21-979

Donna Belton

From: Anonymous <opra+request-25230-8291165f@requests.opramachine.com>
Sent: Saturday, August 07, 2021 10:08 AM
To: clerkforms
Subject: OPRA request - Records request

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

Dear Howell Township,

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

BL 35.43
C 12

Any open permits
All closed permits
Any violations
any documentation re UST (oil tank removal)
Address: 2 Pittsfield Rd, Howell, NJ

TOWNSHIP OF HOWELL
RECEIVED
2021 AUG -9 P 2:22
CLERK'S OFFICE

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-25230-8291165f@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,UEtz2XnnGlJblGUDQHvgKKfiCTlaI3Lb499ZWX1xkZtMOuQmDtY50k0Cp_7xJ9viei1L0R45W3sGenRYXccGmc9DGqjHobf8sDgE6szse4fSgA,,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,pIXEJO1ggKXnDQZcCCmpSR_HqMvWeaUXDykYVzYt53yJIkDa2T0Q4Q4EO18DIFEJM6QTras2zfWYJnu0ZIhaZXTi3ebgXp5BzclB4er22-QGZeuc4ihbjh-1tA,,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2frecords_request_6&c=E,1,x4jycQE37bpQkEFgLESiTHKN16Q2CYumyoYeLsMff_9S5Wf2n0vNNuZj0VAa9Bs3zBRffnxQ1r6e-pbTZvRgW974kIMCzt2r4bneqbi_hSS1D-6OeOyhzw,,&typo=1

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.

Donna Belton

From: Janine Martuscelli
Sent: Monday, August 09, 2021 9:38 AM
To: Donna Belton
Cc: Justin Meyer
Subject: RE: OPRA 21-979
Attachments: BLK35.43 - L12 CA FURNACE-2014-01-07.pdf; 2 Pittsfield.pdf; 2 pittsfield1.pdf; 2 pittsfield2.pdf; 2 pittsfield3.pdf; 2 pittsfield4.pdf; 2 pittsfield5.pdf; 2 pittsfield6.pdf; BLK35.43 - L12 CA Tear-Off-Reshingle-2017-10-03.pdf; BLK35.43 - L12 CA HWH-2018-02-06.pdf

Donna

Attached are all closed permits for construction, land use and engineering. There are no open permits or violations.

Janine

From: Donna Belton
Sent: Monday, August 09, 2021 8:32 AM
To: Paul Orlando; Janine Martuscelli; Matthew Howard; Claire Petruzzella; Justin Meyer
Cc: Brian Geoghegan; Justin Yost; Dwayne Harris
Subject: OPRA 21-979

Good Morning,

Attached please find OPRA 21-979 for your review. Please forward your findings to me no later than 8/18/2021.

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

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

Date Issued 1/7/2014
Control Number C-21690
Permit Number 20132715
Permit Issue Date 11/20/2013
Certificate Number 20132715

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 PITTSFIELD ROAD Howell Township, NJ Block: 35.43 Lot: 12 Qual:

Owner in Fee: WELDON, STEVE L & BARBARA L

Owner Address: 2 PITTSFIELD ROAD HOWELL NJ 07731

Telephone: [redacted]

Contractor NEIL BROOKS PLUMBING HEATING COOLING

Address 14 SO HOPE CHAPEL RD 15 VAN BUREN AVE. NORTH/LAKEWOOD JACKSON NJ 08527

Telephone: (732) 363-4373 Fax: (732) 901-7938

License Number or Builders Registration Number: 36B100855100 13VH02651600 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 FURNACE

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: 1/7/2014

U.C.C. F260 (rev. 06/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # C-21690 11-20-13
Date Issued
Permit # 20132715

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

Block 35.43 Lot 12 Qualification Code

Work Site Location 2 Pittsfield Rd
Howell NJ 07731

Owner In Fee: Steve Weldon

Tel. ([redacted]) e-mail

Address

Contractor: NEIL BROOKS PLUMBING HEATING COOLING INC. Tel. ( )
State of N.J. Master Plumber Lic. No. 8551
Address 14 South Hope Chapel Road Jackson, NJ 08527 e-mail
732-363-4373 fax 732-901-7938
Website: www.neilbrooksphc.com

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

Fire Protection Equipment, NJ Dept. 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. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R Proposed R
Constr. Class: Present R Proposed R

Heating System: [ ] New OR [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location: Basement

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:

Total Cost of Fire Protection Work $ 200.00

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Replace furnace

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	0
Supervisory Service (i.e., tamper, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	65
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

required

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] FP [ ] BOP [ ] MA
Date:
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	12/16	No access 10:40 am		
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust. Tanks				
Fireplace Venting				
Final			1/8/14	
Other EZ Vent				

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11-20-13
Control # C-21690
Date Issued
Permit # 20132715

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

Block 35.43 Lot 12 Qualification Code

Work Site Location 2 Pittsfield Road
Howell NJ 07731

Owner in Fee: Steve Weldon

Tel. [redacted] e-mail

Address 2 Pittsfield Rd (street) Howell (municipality) NJ 07731 (zip code)

Contractor: Deschardin Electric LLC Tel. (732) 921 5895

Address 177 South Hope Chapel Rd Jackson NJ 08527

Contractor License No. 11308 Exp. Date 3/15

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

Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present R Proposed R

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

Building Occupied as Res Utility Co. JCP&L

Est. Cost of Elec. Work $ 300.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	✓
1	15hp	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 $ ✓
State Permit Surcharge Fee $ ✓
TOTAL FEE $ 60

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12-6-12
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO
Date: 12-19-13
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Const. Serv.				
TCO				
Other				
Service				
Final			12/19/13	
Barrier-Free				

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

35.43 -12

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11-20-13
Control # C-21690

Date Issued
Permit # 20132715

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

Block 35.43 Lot 12 Qualification Code

Work Site Location 2 Pittsfield Rd Howell NJ 07731

Owner in Fee: Stevie Weldon

Tel. [redacted] e-mail

Address 2 Pittsfield Rd, Howell NJ 07731 (street, municipality, zip code)

Contractor: Neil Brooks Plumbing Heating Cooling Inc. Tel. (732) 363-4373

Address 14 South Hope Chapel Road e-mail neilbrooksphc@aol.com

Jackson, NJ 08527

Contractor License No. 8551 Exp. Date 6/2013

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

Federal Emp. ID No. [redacted] FAX: (732) 901-7938

B. PLUMBING CHARACTERISTICS

Use Group Present R Proposed R

Building Sewer Size N/A Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required minor wk
[ ] 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: 12-10-13
Approved by: NBC Hassel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 1-6-14
Approved by: NBC Hassel

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Gas			CC	SK
CCO Declined				
Final	12/12/13		1-6-14	YS

NOT HOME

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: Neil Brooks

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of Furnace

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	
1	Gas Piping – Furnace Connection.	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

U.C.C F130 (rev. 12/07) 1. White = Inspector Copy 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

_DS HW-B 10300499

CERTIFICATE

Date Issued 3-14-00
Control #
Permit # 00-294

IDENTIFICATION

Block 35.43 Lot 12
Work Site Location Same as below

Owner in Fee/Occupant Sullivan
Address 2 Pittsfield Rd
Howell, NJ 07731

Tele. ( )
Contractor L & M Electric
Address 23 No Westfield Rd
Howell, NJ 07731

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

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

Completion and approval of electric work

☐ 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 _____, 19____ 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 _____

Est Cost 350.00

Fee $
Paid [ ] Check No.
Collected by:

Edward S. Mack
CONSTRUCTION OFFICIAL

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3-9-00
Control #
Permit # 00-294

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

Block 35.43 Lot 12
Work Site Location 2 Pittsfield Rd
Owner in Fee/Occupant Donald Sullivan
Address
Tele. ( )
Contractor
Address L & M ELECTRIC
23 NO. WESTFIELD ROAD
HOWELL, NJ 07731
Tele. ( ) (908) 367-2002 Fax ( )
Lic. No. 8992
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/9/00
Approved by: C. Sullivan

