



Property Information Request Information Update Information

File#:	BS-X01567-7952209833	Requested Date:	02/14/2024	Update Requested:
Owner:	ALLISON VOTTA	Branch:		Requested By:
Address 1:	44 SOUTH ST	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	ANDOVER, NJ	# of Parcel(s):	1	

Notes

CODE VIOLATIONS Per Frelinghuysen Township Department of Zoning there are no Code Violation cases on this property.

Collector: Frelinghuysen Township
Payable Address: 210 Main St, Johnsonburg NJ 07825
Business # 908-852-4121

PERMITS Per Frelinghuysen Township Department of Building there are multiple Open Permits on this property.

Collector: Frelinghuysen Township
Payable Address: 210 Main St, Johnsonburg NJ 07825
Business # 908-852-4121

Comments: Per Frelinghuysen Township Department of Building there are multiple Open Permits on this property. Please refer to the attached document for more information.

SPECIAL ASSESSMENTS Per Frelinghuysen Township Finance Department there are no Special Assessments/liens on the property.

Collector: Frelinghuysen Township
Payable Address: 210 Main St, Johnsonburg NJ 07825
Business # 908-852-4121

DEMOLITION NO

UTILITIES Water/Sewer:
The house is on a community water and sewer. All houses go to the shared Well & Septic System.

Garbage:
GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN

Rec'd 2/16/24
Due 2/27/24

clerk@frelinghuysen-nj.us

From: Prabhakaran R <Prabhakaran.R@stellaripl.com>
Sent: Thursday, February 15, 2024 8:29 PM
To: clerk@frelinghuysen-nj.us
Subject: BS-X01567-7952209833 // Code/Permits/Special Assessment Research// 44 SOUTH ST - OPRA Request -
Attachments: 44 SOUTH ST.pdf

Hello,

Our firm has been requested to research the referenced property for any BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on record in any city, town, village, or port authority.

We kindly request that you advise us of the complete permit history, including all open and expired permits & Code Case or Active Code Lien & Special Assessment Fees Due or Outstanding found for the following property:

Address: 44 SOUTH ST
Block: Block: Block: 1401 Lot: 15.07
Open _____ Expired _____ Closed _____ None _____

No Special Assessment
No Liens
No Violations

Open Permit Number:
Expired Permit Number:

Code Case Number:
Code Lien Amount:

Diana Alkay 2/22/24

To further assist our clients and facilitate this process, could you please provide general instructions to resolve any permits that are open, expired, or currently pose a concern to the property referenced above.

Also, please confirm if there are any pending or active LIENS recorded on the property, and please provide a payoff valid for 30 days from today's date. Please attach documentation of the recorded lien and provide the book and page number.

DISCLAIMER: The information contained in this message is proprietary and/or confidential and may be privileged. If you are not the intended recipient of this communication, you are hereby notified to: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. (iv) The recipient should check this email and any attachments for the presence of malware. The company accepts no liability for any damage caused by any Malware transmitted by this email.

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 09/27/17
Control #
Permit # 17-103

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1401 Lot 15.07 Qual _____

Work Site Location 44 SOUTH STREET Contractor RADATA INC
Address 27-2 IRONIA ROAD
Owner in Fee STEVE PHIPANY FLANDERS, NJ 07836-
Address 44 SOUTH STREET Telephone (973) 927-7303
ANDOVER, NJ 07821- Lic. No. or Bldrs. Reg. No. 90001
Telephone (908) 850-0334 Federal Emp. No. 22-3140424

Is hereby granted permission to perform the following work:

BUILDING PLUMBING ASBESTOS ABATEMENT (Subchapter 8 only)
 ELECTRICAL FIRE PROTECTION LEAD HAZARD ABATEMENT
 ELEVATOR DEVICES MECHANICAL DEMOLITION
 OTHER _____

DESCRIPTION OF WORK:

