Angela Martino

From: Janine Martuscelli
Sent: Friday, March 25, 2022 10:42 AM
To: Angela Martino
Cc: Justin Meyer
Subject: RE: Emailing: 22-404
Attachments: BLK35.70 - L159 HWH-2010.pdf; BLK35.70 - L159 CA AC FURNACE-2013.pdf; BLK35.70 - L159 CA GENERATOR-2015.pdf; BLK35.70 - L159 CA HWH-2014.pdf; BLK35.70 - L159 CA ROOF-2018-04-04.pdf; 96-1319.pdf; 94-0366.pdf

Angela

Attached are all closed permits for construction, land use and engineering. There are no open permits. Property Survey is attached to the generator permit

Janine

-----Original Message-----
From: Angela Martino <amartino@twp.howell.nj.us>
Sent: Friday, March 25, 2022 8:55 AM
To: Todd Morgano <tmorgano@twp.howell.nj.us>; Janine Martuscelli <jmartuscelli@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Brian Geoghegan <bgeoghegan@twp.howell.nj.us>
Subject: Emailing: 22-404

Good Morning-

Attached please find OPRA 22-404 for your review. Please forward your findings to me no later than April 5, 2022.

Thank you,
Angela Martino
Howell Township
Clerk's Office
Your message is ready to be sent with the following file or link attachments:

22-404

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

NOTICE OF CONFIDENTIALITY
This message, including any prior messages and attachments, may contain advisory, consultative and/or deliberative material, confidential information or privileged communications of the Township of Howell. Access to this message by anyone other than the sender and the intended recipient(s) is unauthorized. If you are not the intended recipient of this message, any disclosure, copying, distribution or action taken or not taken in reliance on it, without the expressed written consent of the Township, is prohibited. If you have received this message in error, you should not save, scan, transmit, print, use or disseminate this message or any information contained in this message in any way and you should

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 11/22/2010
Control Number 08900
Permit Number 20090586
Permit Issue Date 3/27/2009
Certificate Number 20090586

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 21 DAYNA COURT Howell Township, NJ Block: 35.70 Lot: 159 Qual:

Owner In Fee: MASCUCH, WILLIAM E. & PATRICIA A.

Owner Address: 21 DAYNA COURT HOWELL NJ 07731

Telephone: [redacted]

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF ROAD WALL NJ 07719

Telephone: 7329381155 Fax: 7324936479

License Number or Builders Registration Number: 13VH00361500 34EB01609500 11263 12334 34EI01609500

Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: Type V

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT GAS WATER HEATER

Certificate Comments:

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

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

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/22/2010 U.C.C. F260 (rev. 08/05)

35.70 - 159

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08900
Date Issued 3/27/09
Permit # 20090586

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

Block 35.70 Lot 159 Qualification Code

Work Site Location 21 Dayna Ct
Howell

Owner in Fee: William Mascuch

Tel. (732) 256-4559 e-mail

Address
street municipality zip code

Contractor: NJR PLUMBING SERVICES Tel. (732) 938-1155

Address 1415 Wyckoff Rd e-mail
Wall NJ 07719

Contractor License No. 12334 Exp. Date 6/09

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

Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. PLUMBING CHARACTERISTICS

Use Group Present x Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 425.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date 3/19/09
Approved by: Allen Gaestel

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date 4/16/09
Approved by: Allen Gaestel

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
CC Final			OK 4/16/09	[illegible]

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Direct Replacement of Gas Hot Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
X	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

REPLACEMENT WATER HEATER
CHECK LIST

ADDRESS..... **BLK**..... **LOT**.....

- ☐ Manufacture By ..Bradford White..
- ☐ Serial Number .....
- ☐ Gallons .....

TYPE OF ENERGY

- ☑ Natural Gas
- ☐ L.P. Gas
- ☐ Electric
- ☐ Power Vent

- ☑ Shut off valve
- ☒ Jumper Wire
- ☒ Adapters not leaking
- ☒ Gas Cock
- ☒ Flexible Gas Connector hard pipe
- ☒ Drip Leg on Gas
- ☑ Relief Valve Discharge to a Safe Location (6" A.F.F.) to floor
- ☐ Emergency Pan (if supplied) N/A
- ☒ Vacuum Breaker (if applicable) N/A
- ☑ Flue Pipe Secured
- ☑ Flue Clearance – 6" on single wall and 1" on double wall
- ☑ 4" Flue Connector
- ☑ CO Detector
- ☑ Combustion Air
- ☑ Gas Detector Used

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 08900
Date Issued 03/27/09
Permit # 20090586

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

Block 35.70 Lot 159 Qualification Code

Work Site Location 21 Dayna Ct
Howell

Owner in Fee: William Mascuch

Tel. (732) 256-4559 e-mail

Address street municipality zip code

Contractor: NJR HOME SERVICES Tel. 732 938-1155

Address 1415 Wyckoff Rd e-mail
Wall NJ 07719

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 22-3609806

Federal Emp. ID No. FAX: (732) 493-6479

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 425.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Direct Replacement of Gas Hot Water Heater

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] (10v Interconnected		
[ ] CO Detectors/110V		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Ventilation/Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: 3/16/09 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] 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				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/16/09	
Other FINAL				

U.C.C. F140 (rev. 12/07) Recorded for OCS Printing 609-530-1400

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

Date Issued 9/11/2013
Control Number C-16740
Permit Number 20111778
Permit Issue Date 8/26/2011
Certificate Number 20111778

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 21 DAYNA COURT Howell Township, NJ Block: 35.70 Lot: 159 Qual:

Owner in Fee: MASCUCH, WILLIAM E. & PATRICIA A.

Owner Address: 21 DAYNA COURT HOWELL NJ 07731

Telephone: [redacted]

Contractor ROYAL AIR HEATING & COOLING

Address 1735 ROUTE 9 NORTH HOWELL NJ 07731

Telephone: (732) 409-3322 Fax:

License Number or Builders Registration Number: 13VH01273700 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACE EXTERIOR CONDENSING UNIT, REPLACEMENT FURNACE

Certificate Comments:

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

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

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 9/11/2013

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-16-11
Control # C-16740
Date Issued
Permit # 20111278

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

Block 35.10 Lot 159 Qualification Code

Work Site Location 21 Dayna Ct

Owner in Fee: William E. Pascuch

Tel [redacted] E-mail

Address 21 Dayna Ct. (street) Howell (municipality) 07731 (zip code)

Contractor: Royal Air Tel. (732) 409-3322

Address 1735 Rt. 9 N, Howell E-mail

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Federal Emp. No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [X] Existing [ ] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*

Total Cost of Fire Protection Work $ 700

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace, Coil and Condenser replacement

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 10+ Interconnected		
[ ] CO Detectors Only		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	
Fireplace Venting/Metal Chimney		
Other Furnace		
Administrative Surcharge $		
Minimum Fee $		65.00
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] Not Yet Required

Date Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CO [ ] CO

Date: 9/12/11

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				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/12/11	
Other FINAL				

35.70 - 159

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8-26-11
Control # C-16740
Date Issued
Permit # 2011-1778

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

Block 35.70 Lot 159 Qualification Code

Work Site Location 21 Dayna Ct Howell

Owner in Fee: William E Mascuch 21

Tel. [redacted] e-mail

Address 21 Dayna Ct (street) - Howell (municipality) 07731 (zip code)

Contractor: Royal Air Tel. (732) 409-3302

Address 1735 Rt. 9 N Howell NJ e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required minor WC

Joint Plan Review Required

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8-10-11

Approved by: Allen Shortell

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date 9-13-11

Approved by Allen Shortell

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
~~Final~~ CO			OK	AC
CCO Detector Final			9-12-11	JM

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 Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace, Coil, and Condenser Replacement

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Furnace	
1	Other Coil	

Administrative Surcharge $	
Minimum Fee $	65
State Permit Surcharge Fee $	1
TOTAL FEE $	66

ACTION OFFICE SUPPLIES, INC (800) 298-1000

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8-26-11
Control # C 16740
Date Issued
Permit # 2011-1788

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

Block 35.70 Lot 159 Qualification Code _____

Work Site Location 21 Dayna Ct. Howell

Owner in Fee William E. Mascuch

Address 21 Dayna Ct. Howell 07731

Tel [redacted]

Contractor Bullock Electric LLC

Address 854 Center St Red Bank NJ

Tel 732 2416 0011 FAX ( ) _____

Contractor License No. 14706

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 8-9-11

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 9-12-11

Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-12-11	
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	7	KW Central A/C Unit	
1	1	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 $ 65

Minimum Fee $ 1

State Permit Surcharge Fee $ 1

TOTAL FEE $ 66

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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

Date Issued 2/13/2015
Control Number C-28882
Permit Number 20142625
Permit Issue Date 12/29/2014
Certificate Number 20142625

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 21 DAYNA COURT Howell Township, NJ 07731 Block: 35.70 Lot: 159 Qual:

Owner in Fee: MASCUCH, WILLIAM E. & PATRICIA A.

Owner Address: 21 DAYNA COURT HOWELL NJ 07731

Telephone:

Contractor FOR-TECH ELECTRIC LLC.