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3/13/00
Approved by: C. Sullivan

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/13/00	CS

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)
		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 cable only from meter to source	No
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $ 1.00
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 42.00

Pol 3-9-00

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3-9-00
Control #
Permit # 00-294

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

Block 35.43 Lot 12
Work Site Location 2 Pittsfield Rd
Owner in Fee/Occupant Donald Sullivan
Address
Tele. ( )
Contractor L & M ELECTRIC
Address 23 NO. WESTFIELD ROAD HOWELL, NJ 07731
Tele. ( ) (908) 367-2002 LIC. #8992 Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/9/00
Approved by: C. Phillips

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] 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 cable only	No
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	1.00
Minimum Fee	$	
DCA Training Fee	$	42.00
TOTAL FEE	$	

Pd 3-9-00

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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

BLOCK 35.43 LOT 12 QUALIFICATION CODE 25490 ADDRESS (SITE) 2 Pittsfield Road PERMIT NO. _____

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

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 2 Pittsfield Road Howell
2. Name of Owner In Fee: Neldon Tel. ([redacted])
   Address 2 Pittsfield Road (street) Howell (municipality) 07731 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Self Heartland Industries Tel. (800) 234-6167
   Address 2350 W. Shadila Ave Edwardsville IL
   License No. OR, if new home, Builder Reg. No. 22-27154-05 Exp. Date none
   Federal Employee No. [redacted] FAX: (609) 261-9693
5. Architect or Engineer n/a Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

Shed

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	45.00		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		5.00		
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$			

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	1	
2. Height of Structure	11' ft.	
3. Area — Largest Floor	142 sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	1624 cu. ft.	
6. Construction Classification	5B	
7. Total Land Area Disturbed	252 sq. ft.	
8. Flood Hazard Zone	n/a	
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no	✓	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☑ New Building	3500
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	3500

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			10/4/13	PBO			

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO
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 Shed
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:

-DS HW-B 10300494

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 Barbara Weldon Date 9/26/03

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

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

CERTIFICATE

IDENTIFICATION

Date Issued: 11/03/2003
Control #: 25490
Permit # 20032719

Block: 35.43 Lot : 12 Qual: _____

Work Site : 2 PITTSFIELD ROAD
HOWELL

Owner in Fee: WELDON, STEVE L & BARBARA L
Address: 2 PITTSFIELD ROAD
HOWELL NJ 07731

Telephone: _____

Agent/Contractor: WELDON, STEVE L & BARBARA L
Address: 2 PITTSFIELD ROAD
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: SHED 16 X 12 X 11 192 SQ FT /1824CU FT.

[ ] **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.

C. Phillips 11/6/03

Chet Phillips Construction Official

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

[ ] **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 1916
Collected by JM

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Permit Number: 20032719
Permit Date: 10/17/2003
Update Number:
Control Number: 25490
Application Date: 09/26/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 35.43 Lot : 12 Qualifier :

Work site Location:	2 PITTSFIELD ROAD HOWELL	Contractor:	WELDON, STEVE L & BARBARA L
Owner In Fee:	WELDON, STEVE L & BARBARA L	Address:	2 PITTSFIELD ROAD
Address:	2 PITTSFIELD ROAD		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
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

SHED 16 X 12 X 11 192 SQ FT /1824CU FT.

ESTIMATED COST OF WORK:

Cost of Construction:	3,400.00
Cost of Alteration:	0.00
Cost of Demolition:	0.00
Total Cost:	$3,400.00

PAYMENTS (Office Use Only)

Building	$45.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	$5.00
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$50.00**
All Fees Waived :	No

Amount to be Paid: **$50.00**
Check Number: 1916
Check amount: $50.00

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

Chet Phillips
Construction Official

Date

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

Collected by: JM
Receipt No:
Total Cash Amount
Total Check Amount $50.00
Total CC Amount
Grand Total $50.00

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

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

CONSTRUCTION PERMIT

Date Issued 10-17-03
Control # 25490
Permit # 20032719

IDENTIFICATION Block 35.43 Lot 12
Work Site Location 2 Pittsfield Road Howell NJ
Owner in Fee Weldon
Address 2 Pittsfield Rd Howell, NJ 07731
Tel. (732) 370-8480

Contractor Self ~~Heartland Industries~~
Address ~~2350 N. Shadeland Ave + Indianapolis, Indiana 46219~~
Tel. (~~800~~) ~~234-6167~~
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: to add storage shed 16 x 12 x 11

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 $ 3400.00

Construction Official

10-17-03
Date

PAYMENTS (Office Use Only)

Building	45.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5.00
Cert. of Occupancy	
Other	
Total	50
Check No.	1916
Cash	
Collected by	CM

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

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

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

BUILDING SUBCODE TECHNICAL SECTION.

Date Received 10-17-03
Date Issued
Control # 25480
Permit # 2003 2719

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

Block 35.43 Lot 12
Work Site Location 2 Pittsfield Road
Howell, NJ 07731
Owner in Fee Weldon
Address 2 Pittsfield Road
Howell, NJ 07731
Tele. ([redacted]) 370-8480
Contractor ~~Heartland Industries~~ Self
Address ~~3350 W. Shadeland Ave.~~
~~Indianapolis, IN. 46214~~
Tele. (~~800~~) ~~234-6167~~ Fax (~~317~~) ~~352-4415~~
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Barbara Weldon
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
construction of shed measuring 16 X 12 X 11 w/ 8' sidewall. 2x4 construction; 2 windows measuring 24 X 36; 2 30' doors. Place on min. 4" Gravel Bedding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/14	PSC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/5/03
Approved by: GB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/3/03	CG
Barrier-Free				

TYPE OF WORK:
[✓] New Building Shed
[ ] 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)
$ 45.00

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 5.00
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5B Proposed
No. of Stories 1
Height of Structure 11' Ft.
Area — Largest Floor 192 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure 1824 Cu. Ft.
Total Land Area Disturbed 352 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 3300
2. Alteration $ 100 paint + gravel
3. Total (1+ 2) $ 3400

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-17-03
Date Issued
Control # 25490
Permit # 2003 2719

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

Block 35.43 Lot 12
Work Site Location 2 Pittsfield Road
Howell, NJ 07731
Owner in Fee Weldon
Address 2 Pittsfield Road
Howell N.J 07731
Tele. [redacted] 370-8458
Contractor ~~Heartland Industries~~ Self
Address ~~3350 W Shadeland Ave~~
~~Indianapolis, In. 46214~~
Tele. (~~800~~) ~~234-6167~~ Fax (~~317~~) ~~352-4415~~
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical		12/4	12/4	
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5B Proposed
No. of Stories 1
Height of Structure 11' Ft.
Area — Largest Floor 192 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure 1824 Cu. Ft.
Total Land Area Disturbed 252 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 3300
2. Alteration $ 100 paint + gravel
3. Total (1+ 2) $ 3400

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
construction of shed measuring 16 x 12 x 11 w/ 8' sidewall. 2x4 construction; 2 windows measuring 24x36; 2 30' doors Place on min. 4" Gravel Bedding

TYPE OF WORK:
[✓] New Building shed
[ ] 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)
$ 45.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 5.00
TOTAL FEE	$

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10-17-03
Date Issued
Control # 25490
Permit # 2003 2719

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

Block 35.43 Lot 12
Work Site Location 2 Pitstield Road
Howell NJ 07731
Owner in Fee Weldon
Address 2 Pitstield Road
Howell NJ 07731
Tele [redacted] 370-8450
Contractor Heartland Enterprises Self
Address ~~3361 Shadowood Ave~~
~~Brielle NJ 08730~~
Tele. (~~732~~) ~~223-1617~~ Fax (~~347~~) ~~352-4415~~
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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 [x] CA		
Date:		
Approved by:		

