CERTIFICATE OF HABITABILITY

APPLICATION # 75046

Reference -Ordinance Chapter 28 BOROUGH OF HOPATCONG

No. 046

OFFICE OF BUILDING INSPECTOR

ISSUED TO ALLEN F. STORMONT Name of C	wner or Authorized Agent
THIS CERTIFICATE IS ISSUED F PREMISES LOCATED AT 40105	OR THE PURPOSE OF PERMITTING OCCUPANCY OF
Block 55 Broadway	Lot IN THE BOROUGH
Street	
OF HOPATCONG.	
INSPECTED AND SUBSTANTIALLY CODE AS ADOPTED BY THE BOROL	CATE INDICATES THAT SAID PREMISES HAVE BEEN CONFORM TO THE REQUIREMENTS OF THE STATE HOUSING JGH OF HOPATCONG PURSUANT TO CHAPTER 28 OF THE CONG AT THIS TIME AND SHALL NOT BE CONSTRUED
	Arbert I. Jate AM
	Enforcing Official - Borough of Hopatcong
Date of Issue	, 1975

This certificate Expires when Building is vacated, re-leased, re-rested, or sold as set forth in Chapter 28 of the Code of the Borough of Ecpations and must be renewed prior to new occupancy.

DEFARTMENT OF FURLIDEREALTH

- Haatth Center Country Complex _ FRANKFORD TOWNSHIP, NJ.

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EMPLY CARDINEAU, Skemb EMILE SCRENBEN ... JOSETH KESKO, M.

ALBERT W SWEET, Jr., H.

Public Prests Coproductor			DATE	11	-75	250
	CERTIFICA	TION REPOR	ਬਾ-		-	
SEWAGE DISPOSAL SYSTEM (S	<u> </u>	WELL (X	.			
- PROPERTY LOCATION: Munic	ipality	Nop				
Stree	t <u> </u>	Broad	way			-
Block		of, the open of t	- 7	3		
Owner	Aile	w Sto	umout			
Purch	eser Bo	6 K001	>			٠.
Individual making request:						=
Name Stoumont	<u>-</u>					
- 20aress Broada			Phone <u>Not</u>	-398-	28÷ ⁷ 6-	-
			· · · ;=			
(X) An inspection of the	- CDS - Taylor					
on: 11-18-7-5		4,				-
() A water sample wasita	ikan from t	ine above :	property	on the sa	ene date.	٠.
This potable water sa	mple meets	s bacterio	iogical s	tate regi	 Drements	-
				:		
		•	•			
Sanitary Inspector			-	:		
Date 11-21-75		-				

round Kevenled No evid a At the time of inspection sometime, therefore and because of its - next of use

DENTAL SUR Riv

BOROUGH OF HOPATCONG

OFFICE OF BUILDING INSPECTOR

River Styx Road, Hopatcong, New Jersey

Re: Sale or Resale of Real Property with Improvement

TO: BUILDING INSPECTOR

I make this application and supply the following information pursuant to Chapter 28, § 28-9 et seq., Code of the Borough of Hopatcong, to induce the Building Inspector to issue a Certificate of Habitability:

l.	Pr	esent owner of property to be sold: work (386-27)
	a)	Name ALLEN F. STORMONT Phone# 398-2856
_	b)	Address 55 BROAD WAY
		HOPAT CONG, NO
2.	Id	entification of Property to be Sold:
	a)	Street name and number 55 BROADWAY
	b)	Tax Map Lot # 23 and Block # 758 40105
		Describe building thereon:
		GREEN BI-LEVEL
3.	Pe:	rson or legal entity, if any, appointed by the owner to
	mai	nage the property:
	a)	NamePhone #
	b)	Address
	c)	StatusIndividualAgent
		Corporation Other(explain)
4.	Pu	cchaser of Property:
	a)	Name ROBERT W. & DOROTHYC. KOOB Phone # 852 -1187
		Address APT 42, BLD-B MANSFIELD VILLAGE

