

BLOCK 50127 LOT 13-12 ADDRESS(site) 3 Canyon Run RoadPERMIT NO. 90-6648CONSTRUCTION PERMIT
APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 3 Canyon Run Rd.
2. Name of Owner in Fee: RICHARD & BETTY MYCROWEN Tel. (201) 739-6889
Address 3 Canyon Run Road
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: DOUGLAS TOTH, BUILDING CORP. Tel. (201) 218-9128
Address 702 CRESTVIEW ROAD
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 22-2967527 Social Security No. -135-64-6841
5. Architect or Engineer NONE Tel. (_____) _____
Address _____
6. Responsible Person In Charge of Work JEFF QUINLEY Tel. (201) 774-8089

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>360</u>		
2. Electrical	<u>33</u>	<u>25</u>	
3. Plumbing	<u>50</u>		
4. Fire Protection	<u>25</u>		
5. Other			
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review			
8. Subtotal	\$ _____		
9. DCA Training Fee			
10. Subtotal	\$ _____		
11. Cert. of Occupancy	<u>25</u>		
12. Other			
13. TOTAL	\$ <u>493.</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2
2. Height of Structure 21 ft.
3. Area—Largest Floor 1700.00 sq. ft.
4. Building Area—All Floors 3100.00 sq. ft.
5. Volume of Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed -0- sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

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. ☐ Asbestos Abatement
10. ☐ Demolition

Est. Cost

27,50010005001000

TOTAL COSTS

30,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>C. D. F. D.</u>	<u>1-22-90</u>		<u>1-23-90</u>	<u>C. D. F. D.</u>			

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

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No of dwelling units:

Before Construction _____

After Construction _____

Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS HM-B 10102719

RECEIVED
ZONING
BO. HEALTH
APPROVED
1-22-90

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 X Beth Maguire 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 contractor.

Agent Name DOUGLAS TOTY

Address 702 CHESTVIEW ROAD

HOLMDEL NJ 07733

Telephone (201) 218-9128

Signature [Signature] Date 1/17/20

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									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

	No.	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____
☐ Temporary Certificate of Occupancy	_____	_____
☐ Continued Certificate of Occupancy	_____	_____
☒ Certificate of Occupancy	3341-90 6648-90	1-20-92
☐ Certificate of Approval	_____	_____



CERTIFICATE

Date Issued
Control #
Permit #

3341-90-6648-90

IDENTIFICATION

Block _____ Lot _____
Work Site Location _____ 13.12
Owner in Fee _____ 3 Canyon Run Rd
Address _____ Holmdel NJ 07733
Mr & Mrs Meyerowich
Tele. (_____) _____ 3 Canyon Run Rd
Holmdel NJ 07733
Contractor _____ 739-6889
Address _____ Douglas Roth
202 Crestview Rd
Tele. (_____) _____ Bridgewater NJ
Lic. No. or Bldg. Reg. No. _____ 218-9128
Federal Emp. No. _____
or Social Security No. _____ 2967527
135-64-6841

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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

☐ 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 OCCUPANCY

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

☐ CERTIFICATE OF APPROVAL

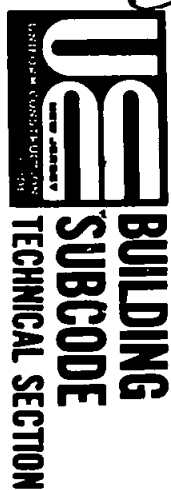
Home Warranty No. _____
Use Group _____
Maximum Live Load _____
Description of Work/Use: _____
Construction of a closet and bathroom renovation.
Type of Warranty Plan: [] State [] Private
Construction Classification _____
Maximum Occupancy Load _____

CONSTRUCTION OFFICIAL
Charles A. Carter

Fee \$ _____
Paid [] Check No. _____
Collected by \$5.00

XX prev pd
clo

Pls ref from - 2/9/90 (A.M.)
Pls ref, mail - 2/9/90 (P.M.)
Pls ref mail - 3/27/90



Date Received 1-22-90
Date Issued 1-26-90
Control #
Permit # 90-6648

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

Block 50, 27 Lot 13.12
Work Site Location 3 Canyon Run Road
Owner in Fee ME & MAS Management Incorporated
Address same
Tele. (201) 739-6889
Contractor ~~James J. D'Amico~~ James J. D'Amico
Address 702 Orchard Road
Tele. (201) 218-5128
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-9367527 or Social Security No. 135-64-6841