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5B Proposed
No. of Stories 1
Height of Structure 11' Ft.
Area — Largest Floor 192 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure 1674 Cu. Ft.
Total Land Area Disturbed 252 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 3300
2. Alteration $ 100 paint + grade
3. Total (1+ 2) $ 3400

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
construction of shed measuring 16 x 12 x 11 w/ 8' sidewall. 2x4 construction; 2 windows measuring 24 x 36; 2 3'0 doors Place on min. 4" Gravel Base

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

[ ] Demolition

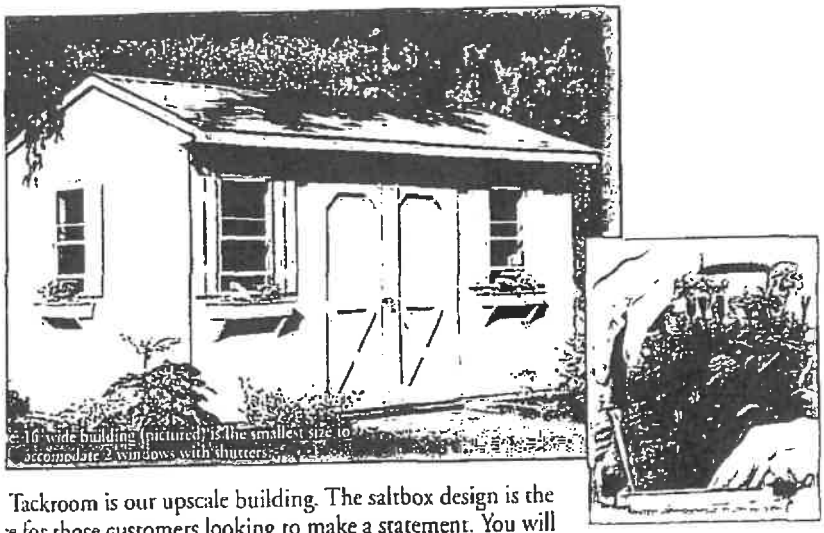
FEE (Office Use Only)
$ 45.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 5.00
TOTAL FEE	$

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

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

Tackroom



e 10' wide building (pictured) is the smallest size to accomodate 2 windows with shutters.

Tackroom is our upscale building. The saltbox design is the
e for those customers looking to make a statement. You will
this building used as an office on many of Heartland's own sales locations. Add
rative options such as windows, shutters, flowerboxes and skylights for a building to
oud of.

Tackroom is the most likely of our three styles to be used for more than just storage.
isands of our customers are currently using this style of building for a pool house/cabana,
yhouse, a gardening building, a hobby shop, an art studio or even a pet sanctuary.

t your neighborhood beautification project today. Order a Heartland installed
room and give your neighbors a serious case of shed envy.

re all of our buildings, the Tackroom is made for you Proudly in the USA.

Tackroom Dimensions (L x W x H)

6' Sidewall	7' Sidewall	8' Sidewall
10' x 8' x 8' 10' x 10' x 8' 12' x 8' x 8' 12' x 10' x 8'	10' x 8' x 9' 10' x 10' x 9' 12' x 8' x 9' 12' x 10' x 9' 12' x 12' x 10' 16' x 10' x 9' 16' x 12' x 10' 20' x 12' x 10'	16' x 12' x 11' ✓ 20' x 12' x 11' 24' x 12' x 11'

Tackroom

DR JOIS
RED
STUDS
IN

The Tackroom

D WAL
AILS R
AIL TO

FILE COPY

TOWNSHIP OF HOWELL CONSTRUCTION DEPARTMENT

PLAN REVIEW CHECK LIST

NAME Weldon BLOCK 85-43 LOT 12

ADDRESS 2 Pittsfield ZONING RELEASE _____

DATE SUBMITTED 9-26-03 Shed

DEVELOPMENT (If any) _____

	Reviewed By:	Approved	Comments
FIRE			
BUILDING	PB OK	10/14/03	
ELECTRICAL			
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			SEP 26 2003

3490

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 ✓ 35.43 LOT(S) ✓ 12 STREET ✓ Pittsfield Road

APPLICANT: NAME ✓ Weldon

ADDRESS ✓ 2 Pittsfield Road

PHONE ✓ 732 370-8480

PROPOSED USE: ____ Fence ____ Detached garage X 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 ✓ 13' feet and ____ feet
Rear yard clearances ✓ 13' feet

DESCRIPTION OF STRUCTURE: Height ✓ 11' feet to highest point
Length ✓ 11½' feet Width ✓ 12' feet
16'x12'x11'
8' sidewall
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

✓ Barbara Weldon 9/26/03
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.

9/26/03
Date

Betty Lou Porter
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: To add a storage shed 16'x12' x 11' Plot Plan Submitted.
Receipt # 10637, CK # 1891

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

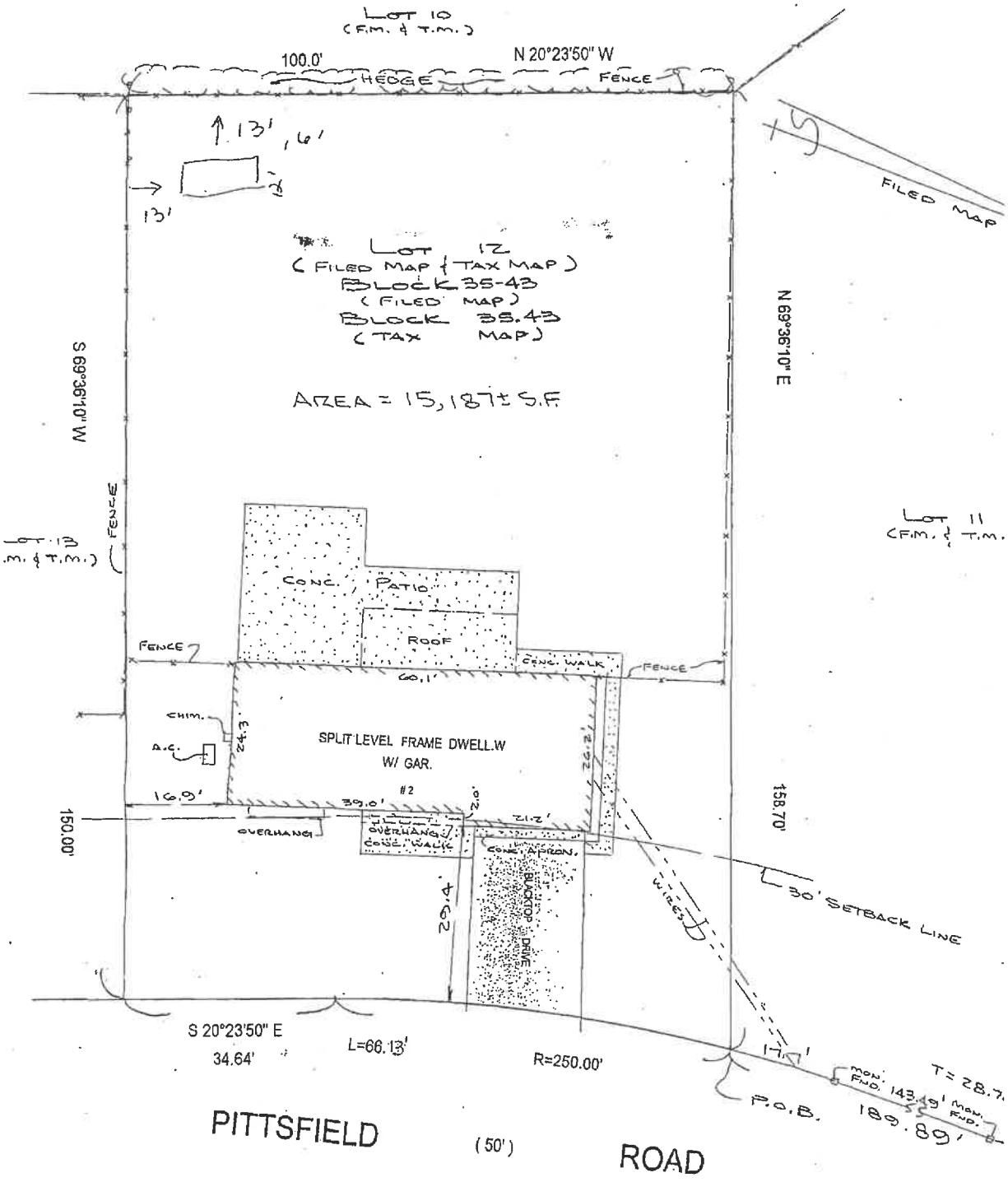
Y WRITTEN CONTRACTUAL AGREEMENT
ITH THE ULTIMATE USER IN ACCORDANCE
ITH N.J.A.C. 13:40-5.1 (d).