Address 165 FLINTLOCK DR. 500 JAMES STREET UNIT 4 LAKEWOOD NJ 08701

Telephone: (732) 367-8324 Fax: (732) 367-8322

License Number or Builders Registration Number: 34EB01662400 34EI01662400 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GENERATOR 8 KW GENERAC

Certificate Comments:

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

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

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/13/2015

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 12-29-14
Control #: C-28882
Date Issued:
Permit #: 2014-2625

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

Block 35.70 Lot 15.9 Qualification Code R-5

Work Site Location 21 Deyna Ct
Howell NJ 07731

Owner in Fee Bill Mascuch

Address 21 Deyna Ct
Howell NJ 07731

Tel [redacted]

Contractor For-Tech Electric

Address 500 James St Unit 4
Lakewood NJ 08701

Tel (732) 307 8324 FAX (732) 307 8322

Contractor License No. 16624

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 2,500

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 in this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	8	KW Transformer/Generator	25
		AMP Service	
1	100	AMP Subpanels A.T.S.	75
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	
		_____	

Heaters

Administrative Surcharge $ 100
Minimum Fee $ 5
State Permit Surcharge Fee $ 105
TOTAL FEE $ _____

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: 12-15-14
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO
Date: 2-4-15
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-4-15	
Barrier-Free				

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12-29-14
Control # C-28882
Date Issued
Permit # 2014-2625

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

Block 35.70 Lot 159 Qualification Code R-5

Work Site Location 21 Dayna Ct
Howell NJ 07731

Owner in Fee: Bill Maxuch

Tel. ([redacted]) e-mail

Address 21 Dayna Ct (street) Howell (municipality) NJ 07731 (zip code)

Contractor: For Tech Electric Tel. ( )

Address 500 James St Unit 4 e-mail
Lakewood NJ 08701

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 16624 Exp. Date 3/31/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 75926

Federal Emp. ID No. [redacted] FAX: (732) 367 8322

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CCO
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				
Flam/Combust Tanks				
Fireplace Venting				
Final			2/4/15	
Other FINAL				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: Yaakov Forchheimer

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: New Natural Gas 8 kW standby generator
Water Supply Source
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
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		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Standby generator	1	65.00
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

NC

U.C.C. F140 (rev. 11/09) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

35.70 - 159

12-29-14

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # C-28882

Date Issued Permit # 2014-2625

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

Block 35.70 Lot 159 Qualification Code RS

Work Site Location 21 Dayna Ct Howell NJ 07731

Owner in Fee: Bill Mascuch

Tel. [redacted] e-mail

Address 21 Dayna Ct (street) Howell (municipality) NJ 07731 (zip code)

Contractor: For. Tech Electric Tel. (732) 307 8324

Address 500 James St Unit 4 Lakewood NJ 08401 e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 75926

Federal Emp. ID No. [redacted] FAX: (732) 367 8322

21

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 12-17-14
Approved by: Allan Goastel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 2-4-15
Approved by: Allan Goastel

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			1-16-15	JW
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2-4-15	JW

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: Yaakov Forchheimer

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Natural Gas 8 KW Standby generator

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
1.5 / 20 PSI	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Standby generator	

Administrative Surcharge	$
Minimum Fee	$ 65
State Permit Surcharge Fee	$ 1
TOTAL FEE	$ 66

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE
DIVISION OF LAND USE AND PLANNING

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2330
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

LAND USE CERTIFICATE

BLOCK: 35.70 LOT: 159 SITE ADDRESS: 21 DAYNA COURT

OWNER NAME: MASCUCH APPLICANT NAME: FOR TECH ELETRIC

THE CONSTRUCTION OR INSTALLATION OF A/(AN):

☐ NEW BUILDING	☐ ADDITION	☐ ALTERATION	☐ DECK
☐ PORCH	☐ FENCE	☐ TREE REMOVAL	☐ CLOTHING BIN
☐ SIGN	☐ BANNER	☐ WIND FLAG	☐ IN-GROUND POOL
☐ ABOVE GROUND POOL	☐ OUTDOOR DISPLAY OF GOODS	☒ OTHER: GENERATOR	

IS HEREBY APPROVED BY THE DIVISION OF LAND USE AND PLANNING.

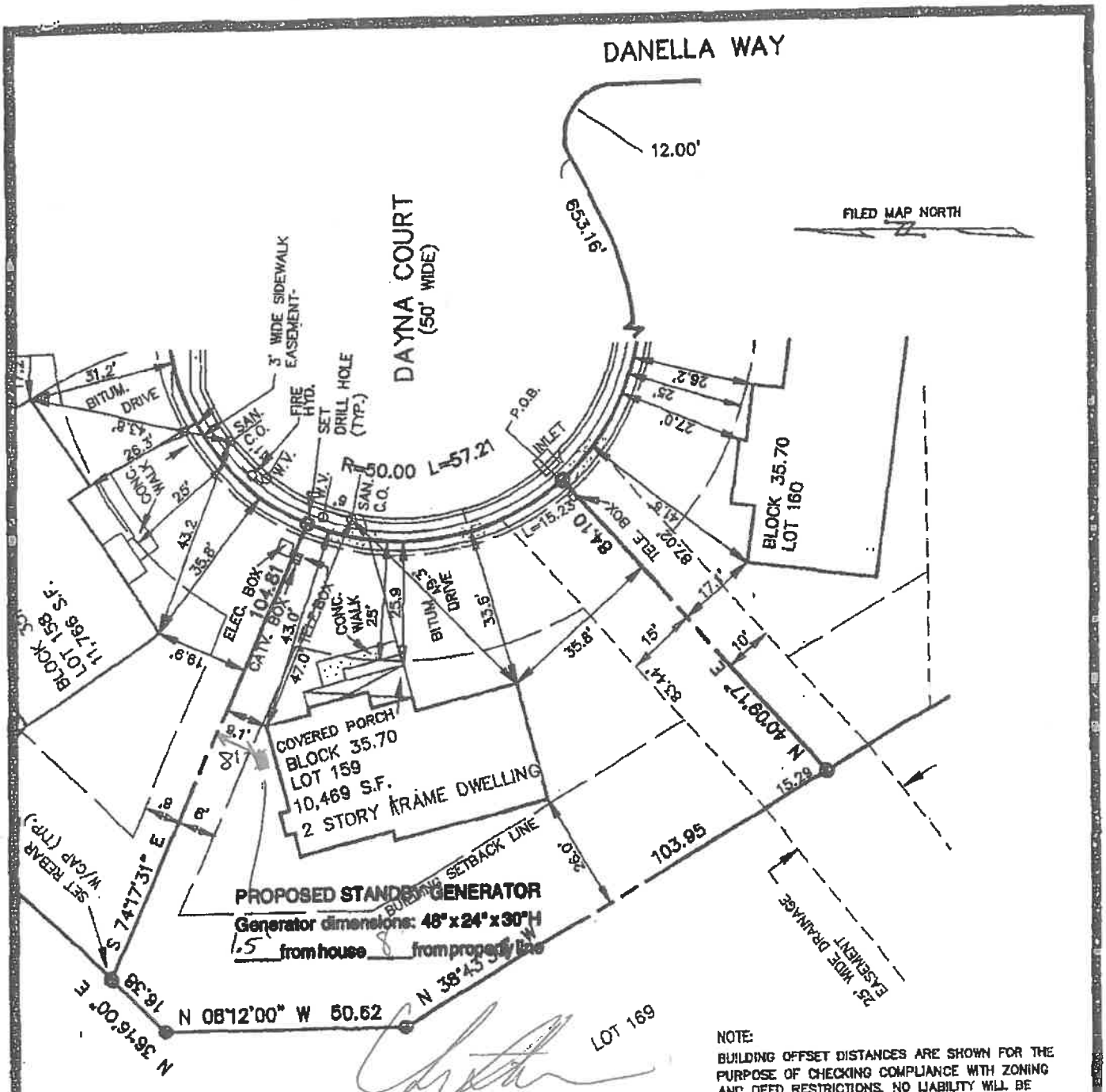
COMMENTS / SPECIAL CONDITIONS: PERMIT # ZP-14-01021. TO INSTALL A STANDBY GENERATOR ONTO PROPERTY AS PER SURVEY SUBMITTED.

IMPORTANT NOTE: **Based upon the application presented to the Township of Howell, all of which the applicant swears to be true, the proposed usage is found to be in accordance with the Land Use Ordinance of the Administrative Code of the Township of Howell.**

TOWNSHIP OF HOWELL – DIVISION OF LAND USE AND PLANNING

Land Use Officer's Name: CHRIS JACKSON
(please print)

Land Use Officer's Signature: _____ Date: 11/21/2014



Yaakov Forchheimer
For-Tech Electric
NJ License # 16624

NOTE:
BUILDING OFFSET DISTANCES ARE SHOWN FOR THE PURPOSE OF CHECKING COMPLIANCE WITH ZONING AND DEED RESTRICTIONS. NO LIABILITY WILL BE ACCEPTED IF THESE DISTANCES ARE USED FOR ERECTING FENCES OR OTHER IMPROVEMENTS.

DESCRIPTION:

BEING KNOWN AND DESIGNATED AS BLOCK 35.70, LOT 159 AS DELINEATED ON A PLAN ENTITLED "FINAL PLAT FOR MONMOUTH RIDINGS SECTION ONE" PREPARED BY MASER SOSINSKI & ASSOCIATES DATED JUNE 3, 1988, LAST REVISED 12-20-93 AND FILED IN THE MONMOUTH COUNTY CLERKS OFFICE ON FEB. 17, 1994 AS MAP # 248, AND SHEET # 28.

REV. 7-20-94 (FINAL SURVEY)

I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP OR PLAN IS THE RESULT OF A FIELD SURVEY MADE BY ME OR UNDER MY DIRECT SUPERVISION, IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE "STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS". THE INFORMATION SHOWN HEREONCORRECTLY REPRESENTS THE CONDITIONS FOUND AT, AND AS OF THE DATE OF THE FIELD SURVEY, EXCEPT SUCH IMPROVEMENTS OR EASEMENTS, IF ANY, BELOW THE SURFACE AND NOT VISIBLE. THIS DECLARATION IS GIVEN SOLELY TO THE ABOVE NAMED PARTIES EXCEPT TO THE MORTGAGE HOLDER, THE CERTIFICATION SHALL SURVIVE TO ITS SUCCESSORS OR ASSIGNS. IF THIS DOCUMENT DOES NOT CONTAIN A RAISED IMPRESSION SEAL IT IS NOT AN AUTHORIZED ORIGINAL DOCUMENT AND MAY HAVE BEEN ALTERED.

SURVEY PLAN FOR:
MONMOUTH RIDINGS
BLOCK 35.70 LOT 159
TOWNSHIP OF HOWELL MONMOUTH COUNTY NEW JERSEY

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

Date Issued 3/2/2018
Control Number C-34198
Permit Number 20160994
Permit Issue Date 4/27/2016
Certificate Number 20160994

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 21 DAYNA COURT Howell Township, NJ 07731 Block: 35.70 Lot: 159 Qual:

Owner in Fee: MASCUCH, WILLIAM E. & PATRICIA A.

