BLOCK 143.04 LOT 16 ADDRESS (SITE) 43 Waterford Ave PERMIT NO. 97-0423

Bldg #122

MARLBORO TWP. CONSTRUCTION DEPT. CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 43 Waterford Avenue
2. Name of Owner in Fee: K. Hornaman @ Marlboro Tel. (908) 332-1869
   Address 101 Woodcliff Blvd (street) Morganville (municipality) 07751 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Same as Owner Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. 24901 Exp. Date _____
   Federal Emp. No. 22-3030886 Social Security No. _____
5. Architect or Engineer Richard Arsberger Tel. (908) 225-4001
   Address 110 Fieldcrest Ave Edison
6. Responsible Person in Charge of Work Michael Forman Tel. (908) 332-1869

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	713.-		
2. Electrical		192.-		
3. Plumbing		300.-		
4. Fire Protection		144.-		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		11.-		
10. Subtotal	$			
11. Cert. of Occupancy		30.-		
12. Other				
13. TOTAL	$	1,450		

2450-C
Basement
Wood F/P
Skylights
whirlpool
Side Bay Rag

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 32 ft.	
3. Area—Largest Floor 1266 sq. ft.	
4. New Building Area 2465 sq. ft.	
5. Volume of New Structure 44572 cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed 16550 sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

Posted on E.T.

5/7/10

II. PROPOSED WORK

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

OPTIONAL (for office use only)

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

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

M6224

U.C.C. Form 100B

CL09338

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

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

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

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

( ) Check if contra

Agent Name K. HOVNANIAN AT MARLBORO TWP. III, INC.
WOODCLIFF

Address 101 WOODCLIFF BOULEVARD
MORGANVILLE, NJ 07751

Telephone (908) 332-1869

Signature Michael Gorman Date Feb. 11, 1997

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form 170B

MARLBORO TWP.
CONSTRUCTION DEPT.

Construction Official
WM.G. NEWMAN

CERTIFICATE

Date Issued 09/25/97
Control #
Permit # 97-0423

IDENTIFICATION

Block 143.04 Lot 16
Work Site Location 43 Waterford Avenue
Morganville, NJ 07751
Owner in Fee K. Hovnanian
Address 101 Woodcliff Boulevard
Morganville, NJ 07751
Tele. (732) 332-1869
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 24901
Federal Emp. No. 22-3030886
or Social Security No.

Home Warranty No. PWC 0061613-6
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-4
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Single Family Dwelling/Basement

☒ **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 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 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 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/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:

Fee $30.00
Paid [X] Check No. 609333
Collected by: SD

CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

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

MARLBORO TWP.
CONSTRUCTION DEPT.

Construction Official
WM.G. NEWMAN

CONSTRUCTION PERMIT

Date Issued 4/15/97
Control #
Permit # 97-0423

IDENTIFICATION Block 143.04 Lot 16

Work Site Location 43 Waterford Drive
Morganville NJ 07751

Owner in Fee KJ Hannaman & Mathews III

Address 101 Woodcliff Road
Morganville NJ 07751

Tele. (908) 332-1869

Contractor Same as Owner

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. 24901 Exp. Date

Federal Emp. No. 22-3030886

or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[✓] ELECTRICAL [✓] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 2450-C
Basement. Side Box Bay
Wood Fireplace
Skylight, Whirlpool

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 $ 100,000.-

John Cavaliere PO
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	713.-
Electrical	142.-
Plumbing	300.-
Fire Protection	144.-
Elevator Devices	
Other	
DCA Training Fee	1.-
Cert. of Occ.	30.-
Other	
Total	$1,450.-
Check No.	0609338 4/17
Cash	
Collected By:	

U.C.C. Form F-170C

(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 1708

MARLBORO TWP.
CONSTRUCTION DEPT.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 97-0423

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

Block 143.04 Lot 16
Work Site Location 43 Waterford Ave. Morganville, NJ 07751
Owner in Fee K. Hoffmanson & Marlboro Twp 114
Address 101 Woodcliff Blvd Morganville NJ 07751
Tele. (908) 332 0 1869
Contractor Same as owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 24901
Federal Emp. No. 22-3030886 or Social Security No.

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R4
Constr. Class Present ____ Proposed 5B
No. of Stories 2
Height of Structure 32 Ft.
Area—Largest Floor 1266 Sq. Ft.
Total Bldg. Area/All Floors 2465 Sq. Ft.
Volume of Structure 44,572 Cu. Ft.
Total Land Area Disturbed 1650 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 95,200
2. Alteration $
3. Total (1+2) $ 95200

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.