· RADON SYSTEM

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 \$ 1,356

09/27/17
Date

Construction Official

PAYMENTS (Office Use Only)
Building _____ 65
Electrical _____ 65
Plumbing _____ 0
Fire Protection _____ 0
Mechanical _____ 0
Elevator Devices _____ 0
Other _____
DCA State Permit Fee _____ 2
Cert. of Occupancy _____ 0
Other _____
Total _____ 132
Check No. _____ 53292
Cash _____
Collected By _____ JM

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 10/18/17
Control #
Permit # 17-103

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1401 Lot 15.07 Qual _____
Work Site Location 44 SOUTH STREET
Owner in Fee/Occupant STEVE PHIPANY
Address 44 SOUTH STREET
ANDOVER, NJ 07821-
Telephone (908) 850-0334
Contractor RADATA INC
Address 27-2 IRONIA ROAD
FLANDERS, NJ 07836-
Telephone (973) 927-7303 Fax () -
Lic. No. or Bldrs. Reg. No. 90001
Federal Emp. No. 22-3140424

Home Warranty No. _____
[] State [] Private _____
Use Group R-5
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

RADON SYSTEM

[] 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.

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 _____, ____.

Fee \$ _____ 0
Paid [X] Check No. 53292
Collected by: _____ JM

Construction Official

U.C.C. F260 (rev. 3/96)

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 04/07/16
Control #
Permit # 16-020

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1401 Lot 15.07 Qual _____

Work Site Location 44 SOUTH STREET

Contractor FOX ENERGY CONCEPTS

Address ROUTE 206

Owner in Fee KITHCART/REINA

NEWTON, NJ 07860-

Address 44 SOUTH STREET

Telephone (973) 300-9441

ANDOVER, NJ 07821-

Lic. No. or Bldrs. Reg. No. _____

Telephone (908) 850-0334

Federal Emp. No. 22-3458487

Is hereby granted permission to perform the following work:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | <input type="checkbox"/> OTHER _____ | |

PAYMENTS (Office Use Only)

Building	<u>65</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>65</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>7</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>137</u>
Check No.	<u>36913</u>
Cash	_____
Collected By	<u>KM</u>

DESCRIPTION OF WORK:

INSTALL A FREESTANDING WOOD BURNING STOVE USING CLOSE CLEARANCE 6" DIA
INTERIOR BLACK STOVEPIPE CONNECTING TO EXISTING CHIMNEY. RELINE CHIMNEY
TO TOP 6" DIA, 304 STAINLESS LINER AND CLEAN OUT

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 \$ 3,496

04/07/16

Date

Construction Official

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 05/04/16
Control #
Permit # 16-020

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 1401 Lot 15.07 Qual _____
Work Site Location 44 SOUTH STREET
Owner in Fee/Occupant KITHCART/REINA
Address 44 SOUTH STREET
ANDOVER, NJ 07821-
Telephone (908) 850-0334
Contractor FOX ENERGY CONCEPTS
Address ROUTE 206
NEWTON, NJ 07860-
Telephone (973)300-9441 Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3458487

Home Warranty No. _____
[] State [] Private _____
Use Group R-5
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

INSTALL A FREESTANDING WOOD BURNING STOVE USING CLOSE CLEAR
INTERIOR BLACK STOVEPIPE CONNECTING TO EXISTING
CHIMNEY. RELINE CHIMNEY

[] 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.

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 _____, ____.

Fee \$ 0
Paid [X] Check No. 36913
Collected by: KM

Construction Official

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 02/18/16
Control #
Permit # 16-010

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1401 Lot 15.07 Qual _____

Work Site Location 44 SOUTH STREET

Contractor FOX ENERGY CONCEPTS

Address ROUTE 206

Owner in Fee KITHCART/REINA

NEWTON, NJ 07860-

Address 44 SOUTH STREET

Telephone (973) 300-9441

ANDOVER, NJ 07821-

Lic. No. or Bldrs. Reg. No. _____

Telephone (908) 850-0334

Federal Emp. No. 22-3458487

Is hereby granted permission to perform the following work:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | <input type="checkbox"/> OTHER _____ | |

