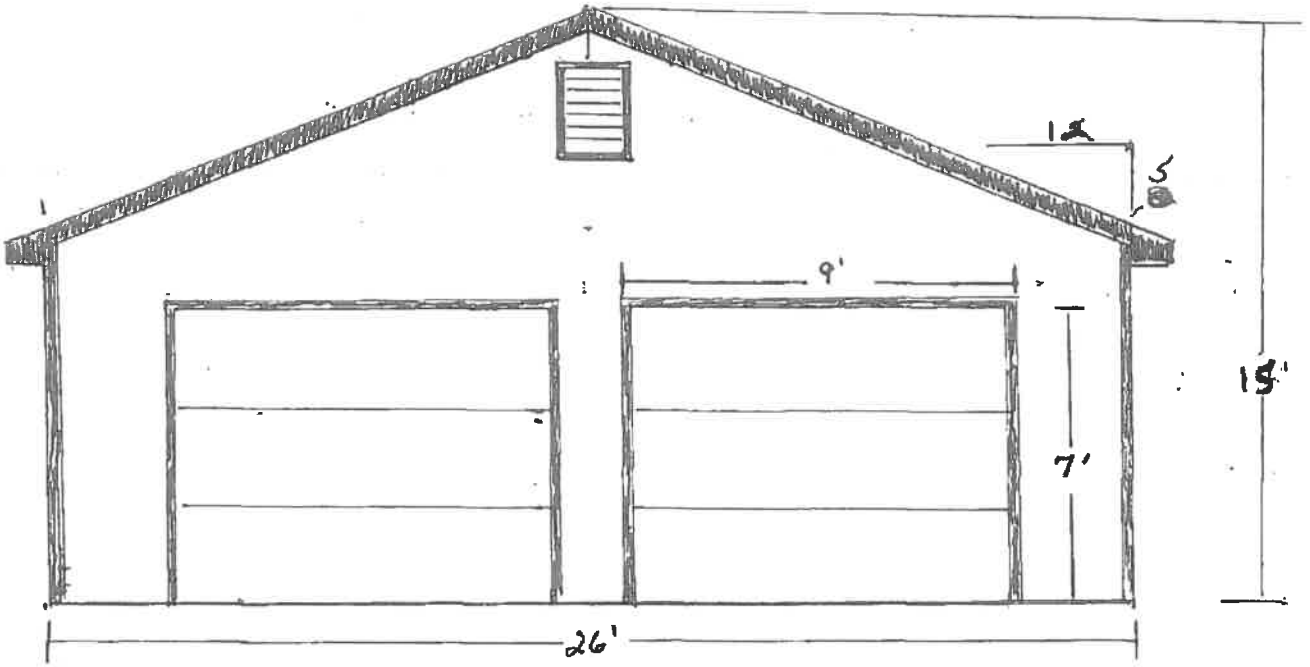
Tape 9-3 11:05

[illegible]


2x8 - Rafters
(on 16" centers)
12" Roof pitch
x
5"
12'8½"
2x ceiling Joists
Double 2x8
2x4 studs
(on 16" center)
½ Sheathing
Center
Coloum
R-13 wall
Insulation
15" x ½ anchor
Bolts
(6' on center)
treated sill
4" Concrete Floor
(Fiber Mix)
approx grade
(All Headers)
to Be of 2x10
Construction
8in Cement
Block
Reinforcement
wire
36"
8x16 Footing

Front View

(Garage)

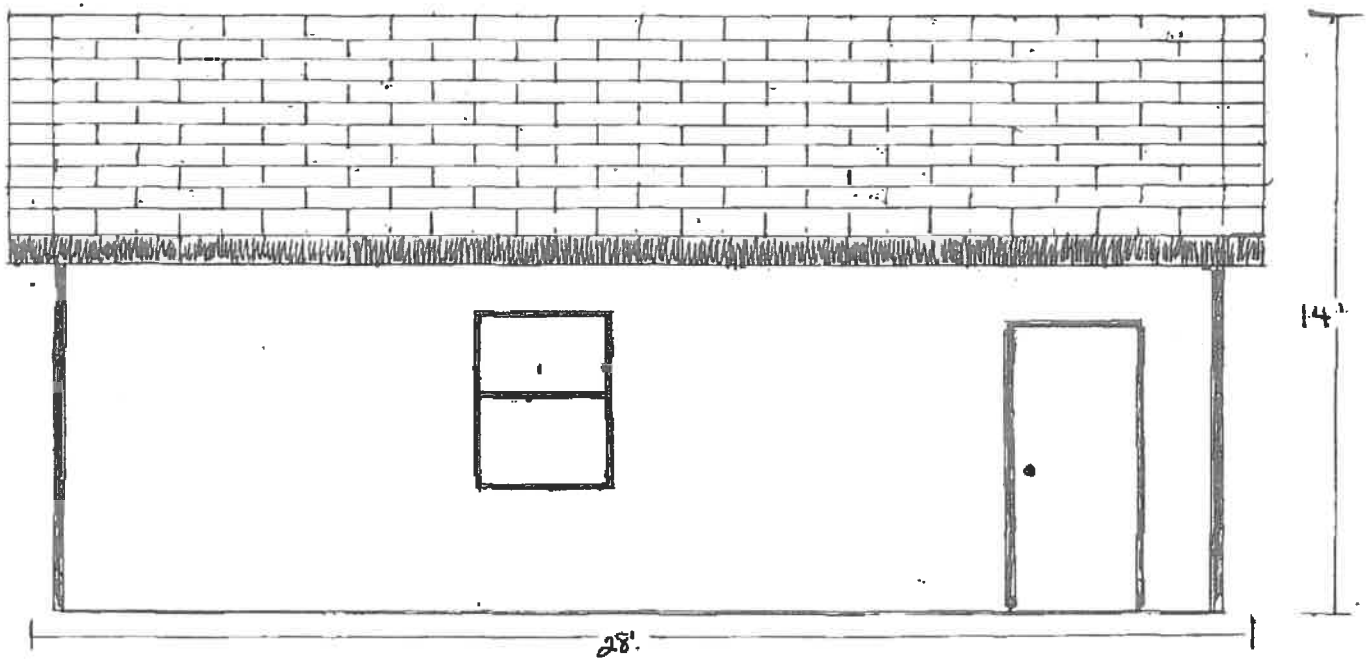


Scale 1/4" = 1'

Side View

(Garage)

LOT 4.02
Block 75



Scale 1/4' = 1'

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 75 LOT(S) 4.02 STREET 28 Driftway Rd

APPLICANT: NAME John Yard

ADDRESS 28 Driftway Rd Howell 07731

PHONE [redacted]

PROPOSED USE: ZONE:

____ Fence	✓ Detached garage	____ Shed
____ Pool	____ 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 2.5 feet and _____ feet
Rear yard clearances 270 feet

DESCRIPTION OF STRUCTURE: Height 1.5 feet to highest point
Length 38 feet Width 36 feet

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

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

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

J. B. Yard 8/25/98
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.

8/25/98
Date

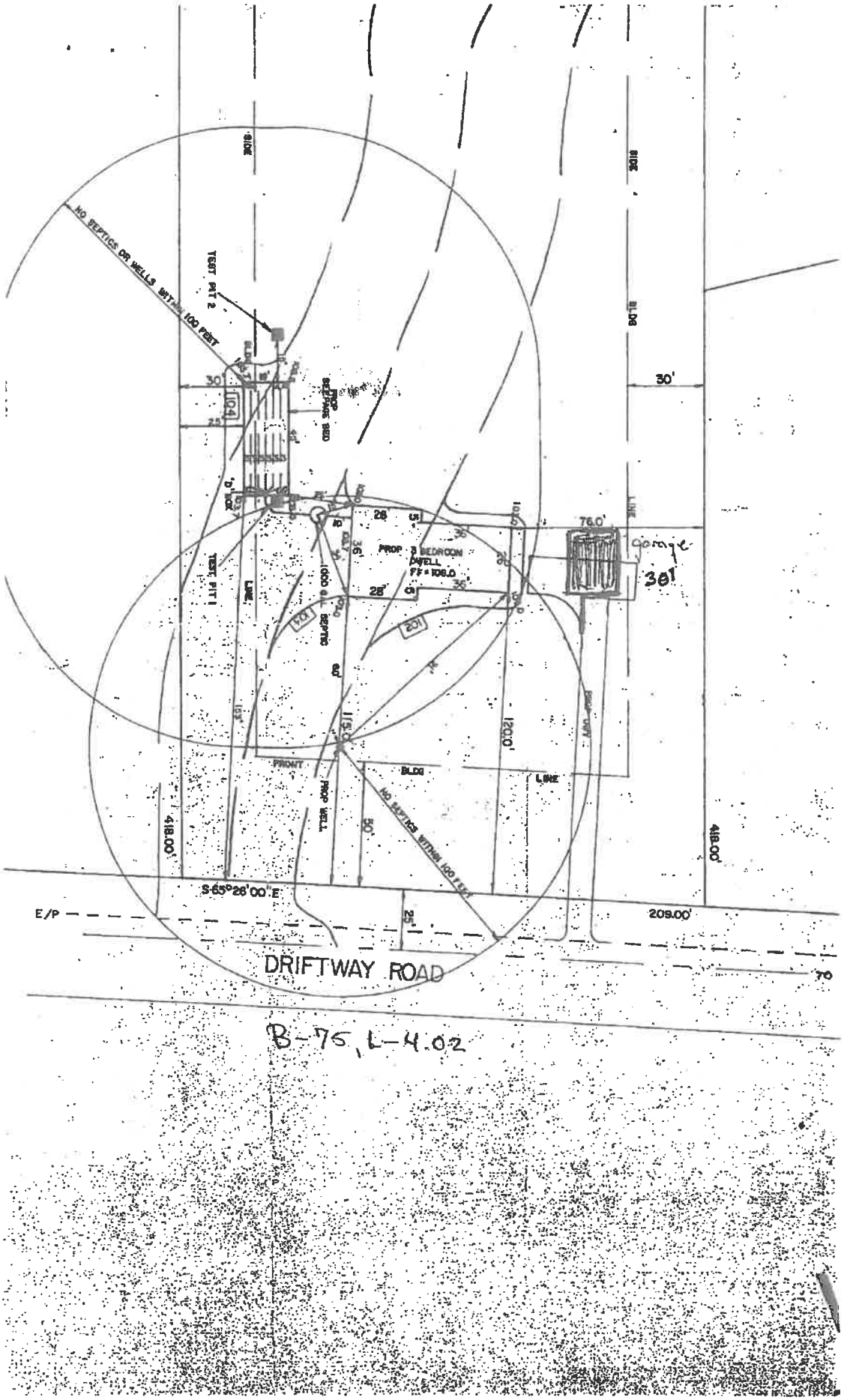
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: Rec. # 1630

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


NO SEPTICS OR WELLS WITHIN 100 FEET
TEST PIT 2
TEST PIT 1
104
PROP BEDROOM SEEP
30'
25'
PROP 3 BEDROOM DWELL FF = 106.0
1000 G. SEPTIC
101
201
28'
35'
36'
76.0'
garage
301
BLDG
LINE
PROP WELL
50'
120.0'
418.00'
S 65°26'00" E
209.00'
E/P
25'
DRIFTWAY ROAD
B-75, L-4.02

BLOCK 75 LOT 4.02 ADDRESS (SITE) DRIFTWAY RD PERMIT NO.

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: LT 4.02 BLK 75 DRIFTWAY RD HOWELL
2. Name of Owner in Fee: JOHN YARD Te[redacted]
   Address 91 FORD RD (street) HOWELL (municipality) N.J. (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 Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work JOHN YARD Tel. 908 901-1994

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 139.97		
2. Electrical	15.00		
3. Plumbing	240.00		
4. Fire Protection	30.00		
5. Other	NFC		
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	34.88		
10. Subtotal	$		
11. Cert. of Occupancy	20.00		
12. Other			
13. TOTAL	$ 534.85		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories SPLIT LEVEL	
2. Height of Structure 8.3 ft.	
3. Area—Largest Floor 1008 sq. ft.	
4. Building Area—All Floors 1944 sq. ft.	
5. Volume of Structure 15,552 cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

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

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
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

U.C.C. Form F-100A

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 1
Net gain or loss ____

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

LDS HW-B 1050596

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

D. (X) 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 7-5-91

II. AGENT SECTION

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

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): 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 _____ Date _____

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CERTIFICATE

Date Issued 1-17-92
Control #
Permit # 7354

IDENTIFICATION

Block 75 Lot 4.02
Work Site Location 28 Driftway Road
Howell, NJ 07731
Owner in Fee John Yard
Address 91 Ford Rd
Howell, NJ 07731
Tele. ( ) [redacted]
Contractor
Address Same
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group R-3
Maximum Live Load
Description of Work/Use:

Completion and approval of construction of single family dwelling

(15,552 c.f.)

