Evelyn Grandi

From: Jared Tamasco <opra+request-7685-279f4423@requests.opramachine.com>
Sent: Friday, October 18, 2019 6:48 PM
To: OPRA requests at Hazlet Township
Subject: OPRA request - Purchasing Home

RECEIVED
OCT 21 2019
MUNICIPAL CLERK

Jennifer 10/21/19
Gail 10/21/19
Laura 10/21/19
Joyce 10/21/19

Dear Hazlet Township,

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

RECEIVED
OCT 22 2019
CONSTRUCTION DEPARTMENT

2024 Florence Ave
Block 57
Lot 8

Requesting:

1. open and closed permits
2. Most recent tax card
3. Any violations on property.

Thanks so much,

Jared Tamasco
201-274-6804
JaredTamasco@gmail.com

74 Mt Kemble Ave
Morristown, NJ 07960

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-7685-279f4423@requests.opramachine.com

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

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

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

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

NO

OPEN

PERMITS

CLOSED PERMITS

BLOCK 57 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 2024 Florence PERMIT NO. 06-00

C57/8

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 2024 Florence Ave - Hazlet 07730
2. Name of Owner in Fee: Elgethakhail Patty Tel. ([redacted]
   Address Same As Above
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Safety Electric Inc Tel. (732) 493-4229
   Address 23 Cindy Ln Ocean NJ 07712
   License No. OR, if new home, Builder Reg. No. 13169 Exp. Date _____
   Federal Employee No. 223339633 FAX: (732) 493-4622
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun John Frezado
   Tel. (732) 493-4229 FAX: ( ) _____

12-06 LM Cont permit ready

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		46	36
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee		2	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	48	36

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use onl

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical	1800								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1800								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: SFD
2. Use Group: R5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income restricte*
   Before Construction 1
   After Construction 1
   Net Gain or Loss 0

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name John Fazzadoo - Safety Electric LLC.

Address 23 Cindy Lane Ocean NJ 07712

Telephone (732) 493-4229

Signature _____

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

OFFICE DATE RECEIVED: 1-31-06 AP

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

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

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

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

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

Date Issued 03/24/06
Control #
Permit # 06-0082

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 57 Lot 8 Qual
Work Site Location 2024 FLORENCE AVE

Owner in Fee/Occupant PATTY
Address 2024 FLORENCE AVE
HAZELT, NJ 07730-
Telephone [redacted]
Contractor SAFETY ELECTRIC INC.
Address 23 CINDY LANE
OCEAN, NJ 07771-2
Telephone (732)493-4229 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13169
Federal Emp. No. 22-3339633

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

UPGRADE SERVIE TO 100 AMP

[ ] 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 _____, ____.

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

Construction Official

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

CONSTRUCTION PERMIT

Date Issued 2-2-06
Control #
Permit # 06-0082

IDENTIFICATION Block 57 Lot 8

Work Site Location 2024 Fourth Ave - HAZLET NJ 07730

Owner In Fee ELLEN & MICHAEL PATTY

Address SAME AS ABOVE

Tel. ([redacted]

Contractor Safety Electric Inc.

Address 23 Cindy Ln Ocean NJ 07712

Tel. (732) 493-4239

Lic. No. or Bldrs. Reg. No. 13169

Fed. Emp. No. 223339633

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Upgrade service to 100 Amp

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 $ 1600

Construction Official

2-2-06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	46
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occupancy	
Other	
Total	48
Check No.	
Cash	
Collected by	

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

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 3/20/06
Control #
Permit #
Date Permit Issued 06-0082

IDENTIFICATION Block 57 Lot 8
Work Site Location 2024 Florence Ave
Hazlet
Owner in Fee Ellen+Michael Patty
Address 2024 Florence Ave
Hazlet NJ 07730
Tel. ([redacted])

Contractor Safety Electric
Address 23 Cindy Ln
Ocean NJ 07712
Tel. (732) 493 4229
Lic. No. or Bldrs. Reg. No. 13169
Fed. Emp. No. 223334633

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
3 Additional outlets

Estimated Cost of Work $ 1,100

Dennis Pino
Construction Official

3-15-06
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	36
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	36
Check No.	
Cash	
Collected by	3/20/06

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

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

3-15/06 Called N'O ADVISED Permit Ready

ELECTRICAL SUBCODE
TECHNICAL SECTION

UPDATE

Date Received 3/10/06
Control #

Date Issued
Permit # 06-0082+A

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

Block 57 Lot 8 Qualification Code

Work Site Location 2024 FLORENCE AVE
HAZLET

Owner in Fee ELLEN + MICHAEL FATTY

Address 5 MI AS ABOVE

Tel [redacted]

Contractor SAFETY ELECTRIC INC

Address 23 CINDY LANE
OCEAN NJ 07712

Tel (732) 493-4279 FAX (732) 493-4622

Contractor License No. 13169

Federal Emp. No. 223334633

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

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 [ ] Certifd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Paths	+H
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 36
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 36

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required Date 3/11/06 Initial

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

UPDATE

Date Received 3/20/06
Control #

Date Issued
Permit # 06-0082

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

Block 57 Lot 8 Qualification Code

Work Site Location 2024 FLORENCE AVE
HAZLET

Owner in Fee ELLEN & MICHAEL PATTY

Address SAME AS ABOVE

Tel ([redacted]

Contractor SAFETY ELECTRIC INC

Address 23 CINDY LANE
OCEAN NJ 07712

Tel (732) 493-4229 FAX (732) 493-4622

Contractor License No. 13169

Federal Emp. No. 223334633

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1600

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 36
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 36

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required Date 3/15/06 Initial AMG

Joint Plan Review Required.