Michael Harmon
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 2450-C
Basement
Box Bay
Skylight
Whirlpool
Wood Fireplace

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

(Office Use Only)
FEE
$

Paid [ ] Check #
Collected by:

Administrative Surcharge $ 113.
Minimum Fee $
DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110A

MARLBORO TWP. CONSTRUCTION DEPT.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 97-0423

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

Block 143.04 Lot 16
Work Site Location 43 Waterford Ave. Morganville NJ 07751
Owner in Fee K. Hoshaman & Melinda Twp 14
Address 101 Wright Ave Blvd Morganville NJ 07751
Tele. (908) 332-1869
Contractor Same as owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 24401
Federal Emp. No. 22-3030586 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.

Michael Herman
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 2450-C
Basement
Bay Bay
Skylight
Whirlpool
Wood Fireplace

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing			5/27	
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other	6/11/97		6/18	
Date: 9-18-97			Final			9/18	
Approved By:							

Plbg OK

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R4
Constr. Class Present ____ Proposed 5B
No. of Stories 2
Height of Structure 22 Ft.
Area—Largest Floor 1266 Sq. Ft.
Total Bldg. Area/All Floors 2415 Sq. Ft.
Volume of Structure 44572 Cu. Ft.
Total Land Area Disturbed 1650 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 95200
2. Alteration $
3. Total (1+2) $ 95200

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

(Office Use Only) FEE

$

Paid [ ] Check #
Collected by:

Administrative Surcharge $ 117.-
Minimum Fee $
DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110A

MARLBORO TWP.
CONSTRUCTION DEPT.
Construction Official
JOHN CAVALIERE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 97-0423

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

Block 143.04 Lot 16
Work Site Location 43 Waterford Drive
Morganville NJ 07751
Owner in Fee K. Hofmann & Marlboro Twp III
Address 101 Woodcliff Blvd
Morganville NJ 07751
Tele. (908) 332 1869
Contractor MAC Electrical Contractors, Inc.
Address 1889 Route 9, Unit 62
Toms River, NJ 08755
Tele. (908) 914-0611
Lic. No. 7774
Federal Emp. No. 22-3113881 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwelling Utility Co. G-PU Energy
Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

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

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

John B. Mucciolo
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
31		Fixtures (1)
67		Receptacles (2)
42		Switches (3)
140		Total 1 + 2 + 3
1		Range
1		Oven(s)
		Surface Unit
1		Dishwasher
		Garbage Disposal
		Dryer
2		A/C Unit
		Burglar Alarms
		Intercoms, Panels
8		Smoke Detectors
		Whirlpool/spa
		Pool Bonding
		Pool Filter Motor
		Pool Lights
1		Water Heater(s)
2		Central heat: oil, gas or elec.
		Baseboard Heat Units
2		Thermostats
		Heat Pump
		Pump(s)
		Motor Control Center/Sub Panels
		Signs
		Light Standards
4		Motors—Fractional H.P.
		Motors—All Others
		Transformers
		Generators
1	150	Service Entrance
		Other

FEE (Office Use Only)

Paid [ ] Check #
Collected by:

Administrative Surcharge $
Minimum Fee $ 100.00
DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-120A

MARLBORO TWP.
CONSTRUCTION DEPT.
Construction Official
JOHN CAVALIERE

WR# 135366

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 97-0423

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

Block 143.04 Lot 16
Work Site Location 43 Water Lock Lane
Morganville NJ 07751
Owner in Fee K. Hondroulis & Marlboro Twp III
Address 101 Woodcliff Blvd
Morganville NJ 07751
Tele. (908) 332 1869
Contractor MC Electrical Contractors, Inc.
Address 1889 Route 9, Unit 62
Toms River, NJ 08755
Tele. (908) 914-0611
Lic. No. 7714
Federal Emp. No. 22-3113881 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Dwelling Utility Co. GPU Energy
Est. Cost of Elec. Work $ 5,000-00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 9/17/97
Approved by:

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			7/17/97	MC
Temporary				
Constr. Serv.				
TCO				
Other				
Service			7/17/97	MC
Final	9/16/97		9/17/97	MC

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

C. CERTIFICATION IN LIEU OF OATH

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

John B. Mullaney
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
31		Fixtures (1)	
67		Receptacles (2)	
42		Switches (3)	
140		Total 1 + 2 + 3	
1		Range	
1		Oven(s)	
		Surface Unit	
1		Dishwasher	
		Garbage Disposal	
		Dryer	
2		A/C Unit	
		Burglar Alarms	
8		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
1		Water Heater(s)	
2		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
2		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
4		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	150	Service Entrance	
		Other	

Paid [ ] Check #
Collected by:

Administrative Surcharge $
Minimum Fee $ 19.00
DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-120A

MARLBORO TWP.
CONSTRUCTION DEPT.