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ 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.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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:

Est. Cost 61,650.00

David S. Bloom

CONSTRUCTION OFFICIAL

Fee: $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 8-2-91
Control #
Permit # 7354

IDENTIFICATION Block 75 Lot 4.02

Work Site Location 28 Driftway Road
Howell

Owner in Fee John Yerd
Address 91 Ford Road
Howell, NJ
Tele. ( ) [redacted]

Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Single Family Dwelling
(15,552 c.f.)

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 $ 61,650.00

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	130.07
Plumbing	240.00
Electrical	75.00
Fire Protection	25.00
Other	
Other	
DCA Training Fee	2.88
Cert. of Occ.	20.00
Other Survey	10.00
Total	531.95
Check No.	1373
Cash	
Collected By:	8/2/91

(see reverse side)

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form 170B

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-17-91
Date Issued 8-2-91
Control #
Permit # 7354

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

Block. 75 Lot 4.02
Work Site Location DRIFTWAY RD HOWELL N.J. #28
Owner in Fee JOHN YARU
Address 91 FORD RD HOWELL N.J.
Tele. [redacted]
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No:

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
One Family Dwelling 1354.2

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req:			Type:				
[ ] All			Footing			8/14/91	
[ ] Footing			Foundation			8/26/91	
[ ] Foundation			Slab				
[ ] Frame			Frame			10/4/91	
[ ] Other			Insulation			10/16/91	
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO			9/17/91	
Date: 12-20-91			Other				
Approved By:			Final			12/20/91	

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories SPLIT LEVEL
Height of Structure 22 Ft.
Area—Largest Floor 1008 Sq. Ft.
Total Bldg. Area/All Floors 1944 Sq. Ft.
Volume of Structure 15,552 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 61,650.00
2. Alteration $ ____
3. Total (1+2) $ 61,650.00

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other N.C.A - 15,552
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE.
$ 49.00
15.00
74.50

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

U.C.C. Form F-1.10A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

R- ~~1811298~~
1811298

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8-28-91
Date Issued 8-28-91
Control #
Permit # 7354-1

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

Block 75 Lot 402
Work Site Location 28 Brittany Ct.
Howell N.J. 07731
Owner in Fee John Yalen
Address 91 Ford Rd Howell
Tele. [redacted]
Contractor SAME
Address SAME
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [✓] Meter Set
[ ] Pole/Pad # [✓] Temporary [ ] Other
Building Occupied as Utility Co. JCP&L
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[✓] Bldg. [ ] Plumb. [✓] Fire
[✓] Elec. Plans Approved
Date: 8-28-91
Approved by: Vanly Serge

SUBCODE APPROVAL:
[✓] CO [ ] CO [ ] CA
Date: 8-28-91
Approved by: Vanly Serge

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service	8-27-91		8-28-91	Serge
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 8-28-91
Line Dept.

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.

[ ] Licensed Electrical Contractor [✓] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
1	100	Other TEMP. SER.	20.00

Administrative Surcharge $
Paid [✓] Check # 838 Minimum Fee $
Collected by: 8/28/91 TOTAL FEE $ 20.00

U.C.C. Form F-120A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

R-188167

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2-12-91
Date Issued 8-2-91
Control #
Permit # 7354

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

Block 75 Lot 4.02
Work Site Location 28 WARTHMAN RD HOWELL N.J.
Owner in Fee John YAUN
Address 91 Ford R.D. HOWELL N.J.
Tele. [redacted]
Contractor
Address SAME
Tele. ( ) SAME
Lic. No.
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [X] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other NEW
Building Occupied as Single FAMILY Utility Co. JC P&L
Est. Cost of Elec. Work $ 3,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[X] Elec. Plans Approved
Date: 8-1-91
Approved by: Vahlu X 8/19/91

SUBCODE APPROVAL:
[X] CCO [ ] CCO [ ] CA
Date: 12-19-91
Approved by: Vasily Zerga

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Rough			10-7-91	Zerga
Temporary				
Constr. Serv.				
TCO				
Other				
Service	12-3-91		12-4-91	Zerga
Final			12-19-91	Zerga

Temp. Cut-in-Card Date Issued 12-4-91
Final Cut-in-Card Date Issued 12-19-91
Line Dept.

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.

[ ] Licensed Electrical Contractor [✓] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
39		Fixtures (1)	
96		Receptacles (2)	
32		Switches (3)	
162		Total (1 + 2 + 3)	
		Range	
		Oven(s)	
		Surface Unit	
1	20 AMP	Dishwasher	
		Garbage Disposal	
1	30 AMP	Dryer	
1	30 AMP	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
1	30 AMP	Water Heater(s)	
1	15 AMP	Central heat: (oil) gas or elec.	
		Baseboard Heat Units	
2		Thermostats	
		Heat Pump	
1	15 AMP	Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
3		Motors—Fractional H.P.	
		Motors—All Others	
3	24V	Transformers	
		Generators	
1	200 AMP	Service Entrance	
		Other	

Administrative Surcharge $
Paid: [ ] Check # Minimum Fee $ 75.00
Collected by: TOTAL FEE $

U.C.C. Form F-120A: 1. White=Inspector Copy 2. Canary=Office Copy 3. Pink=Office Copy 4. Gold=Applicant Copy

R-188167

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2-12-91
Date Issued 8-2-91
Control #
Permit # 7354

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

Block 75 Lot 4.02
Work Site Location 1K Huntington Rd Howell N.J. 1
Owner in Fee John Yaun
Address 9 Fairfield Dr. Howell N.J.
Tele [redacted]
Contractor
Address Same
Tele ( ) Same
Lic. No.
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [X] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other NEW
Building Occupied as Single Family Utility Co. JCP&L
Est. Cost of Elec. Work $ 3,000.00 - 400.00 ignore

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[X] Elec. Plans Approved
Date: 2-1-91
Approved by: Ralph Alessi

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 12-19-91
Approved by: Ralph Alessi

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			10-7-91	Ralph
Temporary				
Constr. Serv.				
TCO				
Other				
Service	12-3-91		12-4-91	Ralph
Final			12-19-91	Ralph

Temp. Cut-in-Card Date Issued 12-4-91
Final Cut-in-Card Date Issued 12-19-91
Line Dept.

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Electrical Contractor [✓] Exempt. Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
39		Fixtures (1)	
46		Receptacles (2)	
32		Switches (3)	
117		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
1	20 Amp	Dishwasher	
		Garbage Disposal	
1	30 Amp	Dryer	
2	30 Amp	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
1	30 Amp	Water Heater(s)	
2	15 Amp	Central heat: oil, gas or elec.	81.00
		Baseboard Heat Units	
2		Thermostats	
		Heat Pump	
1	15 Amp	Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
3		Motors—Fractional H.P.	
		Motors—All Others	
3	9kV	Transformers	
		Generators	
1	200 Amp	Service Entrance	
		Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 75.00
Collected by: TOTAL FEE $

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

12/18 - 8:35 Called to change date - N/A

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7-17-91
Date Issued 8-2-91
Control #
Permit # 7354

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

Block 75 Lot 4.02
Work Site Location 28 Driftway RD
Owner in Fee John YARD
Address 91 Ford RD HOWELL N.J.
Tel: [redacted]
Contractor
Address SAME
Tele: ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed ✓
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: BASEMENT
Total Est. Cost of Fire Prot. Work $300.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[✓] Fire Plans Approved
Date: 7/19/91
Approved by:
SUBCODE APPROVAL:
[ ] TCO [ ] BCO [ ]
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other FINAL			10/15/91	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source well
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks (1) Capacity 500 Gal Fuel Oil
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	6	1
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	1	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	3	
OTHER		
Administrative Surcharge:		$ 25.00
Minimum Fee		$
TOTAL FEE		$

Paid [ ] Check #
Collected by

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7-17-91
Date Issued 8-2-91
Control #
Permit # 7357

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

Block 75 Lot 4.02
Work Site Location Dr. Fitman Rd. Howell N. J.

Owner in Fee John Yard
Address 91 Ford Rd. Howell N. J.
Tel. [redacted]
Contractor Jersey wide Plumbing & Heating Inc.
Address 1500 W. Blanche St. Linden N. J. 07036

Tele. (908) 862-3204
Lic. No. 6995
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 3"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ 4,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[X] CO [ ] COO [ ] CA
Approved by: [signature]
Date: 12/19/91

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9/18/91	DH
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

[signature] Signature-Contractor-Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
2	Bath Tub	10
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
4	Hose Bibb	55
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
1	Hot Water Boiler 50K	40
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	40
1	Sewer Connection 50ft	35
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
4	Other VENTS	20

Administrative Surcharge $ 3
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 240

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

See Letter

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7-17-91
Date Issued 8-2-91
Control #
Permit # 7357

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

Block 75 Lot 4.02
Work Site Location Dr. Ft Wax Rd. Howell N.J.

Owner In Fee John Yard
Address 91 Ford Rd. Howell N.J.

Tel [redacted]
Contractor Jersey wide Plumbing & Heating INC.
Address 1500 W. Blancke St. Linden N.J. 07036

Tele. (908) 862-3204
Lic. No. 6995
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 3"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ 4,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] C
Approved by: [signature]
Date: 7/19/91

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9/18/91	DR
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

[signature]
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	15
	Urinal/Bidet	
2	Bath Tub	10
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
4	Hose Bibb	5
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
1	Hot Water Boiler	40
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	40
1	Sewer Connection	35
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
4	Other VENTS	20
	Administrative Surcharge	$ 3.
	Paid [ ] Check # _____ Minimum Fee	$
	Collected by: _____ TOTAL	$ 240

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 1/16/92 **INSPECTION REQUESTED BY:** Mrs. Yard - 901-1994

CASE NUMBER: 2651 **DEVELOPMENT:**

BLOCK: 75 **LOT:** 4.02 **SECTION:** 28 Driftway Road

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

RECOMMENDATION(S) AND/OR REQUIRED DOCUMENTATION:

✓ 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:

NOTE: PER PLANNING BOARD: APPLICANT IS TO POST A BOND IN THE AMOUNT OF $150.00 (POSTED US POSTAL MO). FOR INSTALLATION OF DRIVEWAY APRON WITHIN FOUR (4) MONTHS FROM ISSUANCE OF C.O. C.M.

R7/28/87 C. Mueller 1/16/92 [signature] 1/16/92
INSPECTOR DATE

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

R-1881671

CUT-IN-CARD

MUNICIPALITY HOWELL

LOCATION 28 DRIFTWAY RD UTILITY CO.

BLK 75 LOT 4.02

OWNER JOHN YARD OCCUPANT ONE FAMILY DWG

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☒ TEMPORARY. This approval void after ____ days

DESCRIPTION OF SERVICE 200 AMP SERVICE EQUIPMENT

INSTALLED BY OWNER LICENSE NO NONE

DATE 12-4-91 PERMIT # 7354 INSPECTOR Vasily Serge

Lic. No: GM-ES 9

U.C.C. Form F-350A. 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

RECEIVED
JUL 17 1991

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME YARD

ADDRESS 28 Driftway

DATE SUBMITTED 7/17/91

DEVELOPMENT

BLOCK 75 LOT 4.02

ZONING RELEASE yes.

