21-222

Donna Belton

From: Resident <opra+request-19441-ca02ad85@requests.opramachine.com>
Sent: Friday, February 26, 2021 10:55 PM
To: clerkforms
Subject: Re: OPRA request - Property records/permits

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

I submitted this OPRA request on January 5, but never got any response. Here is the request again:

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:

For the two properties listed below, please search for the following records on file from 1990-Present (All current & older property record cards; All open & closed building/construction permits; All certificates of occupancy; All code violations; All site plans or surveys; All variances):

10 Virginia Drive (Block 1.12, Lot 18)
1 Sally Street (Block 3.02, Lot 25)

Yours sincerely,

Resident

TOWNSHIP OF HOWELL
RECEIVED
2021 MAR -1 A 8:30
CLERK'S OFFICE

Please use this UNIQUE email address for all replies to this request and no other:
opra+request-19441-ca02ad85@requests.opramachine.com

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,CcsNUouYb3kNoXUW9-SjcS8VFHT7QlRDLsqgFuHX09TpmK3DVEnEhXYi0GZKlqwhH36ZH6BHrvsjncNrIWKUMbobFqz3AWdQin-V0ZLTWNrr4l0prkQ,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fproperty_recordspermits_6&c=E,1,PZ48IIVkbFcbP7qNC5MKZKzeQCC0_v-zqeHUMBvf-SC9KLsoY7X3hMQRNBQCVw5LQ-7qe-bJzCKV6DlbmgCH9rthHUKLyg0s7BikPuP1CKa8zlL6v8SIAz8J3X1r&typo=1

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

Donna Belton

From: Ricky Wiget
Sent: Monday, March 01, 2021 10:13 AM
To: Donna Belton
Subject: RE: OPRA 21-222
Attachments: OPRA 21-222.pdf

Here you go!

From: Donna Belton
Sent: Monday, March 1, 2021 10:08 AM
To: Paul Orlando; Janine Martuscelli; Matthew Howard; Claire Petruzzella; Justin Meyer; Erin Serfass; Ricky Wiget; Christopher Wong
Cc: Brian Geoghegan; Justin Yost; Gregory Hutchinson
Subject: OPRA 21-222

Good Morning,

Attached please find OPRA 21-222 for your review. Please forward your findings to me no later than 3/10/2021.

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

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. Access to this message by anyone other than the sender and the intended recipient(s) is unauthorized. If you are not the intended recipient of this message, any disclosure, copying, distribution or action taken or not taken in

Block	1.12	Land Desc	82X100	Owners Name	KERRIGAN, RICHARD J & DIANE		Land	143,800	Exemption	Net Taxable Value	Deductions
Lot	18	Bldg Desc	COLONIAL	Street Address	10 VIRGINIA DRIVE	Bank 00001	Impr	197,400	Code		Cd No-Ow
Qual		Addl Lots		City & State	HOWELL, N J	Zip 07731	Total	341,200	Value 0		
Acct#	31121800	Acreage	0.188 Class 2	Property Location	10 VIRGINIA DRIVE	Zone R-3			1.02		

DESCRIPTION

SITE INFORMATION

Sewer:	SEW/WATER
Water:	SEWER ONLY
Gas:	SEWER ONLY
Topography:	LEVEL
Road:	PAVED

BUILDING INFORMATION

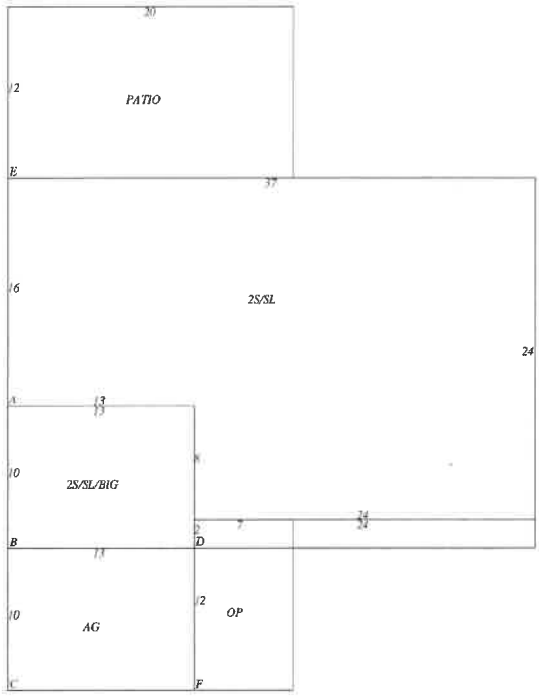
Type and Use:	N.A.
Story Height:	TWO STORY
Style:	COLONIAL
Exterior Fin:	ALUM/VINYL
	BRICK
Roof Type:	GABLE
Roof Material:	SHINGLE
Foundation:	CONCRETE SLAB
Condition:	NORMAL
Quality:	17
Source:	ESTIMATED
Bath:	Mod: Avg:3 Old:
Kitchen:	Mod:1 Avg: Old:
Room Count:	Tot: 8 Bed: 4 Bth: 3
Year Built:	1985
Eff Age (Years):	25
Livable Area:	1746

FIRST STORY	914 SF
UPPER STORY	962 SF
BRICK SF	240 SF
CONC. SLAB	914 SF
BUILT-IN GARAGE	130 SF
	1
FORCED HOT AIR	1746 SF
AC (COMB DUCTS)	1746 SF
3 FIXTURE BATH	2
2 FIXTURE BATH	1
OPEN PORCH	84
PATIO	240 SF
ATTACHED GARAGE	130 SF

2010 CBJ

SALE DATE	00/00/00
SALE PRICE	0

SKETCH



03/01/21 Scale: 10

Block	3.02	Land Desc	8127 SF	Owners Name	TRAN, VU A & TRAN T & UYEN,BUI M		Land	149,300	Exemption		Net Taxable Value Deductions
Lot	25	Bldg Desc	SFD	Street Address	1 SALLY STREET	Bank 00000	Impr	255,800	Code		Cd No-Ow
Qual		Addl Lots		City & State	HOWELL, NJ	Zip 07731	Total	405,100	Value	0	
Acct#	00448024	Acreage	0.186 Class 2	Property Location	1 SALLY STREET	Zone R-3				1.06	

DESCRIPTION

SITE INFORMATION

Sewer:	SEW/WATER
Water:	SEWER ONLY
Gas:	SEWER ONLY
Topography:	LEVEL
Road:	PAVED

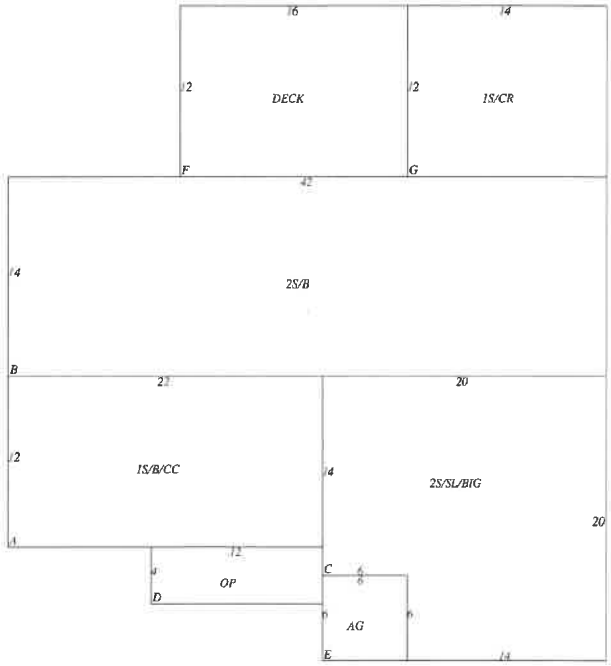
BUILDING INFORMATION

Type and Use:	N.A.
Story Height:	TWO STORY
Style:	COLONIAL
Exterior Fin:	ALUM/VINYL
Roof Type:	GABLE
Roof Material:	SHINGLE
Foundation:	CONCRETE BLOCK
Condition:	NORMAL
Quality:	17
Source:	ESTIMATED
Bath:	Mod: Avg:3 Old:
Kitchen:	Mod: Avg:1 Old:
Room Count:	Tot: 8 Bed: 4 Bth: 3
Year Built:	2000
Eff Age (Years):	20
Livable Area:	1972

BASEMENT	852 SF
FIRST STORY	1384 SF
UPPER STORY	952 SF
CATHEDRAL CEILING	264 SF
CONC. SLAB	364 SF
BUILT-IN GARAGE	364 SF
	1
FORCED HOT AIR	1972 SF
AC (COMB DUCTS)	1972 SF
3 FIXTURE BATH	2
2 FIXTURE BATH	1
PRE-FAB FIREPLACE	1
OPEN PORCH	48
DECK	192 SF
PATIO	224 SF
ATTACHED GARAGE	36

SALE DATE 04/28/05
SALE PRICE 445000

SKETCH



03/01/21 Scale: 10

Donna Belton

From: Janine Martuscelli
Sent: Monday, March 01, 2021 1:19 PM
To: Donna Belton
Cc: Caitlin Doren
Subject: RE: OPRA 21-222
Attachments: BLK3.02 - L25 FINAL FENCE APPROVAL 2016-10-04.pdf; 1 Sally St - AG Pool.pdf; 1 Sally St - SFD.pdf; 10 Virginia - Fence.pdf; 10 Virginia - SFD.pdf; 10 virginia - shed.pdf; 10 Virginia dr - hwh 2001.pdf; BLK1.12 - L18 CA CHIMNEY LINER & REPLACE FURNACE-2011-2-28.pdf; BLK1.12 - L18 CA HWH-2014-1-30.pdf; BLK1.12 - L18 CA REPLACE EXTERIOR CONDENSING UNIT-2017-10-23.pdf; BLK1.12 - L18 CA Roof-2017-01-09.pdf; BLK1.12 - L18 CA SIDING-2009-5-1.pdf; BLK3.02 - L25 CA HWH FURNACE CONDENSER-2019-06-20.pdf

Donna

Attached are all closed permits for the above OPRA for construction and land use. There are no open permits for either.

Janine

From: Donna Belton
Sent: Monday, March 01, 2021 10:08 AM
To: Paul Orlando; Janine Martuscelli; Matthew Howard; Claire Petruzzella; Justin Meyer; Erin Serfass; Ricky Wiget; Christopher Wong
Cc: Brian Geoghegan; Justin Yost; Gregory Hutchinson
Subject: OPRA 21-222

Good Morning,

Attached please find OPRA 21-222 for your review. Please forward your findings to me no later than 3/10/2021.

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

TOWNSHIP OF HOWELL

BLK. 302

DEPARTMENT OF COMMUNITY DEVELOPMENT

LOT. 25

PERMIT # ZP 16 00024

ISSUED TO: VVTVAN

LOCATION: 1 SALLY STREET

DATE: 10.4.16 PHONE: 732.762.9932

FOR THE FOLLOWING:

6' VINYL FENCE

APPROVED 10.4.16

NOT APPROVED

SPECIAL CONDITIONS, if any: N/A

INSPECTOR:

732-938-4500 extension 2352

JOHN AGUIAR.

BLOCK 3.02 LOT 25 QUALIFICATION CODE _____ ADDRESS (SITE) 1 Sally Street PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1 SALLY ST HOWELL NJ 07731
2. Name of Owner in Fee: GEORGE MALONEY Tel. [redacted]
   Address 1 SALLY ST HOWELL (street / municipality) NJ 07731 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: BULLDOG ELECTRICAL Tel. (732) 249-0433
   Address 126 MANNOR PARKWAY LINCROFT NJ 07738
   License No. OR, if new home, Builder Reg. No. 11981 Exp. Date 10/05
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

AG Pool

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☒ Addition					6/16/04	GB			
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical	800				6-17-04	✓			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	4714.								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ / _____
   After Construction _____ / _____
   Net Gain or Loss _____ / _____

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

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☑ Swimming Pools, Spas and Hot Tubs

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

ILDS HW-B 10500230

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 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. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (X) 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 George J. Mahon Date 6/2/04

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

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

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

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

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

(✓) Check if contractor.

Agent Name Bull Dog ELECTRICAL INC

Address 126 MANNOR PARKWAY LINCROFT NJ 07738

Telephone (732) 219-0433

Signature Steve Brasco

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

Call H.O. with cost

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

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

CERTIFICATE

Date Issued: 03/21/2005
Control #: 28767
Permit #: 20041835

IDENTIFICATION

Block: 3.02 Lot : 25 Qualification Code:

Work Site Location: 1 SALLY STREET
HOWELL

Owner in Fee: MALONEY, GEORGE J & MICHELE
Address: 1 SALLY STREET
HOWELL NJ 07731

Telephone:

Agent/Contractor: MALONEY, GEORGE J & MICHELE
Address: 1 SALLY STREET
HOWELL NJ 07731

Telephone:

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

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: INSTALLATION OF OVAL POOL 12 X 24

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

C Phillips 3/23/05
Chet Phillips Construction Official

[ ] **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

Fees $0.00
Paid[X]Check No. 1499
Collected by: BF

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR -

- 6-22-04

CONSTRUCTION PERMIT

Date Issued
Control # 28767
Permit # 20041835

IDENTIFICATION Block 3.02 Lot 125

Work Site Location 1 Sally Street

Owner in Fee George Maloney
Address 1 Sally St
Howell NJ 07731
Tel. ([redacted]

Contractor George Maloney
Address 1 Sally St
Howell NJ
Tel. (732) 185-4364
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Oval Pool 12x24. 48 Inch Ht. w/36 Inch
fence Fixed to 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 $ 4714.

CPCO
Construction Official

Date

PAYMENTS (Office Use Only)

Building	50
Electrical	52
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	7
Cert. of Occupancy	
Other	
Total	109
Check No.	1449
Cash	
Collected by	KM

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

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

Permit Number: 20041835
Permit Date: 06/22/2004
Update Number:
Control Number: 28767
Application Date: 06/02/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 3.02 Lot : 25 Qual :

Work site Location:	1 SALLY STREET HOWELL	Contractor:	MALONEY, GEORGE J & MICHELE
Owner In Fee:	MALONEY, GEORGE J & MICHELE	Address:	1 SALLY STREET
Address:	1 SALLY STREET		HOWELL NJ 07731
	HOWELL NJ 07731	Telephone:	() -
Telephone:	() -	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	U	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

INSTALLATION OF OVAL POOL 12 X 24

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	5,514.00
Cost of Demolition:	0.00
Total Cost:	$5,514.00

PAYMENTS (Office Use Only)

Building	$50.00
Electrical	$52.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$7.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$109.00
All Fees Waived :	No

Amount to be Paid: **$109.00**
Check Number: 1499
Check amount: $109.00

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

Chet Phillips Date
Construction Official

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

Collected by: BF
Receipt No:
Total Cash Amount
Total Check Amount $109.00
Total CC Amount
Grand Total $109.00

Note:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 6-22-04 / 28767
Date Issued / Permit # 2004835

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

Block 3.02 Lot 25 Qualification Code
Work Site Location 1 Sally St Howell NJ
Owner in Fee GEORGE MALONEY
Address 1 Sally ST Howell NJ 07731
Tel [redacted]
Contractor BULLDOG ELECTRICAL INC,
Address 126 MANNOR PARKWAY
LINCROFT NJ 07738
Tel (732) 219-0433 FAX ( )
Contractor License No 11921
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-5-POOL
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 800.00

C. CERTIFICATION IN LIEU OF OATH

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

Steve Bruzzo
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 40
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	1.5	HP Motors 1/+ HP	12
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 52
Minimum Fee $
State Permit Surcharge Fee $ 1
TOTAL FEE $ 53

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-17-04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] SA
Date: 3-14-05
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
~~TSC~~ Trench			8/19/04	JD
Other				
Service				
Final	8/17/04 JD		3/18/05	JD
Barrier-Free				

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

8/19/04 TO
need conv #
10 - 20 ft from
Spec sheet/install
instructions for pool light

Light has been removed from
pool no longer installed

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6-2204
Date Issued / Permit # 28767 / 20041835

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

Block 3.02 Lot 25 Qualification Code
Work Site Location 1 Sally St Howell
Owner in Fee Maloney
Address 1 Sally St Howell, NJ
Tel. [redacted]
Contractor Yes Contractors
Address
Tel. (732) [redacted] 774-7873 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Specs	6/16/04	GB

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/20/04
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/17/04	PE
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4714.

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 George J Maloney

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Oval Pool 12x24
48 Inch w/ 36 Inch
fence filed to Pool.

Ladder Enclosure

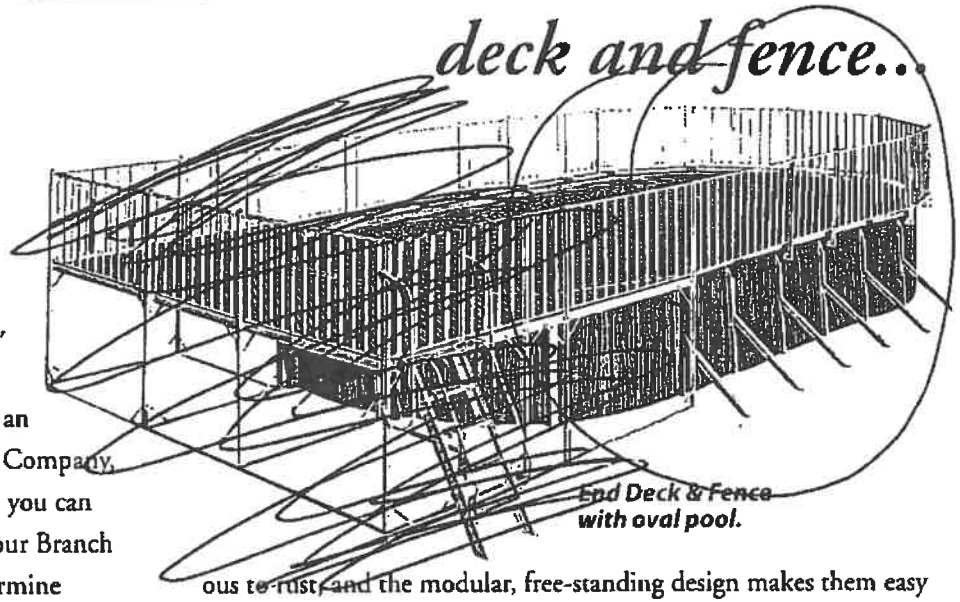
TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[X] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$ 50-
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 6-
TOTAL FEE $

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

A pool brings a family together to enjoy the simpler things...

deck and fence...



End Deck & Fence with oval pool.

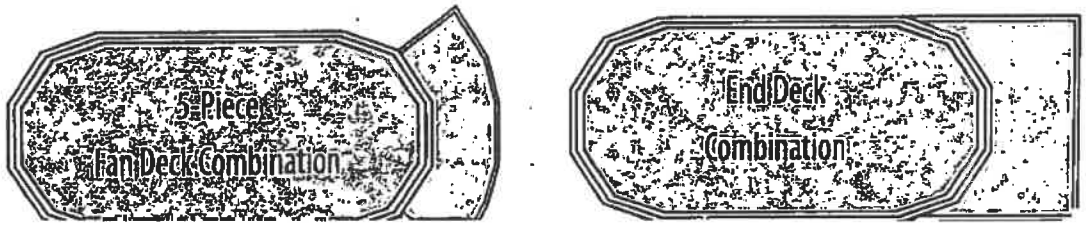
Aluminum Deck & Fence

Imagine lounging at the poolside with a cool drink on a hot summer day, watching your children splash playfully in your new above-ground pool, knowing you're mere steps away from joining them for a refreshing dip. With an extruded aluminum deck and fence from Branch Brook Company, you can lead this kind of luxurious lifestyle. Even better, you can add a deck and fence to your pool whenever you like. Your Branch Brook Company Sales Representative can help you determine which deck and fence style is right for your pool, and tell you about the special pool and deck packages we have to offer. Whether you decide to add a deck and fence to your pool at the time of purchase, or years down the road, you will receive the same top-quality product and professional service you have come to expect from Branch Brook Company.

All decks and fences sold by Branch Brook Company are welded extruded aluminum, making them extremely durable and impervious to rust, and the modular, free-standing design makes them easy to assemble. All decks feature extruded aluminum out-ladders and a self-latching safety gate. Deck packages are available with a 36-inch high extruded aluminum fence which surrounds both the pool and deck areas for added safety and security. Our fence design features triangular pickets for maximum strength. Durable indoor/outdoor carpeting is available on all our decks. A Deluxe All-Resin in-ladder is available with the purchase of an End Deck, Fan Deck, or Side Deck.

design options...

Illustration shows some of the different deck and fence configurations available from Branch Brook Company.



Ask About The Filter Service

Lifetime Warranty

filters...

n Play ACM75
ır Media Filter

oot
dia
Base
& Motor
Flow Rate
nover of 24,000 Gallons

Swim'n Play ACM1002 Cellular Media Filter

100 Square Foot
Cellular Media
Filter with Base
1.5 HP / 2-Speed Pump & Motor
3600 GPH Flow Rate
8-Hour Turnover* of 28,800 Gallons

Swim'n Play ACM1502 Cellular Media Filter

150 Square Foot
Cellular Media
Filter with Base
2 HP / 2-Speed Pump & Motor
4200 GPH Flow Rate
8-Hour Turnover* of 33,600 Gallons

Branch Brook Company carries a full line of D.E., sand, and cellular media filters from the leading manufacturers like those featured on this page, as well as many others.

Swim'n Play Super 162 16-Inch Sand Filter

Resin Tank & Base
1.5 Horsepower / 2 Speed Pump & Motor
6-Way Valve
2400 Gallons per Hour Flow Rate
8-Hour Turnover* of 19,200 Gallons

Swim'n Play Super 202 20-Inch Sand Filter

Resin Tank & Base
2 Horsepower / 2 Speed Pump & Motor
6-Way Valve
3000 Gallons per Hour Flow Rate
8-Hour Turnover* of 24,000 Gallons

zzi Splash SPL2402 ilter

ank & Base
rsepower / 2 Speed Pump & Motor
allons per Hour Flow Rate
Turnover* of 24,000 Gallons

Jacuzzi Splash SPL2752 DE Filter

Resin Tank & Base
2 Horsepower / 2 Speed Pump & Motor
4200 Gallons per Hour Flow Rate
8-Hour Turnover*of 33,600 Gallons

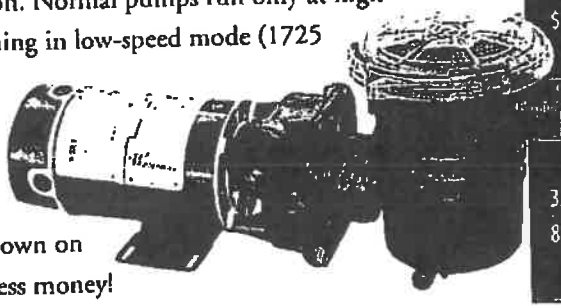
*Indicates Operation in High-Speed Mode

Swim'n Play CP176 17-Inch Sand Filter

Resin Tank & Base
1 Horsepower / 1 Speed Pump & Motor
6-Way Valve
2100 Gallons per Hour Flow Rate
8-Hour Turnover* of 16,800 Gallons

2-speed pumps...

can now customize your filter operation and save money!
high speed for vacuuming, water problems, and adding chemicals, or switch to
speed for continuous filtration and circulation. Normal pumps run only at high
d (3450 RPM), drawing 1903 watts. By running in low-speed mode (1725
),and drawing only 334 watts, two-speed
ps can save up to 55% off electrical costs.
-speed pumps are designed for continuous
ation; this improved filtration and circula-
also reduces the chemical costs by cutting down on
mical usage. The result is a cleaner pool for less money!