HACKETTS TOWN, NI

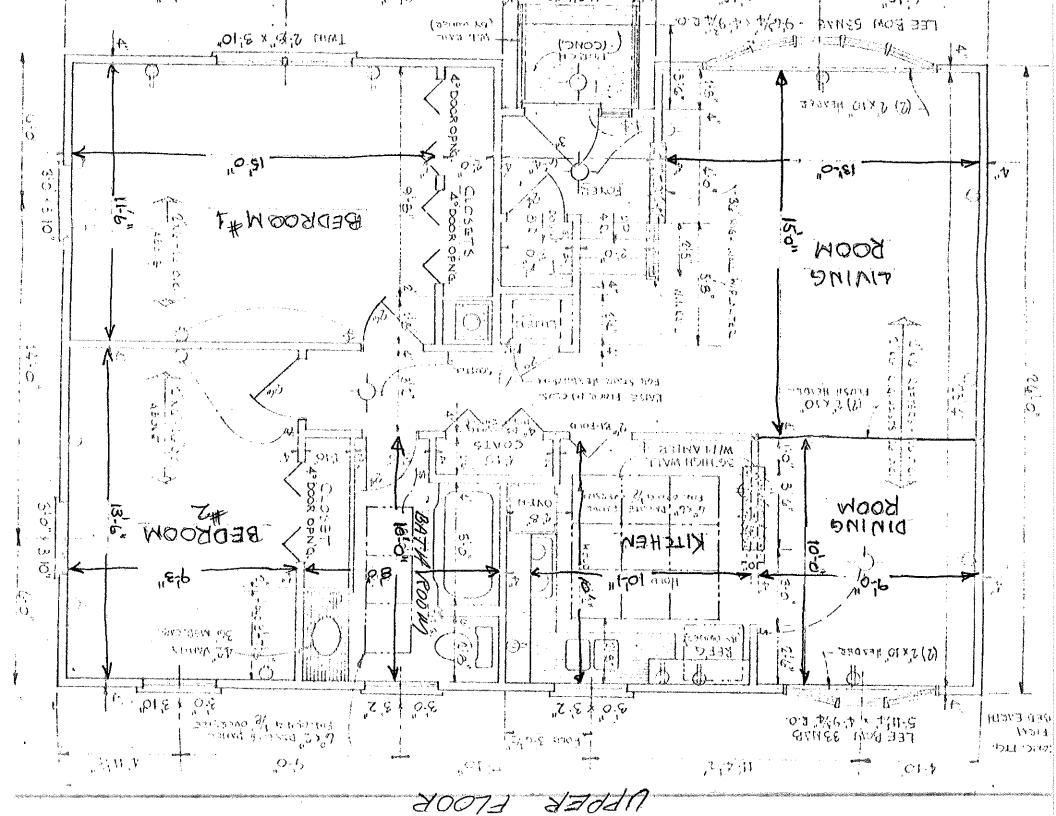
	5.	'Proposed closing date
-	6.	Number of persons to occupy premises when purchaser takes
		possession
	7.	I have attached the following to this application:
		a) A plot plan to scale showing the location and size of each room, and the toilet and kitchen facilities, and other data as requested by the Building Inspector
		b) A plot plan to scale showing the location of a well, if any, and the septic system and any other engineering data as requested by the Building Inspector.
	8.	I have included with my application the required fee of \$60.00, allocated as follows:
		Certificate of Habitability \$10.00 Inspection fo Septic System & Certificate \$25.00* Water supply Certificate \$25.00**
		*If you qualify for an exemption of this fee pursuant to the ordinance, and have submitted the necessary statement, check box at left and omit fee.
	-	**If the building is serviced by a public water supply system, check the box at left and omit fee.
-	4	CERTIFICATION
		I certify that the foregoing statement made by me are true. I am aware that if any of the foregoing statements made by me are knowingly false, I am subject to punishment.
		Dated: 1/11/25 Of Aformond Signature of applicant
·		•

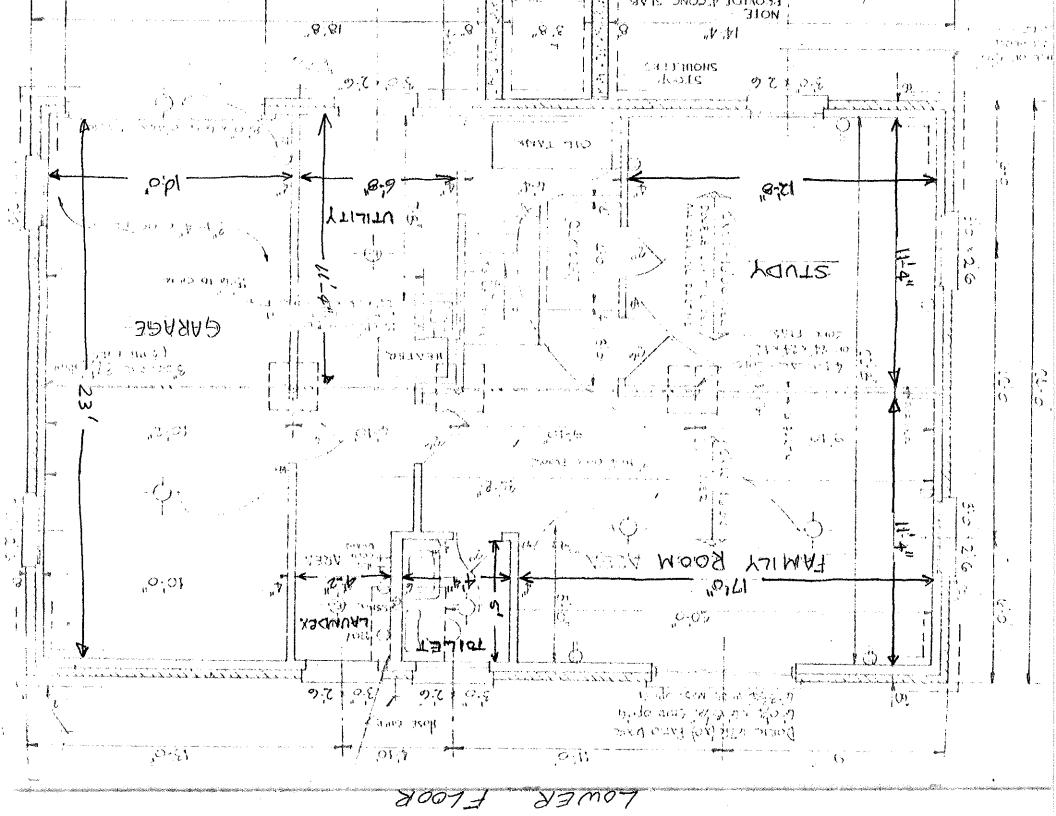
.

TRAIL SWUITTIM N 200-40,E 100.00 00'97 501 5 105 70.03 N690-20'W 26.00 00'001

BPOADWAY (50'WIDE)

7 2 501	3.00% /58	NEW JERSEY BIOCKNOS 1070 137 153-	161 HOPATCONE HILLS	() ? () d d d d d d d d d d d d d d d d d d	Scale: 17 - 30' 13-67-34
MAP OF PROPERTY	BORDUGH OF HOPATCONG	SUSSEX CO. NEW JERSEY	APRIL 6,1967	JAMAN ENGINEERING ASSOCIATES	NESTWOOD STAD DOVER, Y.J.
CERTIFIED TO:	1 NOWNEY C 11277H		411	NORMAN A SMITH	P.E. & L.S. NO. 10077





DATE: 11/18/75

LOCATION OF PROPERTY Stormont 55 Buy

EXTERIOR

- 1. siding Oh
- 2. windows OK
- 3. roof 0K
- 4. porches OK
- 5. railings OK
- 6. foundation OK

INTERIOR

- 7. basement N/A
- 8. stairways OK
- 9. bathroom (s) OK
 10. kitchen sink favcet leaks OK 11/20/75
- 11. habitable rooms OK

GENERAL. -

- 12. structural flaws OK
- 13. rain leakage OK
- 14. plumbing leakage sink faucef ok "/20/75
- 15. oil burner OK
- 16. chimney OK
- 17. misc.

