MT OLIVE | Land Desc: 39X50 | Owners Name: DELLI SANTI, MARY | Land: 110,600
Block: 2801 | Bldg Desc: 1S F | Street Address: 2 KNOWLES LN | Impr: 39,500 | Reval Date: 2010/10/01
Lot: 81 | Addl Lots: | City & State: BUDD LAKE, NJ | Zip: 07828 | Total: 150,100 | Map: 30
Qual: | Acreage: 0.045 | Class: 2 | Property Location: 2 KNOWLES LN | Exempt: | Seq#: 1525 (#1 of 1)

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
REEDS, KENNETH	10/07/05	6458 /86	173000	
RUGGIERO, VERONIKA	07/18/03	5894 /111	138000	7
	09/13/02	5715 /200	80000	

ASSESSMENT HISTORY

Year	Land	Impr	Total
2024	110600	39500	150100
2025	110600	39500	150100

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.
11/15/02	ALTERATIONS	3850	09/11/03

LAND CALCULATIONS

Frt	Eff D	Back L	Tri	Dpf	FFF	Dep	Reason	Value
0.045 AC	@	12500	+	110000		100%		110563

Neigh: 86
VCS: AC86 | Front Ft Value:
Zone: R-4 | Acre Value: 12500
Min Front: | Lot Value:
Std Depth: 150 | Land Value: 110,600

SITE INFORMATION

Road:	PAVED	Util:	SEW/WATER
Curbs:	YES	Gas:	YES
Sidewalk:	YES	Elec:	YES
Loc:	LAKE	Topo:	LEVEL

STAFF CONTROL

Info By:	OWNER	Date:	04/25/07
Visits:	1	Collector:	25
Old B:		Prtd:	08/07/25
Old L:		Card:	M CA

BUILDING INFORMATION

Class: 16	Roof Type: GABLE
Age/Eff Age: 82 / 35 (N)	Roof Material: SHINGLE
Exterior Walls: ALUM/VINYL	Room Count: Total Rooms:4 Bed Rooms: 1
Style: BUNGALOW	Row/End: N.A.
Story Height: ONE STORY	Conversion:
Exterior Condition: NORMAL	Number of Units: 1
Interior Condition: NORMAL	Heat Source: PROPANE
Foundation: CONCRETE BLOCK	Livable Area: 544 SF

DEPRECIATION

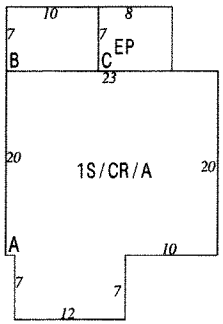
Physical:	39 %	Auto:	Y
Func Obs:	10%	Over Imp:	%
Econ Obs:	%	Under Imp:	%
		Final Net:	0.55

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

NOTES

1970; FWW

BUILDING SKETCH



A:	1S/CR/A u0 r0 u20 r23 d20 l10 d7 l12 u7 l1	544
B:	1S/CR/UA u20 r0 u7 r10	70
C:	EP br w8 l7	56
D:		0
E:		0
F:		0
G:		0
H:		0
I:	M:	
J:	N:	
K:	O:	
L:	P:	

Scale: 20

RESIDENTIAL COST APPROACH

Basement	Area	Rate	Const	Q/F	Mult	Value
Main Bldg						
FIRST STORY	614 x	49.140	+22464	x1.00	x1.00=	52636
UNFIN AREA	70 x	-11.100	+ 0	x1.00	x1.00=	-777
Heat/AC						
FORCED HOT AIR	544 x	2.420	+ 912	x1.00	x1.00=	2228
Plumbing						
3 FIXTURE BATH	1- 2 x	2595.000	+ 0	x1.00	x1.00=	-2595
2 FIXTURE BATH	0- 1 x	1895.000	+ 0	x1.00	x1.00=	-1895
Fireplace						
WOOD STOVE	1 x	1800.000	+ 0	x1.00	x1.00=	1800
Attic						
UNFIN ATTIC	544 x	4.155	+ 690	x1.00	x1.00=	2950
Deck/Patio						
ENCLOSED PORCH	56 x	26.840	+ 1092	x1.00	x1.00=	2595
Garage						

