BLOCK 143.04 LOT 16 QUALIF /CODE _____ ADDRESS (SITE) _____ PERMIT NO. 03-1135

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 43 Waterford Ave
2. Name of Owner in Fee: Dan Henderson Tel. [redacted]
   Address: same (street) Marlboro Twp. (municipality) Monmouth (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: RAdata Inc. Tel. (973) 927-7303
   Address 27 Ironia Rd., Unit 2, Flanders, NJ 07836
   License No. OR, if new home, Builder Reg. No. MIB90001 Exp. Date 4/04
   Federal Employee No. 22-3140424 Fax (973) 927-4980
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work X
   Tel. (732) 332-0979 Fax ( )

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 45- | | |
| 2. Electrical | 45- | | |
| 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 | $ 90- | | |

## 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 sq. ft. / 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 | 425.00 | | | | 5-23-03 | AK | | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ Alteration | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☐ Plumbing | | | | | | | | | |
| 7. ☑ Electrical | | | | | 5/21/03 | MR | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS | 425.00 | | | | | | | | |

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:

18055

UCC/PRO F-100 (REV3/96)
Professional Printing
(856) 468-7933

5076

FOLD

**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 compiy 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 RAdata Inc.

Address 27 Ironia Rd., Unit 2
Flanders, NJ 07836

Telephone (973) 927-7303

Signature David Krammer (KK)

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

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(856) 468-7933

FOLD

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. _____ | _____ | _____ | _____ | _____ |

# CONSTRUCTION PERMIT

Date Issued 5/28/03
Control #
Permit # 03-1135

Tie in to existing builder installed sub-slab radon pipe

IDENTIFICATION Block _____ Lot _____

Work Site Location 43 Waterford Avenue
Morganville NJ 07751

Owner in Fee Don & Patricia Henderson $425.00
Address 43 Waterford Avenue
Morganville NJ 07751
Tele. (____) [redacted]

Contractor STONE RIDGE RADON/RAdata Inc.
Address 27 IRONIA RD UNIT 2
FLANDERS, NJ 07836

Tele: 973-927-7303 Fax: 973-927-4980
Lic. No. or Bldrs. Reg. No. MIB90001
Federal Emp. No. 22-3140424

**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) [X] OTHER RADON

DESCRIPTION OF WORK:

Tie in to existing builder installed sub-slab radon pipe

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 45- |
| Electrical | 45- |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| Other | |
| DCA Training Fee | |
| Cert. of Occ. | |
| Other | 490- |
| Total | |
| Check No. | 5074 |
| Cash | |
| Collected By: | |

(see reverse side)

**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 $ $425.00

5/28/03
Date

J. Cavaliere / K.C.
CONSTRUCTION OFFICIAL

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

Radata/ F-170 rev 10/00

# 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.

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# BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/28/03
Date Issued
Control #
Permit # 03-1135

**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 Don & Patricia Henderson
Address 43 Waterford Avenue
Morganville NJ 07751
Tele. ( ) [redacted]
Contractor STONE RIDGE RADON/RAdata Inc.
Address 27 IRONIA RD UNIT 2
FLANDERS, NJ 07836
Tele: 973-927-7303 Fax: 973-927-4980
Lic. No. or Bldrs. Reg. No. MIB90001
Federal Emp. No. 22-3140424

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [X] All | 5-23-03 | Date |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

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

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

**B. BUILDING CHARACTERISTICS**

Use Group Present 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) $ ~~$325.00~~

**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

David L Hammer
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Tie in to existing builder installed sub-slab radon pipe

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

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 45
TOTAL FEE $

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

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# BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/28/03
Date Issued
Control #
Permit # 03-1135

**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 Don & Patricia Henderson

Address 43 Waterford Avenue
Morganville NJ 07751

Tele. ( ) [redacted]

Contractor STONE RIDGE RADON/RAdata Inc.