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 3-24-06

Approved by: Randall Kapp

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-24-06 RK	
Barrier-Free				

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Control # 2-2-06
Date Issued
Permit # 06-0082

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

Block 57 Lot 8 Qualification Code

Work Site Location 2024 Fluahnca Ave - Hazlet 07730

Owner in Fee Ellen & Michael Patty

Address Same As Above

Tel ([redacted]

Contractor Safety Electric Inc

Address 23 Cindy Ln
Ocean NJ 07712

Tel (732) 493-4229 FAX (732) 493-4622

Contractor License No. 13169

Federal Emp. No. 22-3339633.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1600

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		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	46
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 2
TOTAL FEE $ 48

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

2024 Florence

ELECTRICAL SUBCODE
TECHNICAL SECTION

(E) Control # 4-4-06

Date Issued

Permit # 06-0082

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

Block 57 Lot 8 Qualification Code

Work Site Location 2024 Florence Ave - Hazlet 07730

Owner in Fee Ellen & Michael Patty

Address Same As Above

Tel [redacted]

Contractor Safety Electric Inc

Address 23 Cindy Ln
Ocean NJ 07712

Tel (732) 493-4229 FAX (732) 493-4632

Contractor License No. 13169

Federal Emp. No. 22-3339633.

B. ELECTRICAL CHARACTERISTICS

Use Group Present L5 Proposed L5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1600

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		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	46
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge	$
		Minimum Fee	$ 2
		State Permit Surcharge Fee	$ 13
		TOTAL FEE	$ 61

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 3-24-06

Approved by: Ronald Murphy

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	3-23-06		3-24-06	RM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

2-23-06 3 CB. DOUBLEDUP

CONNECTIONS HAS BUGS?

UPDATE ON $

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 2024 Florence Ave Keyport, NJ
2. Owner Name: Michael + Ellen Patty Tel. ([redacted]
   Address 2024 Florence Ave Keyport, NJ
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 _____ Tel. ( ) _____

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

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

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

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

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

14. No. of Stories 2

LDS HZ 10502279

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 3/12/07

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. 57 LOT NO. 8 SUBDIVISION _____ PERMIT NO. B-31

PRIOR APPROVALS CHECKLIST

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

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

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

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

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

III. CERTIFICATES ISSUED

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

IV. ON-GOING INSPECTIONS

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

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

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

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

CERTIFICATE NO. 0129-97

CERTIFICATE OF CONTINUED OCCUPANCY
TOWNSHIP OF HAZLET
MONMOUTH COUNTY, NEW JERSEY

DATE ISSUED 05/07/97

RESALE X RENTAL

USE GROUP R3 DESCRIPTION SINGLE FAMILY DWELLING
BLOCK 57 LOT 6

ADDRESS: 11 NORTH CHESTNUT DR
CITY: HAZLET STATE: NJ ZIP 07730

OWNER: PURCHASER: X

NAME: RICHARD & ROSEMARIE WALKER
ADDRESS:

TENANT:
SELLER: WILLIAM EWANIK

SMOKE DETECTOR APPROVED XX

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/CONDITIONAL CERTIFICATE OF OCCUPANCY
The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate.

CONSTRUCTION OFFICIAL _____

PAGE 1 _____ INSPECTION DATE _____

BUILDING

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35 SUITE 9
HAZLET, NJ 07730
(908) 264-5707

BLOCK 57 LOT 6
FEE _____ CHECK NO. _____
DATE ISSUED 5/7/97
CCO NO. 0129-97

BUILDING INSPECTOR Peter Terranova 11 No. Chestnut St.

ADDRESS TO BE INSPECTED 11 CHESTNUT ST

OWNER NAME WILLIAM EWANIK

ADDRESS 211 MILTON AVE
(IF NOT THE SAME AS ADDRESS TO BE INSPECTED)

CITY, STATE, ZIP CLIFFWOOD NJ 07721

Tel. [redacted]

BUYER [X] TENANT [ ]

NAME Richard + Rosemarie Walker

DATE	JOB CONDITION/COMMENTS
USE GROUP PREVIOUS R-3	CURRENT R-3
5/1/97	No visible violation / approved to issue C.C.O.

SIGNATURE William Ewanik DATE April 22-97

[ ] OWNER [ ] AGENT PHONE NO. _____

INSPECTED AND APPROVED BY P. Terranova

PAGE 2 INSPECTION DATE

ELECTRICAL

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

BLOCK 57 LOT 6

ELECTRICAL INSPECTOR: GEORGE MARTIN

ADDRESS TO BE INSPECTED 11 CHESTNUT ST

Owner WILLIAM EWANIK

211 MILTON AVE CLIFFWOOD NJ 07721

DATE	JOB CONDITION/COMMENTS
5/1-97	~~9:30 NO ACCESS~~
	(1) NO visible Violations Noted

A CHANGE IN OWNERSHIP OR TENANT REQUIRES A NEW CERTIFICATE

PRIOR TO ISSUANCE OF A COMMERICIAL CCO
A MUNICIPAL LICENSE AND FIRE PREVENTION FEE MUST BE PAID.