PAYMENTS (Office Use Only)

Building	<u>65</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>65</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>5</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>135</u>
Check No.	<u>36827</u>
Cash	_____
Collected By	<u>KM</u>

DESCRIPTION OF WORK:

RELINE CHIMNEY TO THE TOP FOR EXISTING OIL FURNACE USING 6" DIAMETER 316
ALLOY STAINLESS STEEL LINER AND CLEANOUT TEE

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 \$ 2,320

02/18/16

Date

Construction Official

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 03/10/16
Control #
Permit # 16-010

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 1401 Lot 15.07 Qual _____
Work Site Location 44 SOUTH STREET
Owner in Fee/Occupant KITHCART/REINA
Address 44 SOUTH STREET
ANDOVER, NJ 07821-
Telephone (908) 850-0334
Contractor FOX ENERGY CONCEPTS
Address ROUTE 206
NEWTON, NJ 07860-
Telephone (973)300-9441 Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3458487

Home Warranty No. _____
[] State [] Private _____
Use Group R-5
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

RELINE CHIMNEY TO THE TOP FOR EXISTING OIL FURNACE USING 6"
ALLOY STAINLESS STEEL LINER AND CLEANOUT TEE

[] 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.

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 _____, ____.

Fee \$ 0
Paid [X] Check No. 36827
Collected by: KM

Construction Official

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 06/23/11
Control #
Permit # 11-037

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1401 Lot 15.07 Qual _____

Work Site Location 44 SOUTH STREET Contractor H O M E O W N E R
Address _____

Owner in Fee SCHMIDLING, GEORGE
Address PO BOX 94 Telephone () _____
GREENDELL, NJ 07839- Lic. No. or Bldrs. Reg. No. _____
Telephone (908) 850-0334 Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

- | | | |
|---|---|---|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | | <input type="checkbox"/> OTHER _____ |

DESCRIPTION OF WORK:

OIL TO OIL REPLACEMENT FURNACE

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 \$ 3,600

06/23/11
Date

Construction Official

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>65</u>
Fire Protection	<u>65</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>6</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>136</u>
Check No.	<u>10147</u>
Cash	_____
Collected By	<u>DZ</u>

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Update Issued 04/07/11
Control #
Permit # 11-013+A
Permit Issued 03/31/11

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1401 Lot 15.07 Qual _____

Work Site Location 44 SOUTH STREET Contractor H O M E O W N E R
Address _____

Owner in Fee SCHMIDLING, GEORGE
Address PO BOX 94 Telephone () _____
GREENDELL, NJ 07839- Lic. No. or Bldrs. Reg. No. _____
Telephone (908) 850-0334 Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

- | | | |
|--|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | | <input type="checkbox"/> OTHER _____ |

DESCRIPTION OF WORK:
UPDATE SUB PANEL

Estimated Cost of Work \$ 3,400

04/07/11
Date

Construction Official

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>60</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>6</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>66</u>
Check No.	<u>10081</u>
Cash	_____
Collected By	<u>DZ</u>

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 07/11/11
Control #
Permit # 11-037

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 1401 Lot 15.07 Qual _____
Work Site Location 44 SOUTH STREET
Owner in Fee/Occupant SCHMIDLING, GEORGE
Address PO BOX 94
GREENDELL, NJ 07839-
Telephone (908) 850-0334
Contractor H O M E O W N E R
Address _____
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. HO-

Home Warranty No. _____
[] State [] Private _____
Use Group R-5
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

OIL TO OIL REPLACEMENT FURNACE

[] 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.

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 _____, ____.

Fee \$ 0
Paid [X] Check No. 10147
Collected by: DZ

Construction Official

U.C.C. F260 (rev. 3/96)

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 04/21/11
Control #
Permit # 11-013

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 1401 Lot 15.07 Qual _____
Work Site Location 44 SOUTH STREET
Owner in Fee/Occupant SCHMIDLING, GEORGE
Address PO BOX 94
GREENDELL, NJ 07839-
Telephone (908) 850-0334
Contractor H O M E O W N E R
Address _____
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. HO-

Home Warranty No. _____
[] State [] Private _____
Use Group R-5
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

FINISHED REC ROOM, ELECTRIC, PLUMBING, PUT IN WOODSTOVE - 1
FINISHED BATHROOM EARLY 2009

[] 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.

[X] CERTIFICATE OF APPROVAL

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This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 _____, ____.

Fee \$ 0
Paid [X] Check No. 10074
Collected by: DZ

Construction Official

U.C.C. #260 (rev. 3/96)

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 05/21/01
Control #
Permit # 01-046

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1401 Lot 15.07 Qual _____

Work Site Location 44 SOUTH STREET

Contractor SAMURAI ROOFING

Owner in Fee SCHMIDLING, GEORGE

Address 69 SOUTH STREET

Address PO BOX 94

ANDOVER, NJ 07821-

GRENDSELL, NJ 07839-

Telephone (908) 852-8418

Telephone (908) 850-0334

Lic. No. or Bldrs. Reg. No. 222940418

Federal Emp. No. 22-2940418

Is hereby granted permission to perform the following work:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | | <input type="checkbox"/> OTHER _____ |

DESCRIPTION OF WORK:

ROOF - CEDAR TIMBERLINE, ICE & WATER SHIELD

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 \$ 4,375

05/21/01

Date

Construction Official

PAYMENTS (Office Use Only)

Building	<u>46</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>4</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>50</u>
Check No.	<u>3573</u>
Cash	_____
Collected By	<u>JB</u>

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 05/10/04
Control #
Permit # 01-046

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1401 Lot 15.07 Qual _____
Work Site Location 44 SOUTH STREET
Owner in Fee/Occupant SCHMIDLING, GEORGE
Address PO BOX 94
GREENDELL, NJ 07839-
Telephone (908) 850-0334
Contractor _____
Address _____
Telephone () Fax ()
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

Home Warranty No. _____
[] State [] Private _____
Use Group R-4
Maximum Live Load 0
Construction Classification 5B
Maximum Occupancy Load 0
Description of Work/Use:

ROOF - CEDAR TIMBERLINE, ICE & WATER SHIELD

[] 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.

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 _____, ____.

Fee \$ 0
Paid [X] Check No. 3573
Collected by: JB

Construction Official

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 08/11/97
Control #
Permit # 75-97

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1401 Lot 15.07 Qual _____

Work Site Location 44 SOUTH STREET

Contractor _____

Address _____

Owner in Fee SCHMIDLING, GEORGE

Address _____

Telephone () _____

Lic. No. or Bldrs. Reg. No. _____

Telephone () _____

Federal Emp. No. _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input checked="" type="checkbox"/> DEMOLITION |
| | | <input type="checkbox"/> OTHER _____ |

DESCRIPTION OF WORK:

DEMO
550 GALLON OIL TANK

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 \$ 5,820

08/11/97

Date

Construction Official

PAYMENTS (Office Use Only)

Building	<u>50</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>0</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>50</u>
Check No.	<u>6053</u>
Cash	_____
Collected By	<u>SH</u>

FRELINGHUYSEN TOWNSHIP
210 MAIN STREET
JOHNSONBURG, NJ 07825

Date Issued 09/04/97
Control #
Permit # 75-97

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 1401 Lot 15.07 Qual _____
Work Site Location 44 SOUTH STREET
Owner in Fee/Occupant SCHMIDLING, GEORGE
Address _____
Telephone () _____
Contractor _____
Address _____
Telephone () _____ Fax () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

Home Warranty No. _____
[] State [] Private _____
Use Group U
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

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Construction Official

U.C.C. #260 (rev. 3/96)

Fee \$ _____ 0
Paid [X] Check No. 6053
Collected by: _____ SH