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
1) Bathroom Renovation
2) Closet Construction

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Req.			Failure Failure Approval Initial
☒ All	1-23	AAE	
☐ Footing			
☐ Foundation			
☐ Frame			
☐ Other			
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire			
SUBCODE APPROVAL			
☐ CO ☐ CCO ☒ CA			
Date: 2/26/90			
Approved By: Christopher A. Carter			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 21 Ft.
Area—Largest Floor 1700.0 Sq. Ft.
Total Bldg. Area/All Floors 3100.0 Sq. Ft.
Volume of Structure -0- Cu. Ft.
Total Land Area Disturbed -0- Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 30,000
2. Alteration \$ 30,000
3. Total (1+2) \$ 60,000

TYPE OF WORK:		(Office Use Only)	
		FEE	
☐ New Building			
☐ Addition			
☒ Alteration		360	
☐ Roofing			
☐ Siding			
☐ Other			
☐ Demolition			
☐ Miscellaneous			
☐ Fence	Height		
☐ Sign	Sq. Ft.		
☐ Pool			
☐ Elevator			
☐ Asbestos Abatement			
☐ Other			

Administrative Surcharge \$
Paid ☐ Check # _____ Minimum Fee \$
Collected by: _____ TOTAL FEE \$ 360

Pls Insp rough wire 2-8-90
Electrical - 3/27/90
Elm - 7/18/90



Date Received 2-7-90
Date Issued 2-7-90
Control #
Permit # 90-6648

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

Block 50.29 Lot 13.12
Work Site Location 3 Canyon Run Road

Owner in Fee Mr + Mrs Meyerwisch
Address _____

Tele. () 764-8624
Contractor Hedges Electric Inc

Address 9 Lambers St
Hazlet N.Y. 07736

Tele. () 9151
Lic. No. _____

Federal Emp. No. 22 2931 060 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1300.00

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: _____

Date: 7-18-90 CA _____

Approved by: [Signature] _____

Line Dept. _____

INSPECTIONS: _____

Type: _____

Rough _____

Temporary _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

D. TECHNICAL SITE DATA

NO. _____ SIZE _____ ITEM _____

8 _____

3 _____

26 _____

FEE (Office Use Only)

7/10/90 20th ant



UNIFORM
CONSTRUCTION
COUNCIL

FIRE SUBCODE



PERMIT NO. 90-6648
DATE ISSUED 1-26-90
REVISION DATE _____
Block 50, 27 Lot 13, 12
Subdivision _____

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner	Mr & Mrs Meyerhoff	Contractor	Deiters Lumber Co
Address	3 Capitol Bldg East	Address	202 Chestnut Road
	Harmon, ND 58333		Beaumont, ND 58002
Tel.	261-335 6885	Tel.	261-218-5178
Work Site Address	Snake	Lic. No.	22-2962527
	3 Canyon Run Rd	Federal Emp. No.	135-64-684

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

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

AGENT SIGNATURE

B1. SPRINKLERS

B3. ALARM

FREE

TYPE: ☐ Wet ☐ Dry ☐ Other _____

Areas Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised — Method: _____

Water Supply — Source: _____ Size: _____

FD Connection Location: _____

Estimated Cost of Work: \$ _____

\$ _____

TYPE: ☐ Manual ☒ Automatic FEE

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ 300.00 \$ 200

B4. STAND PIPES

82. SPECIAL SUPPRESSION SYSTEMS

Estimated Cost of Work: \$ _____

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Pipe Size: _____ Pump Size: _____
 Water Source: _____ Size: _____
 F.D. Connection Location: _____
 Hose Station: ☐ Yes ☐ No
 Estimated Cost of Work: \$ _____ \$

BS. OTHER

Locations: _____

Estimated Cost of Work: \$ _____

\$

Subtotal	\$	_____
Minimum Fire Protection Fee (If Applicable)	\$	_____
Total Fire Protection Fee (Greater of Minimum or Subtotal)	\$	25-

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3 Present _____ Proposed _____

Heating Systems - Location: _____

Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☒ **Release** ☐ **Postpone Processing**

Rel trip with - 2/8/90
Rel trip from - 3/27/90

FIRE

JOB CONDITION/COMMENTS[illegible]

- Date: _____

Approved By: _____

INSPECTIONS FINAL

- Date: 3/27/90

Inspected By: CF, Lumsick

- Other
-
- Other

[illegible]

Approval Date

$$\begin{array}{r} 2990 \\ 327 \overline{) 90} \end{array}$$



UNITED CONSTRUCTION
CORP.