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24A

Date Issued 12/09/2003 Control # Permit # 03-770

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

ock 40105 Lot 23 Qual	Home Warranty No
der in Fee/Occupant MEI, RONALD	
dress SAME	Maximum Live Load 0 Construction Classification
HOPATCONG, NJ 07843-	Maximum Occupancy Load 0
lephone (973)770-2348	Description of Work/Use:
ntractor HOME REMODELERS GROUP	F
dress 41 PLYMOUTH ST	ROOF
FAIRFIELD, NJ 07004-	
lephone (973)808-5050 Fax ()	
c. No. or Bldrs. Reg. No.	
deral Emp. No.	
] CERTIFICATE OF OCCUPANCY ENT 5:17	[] CERTIFICA
is serves notice that said building or structure has been constructed in cordance with the New Jersey Uniform Construction Code and is approved occupancy.	This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent: [
X] CERTIFICATE OF APPROVAL	[] CERTIFICA
s serves notice that the work completed has been constructed or installed in cordance with the New Jersey Uniform Construction Code and is approved. the permit was issued for minor work, this certificate was based upon what visible at the time of inspection.	This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.
TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE this is a Temporary Certificate of Occupancy or Compliance, the following additions must be met no later than, or the owner will be a ject to fine or order to vacate:	[] CERTIFICA 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 No104067
Welliam O'Commo	Collected by: SJH

Date Issued 9/23/03 Control # C40105/23 Permit #

UCC NEW JERSEY CONSTRUCTION PERMIT

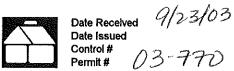
IDENTIFICATION Block 40105 Lot 23	Qual
Work Site Location 55 BROADWAY	Contractor HOME REMODELERS GROUP
ROOF	Address 41 PLYMOUTH ST
Owner in Fee MEI, RONALD	
AddressSAME	To Lockova (072)909 FOE0
HOPATCONG, NJ 07843-	Lic. No. or Bldrs. Reg. No.
Telephone (973)770-2348	Federal Emp. No.
Is hereby granted permission to perform the following w [X] BUILDING [] PLUMBING [] E [] ELECTRICAL [] FIRE PROTECTION [] E [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] C (Subchapter 8 only) DESCRIPTION OF WORK: ROOF	LEAD HAZARD ABATEMENT Building 60 DEMOLITION Electrical C
	Cert. of Occupancy
NOTE: If construction does not commence within one (1) or if construction ceases for a period of six (6) month	year of date of issuance, s, this permit is void. Other Total Check No. 104067 Cash
Estimated Cost of Work \$ 5,441	Collected By
	3103
Construction Official Date	

Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24A



			IIIIOAL OLO III	J14	200000
A. IDENTIFICATION—APPLICANT: CONTRACTORS NOTIFY THIS OFF	OMPLETE ALL APPLICABI	LE INFORMA	TION. WHEN CHANG	ING	C. CE
CONTRACTORS, NOTIFY THIS OFF Block 40 105			15		I heret
	moadway" -				record
1/2-2	ha. NJ 011	943			Signat
Owner in Fee COPT USICI	WIGI O. M	7			
Address CMAAA	THEI KONTY	T HOM	<u>e remodēlēks i</u>	3ROUP-	D. TE
24,000			(FOUR ENTERP		DE
Tele. $(973) 770 - 33$	349	DT WING			"
Contractor			41 Plymouth St		
			airfield, NJ 070	104	
				/ · · · · · · · · · · · · · · · · · · ·	
Tele. (973) 808 - 5050		73) <u>808</u>	8-2055		
Lic. No. or Bidrs. Reg. No.		**-			
Federal Emp. No.	221775117				
t .					l
JOB SUMMARY (Office Use Only)				
PLAN REVIEW Date	Initial INSPECTIONS		Dates (Month/Day)		
No Plans Required 9/3/030	<u>い</u> 心CType:	Fallure	Failure Approval	Initial	İ
[] All	Footing				L
[] Footing	Foundation				
[] Foundation	Slab				TYI
[] Frame	Frame				(
[] Other	Barrier-Free				[
Joint Plan Review Required:	Insulation				[
[] Elec. [] Plumb. [] Fire []	Elevator Finishes				
SUBCODE APPROVAL	Energy				
[] co [] co [4] c	A Mechanical		***************************************		
Date: <u>/0/2/0</u> 3	TCO				
Approved by:	Other Roof		1 <u>0/2/</u> 63	6100	
	Final				
	Barrier-Free				
					[]
3. BUILDING CHARACTERISTICS					٠.
Jse Group Present			st of Bldg. Work:		
Constr. Class Present		_ ^	Bldg. \$	<u> </u>	
No. of Stories		(2) Alter			
felght of Structure		3. Total	(1+2) \$	····	
Area — Largest Floor					
New Bidg. Area/All Floors					ι
otal Land Area Disturbed					(
oral Palid Visa Distribed	Sq. Ft.				