Address 27 IRONIA RD UNIT 2
FLANDERS, NJ 07836

Tele: 973-927-7303 Fax: 973-927-4980

Lic. No. or Bldrs. Reg. No. MIB90001

Federal Emp. No. 22-3140424

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [X] All | 5-27-03 | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-29-03
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 5-29-03 | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present _____ 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 $ ~~$525.00~~
3. Total (1+ 2) $ _____

**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

David M Rammelt
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Tie in to existing builder installed sub-slab radon pipe

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

FEE (Office Use Only)

| | |
|---|---|
| | $ |
| Administrative Surcharge | $ |
| Minimum Fee | $ 1 |
| DCA Training Fee | $ 4C - |
| TOTAL FEE | $ 15 |

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

Morganville
Don & Patricia Henderson
43 Waterford Avenue
Morganville
732-332-0479h917

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 5/28/03
Date Issued
Control #
Permit # 03-1135

**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 12
Work Site Location 43 Waterford Ave
Morganville, NJ 07751
Owner in Fee/Occupant Don & Patricia Henderson
Address Same

Tele. [redacted]

Contractor DANIEL GLENN
Address 4 MICHAEL AVE., MILLTOWN, NJ 08850
$100.00
Tele: 732-249-7526 Fax:
Lic. No. or Bldrs. Reg. No. 9742
Federal Emp. No. 22-3526933

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/28/03
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

[V] 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 | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | ..... | |
| 1 | | RADON | |

| | | |
|---|---|---|
| Administrative Surcharge | $ | |
| Minimum Fee | $ | 45 |
| DCA Training Fee | $ | |
| TOTAL FEE | $ | |

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856-468-7933

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

Morganville
Don & Patricia Henderson
43 Waterford Avenue
Morganville
732-332-0479h917

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 5/28/03
Date Issued
Control #
Permit # 03-1135

**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 11
Work Site Location 43 Waterford Ave
Morganville, NJ 07751
Owner in Fee/Occupant Don & Patricia Henderson
Address same

Tele. [redacted]

Contractor DANIEL GLENN
Address 4 MICHAEL AVE., MILLTOWN, NJ 08850
$100.00
Tele: 732-249-7526 Fax:
Lic. No. or Bldrs. Reg. No. 9742
Federal Emp. No. 22-3526933

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/30/03
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/30/03
Approved by: [signature]

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Rough | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | 5/30/03 | [signature] |
| 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.

[signature]
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 | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | ..... | |
| 1 | | RADON | |

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ 45
TOTAL FEE $ _____

Radata/ F-120 rev 10/00
Professional Printing
856-468-7933

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

Radata

27 Ironia Road, Unit 2
Flanders, New Jersey 07836
973-927-7303
973-927-4980 Fax

# Radon Reduction Proposal

**Don Henderson**
**43 Waterford Avenue**
**Morganville, NJ 07751**
[redacted]

**5/16/2003**
**No: 21946**

**Job Location:** Henderson
43 Waterford Avenue
Morganville, NJ 07751
[redacted]

**Municipality:** Marlboro Twp
**County:** Monmouth

**Job Description**

***The following cost based with the assumption the Builder has installed the radon pipes pursuant to plumbing codes and the U.C.C. Radon Hazard Sub Code 5:23-10.---

-Install one Dynavac RP140 fan on existing builder pipe. Mount fan in attic, use existing electric.
-Install one flow meter to monitor system operation.
-One self service charcoal canister radon retest.

***Make necessary repairs to modify/correct builder piping system. Additional cost of $65/hr for labor plus materials.
***If Necessary-Electrical will be completed by our licensed electrician.Additional $125. Plus permits.

**Notes:**

1) All work areas must be made accessible for service crew prior to installation or there will be an addditional charge of $65.00 per hour (two men) added for the time it takes our staff to access work area properly.
2) Homeowner is responsible for scheduling appointments and meeting municipal inspectors for final building inspections (you will be notified by our office with permit information). *Permit fees are estimated.
3) Prices subject to change after 60 days.

| | |
|---|---|
| **Subtotal:** | **$425.00** |
| **Estimated Permit Fees:** | **$46.00** |
| **TOTAL JOB COST:** | **$471.00** |

**GUARANTEE:** Fan guaranteed by manufacturer for one year (see warranty).

**WARRANTY RESTRICTIONS:** Successful operation of fan contingent upon proper installation of builder system.Any additional work necessary will be at an additional cost.