Subdivision

When changing contractors, notify this office

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

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

AGENT SIGNATURE _____

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bathtub/Urinal	\$ 3.00		Garbage Disposal	\$
1	Bathtub	\$ 10.00		Air Conditioner Unit	\$
1	Lavatory/Sink			Indirect Connection	\$
	Shower/Floor Drain			Sewer Ejector	\$
	Washing Machine			Grease Trap	\$
	Dishwasher			Interceptor	\$
	Commercial Dishwasher			Backflow Device	\$
	Water Heater			Reduced Pressure	\$
	Domestic Boiler/			Backflow Device	\$
	Furnace			Vent Stack	\$
	Steam Boiler			Solar System	\$
	Water Util. Connection			Other	\$
	Sewer Util. Connection			Other	\$ 25.00
	Hose Bibb			Other	\$
	Water Cooler			Other	\$

COLUMN 1 \$

COLUMN 2 \$

COLUMN 1

COLUMN 2

SUBTOTAL

Minimum Plumbing Fee (if applicable)

Total Plumbing Fee (Greater of Minimum or Subtotal)

\$ 50.00

Pls. sign rough - 2/8/90
Pls. sign final - 3/27/90

Prototype Processing

JOB CONDITIONS/COMMENTS

[illegible]

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ COO ☐ CA
 Date: 3/27/00
 Inspected By: [Signature]

INSPECTIONS

Type	Failure Dates	Approval Date
☐ Slab		
☒ Rough		2/2/90
☐ Water		
☐ Sewer		
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other		



CONSTRUCTION PERMIT

Date Issued 1-26-90

Control #

Permit # 90-6648

IDENTIFICATION Block 50.27 Lot 13.12

Work Site Location 3 Canyon View Road Contractor Doug Toth

Holmdel NJ 07733

Address 202 Creatview Rd

Owner in Fee N/M Meyovich

Bridgewater, NJ

Address same

Tele. () 218-9123

Tele. () 739-6889

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

Federal Emp. No. 22-2967527

or Social Security No. 135-64-6841

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER

☒ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Interior alterations, bathroom renovation and closet construction.

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 \$ 30,000.

PAYMENTS (Office Use Only)

Building 363

Plumbing 50

Electrical 33

Fire Protection 25

Other

Other

DCA Training Fee

Cert. of Occ. 25

Other

Total 493

Check No. 1711

Cash

Collected By: no

TO: BOARD OF HEALTH
DATE: 1/22/90
FROM: CONSTRUCTION OFFICE
SUBJECT: ADDITION - DECK - POOL INSTALLATIONS

RELEASE FORM

BLOCK: 50121 LOT: 13-12
ADDRESS: 3 CANYON Pkwy ROAD
NAME: Betty Meyrowich
TELEPHONE # RESIDENCE 671-6889 BUSINESS _____

Attached is a "PLOT PLAN" showing location of the proposed (circle one)

1. DECK ② ADDITION 3. POOL

PLEASE ANSWER QUESTIONS #1 AND #2 BELOW.

1. Dimensions of item circled

(OVER EXISTING ROOMS), CLOSET ADDED OVER GARAGE

2. Distances, as measured by the homeowner, from the work to be done to the

- A. Septic Tanks _____
B. Field/Pit Areas _____
C. D-Boxes _____
D. Dwelling Unit _____

As the homeowner, I attest to the fact that, the distances and dimensions on plans submitted are accurate and correct.