RTIFICATION IN LIEU OF OATH

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

CHNICAL SITE DATA

DESCRIPTION OF WORK	
Root	=

T	/PE	E OF WORK:		FEE (Office Use Only)
(}	New Building		\$
[1	Addition		
[]	Alteration		
		[X] Roofing		
		[Slding		
		[] Fence	Height (exceeds 6')	
		[] Sign	Sq. Ft.	
		[] Pool		
		[] Asbestos Abate	ment Subchapter 8	H
		[] Lead Haz. Abate	ement NJAC 5:17	
		[] Other		
]	Demolition		
			Administrative Surcharge	\$
			Minimum Fee	\$
			DCA Training Fee	\$
		ļ	TOTAL FEE	\$

.C.C. F110 ev. 3/96)

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

Date Issued 04/09/09 Control # Permit # 09-110

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 40105 Lot 23 Qual	Home Warranty No.
Work Site Location 55 BROADWAY	[] State [] Private
SERVICE	Use Group R-5
Owner in Fee/Occupant MEI, RONALD	Maximum Live Load 0
Addréss SAME	Construction Classification
HOPATCONG, NJ 07843-	Maximum Occupancy Load 0
Telephone(973) 770-2348	Description of Work/Use:
Contractor KIWI ELECTRIC	
Address 11 HIGH ST	SERVICE
BUDD LAKE, NJ 07828-	
Telephone () - Fax () -	
Lic. No. or Bldrs. Reg. No.	
Federal Emp. No. 20-1417728	
[] CERTIFICATE OF OCCUPANCY This serves noticé that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.	[] 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
[X] CERTIFICATE OF APPROVAL	[] CERTIFICATE OF CONTINUED OCCUPANCY
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.	This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.
[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE	[] CERTIFICATE OF COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following	This serves notice that said potentially hazardous equipment has been
conditions must be met no later than, or the owner will	installed and/or maintained in accordance with the New Jersey Uniform
be subject to fine or order to 'vacate:	Construction Code and is approved for use until,
	Fee \$ 0
· 816 17000	Paid [X] Check No. 3104
Livellan (9 Cours	Collected by: SJH
Construction Official	

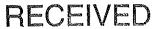
U.C.C. F260 (rev. 3/96)

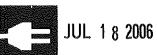
Date Issued 3/0/09 Control # C40105/23 Permit # 09-1/0

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 40105 Lot 23	Qual
Work Site Location 55 BROADWAY SERVICE	Contractor KIWI ELECTRIC
Owner in Fee MEI, RONALD	Address 11 HIGH ST
Address SAME	BUDD LAKE, NJ 07828-
HOPATCONG, NJ 07843-	Telephone () -
Telephone (973) 770-2348	Lic. No. or Bldrs. Reg. No.
Tetephone (973) 770-2348	Federal Emp. No. 20-1417728
Is hereby granted permission to perform the followin	g work: PAYMENTS (Office Use Only)
[] BUILDING [] PLUMBING []	LEAD HAZARD ABATEMENT Building 0
[X] ELECTRICAL [] FIRE PROTECTION [DEMOLITION Electrical 55
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT []	OTHER Plumbing 0
(Subchapter 8 only)	Fire Protection 0
DESCRIPTION OF WORK:	Elevator Devices 0
SERVICE	Other
	DCA State Permit Fee 2
	Cert. of Occupancy 0
	Other
NOTE: If construction does not commence within one (1) year of date of issuance, Total 57
or if construction ceases for a period of six (6) mo	nths, this permit is void. (Check No.)
	Cash
Estimated Cost of Work \$ 1,000	Collected By
	3,10,09 ate # 0/5784
U.C.C. F170 (rev. 3/96)	

ELECTRICAL SUBCODE **TECHNICAL SECTION**





Date Received 3/10/09
Control #

Date Issued 09-110
Permit #

TEOTH TO THE OLO	1014		TAGOR DO NO	CONG					
A. IDENTIFICATION-APPLICANT: COMPLE CONTRACTORS, NOTIFY THIS OFFICE. CA	ETE ALL APPLICABLE INFORMA	TION WHEN	HO WEAPON	CCERTII	FICATION	IN LIEU OF	OATH		
CONTRACTORS, NOTIFY THIS OFFICE. CA	ALL OTILITY DIG NO: 1-800-272-	1000.	11100.1011	I hereby c	ertify that	am the (ag	ent of) owner of record and	am authorized to make this	
Block 40105	Qualifica	ition Code		аррисацо	n and Rend	Willie Moti	k listed or this application.		
Work Site Location 55 10KOF	DWAY			A = (1) = = = 1		10	10 1 10		
HOPATCONG 1	vew Jerso	31/		1	=		ds Seal and Signature		
	rrs mel	/		V			J Certif'd Landscape Irrigation	on Cont'r [] Exempt Applica	ır
Tel. (973) 770 - 2348	e-mail			D. TECH QTY,	INICAL SIT SIZE	TE DATA ITEMS		FEE (Office Use Only)	٦
Address 55 BROADWA		الم مد	T	QII.	SIZE	Lighting F	Syturae	FEE (Office Ose Offly)	١
streel	municipality	Ng "	zìp code	***************************************		Receptac			١
Contractor: KIWI ELEC	LTRIC LLC Tel.	,973,31	47.4767			Switches			١
		(<u> </u>			Detectors			١
	e-mail	وموسه				Light Pole			1
Contractor License No. 9973		Jake	-09			Motors-F			1
Federal Employee No. 201417	728 FAX:	(<u>973</u>) <u>3</u>	47-3281			Emergen	cy & Exit Lights		1
B. ELECTRICAL CHARACTERISTICS						Communi	ications Points		ı
Use Group Present	Proposed					Alarm De	vices/F.A.C. Panel		Ì
[] Pole/Pad # [•								ı
						TOTALN	UMBERS ·	\$	ı
Building Occupied as							nil/with UW Lights		ı
							Pool/Spa/Hot Tub		ı
JOB SUMMARY (Office Use Only)				delinearentelini	***************************************		Range/Receptacle		ı
DI ANI DEVIEW	INSPECTIONS	Dates (Month/	Day)				/Surface Unit		ı
Date initial	Type: Enthure	Failure Ap	proval Initial				Water Heater Dryer/Receptacle		ı
[/ No Plans Required	Type: Failure Rough	railute Ap	piovai iiilitai			KW Dishy			1
Joint Plan Review Required:	Barrier-Free						ige Disposal		1
[] Building [] Plumbing	Trench						al A/C Unit		١
[] Fire [] Elevator	Temp. Serv.				***************************************		pace Heater/Air Handler		-
[] Elec. Plans Amproved	Constr. Serv.						board Heat		1
Date:	TCO					HP Motor	s 1/+ HP		l
Approved by:	Other		Tittee Re			KW Trans	sformer/Generator		İ
	Service	<i>3</i> /-	1 - 211 / 9/01/		100	AMP Serv	/ice	***************************************	ı
	Barrier-Free			****		AMP Subj	panels	***************************************	ı
SUBCODE APPROVAL							or Control Center		ı
[]co []cco []cA	Temp. Cut-in-Card Date Issued Final Cut-in-Card Date Issued	1 2/	1. 100			KW Elec.	Sign/Outline Light		ı
Date: 3/16/9	Annual Pool Inspection —	J 9/	614	***************************************		***************************************			ı
	li .			***************************************	***************************************				
Approved by:	Date of Grounding and Bonding Certification						Administrative Surcharg	· · · · · · · · · · · · · · · · · · ·	
***************************************							Minimum Fe	(1
11.00.54004 05/05/ 111111	00		effect of Ones				State Permit Surcharge Fe		
U,C.C. F120 (rev. 05/05) 1 White = Inspector Copy	2 Canary = Office Copy 3 Pink = Office	∟opy 4 Gold ≖ App	piicant Copy				TOTAL FE	E \$	1