*All material is guaranteed to be as specified. All work will be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado,and other necessary insurance. Our workers are fully covered by Workman's Compensation insurance.*

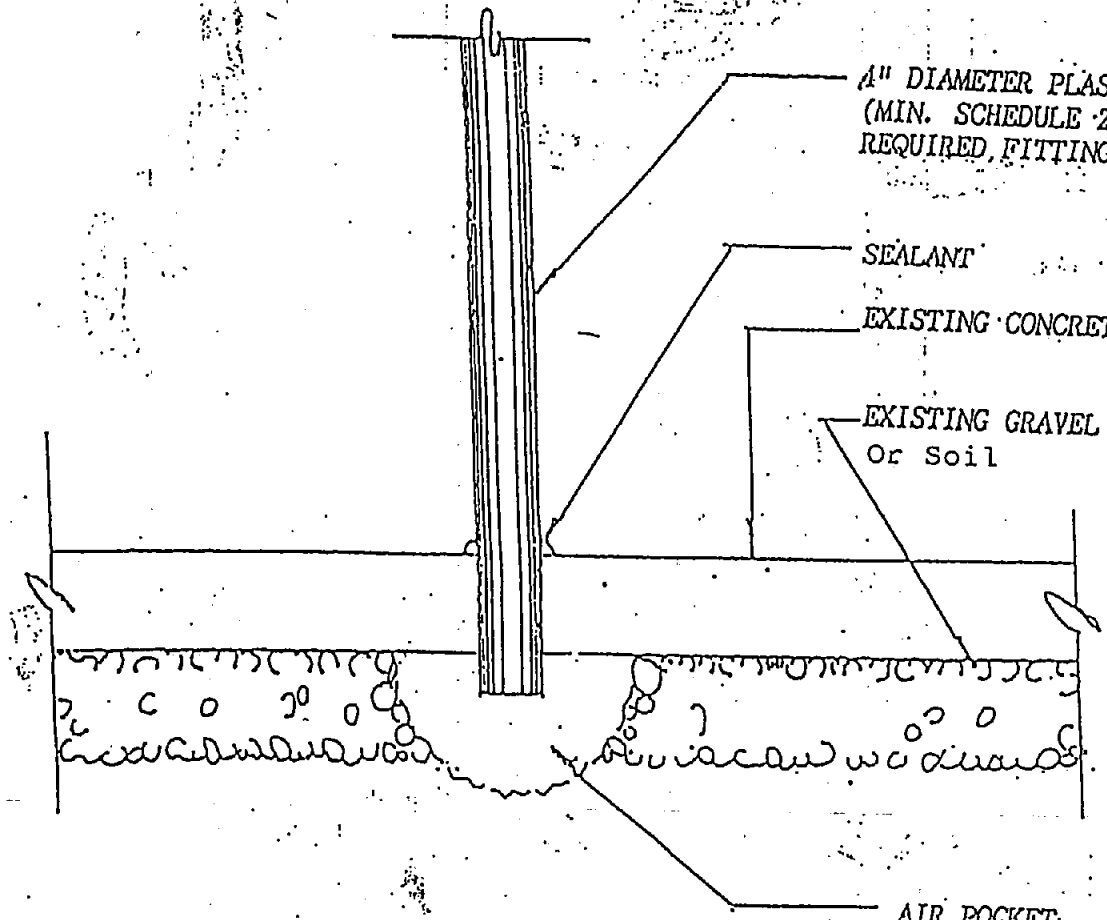
**Payment Terms: COD--upon completion of installation**