IFD

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING	7.31.91	8.1.91	OK WTF	① FOUNDATION HEIGHTS FOR ~~SINGLE~~ ~~BANK~~. ~~BASEMENTS~~ ③
PLUMBING	7/30/91 OSL			ok
FIRE	7/17/91		ok	① NOTE - S/D IN living Room to be moved to Bedroom HALLWAY ② ALL S/D's must be ~~the~~ BATTERY/BACK-up SWITCHED
ELECTRICAL	7-25-91	8-1-91 Serg	~~NOT~~ OK	CLOSETS TO SMALL FOR LIGHTS, IN BR1 ONLY 1 LIGHT IN ~~OTHER~~ AND NO RECEPT RECEPT IN HALLWAYS
MECHANICAL				
SEPTIC				
OTHER				

CODE.FRM

NEW DEVELOPMENT/COMMERCIAL/NEW CONSTRUCTION

Building Dept. Check List/Certificate of Occupancy

Prior to Issuance of Certificate of Occupancy

Final Building Inspection 12-30-91

Final Plumbing Inspection 12-19-91

Final Electrical Inspection 12-19-91

Final Fire Inspection 12-18-91

Soil Conservation Approval 1-9-92

MSA/MCROW/WELL/SEPTIC 12-26-91

ROW Certificate Date (owner)

Final Survey 1-7-92

Rightsizing Release 1-16-92

COMMERCIAL

Site Plan Fire Lanes/Zones

Site Plan Compliance

Food Establishment License (If applicable)

BLOCK 75 LOT 4.02

NAME

DATE ISSUED

Final Friday

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

CERTIFICATE # _____ DATE 12-15-71

RESIDENTIAL ✓ COMMERCIAL _____ CONSTRUCTION _____

C.O. C.C.O. INSPECTION REPORT: BLOCK 75 LOT 4.02

_____ Yard
HEATING NAME OF ESTABLISHMENT/OWNER

(3) 28 - Brittley Dr.
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. 262

VIOLATIONS: APPROVED

REINSPECTION DATE _____

REMARKS: _____

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

_____
CHIEF

_____
INITIALS OF INSPECTOR

F#2 - HTBFP

11-8-91

B75
L4.02

Howell Township Building Dept.
Howell N.J.

ATT: Mr Golum, Plumbing Permit Official

RE: Driftway Rd., Lot 4.02, Block 75, Howell, N.J.

Dear Mr. Golum:
This is to inform you that the builder and home-owner have advised me that my services are no longer required to do the finish work on the above said house. The rough work has been fully completed and inspected, and I have been paid in full for it. As of this time, I am no longer the plumber of record.
Thank you.

Respectfully yours,
Richard J Luca
Richard J. Luca
Jerseywide Plumbing & Heating, Inc.

DAVE
See attached

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

Frame

Re: 10-15-91

CERTIFICATE # ENTERED

DATE ~~10-9-91~~

RESIDENTIAL ✓ COMMERCIAL _____ CONSTRUCTION _____

C.O. C.C.O. INSPECTION REPORT: BLOCK 75 LOT 4.02

Ford

HEATING NAME OF ESTABLISHMENT/OWNER

3

DISTRICT

28 Driftway Rd.

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. 262

VIOLATIONS: NOT APPROVED

1) FIRESTOPS OVER REGISTERS

2) VENT FOR FIREPLACE - EXTEND THROUGH ROOF (2" CLEARANCE)

REINSPECTION DATE 10/15/91

REMARKS: OK — OPR

C.O. C.C.O. RECOMMENDED _____

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

CHIEF

OPR

INITIALS OF INSPECTOR

F/2 - HTBFP

The Monmouth County Board of Health

Robert Kiefer
President

RT. 9 & CAMPBELL CT.
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (201) 431-7456

Lester W. Jarzbowsky, M.P.H.
Public Health Coordinator
and
Health Officer

John Yard
91 Ford Road
Howell, NJ 07731

MCHD LOG # 8096
12/26/91

CERTIFICATE OF COMPLIANCE

Date of Inspection 12/23/91 By Margaret Mushinski

Owner John Yard

Location of Property 28 Driftway Road

Municipality Howell

Block 75 Lot 4.02

This is to certify that the Individual Water Supply and System located as indicated above has been installed as shown on the Application for Permit to Locate and Construct an Individual Water Supply and System and is in compliance with the Realty Improvement Sewerage and Facilities Act as revised (N.J.S.A. 58:11-23 et seq).

The issuance of the certificate shall not be construed as a guarantee that the water supply and system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any law or ordinance relating to public health.

Sincerely,

Lester W. Jarzbowsky, M.P.H.
Public Health Coordinator

LWJ:jj
cc: Judith LaPorta
cc: Rays Well Drilling

RECEIVED
JAN - 4

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255
TELEPHONE (908) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD LOG # 8131

December 27, 1991

Philip Pondaco
385 Old Tavern Road
Howell, New Jersey 07731

RE: Application for Permits for
Water Supply and System in

HOWELL
(Municipality)

Your "Application for Permit to Locate and Construct an Individual Water Supply and System" at Old Tavern Road (Street) Howell Township (Town) 66.01 (Block) 31.02 (Lot)
has been approved with conditions:

1. No plumbing from the well may enter the dwelling.

It is important that the proposed irrigation/non-potable water supply and system be installed according to the provisions of NJSA 58:11-23 et seq. and NJAC 7:10-3 et seq. Failure to do this will result in the withholding of final approval and could lead to the need for costly alterations and/or legal action.

The Well driller of the above referenced system must contact this office for inspections at the following construction stages.

1. When the well is in and either sanitary well seal or pitless adapter have been installed.
2. When the storage tank is connected and functioning.

This office should be given at least 24 hours notice before an inspection is desired.

If upon a final inspection the water supply and system meets state standards, a Certificate of Compliance will be issued to you by mail.

Building inspectors are prohibited from issuing a copy of our Certificate of Compliance.

Sincerely,

Alice A Cadotte

Alice L. Cadotte
Sr. Sanitary Inspector

cc: Code Enforcement Officer: Judy LaPorta
Well Driller: Ray's Well Drilling

ALC:cp

RECEIVED
JAN - 4

TOWNSHIP OF HOWELL ENGINEERING DEPARTMENT

M E M O R A N D U M

DATE: May 21, 1991

TO: Lillian Homa - Planning Board Coordinator

FROM: Lau Fung, P.E., P.P. - Township Engineer L.F.

RE: MINOR SUBDIVISION - SD-2651
BLOCK: 75 LOT: 4.02
(FORMERLY BLOCK: 75, LOT 4)
DEVELOPER'S PERMIT: YARD

In reference to the above mentioned Planning Board Case, please include the following restrictions to the Developer's Permit for new Lot 4.02:

"No Certificate of Occupancy can be issued until the following items have been performed":

1. The dwelling on this lot must be served by a paved driveway and it must be constructed as per Driveway Ordinance 14-34.2A. (6" stone Class A; 2" FABC)

2. The driveway to be approved by the Engineering Department.

3. All utilities must be installed underground.

4. A Soil Filling/Removal Permit may be required.

TS/ci

cc: Jack Mallon, P.E. - Consulting Engineer
William Klumb - Construction Official
Joy E. Yard, 46 Ford Rd., Howell, NJ 07731

New Jersey Natural Resources Conservation Program

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)
211 FREEHOLD ROAD
MANALAPAN, NEW JERSEY 07726
Tel: (908) 446-2300

January 9, 1992

Re: Blk 75 Lot 4.02
28 Driftway Rd
@ Howell

John B. Yard
28 Driftway Road
Howell, N.J. 07731

Dear Mr. Yard:

This is to inform you that according to Chapter 251, "Project means any disturbance more than 5,000 square feet of the surface area of land for the accommodation of construction for which the State Uniform Construction Code would require a construction permit, except that the construction of a single-family dwelling unit shall not be deemed a "project" under the act unless such unit is part of a proposed subdivision, site plan, conditional use, zoning variance, planned development or construction permit application involving two or more such single-family dwelling units,...".

In reference to the captioned site, construction of one single-family dwelling unit is not deemed a project; therefore, a waiver is granted of the Soil Erosion and Sediment Control approval. Should construction of a second dwelling occur, an application would be required.

If there are any questions, please feel free to call.

Sincerely,

Michael Hill
Resource Conservationist

rh
cc Planning Board Howell
Construction Official Howell
Engineer Howell
Horn, Tyson & Yoder, Inc
FSCD Site Inspector

The Monmouth County Board of Health

Robert Kiefer
President

RT. 9 & CAMPBELL CT.
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (201) 431-7456

Lester W. Jaczowsky, M.P.H.
Public Health Coordinator

MCHD LOG 7976

December 26, 1991

John Yard
91 Ford Road
Howell NJ 07731

CERTIFICATE OF COMPLIANCE

Date of Inspection 12/23/91 By Margaret Mushinski

Name of Owner John Yard

Location of Property 28 Driftway Road

Block 75 Lot 4.02

Municipality Howell

This is to certify that the Individual Subsurface Sewage Disposal System located as indicated above has been installed as shown on the application for Permit to Locate and Construct an Individual Subsurface Sewage Disposal System, and is in compliance with the provisions of Chapter 199, P.L. 1954 as revised (N.J.S.A. 58:11-23) and standards thereto.

The issuance of this certificate shall not be construed as a guarantee that the Individual Subsurface Sewage Disposal System will function satisfactorily nor shall it in any way restrict the powers or responsibilities relating to public health.

Sincerely,

Lester W. Jaczowsky, M.P.H.
Public Health Coordinator

LWJ:fj
cc: Judith La Porta
Horn, Tyson & Yoder

RECEIVED
OCT 31 1991

The Monmouth County Board of Health

Robert Kiefer
President

RT. 9 & CAMPBELL CT.
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (201) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

John Yard
37 Ford Rd.,
Howell, N.J. 07731

Application for Permit for
Water Supply & System in
Howell
(Municipality)
MCHD LOG #8096

October 29, 1991

Dear Mr. Yard:

Your Application for Permit to locate and construct an individual water supply at 28 Driftway Rd. Block 75 Lot 4.02 has been approved.

It is important that the water supply and system be installed according to the provisions of N.J.S.A 58:11-23 et seq. and the N.J. Safe Drinking Water Act (N.J.S.A 7:10-12.1 et seq. and N.J.S.A.58:12A-1 et seq.). Failure to do this will result in the withholding of final approval and could lead to the need for costy alterations and/or legal action.

The well driller of the above referenced system must contact this office for inspections at the following construction stages.

1. When the well is in and either sanitary well seal or pitless adapter have been installed.
2. When the storage tank is connected and functioning.

This office should be given at least 24 hours notice before an inspection is desired. After the water supply and system has become operative and has been disinfected, the well driller will purge the system and take a water sample for bacteriological, and chemical analysis to a state certified laboratory.

If upon final inspection and receipt of both a satisfactory laboratory analysis and completed well record report, a Certificate of Compliance will be issued to you by mail.

Building inspectors are prohibited from issuing a Certificate of Occupany prior to their receiving a copy of our Certificate of Compliance.

Sincerely,

Mary Hammarberg
Sanitary Inspector

MH:sb
cc: Judith LaPorta
Ray's Well Drilling

TOWNSHIP OF HOWELL ENGINEERING DEPARTMENT

M E M O R A N D U M

DATE: May 21, 1991

TO: Lillian Homa - Planning Board Coordinator

FROM: Lau Fung, P.E., P.P. - Township Engineer L.F.

RE: MINOR SUBDIVISION - SD-2651
BLOCK: 75 LOT: 4.02
(FORMERLY BLOCK: 75, LOT 4)
DEVELOPER'S PERMIT: YARD

In reference to the above mentioned Planning Board Case, please include the following restrictions to the Developer's Permit for new Lot 4.02:

"No Certificate of Occupancy can be issued until the following items have been performed":

1. The dwelling on this lot must be served by a paved driveway and it must be constructed as per Driveway Ordinance 14-34.2A. (6" stone Class A; 2" FABC)

2. The driveway to be approved by the Engineering Department.

3. All utilities must be installed underground.

4. A Soil Filling/Removal Permit may be required.

TS/ci

cc: Jack Mallon, P.E. - Consulting Engineer
William Klumb - Construction Official
Joy E. Yard, 46 Ford Rd., Howell, NJ 07731

TOWNSHIP OF HOWELL ENGINEERING DEPARTMENT

M E M O R A N D U M

DATE: May 21, 1991

TO: Lillian Homa - Planning Board Coordinator

FROM: Lau Fung, P.E., P.P. - Township Engineer L.F.

RE: MINOR SUBDIVISION - SD-2651
BLOCK: 75 LOT: 4.02
(FORMERLY BLOCK: 75, LOT 4)
DEVELOPER'S PERMIT: YARD

In reference to the above mentioned Planning Board Case, please include the following restrictions to the Developer's Permit for new Lot 4.02:

"No Certificate of Occupancy can be issued until the following items have been performed":

1. The dwelling on this lot must be served by a paved driveway and it must be constructed as per Driveway Ordinance 14-34.2A. (6" stone Class A; 2" FABC)

2. The driveway to be approved by the Engineering Department.

3. All utilities must be installed underground.

4. A Soil Filling/Removal Permit may be required.

TS/ci

cc: Jack Mallon, P.E. - Consulting Engineer
William Klumb - Construction Official
Joy E. Yard, 46 Ford Rd., Howell, NJ 07731

FILE

The Monmouth County Board of Health

Robert Kiefer
President

RT. 9 & CAMPBELL CT.
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255
TELEPHONE (201) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD LOG # 7976

June 7, 1991

John Yard
46 Ford Road
Howell, NJ 07731

RE: Application for Permit for an Individual Subsurface Sewage Disposal System at
Howell
Municipality

Dear Sir:

Your "Application for Permit to Locate and Construct an Individual Sewage Disposal System" at Driftway Road (Address) 75 (Block) 4.02 (Lot) Howell (Town) has been approved with the following conditions:

1. Soil log is to be completed to 10 ft. at time of excavation inspection to verify soils and depth to water table.

2. No trees or sprinkler systems to be within 10 ft. of disposal bed area.

It is important that the septic system be installed according to the provisions of Chapter 199, P.L. 1954 (as revised) and standards thereto. Failure to do this will result in the withholding of final approval and could lead to the need for costly alterations and/or legal action.