INSPECTED AND APPROVED BY

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

CONSTRUCTION PERMIT

PERMIT NO. B-3108
DATE ISSUED 3/12/87
Block 57 Lot 8
Subdivision

A. IDENTIFICATION

Owner Michael G. Patty Agent Self
Address 2024 Florence Ave Address
Keyport NJ
Tel. [redacted] Tel. ( )
Work Site Address Same Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 65.00
Fees Remitted $ 65.00
☒ Check No. 1233
☐ Cash
☐ Other
Collected By: CRB
Date: 3

is hereby granted permission
to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:
10x10 Screened Porch To Existing Structure

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

Estimated Cost of Work: $ 4,000.00

Eugene D. Balestrieri
CONSTRUCTION OFFICIAL

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

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. B-3108
DATE ISSUED 3/12/87
REVISION DATE
Block 57 Lot 8
Subdivision

A. IDENTIFICATION

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

Owner Michael G. Patty
Address 2014 Florence Ave
Keyport, NJ
Tel. [redacted]
Work Site Address Same

Contractor Self
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.

10'x20' Screened Porch
To Existing Structure

☐ See Plans

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

	Fee Basis	Fee
		$ 40.00
	0/0	2500
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 65.00

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present R-3 Proposed

No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Estimated Cost of Building Work: $ 4,000.00

Total Building Area—All Floors Sq. Ft.
Volume of Structure 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

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 87-310R
DATE ISSUED 4/12/87
REVISION DATE
Block 57 Lot 8
Subdivision

A. IDENTIFICATION

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

Owner Michael G. Patty
Address 2024 Florence Ave
Keyport NJ
Tel. ([redacted]
Work Site Address Same

Contractor Self
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.

10' x 20' Screened Porch
To Existing Structure

☐ See Plans

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

	Fee Basis	Fee
		$ 40.00
	10	2500
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 65.00

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present R-3 Proposed

No. of Stories
Total Building Area–All Floors Sq. Ft.
Height of Structure Ft.
Volume of Structure Cu. Ft.
Area–Largest Floor Sq. Ft.
Total Land Area Disturbed Sq. Ft.
Estimated Cost of Building Work: $ 4,000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS
3/19/87	o.k. footing E.N.B.
4/27/87	o.k. framing E.N.B.

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

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

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

Inspected By:

INSPECTIONS

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

HAZLET TOWNSHIP, NEW JERSEY

APPROVED BY HAZLET TOWNSHIP ZONING OFFICER

APPLICATION FOR ZONING PERMIT

Date 5-12-87 THIS 12 DAY OF May 1987

John J. Conti
ZONING OFFICER

Application No. 2380

Permit No. 2220

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

Name M. H. Patty
(If Commercial or Industrial give name of store, company etc.)

Address 2024 Florence Ave

Block 57 Lot 8 Zone R70

The above named applicant hereby applies for a Zoning Permit to:
Addition on Existing Slab.

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

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 7,500 Ft.	Type Home 1 Family	Total Area / Sq.
Frontage 75 Ft.	Gross Flor Area 956 Sq. Ft.	Min. Side Yard / Feet
Depth 100 Ft.	Lot Coverage 13% Percent	Min. Rear Yard / Feet
	Building Height 1 Story Feet	

SIGNS: Type / Area permitted / Area Requested /

YARD DIMENSIONS (Not required for signs)

Front 75 Ft. Right Side 1.00 Ft. Left Side 1.00 Ft. Rear 75 Ft.

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

Owner M. Patty Address 2024 Florence Ave. Tel. No. [redacted]

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

Contractor ..... Address ..... Tel. No. .....