MUNICIPALITY HOPOTENTS CUT-IN-CARD
LOCATION 55 Broodway UTILITY CO JEVY BLK 4005 LOT 23
OWNER The OCCUPANT OCCUPANT
"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."
FINAL TEMPORARY This approval void afterdays
INSTALLED BY KING EL LICENSE NO 4973
DATE 3/16/09 PERMIT # 09-110 INSPECTOR
·/2 ⁻⁷ /
□ CALLED IN
U.C.C. Form F-350B 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR
U.C.C. Form F-3908
MUNICIPALITY HOROTONA CUT-IN-CARD
0000
LOCATION 104 Windsor UTILITY CO JCPFL
0000
LOCATION 104 Windsor UTILITY CO JCPFL
LOCATION 104 Windsor UTILITY CO JCPFL BLK 1104 LOT 13
OWNER OCCUPANT "Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."
OWNER OCCUPANT OCCUPANT OCCUPANT OCCUPANT In accordance with N.E.C. and DCA requirements." **Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."
OWNER OCCUPANT OCCUPANT "Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements." AFINAL TEMPORARY This approval void after days DESCRIPTION OF SERVICE OF THE OWNER OWNER OWN
OWNER OCCUPANT "Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements." WEFINAL TEMPORARY This approval void after days DESCRIPTION OF SERVICE
OWNER OCCUPANT OCCUPANT "Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements." AFINAL TEMPORARY This approval void after days DESCRIPTION OF SERVICE OF THE OWNER OWNER OWN

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

UCC NEW JERSEY CERTIFICATE

Date Issued Control # 08/22/07 Permit # 07-018

IDENTIFICATION

CERTI	FICATE
IDENTIFICATION	gravity
Block 40105 Lot 23 Qual	Home Warranty No.
Work Site Location 55 BROADWAY	[] State [] Private
	Use Group R-5
Owner in Fee/Occupant MEI, RONALD	Maximum Live Load 0
AddressSAME	Construction Classification
HOPATCONG, NJ 07843-	Maximum Occupancy Load 0
Telephone (973) 770-2348	Description of Work/Use:
Contractor LARRY BANNAT	
Address 6 LONGWOOD LAKE RD,	SEWER CONNECTION
OAK RIDGE, NJ 07438-	
Telephone (973)697-9639 Fax () -	
Lic. No. or Bldrs. Reg. No	
Federal Emp. No. 11-172	
[] 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 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
[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.	[] CERTIFICATE OF CONTINUED OCCUPANCY This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.
TEMPORARY CERTIFICATE OF OCCUPANCY/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 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
1. ° 00 00 00	Fee \$ 0 Paid [X] Check No. 2495
William C (Muy)	Collected by: SJH
Construction Official	= = = = = = = = = = = = = = = = = = = =