Owner Address: 21 DAYNA COURT HOWELL NJ 07731

Telephone: [redacted]

Contractor FIVE STAR'S QUALITY CONSTRUCTION INC

Address 57 SOUTH MAIN STREET NEPTUNE NJ 07753

Telephone: (732) 513-6992 Fax:

License Number or Builders Registration Number: Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOF TEAR-OFF AND RESHINGLE

Certificate Comments:

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

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

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/2/2018

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

35.70 159

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4-27-16
Control # 34198
Date Issued
Permit # 2016-0994

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

Block 35.70 Lot 159 Qualification Code _____

Work Site Location 21 DAYNA CT
HOWELL NJ 07731

Owner in Fee: WILLIAM MASCUCH

Tel. [redacted] e-mail _____

Address 21 DAYNA CT HOWELL NJ 07731
street municipality zip code

Contractor: FIVE STARS QUALITY CO Tel. (732) 513-6992

Address 57 SOUTH MAIN ST #206 e-mail _____
NEPTUNE NJ 07753

Contractor License No. or Builder Registration No. 13VH07720100 Exp. Date 03/31/17

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

Federal Emp. ID No. _____ FAX: ( ) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	3/30/16	CG gm
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/30/16
Approved by: CG gm

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 3-1-18
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/1/18	SD
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

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

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 5,900.-

U.C.C. F110 (rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: JOSE PRADO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
- REMOVE EXISTING ROOF
- INSTALL ICE AND WATHER SHIELD
- INSTALL SYNTHETIC
- INSTALL OWENS CORNING 130 MPH

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

FEE (Office Use Only)
$ 177.-

Administrative Surcharge $ _____
Minimum Fee $ 11.-
State Permit Surcharge Fee $ _____
TOTAL FEE $ 188.-

For reorder call: (609) 390-1400
Allegra Marketing • Print • Mail

HOWELL TOWNSHIP DEBRIS MANAGEMENT PLAN

Return to Building Department with Permit Application

21 DAYNA CT

BLOCK_____ **LOT**_____ **ADDRESS** HOWELL **DATE** 03/29/16

CONTACT JOE PEARSON **PHONE #** 732 513 6992 **APPROVED BY**_____

TYPE OF PROJECT ROOF

APPLICANTS SIGNATURE_____

Does this project require a dumpster or roll- off container?

___YES, complete the entire form **___NO, enter information above**

This plan is designed to encourage recycling and lower landfill cost.
At least 50% of total waste must be diverted from the landfill whenever a construction, renovation, or demolition project requires a dumpster or roll-off container. (Ordinance 238-18)
A permit *will not* be issued without an approved Debris Management Plan.

Material (estimate weight in tons)	Recycled	Salvaged	Reused	Hauler/ Facility (save receipts)
1 Concrete				
2 Asphalt				
3 Porcelain				
4 Metals				
5 Wood				
6 Glass				
7 Brick				
8 Cardboard				
9 Plastic				
10 Gypsum				
11 Insulation				
12 Brush/Stumps				
13 Carpet/Textiles				
14 Roofing Shingles				
15 Other(describe)				
16 Other(describe)				
Totals(1-16)	**A**	**B**	**C**	
Trash/Garbage	**D**			
Total Waste (A+B+C+D)		**Total Diverted (A+B+C)**		Total diverted must be at least one half total waste

Helpful Hints:

- Plan ahead. Analyze project
- Keep materials separated at work site
- Label containers and stockpiles
- Educate workers of recycling procedures
- For assistance contact the Recycling Coordinator at 732-938-4500x2452
- Recycling resources and forms available at www.twp.howell.nj.us

BLOCK 35.70 LOT 159 ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 21 Dayna Court
2. Name of Owner in Fee: W.M. Mascuch Tel. (908) 938-6229
   Address 21 Dayna Court (street) Howell (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Tim Maghan Tel. (908) 502-4421
   Address 323 Main ST. Bradley Beach 07720
   License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. 158-68-9452
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

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. ☐ Asbestos Abatement	
10. ☐ 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:

U.C.C. Form F-100A

LDS HW-B 10602423

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. 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 Willard E. Mascuch 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): th proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make thi 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 Divisic of Taxation and to comply with all New Jersey tax laws.

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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		
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

Date Issued 8-23-96
Control #
Permit # 96-1319

IDENTIFICATION

Block 35-70 Lot 159
Work Site Location Same as below

Owner in Fee Mascoch
Address 21 Dayna Ct
Howell, NJ 07731
Tele. (___) 938-6228
Contractor T Maghan
Address 323 Main St
Bradley Beach, NJ
Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Completion and approval of deck 53' x 15'

☐ **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:

Est Cost 5000.00

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-2608

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

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 7-12-96
Control #
Permit # 96-1319

IDENTIFICATION Block 35.70 Lot 159

Work Site Location 21 Dayna ~~County~~ Court Howell

Owner in Fee Wm Mascuch

Address 21 Dayna Court

Tele. (908) 938-6224

Contractor Timothy Magher

Address 323 Main St. Bradley Beach NJ 07720

Tele. (908) 502-4421

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

Federal Emp. No. _____

or Social Security No. 158-68-7482

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Deck 53' x 15'

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 $ 5000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	60.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ	
Other CC	4.00
Total	64.00
Check No.	2493
Cash	
Collected By:	7-17-96

(see reverse side)

U.C.C. Form F-170C

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-9-96
Date Issued 7-12-96
Control #
Permit # 96-1319

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

Block 35.70 Lot 159
Work Site Location 21 Dayna court

Owner in Fee Wm Mascuch
Address 21 Dayna Court
Tele. (908) 938-6324
Contractor Timothy MacHam
Address 323 Main St. Bradley Beach NJ 07720
Tele. (908) 502-44-21
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 155-68-7482

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.

Wm E. Mascuch
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Deck

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-12-96	WK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-22-96
Approved By: Jim Estelle

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approved	Initial
Footing		NO DATE	ALL	Y
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/22/96	JE

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) $ ____

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

(Office Use Only)
FEE
$ 40.00
4.00
Administrative Surcharge $ 20
Minimum Fee $ ____
DCA TRAINING FEE $ ____
TOTAL FEE $ ____

Paid [ ] Check # ____
Collected by: ____

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

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 35.70 LOT(S) ~~21.59~~ STREET ~~Payna Court~~

APPLICANT: NAME WM Mascuch

ADDRESS 21 Payna court - Howell

PHONE [redacted] 938-6224

PROPOSED USE: ZONE:

____ Fence	____ Detached garage	____ Shed
____ Pool	V Deck	____ Patio
____ Tennis Court	____	____ Antenna/Antenna Tower
____ Farm structure: Specify		
____ Other: Specify		

LOCATION OF STRUCTURE: Setback from right of way _____ feet (and _____ feet if a corner lot)
Side yard clearances 20' feet and 45' feet
Rear yard clearances 10' feet

DESCRIPTION OF STRUCTURE: Height app. 5' feet to highest point
Length 53' feet Width 15' feet

Type of fence: _____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: _____ $10.00 residential
FEE: _____ $20.00 non-residential

WM Mz — 7/3/96
SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage ~~is/is not~~ found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/~~disapproved~~.

7-3-96
Date

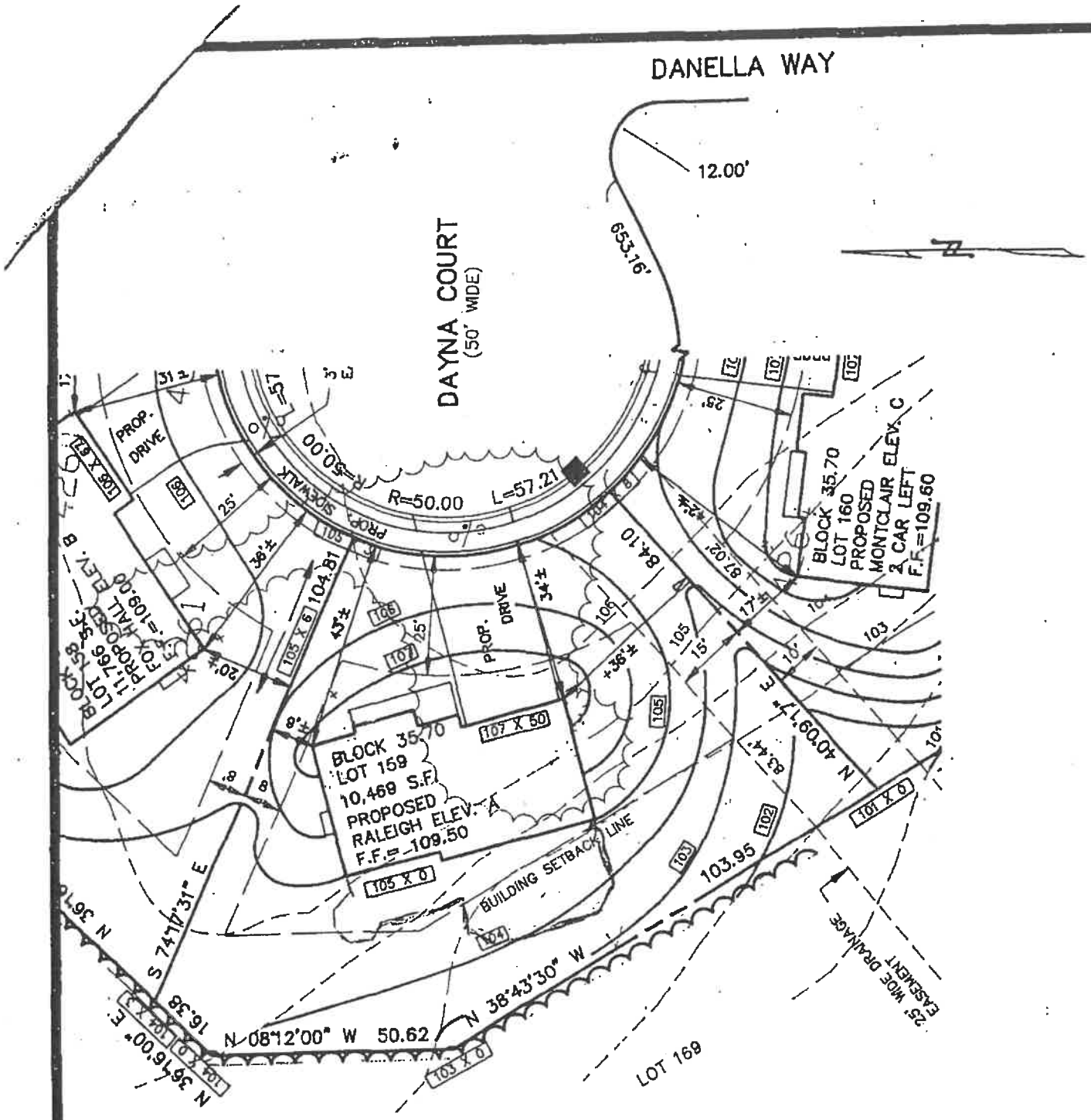
Julie Leary
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: _____

REFERRALS:

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

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



NOTES:

1. DETAIL GRADING SHOWN IS TAKEN FROM A PLAN ENTITLED " DETAILED GRADING PLAN FOR MONMOUTH RIDINGS" PREPARED BY ADAMS, REHMANN AND HEGGAN ASSOCIATES, INC. DATED ON NOVEMBER 18,1993.
2. KEY ROADWAY AND LOT GRADES WERE TAKES FROM A PLAN ENTITLED " FINAL CONSTRUCTION PLANS OF MAJOR SUBDIVISON FOR MONMOUTH RIDINGS" PREPARED BY MASER SOSINSKI AND ASSOCIATES, DATED NOVEMBER 3,1989.