**System Proposed/Designed by:**
**David Grammer, Mitigation Specialist**
**NJ DEPE #MIS10027/US EPA #10118**

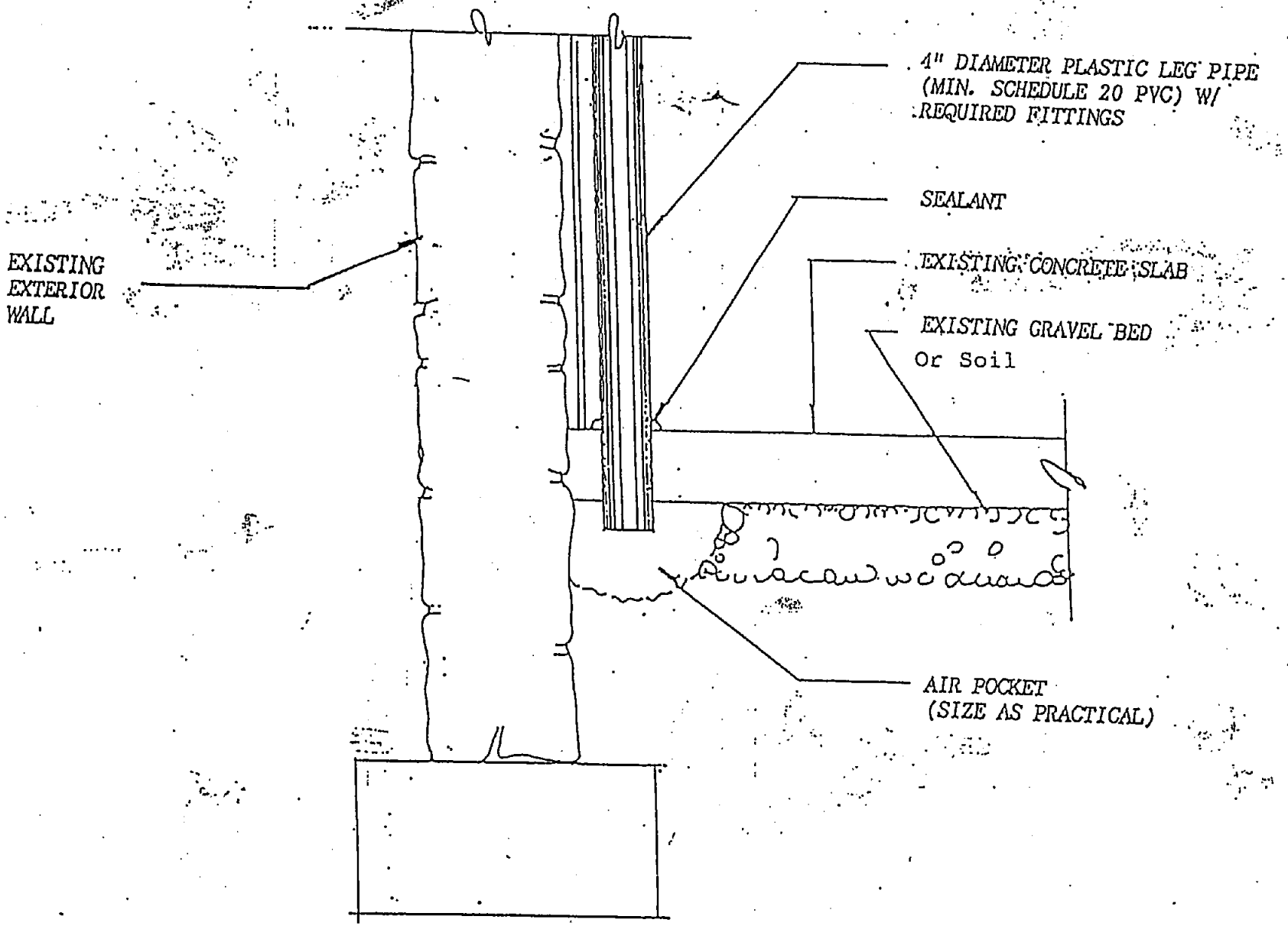
**"This notice is provided to you by an organization or individual certified by the New Jersey Department of Environmental Protection to perform radon mitigation or safeguarding services. At some time in the near future, a representative of the Department of Environmental Protection may contact you to ask your permission to visit your building. The purpose of this visit woud be to inspect the recently installed mitigation system. Any questions, comments or complaints regarding the persons performing these mitigation or safeguarding services should be directed to the New Jersey Department of Environmental Protection, Attention: Radon Certification Section, Bureau of Environmental Radiation, CN415, Trenton, New Jersey 08625 (1-800-648-0394)."**

**Acceptance of Proposal:**
The above, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

**Customer Signature** **Date**




This information provided
by David Grammer,
Mitigation Specialist
*NJ DEP License #MIS10027

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*NJ DEP License #MIS1002

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION-RADON SECTION
P.O. BOX 415, TRENTON, NEW JERSEY 08625-0415

Certification Issued in Accordance with Conditions Set Forth in Application

**PLEASE DETACH YOUR CERTIFICATION AND CARRY IT WITH YOU FOR IDENTIFICATION PURPOSES.**

Renewal Certification
Display this part PUBLICLY at your business location.