Base Cost: 56942 | CCF: 1.26 | Cost New: 71747
Net Cond: 0.55 | Bldg Value: 39461

Detached Items:

Land: 110,600 | Impr: 39,500 | Total: 150,100

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/6/97
Date Issued
Control #
Permit # 16004-6652

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

Block 2901 Lot 00081
Work Site Location 2 KNOWLES LA.

Owner in Fee KATHY KRASEN
Address 2 KNOWLES LA.
Tele. ( )
Contractor R.J SEXTON
Address 225 DRAKESTOWN RD
LONG VALLEY N.J 07853
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security #

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed SEWER CONNECTION
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-6-97
Approved by: FHH

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 05-09-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer			05-09-97	RR
Fixtures				
Gas Equipment				
Gas Piping				
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.

Richard J. Sexton
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	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	
X	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 30.00
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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

FIRE SUBCODE TECHNICAL SECTION

Date Received 11/15/07
Date Issued
Control #
Permit # 34352

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

Block 2601 Lot 81
Work Site Location 2 KNOWLES LANE
BUDD LAKE NJ
Owner in Fee
Address 6 KNOWLES LANE
BUDD LAKE NJ
Tele. ( )
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No. 1
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [✓] Existing [ ] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 350 -

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 10-24-07
Approved by: DT

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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 Alarm/Suppression System Supervision ____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____
Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	Smoke	25
Supervisory Devices (i.e., tampers, 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		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 25

U.C.C. F140
(rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/15/02
Date Issued
Control #
Permit # 24352

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

Block 2801 Lot 81
Work Site Location 2 Knowlton Lane
Budd Lake
Owner in Fee Rafal Pomorio
Address 2 Knowlton III Lane
Budd Lake
Tele
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[X] Frame	11-15-02	GB
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] 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
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 $ 2500.00
3. Total (1+ 2) $ 2500.00

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Move Non-Bearing walls - sheetrock kitchen
Tear off roof and install ice shield and new shingles.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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	$ 4.00
TOTAL FEE	$ 119.00

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

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

Submit w/DRAW

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/15/02
Date Issued
Control #
Permit # 24352

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

Block 2801 Lot 81
Work Site Location 2 KNOWLES LANE
BUDD LAKE, NJ
Owner in Fee/Occupant Ralph Ruggiero
Address 6 KNOWLES LANE
BUDD LAKE, NJ
Tele. ( )
Contractor SELF
Address
Tele. ( ) 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 ~~$2500.00~~ $1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10-30-02
Approved by: JR

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)
5		Lighting Fixtures	
20		Receptacles	
8		Switches	
3		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
36		TOTAL NUMBERS	$ 38.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	30AMP 5	KW Elec. Dryer/Receptacle	10.00
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$ 48.00
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

FIRE SUBCODE TECHNICAL SECTION

Date Received 11/15/00
Date Issued
Control #
Permit # 24352

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

Block 2801 Lot 81
Work Site Location 2 KNOWLES LANE
BUDD LAKE NJ
Owner in Fee
Address 6 KNOWLES LANE
BUDD LAKE NJ
Tele. ( )
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [✓] Existing [ ] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 350 -

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 10-24-00
Approved by: JD

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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 Alarm/Suppression System Supervision ____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____
Alarm Systems [ ] 110v Interconnected **NUMBER**
[ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	3 SMOKE	25
Supervisory Devices (i.e., tampers, 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		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 25

U.C.C. F140
(rev. 3/96)

CERTIFICATE

Date Issued 01-09-95
Control #
Permit # 12868

IDENTIFICATION

Block 2801 Lot 81
Work Site Location 2 Knowles Lane
Budd Lake, NJ
Owner in Fee Kathy Samuelson
Address Same

Tele. ( )
Contractor Accurate Reconstruction
Address 50 S. Center St.
Orange, NJ 07050
Tele. (201) 677-1234
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Repair of fire damage, including re-installation of wood stove w/new flue.