1/17/90
Date

Betty Meyrowich
Homeowner's Signature

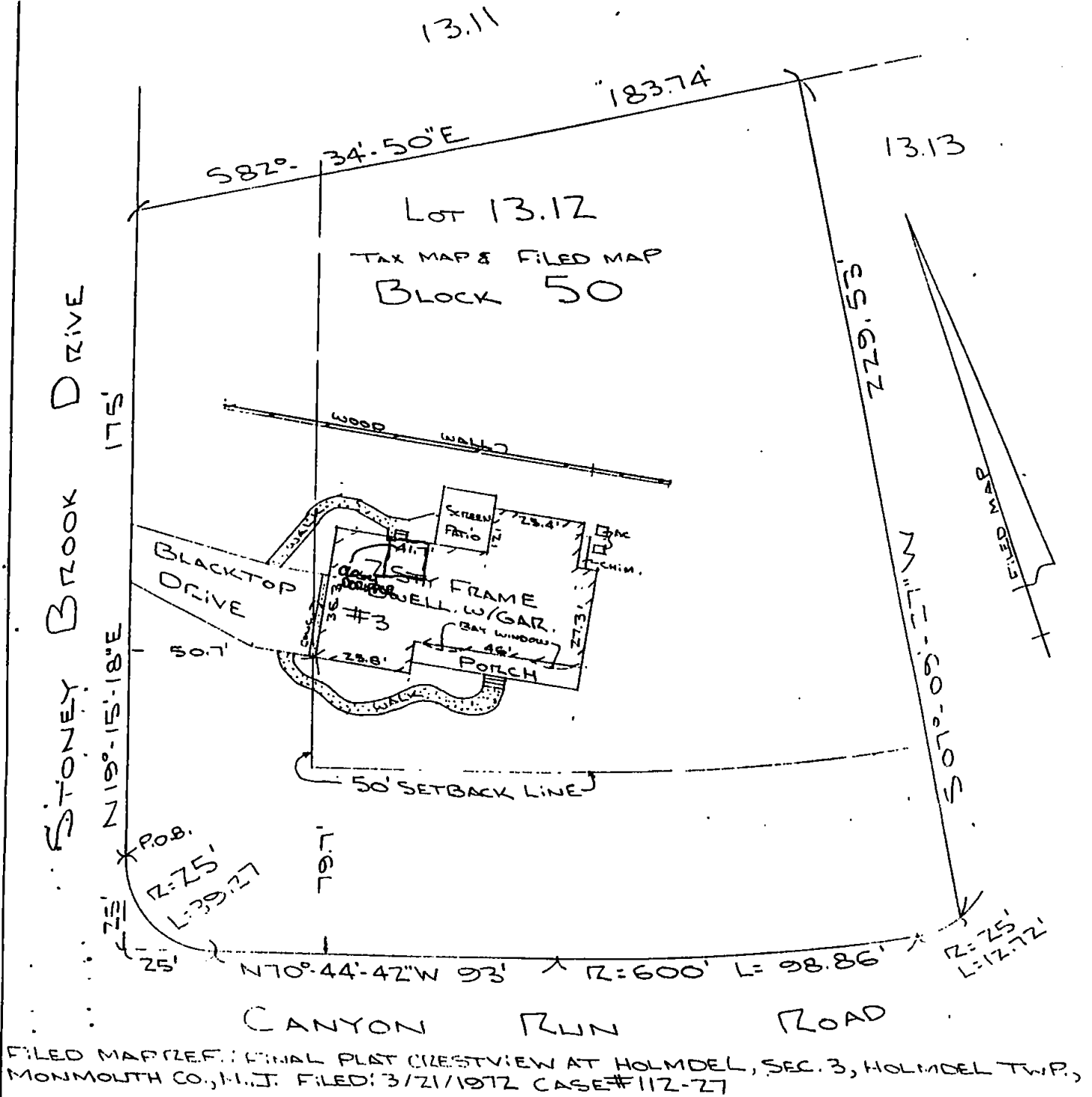
DATE: 1/23/90 APPROVED: ✓ REJECTED _____

COMMENTS: PROPOSED ADDITION SHOULD NOT HAVE
ANY EFFECT ON THE EXISTING SEPTIC SYSTEM.

REVIEWED BY: RJ K2

DATE: 1/23/90

BOH: JCB



SURVEY OF PROPERTY FOR: Richard P. Meyerowich and Bette A. Meyerowich, h/w
SITUATED IN: Township of Holmdel, Monmouth County, N.J.
PREPARED BY: THOMAS M. ERNST & ASSOCIATES
PROFESSIONAL LAND SURVEYORS, INC.
300 BUCKLEW AVENUE, JAMESBURG, N.J.
DATE: September 11, 1985 SCALE: 1"=30'

CERTIFIED TO: Richard P. Meyerowich and Bette A. Meyerowich, h/w;
Berkeley Federal Savings and Loan Association of New Jersey
and/or its successors and assigns as their interest may appear;
Progressive Lawyers Services, Inc.;
Lawyers Title Insurance Corporation;
Richard L. Paula, Esq.