STONE RIDGE RADON/RADATA, INC.
27 IRONIA ROAD, UNIT 2
FLANDERS, NJ 07836-0000

RADON MITIGATION BUSINESS NUMBER MIB90001

VRD-002 2/97

Should you change your name and/or address, complete and return this portion promptly to: NJDEP, Radon Section, P.O. BOX 415, Trenton, NJ. 08625-0415.

STONE RIDGE RADON/ MIB90001

NAME CERT. NO.

STREET ADDRESS

CITY STATE ZIP

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

*Hereby Certifies the Goodstanding of:*

STONE RIDGE RADON/RADATA, INC.
MIB90001

CERTIFICATION NO.

RADON MITIGATION BUSINESS

EXPIRES: 04/29/2004

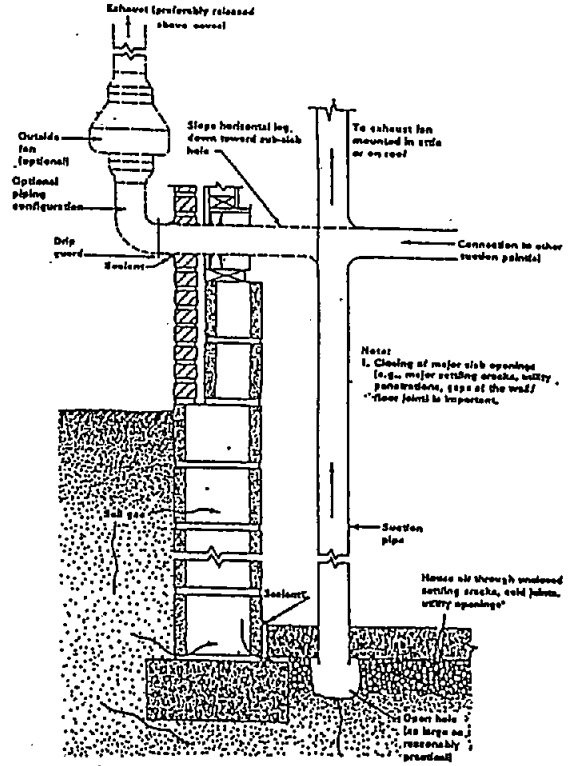
## SUB-SLAB VENTILATION (ACTIVE)

Principle of Operation: In active sub-slab ventilation, a fan is used to suck soil gas away from the foundation by means of individual suction pipes which are inserted in the region under the concrete slab. The pipes can be inserted vertically downward through the slab from inside the house, or can be inserted horizontally through a foundation wall at a level beneath the slab. The intent of the system is to create a low-pressure region underneath the entire slab. Depending upon the permeability of the surrounding soil, this pressure field can extend beyond the immediate sub-slab area to the exterior face of the footings. This pressure field, if effective, would prevent soil gas from entering the void network inside the hollow-block foundation walls in the region around the footings. Sometimes the treatment can extend under the footings or through block walls to inhibit soil gas entry into the house through openings in the below-grade foundation wall. When the sub-slab ventilation fan is operated in suction, the system can be pictured as using the crushed rock that is often under the slab as a large collector, into which the soil gas in the vicinity of the house is drawn and then exhausted outdoors.

The central issues with sub-slab ventilation are the number of ventilation points needed, where they must be placed, and the static pressure needed in the ventilation pipes in order to effectively treat all soil gas entry routes. These factors will be determined largely by the permeability distribution under the slab, i.e., the ease with which suction (or pressure) at one point can extend to other parts of the slab to surrounding soil. Other considerations influencing the number, location, and pressure of the ventilation points are the location and nature of the entry routes, and the presence of unclosed openings in the slab or walls.