Energy Cost Comparison

Single Speed Pump Running for 10 Hours

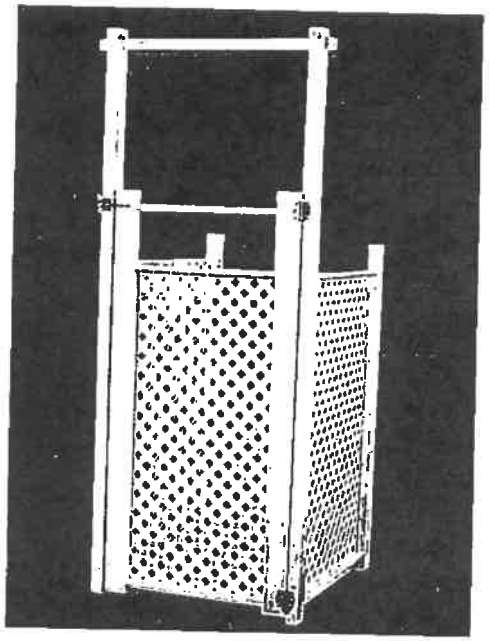
1903 watts = 20.9 cents per hour*
20.9 cents per hour x 10 hours = $2.09 per day
$2.09 per day x 30 days = $62.70 per month

Two-Speed Pump Running for 24 Hours (on Low)

334 watts = 3.67 cents per hour*
3.67 cents per hour x 24 hours = 88¢ per day
88¢ per day x 30 days = $26.40 per month

Savings = $36.30 per Month

Model 494 Ladder Enclosure



- Produced from maintenance free vinyl
- This three-sided enclosure is designed to be used with conventional a-frame ladders and to meet all code requirements
- The gate is spring-loaded, self closing, self-latching and lockable for pool security
- The enclosure is packaged sub-assembled for easy installation
- Can be used with both models of our Pool Fencing to totally enclose and secure pool

Vinyl Works Canada
quality by design

Y.E.S. Contractors Inc.

General Contracting Pool Installations Sales Service
Fed. ID # 800090399
(732)774-7873

CONTRACT

Purchaser's Name Maloney
Street Address 1 Scalley St
City & State Howell N.J.
Telephone 785-9367 Pool Purchased From BB
Pool Model & Size 12 X 24 Desired Installation Date 6 04

Y.E.S. Contracting and Installations hereinafter known as "Contractor", agrees to install and erect the below described pool in a workmanlike manner. It is specifically understood and agreed that no claim may be filed under this agreement and no obligation to make adjustment thereupon will accrue until the Contractor has been paid in full.

The Contractor is not responsible for damages to curbs, walks, shrubs, trees, drainage on septic systems, and damage to any underground pipes, fittings, lines on other objects unless notified in writing by the owner of their location. The Contractor will not be responsible for remedying any sinking, heaving, or any other damage to the pool area resulting from floods, freezing, or other acts of God on any surface drainage around the pool. Also the Contractor will not be responsible for damage to the pool area or any adjoining property resulting from split seams, septics, laterials or any other unforseen ground conditions. The Contractor is not responsible for vegetation growing under the pool liner.

The Contractor guarantees that the pool will remain level within two (2) inches for one year from the completion date.

The pool's filter and accessories must be properly winterized for guarantee to be in effect.

The Contractor is in no way responsible for any defects in manufacturing of the pool, liner, filter and accessories and does not warranty any items or is the Contractor liable for any improper use of the pool or accessories and the purchasers will note that diving is prohibited in any pool even if made deeper.

LOCATION OF POOLS - PERMITS - ACCESS - EXCAVATION

The installation is to be made at the address shown on the face of this contract in the location indicated by the owners. The owners warranty and represent that they are the legal owners of said premises and have the right to order this installation on said premises. The owners shall be responsible for the pool location being within his property lines and clear of any set backs required. Owners shall certify in writing the final location of the pool and elevation of the pool in relation to original grade. The owners shall supervise the location of the work and there shall be no liability on the part of the seller for incorrect location thereof. Owners shall obtain at their cost and expense all necessary governmental permits, approvals, bonds or other requirements by any other governmental agency and comply with all applicable codes and ordinances. Owners shall provide access to the pool site for power excavating and trucks. All trees, brush, shrubbery, fencing, tree stumps or other obstructions of whatever nature shall be removed by purchaser from working area prior to the beginning of construction. Buyer agrees that the Contractor shall in no way be held responsible for selection of the pool site. Buyer hereby agrees to indemnify Contractor and save it harmless against and in respect to the claims of any persons aggrieved by the location of said pool when constructed or by trespassers or damage which may have necessarily been committed or occasioned consciously or unconsciously by the construction crews in the course of installation. The purchaser will provide sand, pool base and electrical work and will dispose of all excavated earth and sand that may be in excess.

I have checked the pool site and I shall be responsible for the pool being within property lines and complying with all municipal, county and state ordinances.

_____ Purchaser's initials

1.	Erect and install pool walls, liner, skimmer & filter (no ladders)	1. 995.00
2.	Deck Size _____	2. _____
	(Decks and fences installed per manufacturer's instructions & specifications)	
3.	Fence	3. _____
4.	Additional depth (no diving permitted)	4. _____
5.	Additional leveling 6 inches	5. 75.00
6.	Limited liner warranty 6 mos.-1 year Yes No	6. _____
7.	Center filtration (Drains must be winterized)	7. _____
8.	Support blocks	8. _____
9.	Additional Charges: A. _____	9A. _____
10.	Sand B. _____	B. 135.00

SUB TOTAL	1205.00
TAX	72.30
TOTAL	1277.30
DEPOSIT	75.00
BALANCE	1202.30

Start Date: _____ Completion Date: _____

Y.E.S. CONTRACTING AND INSTALLATIONS

By: _____

Installer: _____

CASH OR CERTIFIED CHECK ONLY

NO PERSONAL CHECKS

I (We) hereby acknowledge a receipt of:
(1) One copy of this Contract
(2) Liner Warranty
(3) Center Filtration Instructions

Purchaser: _____

TM

Pelican

PELICAN POOL & SKI, INC.

1020 Route 18 - East Brunswick, NJ 08816

Phone 732.254.5115
(Fax 732.254.1581)

DATE: 6-2-04

SHOP TICKET:

SALES ORDER NO. 07215

SOLD TO:

HOME PHONE #:

WORK PHONE #:

ADDRESS:

CITY: STATE: ZIP CODE:

SALESPERSON: Marc (19)

SKIER INFO	HEIGHT	AGE	A.B.	SEX	WEIGHT
	FT. IN.			M☐ F☐	

• MUST PICK-UP WITHIN 30 DAYS • NO CASH REFUNDS
• STORE CREDIT ONLY • NO REFUNDS ON CUSTOM MADE ORDERS.

QTY	STOCK NO.	DESCRIPTION	UNIT PRICE	AMOUNT
	Talc	Perm Fence Kit	GRAY	
2		(A) Kits	299	598.00
1		B Kit	149	149.00
				747.00
		Less 10%		- 74.70
				$672.30

SPECIAL INSTRUCTIONS:

Gray

PAID

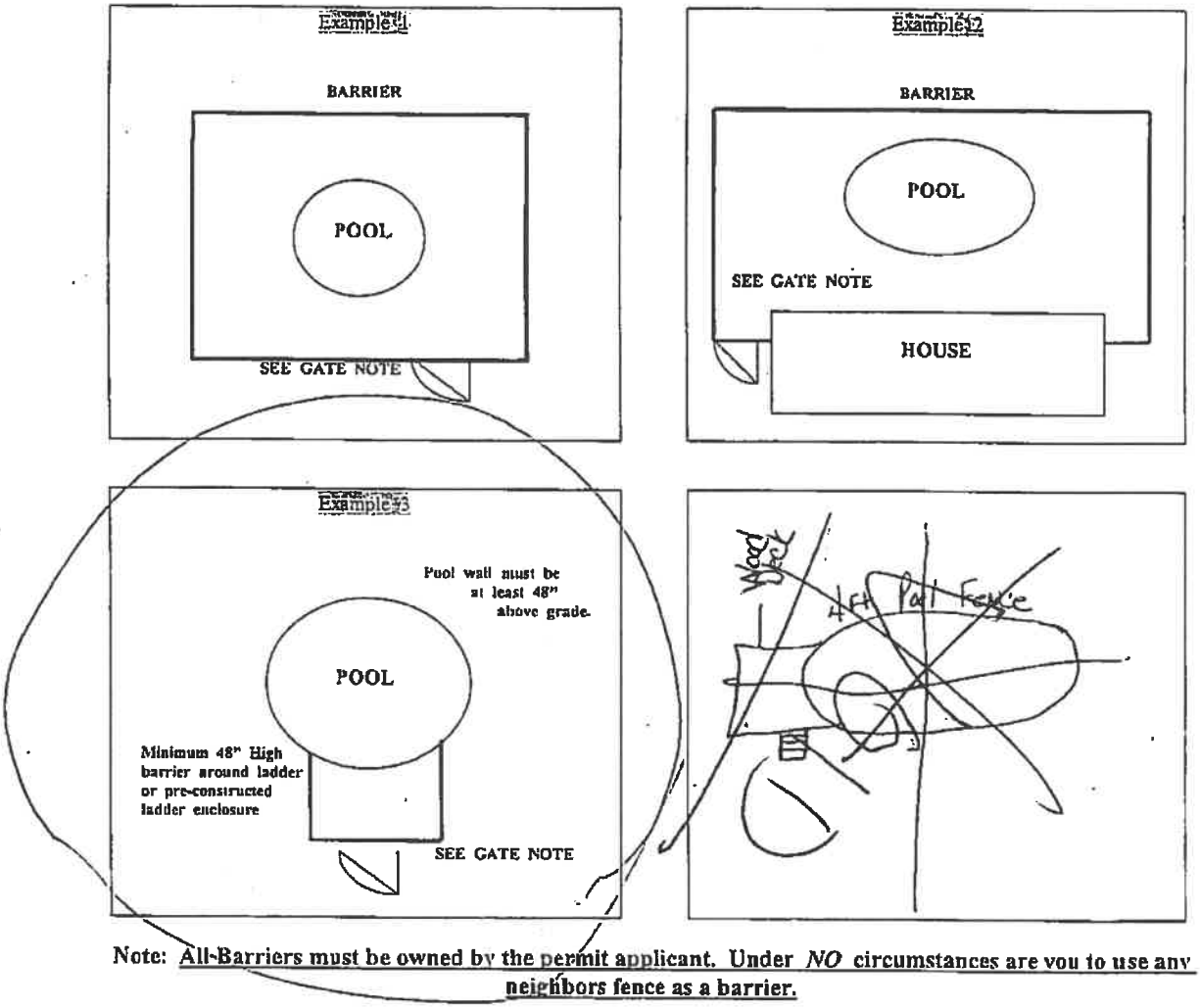
LABOR	
NON-TAXABLE	
TAXABLE	
TAX	
GRAND TOTAL	712.64
DEPOSIT PAID	
BALANCE DUE	0

CHECK	CARD	DEPOSIT
	X	

Township of Howell

251 Preventorium Road
P.O. Box 580
Howell, NJ 07731-0580

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



Note: All Barriers must be owned by the permit applicant. Under *NO* circumstances are you to use any neighbors fence as a barrier.

Access Gates

Pedestrian access gates shall open outwards away from the pool and shall be self-closing with self-latching devices. Devices are to be 54" above grade, or 3" below the top of the barrier where the device is on the pool side of the gate and there are no openings greater than ½" within 18" of the device.

I have read and understand the I.R.C. building regulations on page 3 and can attest that the existing barrier or new barrier will comply with the 2000 I.R.C. building code.

Please sign here: George J Maloney Date: 6/2/06 CG

The International Residential Building Code 2000

SECTION AG105
BARRIER REQUIREMENTS

AG105.1 Application. The provisions of this chapter shall control the design of barriers for residential swimming pools, spas and hot tubs. These design controls are intended to provide protection against potential drownings and near-drownings by restricting access to swimming pools, spas and hot tubs.

AG105.2 Outdoor private swimming pool: An outdoor private swimming pool, including an in-ground, above-ground or on-ground pool, hot tub or spa shall be provided with a barrier which shall comply with the following.

1. The top of the barrier shall be at least 48" (1219 mm) above finished ground level measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between finished ground level and the barrier shall be 2" (51mm) measured on the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above finished ground level, such as an above-ground pool, the barrier shall be at finished ground level, such as the pool structure, or shall be mounted on top of the pool structure. Where the barrier is mounted on the pool structure, the opening between the top surface of the pool frame and the bottom of the barrier shall not allow passage of a 4" (102mm) diameter sphere.
2. Openings in the barrier shall not allow passage of a 4" (102mm) diameter sphere.
3. Solid barriers shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints.
4. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45" (143mm), the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1 ¾" (44mm) in width.
5. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45" (1143mm) or more, spacing between vertical members shall not exceed 4" (102mm). Decorative cutouts shall not exceed 1 ¾" (44mm) in width.
6. Maximum mesh size for chain link fences shall be an 1 ¼" (32mm) square unless the fence is provided with slats fastened at the top or the bottom which reduce the openings to not more than 1 ¾" (44mm).
7. Where the barrier is composed of diagonal members, such as a lattice fence, the maximum opening formed by the diagonal members shall be not more than 1 ¾" (44mm).
8. Access gates shall comply with the requirements of items 1 through 7 of Section 421.10.1, and shall be equipped to accommodate a locking device. Pedestrian access gates shall open outwards away from the pool and shall be self-closing and have a self-latching device. Gates other than pedestrian access gates shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54" (1372mm) from the bottom of the gate, the release mechanism and openings shall comply with the following:
   8.1. The release mechanism shall be located on the pool side of the gate at least 3 inches (76mm) below the top of the gate, and
   8.2. The gate and barrier shall have no opening greater than 0.5 inch (12.7mm) within 18 inches (457mm) of the release mechanism.
9. Deleted
10. Where an above ground pool structure is used as a barrier or where the barrier is mounted on top of the pool structure, and the means of access is a ladder or steps, then:
    10.1. Deleted
    10.2. The ladder or steps shall be surrounded by a barrier which meets the requirements of section AG105.2, Items 1 through 9. When the ladder or steps are secured, locked or removed, any opening created shall not allow the passage of a 4-inch-diameter (102mm) sphere.

AG105.3 Indoor swimming pool. All walls surrounding an indoor swimming pool shall comply with Section Ag105.2, Item 9.

AG105.4 Prohibited locations: Barriers shall be located so as to prohibit permanent structures, equipment or similar objects from being used to climb the barriers.

AG105.5 Barrier exceptions. Spas or hot tubs with a safety cover which complies with ASTM F 1346, as listed in section AG107, shall be exempt from the provisions of this appendix.

CG

Township of Howell

251 Preventorium Road
P.O. Box 580
Howell, NJ 07731-0580

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

Required Pool Information Packet
Please fill in all information requested

Name: George J. Maloney **Date:** 6/1/04 **Block:**_____
Address: 1 Sally St Howell **Lot:**_____

This is to assist you in determining how to comply with the I.R.C. Code requirements and to expedite your pool permit. This does not interpret or take the place of the actual wording of the code or everything that the code may allow. See attached I.R.C. section AG105 on page 3 of this packet for further details.

Note: All Barriers must be owned by the permit applicant. Under *NO* circumstances are you to use a neighbors fence as a barrier.

FILE COPY

Part 1 Barrier Method

(Please check off the proposed method)

____ Minimum Four foot high barrier around the pool. *See page 2 example 1.*
____ Minimum Four foot high barrier around the pool connecting to the house. *See page 2 example 2.*
✓ Minimum Four foot high barrier around the ladder of an above ground pool, or a pre-constructed ladder enclosure complying with code where the pool wall is a minimum of four feet above the ground. *See page 2 example 3.*
____ If you are using a deck as part of your barrier certain requirements may apply. Please draw your deck and method in the blank space provided on page 2.

Part 2 Type of Barrier

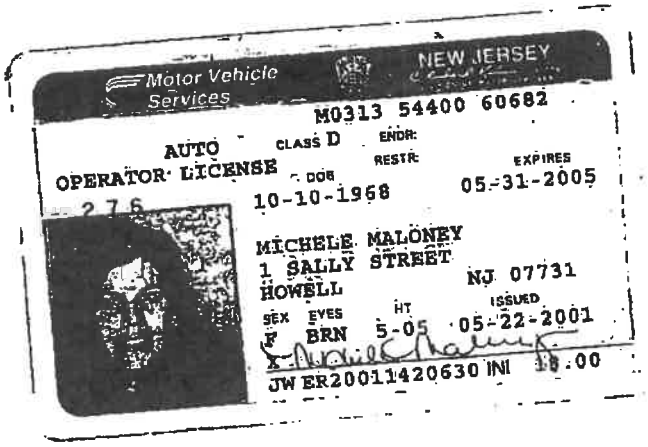
(Please check off the proposed method)

____ ***Stockade Fence*** Minimum four foot high with maximum spaces of vertical members at 1 ¾" and horizontal members facing the pool area.
____ ***Board on Board Fence*** Minimum four foot high with maximum spaces of vertical members at 1 ¾".
____ ***Picket Fence*** Minimum four foot high. Spacing can be 4" if horizontal members are more than 45" apart. If members are less than 45" apart spacing must be 1 ¾".
____ ***Chain Link Fence*** Minimum four foot high with maximum mesh size openings of 1 ¼" (commonly called mini-chain link)
If a larger chain link fence is used slats may be installed to reduce the openings to not more than 1 ¾".
____ ***Lattice Fence*** Minimum four foot high with diagonal members forming openings of not more than 1 ¾".
____ ***Other*** Please write and draw in the space provided on page 2 with as much detail as possible of your proposed type of barrier.
If you are using your existing fence as your required barrier, it must meet the requirements of the International Residential code 2000.

I have read and understand the 2000 I.R.C. building regulations on page 3 and can attest that the existing barrier or new barrier will comply with the 2000 I.R.C. building code.

Please sign here: George J. Maloney Date:_____ CG

Omission of any information requested will only delay the plan review process.



Motor Vehicle Services

NEW JERSEY

M0313 54400 60682

AUTO CLASS D END:

OPERATOR LICENSE RESTR:

DOB 10-10-1968

EXPIRES 05-31-2005

276

MICHELE MALONEY
1 SALLY STREET
HOWELL NJ 07731

SEX F EYES BRN HT 5-05

ISSUED 05-22-2001

JW ER20011420630 INI 18.00

PLAN REVIEW CHECK LIST

NAME Maloney BLOCK 3.02 LOT 25

ADDRESS 1 Daly Street ZONING RELEASE _____

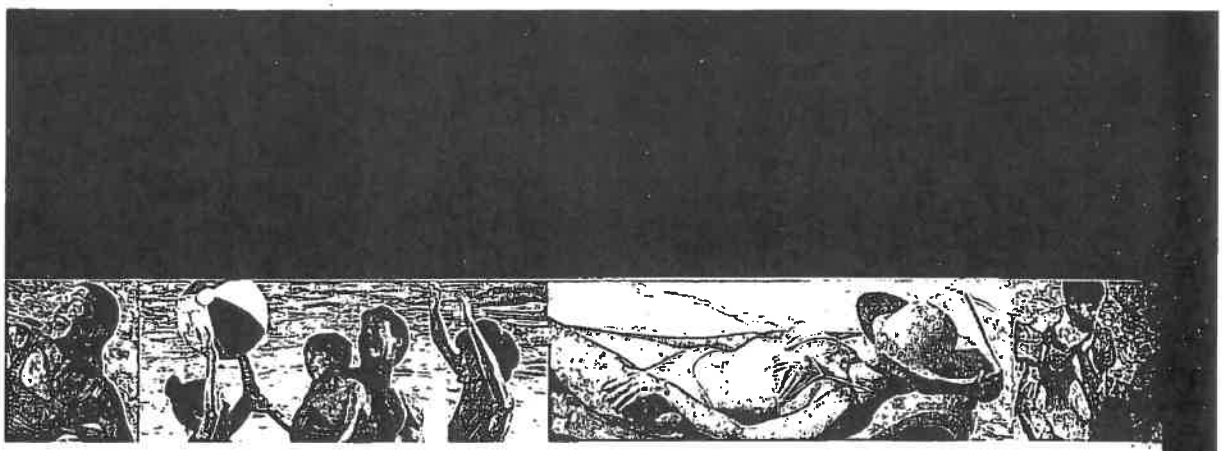
DATE SUBMITTED 6-2-04

DEVELOPMENT (If any) A.G. Pool

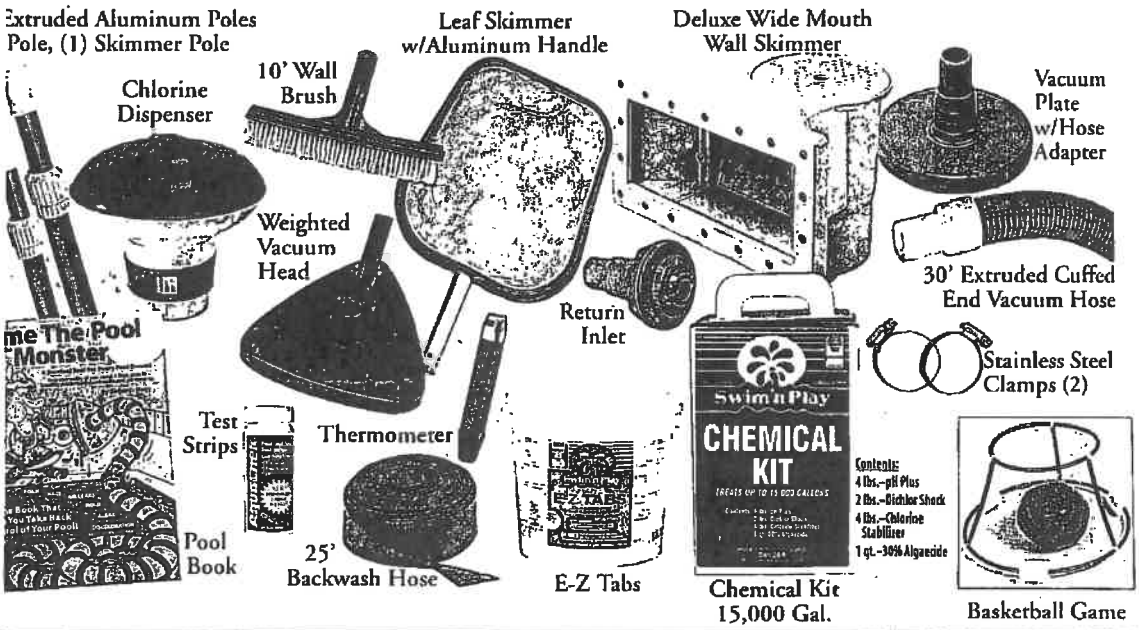
28767

	Reviewed By:	Approved	Comments
FIRE			
BUILDING ✓	6/16/04	OK	
ELECTRICAL ✓	6-17-04	OK	———
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			

JUN - 2 2004



luxe pool package... All items listed are included in Our Deluxe Pool Package.