LEGEND

- 100 — EXISTING CONTOUR LINE
- 100 — PROPOSED CONTOUR LINE
- 100 X 0 — PROPOSED SPOT GRADE
- DIRECTION OF STORM WATER FLOW

REV. 12-29-93 HOUSE LOCATION

arh

PLOT PLAN FOR
MONMOUTH RIDINGS
BLOCK 35.70 LOT 159
TOWNSHIP OF HOWELL MONMOUTH COUNTY NEW JERSEY

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT

RECEIVED JUL - 9 1996

PLAN REVIEW CHECK LIST

NAME MASCOCH BLOCK 35.70 LOT 159

ADDRESS 21 Dayna Ct. ZONING RELEASE

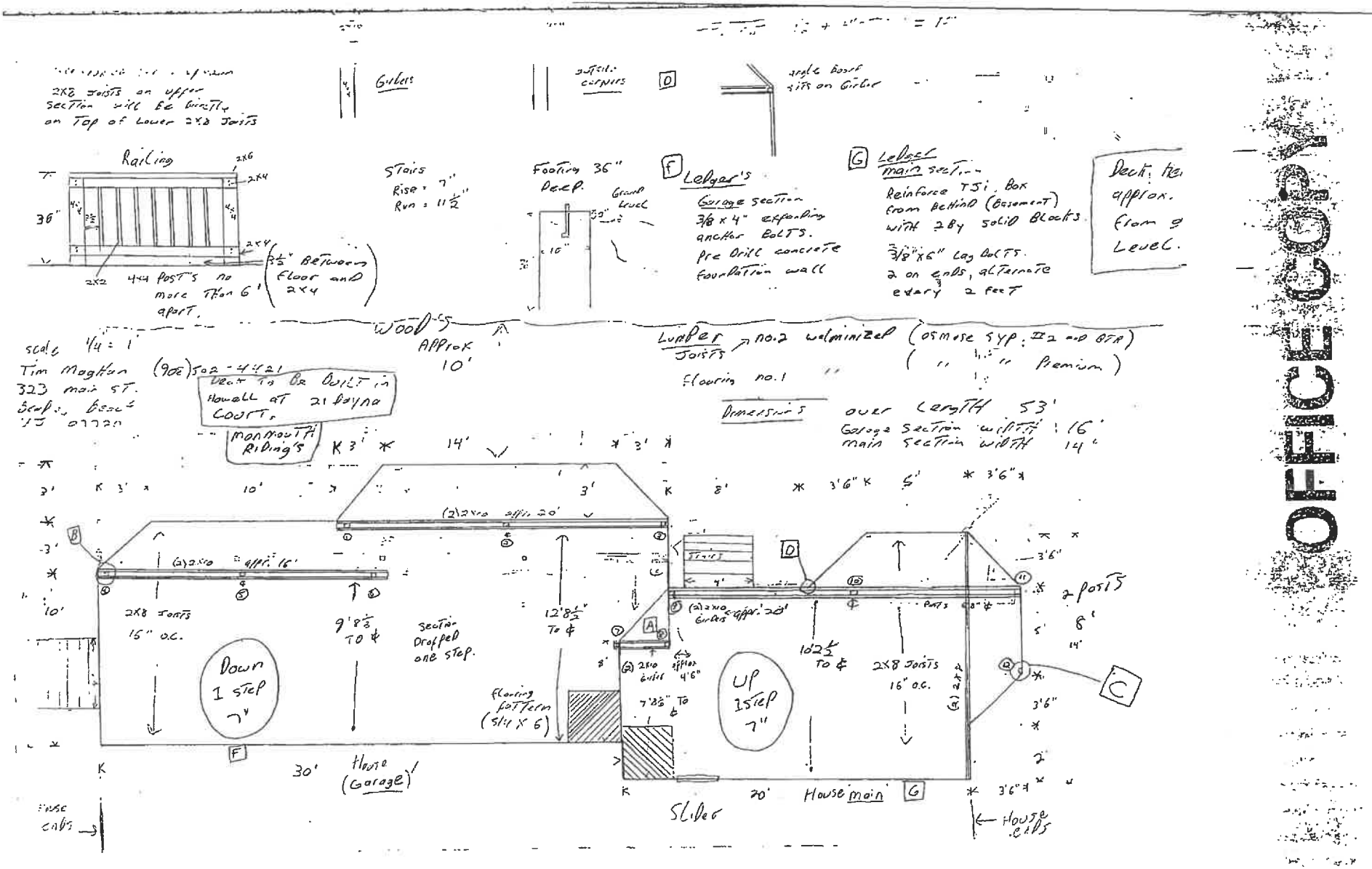
DATE SUBMITTED 7/5/96

DEVELOPMENT Deck

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING ✓	7-12-96		Ok	
PLUMBING				
FIRE				
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER				

Submitted 1 set of Plans

CODE1.FRM



PUBLIC RECORD

#8 Raliusk - A RIF

BLOCK 35.70 LOT 159 ADDRESS(site) Monmouth Ridings PERMIT NO _____

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: 21 Dayna Court
2. Name of Owner in Fee: Celtic Homes Inc. Tel. (908) 780-1800
   Address 500 Craig Rd (street) Manalapan (municipality) NJ 07726 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Same Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. 01144 Exp. Date 6-30-95
   Federal Emp. No. [redacted] Social Security No. _____
5. Architect or Engineer Harrison Arch Tel. (215) 668-1880
   Address 130 Presidential Blvd. Cynwyd PA 19004
6. Responsible Person In Charge of Work Andre Spedaliere Tel. (908) 938-7025

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$362.26		
2. Electrical	195. –		
3. Plumbing	330. –		
4. Fire Protection	75. –		
5. Elevator Devices			
6. Subtotal	$ 962.26		
7. Less 20% for State Plan Review	(192.46)		
8. Subtotal	$		
9. DCA Training Fee	64.40		
10. Subtotal	$		
11. Cert. of Occupancy	20. –		
12. Other Survey	10. –		
13. TOTAL	$ 864.20		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure ~~26~~ 27 ft.	
3. Area—Largest Floor 908 sq. ft.	
4. Building Area—All Floors 1744 sq. ft.	
5. Volume of Structure 40251 cu. ft.	
6. Construction Classification 5B	
7. Total Land Area Disturbed _____ 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 _____	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☑ New Building	55200.
4. ☐ Addition	
5. ☐ Alteration	
6. ☑ Fire Protection	200.
7. ☑ Plumbing	4900.
8. ☑ Electrical	2200.
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	62,500.

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:

LDS HW-B 10602424

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): th proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make thi 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 Divisio 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 CALTON HOMES INC.

Address 500 CRAIG ROAD
MANALAPAN, NEW JERSEY 07726-8790

Telephone (____) _____

Signature M. Guardo Date 3/23/94

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (OFFICE USE ONLY)	LOCAL APPROVAL Prelimin. Intial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Intial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Intial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Intial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ NJ Department of Community Affairs									
☐ NJ Department of Transportation									
☐ NJ Department of Environmental Protect.									
☐ 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

Date Issued 8-17-94
Control #
Permit # 94-366

IDENTIFICATION

Block 35-70 Lot 159
Work Site Location 21 Dayna Court, Monmouth
Ridings, Hovell
Owner in Fee Calton Homes
Address 500 Craig Road
Manalapan, NJ 07726
Tele. (___) 780-1800
Contractor Same
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No. 01144
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Completion and approval of the construction of a single family dwelling - Model "RALEIGH A" w/ 2-car garage and basement.

(40,251 c.f.)

☒ 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:

Est. Cost: $62,500.00

Fee $
Paid [ ] Check No.
Collected by: mas

CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

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

#8

PROTOTYPE

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 3-28-94
Control #
Permit # 94-366

IDENTIFICATION Block 35.70 Lot 159

Work Site Location 21 Dayna Court

Contractor Same
Address

Owner in Fee Calton Homes Inc.
Address 500 Craig Rd
Manalapan NJ 07726
Tele. (908) 780-1800

Tele. (____)
Lic. No. or Bldrs. Reg. No. 01144 Exp. Date 6-30-95
Federal Emp. No. [redacted]
or Social Security No.

Is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER
[✓] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Single Family Dwelling - Model RALEIGH "A"
w/ 2-car garage and basement
(40,251 c.f.)