HIS SURVEY DOES NOT DETERMINE THE
XISTENCE, NONEXISTENCE OR LOCATION
F FRESHWATER WETLANDS OR OTHER
NVIRONMENTAL CONDITIONS.

NOTE: THIS SURVEY IS SUBJECT TO THE FACTS THAT A COMPLETE AND ACCURATE TITLE SEARCH MAY REVEAL.

IF ANY, HAVE NOT BEEN LOCATED.

FILED MAP REF: MAP OF SECTION No. 10A, SALEM LAND O' PINES, HOWELL TOWNSHIP, MONMOUTH COUNTY, N
DATED: Nov. 1965, FILED: APRIL 12, 1967, CASE No. 87-33



SURVEY OF PROPERTY FOR: STEVE L. WELDON and BARBARA L. WELDON
SITUATED IN: TOWNSHIP OF HOWELL, MONMOUTH COUNTY, NEW JERSEY
PREPARED BY: THOMAS M. ERNST & ASSOCIATES PROFESSIONAL LAND
SURVEYORS, INC., PO BOX 221, 457 SPOTSWOOD ENGLISHTOWN ROAD,

BLOCK 35.43 LOT 12 QUALIFICATION CODE 25808 ADDRESS (SITE) 2 Pittsfield Rd PERMIT NO. _____

mail

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2 Pittsfield Rd
2. Name of Owner in Fee: Weldon Tel. [redacted]
   Address 2 Pittsfield Rd Howell NJ 07731
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Barbara Weldon
   Tel. [redacted] FAX (____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical	100—				10-20-03	DV			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	100—								

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:

-DS HW-B 10300496

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 Barbara Welden Date 10/9/03

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

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

CERTIFICATE

IDENTIFICATION

Date Issued: 12/15/2003
Control #: 25808
Permit # 20032889

Block: 35.43 Lot : 12 Qual: _____

Work Site : 2 PITTSFIELD ROAD
HOWELL

Owner in Fee: WELDON

Address: 2 PITTSFIELD ROAD
HOWELL NJ 07731

Telephone: _____

Agent/Contractor: WELDON

Address: 2 PITTSFIELD ROAD
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: R-3

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: ELECTRIC FOR IRRIGATION WELL HOOK UP

[ ] **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.

C. Phillips 12/17/03

Chet Phillips Construction Official

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

[ ] **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 42344
Collected by JM

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

CONSTRUCTION PERMIT

Date Issued 10-30-03
Control # 25808
Permit # 2003 2889

IDENTIFICATION Block 35.43 Lot 12
Work Site Location 2 Pittsfield rd

Owner in Fee Weldon
Address Same as above
Tel. ([redacted])

Contractor
Address Self
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

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:
well

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 $ 100.00

CPCO
Construction Official

10-30-03
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	46
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	46
Check No.	42344
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)

200

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10-30-03
Date Issued
Control # 25808
Permit # 20032889

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

Block 35.43 Lot 12
Work Site Location 2 Pittsfield Rd
Howell
Owner In Fee/Occupant Weldon
Address 2 Pittsfield Rd
Howell
Tele. (732) 370-8080
Contractor Weldon
Address 2 Pittsfield road
Tele. (732) 370-8080 Fax ( ) _____
Lic. No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100.00

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: 10-30-03
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-15-03
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-15-03	

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.

Barbara Weldon 10/29/03
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$	46
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10-30-03
Date Issued
Control # 25808
Permit # 2003 2889

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

Block 35.48 Lot 12
Work Site Location 2 Pittsfield Rd Howell
Owner in Fee/Occupant Weldon
Address 2 Pittsfield Rd Howell
Tel [redacted]
Contractor Weldon
Address 2 Pittsfield road
Tele [redacted] Fax ( ) _____
Lic. No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group : Present _____ Proposed A1
[ ] Pole/Pad: # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10-20-03
Approved by: [signature]

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

INSPECTIONS

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

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Barbara Weldon 10/29/03
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$	46
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120
(rev. 3/98)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-30-03
Date Issued
Control # 25808
Permit # 20037889

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

Block 35.48 Lot 12
Work Site Location 2 Whitefield Rd Howell
Owner in Fee/Occupant Waldron
Address 2 Whitefield Rd Howell
Tel [redacted]
Contractor Weldon
Address 7 Emerald Road
Tele [redacted] Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed 0
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1000.00

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Barbara Weldon 10/29/03
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$	41
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)

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

NEW JERSEY LAWN AND IRRIGATION INC.

P.O. BOX 610
JACKSON, N.J. 08527
732-367-4408 FAX 732-833-9673

October 16, 2003

Howell Twp.
Attn: Building Department
PO Box 580
Howell, NJ 07731

Dear Sir/Madam:

Please return completed electrical permit to:

New Jersey Lawn & Irrigation, Inc.
Post Office Box 610
Jackson, New Jersey 08527

For: Weldon
2 Pittsfield Road
Howell, New Jersey

Block: 35.43 Lot: 12

Thank you.

Sincerely,

Vincent Sessa

NEW JERSEY LAWN AND IRRIGATION INC.

P.O. BOX 610
JACKSON, N.J. 08527
732-367-4408 FAX 732-833-9673

October 22, 2003

Howell Twp.
Attn: Building Department
PO Box 580
Howell, NJ 07731

Dear Sir/Madam:

Please return completed permit to:

New Jersey Lawn & Irrigation, Inc.
Post Office Box 610
Jackson, New Jersey 08527

For: Weldon
2 Pittsfield Road
Howell, NJ

Block: 35.43 Lot: 12

Enclosed please find our check in the amount of $46 representing your fee for same.

Thank you.

Sincerely,

Vincent Sessa

TOWNSHIP OF HOWELL CONSTRUCTION DEPARTMENT

PLAN REVIEW CHECK LIST

NAME Weldon BLOCK 35-43 LOT 12

ADDRESS 2 Pittsfield ZONING RELEASE _____

DATE SUBMITTED 10-17-03 Alec

DEVELOPMENT (If any) _____

	Reviewed By:	Approved	Comments
FIRE			
BUILDING			
ELECTRICAL ✓	10-20-03 DV	OK	—
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			OCT 17 2003

2588

42344

NEW JERSEY LAWN & IRRIGATION INC
JACKSON, NJ 08527

10/22/2003

46.00

Township Of Howell

BLOCK 35.43 LOT 12

46.00

New Jersey Irrigation Inc

BLOCK 3543 LOT 12 QUALIFICATION CODE 20029 ADDRESS (SITE) 2 PITTSFIELD RD PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 2 PITTSFIELD RD.
2. Name of Owner in Fee: _____ Tel. (____) _____
   Address _____ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: PREFERRED Electric Tel. (732) 583-6779
   Address 136 Lower Main ST., Matawan, N.J. 07747
   License No. OR, If new home, Builder Reg. No. 11203A Exp. Date _____
   Federal Employee No. [redacted] FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Glenn
   Tel. (732) 921-3307 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					11-13-03	JV			
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. 3/96)