The installer of the above referenced system must contact this office for inspection at the following construction stages:

1. After excavation work is completed.
2. After septic tank and disposal field have been installed (no cover).
3. After septic system is covered and landscaping is completed.

This office should be given at least 24 hours notice before an inspection is desired. If, upon final inspection, the individual subsurface sewage disposal system has been installed according to the specifications given in your application, a "Certificate of Compliance" will be issued to you by mail.

Plan approval shall be valid for two (2) years from date of approval.

Building Inspectors are prohibited from issuing a Certificate of Occupancy prior to their receiving a copy of our "Certificate of Compliance".

Sincerely,

Margaret Mushinski

Margaret Mushinski
Senior Sanitary Inspector

RECEIVED
JUN 14 1991

MM:jj
cc: Judith LaPorta
Horn, Tyson & Yoder, Inc.

The Monmouth County Board of Health

Robert Kiefer
President

RT. 9 & CAMPBELL CT.
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255
TELEPHONE (201) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD LOG # 7976

June 7, 1991

John Yard
46 Ford Road
Howell, NJ 07731

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Howell
Municipality

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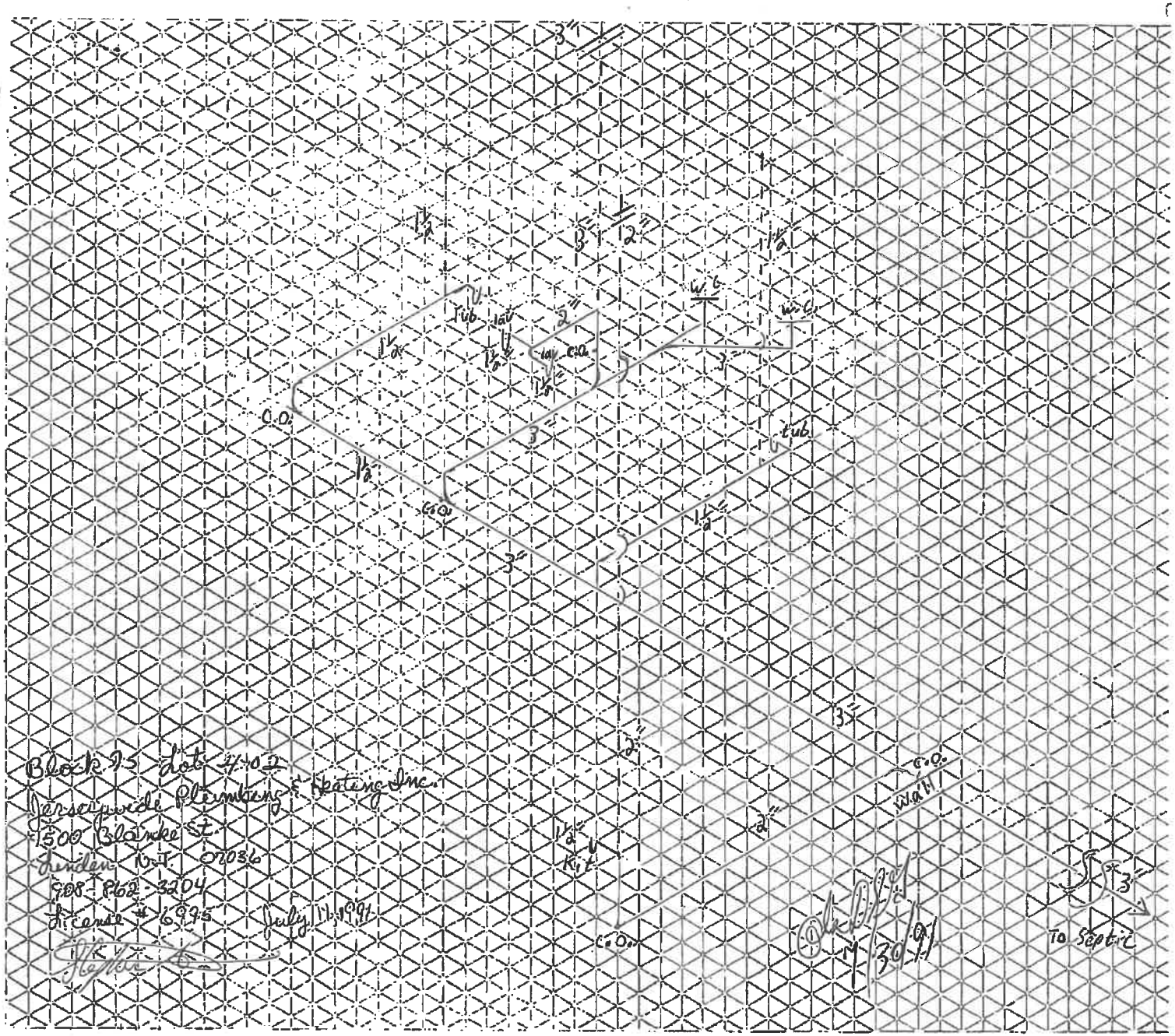
Sincerely,

Margaret Mushinski

Margaret Mushinski
Senior Sanitary Inspector

RECEIVED
JUN 11 1991

MM:jj
cc: Judith LaPorta
Horn, Tyson & Yoder, Inc.



Block 15 Lot 1.02
Jersey Jude Plumbing & Heating Inc.
1500 Blanke St.
Linden, N.J. 07036
908-862-3204
License # 6995
July 11, 1991

© Copyright ... by Joint Plumbing Apprentice & Journeyman Training Inc.

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 7/10/2019
Control Number C-46318
Permit Number 20191117
Permit Issue Date 5/31/2019
Certificate Number 20191117

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 28 DRIFTWAY ROAD Howell Township, NJ 07731 Block: 75 Lot: 4.02 Qual:

Owner in Fee: U.S. BANK TRUST NA, TRUSTEE

Owner Address: 13801 WIRELESS WAY OKLAHOMA CITY OK 73134

Telephone:

Contractor MERIDIAN ENVIRONMENTAL SERVICES

Address 24 GERMANIA STATION ROAD SUITE 3 TOMS RIVER NJ 08755

Telephone: (732) 281-1900 Fax: (732) 281-1190

License Number or Builders Registration Number: Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK REMOVAL - UST

Certificate Comments:

☐ **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.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 7/10/2019

U.C.C. F280 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 46318
Date Issued 5/31/19
Permit # 20191117

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

Block 75 Lot 4.02 Qualification Code

Work Site Location 28 Driftway Road
Howell

Owner in Fee: US Bank Trust

Tel. (732) 272-5910 e-mail abroszeit@resipro.com

Address 28 Driftway Road Howell 07731

Contractor: Meridian Environmental Service Tel. (732) 281-1900

Address 24 Germania Station Road, Suite 3 e-mail csmith@meridianenviron
Toms River, NJ 08755 mental.com

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX: (732) 281-1190

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Rear of Property

Total Cost of Fire Protection Work $ 1,900.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel:

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL FOR PERMIT
Date: 5/30/19
Approved by:

SUBCODE APPROVAL FOR CERTIFICATE
[ ] CO [ ] CCO 7/8/19
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	6/6/19 pending			
Suppression Sys.	Removed	receipts	No Haz	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Exhaust Venting				
Final			7/8/19	
Other	Receipts Submitted.			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Christopher Delucca

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: OIL TANK REMOVAL (UST)

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other UST Removal	1	100 —
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140 (rev. 02/11) Internet version

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

MERIDIAN
Environmental Services, Inc.

RECEIVED
JUL - 8 2019
BY:

July 1, 2019

Howell Twsp. Bldg. Dept.
4567 Rt. 9 North, 2nd Floor
Howell, NJ 07731-0580
Attn: Permits

RE: **US Bank Trust Site**
28 Driftway Rd.
Howell, NJ 07731

Block: 75 Lot: 4.02
Permit #: 20191117
NJDEP #: N/A
Tank On Site: Yes ___ No _X_
Reason: N/A

Enclosed please find the back-up documentation for the tank removal performed at the above referenced site.

Please issue a Certificate of Approval to the homeowner. Please mail/fax a copy to our office as well for our records.

Thank you, and should you have any questions, please feel free to contact us at 732-281-1900.

For the Firm,
Meridian Environmental Services, Inc.

Shannon Bright
Client Services
ref: Resipro Post TR 07-01-19
encl.

Vending Receipts

For Information Call B-175 C 4.02
Permit # 2019 1117

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[x] Other ~~Fire~~ Removal	6/6/19	
[ ] Final		

UCD. F224A

DELUXE CORPORATION 1-800-888-6327

Ref. No: G 318601257

MERIDIAN ENVIRONMENTAL SERVICES, INC.

24 Germania Station Road Suite 3
Toms River, NJ 08755
(732) 281-1900

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading

at 6/6 20 19 Client: RESIPRO

the property described below, in apparent good order, except as noted (Contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination. If on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions and hereby agree to by the shipper and accepted for himself and his assigns.

To: LARCO

Address: 450 S. Front ST
Elizabeth

Phone #

Generator: RESIPRO

Site Address: 28 Driftway Rd
Howell

Phone #

QTY.	Rate Gallons	Kind of Package, Description of Articles, (If Hazardous Materials) Proper Shopping Name	*Weight (Subject to Correction)
1	348	#2 Heating oil	

Placards Required: Placards Supplied: ☐ yes ☐ no ☐ furnished by Carrier

Truck No.

Transporter's Name

Address

Emergency Response Phone No.

Driver's Name

Generator Signature:

Facility:

Received by:

SHORT FORM B/L

Legend: White - Trucking Co., Canary - Trucking Co., Pink - Facility, Gold - Generator

MERIDIAN ENVIRONMENTAL SERVICES, INC.
CERTIFICATION OF TANK DISPOSAL

(In accordance with American Petroleum Institute recommended practice)

ResiPRO. 6/6/19
Client Date

28 Driftway Rd., Howell
Site Name

BBrick Recycling, Waretown
Recycling Facility

Tank Description

550 steel
Size Type (steel, fiberglass, etc.)

#2 Heating oil
Prior Contents

Cleaning Certification

This is to certify that the above-described tank has been cleaned in accordance with API methods and procedures and has been rendered suitable for disposal as scrap. All product residues were removed and the interior of the tank was tested and found to free of harmful vapors.

Signed Meridian Env 6/6/19
Signed Company Date

Transportation

This is to certify that the above-described tank has been received and will be transported to the disposal site as specified above.

Signed (driver) Meridian Env 6/6/19
Signed (driver) Transport Company Date

Received for Disposal

This is to certify that the above-described tank has been received for disposal and will be disposed of in accordance with applicable regulatory requirements.

Signed Disposal Facility Date

Comments:

Brick Recycling Company, Inc.

2480 Hooper Ave.
Brick, NJ 08723

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

MISCELLANEOUS

LDS HW-B 10506594

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 75 LOT(S) 4.02 STREET Driftway Rd.

APPLICANT: NAME John B Yard

ADDRESS 28 Driftway Rd.

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 _____ feet (and _____ feet if a corner lot)
Side yard clearances 80 feet and 400 feet
Rear yard clearances 200 feet

DESCRIPTION OF STRUCTURE: Height _____ feet to highest point
Length _____ feet Width _____ 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

[signature] 6-23-94
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~~.