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



PLUMBING SUBCODE TECHNICAL SECTION





JAN Q&12000 2006

Date Received Control #

1/4/07

Date Issued Permit #

Work Site Location 55	33 Broadway	Qualification Code)		FIXTURE/EQUIPMENT Water Closet Urinal/Bidet Bath Tub	FEE (Office Use Only) \$
Work Site Location 55 Owner in Fee: Wei, fi Tel. () 70 - 3.348 Address	Broadway	1	***************************************		Urinal/Bidet	\$
Owner in Fee:			***************************************			
Tel. () 770 - 2348						
Tel. () 770 - 2348					· 	
Address	e-mail				Lavatory	
Address					Shower	
choos					Floor Drain	4*************************************
Contractor: 132hna	nunicipality		zip code	<u> </u>	Sink	
	<u></u>	Tel. (1697-9	î639 –	Dishwasher	A decimanda de como de la cidade de como como como como como como como com
Address Ouk Ridge		e-mail	•		Drinking Fountain	
Contractor License No. 11172					Washing Machine	
					Hose Bibb	
Home Improvement Contractor Registratio					Water Heater	V
Federal Emp. ID No.		FAX: ()		Fuel Oil Piping	
B. PLUMBING CHARACTERISTICS					Gas Piping LPGas Tank	
Use Group Present						
Building Sewer Size F					Steam Boiler	***************************************
	Public Water				— Hot Water Boiler	
Est. Cost of Plumbing Work \$ <u>12ら</u>	<u> </u>			***************************************	Sewer Pump	
JOB SUMMARY (Office Use Only)					Interceptor/Separator	
PLAN REVIEW	INSPECTIONS	•	onth/Day)		Backflow Preventer	
No Plans Required	Type:	Failure Failure	Approval	Initial —	— Greasetrap	M-M-1
	Slab				Sewer Connection	
Joint Plan Review Required:	Rough				Water Service Connection	
[] Building [] Electric	Waler				Stacks	
[] Fire [] Elevator	Sewer	***************************************	6/20/07	CUCC -	Other	
[] Plumbing Plans Approved	Fixtures				Other	
Date: 10/ 25/06	Gas Equipment					
Approved by:	Gas Piping		-		Administrative Su	
SUBCODE APPROVAL	LPGas Tank		***************************************		\$	num Fee \$
[] CO, [,] CCO [4 CA	Fuel Oil Piping	***************************************	***************************************		State Permit Surcha	- BALIN .
Date: 6800	Solar			************************	10.	TAL FEE \$
Approved by:	TCO				The state of the s	**************************************
	***************************************	•			•	
				——	d Filled-6/20/07	
CERTIFICATION IN LIEU OF OATU				7	1 211201-6120101	
C. CERTIFICATION IN LIEU OF OATH		TAI	IL Out	moved AND	of the con-	

Applicant's Signature/Contractor's Seal and Signature

[/] Licensed Plumbing Contractor [] Exempt Applicant

to make this application and perform the work listed on this application.

U.C.C. F130 (rev. 12/05)

Reorder From OCS Printing (609) 398-4375

Date Issued / 14107 Control # C40105/23A Permit # 07-0/8

UCC NEW JERSEY CONSTRUCTION PERMIT

The state of the s			
IDENTIFICATION Block 40105 Lot 23	Qual		
Work Site Location 55 BROADWAY	Contractor LARRY BANNAT		
	Address 6 LONGWOOD LAKE RD.		
Owner in Fee MEI, RONALD	OAK RIDGE, NJ 07438	_	
Address SAME	Telephone (973) 697-9639		
HOPATCONG, NJ 07843-	Lic. No. or Bldrs. Reg. No.		
Telephone (973) 770-2348	Federal Emp. No. 11-172		
Is hereby granted permission to perform the following work:		PAYMENTS (Office Use	Only)
	ZARD ABATEMENT	Building	0
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLIT:		Electrical	0
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER		Plumbing	65
(Subchapter 8 only)		Fire Protection	0
DESCRIPTION OF WORK:		Elevator Devices	0
SEWER CONNECTION		Other	
		DCA State Permit Fee	2
		Cert. of Occupancy	0
1		Other	
NOTE: If construction does not commence within one (1) year o	of date of issuance	Total	67
or if construction ceases for a period of six (6) months, thi		Check No.	
*	polimes as told:	Cash 4	- 2195
Estimated Cost of Work \$1,200		Collected By	((1))
Construction Official Date	, ^\ -	0003	

U.C.C. F170 (rev. 3/96)

UCC NEW JERSEY CONSTRUCTION PERMIT

Date Issued (/3/23 Control # C40105/23 Permit #

IDENTIFICATION Block 40105 Lot 23	Qual	
Work Site Location 55 BROADWAY	Contractor SUBURBAN ELEC	TRIC INC
	Address 16 HIGHVIEW AVE	
Owner in Fee MEI, RONALD	ROCKAWAY, NJ 07866-	
Address SAME	Telephone (973) 627-1510	
HOPATCONG, NJ 07843-	Lic. No. or Bldrs. Reg. No.	10187
Telephone (973) 770-2348	Federal Emp. No. 22-3323532	
	* · · · · · · · · · · · · · · · · · · ·	
Is hereby granted permission to perform the follow	ving work:	PAYMENTS (Office Use Only)
[] BUILDING [X] PLUMBING []	ASBESTOS ABATEMENT (Subchapter 8 only)	Building 0
[X] ELECTRICAL [] FIRE PROTECTION []	LEAD HAZARD ABATEMENT	Electrical 65
[] ELEVATOR DEVICES [] MECHANICAL []	DEMOLITION	Plumbing 77
[]	OTHER	Fire Protection 0
DESCRIPTION OF WORK:		Mechanical 0
REPLACE BOILER AND HW HEATER		Elevator Devices 0
		Other
		DCA State Permit Fee 22
		Cert. of Occupancy 0
NOTE: If construction does not commence within one	(1) year of date of issuance,	Other
or if construction ceases for a period of six (6)		Total 164
	· · · · · · · · · · · · · · · · · · ·	Check No. 754
Estimated Cost of Work \$ 11,123	·	Cash
	0811612023	Collected By
Construction Official	Date	

U.C.C. F170 (rev. 3/96)