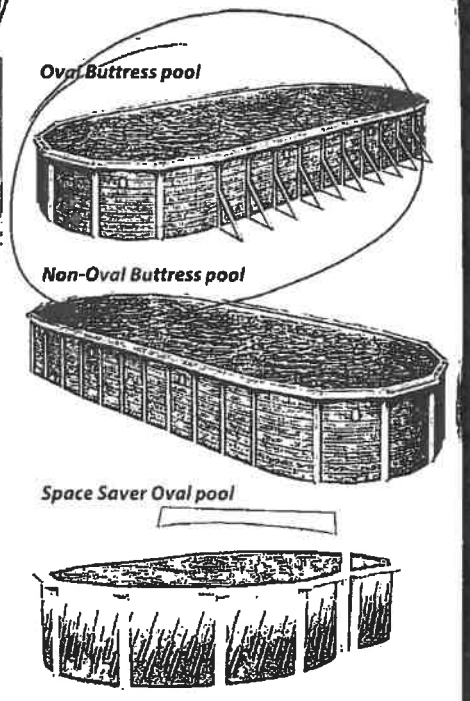
sign innovations...

FILE COPY

few years ago, Swim'n Play, Inc. held the exclusive rights to our revolutionary aver pool design. Since then, many manufacturers have attempted to duplicate our aver pool design, but none could improve upon the original. Swim'n Play, Inc.'s aver pools remain the finest, most durable pools of their kind available today. e of the advantages of the space saver pool design, is that it eliminates the need e supports like those found on oval buttress pools, and therefore requires less footage for installation. The result is a line of beautiful pools designed to fit in any backyard. The Elan Space Saver Oval (page 7), and our most popular pool, cific Beach Space Saver Oval (page 9).

w for this year Swim'n Play, Inc. and Branch Brook Company offer the Pacific (page 9), and the Delmar II (page 8), in a non-buttress pool design with a 52" eight. Sizes for the Pacific Beach are: 18' x 12', 24' x 12', 24' x 15', 30' x 15', and 18'. Sizes for the Delmar II are: 24' x 12', 24' x 15', and 30' x 15'.

also offer some of our more popular models in a buttress-style pool. The buttress available in the following sizes: 18' x 12', 24' x 12', 24' x 15', 15', 33' x 18', and 45' x 18'.



Quality Pools Made in America

Experience...Quality...Service...Price.....Anything Less Just Won't Do!

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 3.02 LOT(S) 25 STREET 1 Sally Street

TELEPHONE # 732-785-9369

NAME George T. Maloney

ADDRESS 1 Sally Street

Howell NJ 07731

PHONE [redacted]

USES Principal ______

Accessory ______

New Construction ______ Existing Structure ______

Interior Remodeling ______

FOR OFFICE USE ONLY:

ZONE ______

USE PERMITTED: Yes ☑

No ☐

DESCRIPTION OF LOT: Corner lot: Yes ☐ No ☒

Frontage ______ feet Depth ______ feet

On an improved street: Yes ☐ No ☐

Total lot area ______ square feet

LOCATION OF STRUCTURES: Principal structure

Setback from right of way: ______ feet

(and ______ feet if corner lot)

Sideyard clearances: ______ feet & ______ feet

Rearyard clearances: ______ feet

Accessory structure: Above ground Swimming Pool

Setback from right of way: ______ feet

(and ______ if corner lot)

Sideyard clearances: ✓ 13 feet & ______ feet 12 x 24

Rearyard clearances: ✓ 10 feet Size of Pool

DESCRIPTION OF STRUCTURES: Principal

Height ______ feet to highest point

Length ______ feet Width ______ feet

Useable floorspace ______ square feet

Number of stories ______ Basement: Yes ☐ No ☐

Number of apartments ______ Number of Bedrooms ______

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: Ok.

FEE: ✓ $10.00 residential

FEE: ______ $20.00 non-residential

DATE FEE PAID: ______

[illegible signature] 6/2/04

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.

6/2/04 Betty Lou [illegible]

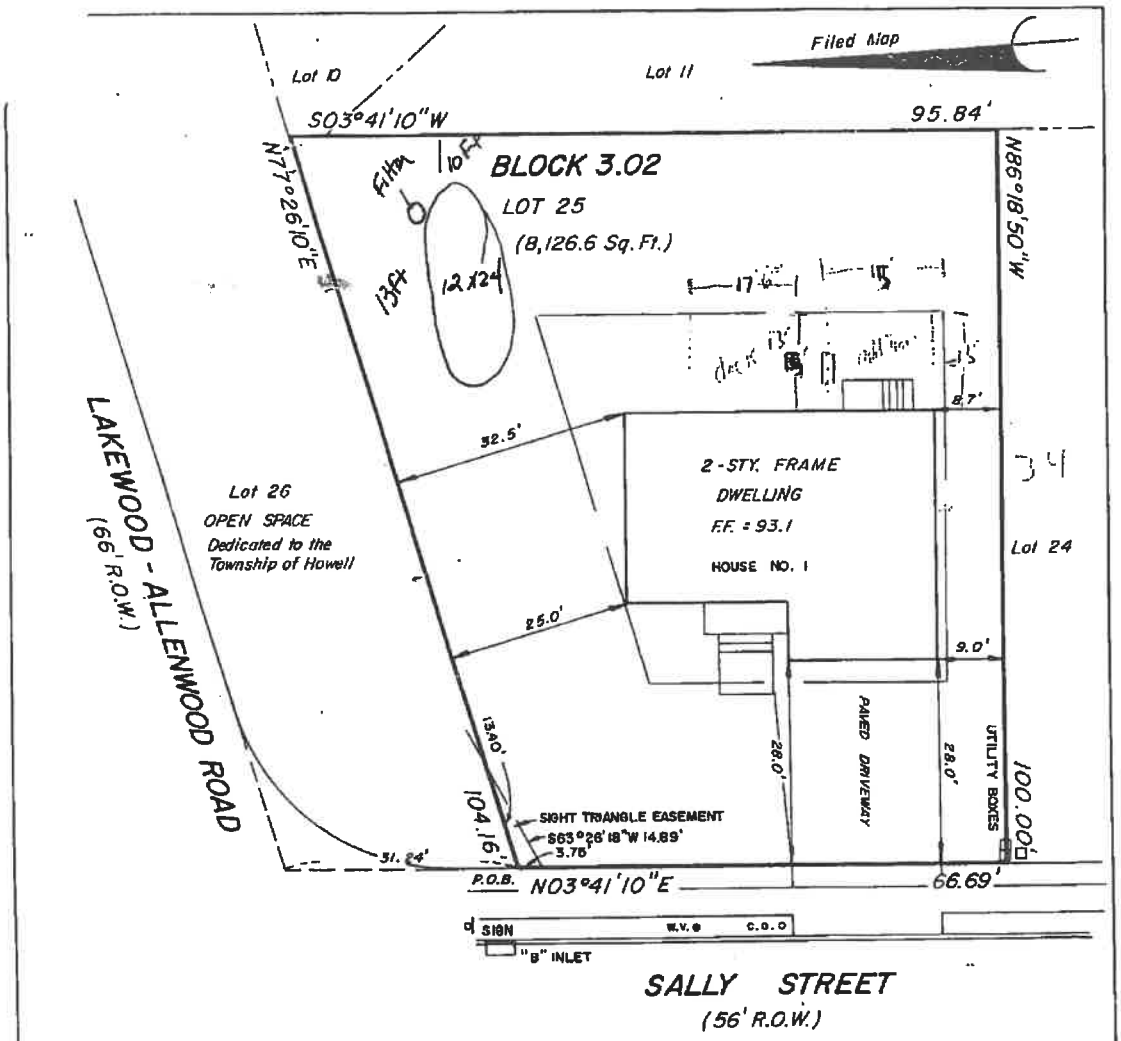
DATE HOWELL TOWNSHIP/LAND USE OFFICE

COMMENTS/EXPLANATIONS: To add an above ground swimming pool 12' x 24' & a deck with a [illegible] above the pool. Conforms with Swimming Pool Ordinance.

REFERRALS: ☑ To Building Dept. ☐ To Zoning Bd. ☐ To Engineering

☐ To Planning Bd. ☐ To Bd. of Health ☐ To ______

Receipt #11954 Ck #1483



CERTIFIED TO:

Cathy Marie Cosgrove;
Washington Mutual, its successors and/or assigns;
George Maloney and Michele Maloney;
Professional Abstract & Title Agency, inc.

NOTES:

1. Property known as Lot 25, Block 3.02 as shown on a filed map entitled "Major Subdivision, Columbia Pines" filed in the Monmouth County Clerk's Office on 9/25/1996 as Case no. 259-11.
2. Property corners not set as per a signed waiver executed by home buyer.

EDWIN J. HALE
PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 35842

CHALLONER & MAGNO ENGINEERING INC.
CONSULTING ENGINEERS AND DESIGN PROFESSIONALS
2444 Highway 34
Manasquan, New Jersey 08736
Phone. 732-292-3195 Fax. 732-292-3196

20 10 0 20 40

SURVEY OF LOT 25 BLOCK 3.02

SITUATED IN

TOWNSHIP OF HOWELL
MONMOUTH COUNTY, NEW JERSEY

DATE:	SCALE:	DRAWN BY:	CHECKED BY:	FILE No:	FIELD BOOK:	SHEET No:
11/21/00	1"=20'	RMD	DM	00095		1 of 1

BLOCK 3.02 LOT 25 QUALIFICATION CODE _____ ADDRESS (SITE) Allen Woods PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1 Sally St
2. Name of Owner in Fee: Allen Woods L.L.C Tel. (____) [redacted]
   Address 90 Wedge Center Dr 07095
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Pane o Sons Tel. (____) 876 0606
   Address _____
   License No. OR, if new home, Builder Reg. No. 026227 Exp. Date _____
   Federal Employee No. [redacted] FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Contractor
   Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	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	
2. Height of Structure	28 ft.	
3. Area — Largest Floor	853 sq. ft.	
4. New Building Area	1723 sq. ft.	
5. Volume of New Structure	32378 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	3500 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									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

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

LDS HW-B 10500228

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 10.8.98

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 11-22-00
Control #
Permit # 98-2243

IDENTIFICATION

Block 3.02 Lot 25

Work Site Location 1 Sally St
Howell, NJ 07731

Owner in Fee/Occupant Allentoods

Address 90 Woodbridge Center Dr
Woodbridge, NJ 07095

Tele. ( ) [redacted]

Contractor

Address Same

Tele. ( ) Fax ( )

Lic. No. or Bldrs. Reg. No. 023976

Federal Emp. No. [redacted]

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group R-3

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

Completion and approval of construction of single family dwelling Pine Model

(32,378 c.f.)
(1723 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 Mark

CONSTRUCTION OFFICIAL

Fee $

Paid [ ] Check No.

Collected by:

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

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

APPLICATION FOR CERTIFICATE

Date Received.
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

3.02 Lot 25
Site Location 1 Sally St
Owner Allen Woods L.L.C
Address 90 Wedge Center Dr 07095
Tele. (836) 0606

Contractor same as owner
Address
Tele. (____)
Lic. No.
Federal Emp. No.
or Social Security No.

ACTION

☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF COMPLIANCE ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 42,000 —
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

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

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

DESCRIPTION OF WORK/USE:

single family dwelling

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

SIGNED: _____
OWNER/AGENT

☐ Owner
☒ Agent

Form F-2708

Proto

CONSTRUCTION PERMIT

Date Issued 12-18-98
Control #
Permit # 98-2243

IDENTIFICATION Block 3.02 Lot 25

Work Site Location Allen Wood, L.L.C. / Sally St.

Owner in Fee Allen Woods

Address 90 Wedgewood Center Dr 07055

Tel. ( ) 8326606

Contractor same as owner

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: PINE - 1 32,378 CF 1723 SF single family dwelling

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 $ 72,000 —

Construction Official

Date

PAYMENTS (Office Use Only)

Building	235.00
Electrical	150.00
Plumbing	252.00
Fire Protection	80.00
Elevator Devices	
Other	
DCA Training Fee	52.00
Cert. of Occupancy	20.00
Other EURDEN	10.00
Total	803.00
Check No.	1017
Cash	
Collected by	12-18-98

U.C.C.F170
(rev. 3/98)

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

Proto

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12-18-98
Date Issued
Control #
Permit # 98-0243

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

Block 3.02 Lot 25
Work Site Location 1 Sally St.

Owner in Fee Allen Woods LLC
Address 90 Woodbridge Ctr. Dr.
Woodbridge N.J. 07095
Tele. ( ) 836-0686
Contractor
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No. 026227
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

single family dwelling
(32378 c.f.)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing ΔBTOO COLD	1/6/99		1/26/99	[illegible]
Foundation			3/10/99	DMG
Slabs			4/26/99	DMB
Frame			9/16/99	CG
Barrier-Free				
Insulation			9/4/99	PSO
Finishes				
Energy				
Mechanical				
TCO				
Other OD SHEATHING			3/2/99 4/7/99	[illegible]
Final	3-13-00			
Barrier-Free				

Dates (Month/Day)

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories 2
Height of Structure 28 Ft.
Area — Largest Floor 852 Sq. Ft.
New Bldg. Area/All Floors 1723 Sq. Ft.
Volume of New Structure 32378 Cu. Ft.
Total Land Area Disturbed 3500 Sq. Ft.

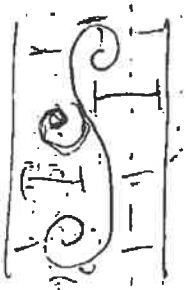
Est. Cost of Bldg. Work:
1. New Bldg. $ 42,000
2. Alteration $
3. Total (1+2) $ 42,000

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

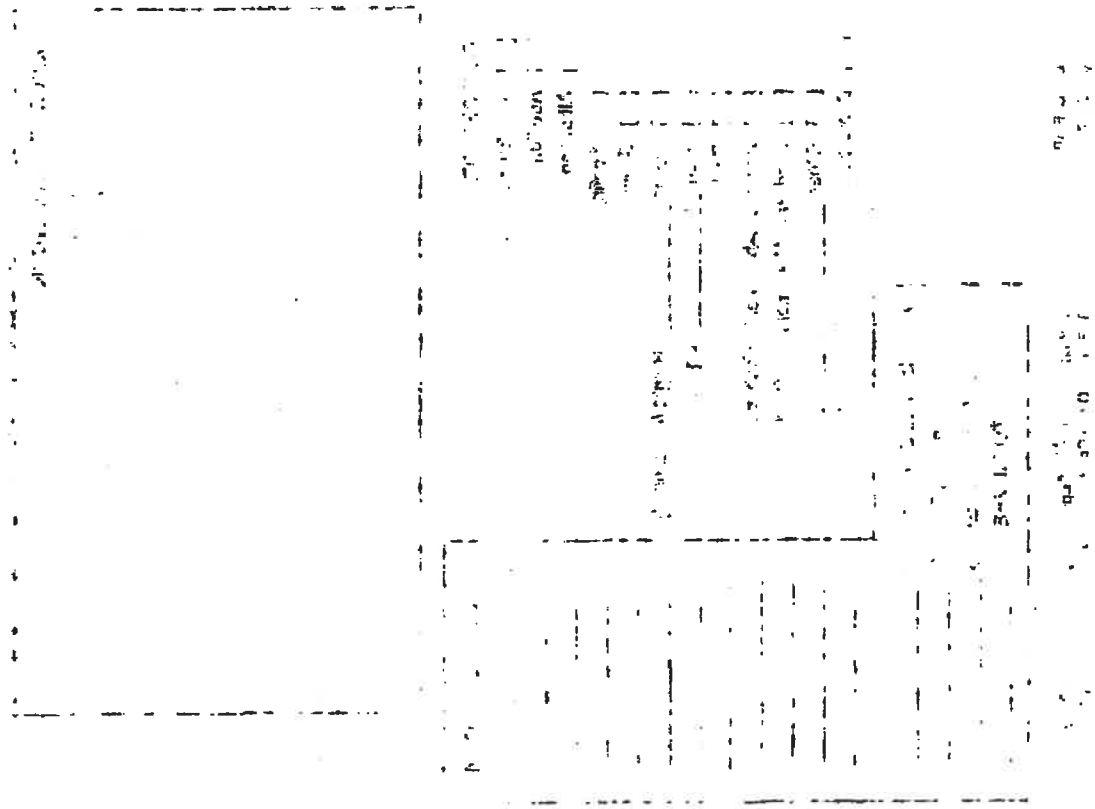
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

- tempered glass window master B/C. near Bath

3-13-00 CG
- Tempered glass window / walk in closet 2nd Floor Front B/R
- Tempered glass in window / 2nd Floor Bathroom (MASTER BATH)
- ~~GARAGE DOOR LOOKED CONDITION DATE COMMENTS~~ ceiling OK
- RAILING ON FRONT STAIRS ~~1~~ more than 4"
- ~~1 STAIRWAY WIDTH (TOP SECTION) 35"~~



12-7-04 RM OCCUPIED FOR SALE



Redo

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 12-18-98
Date Issued
Control #
Permit # 98-2243

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

Block 3.02 Lot 25
Work Site Location 1 Sally St
Owner in Fee/Occupant Allen Woods LLC
Address 90 Woodbridge Ctr. Dr.
Woodbridge, N.J. 07095
Tele. ( ) 836-0606
Contractor Mac Electrical Contractors, Inc.
Address 1889 Route 9 Unit 62
Toms River, N.J. 08755
Tele. (732) 914-0611 Fax ( )
Lic. No. 7774
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3/9/00
Approved by: C. Phillips

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			4-31-99	CP
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	OV	OV	9-9-99	OV
Final	1-7-00	1-28-00	3-8-00	OV

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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

U.C.C. F120 (rev 3/96) 1 White = Inspector Copy 2 Canary = Office Copy 3 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 1-13-00
Date Issued 12-18-98
Control #
Permit # 98-2243-1

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

Block 3.02 Lot 25
Work Site Location 1 Sally St.

Owner in Fee/Occupant Allen Woods L.L.C.
Address 90 Woodbridge Center Dr.
Woodbridge NJ 07095
Tele. (732) 856 06 06
Contractor Mac Electrical Contractors, Inc.
Address 1889 Route 9 Unit 62
Toms River, N.J. 08755
Tele. (732) 914-0611 Fax ( )
Lic. No. 7774
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-13-00
Approved by: SM

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3/9/00
Approved by: C. Mullyn

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-8-00	JV

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.

John B MacAllister
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Check #13150
SM 1-13-00

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)	
TOTAL NUMBERS	$
Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	10.00
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

Proto

FIRE SUBCODE TECHNICAL SECTION

Date Received 12-18-98
Date Issued
Control #
Permit # 98-2243

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

Block 3.02 Lot 25
Work Site Location 1 Solly St

Owner in Fee Allen Woods LLC
Address 90 Woodbridge Ctr. Dr. Woodbridge, N.J. 07095
Tele. ( ) 836-0806
Contractor same as owner
Address
Tele. ( ) 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:
New Home

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-14-00
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			1-14-00	
Final				
Other FRAME	9349	B-VOT		

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
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 3/98)

Pedro

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12-18-98
Date Issued
Control #
Permit # 98-2243

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

Block 302 Lot 25
Work Site Location 1 Sally St
Owner in Fee Allen Woods LLC
Address 90 Woodbridge Ctr. Dr.
Woodbridge, N.J. 07095
Tele. ( ) 836-6606
Contractor A+R plumbing
Address N Dunham Rd
Edison
Tele. ( ) 2878686 Fax ( )
Lic. No. 7[illegible]
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3/8/00
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough			5-21-99	DH
Water			11/25/99	DH
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			5-21-99	DH
Solar				
TCO				
Final	3/2/00		3/8/00	DH

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

3/2/00 - condensate line on A/C coil not connected

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

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

CUT-IN-CARD

MUNICIPALITY HOWELL

LOCATION 1. SALLY STR. UTILITY CO GPU

ALLENWOODS L.L.C BLK 3.02 LOT 25

OWNER _____ OCCUPANT _____

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

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100

INSTALLED BY MAC ELECT LICENSE NO 7774

DATE 9-9-99 PERMIT # 99-2843 INSPECTOR J. VERRIER

~~☒~~ CALLED IN 9/9/99 Lic. No: 8186

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

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 1-3-2000 INSPECTION REQUESTED BY:

CASE NUMBER: 2667 DEVELOPMENT: Glenwood

BLOCK: 3.02 LOT: 25 SECTION: 1 - Lake Lot

	BONDED	ACCEPTABLE	UNACCEPTABLE	
1. STREET RIGHT-OF-WAY:				
(a) Graded - Shoulder and/or Walk Area		✓		a
(b) Curb		✓		b
(c) Sidewalk		✓		c
(d) Driveway Apron		✓		d
(e) Drainage Facilities		✓		e
(f) Pavement (~~Base~~ or Wearing Surface)		✓		f
(g) Construction Debris Removed		✓		g
2. LIGHTING INSTALLED OPERATIONAL:		✓		
3. TRAFFIC CONTROL DEVICES:				
(a) Sign (s) Traffic Control		✓		a
(b) Sign (s) Street		✓		b
(c) Sign (s) Handicap				c
(d) Marking (s) Pavement - Stop Lines				d
(e) Fire Lane				e
4. SCREENING, FENCE (S) & LANDSCAPING:				
(a) Topsoil		✓		a
(b) Fertilizing & Seeding (Stabilized)	Sod & FSC) seeding			b
(c) Shade Tree				c
(d) Shrubs				d
(e) Trash Screening				e
(f) Screening (Fence or Plantings)				f
5. SOIL EROSION & SEDIMENT CONTROL:				
(a) Compliance - Certified Plan		✓		a
(b) Site Conditions - Field Observation		✓		b
6. DRIVEWAY:				
(a) Surface Pavement		✓		a
(b) Base Pavement		✓		b
(c) Aggregate		✓		c
(d) Side Entry (min. 30' from garage including turnaround)				d
7. SITE GRADING:				
(a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.	—	✓		a
(b) Retaining Walls				b
8. GENERAL CLEANUP:				
(a) Lot		✓		a
(b) Adjoining buffer, open space, conservation area and, lots		✓		b

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

✓ Meets Engineering requirements - recommend consideration for issuance of Certificate of Occupancy.