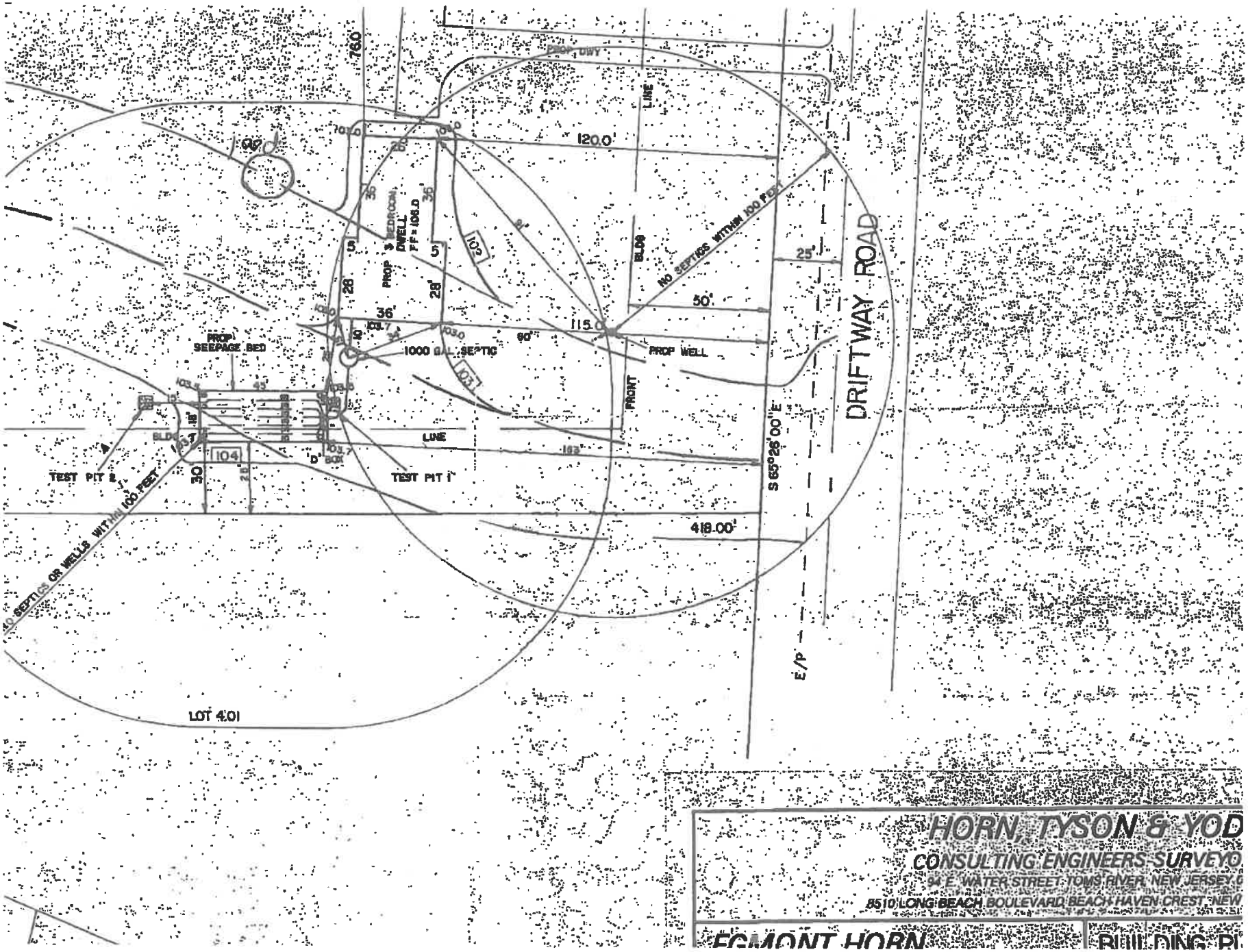
6/23-94
Date

[signature]
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


DRIFTWAY ROAD
PROP. DWY.
760'
120.0'
PROP. 3 BEDROOM DWELL FF=106.0
PROP. SEEPAGE BED
1000 GAL. SEPTIC
PROP. WELL
BLDG.
NO SEPTICS WITHIN 100 FEET
LINE
FRONT
TEST PIT 2
TEST PIT 1
104
102
103
115.0'
418.00'
S 65°26'00"E
E/P
40' SEPTICS OR WELLS WITHIN 100 FEET
LOT 401
HORN, TYSON & YOD
CONSULTING ENGINEERS, SURVEYO
94 E. WATER STREET, TOMS RIVER, NEW JERSEY, 0
8510 LONG BEACH BOULEVARD, BEACH HAVEN CREST, NEW
EGMONT HORN
BUILDING PL

HOWELL TOWNSHIP

LAND USE CERTIFICATE

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

PROPERTY: BLOCK 75 LOT(S) 4.02 STREET 28 Drifting RD

TELEPHONE # 901-1994

NAME [redacted]

ADDRESS [redacted] 91 Ford RD
HOWELL N. J.

PHONE [redacted]

USES Principal _____
Accessory X
New Construction ✓ Existing Structure _____
Interior Remodeling _____

FOR OFFICE USE ONLY:
ZONE AREA
USE PERMITTED: Yes ☐ No ☐

DESCRIPTION OF LOT: Corner lot: Yes ☐ No ☒
Frontage 209 feet Depth 418 feet
On an improved street: Yes ☐ No ☐
Total lot area _____ square feet

LOCATION OF STRUCTURES: Principal structure
Setback from right of way: 115 feet
(and [redacted] feet if corner lot)
Sideyard clearances: 36 feet & 109 feet
Rearyard clearances: 202 feet

Accessory structure:
Setback from right of way: _____ feet
(and _____ if corner lot)
Sideyard clearances: _____ feet & _____ feet
Rearyard clearances: _____ feet

DESCRIPTION OF STRUCTURES: Principal
Height 22 ft. feet to highest point
Length 64. feet Width 26 + 36 feet
Useable floorspace 1944 square feet
Number of stories split level Basement: Yes ☒ No ☐
Number of apartments _____ Number of Bedrooms 3

Accessory structure:
Height _____ feet to highest point
Length _____ feet Width _____ feet

PARKING: Number of off-street parking spaces _____
Percentage of lot covered by parking areas, walkways, etc. _____ %.

SURFACE COVERAGE: Percentage of lot covered by buildings: _____ %
Percentage of lot covered by other impervious surfaces: _____ %

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ✓ $10.00 residential
FEE: _____ $20.00 non-residential
DATE FEE PAID: _____

[redacted] 7-5-91
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usage is found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved.

7-5-91 [redacted]
DATE HOWELL TOWNSHIP LAND USE OFFICE

COMMENTS/EXPLANATIONS: Please see attached regarding C.O. pending Zoning

REFERRALS: ☐ To Building Dept. ☒ To Zoning Bd. ☐ To Engineering
☐ To Planning Bd. ☒ To Bd. of Health ☐ To _____

Donna Belton

From: Eileen Cusa
Sent: Tuesday, July 28, 2020 9:53 AM
To: Donna Belton
Subject: RE: OPRA 20-970
Attachments: BLK75 - L4.02 RPM SUBSEQUENT RENEWAL REGISTRATION-2020-06-23.pdf; MISC.pdf; CASE FILE 1998.pdf; 98-1746.pdf; BLK75 - L4.02 Notice of Violation Maintenance-2018-03-09.pdf; BLK75 - L4.02 Notice of Violation Pool-2017-10-04.pdf; BLK75 - L4.02 NOV Property Maintenance-2019-10-29.pdf; BLK75 - L4.02 NOV-PROP MAINT-2020-06-23.pdf; BLK75 - L4.02 Summons Maintenance-2017-07-25.pdf

Good morning,

Attached is the vacant property registration from June 2020 and Land Use files found for OPRA 20-970. No open code violations. Attached are closed code violations.
Other departments to send responses.

Eileen Cusa
Administrative Assistant

Township of Howell
4567 Route 9 North, 2nd Floor
Howell, NJ 07731
Phone: (732) 938-4500 x 2335
Fax: (732) 414-3243

Sent from my iPhone

Begin forwarded message:

> **From:** Donna Belton <dbelton@twp.howell.nj.us>
> **Date:** July 21, 2020 at 3:07:00 PM EDT
> **To:** Paul Orlando <porlando@twp.howell.nj.us>, Matthew Howard <mhoward@twp.howell.nj.us>, Claire Petruzzella <cPetruzzella@twp.howell.nj.us>, Justin Meyer <jmeyer@twp.howell.nj.us>
> **Cc:** Brian Geoghegan <bgeoghegan@twp.howell.nj.us>, Justin Yost <jyost@twp.howell.nj.us>
> **Subject: OPRA 20-970**
>
> Good Afternoon,
>
> Attached please find OPRA 20-970 for your review. Please forward your findings to me no later than 7/30/2020.

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

Sent via Email: (REGISTRATIONS@RESICAP.COM; MMALONE@RESICAP.COM)

June 23, 2020

David Haas
603 Willow Street
Lakehurst, NJ 08733

Re: Howell Township Real Property Mortgage Registration Renewal
Block: 75 Lot: 4.02
Address: 28 Driftway Road, Howell, NJ

Dear Sir/Madam:

Please be advised that this office has received the Real Property Mortgage Registration Renewal Form as well as the necessary registration renewal fee for the above mentioned property. This registration and fee shall be valid for one year from the date of the renewal: **June 22, 2020.**

In the event that this property remains abandoned as of **June 22, 2021** it must be renewed with this registry. The subsequent registration fees are outlined in Howell Township Code: Chapter 139.

REGISTRATION FEES FOR ABANDONED RESIDENTIAL PROPERTY:

1)	Initial fee: $250	**Due: 06/22/2017**	**Received: 03/06/2018 Update**
2)	First Renewal: $500	**Due: 06/22/2018**	**Received: 05/15/2018**
3)	Second Renewal: $700	**Due: 06/22/2019**	**Received: 07/15/2019**
4)	Subsequent Renewals: $1,000	**Due: 06/22/2020**	**Received: 06/20/2020**
5)	Subsequent Renewals: $1,000	**Due: 06/22/2021**	**Received:**

Thank you for renewing the registration with Howell Township.

Very truly yours,

TOWNSHIP OF HOWELL – DIVISION OF CODE ENFORCEMENT

Matthew R. Howard, PSM
Land Use Director

MRH:eec
Enclosure

M:\Common\Block - Lot Folders\BLK75 - L4.02\BLK75 - L4.02 RPM Registrations\BLK75 - L4.02 RPM Registration 2nd Renewal-2020-06-23.docx

TOWNSHIP OF HOWELL

CODE ENFORCEMENT DEPARTMENT

4567 Route 9 North
Post Office Box 580
Howell, NJ 07731

Phone: (732) 938-4500
Fax: (732) 414-3243
www.twp.howell.nj.us

REAL PROPERTY MORTGAGE REGISTRATION INSPECTION REPORT

The following property has been recently registered with the Abandoned Property List. Pursuant to Howell Township Code: Chapter 237, this property must be inspected by a designated local property manager to ensure code compliance. A secondary inspection shall be conducted by an authorized Howell Township Code Enforcement Official to verify the status of the property.