098138



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received Control #

Date Issued Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.		<i>) D.</i> 0
Block 10105 Lot 33 Qualification Code	C. CERTIFICATION IN LIEU OF OATH	
Work Site Location 55 broadway 1 Copyricory 125	I hereby certify that I am the (agent of) owner of record application.	and am authorized to make this
	Sign here: A Quantity First	
Owner in Fee: Honard mex	Print name here: KEN BEST	
Tel. (913)-135-3700 e-mail	973 3471879	
Address 65 Broadway, DopAlong NJ	D. TECHNICAL SITE DATA	
street municipality zip code	DESCRIPTION OF WORK	
Contractor: Region Energy Tel. (973) 366-3100	DESCRIPTION OF WORK	
Address 15 Richboynton Road e-mail	Replace Boiler a	
Dover, NJ 07801		
Contractor License No. or Builder Registration No. NJHIC #13VH01515800 Exp. Date 6	HwH	·
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	 *	
Federal Emp. ID No. 11-308-3408 FAX: ()		
B. MECHANICAL CHARACTERISTICS		
Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)		•
Heating System work: [] New or [] Modification to Existing or [] Conversion or [] Replacement		
Type: [] Hydronic [] Hot Air		
Fuel Type: [] Gas [] Oil [] Electric [] Solar [] Other	NO. FIXTURE/EQUIPMENT	FEE (Office Use Only)
Estimated Cost of Mechanical Work \$ 10,823	Water Heater	\$//////////
	Fuel Oil Piping Connections	
JOB SUMMARY (Office Use Only) PLAN REVIEW A G A BATTER PLAN REVIEW	Gas Piping Connections	
No Plans Required MAPES DATES	Steam Boiler	
I I Machaelani Diana Augustus I IV	Hot Water Boiler	
Date Approved by: Appliance Appliance	Hot Air Furnace Oil Tank	
Joint Plan Review Required: Chimney/Vent	LPG Tank	
[] Bldg. [] Elec. [] Plumb. [] Fire. Oil Piping	Fireplace	
[] Elev. Oil Tank SUBCODE APPROVAL for PERMIT LPG Tark	Other	
Date: OBITE 2023 LPG tank		J <i>'77777777</i> 7, -
Approved by	Administrative Su	rcharge \$
SUBCODE APPPROVAL for CERTIFICATE Chimney Cert.	;	um Fee \$ /////////////////////////////////
[] CA [] CCO Other	State Permit Surchar	- Andrew L. L. L. L. L. Land L. L.
Date;	тоти	LFEE \$ CASHETTING
Approved by:		
Jole! * Blocked VENT Switch Required uc.	C. F145, 2 2/ 1 White =/Inspector Conv 2 Canan	O
I Wast MUST be REMOVED FOR INSDECTIONARY	C. F145 11/09) R CAMAS Pink Office Copy 4 Gold =	= Office Copy Applicant Copy
HVACR # 19HC00750500 / NJ Plumbing Lic. No. 36BI01	021300 / NJHIC 13VH01515800	



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received

Permit # (3 3 3 8

Control #

Date Issued

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CAL	Qualifi	2-1000, cation Code 		application	t I am the (ag	ent of) owner of re		authorized to make this
	<u></u>			Sign here:	<u> </u>	MAN STATE		
Owner in Fee: 130 100 100 100 0				Print name here:	18 20 111	22651		
Tel. () 3700	e-mail		·····	27334		7		
Address G's G: October October Street	CALL ENCYMATER	MAN 1 1 2		D. TECHNICAL SIT	TE DATA			
				DESCRIPTION	OF WORK		v.···	
45 Dietalamenten Dened	Tel.	\	7100	1 Root	A 0 0.	Panter	Burn C.	
Address Dover, NJ 07801	e-mail _							
Contractor License No. or Builder Registration	No. NJHIC #13VH0151580	0/CEVn Date (n (c	34	110011		•		the second second
Home Improvement Contractor Registration No				View 1			4	
Federal Emp. ID No. 11-308-3408		()		1			•	
B. MECHANICAL CHARACTERISTICS								
Use Group: Present: R-3, R-4 or R-5 (c	ircle one) Proposed:	R-3, R-4 or R-5 (circi	lo ona)					
Heating System work: [] New or [] Mod	, , , , , , , , , , , , , , , , , , , ,	•	,					
Type: [] Hydronic [] Hot Air	amount to mainting of []	Sourcision Off 14	еркасетет					,
,,				NO.	FIXTURE/EC	UIPMENT	FFF	(Office Use Only)
Fuel Type: [] Gas [] Oil [] E	electric ([/] Solar []	Other			Water Heat			3 2 2 2 2
Estimated Cost of Mechanical Work \$ (()	2. Y . S. V. F			<u> </u>	Fuel Oil Pip	ing Connections		
JOB SUMMARY (Office Use Only)					Gas Piping	Connections		
PLAN REVIEW [] No Plans Required No Help Line 1	NSPECTIONS	DATES			Steam Boile	-		
Mechanical Plans Approved	Type: Failure	Failure Approva	il Initial		Hot Water I			
Date (10/16) Approved by: (1) 100	Gas Piping Appliance	· · · · · · · · · · · · · · · · · · ·			Hot Air Fun Oil Tank	iace		
Joint Plan Review Required:	Chimney/Vent				LPG Tank			
[] Bldg. [] Elec. [] Plumb. [] Fire.	Oil Piping				Fireplace	•		7 <u>7777</u>
SUBCODE APPROVÁL for PERMIT	Oil Tank				Other			
Date: 00/4/2023	LPG Tank							
Approved by:	Hydronic Piping	***************************************				1	e Surcharge \$	右手門 第二妻 フェイ・エス
SUBCODE APPPROVAL for CERTIFICATE	Fireplace Chimney Cert						1inimum Fee \$	3.7.7
I I CA I I CCO	Other					State Permit Su	-	
Date:	1						TOTAL FEE \$	70.
Approved by:	1 7	1 73					,	
Approved by: Self for Ped Ve Vent hills	PAN SONICH RE BEHOVER HVACR # 19HC007	PUKÇK DK 1,2SPC 50500 / NJ Plumbing I	U,C /////////rev	.C. F145 -41/09) (7) (1/1/)	1 White = Insi 3 Pink = Offic	ector Copy 2 a Copy 4	Canary = Office Co Gold = Applicant Co	• •



ELECTRICAL SUBCODE TECHNICAL SECTION



Permit # C. CERTIFICATION IN LIEU OF OATH A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING I hereby certify that I am the (agent of) owner of record and am authorized to make this CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000, application and perform the work listed on this application. Qualification Code Applicant sign/Contractor Choadwan, 1 bontana Work Site Location 5 5 sign and seal here: Print name here: 6-60/46 Sellies Monard Max Owner in Fee: [] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant 735 - 3700 e-mail D. TECHNICAL SITE DATA Broadway Hontong VIJ DESCRIPTION OF WORK: are Boller & Howh - Louned Milhurban Electric Tel. OTY. SIZE **ITEMS** 6 Hunniow Ave e-mail FEE (Office Use Only) Address Lighting Fixtures 100000000 NJ 17806 Receptacles 10187 ______ Exp. Date 10101 Contractor License No. Switches Home Improvement Contractor Registration No. or Exemption Reason (if applicable):_____ Detectors Federal Emp. ID No. 223323533 **Light Poles** _____ FAX: _____ Motors-Fract, HP **B. ELECTRICAL CHARACTERISTICS Emergency & Exit Lights** Use Group Present ____ Proposed _____ Communications Points [] Pole/Pad # _____ [] Temporary Alarm Devices/F.A.C. Panel Building Occupied as _____ W Utility Co.____ Est. Cost of Elec. Work \$ \(\sigma OO \) **TOTAL NUMBERS** Pool Permit/with UW Lights JOB SUMMARY (Office Use Only) Storable Pool/Spa/Hot Tub INSPECTIONS Dates (Month/Day) PLÁN REVIEW KW Elec. Range/Receptacle No Plans Required Type: Failure Approval Initial KW Oven/Surface Unit Rough KW Elec. Water Heater ((Lep \a [] Partial Understab Utilities Approved Barrier-Free Date:/// Approved by: KW Elec. Dryer/Receptacle Trench KW Dishwasher 1 1 Electric Plans Approved Temp: Serv: HP Garbage Disposal Date:////Approved by: Constr. Serv. KW Central A/C Unit TCO Joint Plan Review Required: HP/KW Space Heater/Air Handler Other [/] Bldg:/[/] Plumb:/[/] Fire:/[/] Elev: KW Baseboard Heat Service. SUBCODE APPROVAL for PERMIT HP Motors 1/+ HP Final Barrier-Free KW Transformer/Generator Approved by: **AMP Service** Temp. Cut-in-Card Date Issued AMP Subpanels SUBCODE APPROVAL for CERTIFICATE Final Cut-in-Card Date Issued [///co///[//cco///////ca AMP Motor Control Center Annual Pool Inspection Date:/// KW Elec. Sign/Outline Light Date of Grounding and Bonding Nostace Baler Approved by: Certification Administrative Surcharge \$ Minimum Fee \$

Date Received 1/3/23

Control #

State Permit Surcharge Fee \$ 10

TOTAL FEE \$

Date Issued

U.C.C. F120 (rev. 11/09) Internet version

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

HVACR # 19HC00750500 / NJ Plumbing Lic. No. 36BI01021300 / NJHIC 13VH01515800

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		QUALIFICATION	ON CODE	_ P	ERMIT#	
BLOCK 40105	(0) 23	n n	101 46	30117000	NIATE	13
WORK SITE ADDRE	5S	Sicopolarian	1861-19	,		
Owner in Fee	DNALO DA	DIBLE MELL	RF	5/0X/ D	iL	
Owner in Fee	2000 paras =	DAY DE CON	npany Tec	<i></i>	ACT	97801
Address	KICHBOYN	JON NO	1.00		Stat:	200 C000
Tel: (973) 366	- 3100		Fax (973)	328	-4738	
•		· ·			œ1'	· -
Check the Appropri Type of Replacemen		Existing Ve	atChimney:	Size	6	
1 Oil to Gas C		[·] "B"	Label Venl	[]	Chimney-Inte	
Gás to Oil C			Label Vent .	. []	Chimney-Ex	
Gas Applian	ice Replacement		xible Liner	. [/]		imney-Title Lined
[/] Oil to Oil Re	:placement	[] Po	wer VenVExhau	isier [•	imney-Unlined
[] Other			. ·	Į j	Other	ng (input/how)
Туре		Fuel	- ,		140	525,
Appliance 1: Box	Zer	Oil/Gas/Other				
Appliance 2:		Oil/Gas/Other			• .	
Appliance 3:	• -	Oil / Gas / Other	SEV CISTER			
15 - Abimo austic	acis baing install	led, all documentat	ion on the liner	must accon	pany the Perr	nīt applīcation.
Manufacturer	Jei 12 Dellië u isem	Model-	<u> </u>		ເມັ້າຮູ້ນັກສູ້ <u></u>	
			Aluminum		•	
Material of Liner.	Statutess Steet -		-	-	iant of Chimo	ev.
Size of Appliance	/ent	Size of Lir	ier		-	
Length of Connect	or	Vent Con	nector Rise:	7.57	[] Other:	
How does the appl		[] Natural Draft				
	PLEASESIGN	ONE OF THE FOL	LOWINGVER	FICATION:	STATEMENTS	· • • • • • • • • • • • • • • • • • • •
For Oil or Coal to	Gas Conversion	ns:			d ie eukstanfi	ച്യറിലോ ഡെല്റ് വ
I have verified that	t the chimney/ver	nt is in good repair	and dear or or	struction at batthe chim	mev/ventis ap	ally dean of residue propriately, lined and
from its previous u sized for the applic	se serving an oil i	or coar abbusiner.	Have someon			
sized for the applic	ance(s) being ma	iano.	Signature			Dale
Oil to Oil or Gas	ro Gas Reolacer	ments or New/Add	iîtional Appliai	ncesī	=	
	the aviation chim	noor of all devivere	l repair and clea	ar of obstruc	tion. I have ver	indicate the existing
chimney/vent is a	ppropriately (ined	and sized for the a	ippliance(s) bei	ng installed	auq\or16wsju	ing.
	• • •	·				
			Signature			Date
Direct Vent Appl	.ance:	s being installed is a	directivent app	oliance. I fur	ther verify that	the existing thim ney
I hereby venity ina	elv lined and size	d for any remaining	g appliances.			•
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