Construction Official
WM. G. NEWMAN

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 97-0423

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

Block 143.04 Lot 16
Work Site Location 43 Waterford Avenue
Morganville NJ 07751
Owner in Fee K. Hourdajian @ Marlboro Twp III
Address 101 Woodcliff Blvd
Morganville, NJ 07751
Tele. (908) 352 1869
Contractor Same as Owner
Address
Tele. ( )
Lic. No. 24901
Federal Emp. No. 22-3030886 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R4
Constr. Class. Present Proposed 5B
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: (1) Basement (1) Attic
Total Est. Cost of Fire Prot. Work $ 350 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Mike Hourdajian
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source			
Method of Valve Supervision			
Local Alarm Supervision			
Central Supervision			
Proprietary Supervision			
Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number
Wet Sprinkler Heads	
Dry Sprinkler Heads	
TOTAL	
Smoke Detectors	8
Heat Detectors	
TOTAL	8
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
CO_2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	2
OTHER Fireplace	

FEE (Office Use Only)

144

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

Paid [ ] Check #
Collected by

U.C.C. Form F-140B 1 White = Inspector Copy 2 Canary = Applicant 3 Tag = Office Copy

MARLBORO TWP.
CONSTRUCTION DEPT.

Construction Official
WM. G. NEWMAN

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 97-0423

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

Block 143.04 Lot 16
Work Site Location 42 Waterford Circle
Manalapan NJ 07751
Owner in Fee Foundation @ Marlboro Twp III
Address 101 Woodlife Blvd
Manalapan NJ 07751
Tele. (908) 972 1569
Contractor Same as owner
Address
Tele. ( )
Lic. No. 24401
Federal Emp. No. 22-3034556 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R4
Constr. Class. Present Proposed 5B
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: (1) Basement (1) Attic
Total Est. Cost of Fire Prot. Work $ 350 — [ ] Other

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 4/15/97
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test			9/15/97	
Smoke Test				
Mechanical			9/15/97	
TCO				
Other Final			7/22/97	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	8	
Heat Detectors		
TOTAL	8	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	2	
OTHER Furnace		

Administrative Surcharge $
Minimum Fee $ 144
DCA TRAINING FEE $
TOTAL FEE $

Paid [ ] Check #
Collected by

U.C.C. Form F-140B 1 White = Inspector Copy 2 Canary = Applicant 3 Tag = Office Copy

MARLBORO TWP.
CONSTRUCTION DEPT.

Construction Official
WM. G. NEWMAN

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 97-0423

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

Block 143.04 Lot 16
Work Site Location 43 Waterford Avenue Morganville NJ 07751
Owner in Fee K. Hovhannisian @ Marlboro Twp III
Address 101 Woodcliff Blvd Morganville, NJ 07751
Tele. (908) 332-9869
Contractor NEAL Plumbing
Address 1024 Asbury Ave Bradley Beach NJ 07720
Tele. (908) 224-6606
Lic. No. 7570
Federal Emp. No. 22-321-1484 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group — Present — Proposed X
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 5,000—

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

George G. Neal
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Paid [ ] Check #
Collected by:

Administrative Surcharge $
Minimum Fee $ 200—
DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-130A

MARLBORO TWP. CONSTRUCTION DEPT.
Construction Official WM. G. NEWMAN

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control # 97-0423
Permit #

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

Block 143.04 Lot 16
Work Site Location 43 Waterford Avenue (Wooddrift)
Morganville NJ 07751
Owner in Fee K. Hovnanian at Marlboro Twp III
Address 101 Wardcliff Blvd
Morganville, NJ 07751
Tele. (908) 332-1869
Contractor NEAL Plumbing
Address 102 [illegible]
[illegible] NJ 07722
Tele. (908) [illegible]
Lic. No. 7590
Federal Emp. No. 22-3211434 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed X
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 5,000—

JOB SUMMARY (Office Use Only)

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

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Slab			6-6	
Rough			7-18	
Water				
Sewer			7-18	
Fixtures				
Gas Equipment			7-18-97	
Gas Final				
Solar				
TCO				

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] TCO
Approved by:
Date: 9-15-97

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $
Minimum Fee $ 30.
DCA TRAINING FEE $
TOTAL FEE $

Paid [ ] Check #
Collected by:

U.C.C. Form F-130A