Name:
DAVID HAAS JR

Mailing Address:
603 WILLOW STREET LAKEHURST, NJ 08733

Physical Address (Block, Lot)

28 Distwell Rd (BLK 75 - L 4.02)

As per the inspection conducted on 6/22/2020, the aforementioned property is:

Code Compliant: ____ In Violation of Township Code: ✓

If the property has been found to be in violation of Township Code, the following issues must be addressed:

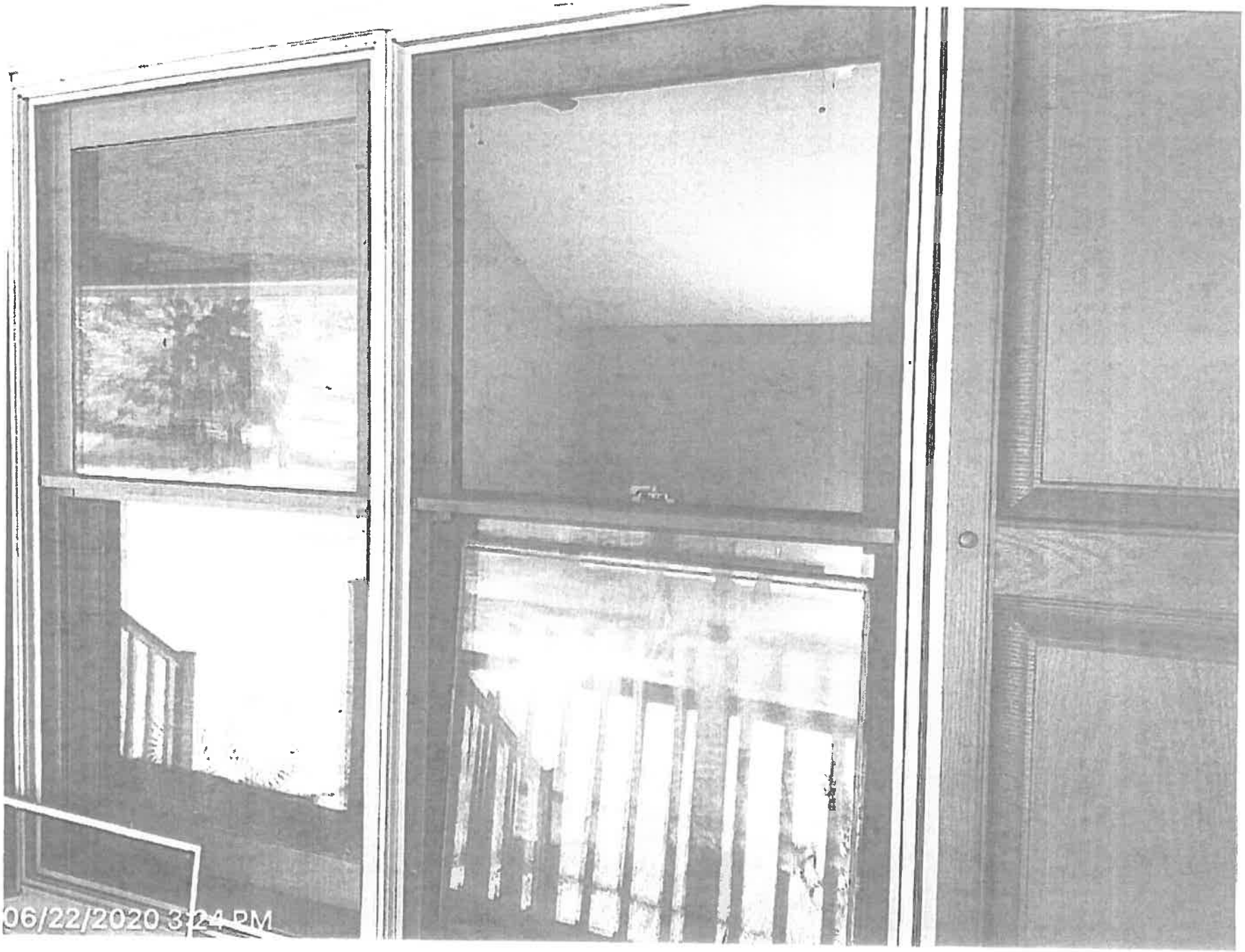
1.) Front window right of door is not secure and must be. (glass fell out)

You are hereby advised that an inspection from the Code Enforcement Office will reinspect the property within 14 days from the date of this notice. Failure to correct these violations will result in a complaint being filed against you in Municipal Court.

Inspector: Joseph Aman

Code Enforcement Office
(732) 938-4500, ext. 2333


06/22/2020 3:23 PM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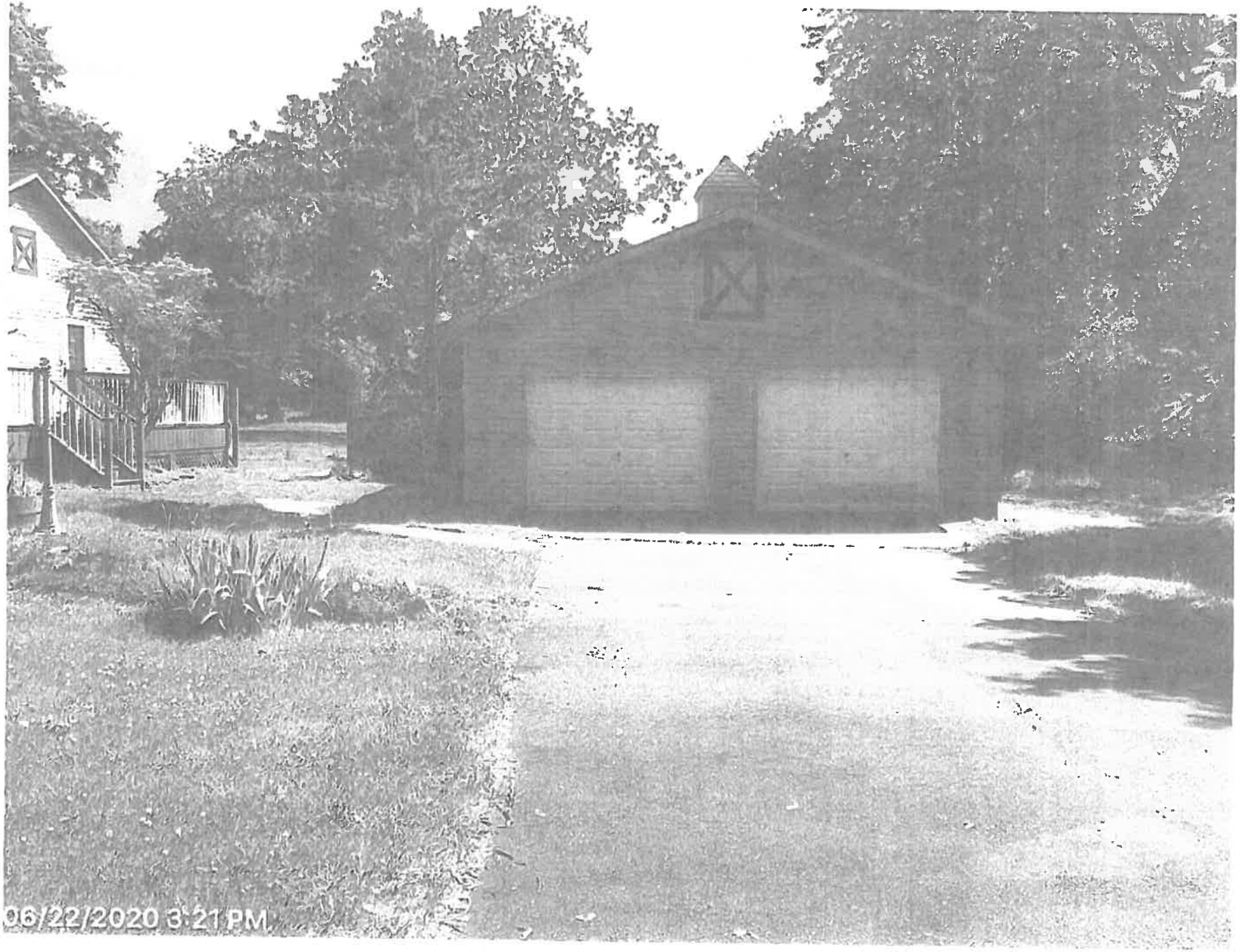
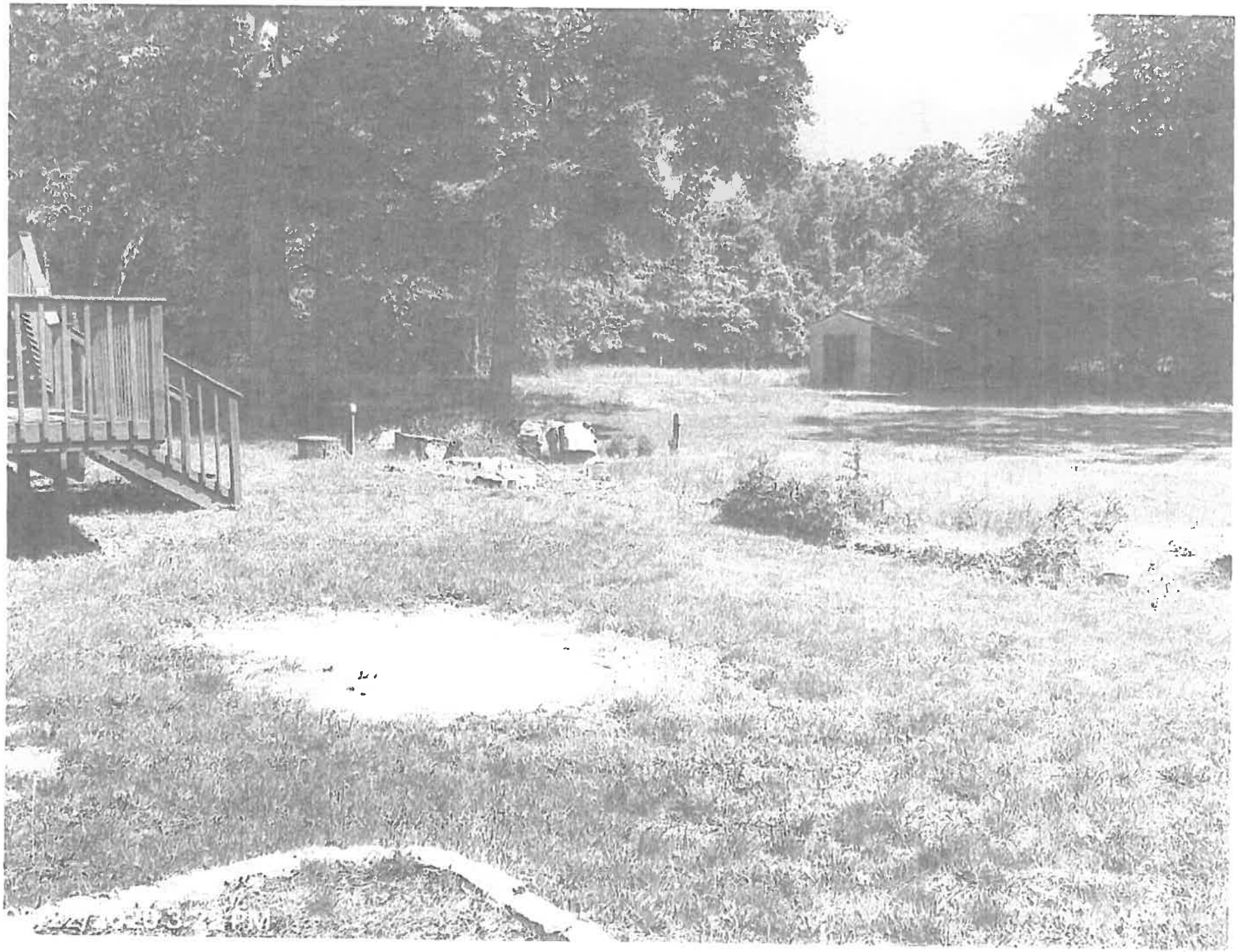

06/22/2020 3:21 PM


06/22/2020




06/22/2020

No. RL-20-0048

DATE OF EXPIRATION
JUNE 22, 2021

Department of Community Development
Howell Township
2021
Real Property Mortgage Registration

ISSUED TO US BANK C/O HUDSON HOMES (Owner)

28 DRIFTWAY ROAD (75/4.02) (Location)

Real Property Registration

Date: JUNE 23, 2020

Fee: $1,000.00

Department of Community Development
4567 Route 9 North, 2nd Floor
Howell Township NJ, 07731
(732) 938-4500 Ext. 2330

Receipt

Payment Date	6/23/2020
Transaction #	PMT-20-8464
Receipt #	R-20-2299

Issued To NORTHSIGHT MANAGEMENT, LLC

Description 28 DRIFTWAY ROAD
Real Property Mortgage RL-20-0048

Date Printed 6/23/2020
Check Number 11459

Cash	$0.00
Check	$1,000.00
Charge	$0.00
Total Paid	$1,000.00

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 75 LOT(S) 4.02 STREET Driftway Rd.

APPLICANT: NAME John B Yard

ADDRESS 28 Driftway Rd.

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 _____ feet (and _____ feet if a corner lot)
Side yard clearances 80 feet and 400 feet
Rear yard clearances 200 feet

DESCRIPTION OF STRUCTURE: Height _____ feet to highest point
Length _____ feet Width _____ 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

[signature] 6-23-94
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~~.