___ Meets winter conditions see below for bonding requirements.

___ Does not meet Engineering requirements recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS: OK - VMM 1/3/2000

C. Mueller 1/5/2000 M.C. Reuter 1-6-2000

INSPECTOR DATE ENGINEER/STAFF

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

2/96

TOWNSHIP of HOWELL

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

(908) 938-4500
FAX (908) 938-4818

TOWNSHIP OF HOWELL

Jean Verrier
Electrical Inspector

251 Preventorium Road
P.O. Box 580
Howell, N.J. 07731

(732) 938-4500 Ext. 2407
Fax (732) 938-9645

CUT-IN-CARD

MUNICIPALITY HOWELL

LOCATION 1 SALLY STR. UTILITY CO GPU

ALLENWOODS L.L.C BLK 3.02 LOT 25

OWNER _____ OCCUPANT _____

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

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100

INSTALLED BY MAC ELECT LICENSE NO 7774

DATE 9-9-99 PERMIT # 98-2843 INSPECTOR J. VERRIER

☒ CALLED IN 9/9/99 Lic. No: 8186

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

1-7-00 OV

1) A/C permit, no limit.
2) Both bathrooms lts do not work.
3) Back door lt out
4) Remove box in closet ciel.
5) Patch around plate bottom cellar stairs.

PLAN REVIEW RECORD
HOWELL TOWNSHIP FIRE BUREAU

DATE: 9/2/99 TYPE: Residental DIST#: 4

BLOCK: 3.02 LOT: 25 PERMIT#:

ADDRESS: 1 Sally

NAME: Allenwoods

COMMENTS New Home

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: 9/3/99 REMARKS Frame-1st Fl. B vent to close to comb. at elbow. Vent not connected. to close at roof.

REINSPECTION DATE: 9/10/99 REMARKS Frame-Approved

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: 9/10/99 INSPECTORS CODE: 3

FINAL INSPECTION REPORT

SCHEDULE DATE: 1/19/00 COMMENTS Final- Approved

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPROVED: 1/19/00 INSPECTORS CODE: 3

OTHER INSPECTION REPORT

TOPIC:

SCHEDULE DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

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

HISTORY

DP# 7516
COAH

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

RECEIVED
NOV 18 1998
C

1. LOCATION OF PROPERTY 1 Sally Str

   BLOCK 302 LOT 25

2. NAME OF LANDOWNERS: Allen Woods L.

3. OCCUPANT: _____

4. PROPOSED USE:

X New Construction	X Residence
_____ Remodeling	_____ Business
_____ Accessory Bldg.	_____ Mfg.

5. Survey of lot, showing public roads, existing buildings and proposed construction or use for which this application is made.

   a. Name of road/street Sally Str

   b. Main road frontage 66.69

   c. Set back from right-of-way 27.8

   d. Sideyard clearances 9

   e. Rear yard clearances 25+

   f. Depth of lot from right-of-way 100

   g. Dimensions of bldg: width 42 feet 34 depth(feet)

   h. Highest point of bldg. Above reestablished grade 28 feet

   i. Area of lot 8126

   j. Sketch showing existing buildings and proposed construction

Buildings: Use R3

Number of stories 2 Basement —

Useable floor space: First Floor 652 sq.ft Second Floor 870

Off street parking space _____ sq. ft.

Allen Woods

REMARKS: _____

_____

Witness: (SIGNED)

DATE ISSUED: 11/18/98 Fee: 10.00

Administrative Signature Vito Mancuso

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

(a) Review of other agencies:
(b) Revisions made:
© Bonds posted:
(d) Taxes and assessments are paid:
(e) DOT approval, if any:
(f) Soil conservation, if any:
(g) Monmouth County Planning Board:
(h) Howell Township MUA

PERMIT APPROVAL GRANTED: _____
PERMIT APPROVAL DENIED: _____

Upon the basis of the above application, the statements are made part hereof, the proposed usage is found to be in accordance with the Township Land Use Ordinance and is hereby approved for the following zone: _____

_____

usage is _____ found to be in accordance with the Township Land Ordinance and is hereby _____-approved for the following zone: _____.

_____

X Vito Mancuso

ADMINSTRATIVE OFFICER

DATE WHEN APPLICATION WAS RECEIVED _____ DATE RULED ON: 11/18/98

If certification is refused, reason for refusal _____

_____

_

If certification is refused, reason for refusal: _____

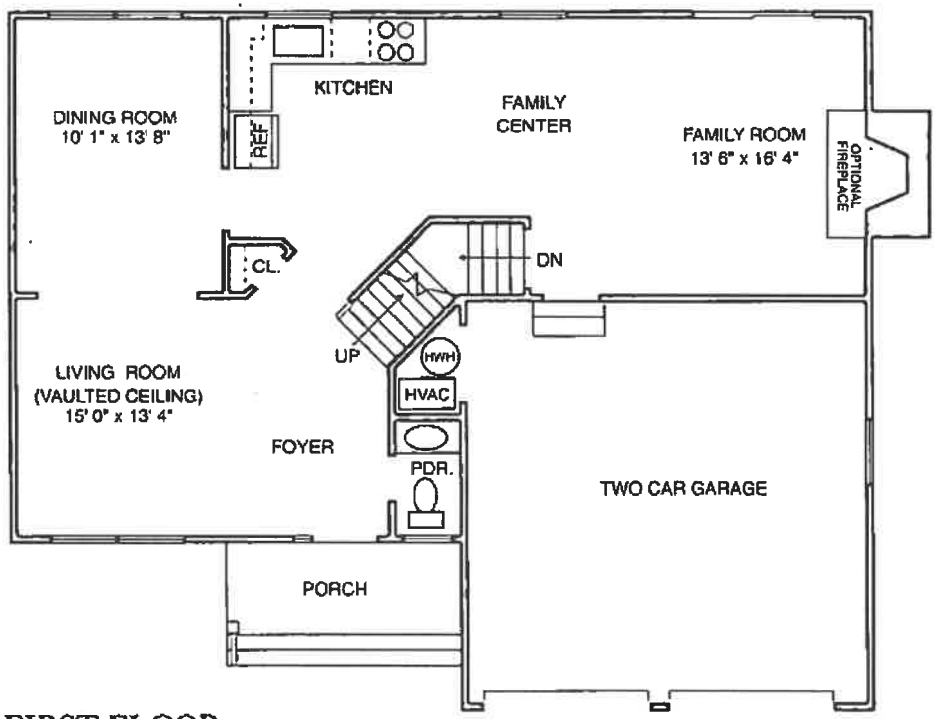
_____

The PINE

ALLEN WOODS

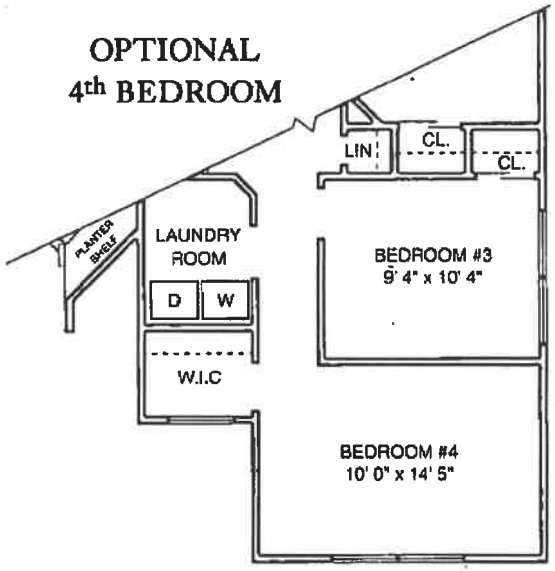
The PINE

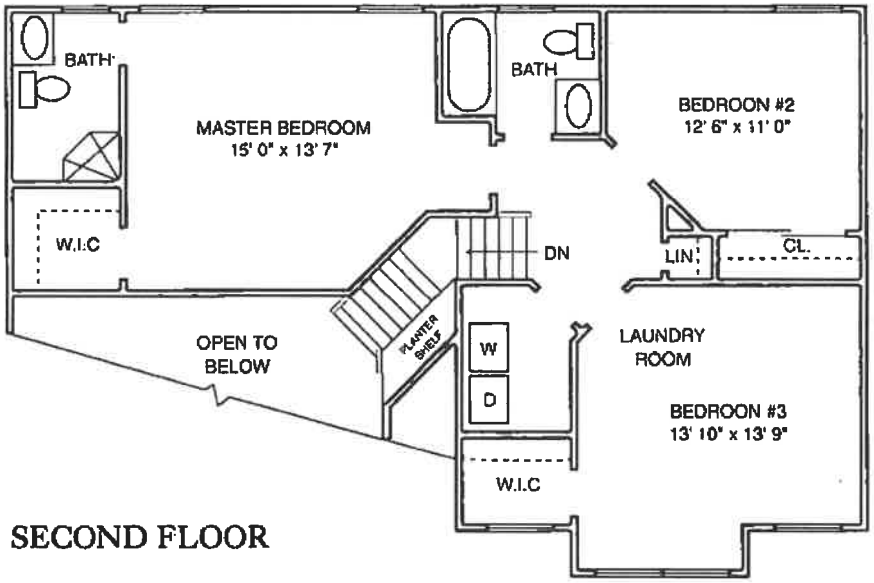
- 3 Bedrooms
- 2 1/2 Baths



FIRST FLOOR

OPTIONAL
4th BEDROOM





SECOND FLOOR

New Jersey Natural Resources Conservation Program

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)

211 FREEHOLD ROAD
MANALAPAN, NEW JERSEY 07726
Tel: (732) 446-2300
Fax: (732) 446-9140

*** REPORT OF PARTIAL COMPLIANCE ***

11/16/99

TO : CONSTRUCTION OFFICIAL

TWP. : HOWELL

PROJ.: ALLENWOOD/COLUMBIA PINES

APPLICATION NO.: 1992-0419

Block : 3.02
Lot : 25
Comments: 1 Sally Court

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

*Pending continued compliance and the establishment of permanent vegetation.

Official Seal:

DISTRIBUTION: **WHITE** - Municipal Construction Official
CANARY - Developer **PINK** - District **GOLDENROD** - Other

INVOICE DATE	VENDOR INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
09/18/00	9/18	SEWER CONECTION BLK 3.02 Lot 25	1,500.00		1,500.00

ALLEN WOODS L.L.C.,
WOODBRIDGE NJ 07095-0457

CHECK DATE	VENDOR NO.	CHECK NO.	
09/18/00	5360	13888	1,500.00
			TOTAL

VENDOR NAME: TOWNSHIP OF HOWELL, WOODBRIDGE, NJ 07095
ENTITY: ALLEN WOODS L.L.C., ENTITY NO. 334 2000006154864/

INVOICE DATE	VENDOR INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
09/18/00	9/18	FINAL COAH BLK 3.02 Lot 25	4,000.00		4,000.00

ALLEN WOODS L.L.C.,
WOODBRIDGE NJ 07095-0457

CHECK DATE	VENDOR NO.	CHECK NO.	
09/18/00	5360	13889	4,000.00
			TOTAL

VENDOR NAME: TOWNSHIP OF HOWELL, WOODBRIDGE, NJ 07095
ENTITY: ALLEN WOODS L.L.C., ENTITY NO. 334 2000006154864/

att: Brenda.

from: Alex

Re: BLK 3.02 Lot 25
1 Sally St.

TO: HOWELL TOWNSHIP CONSTRUCTION INSPECTION DEPARTMENT
Attn: Plumbing Sub-Code Official

REF: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE 10.8.98

THIS IS TO CERTIFY THAT I, (Name) A & R Plumbing,
(Business Address) N. Durham Rd Edison,
(Tel. No.) 2878686.

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM IN THE FOLLOWING BUILIDING, (Owner) Allen Woods L.L.C.,
(Address) 1 Sally Str,
(Block & Lot) 3.02 -25.

USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PER CENT IN ACCORDANCE WITH THE ABOVE-REFERENCES.

(Signature & Seal)
(Notarized if Homeowner)

1988

RESIDENTIAL WARRANTY CORPORATION

5300 Derry Street Harrisburg, PA 17111-3598 1-800-247-1812 FAX 717-561-4494

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: ALLEN WOODS LLC

Purchaser(s) Name:

Legal Address of Home Enrolled:

25 (Lot) 3.02 (Block) (Development)

1 SALLY ST
Street Address

HOWELL NJ 07731
City State Zip

MONMOUTH
County

RWC Application for Warranty No: 1921657

Date: 11/17/2000

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Sweigert
Sandra Sweigert

RWC #604
©1994 Harrisburg, PA
Rev. 7/1/94

INSPECTION DEPARTMENT CHECK LIST

NEW DEVELOPMENT/COMMERICAL/NEW CONSTRUCTION

PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

	DATE
FINAL BUILDING INSPECTION	3-8-00
FINAL PLUMBING INSPECTION	3-8-00
FINAL ELECTIC INSPECTION	3-9-00
FINAL FIRE INSPECTION	1-19-00
FOUNDATION LOCATION SURVEY	3-26-99 ~~12-22-99~~
SOIL CONSERVATION APPROVAL	11-16-99
MUA/MCBH/WELL/SEPTIC	9-18-00
HOW CERTIFICATE	11-17-00
FINAL SURVEY	12-22-99
ENGINEERING RELEASE	1-3-00
FINAL COAH PAYMENT	9-18-00
APPLICATION FOR CO	✓

COMMERICAL

SITE PLAN FIRE LANE/ZONES	
SITE PLAN COMPLIANCE	
FOOD HANDLERS LICENSE	

BLOCK 3.02 LOT 25

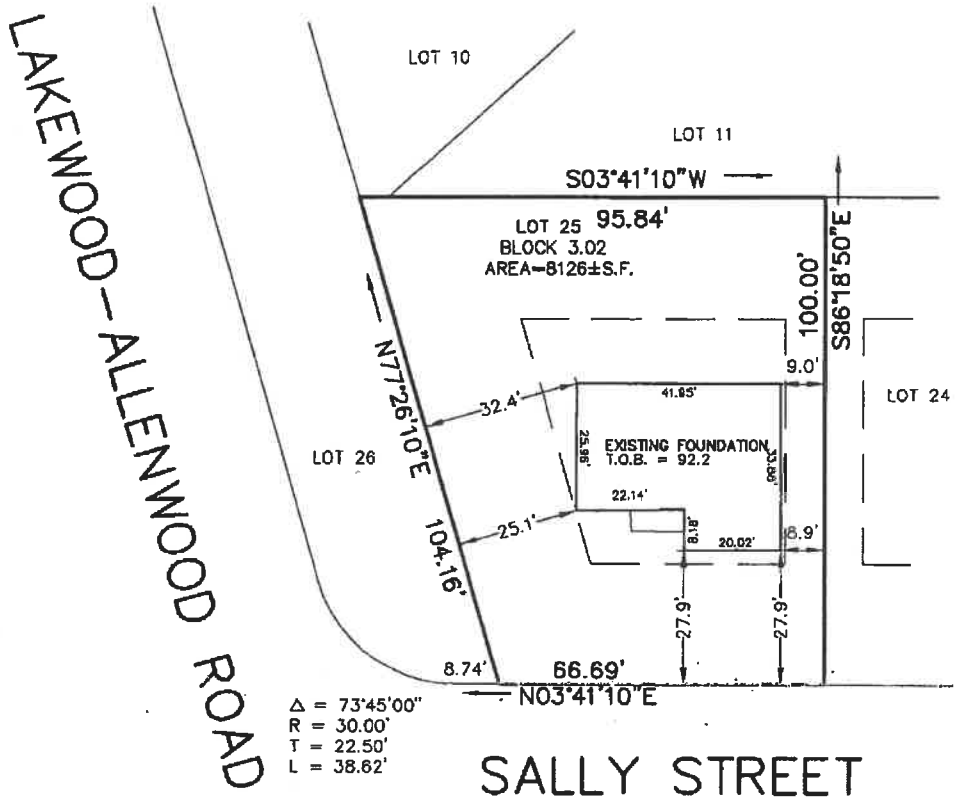
NAME _____

12/97

YARD REQUIREMENTS	
MIN. FRONT YARD	25 FT.
MIN. REAR YARD	25 FT.
MIN. SIDE YARD	8 FT.

FILED MAP

BEING KNOWN AND DESIGNATED AS LOT 25 BLOCK 3.02 FROM A PLAN ENTITLED, "MAJOR SUBDIVISION COLUMBIA PINES, PREPARED BY KURTZ ENGINEERING LAST REVISED, 08-06-96. FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON 9-25-96 AS MAP # 259-11.



SALLY STREET
(56' R.O.W.)

NOTES:

ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY MARKED WITH AN ORIGINAL OF THE LAND SURVEYOR'S EMBOSSED SEAL SHALL BE CONSIDERED TO BE VALID COPIES.

SIGNATURE AND EMBOSSED SEAL SIGNIFY THAT THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE ADOPTED BY THE N.J. STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.

ALL UNDERGROUND IMPROVEMENTS OR ENCROACHMENTS, ARE NOT SHOWN HEREON.

UNAUTHORIZED ALTERATIONS OR ADDITIONS TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS ILLEGAL AND PUNISHABLE BY LAW PROPERTY IS SUBJECT TO ALL DOCUMENTS OF RECORD.

BY CONTRACTUAL AGREEMENT, PROPERTY CORNER MARKERS HAVE NOT BEEN SET.

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

APPROVED

DMB 7/26/99

FOUNDATION LOCATION
LOT 25, BLOCK 3.02

TOWNSHIP OF HOWELL | MONMOUTH COUNTY | NEW JERSEY

DATE 03-26-99 | SCALE 1" = 30' | JOB NO 98174

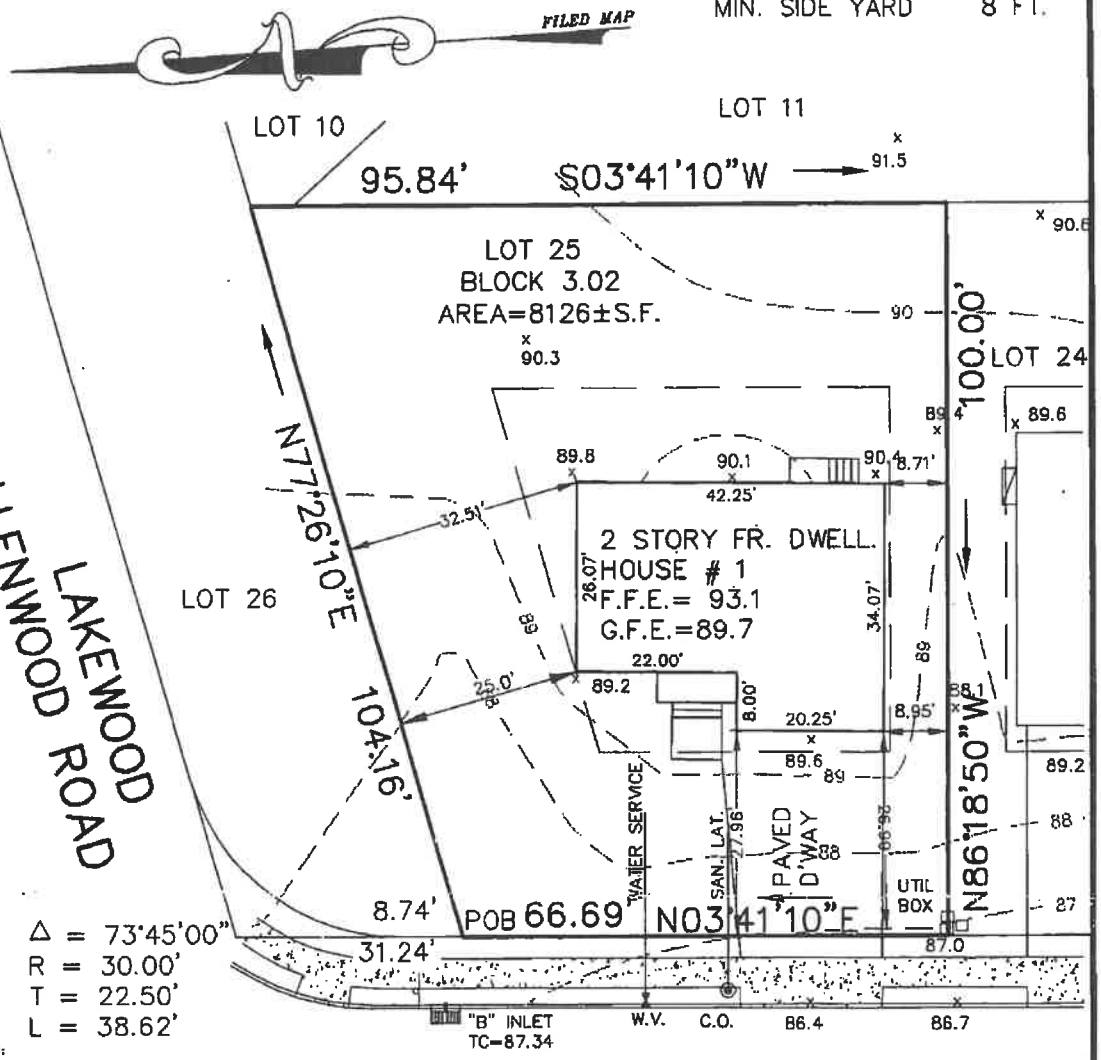
CERTIFY TO: ATLANTIC REALTY

kurtz
CONSULTING ENGINEERS, PLANNERS, LAND SURVEYORS
Address: 1903 Atlantic Avenue, Manasquan, N.J. 07719
Mailing Address: 1903 Atlantic Avenue, Manasquan, N.J. 07719
Tel. (732) 292-0165
WILLIAM KURTZ, PROFESSIONAL ENGINEER & LAND SURVEYOR LIC NO 34515

BEING KNOWN AND DESIGNATED AS LOT 25, BLOCK 3.02 FROM A PLAN ENTITLED, "MAJOR SUBDIVISION, COLUMBIA PINES, PREPARED BY KURTZ ENGINEERING LAST REVISED, 08-06-96. FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON 9-25-96 AS MAP # 259-11.

YARD REQUIREMENTS

MIN. FRONT YARD	25 FT.
MIN. REAR YARD	25 FT.
MIN. SIDE YARD	8 FT.



SALLY STREET
(56' R.O.W.)

NOTES:

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SIGNATURE AND EMBOSSED SEAL SIGNIFY THAT THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE ADOPTED BY THE N.J. STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.

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UNAUTHORIZED ALTERATIONS OR ADDITIONS TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS ILLEGAL AND PUNISHABLE BY LAW PROPERTY IS SUBJECT TO ALL DOCUMENTS OF RECORD.