PAYMENTS (Office Use Only)	
Building	362.26
Electrical	195.00
Plumbing	330.00
Fire Protection	75.00
~~Elevator Devices~~ s.t.	962.26
Other -20%	192.46
DCA Training Fee	64.40
Cert. of Occ.	20.00
Other survey	10.00
Total	864.20
Check No.	4005626
Cash	
Collected By:	BJ 4-12-94

(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 $ 62,500.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

#8

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-28-94
Date Issued
Control # 3-28-94
Permit # 94-366

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

Block 35.70 Lot 159
Work Site Location 21 Dayna Court

Owner in Fee Calfm Homes Inc.
Address 500 Craig Rd
Manalapan NJ 07726
Tele. (908) 780-1800
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 01144
Federal Emp. No. [redacted] or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

M. Jurado
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Raleigh A
2 car right front
4 Bedroom
Prototype Block 35.70 Lot 164

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 8/4/94		
Approved By: R.H. Gansler		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			4-26-94	
Foundation			5-3-94	
Slab			5/12/94	
Frame			6/14/94	
Insulation			6/14/94	
Finishes:				
Energy				
Mechanical			5/27/94	
TCO				
Other				
Final				

MAY 26 1994

NOT READY
R.H. Gansler

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R3
Constr. Class Present ____ Proposed 5B
No. of Stories 2
Height of Structure 35 Ft.
Area—Largest Floor 908 Sq. Ft.
New Bldg. Area/All Floors 1744 Sq. Ft.
Volume of New Structure 40251 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 55,200.
2. Alteration $ ____
3. Total (1+2) $ 55,200.

AUG. - 3 1994 NOT READY

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

(Office Use Only)
FEE
$ ____

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

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

#8

Garden State Electrical Inspection Services, Inc.

MUNICIPALITY Howell Twp

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3-28-94
Date Issued 3-28-94
Control #
Permit # 94-366

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

Block 3570 Lot 159
Work Site Location 21 Daytona Court

Owner in Fee Cal tm Homes Inc.
Address 500 Craig Rd
Manalapan NJ 07726
Tele. (908) 780-1800
Contractor JOYCE ELECTRICAL CONTRACTING CO INC
Address 105 EVESBORO-MEDFORD ROAD
MARLTON NJ 08053
Tele. (___) 609 596-9550
Lic. No. 5413
Federal Emp. No. [redacted] or Social Security No.

B. ELECTRICAL CHARACTERISTICS WR. 0044885

Use Group Present ___ Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [X] Other New Home
Building Occupied as SFD Utility Co. ___
Est. Cost of Elec. Work $ 2200.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 07/27/94
Approved By: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			06/06	[initials]
Temporary				
Constr. Serv.				
TCO				
Other				
Service			06/06	[initials]
Final			07/27	[initials]

Temp. Cut-in-Card Date Issued ___
Final Cut-in-Card Date Issued 06/08/94

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] Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
30		Fixtures (1)	
49		Receptacles (2)	
36		Switches (3)	
115		Total 1 + 2 + 3	
1	Kw	Range	
1	gas Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	
1	hp	Garbage Disposal	
1	gas Kw	Dryer	
1	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	
1	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
1	Kw	Water Heater(s)	
1	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
1		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
5 Cable	~~Kw~~	~~Transformers~~	
5 Phone	~~Kw~~	~~Generators~~	
1	150 Amp	Service Entrance	
3		Other Bath fans	

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

U.C.C. Form F-120B

OFFICE COPY

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7-27-94
Date Issued 7-27-94
Control #
Permit # 94-1588

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

Block 5618 B. 35.70 Lot 159
Work Site Location Monmouth Ridings (miller)
21 Dayna Ct.
Owner in Fee Callen Homes
Address 500 Craig Rd.
Manalapan, NJ 07726
Tele. (908) 786-1800
Contractor Shelton Security
Address 349 English Town Rd.
Old Bridge, NJ 08857
Tele. (908) 251-8708
Lic. No.
Federal Emp. No. [redacted] Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [X] Other Burg
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/27/94
Approved by: K.L. FC

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary				
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.

Signature Contractor Seal

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
1		Burglar Alarms	35.00
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat:	
		oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Paid [X] Check # 1158
Collected by: TN 7/29/94

Administrative Surcharge	$ 2.00
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 37.00

U.C.C. Form F-1208

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

#8

Garden State Electrical Inspection Services, Inc.

MUNICIPALITY Howell Twp.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3-28-94
Date Issued 3-28-94
Control #
Permit # 94-366

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

Block 3570 Lot 57
Work Site Location 21 Dayton Court
Howell NJ 07731
Owner in Fee Ryland Homes at
Address 500 Scarsdale Rd
Tele. (XX) 741-1500
Contractor JOYCE ELECTRICAL CONTRACTING CO INC
Address 105 EVESBORO-MEDFORD ROAD
MARLTON NJ 08053
Tele. (609) 596-9550
Lic. No. 5413
Federal Emp. No. 22-2211123 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [X] Other New Home
Building Occupied as SFD Utility Co.
Est. Cost of Elec. Work $ 2200.00

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary				
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.

Anton R Kuffner
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
30		Fixtures (1)	
49		Receptacles (2)	
36		Switches (3)	
115		Total 1 + 2 + 3	
1	___ Kw	Range	
1	gas Kw	Oven(s)	
___	___ Kw	Surface Unit	
1	___ hp	Dishwasher	
1	___ hp	Garbage Disposal	
1	gas Kw	Dryer	
1	___ Kw	A/C Unit	
___		Burglar Alarms	
___		Intercoms Panels	
6		Smoke Detectors	
1	___ hp	Whirlpool/spa	
___		Pool Bonding	
___	___ hp	Pool Filter Motor	
___		Pool Lights	
1	___ Kw	Water Heater(s)	
1	___ Kw	Central heat:	
		oil, (gas) or elec.	
___	___ Kw	Baseboard Heat Units	
1		Thermostats	
___	___ hp	Heat Pump	
___	___ hp	Pump(s)	
___	___ Amp	Motor Control Center/Sub Panels	
___		Signs	
___	___	Light Standards	
___	___ hp	Motors—Fractional H.P.	
___	___ hp	Motors—All Others	
Smoke	~~Kw~~	~~Transformers~~	
5 Micro	~~Kw~~	~~Generators~~	
1	150 Amp	Service Entrance	
3	___	Other Bath fans	

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

O.C.C. Form F-120B

GARDEN STATE COPY

#8

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3-28-94
Date Issued 3-28-94
Control #
Permit # 94-366

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

Block 35.70 Lot 159
Work Site Location 21 Dayna Court
Owner in Fee Carlyn Homes Inc.
Address 500 Craig Rd
Mandalapan NJ 07726
Tele. (908) 780-1500
Contractor Same
Address
Tele. ( )
Lic. No. 01144
Federal Emp. No. [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R3
Constr. Class. Present Proposed 5B
Heating Systems [A] New [ ] Existing
Type: [A] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Basement
Total Est. Cost of Fire Prot. Work $ 200.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [X] CCO 4/14/94
Date: 8-10-94
Approved by:

INSPECTIONS:

Type:	Failure	Failure Date (Month/Day)	Approval Date (Month/Day)	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other FRAME			4/14/94	
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.

M. Lirado
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	6	
Heat Detectors		
TOTAL	6	
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		
OTHER Furnace/HWH/Range		

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

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3-28-94
Date Issued 3-28-94
Control #
Permit # 94-366

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

Block 35.70 Lot 159
Work Site Location 21 Dayna Court

Owner in Fee CALTON HOMES, INC.
Address 500 CRAIG ROAD
MANALAPAN, NJ. 07726
Tele. (908) 780-1800
Contractor C & R PLUMBING INC.
Address 822 ROUTE 9
LANOKA HARBOR, NJ 08734
Tele. (609) 693-0006
Lic. No. 2893
Federal Emp. No. [redacted] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" Public Sewer Private Septic
Water Service Size 1" Public Water Private Well
Estimated Cost of Plumbing Work $ 4900.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 7/27/94

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab			6/14 AM	DB
Rough			6/9/94	MC
Water			6/4/94	MC
Sewer				
Fixtures				
Gas Equipment			6/14/94	DB
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.

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	
1	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	
	Active Solar System	
6	Other Vents	

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

PRO 204 B

UCC FORM F-130 B

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

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

Date Received 3-28-94
Date Issued 3-28-94
Control #
Permit # 94-366

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

Block 35.70 Lot 159
Work Site Location 21 Dayna Court

Owner in Fee CALTON HOMES, INC.
Address 500 CRAIG ROAD
MANALAPAN NJ 07726
Tele. (908) 780-1800
Contractor C & R PLUMBING INC.
Address 822 ROUTE 9
LANOKA HARBOR NJ 08734
Tele. (609) 693-0006
Lic. No. 2893
Federal Emp. No. [redacted] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 1" Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 4900.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Approved By: [signature]
Date: 7/27/94

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough			6/14/94	[initials]
Water			6/9/94	[initials]
Sewer			6/9/94	[initials]
Fixtures				
Gas Equipment				
Gas Piping			6/14/94	[initials]
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.

[signature]
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	
1	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	
	Active Solar System	
6	Other vents	

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

PRO 204 B

UCC FORM F-130 B

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

DATE	JOB CONDITION / COMMENTS

WR 0014885

CUT-IN-CARD

Lakewood

MUNICIPALITY _____

LOCATION 21 Daytona Ct. UTILITY CO JCP&L

BLK 35.70 LOT 159

OWNER Colton Homes OCCUPANT N/A

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 150A, 1Φ, 3W, 240/120V UG

INSTALLED BY Jones Elec. LICENSE NO 5413

DATE 06/06/94 PERMIT # 94-366 INSPECTOR [signature]

Lic. No: 004899

U.C.C. Form F-350A 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

NEW DEVELOPMENT/COMMERCIAL/NEW CONSTRUCTION

Building Dept. Check List/Certificate of Occupancy

Prior to issuance of Certificate of Occupancy

Final Building Inspection 8-11-94

Final Plumbing Inspection 7-27-94

Final Electrical Inspection 7-27-94

Final Fire Inspection 8-10-94

Soil Conservation Approval 8-17-94

MUA/MCBOH/WELL/SEPTIC City

HOW Certificate Date 6-22-94

Final Survey 7-20-94

Engineering Release 8-16-94

COMMERCIAL

Site Plan Fire Lanes/Zones _____

Site Plan Compliance _____

Food Handlers License (if applicable) _____

BLOCK 35-70 LOT 159

NAME 21 Dayna Ct

DATE ISSUED _____

HOME ADDRESS

October 6, 1993

ROBERT FULLAGER
Mr. ~~Robert Kuches~~, Director
Howell Township
Water & Sewer Utilities Department
P. O. Box 638
Howell, New Jersey 07731

RE: BLOCK 35.70 LOT 159

Gentlemen:

This is to acknowledge that a one (1") inch water meter is not currently available for installation in our home, captioned above. In consideration for allowing our new home to obtain a Certificate of Occupancy on our behalf, we hereby agree that we will allow the Howell Township Water and Sewer Department access to our home to install a one (1") water meter upon forty-eight (48) hours notice from the Department advising us that a meter is available.

We also understand that our initial bill for water and sewer will be estimated based on fair and reasonable rates in our area.

Thank you for your consideration.

Sincerely,

Dan Miller

cc: William Klumb, Code Official
Bruce Davis, Township Clerk

PLAN REVIEW RECORD
HOWELL TOWNSHIP FIRE BUREAU

DATE: TYPE: DIST#: 3

BLOCK: 35.70 LOT: 159 PERMIT#:

ADDRESS: MONMOUTH RIDING

NAME:

COMMENTS

REVIEWERS CODE:

FRAME INSPECTION REPORT

SCHEDULE DATE: 6/14/94 REMARKS FRAME-APPROVED/FRAME/FP

REINSPECTION DATE: REMARKS

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: 6/14/94 INSPECTORS CODE: 4

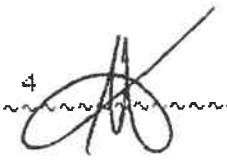
FINAL INSPECTION REPORT

SCHEDULE DATE: 8/10/94 COMMENTS FINAL - APPROVED FP

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPORVED: 8-10-94 INSPECTORS CODE: 4



OTHER INSPECTION REPORT

TOPIC:

SCHEDULE DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: INSPECTORS CODE:

HISTORY

RESIDENTIAL WARRANTY CORPORATION

mc #8

5300 Derry Street, Harrisburg, PA 17111-3598 1-800-247-1812 FAX 717-561-4494

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: CALTON HOMES INC

Purchaser(s) Name: Jack V. & Deborah A. Miller

Legal Address of Home Enrolled:

Lot	Block	Development
159	35.70	MONMOUTH RIDINGS

21 DAYNA CT
Street Address

City	County	State	Zip
HOWELL TWP	MONMOUTH	NJ	07727

RWC Enrollment No: 901242

Date: JUNE 22, 1994

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Jmill

Form #604
Rev. 10/91

New Jersey Natural Resources Conservation Program

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)
211 FREEHOLD ROAD
MANALAPAN, NEW JERSEY 07726
Tel: (908) 446-2300
Fax: (908) 446-9140

REPORT OF PARTIAL COMPLIANCE*

08/17/1994

TO : CONSTRUCTION OFFICIAL

TWP. : HOWELL

PROJ.: MONMOUTH RIDING

APPLICATION NO.: 87-0863

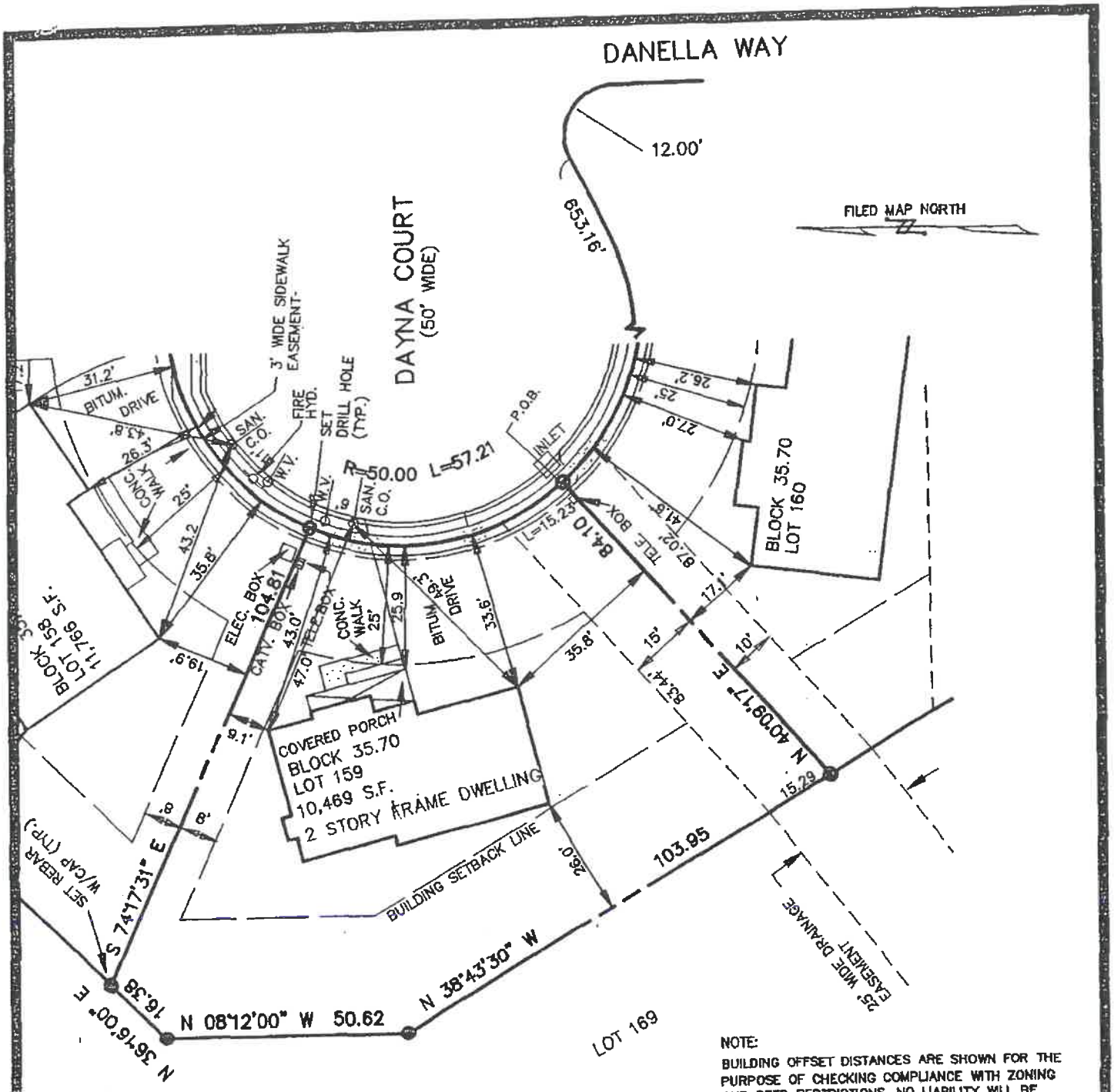
Block No.	Lot No.	Comments
35.70	159	21 Dayna Court

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.)

*Pending continued compliance and establishment of a permanent vegetative cover.

Authorized Signature Michael J. Ehrl

Distribution: WHITE-Municipal Construction Official
CANARY-Developer PINK-District GOLDENROD-Other
87-0863.83502



NOTE:
BUILDING OFFSET DISTANCES ARE SHOWN FOR THE PURPOSE OF CHECKING COMPLIANCE WITH ZONING AND DEED RESTRICTIONS. NO LIABILITY WILL BE ACCEPTED IF THESE DISTANCES ARE USED FOR ERECTING FENCES OR OTHER IMPROVEMENTS.

DESCRIPTION:

BEING KNOWN AND DESIGNATED AS BLOCK 35.70, LOT 159 AS DELINEATED ON A PLAN ENTITLED "FINAL PLAT FOR MONMOUTH RIDINGS SECTION ONE" PREPARED BY MASER SOSINSKI & ASSOCIATES DATED JUNE 3, 1988, LAST REVISED 12-20-93 AND FILED IN THE MONMOUTH COUNTY CLERKS OFFICE ON FEB. 17, 1994 AS MAP # 249, AND SHEET # 28.

REV. 7-20-94 (FINAL SURVEY)

I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS MAP OR PLAN IS THE RESULT OF A FIELD SURVEY MADE BY ME OR UNDER MY DIRECT SUPERVISION, IN ACCORDANCE WITH THE RULES AND REGULATIONS PROMULGATED BY THE "STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS". THE INFORMATION SHOWN HEREONCORRECTLY REPRESENTS THE CONDITIONS FOUND AT, AND AS OF THE DATE OF THE FIELD SURVEY, EXCEPT SUCH IMPROVEMENTS OR EASEMENTS, IF ANY, BELOW THE SURFACE AND NOT VISIBLE. THIS DECLARATION IS GIVEN SOLELY TO THE ABOVE NAMED PARTIES EXCEPT TO THE MORTGAGE HOLDER, THE CERTIFICATION SHALL SURVIVE TO ITS SUCCESSORS OR ASSIGNS. IF THIS DOCUMENT DOES NOT CONTAIN A RAISED IMPRESSION SEAL IT IS NOT AN AUTHORIZED ORIGINAL DOCUMENT AND MAY HAVE BEEN ALTERED.

SURVEY PLAN FOR:

MONMOUTH RIDINGS

BLOCK 35.70 LOT 159

TOWNSHIP OF HOWELL MONMOUTH COUNTY NEW JERSEY

SURVEYORS
PLANNERS

adams, rehmann & heggan
associates inc.

2123 ROUTE 33
SUITE B, LEXINGTON SQUARE
HAMILTON SQUARE NEW JERSEY 08690

D:\U\ACAD\8082315\8082315

Joseph R. Tighe Jr

JOSEPH R. TIGHE JR
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LICENSE NO. 34881

block: 35.70 lot: 159 SEQ: 8
date: 12-20-93
scale: 1"=30'
drawn by: RKY
checked by:
proj. no. 50-50959

TO: HOWELL TOWNSHIP CONSTRUCTION INSPECTION DEPARTMENT
Attn: Plumbing Sub-Code Official

REF: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE 3/23/94

THIS IS TO CERTIFY THAT I, (Name) C & R PLUMBING,
(Business Address) 822 Route 9, Lake Harbor, NJ 08734,
(Tel. No.) 609-693-0006.

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM IN THE FOLLOWING BUILIDING, (Owner) CALTON HOMES, INC.,
(Address) 21 Dayna Court,
(Block & Lot) 35.70 159.

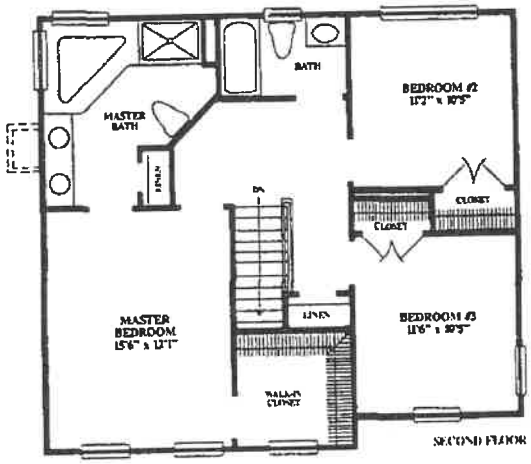
USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PER CENT IN ACCORDANCE WITH THE ABOVE-REFERENCES.

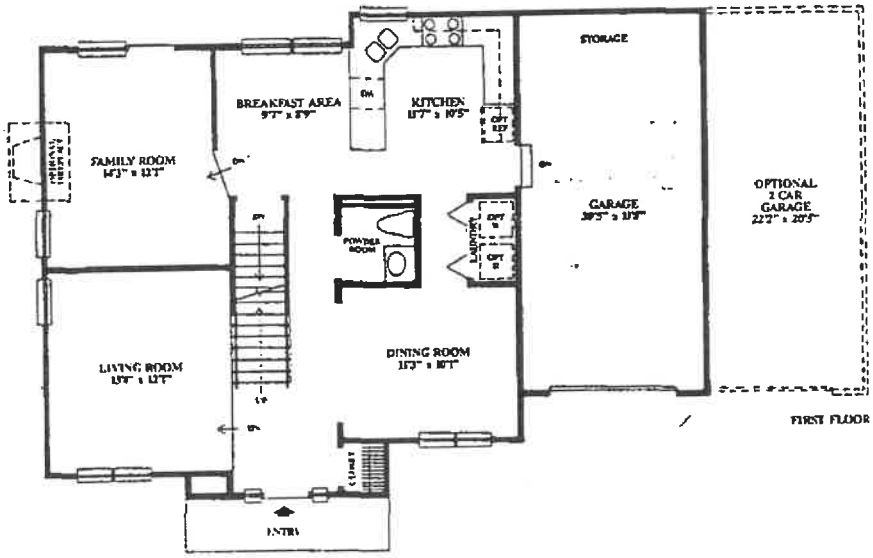
Mike Costantino

(Signature & Seal)
(Notarized if Homeowner)

The Raleigh

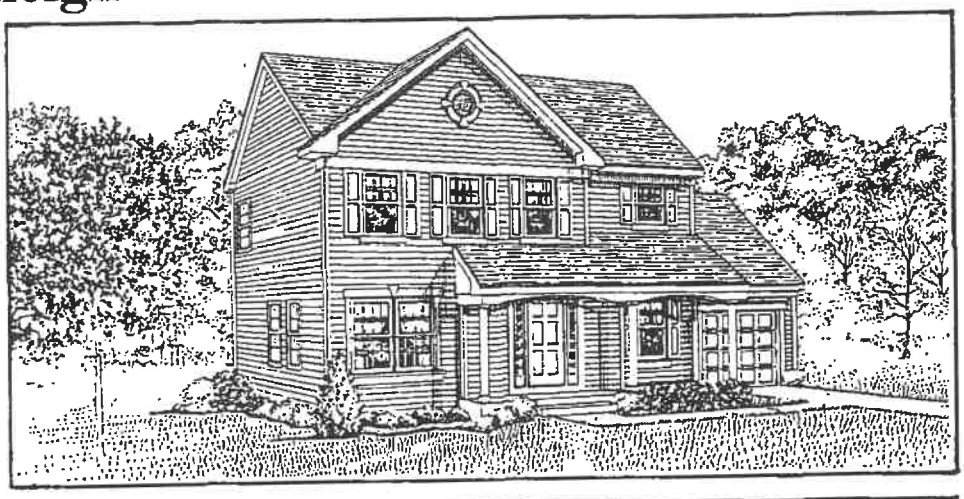
3 Bedrooms, 2½ Baths,
Family Room, Basement, Garage



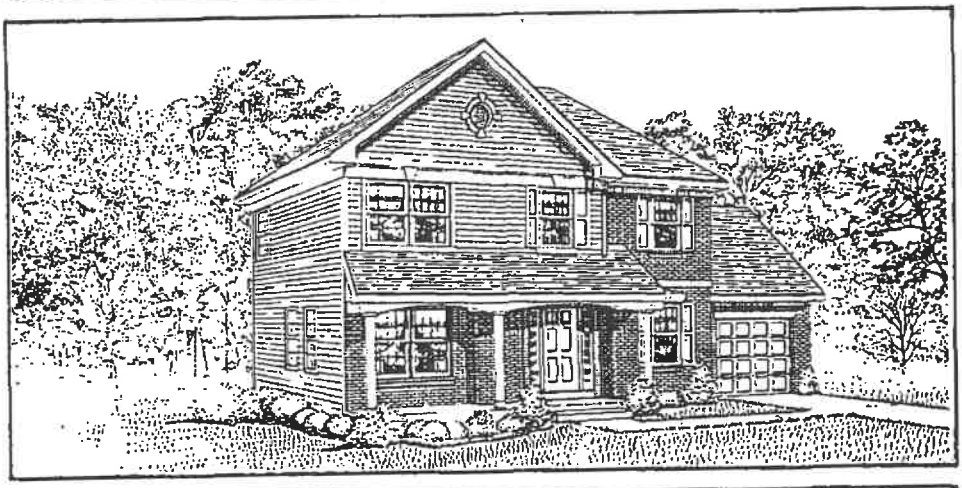


ALL DIMENSIONS ARE APPROXIMATE AND SUBJECT TO CHANGE WITHOUT NOTICE.
WINDOW AND DOOR LOCATIONS MAY VARY ACCORDING TO ELEVATION.

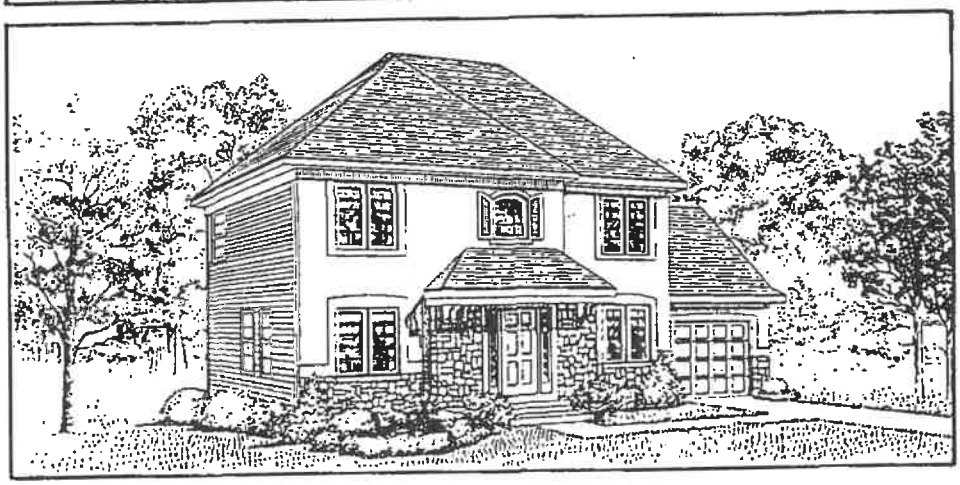
The Raleigh



Elevation A



Elevation B



Elevation C

Artist's Impression

BUILT BETTER
CALTON HOMES
GUARANTEED LONGER

ROBERT N. GARRISON, RA, PP

CALVIN W. HOU, RA
JONG L. HO, RA
THOMAS L. BELLO, RA
MICHAEL PIATETSKY, RA
BROOKS W. GARRISON, RA

ROBERT N. GARRISON, JR.
M. CHRISTINE GARRISON
SUSAN E. PETE

March 24, 1994

Mr. William Clumb
Building Inspector
Howell Township Municipal Building
P.O. Box 580
Howell, NJ 07731

This letter shall authorize the reuse of construction drawings for single family dwellings (Potomac, Montclair, Lexington and Raleigh) previously submitted to the aforementioned building department. This is for the issuing of Building Permits as described below and per the information contained on the construction drawings. NJUCC Section 5.23-2.15 provides the prototype models constructed to the exact specifications of the plans submitted. Changes or revisions to the plan(s) are not permitted without the written approval of the Architect.

Location:

Development:	Monmouth Ridings
Developer:	Calton Homes

Building Description:

Plan Image:	As dictated by the site.
Front Elevation Style:	Per plan originally submitted.
Foundation Type:	Full basement.

Architect's administration of the construction work is NOT part of this agreement. The owner and/or general contractor shall appoint a person to be in charge of the work per "NJUCC 5.23-2.21 Construction Control" execution.

Not valid unless signed and seal embossed.

This authorization for use of building construction plans is valid only when it complies with the State of New Jersey Uniform Building Code.

Robert N. Garrison, RA, PP
Principal
New Jersey Certification Number C-5898

Garrison Architects
14000 F COMMERCE PARKWAY MOUNT LAUREL, NEW JERSEY 08054 • (609) 983-7793 • FAX (609) 231-9178
130 PRESIDENTIAL BOULEVARD BALA CYNWYD, PENNSYLVANIA 19004 • (215) 668-1880 • FAX (215) 667-5666

HOWELL TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

P.O. BOX 638, HOWELL, NEW JERSEY 07731-0638

(908) 938-5970

Date: 3/25/94

Calton Homes

Charges For Water Hook-up + Meters

Service Address 1 Dayna & 21 Dayna Howell

Block _____ Charge $ 1,440.00

Lot 208.91

Account No. 1,440.00

208.91

3,297.82

Date Paid 3/25/94 Rec'd. By D'Ann McCall

5637

TO THE ADMINISTRATIVE OFFICE: DATE: 3/23/94

THE UNDERSIGNED HEREBY APPLIES FOR A DEVELOPERS PERMIT FOR THE FOLLOWING, TO BE ISSUED ON THE BASIS OF THE REPRESENTATIONS CONTAINED HEREIN, ALL OF WHICH APPLICANT SWEARS TO BE TRUE:

1. Location of Property: 21 Dayna Court

   Block 35.70 Lot 159

2. Name of Land Owners Carlton Homes Inc.

3. Occupant: SFD

4. Proposed Use:

   ✓ New Construction _____ Business

   _____ Remodeling _____ Residence

   _____ Accessory Bldg. _____ Manufacturing

5. Survey of Lot, showing public roads, existing buildings and proposed construction or use for which this application is made. Fill in all dimensions listed below:

   (a) Name of road or street: Dayna Court

   (b) Main Road frontage: 34 ft.

   (c) Setback from side of road, right-of-way: N/A ft.

   (d) Sideyard clearance: 36 ft.

   (e) Rearyard clearance: 60 ft.

   (f) Depth of lot from right-of-way: 104.81 ft.

   (g) Dimensions of building: Width 53'4 32 ft.

   (h) Highest point of building above established grade: ~~26~~ 27'11" ft.

   (i) Area of Lot - sq. ft. or acres 10,469.

   (J) Sketch showing existing buildings and proposed construction (indicate north arrow)

6. Buildings: Use SFD
   Number of stories 2 Basement ✓ Apartments _____
   First Floor 908 sq. ft. Second Floor 836 sq. ft.
   Off-Street Parking Space ✓ sq. ft.

7. Remarks _____

WITNESS: _____

Applicants Signature: M. Suardo

Date filed with Administrative Officer: 3/25/94 Fee Paid: 10 —

Complies with the provisions of the Howell Township Land Use Ordinance:

(a) Review of other agencies:

(b) Revisions made:

(c) Bonds Posted

(d) Taxes and assessments paid

(e) DOT, approval, if any

(f) Soil Conservation, if any

(g) Monmouth County Planning Board O.K.

(h) Howell Township Water & Sewer Dept.

PERMIT APPROVAL GRANTED: 3/25/94

PERMIT APPROVAL DENIED:

Upon the basis of the above application, the statements which are made part thereof, the proposed usuage is _____ found to be in accordance with the Township Land Use Ordinance and is hereby _____ approved for the following Zone:

_____.

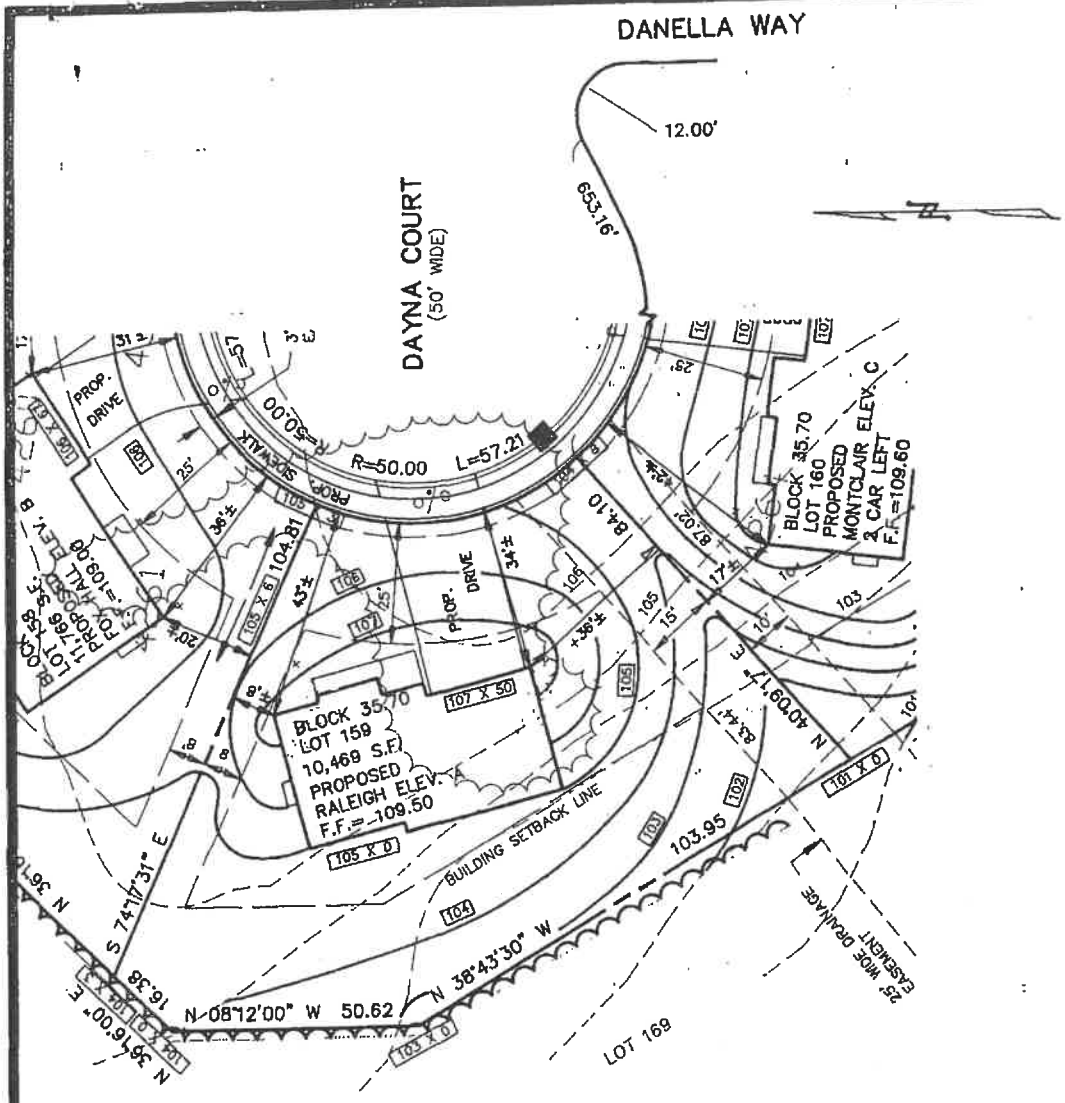
_____
Administrative Officer

DATE APPLICATION WAS RECEIVED _____ Date Ruled 3/25/94 on _____.

If application is refused, reason for refusal: _____

_____

_____



NOTES:

1. DETAIL GRADING SHOWN IS TAKEN FROM A PLAN ENTITLED " DETAILED GRADING PLAN FOR MONMOUTH RIDINGS" PREPARED BY ADAMS, REHMANN AND HEGGAN ASSOCIATES, INC. DATED ON NOVEMBER 15,1993.
2. KEY ROADWAY AND LOT GRADES WERE TAKES FROM A PLAN ENTITLED " FINAL CONSTRUCTION PLANS OF MAJOR SUBDIVISON FOR MONMOUTH RIDINGS" PREPARED BY MASER SOSINSKI AND ASSOCIATES, DATED NOVEMBER 3,1989.

LEGEND

- 100 — EXISTING CONTOUR LINE
- 100 — PROPOSED CONTOUR LINE
- 100 X 0 — PROPOSED SPOT GRADE
- DIRECTION OF STORM WATER FLOW

REV. 12-29-93 HOUSE LOCATION

PLOT PLAN FOR
MONMOUTH RIDINGS
BLOCK 35.70 LOT 159
TOWNSHIP OF HOWELL MONMOUTH COUNTY NEW JERSEY

arh ENGINEERS SURVEYORS PLANNERS

adams, rehmann & heggan associates inc.

2123 ROUTE 33
SUITE B, LEXINGTON SQUARE
HAMILTON SQUARE NEW JERSEY 08690

CHRIS R. REHMANN
PROFESSIONAL ENGINEER AND LAND SURVEYOR
NEW JERSEY LICENSE NO. 17119

block: 35.70 lot: 159	SEQ: 8
date: 12-20-93	
scale: 1"=30'	
drawn by: RKY	
checked by: DAS	
proj. no. 80-82315	

D:\U\ACAD\8082315\8082315

938-7025

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 8-9-94 INSPECTION REQUESTED BY: [illegible]

CASE NUMBER: 2510 DEVELOPMENT: Monmouth Riding

BLOCK: 35.70 LOT: 159 SECTION: 1

ITEM	ACCEPTABLE	UNACCEPTABLE	
1. UTILITIES: Water, Gas, Electric, Telephone, Sanitary Sewer	✓		
2. STREET RIGHT-OF-WAY:			
(a) Graded	✓		a
(b) Stabilized	✓		b
(c) Curb	✓		c
(d) Sidewalk	✓		d
(e) Driveway Apron	✓		e
(f) Obstructions			f
(g) Drainage Facilities	✓		g
(h) Pavement (Base or Wearing Surface)	✓		h
(i) Retaining Device(s)			i
(j) Construction Debris Removed	✓		j
(k) Fire Hydrants-Constructed & Tested	✓		k
3. LIGHTING:			
(a) Parking Lot(s) Installed-Operational			a
(b) Walkway(s) Installed - Operational			b
(c) Street Installed - Operational	✓		c
4. TRAFFIC CONTROL DEVICES:			
(a) Sign(s) Traffic Control	✓		a
(b) Sign(s) Street	✓		b
(c) Sign(s) Handicap			c
(d) Marking(s) Pavement			d
(e) Fire Lane			e
5. SCREENING, FENCE(S) & LANDSCAPING:			
(a) Topsoil	✓		a
(b) Fertilizing & Seeding (Stabilized)	✓		b
(c) Shade Tree			c
(d) Shrubs			d
(e) Trash Screening			e
(f) Screening (Fence or Plantings)			f
6. SOIL EROSION & SEDIMENT CONTROL:			
(a) Compliance - Certified Plan			a
(b) Site Conditions - Field Observation	✓		b
(c) Sediment Deposits			c
(d) Erosion Problems			d
7. SITE GRADING:			
(a) Graded to provide positive drainage	✓		a
(b) Certified Grading Plan demonstrating positive drainage			b
(c) Steep slopes stabilized (Mechanical or Vegetative)			c
(d) Retaining device(s)			d
8. GENERAL CLEANUP			
(a) Lot	✓		a
(b) Adjoining buffer, open space, conservation area			b
(c) Site Triangle			c

RECOMMENDATION(S) AND/OR REQUIRED DOCUMENTATION:

✓ Meets engineering requirements - recommend consideration for issuance of Certificate of Occupancy.

____ Does not meet engineering requirements - recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS:

R7/28/87 [signature] INSPECTOR 8/16/94 DATE [signature]

White-Engineering, Yellow-Construction Official, Pink-Applicant, Orange-File