THOMAS M. ERNST
N.J. P.L.S. LIC. # 19000

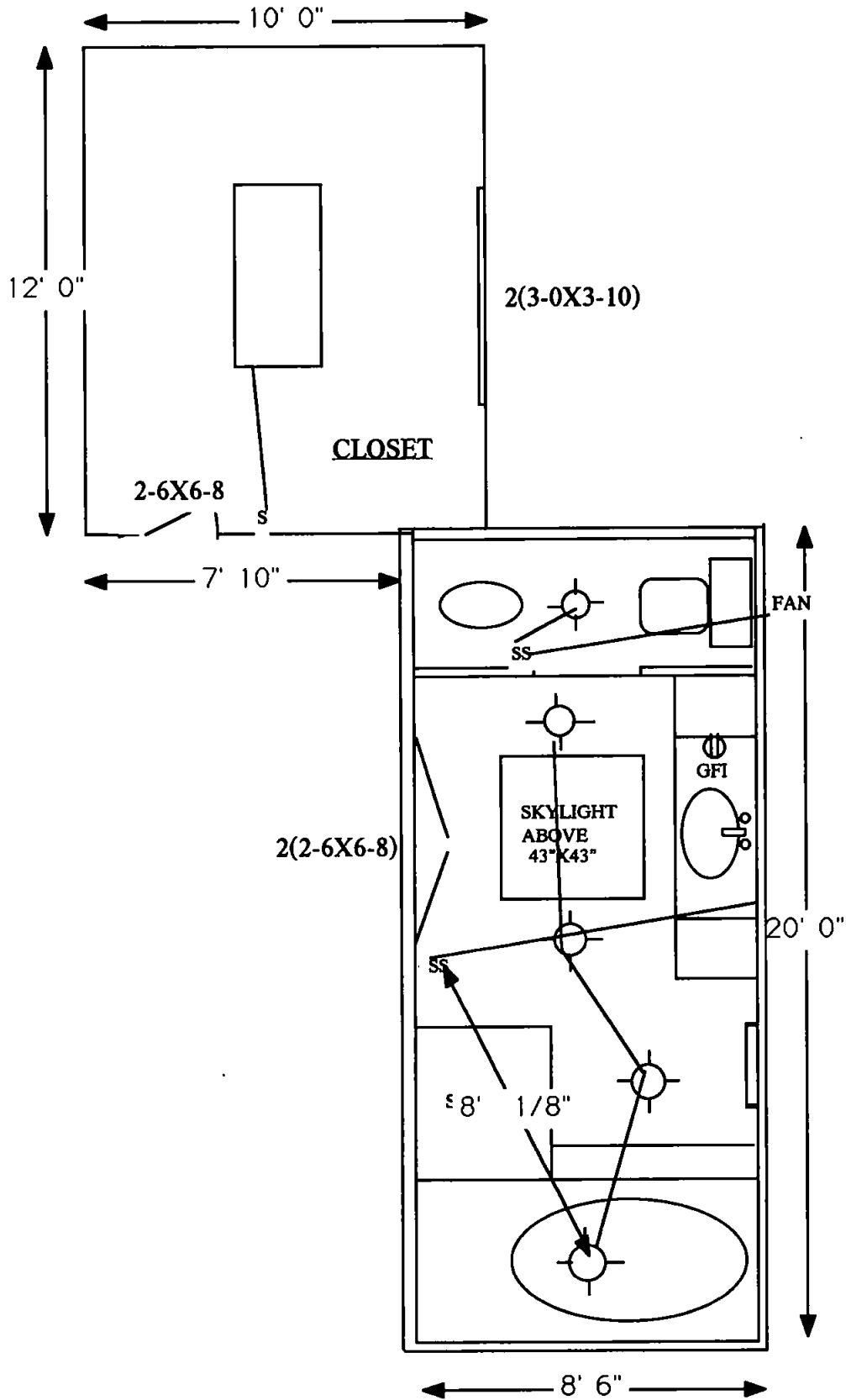
PLS-11341

415-15

$$\begin{array}{r} 82000 \\ 12500 \\ \hline 69500 \end{array}$$

FLOOR PLAN

Myerich



B150
Lot 13.12
3 Canyon Run Road

get \$320

2,500
575
600
3475.00