BY CONTRACTUAL AGREEMENT, PROPERTY CORNER MARKERS HAVE NOT BEEN SET.

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

FINAL SURVEY
LOT 25, BLOCK 3.02

TOWNSHIP OF HOWELL | MONMOUTH COUNTY | NEW JERSEY

DATE 12-22-99 | SCALE 1" = 20' | JOB NO 98176

CERTIFIED TO:

kurtz

CONSULTING ENGINEERS, PLANNERS, LAND SURVEYORS

OFFICE ADDRESS: 1903 ATLANTIC AVE., WALL NJ 07719
MAILING: 1903 ATLANTIC AVE., MANASQUAN NJ 08736
TEL. (732) 292-0[illegible] FAX (732) 292-0165

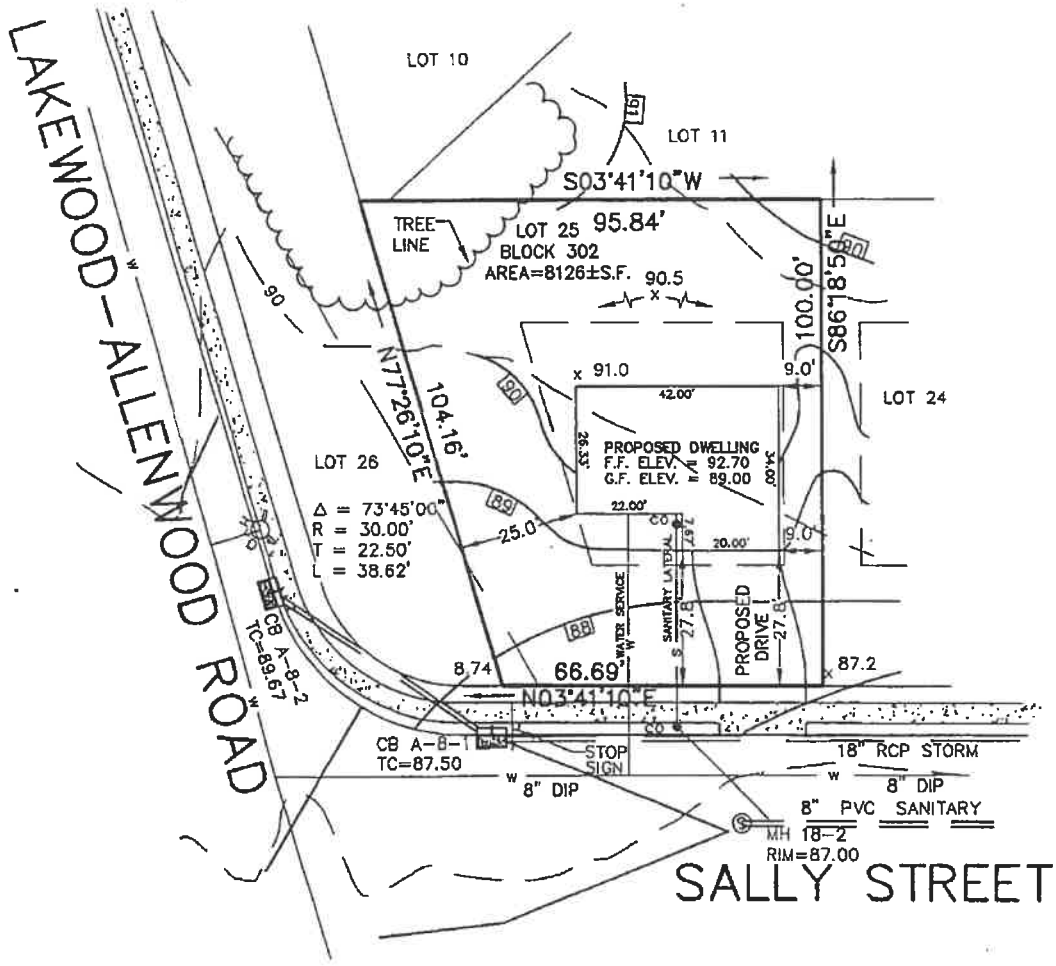
WILLIAM KURTZ, PELS PP LIC NO 34515

FS30225.DWG

FILED MAP

YARD REQUIREMENTS

MIN. FRONT YARD	25 FT.
MIN. REAR YARD	25 FT.
MIN. SIDE YARD	8 FT.



GENERAL NOTES:

1. OUTBOUND INFORMATION TAKEN FROM A PLAN ENTITLED, "MAJOR SUBDIVISION COLUMBIA PINES, BLOCK 3, LOT 15, PREPARED BY KURTZ ENGINEERING LAST REVISED, 08-06-98.
2. THIS IS NOT A SURVEY. IT HAS BEEN PREPARED FOR REVIEW BY THE TOWNSHIP ZONING OFFICER PRIOR TO THE ISSUANCE OF A BUILDING PERMIT.
3. BUILDING FOOTPRINT BASED ON ARCHITECTURALS PROVIDED BY THE APPLICANT. BUILDING LOCATION IS BASED ON DIRECTION OF APPLICANT.
4. PROPOSED LOT GRADING TO BE IN ACCORDANCE WITH THE APPROVED SUBDIVISION PLANS.
5. ALL CONNECTIONS TO PUBLIC UTILITIES SHALL CONFORM TO TOWNSHIP STANDARDS & APPLICABLE BUILDING CODES.
6. EXISTING UNDERGROUND ENCROACHMENTS OR OTHER IMPROVEMENTS ARE NOT SHOWN HEREON & SHOULD BE VERIFIED BY CONTRACTOR PRIOR TO EXCAVATION.
7. PROPERTY IS SUBJECT TO ALL DOCUMENTS OF RECORD.

PLOT PLAN
LOT 25, BLOCK 302
TOWNSHIP OF HOWELL — MONMOUTH COUNTY — NEW JERSEY

DATE 10-7-98 SCALE 1" = 30' JOB NO 98174

CERTIFY TO: ATLANTIC REALTY

kurtz
CONSULTING ENGINEERS, PLANNERS, LAND SURVEYORS
Address: 190[illegible] Wall, N.J. 07719
Mailing Address: 190[illegible] Avenue, Lakewood, N.J. 07719
Tel. (732) [illegible] Fax (732) 292-0165
WILLIAM KURTZ, PP/LS PP LIC NO 34515

PP302-23.DWG

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS HW-B 10100632

Township of Howell
Office of Inspection

LOT 18
BLK 112

PERMIT Nº 1511

ISSUED TO Kerrigan

LOCATION: 10 Virginia Dr. Howell

DATE: 11-7-88 Phone: 458-5914

FOR THE FOLLOWING:

SIGN ..... FENCE ✓ TREE REMOVAL .....

APPROVED ☑

SPECIAL CONDITIONS, if any: 6' Shadowbox & 4' Chain Link

Fee 10.00

Approx. Cost 1200.00

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 112 LOT(S) 18 STREET Virginia Drive

APPLICANT: NAME Richard J Kerrigan

ADDRESS 10 Virginia Drive

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 ____ feet and ____ feet
Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height 4ft & 6ft feet to highest point
Length ____ feet Width ____ feet
Type of fence: Boardon Board (Front & Side) Chain Link (Back) (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

Richard J. Kerrigan 4/6/88
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~~.

4-7-88
Date

HOWELL TOWNSHIP LAND USE OFFICER

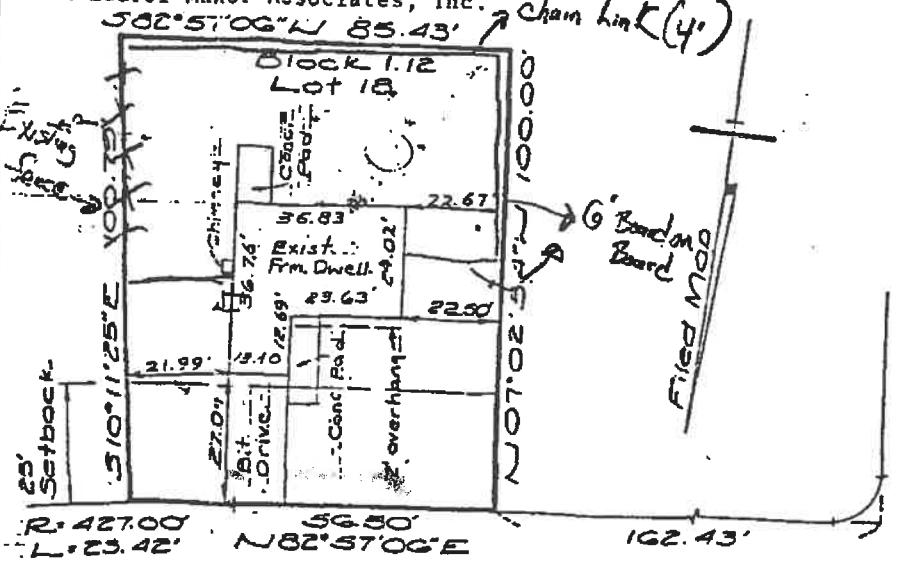
COMMENTS/EXPLANATIONS: ____

RECEIVED
APR - 7 1988

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

Corner markers have not beeen set as per contract agreement with Laurel Manor Associates, Inc.



1'9" More Than 21.99 reading

27' from Center

Known and designated as Lot 18 in Block 1.12 as shown on "Final Map Major Subdivision Ramtown Manor, Section 1" situated in Howell Township, Monmouth County, N.J. Filed: 12/13/84, Case No. 197, Sheet 4

Only copies from the original of this survey marked with an original of the Land Surveyor's embossed seal shall be considered to be valid copies.
Signature and embossed seal signify that this survey was prepared in accordance with the surveying code of practice adopted by the N.J. State Board of Professional Engineers and Land Surveyors. Certifications indicated hereon accept use only by the person for whom the survey is prepared, and on his behalf to the title company, governmental agency and lending institution listed hereon, and to the assignees of the lending institution. Certifications are not transferable to additional institutions or subsequent owners.
Underground improvements or encroachments, if any, are not shown hereon, nor are any easements not recorded in title reports supplied by property owner.
Unauthorized alteration or addition to a survey map bearing a licensed Land Surveyor's seal is illegal and punishable by fine.
Property subject to documents of record

CERTIFIED TO:
Richard J. Kerrigan and Diane Kerrigan, his wife;
Residential Financial Corp.;
Mid-State Abstract Company/First American Title Insurance Company;
Neff and Neff, Esqs.

F 25'	R	S	C :		R	FAL=	F :	D/K

PLAN OF
LOT 18 BLOCK 1.12
SITUATED IN
RAMTOWN MANOR, SECTION 1, HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

PREPARED BY
LYNCH, CARMODY, GIULIANO & KAROL, P.A.
CONSULTING ENGINEERS LAND PLANNERS LAND SURVEYORS

THOMAS F. LYNCH, L.S.

Thomas F. Lynch L.S.No 16558
Cornelius P. Carmody L.S.No 14806
Michael J. Giuliano, Jr. P.E.No.23314
John D. Karol L.S.No 23945

LAND SURVEYOR N.J. Lic. NJ. 15558
Date Sept 24 1985

Terrace Professional Building
582 Plaza Terrace East
Brick Town, N.J. 08723
Tel: (201) 477-3330

Plot Plan	Fnd. Loc.	Final	Update	Full Survey	File No. 82-0303-2	
7/10/85	8/20/85	9/9/86			Scale: 1" = 30'	Seq.

D.J.

MAPLE
SM. COLONIAL
L-SHAPED 4 BDRM, 1 CAR/SLAB

206.29
+ # 35. - MECHANICAL

HOWELL TOWNSHIP

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 10 Virginia Drive
2. Owner Name: Laurel Manor Assoc. Tel. (201) 458-1990
   Address PO Box 9 Brick NJ 08723
3. Principal Contractor: Same Tel. ( )
   Address
   Lic. No. or Builder Reg. No. 04323 Federal Emp. No.
4. Architect or Engineer: DCS Tel. (201) 367-1100
   Address PO Box 840 Lakewood NJ 08701
5. Responsible Person in Charge of Work Robert Kathein Tel. (201) 458-1990

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☑	Fire Protection	
5. ☑	Other Mechanical	
6. ☐	Other	
	TOTAL COST	$ 30,000.

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:
Before Construction:
After Construction:
Net Gain (or loss):

B. NON-RESIDENTIAL

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

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure Ft.
16. Area–Largest Floor Sq. Ft.
17. Bldg. Area–All Fls. Sq. Ft.
18. Volume of Structure 19,403.77 Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

ILDS HW-B 10100628

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

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

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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

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

☐ **Check if contractor.**

AGENT NAME Patricia A. Hall TEL. (201) 458-1990

ADDRESS PO Box 9

Brick NJ 08723

SIGNATURE Patricia A. Hall

BLOCK NO. 1.12 LOT NO. 18 SUBDIVISION _____ PERMIT NO. 2211

PRIOR APPROVALS CHECKLIST

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

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

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

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

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

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

III. CERTIFICATES ISSUED

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

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
Backfill 7/26/83 E	
Plumb 10-21-83 E	
Foundation 10/11 BT E	
FIRE FINAL 9-26-83 SD	

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 174.25
PLUMBING	.00
ELECTRICAL	.00
FIRE PROTECTION	.00
OTHER _____	.00
SUBTOTAL	$ .00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.00)
D.C.A. TRAINING FEE .0006 x _____	= 11.64
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.00
OTHER Mech	35.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 241.29

DATE 9/23 Collected By MB

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (V.A)	$ .00
COLLECTED AFTER PERMIT (V.B)	.00
TOTAL	$ .00

CERTIFICATE

CERT. NO. 2211
DATE ISSUED 10-22-86
Block 1.12 Lot 18
Subdivision Ramtown Manor

IDENTIFICATION

Owner Laurel Manor Assoc.
Address P.O. Box 9, Brick, NJ 08723
Tel. ( ) 458-1990
Work Site Address 10 Virginia Dr., Howell, NJ

Agent Same
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

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

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Completion and approval of construction of Maple Small Colonial, L shaped, 4 bedroom, 1 car, slab

USE GROUP _____ FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 30,000.00

CONSTRUCTION OFFICIAL

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

APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block 1.12 Lot 46
Subdivision Pantown Manor
Notice No. _____

IDENTIFICATION

OWNER:
Name Laurel Manor Assoc
Address PO Box 9
Town/State/Zip Buck NJ 08723

CONSTRUCTION LOCATION:
Address 10 Virginia Drive

Tel. (201) 458-1990

ACTION

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

USE GROUP: _____ Previous _____ Current

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

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

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

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

SIGNED: Steven A Pace
OWNER/AGENT

☐ Owner
☒ Agent

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

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

CONSTRUCTION PERMIT

PERMIT NO. 2211
DATE ISSUED 7/22/85
Block 1.12 Lot 18
Subdivision Ramtown Manor

A. IDENTIFICATION

Owner Laurel Manor Assoc. Agent Owner
Address p.O.Box 9 Address
Brick, N.J. 08723
Tel. (201) 458-1990 Tel. ( )
Work Site Address 10 Virginia Drive Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 241.29
Fees Remitted $
☒ Check No. 6176
☐ Cash
☐ Other
Collected By:
Date:

is hereby granted permission to perform the following work:

☑ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☑ FIRE PROTECTION
☐ OTHER

Description of work:

Maple Small Colonial
L. Shpaped
4 Bedroom/1 Car/slab

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: $ 80,000.—

CONSTRUCTION OFFICIAL

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

HOWELL. TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2211
DATE ISSUED 4-22-85
REVISION DATE
Block 1.12 Lot 18
Subdivision Raritan Farms

A. IDENTIFICATION

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

Owner Laurel Manor Assoc.
Address PO Box 9
Brick NJ 08723
Tel. (201) 458-1990
Work Site Address 10 Virginia Dr.

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

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Maple Sm. Colonial
L. Shaped
4 Bedroom / 1 car / slab

☒ See Plans

TYPE OF WORK:

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

Fee Basis	Fee
BP	$ 174.65
sauna	11.69
C/O	20.00
Mech	35.00
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$ 241.29

C. BUILDING CHARACTERISTICS

USE GROUP: Present R-3 Proposed
No. of Stories 2
Height of Structure Ft.
Area–Largest Floor Sq. Ft.
Estimated Cost of Building Work: $ 30,000.
Total Building Area–All Floors Sq. Ft.
Volume of Structure 19,405.47 cu. Ft.
Total Land Area Disturbed Sq. Ft.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

HOWELL TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 4211
DATE ISSUED 11-23-15
REVISION DATE
Block 7.12 Lot 18
Subdivision Laurel Manor

A. IDENTIFICATION

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

Owner Laurel Manor HOA
Address PO Box 4
Brick NJ 08723
Tel. (201) 458-1440
Work Site Address 10 Virginia Dr.
11

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

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Maple Sm. Colonial
L. Shaped
4 Bedroom / 1 car / slab

☒ See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
New Building		$ 174.15
Fence		11.64
Sign		30.10
		35.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 249.89

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present R-3 Proposed
No. of Stories 2
Height of Structure _____ Ft.
Area–Largest Floor _____ Sq. Ft.
Total Building Area–All Floors _____ Sq. Ft.
Volume of Structure 19,405.47 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ 30,000.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
	Final 10-6-86 Em

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

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

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 10-6-86

Inspected By: Em

INSPECTIONS

	Type	Failure Dates			Approval Date
☐ Footing/Foundation	Backfill 10/6/85 Em				
☐ Slab					
☒ Frame	10/21/85 Em				
☐ Architectural					
☒ Insulation	10/24/85 Em				
☐ Finishes					
☐ Energy					
☐ Mechanical					
☐ TCO					
☐ Other					

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

48A

HOWELL TWP.

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 2211
DATE ISSUED 10-25-85
REVISION DATE
Block 1-12 Lot 18
Subdivision

A. IDENTIFICATION

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

Owner RAMTOWN MANOR
Address BOX 9
BRICK
Tel. ( )
Work Site Address 10 VIRGINIA DR.
RAMTOWN MANOR, HOWELL

Contractor BAYSHORE ELECTRIC
Address 1100 BEACH AVE
BEACHWOOD 08722
Tel. ( ) 244-1554
Lic.No./Bus. Permit 7292
Federal Emp. No. [redacted]

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

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
22	Switching Outlets	$		H.V.A.C. Equipment	$
15	Lighting Outlets			Switching Devices	
44	Receptacle Outlets			Transformers	
GAS	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
GAS	Dryer, Electric				
GAS	Water Heater, Electric		1,2HP	DISHWASHER	
GAS	Heating, Electric				
22	Switches				
15	Lighting Fixtures		2	Other SMOKE DET	
42	Receptacles		2	Other BATH FAN	
	Bonding, Pool/Vault		1	Other RANGE FAN	
1550	Service/Feeders			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$ 50
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

OK 9211

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present R Proposed
Service: 150 Amps 1 Phase UG System Type
3 Wire 120/230 Volts _____ Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 1550

D. COMMENTS

ROUGH-READY 10-23-85
PROG - WILL CALL
FINAL - " "

☐ Partial Releases ☐ Prototype Processing

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

HOWELL TWP.

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 2211
DATE ISSUED 10-25-85
REVISION DATE:
Block 1-12 Lot 18
Subdivision

A. IDENTIFICATION

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

Owner RAMTOWN MANOR
Address BOX 9
BRICK
Tel. ( )
Work Site Address 10 VIRGINIA DR.
RAMTOWN MANOR, HOWELL

Contractor BAYSHORE ELECTRIC
Address 1100 BEACH AVE
BEACHWOOD 08722
Tel. ( ) 244-1554
Lic.No./Bus. Permit 7292
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data
TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Fee
22	Switching Outlets	$		H.V.A.C. Equipment	$	COLUMN 1 $
15	Lighting Outlets			Switching Devices		COLUMN 2
44	Receptacle Outlets			Transformers		SUBTOTAL $
GAS	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*		Minimum Electrical Fee (If applicable) $ 50
GAS	Dryer, Electric					
GAS	Water Heater, Electric		12HP	DISHWASHER		Total Electrical Fee *(Greater of Minimum or Subtotal)* $
GAS	Heating, Electric					
22	Switches					
15	Lighting Fixtures		2	Other SMOKE DET		
42	Receptacles		2	Other BATH FAN		
	Bonding, Pool/Vault		1	Other RANGE FILE		
150	Service/Feeders			Other		
	COLUMN 1 $			COLUMN 2 $		

JH 9211

C. ELECTRICAL CHARACTERISTICS

USE GROUP: ____ Present R Proposed
Service: 150 Amps 1 Phase UG System Type
3 Wire 120/240 Volts ____ Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 1550

D. COMMENTS

ROUGH-READY 10-23-85
PROG - WILL CALL
FINAL " "

☐ Partial Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS
10-18-85	ROUGH WIRING - O.K. TO COVER
8-1-86	SERVICE
9-25-86	FINAL - FAILURED; NO BATH FAN; 210.52 REQ'D. IN BED RM
10-3-86	FINAL -

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-3-86

Inspected By: Vasily Serge

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Rough				10-18-85
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other FINAL	9-25-86			10-3-86

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card	8-1-86	
Temporary Cut-in-Card		
Final Cut-in-Card	10-3-86	

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

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. [illegible]
DATE ISSUED [illegible]
REVISION DATE
Block 112 Lot 18
Subd Lanstown Manor

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owne Laurel Manor Assoc
Address PO Box 9
Brick NJ 08723
Tel (201) 458-9990
Work S te Address 10 Virginia Dr

Cont a to [signature]
Address
Tel ( )
L No 04323
Federal Emp No

CERTIFICATION IN LIEU OF OATH

(Complete for Minor Work and Small Job Only)

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

[signature]

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1 SPRINKLERS

FEE

TYPE ☐ Wet ☐ D y ☐ Oth

A ea Spr kled ☐ F ll ☐ Part al (spec fy comments)

No of Heads No of Spa e Heads

☐ Valves Supervised — Method

Water S pply — Sou ce S e

FD Con ect on Location

E tim ted Cost of Work $ $

B2 SPECIAL SUPPRESSION SYSTEMS

TYPE ☐ Dry Chem cal ☐ CO_2 ☐ Halo ☐ Foam ☐ Other

Ma al P ll ☐ Yes ☐ No

Locat o

Est mated Cost of Work $ $

B3 ALARM Smoke Detectors

FEE

TYPE ☐ Manual ☒ Automatic

Supervis on Type ☒ Local ☐ Central ☐ Proprietary ☐ Remote Locat o

Est mated Cost of Work $ $

B4 STAND PIPES

P pe S z Pump Size

Water Source S e

FD Con ect on Locat o

Hose Stat o ☐ Yes ☐ No

Est mated Cost of Work $ $

B5 OTHER

$
$
$

Subtotal $

Minimum Fire Protection Fee (If Applicable) $

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP P ese R3a Proposed

Heat g Sy tem — Loc t on Utility Room

Type ☒ Gas ☐ O l ☐ Elect cal ☐ Sola ☐ Oth

F el Storage Ta k — Locat F l Type Capac ty

Total Est mated Cost of F re Protection Work $

D. COMMENTS

☐ Pa t al Releases ☐ P ototype P ocess ng

PLUMBING SUBCODE
TECHNICAL SECTION

Block 112 Lot 18
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner BOB HAMILTON
Address
Tel. ( ) 458-1490
Work Site Address HAMILTON MANOR