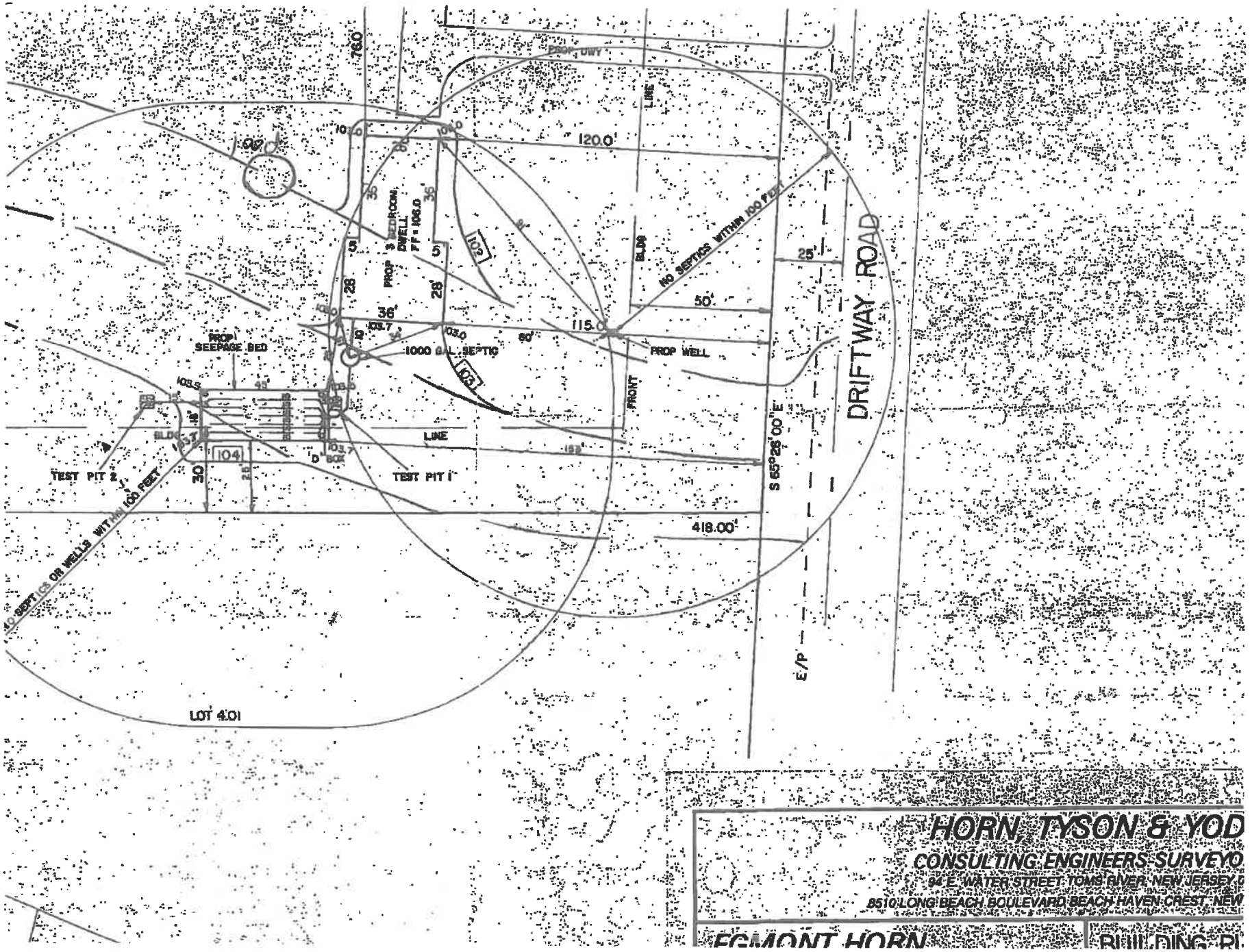
6/23-94
Date

[signature]
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



HORN, TYSON & YOD

CONSULTING ENGINEERS SURVEYO

94 E. WATER STREET TOMS RIVER, NEW JERSEY

8510 LONG BEACH BOULEVARD BEACH HAVEN CREST, NEW

EGMONT HORN

BUILDING PL

HOWELL TOWNSHIP

LAND USE CERTIFICATE

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

PROPERTY: BLOCK 75 LOT(S) 4.02 STREET 28 Drifting Rd.

TELEPHONE # 901-1994

NAME [redacted]

ADDRESS [redacted] 91 Toad Rd Howell N.J.

PHONE [redacted]

USES Principal _____

Accessory _____

New Construction ✓ Existing Structure _____

Interior Remodeling _____

FOR OFFICE USE ONLY:
ZONE AREA
USE PERMITTED: Yes ☐ No ☐

DESCRIPTION OF LOT: Corner lot: Yes ☐ No ☑

Frontage 109 feet Depth 418 feet

On an improved street: Yes ☐ No ☐

Total lot area _____ square feet

LOCATION OF STRUCTURES: Principal structure

Setback from right of way: 115 feet

(and [redacted] feet if corner lot)

Sideyard clearances: 36 feet & 109 feet

Rearyard clearances: 210' feet

Accessory structure:

Setback from right of way: _____ feet

(and _____ if corner lot)

Sideyard clearances: _____ feet & _____ feet

Rearyard clearances: _____ feet

DESCRIPTION OF STRUCTURES: Principal

Height 22 ft. feet to highest point

Length 64 feet Width 26 + 34 feet

Useable floorspace 1944 square feet

Number of stories Split Level Basement: Yes ☑ No ☐

Number of apartments _____ Number of Bedrooms 3

Accessory structure:

Height _____ feet to highest point

Length _____ feet Width _____ feet

PARKING: Number of off-street parking spaces _____

Percentage of lot covered by parking areas, walkways, etc. _____ %.

SURFACE COVERAGE: Percentage of lot covered by buildings: _____ %

Percentage of lot covered by other impervious surfaces: _____ %

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:

FEE: 1 $10.00 residential

FEE: _____ $20.00 non-residential

DATE FEE PAID: _____

[redacted] 7-5-91

SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usage is found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved.

7-5-91 C. Nelson Lanning

DATE HOWELL TOWNSHIP LAND USE OFFICE

COMMENTS/EXPLANATIONS: Please see attached regarding C.O. Lanning

REFERRALS: ☐ To Building Dept. ☐ To Zoning Bd. ☐ To Engineering
☐ To Planning Bd. ☑ To Bd. of Health ☐ To _____

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 75 LOT(S) 4.02 STREET 28 Driftway Rd

APPLICANT: NAME Tah- Yard

ADDRESS 28 Driftway Rd Howell 07731

PHONE ([redacted]

PROPOSED USE: ZONE:

____ Fence	✓ Detached garage	____ Shed
____ Pool	____ 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 25 feet and _____ feet
Rear yard clearances 270 feet

DESCRIPTION OF STRUCTURE: Height 14 feet to highest point
Length 18 feet Width 24 feet

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

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

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

C. B. Khan 8/25/98
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.

8/25/98
Date

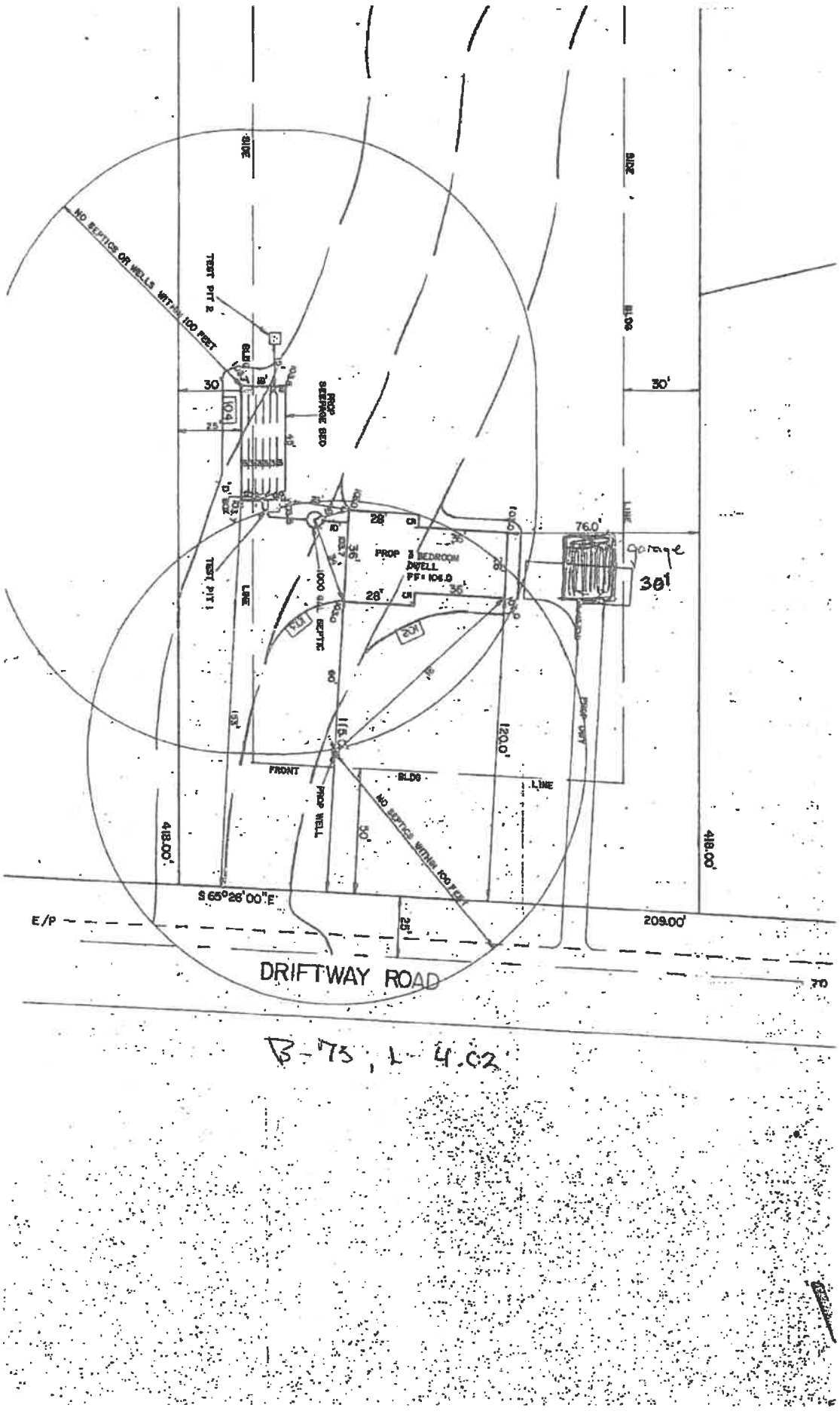
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: REC. # 1630

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


NO SEPTICS OR WELLS WITHIN 100 FEET
TEST PIT 2
TEST PIT 1
PROP 3 BEDROOM DWELL FF= 106.0
PROP SEPTIC
PROP WELL
FRONT BLDG LINE
NO SEPTICS WITHIN 100 FEET
S 65°26'00"E
418.00'
209.00'
120.0'
76.0'
30'
28'
E/P
DRIFTWAY ROAD
B-73, L-4.02

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 75 LOT(S) 4.02 STREET 28 Driftway Rd

APPLICANT: NAME John Yard

ADDRESS 28 Driftway Rd Howell 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 ____ feet (and ____ feet if a corner lot)
Side yard clearances 2.5 feet and ____ feet
Rear yard clearances 270 feet

DESCRIPTION OF STRUCTURE: Height 15 feet to highest point
Length 28 feet Width 26 feet