DS HW-B 10300495

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. (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 _____ 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 Preferred Electric Services

Address 134 Lower Main St.
Matawan, N.J. 07747

Telephone (732) 583-6779

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: 12/15/2003
Control #: 26029
Permit # 20033138

Block: 35.43 Lot : 12 Qual: _____
Work Site : 2 PITTSFIELD ROAD
HOWELL
Owner in Fee: WELDON, STEVE L & BARBARA L
Address: 2 PITTSFIELD ROAD
HOWELL NJ 07731
Telephone: 732
Agent/Contractor: PREFERRED ELECTRIC SERVICES
Address: 134 LOWER MAIN STREET
MATAWAN NJ 07747
Telephone: 732 583-6779
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
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: 200AMP SERVICE UPGRADE

[ ] **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

C. Phillips 12/17/03
Chet Phillips Construction Official

Fees $0.00
Paid [X]Check No 5272
Collected by JM

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Permit Number: 20033138
Permit Date: 12/02/2003
Update Number:
Control Number: 26029
Application Date: 11/05/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 35.43 Lot : 12 Qualifier :

Work site Location:	2 PITTSFIELD ROAD HOWELL	Contractor:	PREFERRED ELECTRIC SERVICES
Owner In Fee:	WELDON, STEVE L & BARBARA L	Address:	134 LOWER MAIN STREET
Address:	2 PITTSFIELD ROAD		MATAWAN NJ 07747
	HOWELL NJ 07731	Telephone:	(732) - 583-6779
Telephone:	(732) -	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-3	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
200AMP SERVICE UPGRADE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	1,600.00
Cost of Demolition:	0.00
Total Cost:	$1,600.00

PAYMENTS (Office Use Only)

Building	
Electrical	$50.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$52.00**
All Fees Waived :	No

Amount to be Paid: **$52.00**
Check Number: 5272
Check amount: $52.00

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

Chet Phillips
Construction Official

Date

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

Collected by: JM
Receipt No:
Total Cash Amount
Total Check Amount $52.00
Total CC Amount
Grand Total $52.00

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 12-2-03
Control # 26029
Permit # 20033138

IDENTIFICATION Block 35.43 Lot 12
Work Site Location 2 PITTSFIELD RD. HOWELL, N.J. 07731
Owner in Fee
Address
Tel. ( )

Contractor PREFERRED ELECTRIC SERVICES
Address 13 W. LOWAR MAIN ST. MATAWAN, N.J. 07747
Tel. (732) 583-6774
Lic. No. or Bldrs. Reg. No. 112034

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:
200AMP Service upgrade

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.-

CPC
Construction Official

12-2-03
Date

PAYMENTS (Office Use Only)

Building	
Electrical	50
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occupancy	
Other	
Total	52
Check No.	5272
Cash	
Collected by	Am

(see reverse side)

U.C.C. F170
(rev. 5/2K)

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

REQUIRED INSPECTIONS

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 12-1-03
Date Issued 26029
Control #
Permit # 20033138

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

Block 35.43 Lot 17
Work Site Location 2 PITTSFIELD RD.
Howell, N.J. 07731
Owner in Fee/Occupant BARBARA WELDON
Address
Tele. ( )
Contractor PREFERRED ELECTRIC
Address 134 LOWER MAIN STREET
MATAWAN, NJ 07747
Tele. (732) 583-6779 Fax (732) 583-3334
Lic. No. 11203A
Federal Emp. No. 010556662

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1600—

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: 11-13-03
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-15-03	

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-15-03
Approved by:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$	50
Minimum Fee	$	
DCA Training Fee	$	2
TOTAL FEE	$	52

U.C.C. F120
(rev. 3/96)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12-1-03
Date Issued
Control # 26039
Permit # 20033138

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

Block 35.43 Lot 12
Work Site Location 2 PITTSFIELD RD.
Howell, N.J. 07731
Owner-in Fee/Occupant BARBARA WELDON
Address
Tele. ( )
Contractor PREFERRED ELECTRIC
Address 134 LOWER MAIN STREET
MATAWAN, NJ 07747
Tele. (732) 583-6779 Fax (732) 583-3334
Lic. No. 11203A
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 $ 1600—

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: 11-13-03
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

PREFERRED ELECTRIC NEW JERSEY U.S. LICENSED ELECTRICAL CONTRACTOR 11203A

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	1
		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	200	AMP Service Change	1
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	50
Minimum Fee	$	
DCA Training Fee	$	2
TOTAL FEE	$	52

U.C.C. F120
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 12-1-03
Date Issued 26009
Control #
Permit # 20033138

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

Block 3543 Lot 12
Work Site Location 2 PITTSFIELD RD.
HOWELL, N.J. 07731
Owner in Fee/Occupant BARBARA WELDON
Address
Tele. ( )
Contractor PREFERRED ELECTRIC
Address 134 LOWER MAIN STREET
MATAWAN, NJ 07747
Tele. (732) 583-6779 Fax (732) 583-3334
Lic. No. 11203A
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 $ 1600—

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12-1-03
Approved by:

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

INSPECTIONS — Dates (Month/Day)

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] 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	200	AMP Service Change	✓
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	2
TOTAL FEE	$	

U.C.C. F120
(rev. 3/96)

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

TOWNSHIP OF HOWELL CONSTRUCTION DEPARTMENT

PLAN REVIEW CHECK LIST

NAME Meldon BLOCK 35.43 LOT 12

ADDRESS 2 Rutsfield ZONING RELEASE

DATE SUBMITTED 11/5/03

DEVELOPMENT (If any) 200 Amp Service

26029

	Reviewed By:	Approved	Comments
FIRE			
BUILDING			
ELECTRICAL	11-13-03 DV	OK	
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			

NOV - 5 2003

BLOCK 35.43 LOT 12 QUALIFICATION CODE 32083 ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2 Pittsfield Rd, Howell, NJ 07731
2. Name of Owner in Fee: Steve Weldon Tel. [redacted]
   Address Same (street) (municipality) (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: Phillips Roofing & Siding Tel. (732) 531-8011
   Address 1306 Doris Ave, Ocean, NJ 07712
   License No. OR, if new home, Builder Reg. No. 213 Exp. Date 12/05
   Federal Employee No. [redacted] FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Chris
   Tel. (732) 531-8011 FAX: (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 176 00		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge	11 00		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 187 00		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK — OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☒ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☒ b. Alteration	8,000 00								
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	8,000 00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: R-5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   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. 04/03)

DS HW-B 10300497

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 Phillips Roofing & Siding

Address 1300 Doris Ave.
Ocean, NJ 07712

Telephone (732) 531-8011

Signature Chris Faulcon

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

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

CERTIFICATE

Date Issued: 03/02/2005
Control #: 32083
Permit #: 20050224

IDENTIFICATION

Block: 35.43 Lot : 12 Qualification Code:

Work Site Location: 2 PITTSFIELD ROAD
HOWELL

Owner in Fee: WELDON, STEVE L & BARBARA L
Address: 2 PITTSFIELD ROAD
HOWELL NJ 07731

Telephone: 732

Agent/Contractor: PHILLIPS
Address: 1300 DORIS AVENUE
OCEAN TOWNSHIP NJ 07712

Telephone: 732 531-8011

Lic. No./ Bldrs. Reg.No.: 213 Federal Emp. No [redacted]

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-5

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: VINYL SIDING

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _or 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

C. Phillips 3/3/05

Chet Phillips Construction Official

Fees $0.00
Paid[X]Check No. 5444
Collected by: MR

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

2-1-05

Date Issued

Permit # 31083
20050224

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION Block 35.43 Lot 12	Qualification Code
Work Site Location 2 Pittsfield Rd. Howell NJ 07731	Contractor Phillips Roofing & Siding
	Address 1300 Doris Ave. Ocean, NJ 07712
Owner in Fee Steve Weldon	
Address Same	Tel. (732) 531-8011
	Lic. No. or Bldrs. Reg. No. 213
Tel. [redacted]	

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Vinyl Siding Installation

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 $ 8000.00

[signature] 2-1-05

Construction Official Date

PAYMENTS (Office Use Only)	
Building	176
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	11
Cert. of Occupancy	
Other	
Total	187
Check No.	5444
Cash	
Collected by	[signature]

(see reverse side)

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

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

Permit Number: 20050224
Permit Date: 02/01/2005
Update Number:
Control Number: 32083
Application Date: 01/26/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 35.43 Lot : 12 Qual :

Work site Location:	2 PITTSFIELD ROAD HOWELL	Contractor:	PHILLIPS
Owner In Fee:	WELDON, STEVE L & BARBARA L	Address:	1300 DORIS AVENUE
Address:	2 PITTSFIELD ROAD		OCEAN TOWNSHIP NJ 07712
	HOWELL NJ 07731	Telephone:	(732) - 531-8011
Telephone:	(732) -	Lic. No. / Bldrs. Reg. No.:	213
Use Group(s):	R-5	Federal Emp. No.:	[redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

VINYL SIDING

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	8,000.00
Cost of Demolition:	0.00
Total Cost:	$8,000.00

PAYMENTS (Office Use Only)

Building	$176.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$11.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$187.00**
All Fees Waived :	No

Amount to be Paid: **$187.00**
Check Number: 5444
Check amount: $187.00

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.

C.P MR 2-1-05

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: MR
Receipt No:
Total Cash Amount
Total Check Amount $187.00
Total CC Amount
Grand Total $187.00

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2-1-05
Date Issued
Control # 32083
Permit # 20050224

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

Block 35.43 Lot 12
Work Site Location 2 Pittsfield Rd.
Howell, NJ 07731
Owner in Fee Steve Weldon
Address same
Tele. [redacted]
Contractor Phillips Roofing & Siding
Address 1300 Doris Ave.
Ocean, NJ 07712
Tele. (732) 531-8011
Lic. No. or Bldrs. Reg. No. 213
Federal Emp. No. [redacted] or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Chris Phillips
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vinyl Siding Installation

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	1-27-05	RM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3/2/05
Approved By: GB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other			2/25/05	RM
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [✓] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only) FEE

$ 176.00

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 8,000.00

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ 11.00
TOTAL FEE $ 187.00

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2-1-05
Date Issued
Control # 32083
Permit # 20050224

12

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

Block 35 4/3 Lot 12
Work Site Location 2 Hatfield Rd. Howell, NJ 07731
Owner in Fee Steve Tuloldan
Address same
Tele [redacted]
Contractor Phillips Roofing & Siding
Address 1300 Doris Ave. Ocean, NJ 07712
Tele. (732) 531-8011
Lic. No. or Bldrs. Reg. No. 213
Federal Emp. No. [redacted] or Social Security No.

C. CERTIFICATION IN LIEU OF OATH 176

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

Chris Bertoni
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vinyl Siding Installation

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	1-27-05	RM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other X		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$ 176.00

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 8,000.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 11.00
Collected by: DCA TRAINING FEE $
TOTAL FEE $ 187.00

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2-1-05
Date Issued
Control # 32083
Permit # 20050224

1-

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

Block 25 4/3 Lot 12
Work Site Location 5 Highland Rd.
Howell NJ 07731
Owner in Fee State Highway
Address same
Tele. [redacted]
Contractor Phillips Siding & Siding
Address 1300 Davis Ave.
Oceanic NJ 07712
Tele. (732) 531-3011
Lic. No. or Bldrs. Reg. No. 213
Federal Emp. No. [redacted] or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Patrick Barlow
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vinyl Siding Installation

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	1-27-05	RM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [✓] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE

	$
	176 00

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 8,000.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $ 11 00
TOTAL FEE $ 187 00

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME Weldon BLOCK 35.43 LOT 12

ADDRESS 2 Pittsfield ZONING RELEASE

DATE SUBMITTED 1-26-05 32083

TYPE OF WORK Vinyl Siding

	REVIEWED BY	APPROVED	COMMENTS
FIRE			
✓ BUILDING	1-27-05 RM	OK	
ELECTRICAL			
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			

RECEIVED
JAN 26 2005
BUILDING DEPT

BLOCK 35.43 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 2 Pittsfield Rd. PERMIT NO. _____

47

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 2 Pittsfield Rd.
2. Name of Owner in Fee: Steven Weldon
   Tel. [redacted] e-mail _____
   Address Same (street) Howell Twp (municipality) 07731 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: P&L Plumbing Tel. (732) 417-0099
   Address 300 Columbus Circle • Edison, NJ 08837 e-mail _____
   License No. OR, if new home, Builder Reg. No. 12108 Exp. Date _____
   Federal Employee No. [redacted] FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Philip Del Negro
   Tel. (732) 417-0099 Ext.105 or 107 FAX: (732) 417-0695

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	

II. PROPOSED WORK

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☑ Plumbing	699-				11/8/06	AR			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
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

DS HW-B 10300498

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 P&L Plumbing

Address 300 Columbus Circle

Edison, New Jersey 08837

Telephone (732) 417-0099

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

Date Issued: 03/28/2006
Control #: 37259
Permit #: 20060197

IDENTIFICATION

Block: 35.43 Lot : 12 Qualification Code:

Work Site Location: 2 PITTSFIELD ROAD
HOWELL

Owner in Fee: WELDON, STEVE L & BARBARA L
Address: 2 PITTSFIELD ROAD
HOWELL NJ 07731

Telephone: 732

Agent/Contractor: P & L PLUMBING
Address: 300 COLUMBUS CIRCLE
EDISON NJ 08837

Telephone: 732 417-0099

Lic. No./ Bldrs. Reg.No.: 12108 Federal Emp. No [redacted]

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-5

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: REPLACE 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 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

C. Phillips 3/29/06

Chet Phillips Construction Official

Fees $0.00
Paid[X]Check No. 69036
Collected by: MH

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Permit Number: 20060197
Permit Date: 01/26/2006
Update Number:
Control Number: 37259
Application Date: 01/17/2006

CONSTRUCTION PERMIT

IDENTIFICATION

Block : 35.43 Lot : 12 Qualification Code:
Work Site Location: 2 PITTSFIELD ROAD HOWELL
Owner In Fee: WELDON, STEVE L & BARBARA L
Address: 2 PITTSFIELD ROAD
HOWELL NJ 07731
Telephone: (732) -
Use Group(s): R-5

Contractor: P & L PLUMBING
Address: 300 COLUMBUS CIRCLE
EDISON NJ 08837
Telephone: (732) - 417-0099
Lic. No. / Bldrs. Reg. No.: 12108
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
REPLACE WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	699.00
Cost of Demolition:	0.00
Total Cost:	$699.00

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.

Chet Phillips
Construction Official

1-26-06
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$46.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$47.00
All Fees Waived:	No

Amount to be Paid:	**$47.00**
Check Number:	69036
Check amount:	$47.00

Collected by:	MH
Receipt No:	
Total Cash Amount	
Total Check Amount	$47.00
Total CC Amount	
Grand Total	$47.00

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

CONSTRUCTION PERMIT

Date Issued 1-26-06

Permit # 37259

20060197

IDENTIFICATION Block 35.43 Lot 12 Qualification Code

Work Site Location 2 Pittsfield Rd Howell 07731

Owner in Fee Steven Weldon

Address Same

Tel. (732) 961 [redacted]

Contractor P&L PLUMBING

Address 300 COLUMBUS CIRCLE
EDISON, NEW JERSEY 08837

Tel. (732) 417-0099 Fax: (732) 417-0695

Lic. No. or Bldrs. Reg. No. 12108

[redacted]

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replace Water Heater

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 $ 600

CKM

Construction Official

1-26-06

Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	46
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1
Cert. of Occupancy	
Other	
Total	47
Check No.	49036
Cash	
Collected by	D

(See reverse side)

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

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1-26-06
Control # 37259
Date Issued
Permit # L0060197

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

Block 35.43 Lot 12 Qualification Code
Work Site Location 2 Pittsfield Rd Howell 07731
Owner in Fee: Steven Weldon
Tel. [redacted] e-mail
Address Squir (street) (municipality) (zip code)
Contractor: P&L PLUMBING Tel. (732) 417-0099
Address 300 COLUMBUS CIRCLE • EDISON, NJ 08837 e-mail
Contractor License No. 12108 Exp. Date
Federal Employee No. [redacted] FAX: (732) 417-0695

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 $ 699—

JOB SUMMARY (Office Use Only) Replacement

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1/18/06
Approved by: Allan Gaertel

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 3/27/06
Approved by: Allan Gaertel

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			3/27/06	
Gas Equipment			3/27/06	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Chimney Certificate			OK	
Final			3/27/06	

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 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	
	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	
	Other	

Administrative Surcharge $	
Minimum Fee $	46
State Permit Surcharge Fee $	1
TOTAL FEE $	47

C.O. Detector - YES

U.C.C. F130 (rev. 05/05)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1-26-06
Control # 37259
Date Issued
Permit # 20060197

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

Block 35.43 Lot 12 Qualification Code
Work Site Location 2 Pittsfield Rd Howell 07731
Owner in Fee: Steven Waldorf
Tel. (732) 961 7730 e-mail
Address Same
street municipality zip code

Contractor: P&L PLUMBING Tel. (732) 417-0099
Address 300 COLUMBUS CIRCLE • EDISON, NJ 08837 e-mail
Contractor License No. 12108 Exp. Date
Federal Employee No. 22-3591088 FAX: (732) 417-0695

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 $ 699—

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[-] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1/18/06
Approved by: Allan Hoertel

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

Replacement

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			IK	IAH

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 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	
	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	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 46
State Permit Surcharge Fee	$ 1
TOTAL FEE	$ 47

C.O. Detector

U.C.C. F130 (rev. 05/05)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1-26-06
Control # 37259
Date Issued
Permit # 20060197

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

Block 35.43 Lot 12 Qualification Code
Work Site Location 10 Pittsfield Rd Howell 07731
Owner in Fee: Steven Haidon
Tel. (732) 961-7730 e-mail
Address Same
street municipality zip code

Contractor: P&L PLUMBING Tel. (732) 417-0099
Address 300 COLUMBUS CIRCLE • EDISON, NJ 08837 e-mail
Contractor License No. 12108 Exp. Date
Federal Employee No. 22-3591088 FAX: (732) 417-0695

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 $ 699—

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1/18/06
Approved by: Allan Hartel

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

Replacement

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				
[illegible]				

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 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	
	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	
	Other	

C.O. Detector

Administrative Surcharge $	
Minimum Fee $	46
State Permit Surcharge Fee $	1
TOTAL FEE $	47

U.C.C. F130 (rev. 05/05)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ONLY WATER HEATERS
P&L Plumbing NJMPL #12108

300 Columbus Circle, Unit 1
Edison, NJ 08837

Phone (732) 417 0099
Fax (732) 417 0695

Work Site Location 2 Pittsfield Rd

Owner in Fee Steven Weldon

Customer has existing:

Carbon Monoxide Detector _____

Smoke Detector _____

Customer to provide prior to inspection:

Carbon Monoxide Detector /

Smoke Detector V

Contractor/Agent _____
Philip Del Negro

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 35.43 LOT 12 PERMIT # _____

WORK SITE ADDRESS 2 Pittsfield Road

Applicant Steven Weldon

Certifying Individual Phillip Del Negro Company P&L Plumbing

Address 300 Columbus Circle (Street) Edison, (City) New Jersey (State) 08837 (Zip Code)

Tel. (732) 417-0099

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [X] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

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.

Del Negro
_____
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. 3/96)

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME Weldon BLOCK 35-43 LOT 12

ADDRESS 2 Pittsfield ZONING RELEASE

DATE SUBMITTED 1-17-06 HWH

TYPE OF WORK

	REVIEWED BY	APPROVED	COMMENTS
FIRE			
BUILDING			
ELECTRICAL			
PLUMBING	✓ 1/18/06 AE	OK	
MECHANICAL			
OTHER			RECEIVED JAN 17 2006 BUILDING DEPT
SEPTIC			

37259

P & L PLUMBING

Township of Howell

1/11/2006

69036
47.00

PLEASE MAIL COMPLETED
PERMIT TO P&L PLUMBING

THANK YOU

Permit Account Weldon/2 Pittsfield Rd 47.00

HOWELL, TOWNSHIP OF

(LAND USE DEPT.)

B 35.43 L 12

1999104

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 ✓ 35.43 LOT(S) ✓ 12 STREET ✓ Pittsfield Road

APPLICANT: NAME ✓ Welden

ADDRESS ✓ 2 Pittsfield Road

PHONE ✓ [redacted] 370-8480

PROPOSED USE: ____ Fence ____ Detached garage X 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 ✓ 03' feet and ____ feet
Rear yard clearances ✓ 13' feet

DESCRIPTION OF STRUCTURE: 16'x12'x11' 8' Sidewall
Height ✓ 11' feet to highest point
Length ✓ 11o' feet Width ✓ 12' 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

✓ Barbara Welden 9/26/03
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.

9/26/03
Date

Rita Lou Tuttle
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: To add on Storage Shed 16'x12' x 11' Plot Plan Submitted.

Permit # 10637 Ck # 1891

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

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

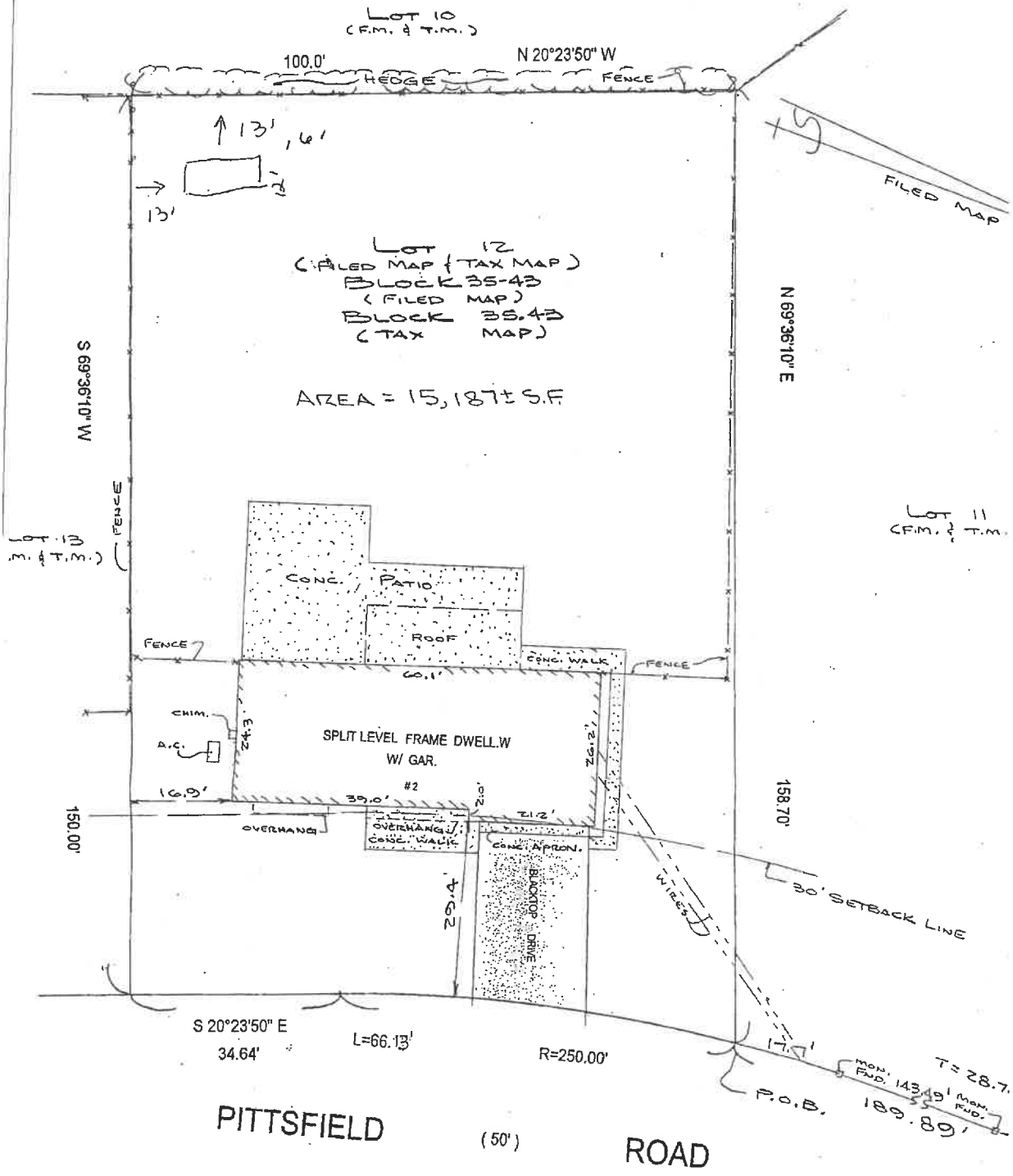
WRITTEN CONTRACTUAL AGREEMENT
TH THE ULTIMATE USER IN ACCORDANCE
TH N.J.A.C. 13:40-5.1 (d).