Estimated cost of work $ 4,000.00

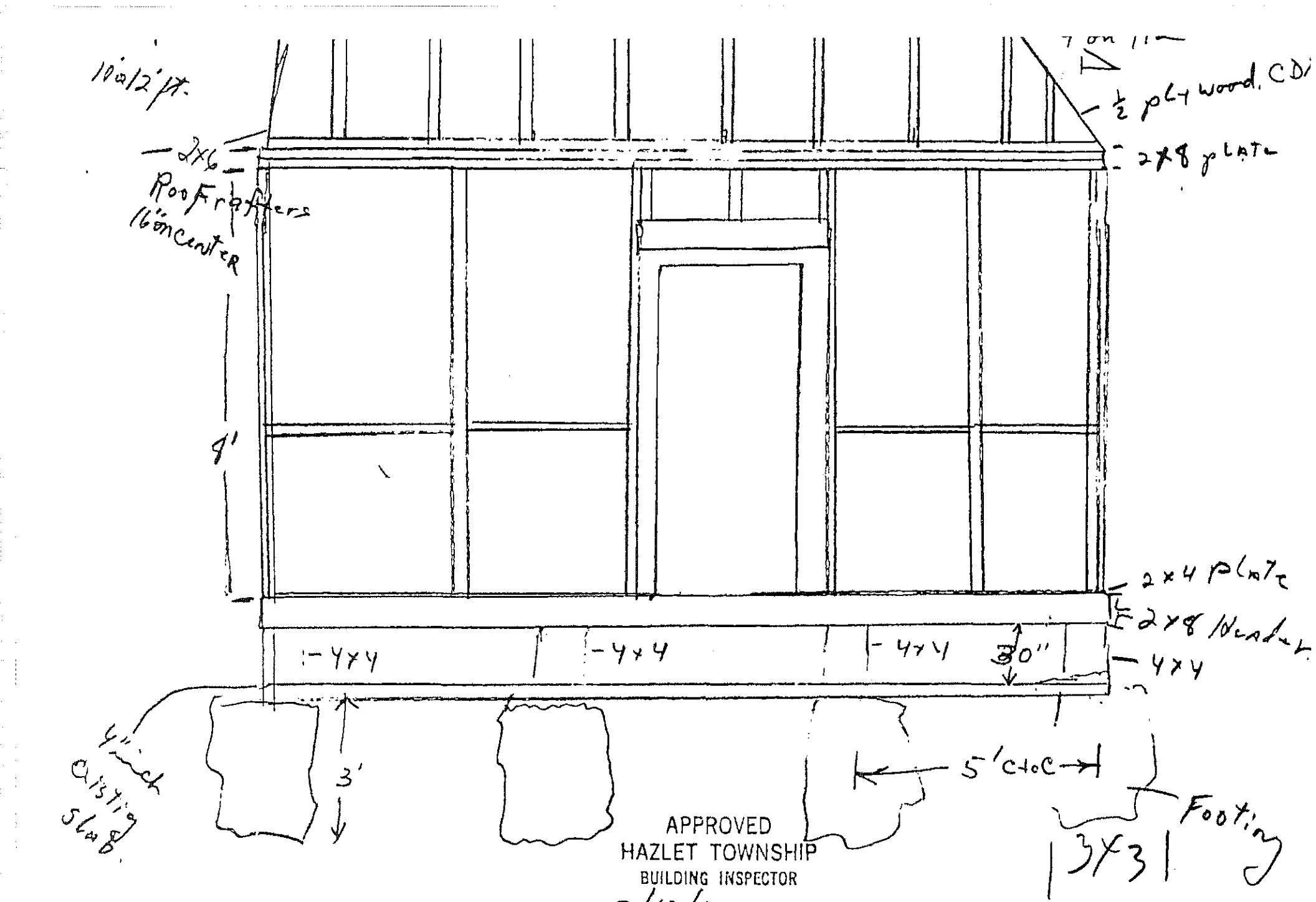
Zoning Permit Fee $ 25.00

Signature of Applicant or Agent

John Conti

John J. Conti - Zoning Officer

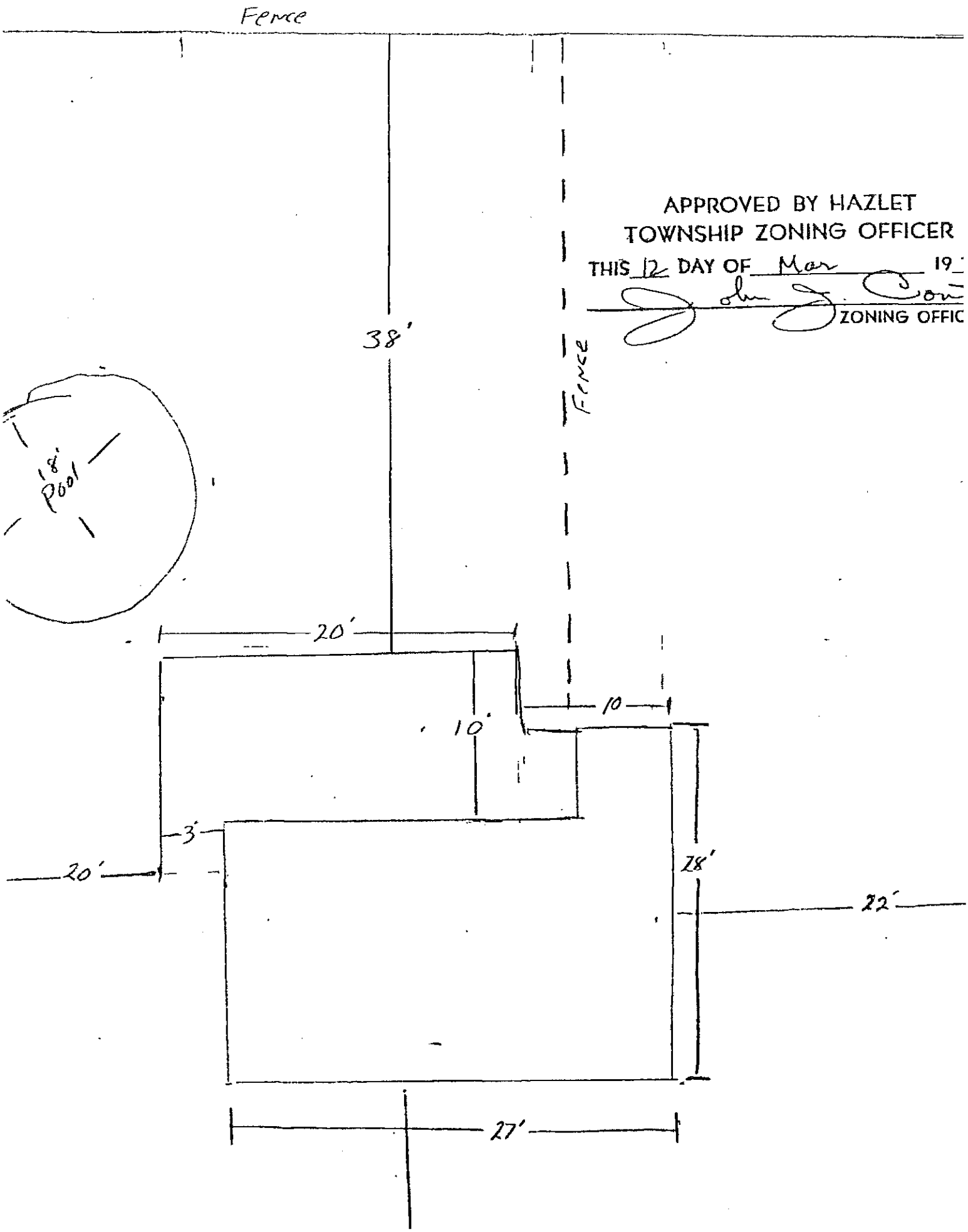
NOTES:



APPROVED
HAZLET TOWNSHIP
BUILDING INSPECTOR

DATE 3/12/87

E. D. Balestrieri
BUILDING INSPECTOR


Fence
APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER
THIS 12 DAY OF Mar 19
ZONING OFFIC
38'
FENCE
18' Pool
20'
10'
10
3'
20'
28'
22'
27'

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 2024 Florence Ave
2. Owner Name: Ellen Silcocks & Michael Patty Tel. [redacted]
   Address 2024 Florence Ave Keyport, N.J. 07735
3. Principal Contractor: Garden State Roofing Tel. ( )
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☒ Building/ Structural	$ 1,125.00
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	$ 1,125.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units

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

B. NON-RESIDENTIAL

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

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure Ft.

LDS HZ 10502280

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 1-10-84

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. 57 LOT NO. 8 SUBDIVISION _____ PERMIT NO. B-4

PRIOR APPROVALS CHECKLIST

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

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ 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	$ 15.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$.
– LESS: 20% of subtotal (when plan review performed by state agency).	(.)
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	10.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 25.00

DATE 1/10/14 Collected By LO

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

HAZLET
~~MARLBORO~~ TWP.
CONSTRUCTION DEPT.
~~Construction Official~~
~~EDWARD SAVORE~~

CONSTRUCTION PERMIT

PERMIT NO. B-4
DATE ISSUED Jan. 16, 1984
Block 57 Lot 8
Subdivision

A. IDENTIFICATION

Owner Michael Patty
Address 2024 Flowers Ave
Keyport, NJ
Tel. ( ) [redacted]
Work Site Address same

Agent Garden State Roofing
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 35.00
Fees Remitted $ 35.00
☑ Check No. 721
☐ Cash
☐ Other
Collected By: L Obenshain
Date: 1/16/84

is hereby granted permission
to perform the following work:

☑ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

re-roof

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: $ 1200

Eugene D Balentine
CONSTRUCTION OFFICIAL

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

MALLET
~~BOROUGH~~ TWP.
CONSTRUCTION DEPT.
Construction Official
~~SIGNATURE~~

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. B-47
DATE ISSUED 1/10/84
REVISION DATE
Block 57 Lot 8
Subdivision

A. IDENTIFICATION

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

Owner Ellen Silcocks + Mike Patty
Address 2024 Florence Ave
Riverton, NJ. 07735
Tel. [redacted]
Work Site Address
Contractor Locke. State Towing
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.

re-roof

☐ See Plans

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

	Fee Basis	Fee
		$
Alteration/Renovation	1200.00	15.00
SUBTOTAL		$ 15.00
Minimum Building Fee (if applicable)		$ 10.00
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 25.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

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

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

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

Estimated Cost of Building Work: $ 1200.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

Maccc/

MARLBORO TWP.
CONSTRUCTION DEPT.

Construction Official
(EDWARD SAVOIE)

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

PERMIT NO. 85-4
DATE ISSUED 11/1/81
REVISION DATE / /
Block 57 Lot 8
Subdivision ______

A. IDENTIFICATION

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

Owner Ellen Sillcocks & Mike Patty
Address 2024 Florence Ave
Freehold, N.J. 07735
Tel. ([redacted]
Work Site Address ______

Contractor [illegible]
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.

[illegible]

☐ See Plans

TYPE OF WORK:	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☑ Alteration/Renovation		
☑ Roofing	12.00	15.00
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$ 1[illegible]
Minimum Building Fee (if applicable)		$ 1[illegible]
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 25.00

C. BUILDING CHARACTERISTICS

USE GROUP: ______ Present ______ Proposed

No. of Stories ______

Total Building Area—All Floors ______ Sq. Ft.