A sub-slab ventilation system is operated with the fan in suction, to reduce soil gas pressure lower than the pressure in the house, drawing soil gas away from entry routes.

Sometimes wall-related entry routes will not be adequately treated by sub-slab ventilation. Such cases can result, for example when soil permeability under the footings is poor, or when there is insufficient communication between the sub-slab and the block wall void network. In these cases, the sub-slab system might have to be supplemented by some form of wall treatment.



Sub-slab suction using pipes inserted down through slab.


**RAdata, Inc.**

27 Ironia Road, Unit 2
Flanders, New Jersey 07836
973-927-7303 973-927-4980 fax
1-800-447-2366

# RAdata, Inc.

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RE: Radon permits

To all municipalities,

Please be informed as per the Minor Work requirements that this application for permits is a notification to the building or construction department that the work is to be completed by the date on the proposal. When the permits are processed by your department, PLEASE CALL the following number to notify us that they are ready and payment/pick-up will be dispersed thereafter. Thank-you for your cooperation!

Please call: 1-800-447-2366

Thank-you,

David Grammer

DG/hg

State of New Jersey
Department of Community Affairs
*Division of Codes and Standards*
Construction Code Element
CN 816
Trenton, New Jersey 08625-0816
(609) 530-8820

Jim Florio
Governor

Stephanie R. Bush
Commissioner

NUMBER
93-4

Date: December 1, 1993

Subject: Radon Hazard Subcode
and Radon Mitigation
Work in Existing Buildings

Reference: *N.J.A.C.* 5:23-10

There continues to be confusion over what guidelines code officials should follow when issuing a permit and performing inspections of radon mitigation work in existing buildings. The construction techniques in subsection 10.4 of the Radon Hazard Subcode are for new construction and should not be applied to radon mitigation work in existing buildings.

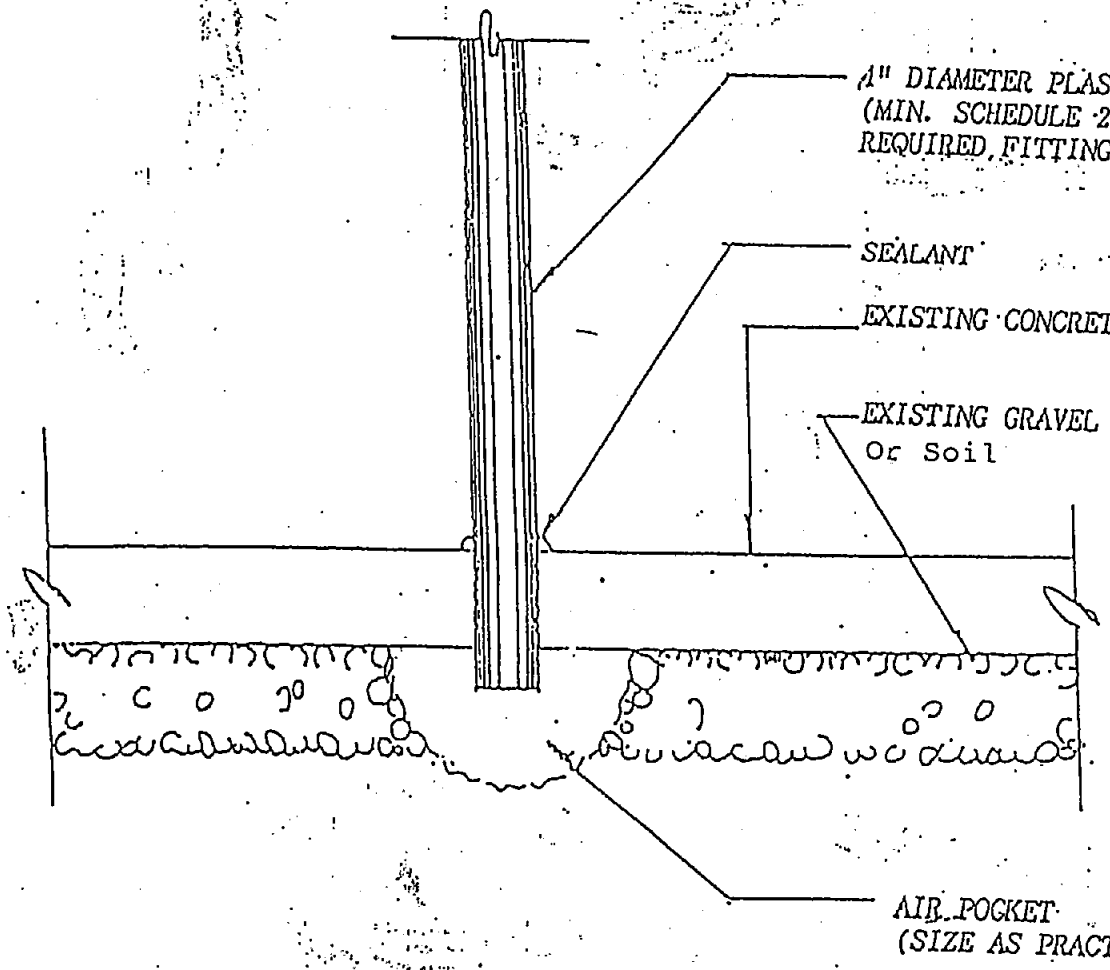
In order to provide code officials with guidance, the following is an administrative and technical checklist for items directly related to radon mitigation work performed in existing buildings. (Regulations, incorporating several of these items, are anticipated to be proposed and adopted in the near future.)