When changing contractors, notify this office

Contractor SHER-RON
Address PO BOX 388
HOWELL
Tel. (201) 361-5066
Lic.No./Bus. Permit 4454
Federal Emp. No. [redacted]

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

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

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

COLUMN 1 $
COLUMN 2 $
SUBTOTAL $
Minimum Plumbing Fee (If Applicable) 91.9
Total Plumbing Fee (Sum of Subtotals or Minimum) 91.9
CK# 997

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material	ABS	Size	3-1½	
Building Sewer —	Material	SDR	Size	4	
Water Service —	Material	Poly	Size	3/4	
Venting —	Material	ABS	Size	3-1½	

Estimated Cost of Plumbing Work: $ 3000 -

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLUMBING SUBCODE
TECHNICAL SECTION

Block 1.12 Lot 18
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner BOB KAMIEN
Address
Tel. ( ) [redacted]
Work Site Address RAMTOWN MANOR

When changing contractors, notify this office

Contractor SHER-RON
Address PO BOX 388
HOWELL
Tel. (201) 361-5066
Lic.No./Bus. Permit 4474
Federal Emp. No. [redacted]

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

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

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

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

C. PLUMBING CHARACTERISTICS

USE GROUP: R5 Present _____ Proposed

Drainage —	Material	ABS	Size	3-1½
Building Sewer —	Material	SDR	Size	4
Water Service —	Material	Poly	Size	3/4
Venting —	Material	ABS	Size	3-1½

Estimated Cost of Plumbing Work: $ 3000.-

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS
8-22-86	Final Failed – no meter

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 8-28-86

Inspected By: Dave Gibson

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				8-6-85
☒ Rough				10-8-85
☒ Water				8-6-85
☒ Sewer				8-28-86
☐ Energy				
☒ Mechanical				10-8-85
☐ TCO				
☐ Other _____				

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

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 10-16-86 INSPECTION REQUESTED BY:

CASE NUMBER: 2287 DEVELOPMENT: Camtown Manor

BLOCK: 1.12 LOT: 18 SECTION: 2

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

RECOMMENDATION(S) AND/OR REQUIRED DOCUMENTATION:

✓ 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:

[signature] 10/21/86 [signature] 22 Oct 86

INSPECTOR DATE

7/ 3/86

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

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

CERTIFICATE # _____ DATE _____

RESIDENTIAL ✓ COMMERCIAL _____ CONSTRUCTION _____

(C.O.) C.C.O. INSPECTION REPORT: BLOCK 1.12 LOT 18

_____ _____
HEATING NAME OF ESTABLISHMENT/OWNER

4 _____
DISTRICT ADDRESS

_____
PHONE #

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

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

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

VIOLATIONS: _____

SEAL AUT O/D BRACKETS

SEAL AUT FIVE OPENING

REINSPECTION DATE _____

REMARKS: _____

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

Robert K. Thomas
CHIEF

_____
INITIALS OF INSPECTOR

F#2 - HTBFP

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

CERTIFICATE OF COMPLIANCE

TO: Construction Official MUNICIPALITY: Howell

PROJECT: Ramtown Manor

Application No. 83-240

Block No.(s) 1.12 Lot No.(s) 2-17, 18-22

Block No.(s) 11.15 Lot No.(s) 105

Block 1.16 Lot 2-17

Complete Compliance ☐ Partial Compliance ☒

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

Date September 26, 1986 Authorized Signature

*Subject to attached conditions. * Pending continued compliance

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

A4261

New Development/New Construction

Inspections Dept. Check List/Certificate of Occupancy

Prior to issuance of Certificate of Occupancy

Final Building Inspection 10-6-86

Final Plumbing Inspection 8-28-86

Final Electrical Inspection 10-3-86

Final Fire Inspection 9-26-86

Soil Conservation Approval ~~✓~~ 9/26

MUA/MCSOE/WELL/SEPTIC ✓

HOW Certificate Date 9-8-86

Final Survey ✓

Driveway Approval ✓

Engineering Release ✓

Land Use Release

Final Review Complete

BLOCK 112 LOT 18

NAME

DATE ISSUED

C.O. encl.

Kenilworth

HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY
1000 Route 9
Woodbridge, N.J. 07095
800-982-5538

CERTIFICATION FORM

(Used to obtain Certificate of Occupancy) SEP 18 1986

HOW Builder Approval No. 799P (obtained by NJ HOW)

MUNICIPALITY Howell

LOT NO. 18 BLOCK NO. 1.12

ADDRESS 10 Virginia Drive

BUILDING FIRM NAME Laurel Manor - Canton Manor

BUILDING FIRM ADDRESS HOW CORP. PO Box 9
Brick, N.J. 08723

HOW BUILDER NO. 3100 - 0814

NJ DCA BUILDER REGISTRATION NO. 043233

ENROLLMENT # OR NOTIFICATION OF STARTS# 26513

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

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

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

MUNICIPALITY COPY

7c

TO THE ADMINISTRATIVE OFFICE: 1592 DATE: 7/11/85

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

1. Location of Property 10 Virginia Drive

   Blk 112 Lot 18

2. Name of Land Owners Laurel Manor Assoc

3. Occupant

4. Proposed Use:

X New Construction	X Residence-Number of Families 1
Remodeling	Business
Accessory Building	Manufacturing
	Sign Board - Size

5. Survey of lot, showing public roads, existing buildings and proposed construction or use for which this application is made. Fill in all dimensions below:

   (a) Name of road or street Virginia Drive Feet.

   (b) Main road frontage 80 Feet.

   (c) Set back from side of road right of way Feet.

   (d) Side yard clearance 23 Feet.

   (e) Rear yard clearance 34 Feet.

   (f) Depth of lot from right of way 100 Feet.

   (g) Dimensions of building: Width 37 Feet Depth 36 Feet.

   (h) Highest point of building above established grade Feet.

   (i) Area of lot - square feet or acres Feet.

   (j) Sketch showing existing buildings and proposed construction (indicating which direction is North).

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

7. REMARKS

WITNESS:

Patricia L. Hall
APPLICANTS SIGNATURE

Date filed with Administrative Officer 7/19/85 Fee $10/00

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

(a) Review of other agencies:

(b) Revisions made:

(c) Bonds Posted:

(d) Taxes and assessments paid:

(e) DOT approval, if any:

(f) Soil Conservation, if any: O.K.

(g) Monmouth County Planning Board:

(h) Howell Township Municipal Utilities Authority:

PERMIT APPROVAL GRANTED:

PERMIT APPROVAL DENIED:

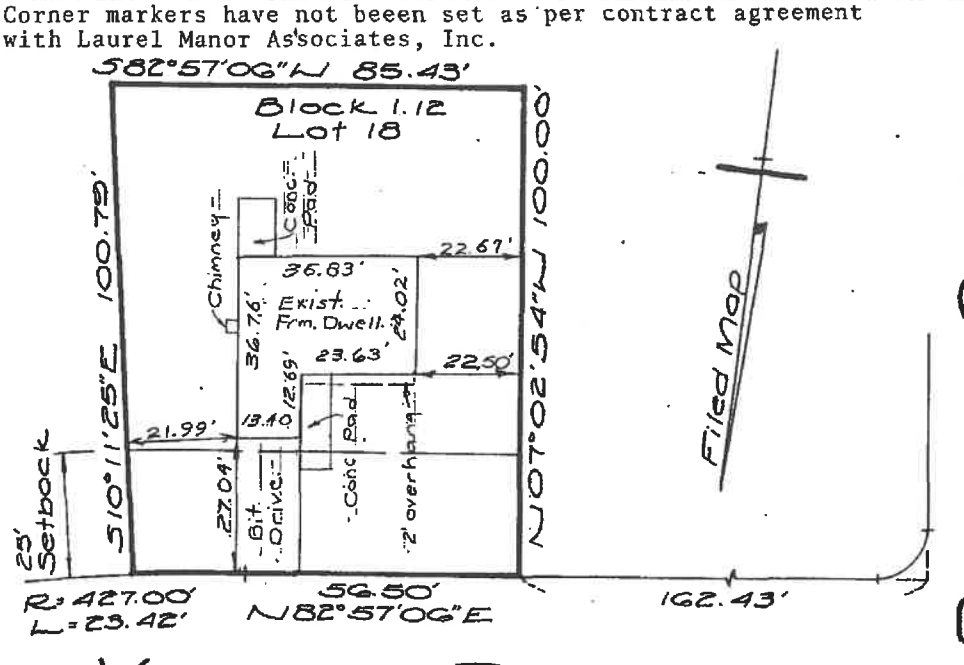
Upon the basis of the above applications, the statements which are made part hereof, the proposed usage is_____ found to be in accordance with the Township Zoning Ordinance and is hereby_____ approved for the following zone:_____.

_____
ADMINISTRATIVE OFFICER

Date Application was received 7/19/05 Date ruled on 7/19/05

If certification is refused, reason for refusal:_____

Corner markers have not beeen set as per contract agreement with Laurel Manor Associates, Inc.



Known and designated as Lot 18 in Block 1.12 as shown on "Final Map Major Subdivision Ramtown Manor, Section One" situated in Howell Township, Monmouth County, N.J. Filed: 12/13/84, Case No. 197, Sheet 4

FOR CERTIFICATE OF OCCUPANCY ONLY

Only copies from the original of this survey marked with an original of the Land Surveyor's embossed seal shall be considered to be valid copies
Signature and embossed seal signify that this survey was prepared in accordance with the existing code of practice accepted by the N.J. State Board of Professional Engineers and Land Surveyors. Certifications indicated hereon shall run only to the person for whom the survey is prepared, and on his behalf to the title company, governmental agency and lending institution listed hereon, and to the assignees of the lending institution. Certifications are not transferable to additional institutions or subsequent owners.
Underground improvements or encroachments, if any, are not shown hereon, nor are any easements not recorded in title search supplied by property owner.
Unauthorized alteration or addition to a survey map bearing a licensed Land Surveyor's seal is illegal and punishable by law.
Property subject to documents of record.

F 25'	R	S	C		R	FAJS	F	D/K

PLAN OF

LOT 18 BLOCK 1.12

SITUATED IN

RAMTOWN MANOR, SECTION 1, HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

PREPARED BY

LYNCH, CARMODY, GIULIANO & KAROL, P.A.

CONSULTING ENGINEERS LAND PLANNERS LAND SURVEYORS

THOMAS F. LYNCH, L.S.

Thomas F. Lynch L.S.No. 15558
Cornelius P. Carmody L.S.No. 14806
Michael J. Giuliano, Jr. P.E.No. 23314
John D. Karol L.S.No. 23945

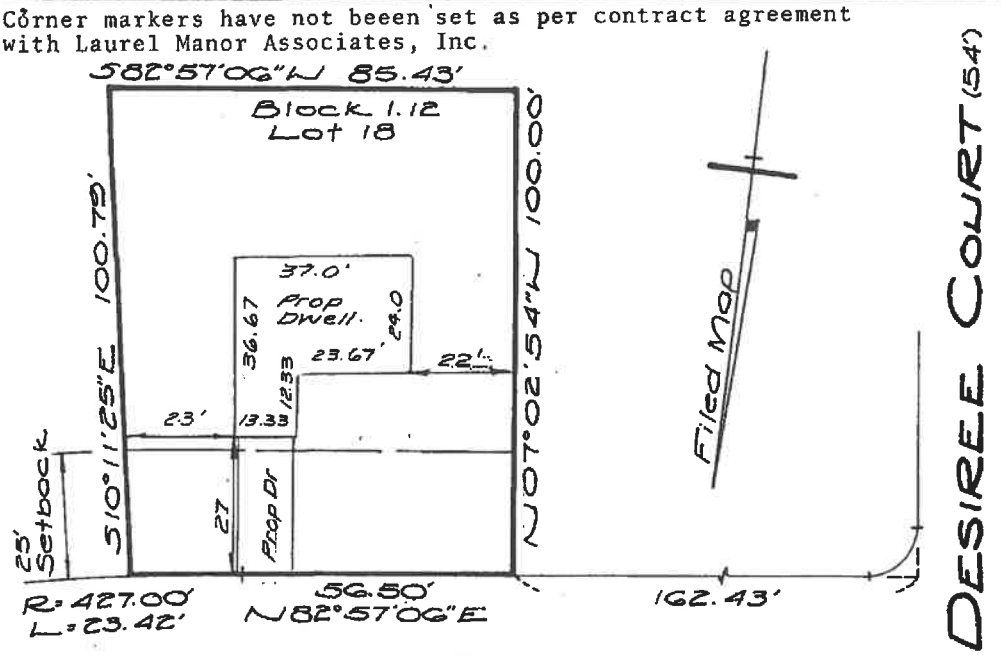
LAND SURVEYOR N.J. Lic. N.J. 15558

Date SEP 10 1986

Terrace Professional Building
582 Plaza Terrace East
Brick Town, N.J. 08723
Tel: (201) 477-3330

Plot Plan	Fnd. Loc.	Final	Update	Full Survey	File No. 82-0303-2	
7/10/85	8/20/85	9/9/86			Scale: 1" = 30'	Seq.

Corner markers have not beeen set as per contract agreement with Laurel Manor Associates, Inc.



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Underground improvements or encroachments, if any, are not shown hereon, nor are any easements not recorded in title search supplied by property owner.
Unauthorized alteration or addition to a survey map bearing a licensed Land Surveyor's seal is illegal and punishable by law.
Property subject to documents of record

FOR BUILDING PERMIT ONLY

F 25'	R	S	C			R	F	F	D/K

PLAN OF

LOT 18 BLOCK 1.12

SITUATED IN

RAMTOWN MANOR, SECTION 1, HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

PREPARED BY

LYNCH, CARMODY, GIULIANO & KAROL, P.A.

CONSULTING ENGINEERS LAND PLANNERS LAND SURVEYORS

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John D. Karol L.S.No.23945

LAND SURVEYOR N.J. Lic. N.J. 15558

Date 7/10/85

Terrace Professional Building
582 Plaza Terrace East
Brick Town, N.J. 08723
Tel: (201) 477-3330

Plot Plan	Fnd. Loc.	Final	Update	Full Survey	File No. 82-0503-2	
7/10/85					Scale: 1" = 30'	Seq.

HOWELL TOWNSHIP

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: _____
2. Owner Name: Richard J Kerrigan Tel. ([redacted] 458-5914
   Address 10 Virginia Drive
3. Principal Contractor: _____ Tel. (___) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work Owner Tel. ([redacted] 458-5914

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

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

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

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

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

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

LDS HW-B 10100629

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

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

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

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

SIGNATURE Richard J. Kingan DATE 10/19/87

II. AGENT SECTION

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

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

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

☐ Check if contractor.

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

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

PRIOR APPROVALS CHECKLIST

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

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

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

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

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

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

III. CERTIFICATES ISSUED

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

IV. ON-GOING INSPECTIONS

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

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency).	(10.00)
D.C.A. TRAINING FEE .0006 x _____ =	_____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

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

CERTIFICATE

CERT. NO. 2211-1
DATE ISSUED 3-29-88
Block 1.12 Lot 18
Subdivision

IDENTIFICATION

Owner Richard Kerrigan
Address 10 Virginia Dr
Howell, NJ 07731
Tel. ( ) 458-5914

Agent Owner
Address
Tel. ( )

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

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other

Collected By: BF
Date: 3-29-88

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:
Completion and approval of shed 12' x 8'

USE GROUP U
FIRE GRADING
MAXIMUM LIVE LOAD
MAXIMUM OCCUPANCY LOAD
SPECIFIC USE

FINAL COST OF CONSTRUCTION: $ 500.00

CONSTRUCTION OFFICIAL

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

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

CONSTRUCTION PERMIT

PERMIT NO. 2211-1
DATE ISSUED 10-20-87
Block 1.12 Lot 18
Subdivision

A. IDENTIFICATION

Owner Richard J. Kerrigan
Address 10 Virginia Drive
Howell, NJ 07731
Tel. ( ) 938-5914

Agent Same
Address
Tel. ( )

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

PAYMENTS

Permit Fee $ 10.00
Fees Remitted $
☒ Check No. 222
☐ Cash
☐ Other

Collected By: BF
Date: 10-22-87

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Shed 12' x 8'

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: $ 500.00

CONSTRUCTION OFFICIAL

White = Applicant Copy Yellow/Orange = Tax Assessor Copy

HOWELL. TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2211-1
DATE ISSUED 10-20-87
REVISION DATE
Block 112 Lot 18
Subdivision

A. IDENTIFICATION

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

Owner Richard J Kerrigan — Contractor
Address 10 Virginia Drive — Address
Tel. [redacted] — Tel. ( )
Work Site Address Same as above — Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

Richard J Kerrigan
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

12' x 8' shed

☒ See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
		10.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

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

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

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

Estimated Cost of Building Work: $ 500.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

HOWELL. TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2211-1
DATE ISSUED 10-26-87
REVISION DATE
Block 1.12 Lot 18
Subdivision

A. IDENTIFICATION

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

Owner Richard J Kerrigan
Address 10 Virginia Drive
Tel. [redacted]
Work Site Address Same as above

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

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

Richard J Kerrigan
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

12' x 8' shed

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		10.00
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

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

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

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

Estimated Cost of Building Work: $ 300.00

D. COMMENTS

☐ Partial-Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	10-20-87	WJC
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: MAR 28 1988

Inspected By:

INSPECTIONS

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

U.C.C. Form F 110 (8/82)

RECEIVED
OCT 19 1987

(2211-1)

PLAN REVIEW CHECK LIST

NAME Kerrigan Block 1-12 Lot 18

ADDRESS 10 Virginia Dr Zoning Release 10-19-87

Date Submitted 10-19-87

Development

SHED

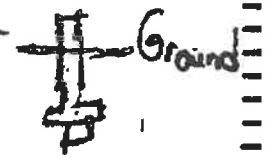
	Reviewed By		Approved	Comments
Building	10-20-87		ok	
Plumbing				
Fire				
Electrical				
Mechanical				
Septic				
Other				

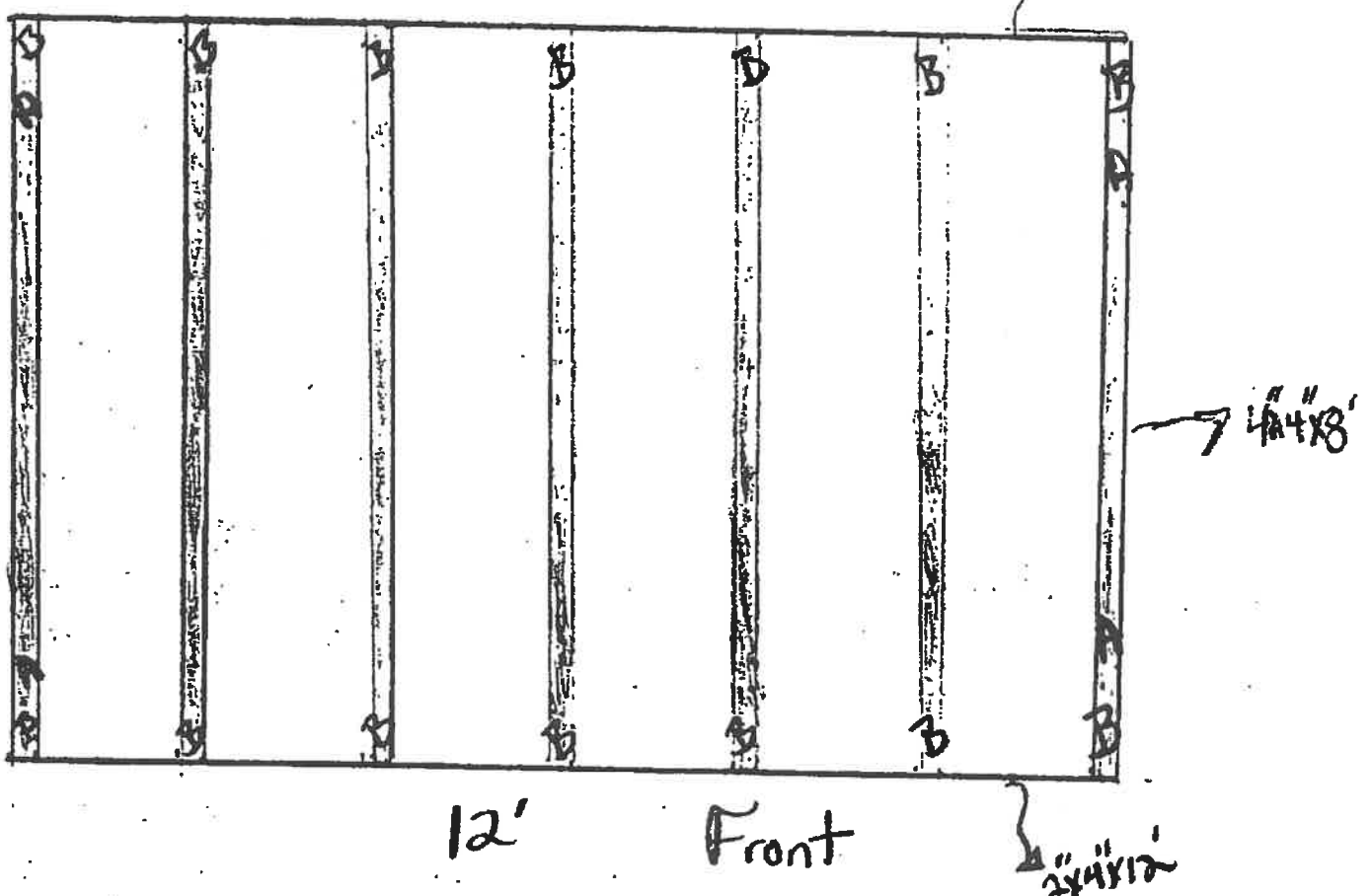
2x4"x12' will be nailed into 4"x4"x8'