Height of Structure ______ Ft.

Volume of Structure ______ Cu. Ft.

Area—Largest Floor ______ Sq. Ft.

Total Land Area Disturbed ______ Sq. Ft.

Estimated Cost of Building Work: $ 12[illegible]

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS
4/3/85	O.K. Final E.D.B.

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: 4/3/85

Inspected By: EDB

INSPECTIONS

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

Evelyn Grandi

From: Jared Tamasco <opra+request-7685-279f4423@requests.opramachine.com>
Sent: Friday, October 18, 2019 6:48 PM
To: OPRA requests at Hazlet Township
Subject: OPRA request - Purchasing Home

RECEIVED
OCT 21 2019
MUNICIPAL CLERK

Jennifer 10/21/19
Gail 10/21/19
Laura 10/21/19
Joyce 10/21/19

Dear Hazlet Township,

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

2024 Florence Ave
Block 57
Lot 8

Requesting:

1. open and closed permits
2. Most recent tax card
3. Any violations on property.

Thanks so much,

Jared Tamasco
201-274-6804
JaredTamasco@gmail.com

74 Mt Kemble Ave
Morristown, NJ 07960

Response Attached
Gail Coghlan

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-7685-279f4423@requests.opramachine.com

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

HAZLET | Land Desc: 75X100 .1722 ACRE | Owners Name: MTGLQ INVESTORS,LP%RUSHMORE LOAN | Land: 130,500
Block: 57 | Bldg Desc: 1.5S-F-F-OP | Street Address: 7515 IRVINE CENTER DR,100 | Impr: 101,300 | Reval Date: 2018/10/01
Lot: 8 | Addl Lots: | City & State: IRVINE, CA | Zip: 92618 | Total: 231,800 | Map: 50
Qual: | Acreage: 0.172 | Class: 2 | Property Location: 2024 FLORENCE AVENUE | Exempt: | Seq#: 789 (#1 of 1)

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
GOLDEN, SHAUN, SHERIFF	07/20/18	9307 /3628	1000	12
SILLCOCKS, ELLEN M & MICHAEL P	08/15/05	8491 /1409	1	25
	12/30/83	04455/00508	35000	

ASSESSMENT HISTORY

Year	Land	Impr	Total
2012	102500	104000	206500
2013	102500	84600	187100
2016	117500	91100	208600

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.

LAND CALCULATIONS

Frt	Eff D	Back L	Tri	Dpf	FFF	Dep	Reason	Value
75	100			1.00		1.00		22500
1	LOT(S)			1.00		1.00		108000

Neigh: FS04
VCS: FS04 | Front Ft Value: 300
Zone: R70 | Acre Value:
Min Front: 70 | Lot Value: 108000
Std Depth: 100 | Land Value: 130,500

SITE INFORMATION

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

STAFF CONTROL

Info By:	ESTIMATED	Date:	07/06/17
Visits:	2	Collector:	17
Old B:		Prtd:	10/21/19
Old L:		Card:	M VH

BUILDING INFORMATION

Class: 16	Roof Type: GABLE
Age/Eff Age: 65 / 35 (Y)	Roof Material: SHINGLE
Exterior Walls: FRAME	Room Count: Total Rooms: Bed Rooms: 4
Style: CAPE COD	Row/End: N.A.
Story Height: 1.5 STORY	Conversion:
Exterior Condition: NORMAL	Number of Units: 1
Interior Condition: NORMAL	Heat Source: GAS
Foundation: CONCRETE BLOCK	Livable Area: 1352 SF

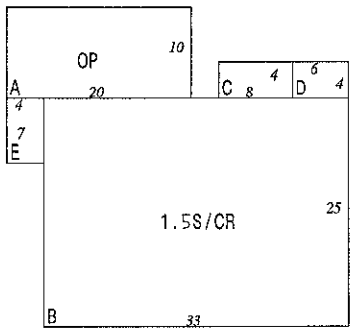
DEPRECIATION

Physical:	39 %	Auto:	Y
Func Obs:	%	Over Imp:	%
Econ Obs:	%	Under Imp:	%
		Final Net:	0.61

Baths: M:1 A: O:0
Kitchens: M: A:1 O:

NOTES

BUILDING SKETCH



A:OP	u25r-4cr20u10	200
B:1.5S/CR	u0r0cr33u25	825
C:1S/CR	u25r19cr8u4	32
D:OP	u29r27cr6d4	24
E:OP	u25r0cl4d7	28
F:		0
G:		0
H:		0
I:	M:	
J:	N:	
K:	O:	
L:	P:	

Scale: 20

RESIDENTIAL COST APPROACH

Basement	Area	Rate	Const	Q/F	Mult	Value
Main Bldg						
FIRST STORY	857 x	49.100	+22491	x1.00	x1.00=	64570
HALF STORY	825 x	20.240	+ 3400	x1.00	x1.00=	20098
Heat/AC						
HW BASEBOARD	1352 x	3.250	+ 1200	x1.00	x1.00=	5594
Plumbing						
3 FIXTURE BATH	1- 2 x	2595.000	+	0 x1.00	x1.00=	-2595
2 FIXTURE BATH	0- 1 x	1895.000	+	0 x1.00	x1.00=	-1895
Fireplace						
FIREPLACE 1.5ST	1 x	4550.000	+	0 x1.00	x1.00=	4550
Attic						
LARGE DORMER	1 x	3075.000	+	0 x1.00	x1.00=	3075
Deck/Patio						
OPEN PORCH	252 x	10.773	+ 453	x1.00	x1.00=	3168
Garage						

Base Cost: 96565 CCF: 1.72 Cost New: 166092
Net Cond: 0.61 Bldg Value: 101316

Detached Items:
SHED 1STY 72 x 0.001 + 0 x0.78 x0.25 x1.72= 0

Land: 130,500 Impr: 101,300 Total: 231,800

Evelyn Grandi

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Subject: OPRA request - Purchasing Home

RECEIVED
OCT 21 2019
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Gail 10/21/19
Laura 10/21/19
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Lot 8

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1. open and closed permits
2. Most recent tax card
3. Any violations on property.

Thanks so much,

Jared Tamasco
201-274-6804
JaredTamasco@gmail.com

74 Mt Kemble Ave
Morristown, NJ 07960

RECEIVED
OCT 21 2019
ZONING / PLANNING
10/21/19

Zoning records do not reflect any open violations.

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-7685-279f4423@requests.opramachine.com

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

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

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

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

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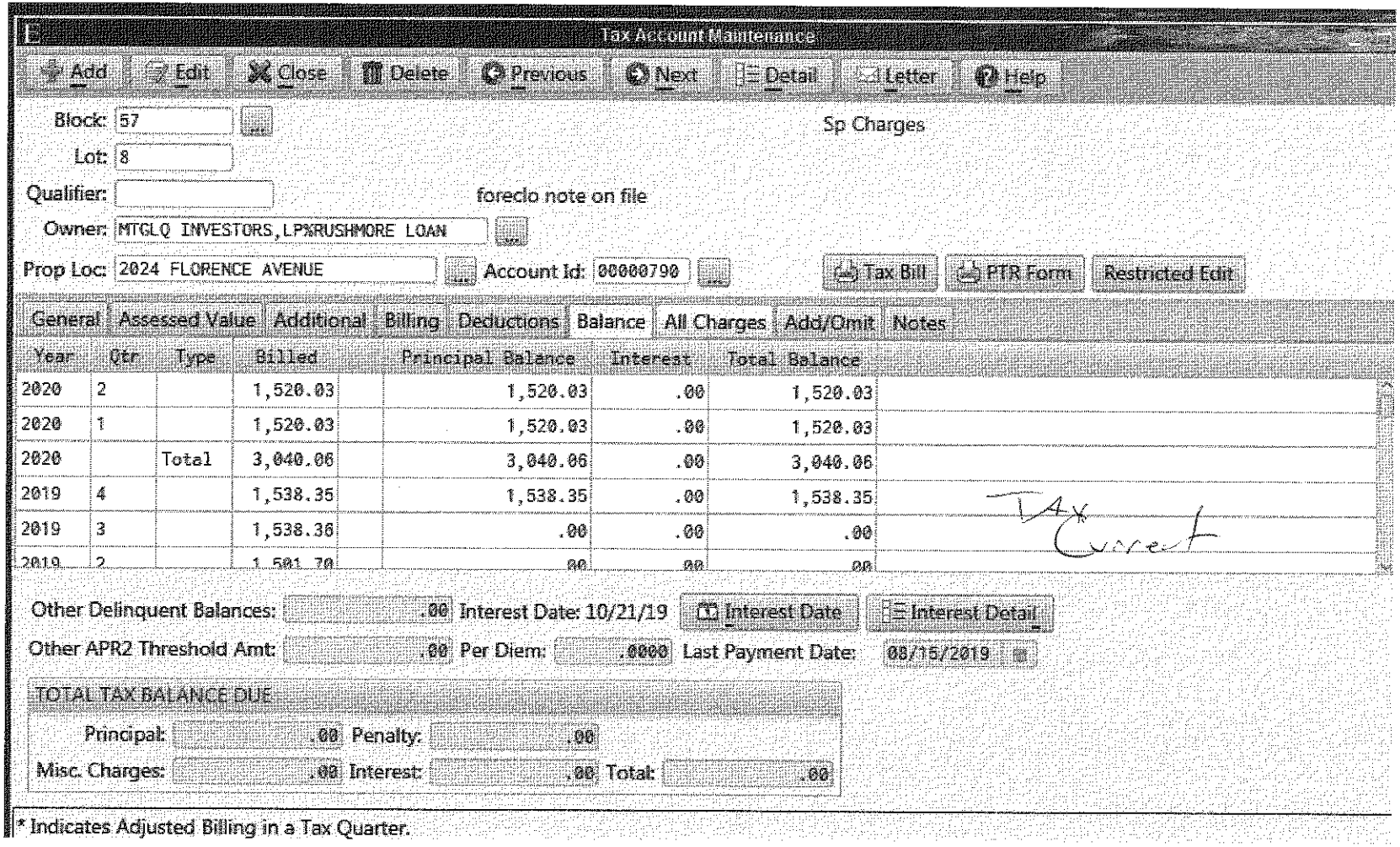
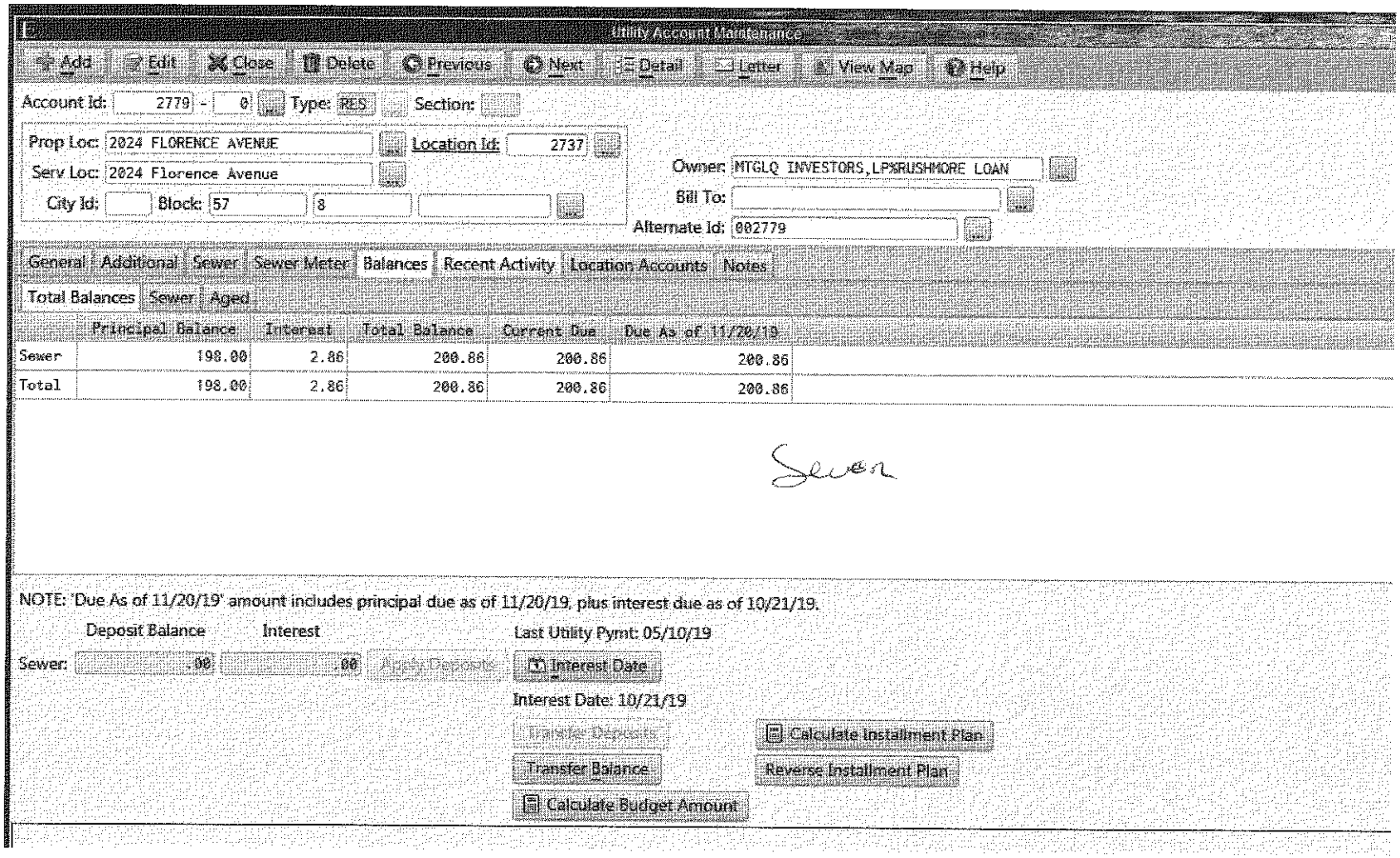

Tax Account Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Letter
Help
Block: 57
Lot: 8
Qualifier:
Sp Charges
foreclo note on file
Owner: MTGLQ INVESTORS,LP%RUSHMORE LOAN
Prop Loc: 2024 FLORENCE AVENUE
Account Id: 00000790
Tax Bill
PTR Form
Restricted Edit
General
Assessed Value
Additional
Billing
Deductions
Balance
All Charges
Add/Omit
Notes
Year Qtr Type Billed Principal Balance Interest Total Balance
2020 2 1,520.03 1,520.03 .00 1,520.03
2020 1 1,520.03 1,520.03 .00 1,520.03
2020 Total 3,040.06 3,040.06 .00 3,040.06
2019 4 1,538.35 1,538.35 .00 1,538.35
2019 3 1,538.36 .00 .00 .00
2019 2 1,501.70 00 00 00
TAX Current
Other Delinquent Balances: .00
Interest Date: 10/21/19
Interest Date
Interest Detail
Other APR2 Threshold Amt: .00
Per Diem: .0000
Last Payment Date: 08/15/2019
TOTAL TAX BALANCE DUE
Principal: .00
Penalty: .00
Misc. Charges: .00
Interest: .00
Total: .00
* Indicates Adjusted Billing in a Tax Quarter.



Sewer

no Lien
or Special Charges