1. Radon mitigation work in existing low rise (three or fewer stories) detached one and two-family dwellings is categorized as minor work. Therefore, no plan review is required and only a personal or telephoned oral notice is necessary before work commences.

2. At maximum, only two technical subcode forms, Building and Electrical, should be required for radon mitigation work in low rise detached one and two-family dwellings. The expertise of the Building and Electrical subcode officials should be sufficient in determining the acceptability of the construction work performed. If the radon mitigation work does not involve any electrical aspects, such as an in-line electrical fan, lighting or receptacle outlet, then only a Building technical subcode form is necessary.

3. Items such as, but not limited to, the following should be observed when a radon mitigation system with an in-line electrical fan (an active system) is installed:
   (a) Is adequate access for servicing the electrical devices provided? If the electrical devices such as the in-line electrical fan, are installed in an attic space with an access opening that does not meet current code requirements, it does not have to be enlarged to conform to the current code. If no access is currently available to the attic space and access would be required by current code, then the opening shall be made to conform to current code requirements.
   (b) Once an electrical or mechanical device is installed that requires servicing or access; additional electrical items, such as a lighting outlet and receptacle outlet, may be necessary if not existing.
   (c) If the appliance is installed in a remote location, access such as a walkway must be provided.

BULLETIN

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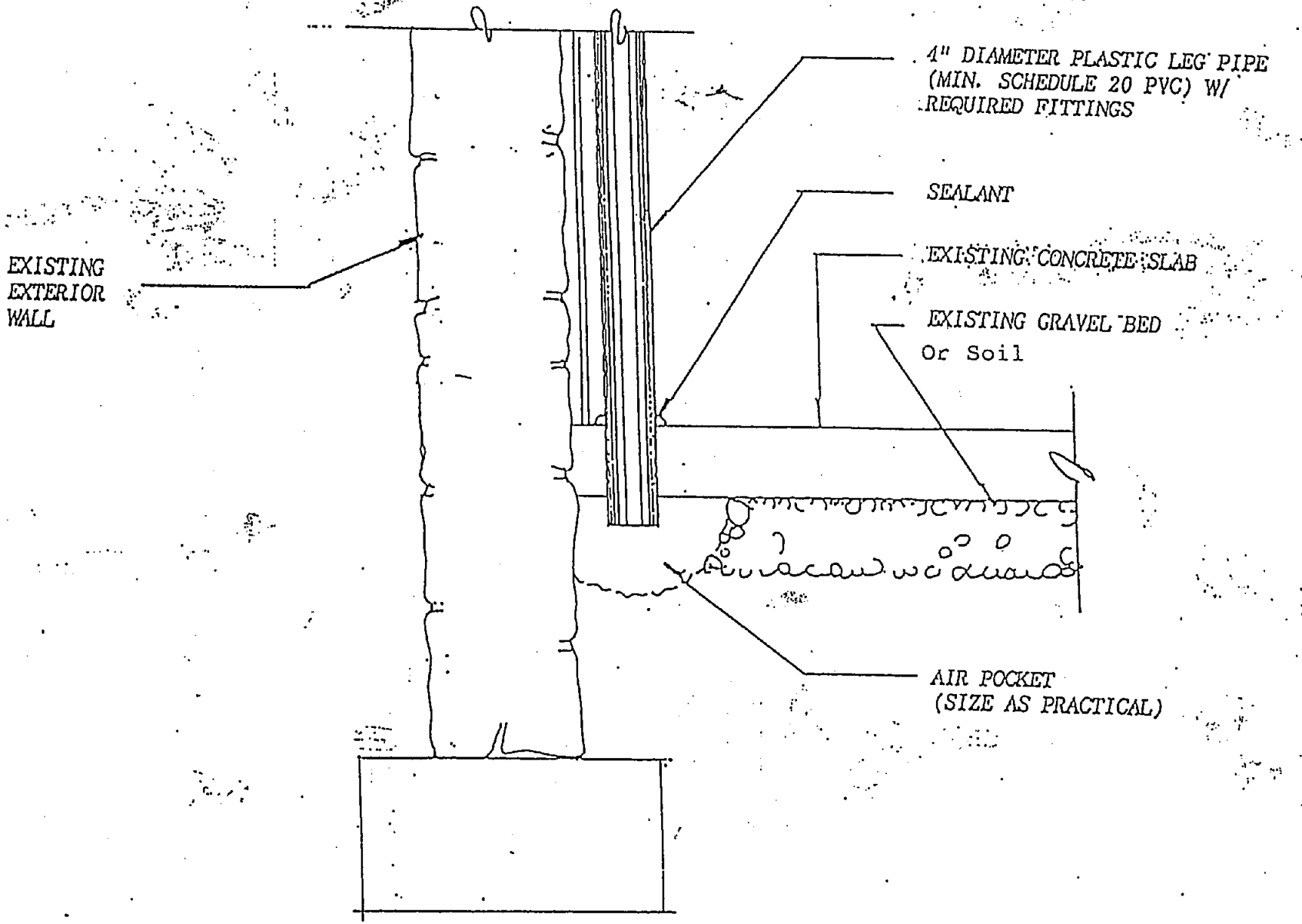


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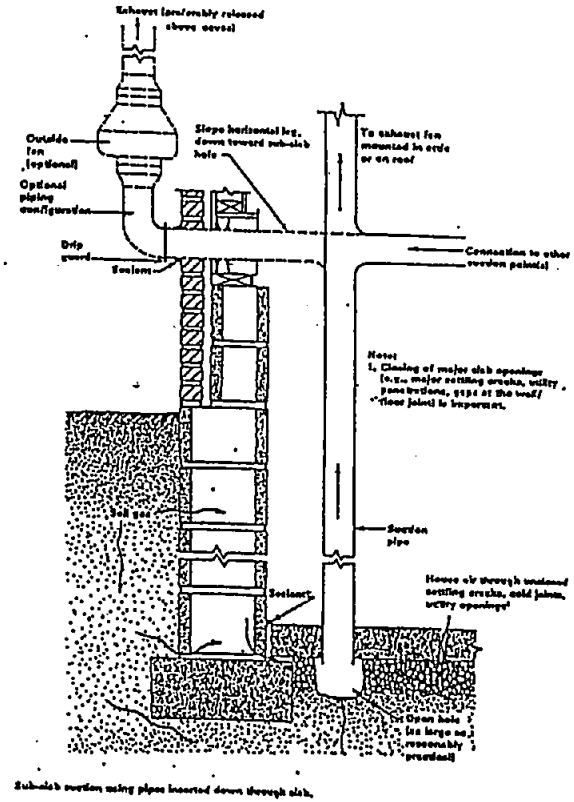


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R∧data

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# Radon Reduction Proposal

**Don Henderson**
**43 Waterford Avenue**
**Morganville, NJ 07751**

[redacted]

**5/16/2003**
**No: 21946**

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43 Waterford Avenue
Morganville, NJ 07751
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