IS SURVEY DOES NOT DETERMINE THE
ISTENCE, NONEXISTENCE OR LOCATION
FRESHWATER WETLANDS OR OTHER
VIRONMENTAL CONDITIONS.

NOTE: THIS SURVEY IS SUBJECT TO THE FACTS THAT A COMPLETE AND ACCURATE TITLE SEARCH MAY REVEAL.

NOTE: UNDERGROUND UTILITIES, IF ANY, HAVE NOT BEEN LOCATED.

FILED MAP REF: MAP OF SECTION No. 10A, SALEM LAND O' PINES, HOWELL TOWNSHIP, MONMOUTH COUNTY, N
DATED: Nov. 1965, FILED: APRIL 12, 1967, CASE No. 87-33



SURVEY OF PROPERTY FOR: STEVE L. WELDON and BARBARA L. WELDON
SITUATED IN: TOWNSHIP OF HOWELL, MONMOUTH COUNTY, NEW JERSEY
PREPARED BY: THOMAS M. ERNST & ASSOCIATES PROFESSIONAL LAND SURVEYORS, INC., PO BOX 221, 457 SPOTSWOOD ENGLISHTOWN ROAD,

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

Date Issued 8/1/2017
Control Number C-39412
Permit Number 20171708
Permit Issue Date 7/10/2017
Certificate Number 20171708

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2 PITTSFIELD ROAD Howell Township, NJ Block: 35.43 Lot: 12 Qual:

Owner in Fee: WELDON, STEVE L & BARBARA L

Owner Address: 2 PITTSFIELD ROAD HOWELL NJ 07731

Telephone: [redacted]

Contractor BANNER ENTERPRISES dba BANNER EXTERIORS

Address 19 MAIN STREET ROBBINSVILLE NJ 08691

Telephone: (609) 259-9300 Fax: (609) 529-2297

License Number or Builders Registration Number: 13VH01049800 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: 8/1/2017

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7-10-17
Control #
Date Issued 3/4/18
Permit # 207-7708

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

Block 36.43 Lot Qualification Code
Work Site Location 2 PITTSFIELD ROAD
HOWELL, NJ 07731
Owner in Fee: STEVEN WELDON
Tel. (732) 961-3 e-mail
Address 2 PITTSFIELD ROAD HOWELL, NJ 07731
street municipality zip code
Contractor: BANNER ENTERPRISES, INC. Tel. (609) 259-9300
Address 19 MAIN STREET e-mail
ROBBINSVILLE, NJ 08691
Contractor License No. or Builder Registration No. 13VH01049800 Exp. Date 03/31/2018
Home Improvement (tion No. or Exemption Reason
Federal Emp. ID No. FAX: 609 259-2297

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All	7/31/17	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 8-5-17
Approved by: SD

SUBCODE APPROVAL for CERTI ATE
[ ] CO [ ] CCO [CA
Date: 7-2-17
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/24/17	SD
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 11,359.00

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: Valerie L Gunda
Print name here: VALERIE L. GUNDA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK ILS PE HIN L

- Remove 2 layer/s of existing asphalt roofing & dispose
- Install aluminum drip edge to rakes & eaves
- Install ice shield to eaves, valleys & penetrations
- Install new flashings & pipe collars
- Install 15lb. Felt paper to deck AS
- Install new GAF TIMBERLINE yr. Asphalt roofing
- Install GAF Cobra Ridge ventilation
- Roof pitch is 5 /12, /12
- Roofing quantity is 28 sq.
- Flash chimney with ALUMINUM flashing

TYPE OF WORK:		FEE (Office Use Only)
[ ] New Building		$
[ ] Addition		
[ ] Rehabilitation		00
[X] Roofing		3
[ ] 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		

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 2 00
TOTAL FEE	$

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 2/6/2018
Control Number C-41318
Permit Number 20180075
Permit Issue Date 1/16/2018
Certificate Number 20180075

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 2 PITTSFIELD ROAD Howell Township, NJ Block: 35.43 Lot: 12 Qual:
Owner in Fee: WELDON, STEVE L & BARBARA L
Owner Address: 2 PITTSFIELD ROAD HOWELL NJ 07731
Telephone: (732) 492-8140
Contractor MICHAEL J. PERRI T/A AJ PERRI, INC
Address 9 JOHNSON STREET MONMOUTH BEACH NJ 07750
Telephone: (848) 482-0721 Fax: (732) 982-8715
License Number or Builders Registration Number: 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: 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: 2/6/2018

U.C.C. F260 (rev. 08/05)

35.43 - 12

PLUMBING SUBCODE
TECHNICAL SECTION

11/16/18
Date Received
Control # 41318
Date Issued
Permit # 20180075

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

Block 35.43 Lot 12 Qualification Code 2
Work Site Location 2 Pittsfield Rd.
Owner in Fee: Weldon, Barbara
Tel. [redacted] e-mail
Address 2 Anne
Contractor: MICHAEL J. PERRI T/A AJ PERRI Tel. (732) 689-6363
Address 9 JOHNSON STREET e-mail
MONMOUTH BEACH, NJ 07750
Contractor License No. 36BI01256600 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: (732) 709-2889

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 $ 2100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 12-27-17 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-27-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-5-18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			2-2-18	
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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replaced 50gal gas HW H

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	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	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	65
State Permit Surcharge Fee	$	4
TOTAL FEE	$	69

U.C.C. F130 (rev. 12/07)
Internet version

AJ 020B Rev 10 14

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 35.43 LOT 12 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 2 Pine Brook Rd

Owner in Fee Weldon, BARBARA

Verifying Individual Andrew Gamatko Company A.J. Perri

Address 1162 Pine Brook Road (Street) Tinton Falls (City) NJ (State) 07724 (Zip Code)

Tel: (732) 939-9316 Fax: (732) 709-2889

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 6 11

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [X] Chimney-Interior
- [ ] Chimney-Exterior
- [X] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	HW H	Oil / (Gas) / Other:	40,000
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.

Andrew Gamatko 12/13/17

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.