☐ **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.

☐ **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 $ Pre-paid
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

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

TOWNSHIP OF MOUNT OLIVE

Planning • Zoning • Code Enforcement

ZONING PERMIT #02-729

A. APPLICANT		B. OWNER	
Name:	Raffaele A. Ruggiero	Name:	Raffaele A. Ruggiero
Address:	2 Knowles Lane Budd Lake, NJ 07828	Address:	Same
Phone:	[redacted]	Phone:	Same
		Block:	2801 Lot: 81
Relationship to Owner: Same		Zoning:	R-4

C. FINDINGS:

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Construct a dormer on a section of the existing dwelling measuring approximately 133 square feet on property known as 2 Knowles Lane, also known as Block 2801, Lot 81. The location of the dormer is depicted on the attached survey prepared by Theodore A. Hallard, dated August 23, 2002.

(X) Use permitted by ordinance.
(X) Proposed structure will not encroach upon required setbacks, height requirement, or exceed maximum allowable building coverage.

D. CONDITIONS AND/OR COMMENTS

APPLICANT SHALL OBTAIN ALL NECESSARY APPROVALS FROM THE HEALTH DEPARTMENT AND CONSTRUCTION OFFICIAL.

PLEASE NOTE: This permit certifies compliance with the Township Zoning Ordinance and/or Subdivision Ordinance. It does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

Time Limit: This Zoning permit is subject to revisions to applicable development ordinances.

APPROVED BY

FEE PAID: **$10.00**

Dennis Fare
Zoning Officer

Oct. 23 02
Date

c: Russell Brown, Construction Code Official
Frank Wilpert, Health Officer
Jack Marchione, Tax Assessor

P.O. Box 450 • 204 Flanders-Drakestown Road • Mount Olive, NJ 07828
(973) 691-0900 • (Fax 973-691-0550) • (email: planning@mtolivetwp.org)
www.mountolivetownship.com

TOWNSHIP OF MOUNT OLIVE
Planning / Zoning / Code Enforcement

ZONING PERMIT #11-100

A. APPLICANT		B. OWNER	
Name:	All Quality Fence	Name:	Mary Delli-Santi
Address:	PO Box 85 Ledgewood, NJ 07852	Address:	2 Knowles Lane Budd Lake, NJ 07828
Phone:	(973) 927-0722	Phone:	
		Block:	2801 Lot: 81
Relationship to Owner: Contractor		Zoning:	R-4

C. FINDINGS:

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Install 6 foot high board on board fence on property known as 2 Knowles Lane, also known as Block 2801, Lot 81. The location of the fence is depicted on the attached survey prepared by Theodore A. Hallard, dated August 23, 2002. **Applicant is advised that the fence is to be installed entirely within the lot lines of the subject property and the finished side of the fence shall face adjoining properties.**

(X) Use permitted by ordinance.
(X) Proposed structure will not encroach upon required setbacks, height requirement, or exceed maximum allowable building coverage.

PLEASE NOTE: This permit certifies compliance with the Township Zoning Ordinance and/or Subdivision Ordinance. It does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

Time Limit: This Zoning permit is subject to revisions to applicable development ordinances. This permit is valid for one year from the date of the approved signature.

APPROVED BY

Frank Wilpert, Jr.
Zoning Officer

FEE PAID

5/12/11
Date

Mailing Address: PO Box 450, Budd Lake, NJ 07828
Physical Address: 204 Flanders-Drakestown Rd., Budd Lake, NJ 07828
(973) 691-0900 Fax: (973) 691-0550 E-Mail: planning@mtolivetwp.org
www.mountolivetownship.com