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

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

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

J. B. Yard 8/25/98
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.

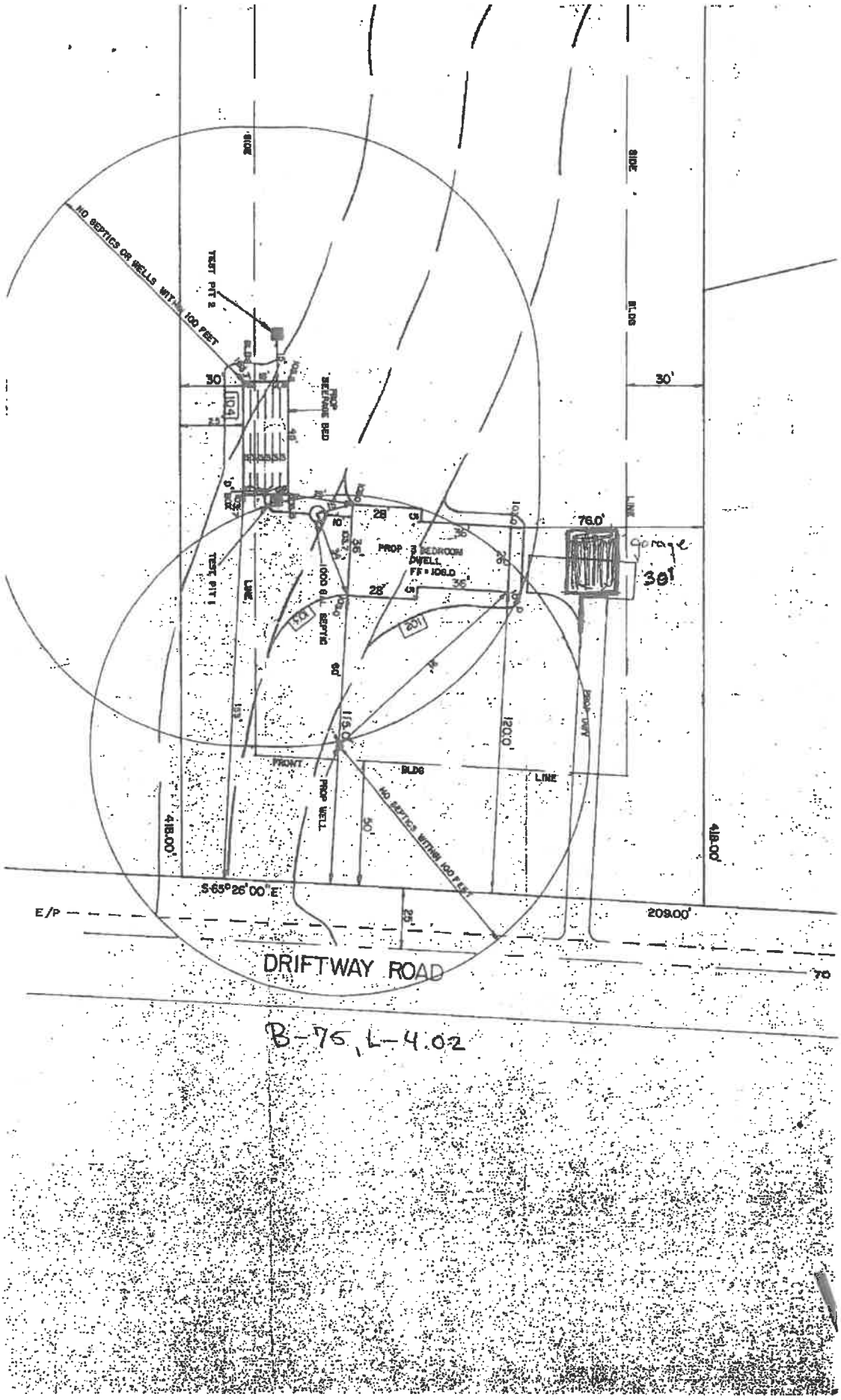
8/25/98
Date

HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: REC. # 1630

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


NO SEPTICS OR WELLS WITHIN 100 FEET
TEST PIT 2
SIDE
SIDE
BLDG
30
30'
PROP SEEPAGE BED
TEST PIT 1
PROP 3 BEDROOM DWELL. FF = 108.0
1000 G.L. SEPTIC
76.0'
GARAGE
38'
LINE
PROP DWY
120.0'
115.0'
FRONT
BLDG
LINE
PROP WELL
NO SEPTICS WITHIN 100 FEET
418.00'
418.00'
S 65° 26' 00" E
209.00'
E/P
25'
DRIFTWAY ROAD
70

B-75, L-402

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

Sent via Email: registrations@resicap.com

March 9, 2018

WRI Property Management
3525 Piedmont Road
Atlanta, GA 30305

Re: Notice of Violation: Property Maintenance
Block: 75 Lot: 4.02
Address: 28 Driftway Road, Howell, NJ

Dear Sir/Madam:

It has come to the attention of our office that the above referenced property appears to be in violation of the Township's Zoning Regulations. As per **232-4 302.1** of the Howell Township Ordinance you are to **maintain the exterior property in a clean, safe, and sanitary condition.**

The purpose of this letter is to inform you of the violation and request that you bring your property into compliance with the Township's zoning regulations by **removing the furniture, garbage and debris from the front porch, driveway and side and rear of garage, draining the water from the pool cover and having the house and garage power washed. Please place a property management ID placard on the property.** If you plan on bringing your property into compliance, please contact this office as soon as possible at the number above to provide us with more information. Another inspection will be performed on **April 7, 2018** and if it is determined that the violation still exists, a summons will be issued which will include a monetary fine and possibly a court appearance.

We trust that you will take advantage of this notice and bring your property into compliance. Please contact us at your earliest convenience.

Very truly yours,

TOWNSHIP OF HOWELL – DIVISION OF CODE ENFORCEMENT

John Aguiar
Code Inspector I

JA:eam

M:\Common\Block - Lot Folders\BLK75 - L4.02\BLK75 - L4.02 Notice of Violation Maintenance-2018-03-09.docx

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

Sent via Email: tstoops@resicap.com

October 4, 2017

WRI Property Management
3525 Piedmont Road
Atlanta, GA 30305

Re: Notice of Violation: Property Maintenance - Pool
Block: 75 Lot: 4.02
Address: 28 Driftway Road, Howell, NJ

Dear Sir/Madam:

The above violation was originally noted on the Real Property Mortgage Inspection Report which was sent to the previous lender/manager on on September 20, 2017. The violation should have been abated by September 29, 2017. Upon on our re-inspection, the violation is still outstanding and must be addressed. As per **232-4; 303.1** of the Howell Township Ordinance you **must maintain swimming pools in a clean, sanitary condition and in good repair.**

The purpose of this letter is to inform you of the violation is still outstanding and request that you bring your property into compliance with the Township's zoning regulations by **draining and/or covering the pool.** If you plan on bringing your property into compliance, please contact this office as soon as possible at the number above to provide us with more information. Another inspection will be performed on **October 18, 2017** and if it is determined that the violation still exists, a summons will be issued which will include a monetary fine and possibly a court appearance.

We trust that you will take advantage of this notice and bring your property into compliance. Please contact us at your earliest convenience.

Very truly yours,

TOWNSHIP OF HOWELL – DIVISION OF CODE ENFORCEMENT

Victor Cook
Code Inspector I
VC:eam

TOWNSHIP OF HOWELL
DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580
Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

Sent via Email: REGISTRATIONS@RESICAP.COM

October 29, 2019

WRI Property Management
3630 Peachtree Rd, NE
Suite 1500
Atlanta, GA 30326

Re: Notice of Violation: 232-4 302.1 General Property Maintenance
Block: 75 Lot: 4.02
Address: 28 Driftway Road, Howell Township

Dear Sir/Madam:

It has come to the attention of our office that the above referenced property appears to be in violation of the Township's Zoning Regulations. As per **232-4 302.1** of the Howell Township Ordinance you are to **maintain the exterior property in a clean, safe, and sanitary condition.**

The purpose of this letter is to inform you of the violation and request that you bring your property into compliance with the Township's zoning regulations. **Grass in landscape bed overgrown, tree has fallen against the detached garage creating unsafe conditions.**

Another inspection will be performed on **November 11, 2019** and if it is determined that the violation still exists, a summons will be issued which will include a monetary fine and possibly a court appearance.

We trust that you will take advantage of this notice and bring your property into compliance. If you have any questions, please do not hesitate to contact me.

Very truly yours,

TOWNSHIP OF HOWELL – DIVISION OF CODE ENFORCEMENT

Christopher Cherbini
Code Inspector
Phone: (732) 938-4500 ext. 2372
Email: ccherbini@twp.howell.nj.us

CC:plw

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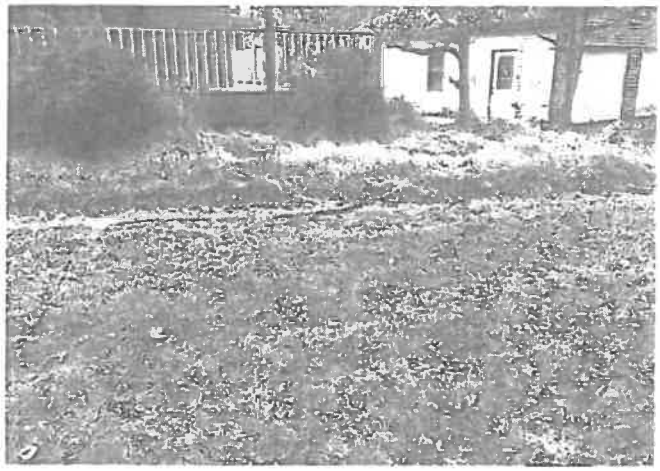

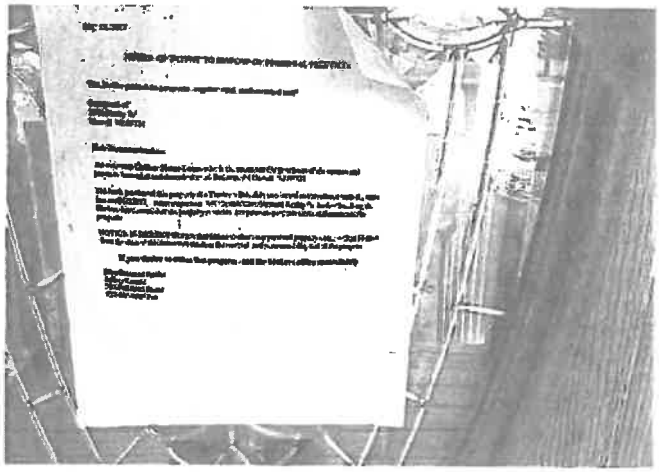

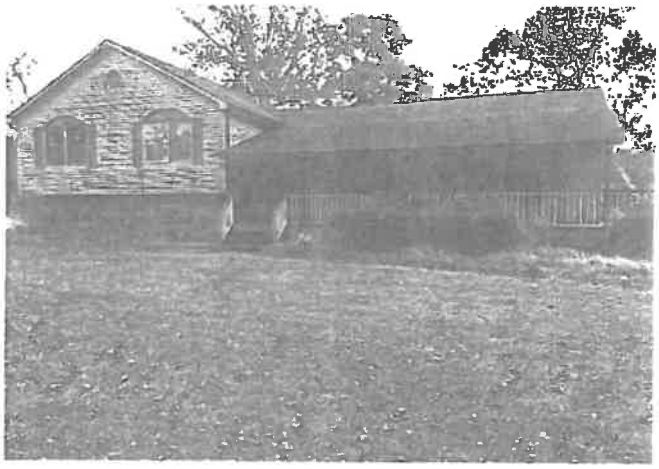

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

Sent via Regular Mail

June 23, 2020

US BANK C/O HUDSON HOMES
3701 REGENT BLVD, STE 175
IRVING, TX 75063

Re: Notice of Violation: 232-4 302.1 Property Maintenance
Block: 75 Lot: 4.02
Address: 28 Driftway Rd, Howell, NJ 07731

Dear Sir/Madam:

It has come to the attention of our office that the above referenced property appears to be in violation of the Township's Zoning Regulations. As per **232-4, 302.1** of the Howell Township Ordinance **you are to maintain the exterior property in a clean, safe, and sanitary condition.**

The purpose of this letter is to inform you of the violation and request that you bring your property into compliance with the Township's zoning regulations by **repairing the broken glass window in the front of the dwelling.** Another inspection will be performed on **July 6, 2020 and** if it is determined that the violation still exists, a summons will be issued which will include a monetary fine and possibly a court appearance.

We trust that you will take advantage of this notice and bring your property into compliance. If you have any questions, please do not hesitate to contact me.

Very truly yours,

TOWNSHIP OF HOWELL – DIVISION OF CODE ENFORCEMENT

Joseph Amari
Code Inspector
Phone: (732) 938-4500 ext. 2333
Email: jamari@twp.howell.nj.us

JA:eec

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TOWNSHIP OF HOWELL
DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
4567 Route 9 North, 2nd Floor
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Web: www.twp.howell.nj.us

Sent via Regular Mail

July 25, 2017

Reid Remington
Caliber Home Loans
6031 Connection Drive
Irving TX 75039

Re: Notice of Summons - #1319-SC-014249 and #1319-SC-014250
Previous Violation: Failure To Maintain Property; Failure To Maintain Pool In Clean Condition
Block: 75 Lot: 4.02
Address: 28 Driftway Road, Howell, NJ

Dear Sir/Madam,

On **June 21, 2017**, this office contacted you regarding **failure to maintain property – high grass and junk and debris and failure to maintain pool in clean condition.** To this date you have not contacted this office and based on a recent inspection of your property the violation has not been corrected. As a result of this continued noncompliance a copy of your summons is provided in this letter.

A court appearance is now required on **August 11, 2017 at 12:00 p.m.** By copy of this letter, the Howell Township Municipal Court system will be supplied with a copy of the summons issued.

Please contact the Howell Township Court for procedures to be followed to finalize this matter.

Very truly yours,

TOWNSHIP OF HOWELL – DIVISION OF CODE ENFORCEMENT

Brian Dunwoody
Code Inspector I

AFB:eam

Enclosure

cc: Howell Township Municipal Court