Flooring - 5/8 plywood or wafer board

B= 6"x8"x16" Cement block

A= 3' Steel fence post for anchoring fence post will be nailed into 4x4x6



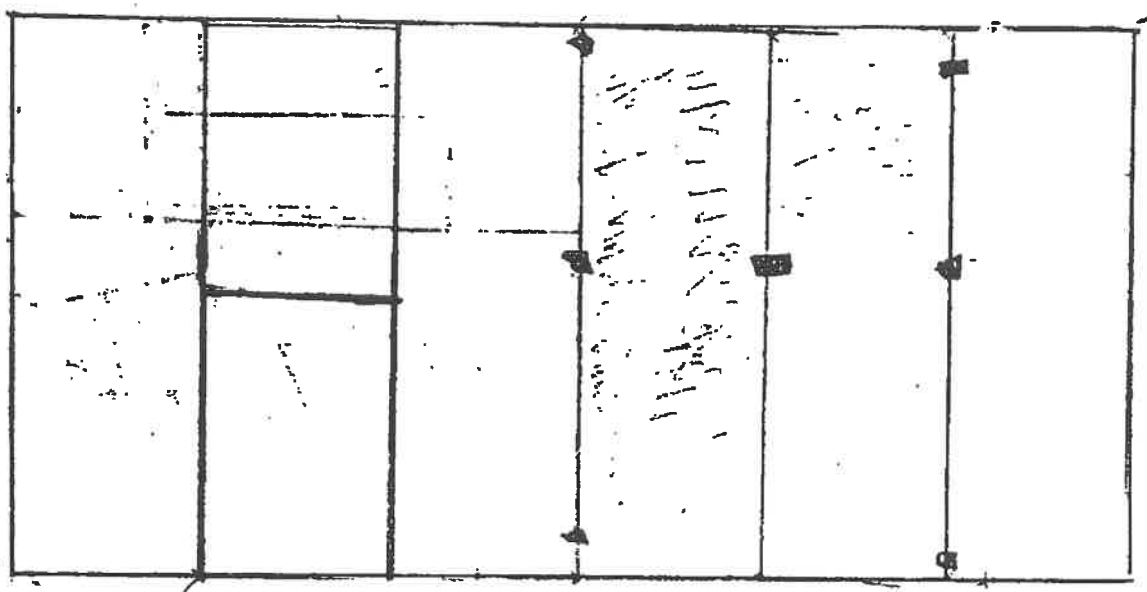


Foundation

1

6'

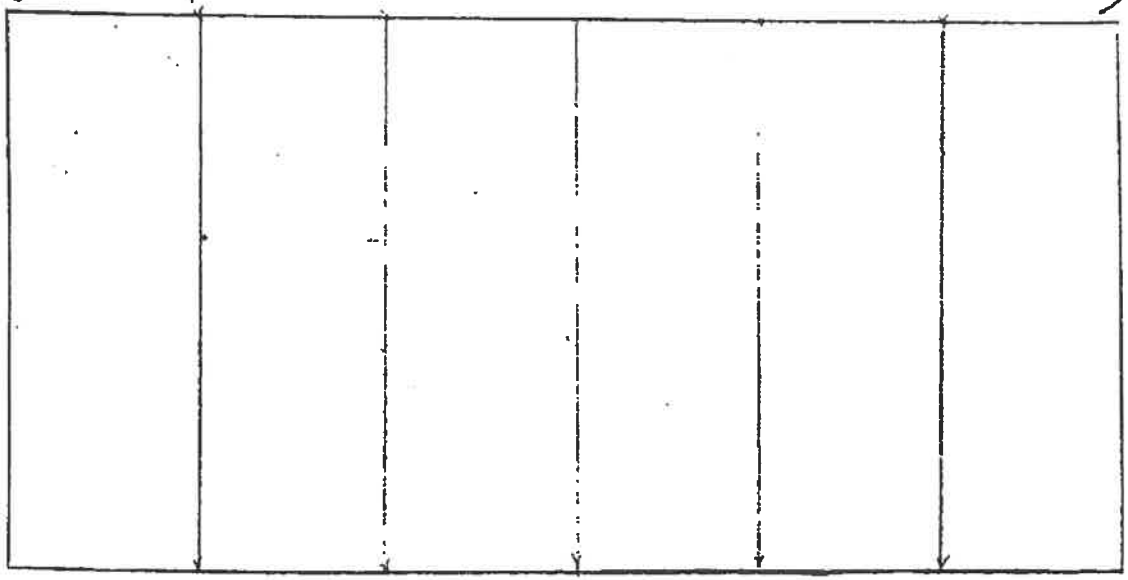
Front



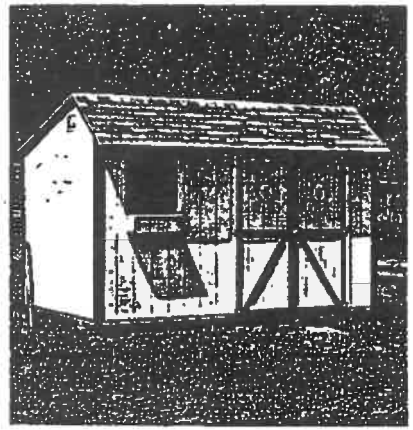
12'

2"x4" x 6' studs 24" oc

1/2" T-111 exterior siding



Back



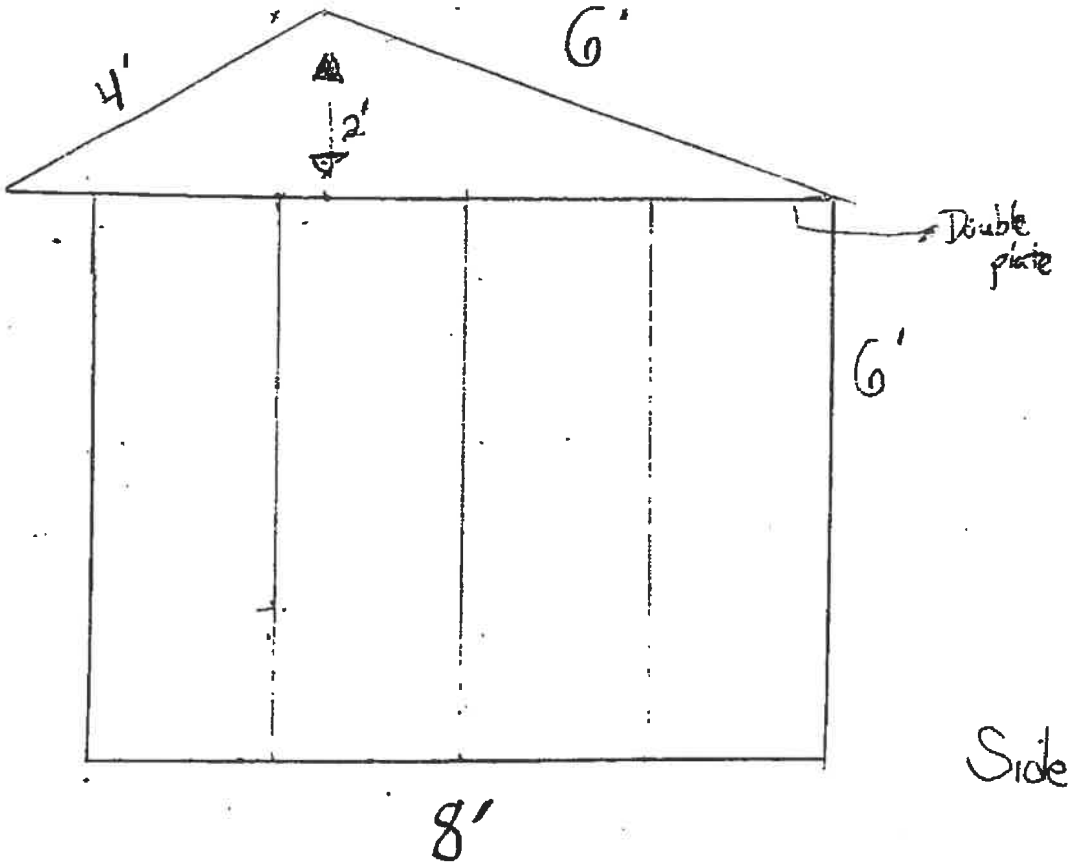
8' WIDE: 12' long

Roofing

½" plywood or wafer board

Siding

½" T-111



Side

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 112 LOT(S) 18 STREET Virginia Drive

APPLICANT: NAME Richard J. Kerrigan

ADDRESS 10 Virginia Drive

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 5 feet and ____ feet
Rear yard clearances 5 feet

DESCRIPTION OF STRUCTURE: Height 8 feet to highest point
Length 12 feet Width 8 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

Richard J. Kerrigan
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~~.

10-19-87
Date

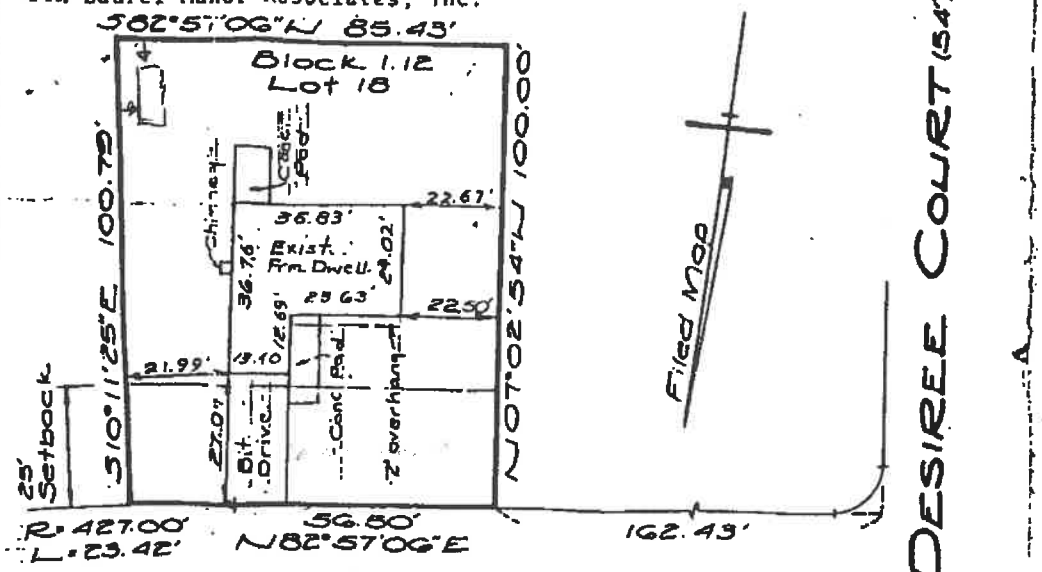
Julee Kearney
HOWELL TOWNSHIP LAND USE OFFICER

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

Corner markers have not been set as per contract agreement with Laurel Manor Associates, Inc.



VIRGINIA DRIVE (54')

1'9" More Than 21.99 reading

Known and designated as Lot 18 in Block 1.12 as shown on "Final Map Major Subdivision Ramtown Manor, Section 1" situated in Howell Township, Monmouth County, N.J.
Filed: 12/13/84, Case No. 197, Sheet 4

Only copies from the original of this survey marked with an original of the Land Surveyor's embossed seal shall be considered to be valid copies.
Signature and embossed seal signify that the survey was prepared in accordance with the existing code of practice adopted by the N.J. State Board of Professional Engineers and Land Surveyors. Certifications indicated hereon shall run only to the person for whom the survey is prepared, and on his behalf to the title company, governmental agency and lending institution listed hereon, and to the grantees of the lending institution. Certifications are not transferable to additional institutions or subsequent owners.
Underground improvements or encroachments, if any, are not shown hereon, nor are any easements not recorded as title reports supplied by property owner.
Unauthorized alteration or addition to a survey map bearing a licensed Land Surveyor's seal is illegal and punishable by law.
Property subject to documents of record

CERTIFIED TO:
Richard J. Kerrigan and Diane Kerrigan, his wife;
Residential Financial Corp.;
Mid-State Abstract Company/First American Title Insurance Company;
Neff and Neff, Esqs.

F 25'	R	S	C		R	FAJS	F	J/K

PLAN OF
LOT 18 BLOCK 1.12
SITUATED IN
RAMTOWN MANOR, SECTION 1, HOWELL TOWNSHIP, MONMOUTH COUNTY, NEW JERSEY

PREPARED BY
LYNCH, CARMODY, GIULIANO & KAROL, P.A.
CONSULTING ENGINEERS LAND PLANNERS LAND SURVEYORS

THOMAS F. LYNCH, L.S.

Thomas F Lynch L.S.No 15558
Cornelius P. Carmody L.S.No 14606
Michael J. Giuliano, Jr. P.E.No 23314
John D. Karol L.S.No 23945

LAND SURVEYOR N.J. Lic. N.J. 15558
Date Sept 24 1985

Terrace Professional Building
582 Plaza Terrace East
Brick Town, N.J. 08723
Tel: (201) 477-3330

Plot Plan	Fnd. Loc.	Final	Update	Full Survey	File No. 82-0303-2	
7/10/85	8/20/85	9/9/85			Scale: 1" = 30'	Seq.

BLOCK 1.12 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 10 VIRGINIA DR PERMIT NO. 01-1506

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 10 VIRGINIA DR - HOWELL
2. Name of Owner in Fee: DIANE KERRIGAN Tel. [redacted]
   Address 10 VIRGINIA DR (street) HOWELL (municipality) [redacted] 07731 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor GARRITY MECHANICAL INC Tel. (732) 286-4522
   Address 201 NAVASD CT TOMS RIVER NJ 08755
   License No. OR, If new home, Builder Reg. No. [redacted] B1-9510 Exp. Date 6-30-03
   Federal Employee No. [redacted] FAX: (732) 244-4508
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work MARK
   Tel. (732) 286-4522 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	500								
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	500								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS HW-B 10100631

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name GARRITY MECHANICAL INC

Address 201 NAVAJO CT
TOMS RIVER N.J. 08755

Telephone (732) 286-4522

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

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

CERTIFICATE

IDENTIFICATION

Date Issued: 12/03/2002
Control #: 15534
Permit # 20011506

Block: 1.12 Lot : 18 Qual: _____

Work Site : 10 VIRGINIA DR
HOWELL NJ N07731

Owner in Fee: KERRIGAN

Address: 10 VIRGINIA DR
HOWELL NJ 07731

Telephone: _____

Agent/Contractor: GARRITY MECHANICAL

Address: 201 NAVAJO CT
TOMS RIVER NJ 08755

Telephone: 732 286-4522

Lic. No./ Bldrs. Reg.No.: B19510 Federal Emp. No.: [redacted]

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-3

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: REPLACE HOT WATER HEATER

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Edward S. Mack

Edward Mack Construction Official

Fees $0.00
Paid [X]Check No 7239
Collected by LG

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 7-19-01
Control #
Permit # 01-1506

IDENTIFICATION Block 112 Lot 18

Work Site Location 10 VIRGINIA DR
HOWELL NJ 07731

Owner in Fee DIANE KERRIGAN

Address Home

Tel. [redacted] 458-5914

Contractor GARRITY MECHANICAL INC
Address 201 NAVAJO CT
TOMS RIVER N.J. 08755
Tel. ( ) (732) 286-4522
Lic. No. or Bldrs. Reg. No. 13-9510
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: HW+H Replace

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 $ 500

Construction Official

7-19-01
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	46.-
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.-
Cert. of Occupancy	
Other	
Total	47.00
Check No.	7239
Cash	
Collected by	

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

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7-19-01
Date Issued
Control #
Permit # 01-1506

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

Block 1, 12 Lot 18
Work Site Location 10 VIRGINIA DR
HOWELL NJ 07731
Owner in Fee DIANE KERRIGAN
Address same
Tele. (732) 458-5714
Contractor GARRITY MECHANICAL INC
Address 201 NAVAJO CT
TOMS RIVER N.J. 08755
Tele. (_____) (732) 286-4522 Fax (732) 244-4508
Lic. No. B1-9510
Federal Emp. No. 22-3685993

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7-19-01
Approved by: AG

SUBCODE APPROVAL
[ ] CO [ ] CCO [T] CA
Date: 11/22/02
Approved by: [signature]

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				
Final	11/13/02		11/22/02	

↓ NO ACCESS OK

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater REPLACE	46
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	47

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7-19-01
Date Issued
Control #
Permit # 01-1506

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

Block 1.12 Lot 18
Work Site Location 10 VIRGINIA DR
HOWELL NJ 07731
Owner in Fee DIANE KERRIGAN
Address same
Tele. (732) 458-5914
Contractor GARRITY MECHANICAL INC
Address 201 NAVAJO CT
TOMS RIVER N.J. 08755
(732) 286-4522
Tele. ( ) Fax (732) 244-4508
Lic. No. BI-9510
Federal Emp. No. 22-3685995

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7-19-01
Approved by: AG

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater REPLACE	46
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	47

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 12/13/2011
Control Number C-14880
Permit Number 20110369
Permit Issue Date 2/28/2011
Certificate Number 20110369

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 VIRGINIA DRIVE Howell Township, NJ Block: 1.12 Lot: 18 Qual:

Owner in Fee: KERRIGAN, RICHARD J & DIANE

Owner Address: 10 VIRGINIA DRIVE HOWELL NJ 07731

Telephone: [redacted]

Contractor A.J. PERRI Inc

Address 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: 7327473131 Fax: 7329828715

License Number or Builders Registration Number: 13296B 13VH00346300 36BI01256600 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: Type V

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: CHIMNEY LINER, REPLACEMENT FURNACE

Certificate Comments: CARRIER EQUIP.

☐ **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: 12/13/2011 U.C.C. F260 (rev. 08/05)

1.12- 18 - 115062

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2-28-11
Control # C14880
Date Issued
Permit # 2011-0369

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

Block 1.12 Lot 18 Qualification Code

Work Site Location 10 Virginia Drive Itowell 07731

Owner in Fee: Kerrigen

Tel. ([redacted]) e-mail

Address Same

Contractor: MICHAEL J. PERRI T/A AJ PERRI, INC. (street / municipality) Tel. (848) 482-0721 (zip code)

Address 9 JOHNSON STREET MONMOUTH BEACH, NJ 07750 e-mail

Contractor License No. 12566 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: (732) 982-8715

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,560.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required minor ok
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-15-11
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4-28-11
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			4/28/11	[signature]

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]
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace gas furnace and chimney liner

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Furnace	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	65
State Permit Surcharge Fee	$	3
TOTAL FEE	$	68

FURNACE REPLACEMENT CHECK LIST

MANUFACTURED BY: CARRIER/INFINITY **EFFICIENCY:** 95%

10 VIRGINIA
1.12 18
20110369

LOCATION:

___ **BASEMENT**

___ **GARAGE**

- ☐ Source of ignition 18" above floor
- ☐ Impact protection

_✓_ **CLOSET or UTILITY ROOM**

- ☐ Combustion air – Prohibited sources (sleeping, bath and toilet rooms)

___ **ATTIC**

- ☐ 24" secured walkway
- ☐ 30" x 30" service area
- ☐ 20 ft max remote location from opening
- ☐ 50 ft max remote location with 6 ft high passage way
- ☐ Light and service outlet

___ **CRAWLSPACE**

- ☐ 30" high by 22" wide opening

TYPE OF FUEL

_✓_ **NATURAL GAS**

___ **LP GAS**

- ☑ Gas cock within 6 ft of unit
- ☑ Drip leg
- ☐ Flexible connector – 36" max
- ☑ Hard piped

___ **FUEL OIL**

- ☐ Oil filter
- ☐ Oil shut off

FLUE PIPE

___ **SINGLE WALL – Condition space**

___ **TYPE B METAL VENT – Un-condition space**

_✓_ **PVC or ABS PLASTIC – 90+**

- ☑ Properly secured
- ☑ Properly supported
- ☑ Properly pitched
- ☑ Sealed at chimney

115062

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2-28-11
Control # C14880
Date Issued
Permit # 2011-0369

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

Block 1.12 Lot 18 Qualification Code

Work Site Location 10 Virginia Drive
Howell 07731

Owner in Fee Kerrigan

Tel. [redacted] e-mail

Address Same

Contractor: A.J. Perri, Inc. (street / municipality) Tel. (732) 982-8700 (zip code)

Address 1138 Pine Brook Road e-mail
Tinton Falls, NJ 07724

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 (if applicable):

Federal Emp. ID No. [redacted] FAX: (732) 982-8715

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location:

Total Cost of Fire Protection Work $ 4,680.-

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

Fire Alarm System: [ ] New OR [ ] 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:
Approved by.

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/28/11	
Other FINAL				

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. Doug Johnston
Applicant's Signature/Contractor's Signature

[√] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace gas furnace and chimney liner

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v, Interconnected		
[ ] CO Detection/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other Chimney Liner	1	
Administrative Surcharge $		
Minimum Fee $		100.00
State Permit Surcharge Fee $		

AJ 023 Rev 05 10

115062

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 2-28-11

Date Issued Permit # C14880 2011-0369

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

Block 1.12 Lot 18 Qualification Code

Work Site Location 10 Virginia Drive
Howell 07731

Owner in Fee: Kerrigan

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: RCLE Inc. Tel. (732) 982-8700

Address 9 Ellis Court e-mail
Monmouth Beach, NJ 07750

Contractor License No. Electric License # 7654 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: (732) 982-8715

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,560.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

X No Plans Required

Partial -Underslab Utilities Approved
Date: Approved by:

Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-27-11
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] OA
Date: 4-29-11
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-28-11	MD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace gas furnace and chimney liner

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	60K	OTU Furnace	/

Administrative Surcharge	$ 65
Minimum Fee	$ 3
State Permit Surcharge Fee	$
TOTAL FEE	$ 68

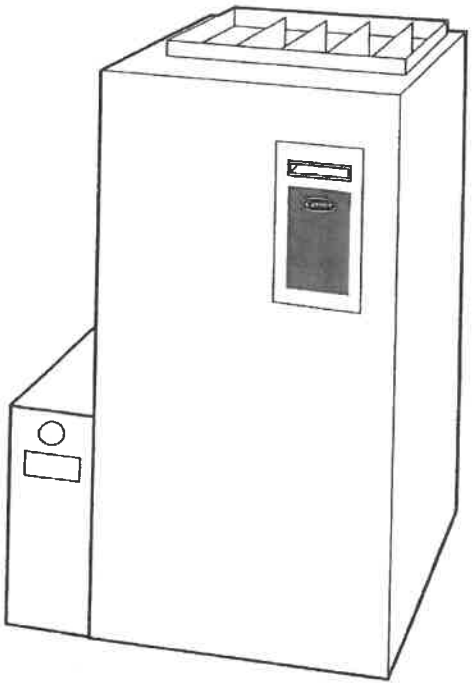
AJ 019A 4 10

58MVC060

INFINITY™ ICS MODEL 58MVC
DELUXE 4–WAY MULTIPOISE VARIABLE–SPEED MULTI–STAGE CONDENSING GAS FURNACE
Series 100 Input Rates: 60,000 thru 120,000 Btuh

Carrier®
Turn to the Experts.

Product Data



A05089

IdealComfort IdealHumidity

IdealComfort™ technology, the ultimate in heating comfort . . .

The Carrier Infinity™ ICS with IdealComfort™ technology achieves the optimum combination of comfort and efficency.

The Infinity™ ICS achieves industry–leading ultra–high efficiency at up to 95 percent Annual Fuel Utilization Efficiency (AFUE). Efficient performance is enhanced through the variable–speed design. To optimize heating performance, IdealComfort™ automatically adjusts the heating level, maximizing the use of low heating levels that produce near silent furnace operation while meeting the exact heating needs. This unit is designed to keep the indoor temperature within less than 1 degree of the thermostat setpoint. Because it operates in low heat most of the time, the Infinity™ ICS uses up to 80% less power than single–capacity furnaces.

In addition to providing ultimate comfort, the Infinity™ ICS has a sealed combustion system. This system brings combustion air to the furnace and vents flue gases outside the furnace in a safe manner. Because it is sealed, operational noise is minimal. A sealed combustion system also means fewer cold drafts and less air infiltration.

Quality materials are the key behind the Infinity™ ICS's outstanding performance. Carrier stands behind quality. We offer lifetime warranty protection* on the heat exchangers, the heart of the Infinity™ ICS. The rest of the furnace is backed by a limited 5–year warranty.

The Infinity™ ICS is available in 5 heat/airflow combinations. The unit has a 4–way multipoise design and can be installed in upflow, downflow, or horizontal positions covering up to 20 different applications. The Infinity™ ICS can be vented as a Direct vent/2–pipe furnace or as an optional ventilated combustion air application.

The versatile 4–way multipoise design in conjunction with variable speed makes the Infinity™ ICS ideal for use with split system cooling, including 2–speed units. A Carrier Infinity™ air purifier, humidifier, comfort ventilator, and Infinity™ Zone control will provide year round comfort and efficiency.

Designed for durability, comfort, and reliability, the Infinity™ ICS is the ultimate in versatile, efficient comfort.

Carrier Infinity® System — When the Infinity™ ICS variable–speed gas furnace is matched with the Infinity™ Control (–B release is compatible) and an air conditioner or heat pump, the homeowner will experience the ultimate in IdealComfort™ and IdealHumidity™ through unparalleled control of temperature, humidity, indoor air quality, and zoning. The Carrier Infinity™ System also provides unprecedented ease of use through onscreen, text–based service reminders and equipment malfunction alerts.

National Chimney Supply, Inc. #MH25531

280 Commerce Street
Williston, VT 05495

2147C Fletcher Ave.
Indianapolis, IN 46203

2601 Emory Road Bldg. #4
Finksburg, MD 20895

4219 Howard Ave.
Kensington, MD 20895

INSTALLATION INSTRUCTIONS FOR M-FLEX MODEL CB & AL STAINLESS STEEL CHIMNEY LINERS

M-Flex Stainless Steel Chimney Liner are manufactured by National Chimney Supply, Inc. This lining systems is designed and listed to be installed with in masonry chimneys used to vent the products of combustion produced by heating appliances that burn oil, gas, or solid fuels.

This liner should be installed by a nationally certified chimney sweep or other qualified chimney professional.

Each installation must be planned for the best performance of the appliance being installed. Refer to appliance manufacturer's instructions to determine any special venting requirements for specific appliance.

The installer must contact the local building and fire code officials to determine any installation and inspection requirements. Building permits may be required before installation. M-Flex CB and AL liner must be installed with in the local building codes. Please remember, regardless of national codes, the local building inspectors have ultimate jurisdiction.

Do not use any materials or components other than specified in these installation instructions.

MATERIALS NEEDED TO INSTALL M-FLEX STAINLESS STEEL LINER:

	316L		Al294C
316	Two piece or one piece tee	AL	Two piece or one piece tee
	Tee Cap		Tee Cap
	90 Deg. or 45 Deg elbow:		90 Deg or 45 Deg elbow
	Coupler		Coupler
304	Top plate Top Support Clamp Storm Collar Liner Rain Cap } or Top Kit	304	Top plate Top Support Clamp Storm Collar Liner Rain Cap } or Top Kit

INSULATION MATERIALS (if applicable)

Part #	Description
PW4	Premier Wrap 1/4" Foil Faced Ceramic Wool Blanket
PW2	Premier Wrap 1/2" Foil Faced Ceramic Wool Blanket
PM	Premier Mesh Protective Wire Mesh Sleeve
Foil	Aluminum Foil Tape
FA1540 (large/small)	Mesh Clamp
PRMIX	Premier Mix

1.) INSPECTION AND PREPARATION OF CHIMNEY

The existing chimney must meet the following codes for proper construction and compliance requirements before the liner can be installed:

* The chimney must be a minimum of ten feet high, and a maximum of one hundred feet in height.
* The chimney must have the proper wall thickness, ie: minimum of 4 inches (nominal) solid masonry units.
* The chimney must extend at least three feet above the highest point where it penetrates the roof structure, and at least two feet higher than any portion of the building or adjoining structures with in ten feet.
* If the chimney is constructed inside the structure a minimum of two inches of unobstructed air space must surround the chimney to any combustible material. If the chimney is constructed on the outside of the structure, one inch of unobstructed air space must be maintained between the chimney and all other combustible materials.
* When the chimney passes through an floor, ceiling, or other horizontal or vertical structure, fire stops of a non-combustible material must be used.

****IF THE PROPER CLEARANCES LISTED ABOVE CANNOT BE DETERMINED THE LINER MUST BE INSTALLED WITH A *UL LISTED* CHIMNEY INSULATION****

* Do not connect any appliance that burns a liquid fuel to a chimney liner used to vent a solid fuel burning appliance.
* The connector pipe used to connect the appliance to the chimney liner must meet proper clearances to combustibles as determined by the appliance manufacturer's installation instructions, the national building code, or the local building code, which ever is in force.
* Before the liner is installed the chimney must be cleaned thoroughly to remove all deposits of soot, creosote, or glazed creosote. A proper inspection must be done to determine that the chimney is structurally sound. If the structural integrity of the chimney is found to be in question, ie: missing, loose, or cracked masonry or mortar joints, repairs must be made before installation of the chimney liner.

2.) SIZING THE PROPER LINER DIAMETER

* For solid fuel burning appliances the cross sectional area of the liner shall not be less than the cross sectional area of the appliance outlet collar. The cross sectional area of the flue shall not be more than three times the cross sectional area of the appliance outlet collar. For solid fuel burning fireplaces the liner should be at least one-tenth the square inches of the square inches of the fireplace opening. **Please note that this formula can vary based on height of the chimney and other determining factors. Call National Chimney Supply, Inc. should you have any questions.**
* For liner sizing of gas and oil burning appliances please refer to N.F.P.A 54 for gas and N.F.P.A31 for oil. Also refer to appliance manufacturer's instructions. **Incorrectly sized liners for these appliances can lead to performance problems and condensation with in the lining system. Please call National Chimney Supply, Inc. should you have any questions.**

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 1.12 LOT 18 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 10 Virginia Dr. Howell.

Applicant Kerrigan

Certifying Individual Russ Anthony Company A.J. PERRI, INC.

Address 1138 PINE BROOK ROAD (Street) TINTON FALLS (City) NJ (State) 07724 (Zip Code)

Tel. (800) 287-2164

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney – Tile Lined
[X] Flexible Liner water heater
[ ] Power Vent/Exhauster
[X] Other Direct Vent Furnace

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

Direct Vent Appliance:

No certification required:

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370 (rev. 3/04)

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

Date Issued 5/16/2014
Control Number C-21643
Permit Number 20140195
Permit Issue Date 1/30/2014
Certificate Number 20140195

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 VIRGINIA DRIVE Howell Township, NJ Block: 1.12 Lot: 18 Qual:

Owner in Fee: KERRIGAN, RICHARD J & DIANE

Owner Address: 10 VIRGINIA DRIVE HOWELL NJ 07731

Telephone: [redacted]

Contractor COASTAL & SON,LLC

Address 1106 VERDANT ROAD 3324 WINDSOR AVE TOMS RIVER NJ 08753

Telephone: (732) 573-0027 Fax: (732) 573-1149

License Number or Builders Registration Number: 36BI01253300 13VH01647800 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT GAS WATER HEATER

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: 5/16/2014

U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

1-30-14

Date Received
Date Issued
Control # C-21643
Permit # 2014-0195

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

Block 112 Lot 13
Work Site Location 10 Virginia Drive

Owner in Fee Richard Kerrigan
Address 10 Virginia Drive, Howell, NJ

Tele. [redacted]

Contractor COASTAL & SON, LLC
Address 1106 VERDANT RD.
TOMS RIVER, NJ 08753

Tele. 732-573-0027
Lic. No. 12533
Federal Emp. No [redacted] or Social Security No

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] COO
Date: 5/13/14
Approved by: _____

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval
Suppression Test	2/19/14 No Access		
Fire Alarm Test			
Smoke Test			
Mechanical			
CO			
Other _____			
Other _____			
Other FENA			5/15/14

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 Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
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		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliances		
OTHER N/A		
Administrative Surcharge		$
Minimum Fee		$ 150.00
DCA Training Fee		$
TOTAL FEE		$ 150.00

Paid [ ] Check # _____
Collected by: _____

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

1.12 - 18

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1-30-14
Date Issued
Control # C-21643
Permit # 2014.0145

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

Block 1.12 Lot 18
Work Site Location 10 Virginia Drive
Owner in Fee Richard Kerrigan
Address 10 Virginia Drive, Howell, NJ
Tele [redacted]
Contractor COASTAL & SON, LLC
Address 1106 VERDANT RD.
TOMS RIVER, NJ 08753
Tele. OFFICE 732-573-0027 FAX: 732-573-1149
Lic. No. 12533
Federal Emp. No. [redacted] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 485.- DIRECT REPLACEMENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[4] No Plans Required Minor WK
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-6-12
Approved by: NOA Coastal

SUBCODE APPROVAL:
[ ] CO [ ] CCO [4] CA
Approved By: 5-15-14
Date: NOA Coastal

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
~~Sewer~~ CC			OK	AG
TCO				
FINAL			5-15-14	JW

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 65
DCA Training Fee $ 1
Collected by _____ TOTAL $ 66

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 112 LOT 18 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 10 Virginia Drive

Owner in Fee Richard Kerrigan

Verifying Individual Doug Conboy Company Coastal & Son, LLC

Address 10 Virginia Drive (Street) Howell (City) 1106 Verdant Rd. Toms River, NJ 08753 (State, Zip Code)

Tel: (732) 573-0027 Fax: (732) 573-1149

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size 4" Existing

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [X] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [X] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	HWH	Oil / (Gas) / Other:	40k
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

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

Date Issued 5/15/2017
Control Number C-38116
Permit Number 20170776
Permit Issue Date 4/5/2017
Certificate Number 20170776

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 VIRGINIA DRIVE Howell Township, NJ 07731 Block: 1.12 Lot: 18 Qual:

Owner in Fee: KERRIGAN, RICHARD J & DIANE

Owner Address: 10 VIRGINIA DRIVE HOWELL NJ 07731

Telephone: [redacted]

Contractor NOVA HEATING & AIR CONDITIONING

Address 181 TRYPAK RD PO BOX 533 HOWELL NJ 07731

Telephone: (732) 938-4314 Fax: (732) 938-7316

License Number or Builders Registration Number: 19HC00338900 13VH01475100 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACE EXTERIOR CONDENSING UNIT

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: 5/15/2017

U.C.C. F260 (rev. 08/05)

1.12 - 18

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/5/17
Control # 38116
Date Issued
Permit # 2017[illegible]76

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

Block 1.12 Lot 18 Qualification Code 10

Work Site Location 16 Virginia Drive Howell NJ 07731

Owner [illegible] Rich Kernagan

Tel. [illegible] e-mail

Address Same.
street municipality zip code

Contractor: NOVA Heating and Air Conditioning
Address 181 Tyrpak Rd. Howell NJ 07731
(732) 938-4314
Contractor License No. License # 19HC00338900
Home Improvement Contrac ole):
Federal Emp. ID No. Fed Tax ID # [illegible]

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 3500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 4-7-17
Approved by: Allen Haasted

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5-2-17
Approved by: Allen Haasted

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5-2-17	JH

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: David Kirk

Print name here: David Kirk

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
replace central air

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other central air	

Administrative Surcharge	$
Minimum Fee	$ 65
State Permit Surcharge Fee	$ 7
TOTAL FEE	$ 72

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/5/17
Control # 38116
Date Issued
Permit # 20170776

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

Block 1.12 Lot 18 Qualification Code

Work Site Location 10 Virginia Drive
Howell NJ 07731

Owner in Fee: Rich Kemgan

Tel [redacted] e-mail

Address Same
street municipality zip code

Contractor: NOVA Heat and Air Conditioning Tel. (732) 938-4314

Address 181 Tyrpak Rd e-mail
Howell, NJ 07731

Contractor License No. 13VH01477500 Exp. Date 3/31/16

Home Improvement Contractor Registration No or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: (732) 938 7316

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-20-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO
Date: 5-2-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-2-17	JK
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: David Kirk

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: replace central air

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	✓
1	8	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $	05 ✓
Minimum Fee $	1
State Permit Surcharge Fee $	6.6 ✓
TOTAL FEE $	

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

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

Date Issued 1/9/2017
Control Number C-36974
Permit Number 20162947
Permit Issue Date 11/16/2016
Certificate Number 20162947

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 VIRGINIA DRIVE Howell Township, NJ 07731 Block: 1.12 Lot: 18 Qual:

Owner in Fee: KERRIGAN, RICHARD J & DIANE

Owner Address: 10 VIRGINIA DRIVE HOWELL NJ 07731

Telephone: [redacted]

Contractor ALL COUNTY EXTERIORS

Address 560 CROSS STREET LAKEWOOD NJ 08701

Telephone: (732) 370-2780 Fax: (732) 370-9542

License Number or Builders Registration Number: 13VH01860400 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOF TEAR-OFF AND RESHINGLE

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: 1/9/2017

U.C.C. F260 (rev. 08/05)

.DING SUBCODE
NICAL SECTION

Date Received 11-18-16
Control # 36974
Date Issued
Permit # 2016-2947

:ANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING
'S OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Lot 18 Qualification Code
ia Drive, Howell, NJ 07731

Owner in Fee: Richard J Diane Kerrigan
[redacted] e-mail

municipality zip code
riors Tel. (732) 370-2780
kewood, NJ 08701 e-mail ali@allcountyonline.com

er Registration No. 13VH01860400 Exp. Date 03/31/2017
Registration No. or Exemption Reason (if applicable):
[redacted] FAX: (732) 370-9542

Only)

Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
		Footing				
		Footing Bonding				
		Foundation				
		Slab				
		Frame				
		Truss Sys./Bracing				
		Barrier-Free				
[ ] Elevator		Insulation				
RMIT		Finishes -Base Layer				
		Finishes -Final				
		Energy				
RTIFICATE		Mechanical				
CA		TCO				
		Other				
		Final			1/6/17	SA
		Barrier-Free				

CS

Proposed RS

0 ft.
0 sq. ft.
0 sq. ft.
0 cu. ft.

Constr. Class Present VB Proposed VB

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 4,067
3. Total (1+ 2) $ 4,067

U.C.C. F110 (rev. 11/09)
Internet version

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.

Sign here: Alex Marz

Print name here: Alexandra Marzarella

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 2 layers of roof. Install GAF TL HD LT shingles.

TYPE OF WORK:

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

FEE (Office Use Only)

$ 122

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 8
TOTAL FEE $ 130 -

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

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

Date Issued 9/6/2013
Control Number 09268
Permit Number 20090838
Permit Issue Date 5/1/2009
Certificate Number 20090838

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 VIRGINIA DRIVE Howell Township, NJ Block: 1.12 Lot: 18 Qual:

Owner in Fee: KERRIGAN, RICHARD J & DIANE

Owner Address: 10 VIRGINIA DRIVE HOWELL NJ 07731

Telephone: [redacted]

Contractor JEFF MILLS PROPERTIES, LLC

Address 28 STEWARD AVENUE TOMS RIVER NJ 08753

Telephone: (732) 244-8586 Fax:

License Number or Builders Registration Number: 13VH01515200 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIDING

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: 9/6/2013

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5-1-09
Control # 09268
Date Issued
Permit # 09-0836

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

Block 10.12 Lot 18 Qualification Code

Work Site Location 10 Virginia Drive

Owner in Fee: Richard Kerrigan

Tel. ([redacted] e-mail [redacted]

Address 10 Virginia Drive (street) Howell (municipality) 07731 (zip code)

Contractor: Jeff Mills Properties, L.L.C. Tel. (888) 448-6455

Address 28 Steward Avenue, Toms River, NJ 08753 e-mail JLMILLS27@NETZERO.COM

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01515200

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Signature Richard J. Kerrigan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Siding + REPLACE (10) WINDOWS
SAME SIZE, NO FRAMING REQ'D.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	4-29-09	CG
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1/7/10
Approved by: GB

INSPECTIONS Type.	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			1/7/10	GB
Barrier-Free				

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

FEE (Office Use Only)

$ 198

Administrative Surcharge $
Minimum Fee $ 15
State Permit Surcharge Fee $ 225
TOTAL FEE $ 213

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R5
Constr. Class Present Proposed VB
No. of Stories
Height of Structure Ft.
Area — Largest Floor N/A Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 9,000
3. Total (1+ 2) $

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

Date Issued 5/28/2019
Control Number C-44367
Permit Number 20182871
Permit Issue Date 11/21/2018
Certificate Number 20182871

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1 SALLY STREET HOWELL, NJ 07731 Block: 3.02 Lot: 25 Qual:

Owner in Fee: TRAN, VU A & TRAN T & UYEN,BUI M

Owner Address: 1 SALLY STREET HOWELL NJ 07731

Telephone: [redacted]

Contractor TOM ROSTRON CO. INC.

Address 2490 TILTON CORNER ROAD WALL NJ

Telephone: (732) 223-8221 Fax: (732) 229-9380

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACE EXTERIOR CONDENSING UNIT, REPLACEMENT FURNACE, REPLACEMENT GAS WATER HEATER, REPLACEMENT OF AIR HANDLER

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: 5/28/2019

U.C.C. F260 (rev. 08/05)

3.02 - 25

PLUMBING SUBCODE
TECHNICAL SECTION

NJ

Date Received 11-21-18
Control #

Date Issued
Permit # 44367

2018-2871

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

Block 3.02 Lot 25 Qualification Code

Work Site Location 1 Sally St. Howell

Owner in Fee: Vu Tran

Tel. ([redacted] 762-9932 e-mail

Address 1 Sally St (street) Howell (municipality) 07731 (zip code)

Contractor: A.T. Thorn + Son P+H Tel. (732) 449-9350

Address PO Box 252 e-mail

Sea Girt NJ 08750

Contractor License No. 6016 Exp. Date 7/2019

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: (732) 449-8411

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3000.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: RAY THORN

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater - tankless	20
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $ 85

Minimum Fee $

State Permit Surcharge Fee $ 6

TOTAL FEE $ ~~85~~ 91

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 10-30-18
Approved by: Alan Hoosted

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12-10-18
Approved by: Alan Hoosted

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12-7-18	JC

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control # 14367
Date Issued
Permit #

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

Block 3.02 Lot 25 Qualification Code

Work Site Location 1 Sally St Howell

Owner in Fee: NV Tran

Tel. [redacted] e-mail

Address 1 Sally St (street) Howell (municipality) 07731 (zip)

Contractor: Tom Rostron Co. Tel: (732)223-8221

Address 2490 Tilton's Corner Rd Tel ( )
Wall, NJ 07719 Email: permits@tomrostron.com

Contractor License No. or Builder Registration No. License: 19HC00223800 Exp. Date Expires 6/31/18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Home Improvement Registration 13VH00573400

Federal Emp. ID No. Fax 1 (732)965-2632

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 5000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 11-16-18
Approved by: Allan Hastel

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 12-18-18
Approved by: Allan Hastel

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			OK	AE
Other Detector FINAL			12-7-18	JW

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.

Sign here:

Print name here: Tom Rostron Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace furnace and Central AIR

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other A/C	

Administrative Surcharge $	
Minimum Fee $	85
State Permit Surcharge Fee $	15
TOTAL FEE $	100

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 3.02 LOT 20 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1 Sally ST

Owner in Fee Vu Tran

Verifying Individual Bill Suer Company Tom Rostron Co.

Address 2490 Tilton Corner Rd (Street) Wall (City) NJ (State) 07719 (Zip)

Tel: (732) 223.8221 Fax: (732) 965-2632

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size _____

- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	60,000
Appliance 2:	Water Heater	Oil / (Gas) / Other:	199,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed; all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ Signature _____ Date

Direct Vent Appliance: 2

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Bill Suer Signature 10-9-2018 Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All appliances must be

FURNACE REPLACEMENT CHECK LIST

MANUFACTURED BY: Rheem **EFFICIENCY:** 90%

LOCATION:

- ✓ **BASEMENT**
- ___ **GARAGE**
  - ☐ Source of ignition 18" above floor
  - ☐ Impact protection
- ___ **CLOSET or UTILITY ROOM**
  - ☐ Combustion air – Prohibited sources (sleeping, bath and toilet rooms)
- ___ **ATTIC**
  - ☐ 24" secured walkway
  - ☐ 30" x 30" service area
  - ☐ 20 ft max remote location from opening
  - ☐ 50 ft max remote location with 6 ft high passage way
  - ☐ Light and service outlet
- ___ **CRAWLSPACE**
  - ☐ 30" high by 22" wide opening

TYPE OF FUEL

- ✓ **NATURAL GAS**
- ___ **LP GAS**
  - ☑ Gas cock within 6 ft of unit
  - ☑ Drip leg
  - ☐ Flexible connector – 36" max
  - ☑ Hard piped
- ___ **FUEL OIL**
  - ☐ Oil filter
  - ☐ Oil shut off

FLUE PIPE

- ___ **SINGLE WALL – Condition space**
- ___ **TYPE B METAL VENT – Un-condition space**
- ✓ **PVC or ABS PLASTIC – 90+**
  - ☑ Properly secured
  - ☑ Properly supported
  - ☑ Properly pitched
  - ☐ Sealed at chimney

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11-21-18
Control # 443607
Date Issued
Permit # 2018-2871

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

Block 3.02 Lot 26 Qualification Code

Work Site Location 1 Sally St
Howell NJ 07731

Owner in Fee: Vu Tran

Tel. [redacted] e-mail

Address 1 Sally St (street) Howell (municipality) 07731 (zip code)

Contractor: Tom Rostron Co. Tel. Tel: (732)223-8221

Address 2490 Tilton's Corner Rd
Wall, NJ 07719 Email: permits@tomrostron.com

Contractor License No. License: 19HC00223800 Exp. Date Expires 6/31/20

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) Home Improvement Registration 13VH00573400

Federal Emp. ID No. FAX: ( ) Fax : (732)965-2632

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/10/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO
Date: 12/10/18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-7-18	
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Tom Rostron Jr.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Furnace, AIR conditioning, water Heater.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles for water Htr.	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	30A	KW Central A/C Unit Furnace	
1	15A	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $	65
Minimum Fee $	11
State Permit Surcharge Fee $	
TOTAL FEE $	96

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy