

CERTIFICATE OF HABITABILITY

APPLICATION # 75046

Reference -
Ordinance
Chapter 28

BOROUGH OF HOPATCONG
OFFICE OF BUILDING INSPECTOR

No. 046

ISSUED TO ALLEN F. STORMONT

Name of Owner or Authorized Agent

THIS CERTIFICATE IS ISSUED FOR THE PURPOSE OF PERMITTING OCCUPANCY OF
PREMISES LOCATED AT 40105 23

Block

Lot

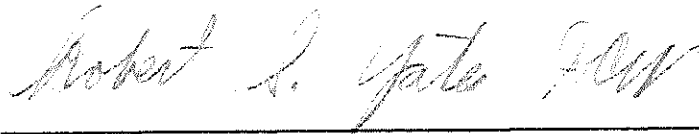
55 Broadway

IN THE BOROUGH

Street

OF HOPATCONG.

THE ISSUANCE OF THIS CERTIFICATE INDICATES THAT SAID PREMISES HAVE BEEN
INSPECTED AND SUBSTANTIALLY CONFORM TO THE REQUIREMENTS OF THE STATE HOUSING
CODE AS ADOPTED BY THE BOROUGH OF HOPATCONG PURSUANT TO CHAPTER 28 OF THE
CODE OF THE BOROUGH OF HOPATCONG AT THIS TIME AND SHALL NOT BE CONSTRUED
AS A GUARANTEE OF ANY NATURE.



Enforcing Official - Borough of Hopatcong

Date of Issue November 21, 1975

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

DEPARTMENT OF PUBLIC HEALTH

Health Center
County Complex

FRANKFORD TOWNSHIP, N.J.



BOARD OF CHOSEN FREEHOLDERS
EMILY CARDINARO, Director
EMILIE SORENSEN
JOSEPH NESLO, Jr.

ALBERT W. SWEET, JR., M.D.
Public Health Coordinator

Telephone: 948-5400

P.O. Box 55

Newton, N.J. 07850

DATE 11-18-75

CERTIFICATION REPORT

SEWAGE DISPOSAL SYSTEM (SDS) WELL

PROPERTY LOCATION-- Municipality Hop

Street 55 Broadway

Block 1-3-40105 Lot 23

Owner Allen Stoumont

Purchaser Bob Koob

Individual making request:

Name Stoumont

Address 55 Broadway

Phone No. 398-2856

An inspection of the SDS revealed no evidence of malfunction on: 11-18-75

A water sample was taken from the above property on the same date. This potable water sample meets bacteriological state requirements.

Frank Gunn
Sanitary Inspector

Date 11-21-75

A visual inspection of the ground revealed no evidence of the SDS malfunctioning at the time of inspection. This statement is not a guarantee that the SDS will continue to function properly in the future. The SDS has not been used for sometime, therefore an accurate evaluation cannot be made because of its lack of use.

RECEIVED
11/14/75

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:

1. Present owner of property to be sold:

WORK (386-2711)

a) Name ALLEN F. STORMONT Phone# 398-2856

b) Address 55 BROADWAY
HOPATCONG, NJ

2. Identification of Property to be Sold:

a) Street name and number 55 BROADWAY

b) Tax Map Lot # 23 and Block # T58 40105

c) Describe building thereon:

MAP OF SECTION "S"

GREEN BI-LEVEL

3. Person or legal entity, if any, appointed by the owner to manage the property:

a) Name _____ Phone # _____

b) Address _____

c) Status _____ Individual _____ Agent _____

Corporation _____ Other (explain) _____

4. Purchaser of Property:

a) Name ROBERT W. & DOROTHY C. KOOB Phone # 852-1187

b) Address APT 42, BLD-B MANSFIELD VILLAGE
HACKETTSTOWN, NJ

5. Proposed closing date DEC. 1, 1975
6. Number of persons to occupy premises when purchaser takes possession 2
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.

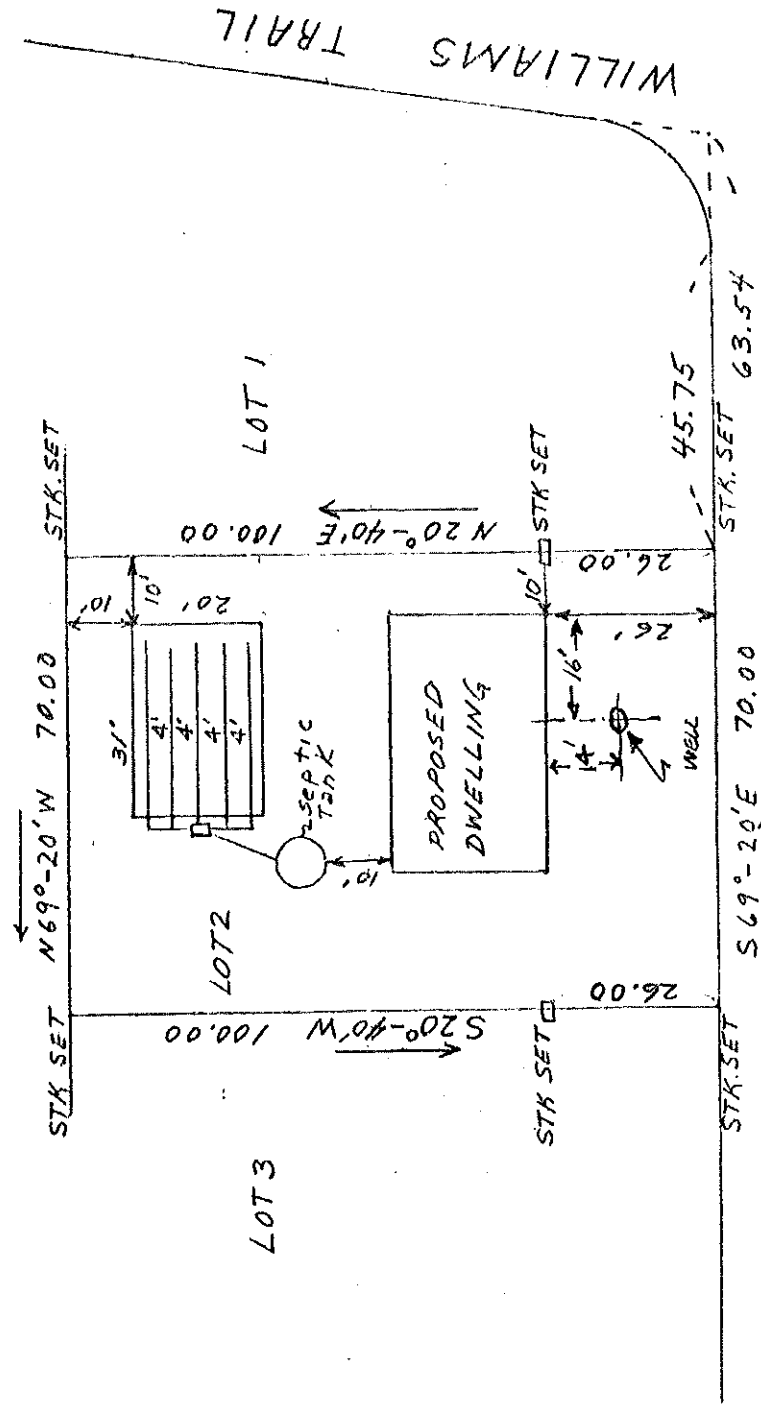
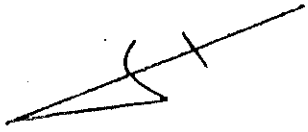
**If the building is serviced by a public water supply system, check the box at left and omit fee.

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: 11/11/75

Allen F. Hornum
Signature of applicant



BROADWAY
(50' WIDE)

CERTIFIED TO:
ALLEN STORMONT

Norman A. Smith
NORMAN A. SMITH
P.E. & L.S. NO. 10077

MAP OF PROPERTY
BOROUGH OF HOPATCONG
SUSSEX CO. NEW JERSEY
APRIL 6, 1967

JAMAN ENGINEERING ASSOCIATES
PROFESSIONAL ENGINEERS & SURVEYORS
NEPEWACK ROAD DOVER, N. J.

LOT 2
BLOCK 158
MAP OF SECTION 10N 5W
BLOCK NOS. 107A, 137, 153 -
161 HOPATCONG HILLS
DATE: _____ MAP NO.: _____
Scale: 1" = 30' 1-67-34

STRUCTURAL CERTIFICATE OF HABITABILITY INSPECTION

DATE: 11/18/75

LOCATION OF PROPERTY Stormont 55 Bwy

EXTERIOR

1. siding OK
2. windows OK
3. roof OK
4. porches OK
5. railings OK
6. foundation OK

INTERIOR

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

GENERAL

12. structural flaws OK
13. rain leakage OK
14. plumbing leakage sink faucet OK 11/20/75
15. oil burner OK
16. chimney OK
17. misc.

BOROUGH OF HOPATCONG
11 RIVER STYX RD
HOPATCONG, N.J. 07843

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

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 40105 Lot 23 Qual
Work Site Location 55 BROADWAY
ROOF
Owner in Fee/Occupant MEI, RONALD
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)770-2348
Contractor HOME REMODELERS GROUP
Address 41 PLYMOUTH ST
FAIRFIELD, NJ 07004-
Telephone (973)808-5050 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: State Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ROOF

CERTIFICATE OF OCCUPANCY

CERTIFICATE

MENT 5:17

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.

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 APPROVAL

CERTIFICATE

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

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:

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 _____, ___.


CONSTRUCTION OFFICIAL

Fee \$ 0
Paid Check No. 104067
Collected by: SJH

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 9/23/03
Control # C40105/23
Permit # 03-770

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 FAIRFIELD, NJ 07004-
Address SAME Telephone (973)808-5050
HOPATCONG, NJ 07843- Lic. No. or Bldrs. Reg. No. _____
Telephone (973)770-2348 Federal Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOF

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 \$ 5,441

William O'Connor
Construction Official

9/23/03
Date

PAYMENTS (Office Use Only)

Building	<u>60</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<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>67</u>
Check No. <u>104067</u>	_____
Cash	_____
Collected By <u>SEN</u>	_____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 9/23/03
Date Issued _____
Control # _____
Permit # 03-770

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

Block 40105 Lot 93
Work Site Location 55 Broadway
Hopatcong, NJ 07943
Owner in Fee KOPINSKI, MEL, RONALD
Address SAME HOME REMODELERS GROUP
BY MARK FOUR ENTERPRISES, INC.
Tele. (973) 770-2348 Contractor 41 Plymouth St.
Address Fairfield, NJ 07004
Tele. (973) 808-5050 Fax (973) 808-2055
Lic. No. or Bldrs. Reg. No. L020555
Federal Emp. No. 02177517

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input checked="" type="checkbox"/> No Plans Required	<u>9/3/03</u>	<u>WJC</u>	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> CA			Mechanical	_____	_____	_____	_____
Date: <u>10/2/03</u>			TCO	_____	_____	_____	_____
Approved by: <u>WJC</u>			Other <u>ROOF</u>	_____	_____	<u>10/2/03</u>	<u>WJC</u>
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

TYPE OF WORK:

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

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 \$ 5441.
3. Total (1+ 2) \$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 60-

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

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

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 40105 Lot 23 Qual _____
Work/Site Location 55 BROADWAY
SERVICE
Owner in Fee/Occupant MEI, RONALD
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 770-2348
Contractor KIWI ELECTRIC
Address 11 HIGH ST
BUDD LAKE, NJ 07828-
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 20-1417728

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

SERVICE

[] 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

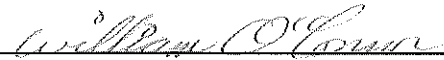
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[] 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 _____, _____.


Construction Official

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

Fee \$ 0
Paid [X] Check No. 3104
Collected by: SJH

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 3,10,09
Control # C40105/23
Permit # 09-110

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 40105 Lot 23 Qual _____

Work Site Location 55 BROADWAY
SERVICE
Owner in Fee MEI, RONALD
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 770-2348

Contractor KIWI ELECTRIC
Address 11 HIGH ST
BUDD LAKE, NJ 07828-
Telephone () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 20-1417728

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SERVICE

PAYMENTS (Office Use Only)	
Building	<u>0</u>
Electrical	<u>55</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>2</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>57</u>
Check No. <u>3104</u>	_____
Cash	_____
Collected By <u>SON</u>	_____


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 \$ 1,000

WOC
Construction Official

3,10,09
Date

015784


MUNICIPALITY Hopatcong  CUT-IN-CARD
LOCATION 55 Broadway UTILITY CO JCP&L
BLK 4005 LOT 23
OWNER Flc 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 after _____ days

DESCRIPTION OF SERVICE 1000-
INSTALLED BY Kewi El LICENSE NO 9973
DATE 3/16/09 PERMIT # 09-110 INSPECTOR RS
 CALLED IN / / Lic. No: 4271

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

MUNICIPALITY Hopatcong  CUT-IN-CARD
LOCATION 104 Windsor UTILITY CO JCP&L
BLK 11011 LOT 13
OWNER Theon 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 after _____ days

DESCRIPTION OF SERVICE 2000
INSTALLED BY Daddy LICENSE NO 12275
DATE 3/16/09 PERMIT # 09-077 INSPECTOR RS
 CALLED IN / / Lic. No: 4271

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

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

UCC NEW JERSEY
CERTIFICATE

Gravity

IDENTIFICATION

Block 40105 Lot 23 Qual _____
Work Site Location 55 BROADWAY
Owner in Fee/Occupant MEI, RONALD
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 770-2348
Contractor LARRY BANNAT
Address 6 LONGWOOD LAKE RD.
OAK RIDGE, NJ 07438-
Telephone (973) 697-9639 Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 11-172

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

SEWER CONNECTION

[] 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 _____, ____.

William O'Connor
Construction Official

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

Fee \$ 0
Paid [X] Check No. 2495
Collected by: SJH

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 1/14/07
Control # C40105/23A
Permit # 07-018

UCC NEW JERSEY
CONSTRUCTION
PERMIT

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:

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

DESCRIPTION OF WORK:

SEWER CONNECTION

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 \$ 1,200

William O'Connor
Construction Official

1/14/07
Date

PAYMENTS (Office Use Only)	
Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>65</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>2</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>67</u>
Check No.	_____
Cash	<u># 2495</u>
Collected By	<u>(SD)</u>

000534

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 11/3/23
Control # C40105/23
Permit # 23-878

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 40105 Lot 23 Qual _____

Work Site Location 55 BROADWAY

Contractor SUBURBAN ELECTRIC INC

Address 16 HIGHVIEW AVE

ROCKAWAY, NJ 07866-

Owner in Fee MEI, RONALD

Address SAME

HOPATCONG, NJ 07843-

Telephone (973) 627-1510

Lic. No. or Bldrs. Reg. No. 10187

Telephone (973) 770-2348

Federal Emp. No. 22-3323532

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 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:

REPLACE BOILER AND HW HEATER

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 \$ 11,123

William O'Connor
Construction Official

08/16/2023
Date

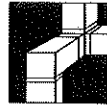
PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>65</u>
Plumbing	<u>77</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>22</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>164</u>
Check No. <u>7541</u>	_____
Cash	_____
Collected By <u>ZJ</u>	_____

#098128



**MECHANICAL INSPECTOR
TECHNICAL SECTION**



Date Received 11/3/23
Control # _____

Date Issued _____
Permit # 23-878

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

Block 40105 Lot 23 Qualification Code _____

Work Site Location 55 Broadway, Hopkinton NJ

Owner in Fee: Ronald Mei

Tel. (973) 735-3700 e-mail _____

Address 65 Broadway, Hopkinton NJ
street municipality zip code

Contractor: Region Energy Tel. (973) 366-3100

Address 15 Richboynnton Road e-mail _____
Dover, NJ 07801

Contractor License No. or Builder Registration No. NJHIC #13VH01515800 Exp. Date 6/29

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 [bx] Solar [] Other _____

Estimated Cost of Mechanical Work \$ 10,823

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.

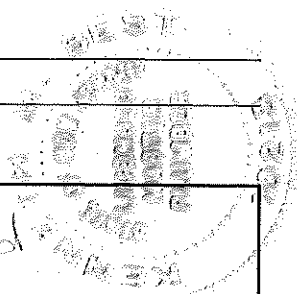
Sign here: [Signature]

Print name here: KEN BEST

973 3471879

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Boiler and
HWH
*



JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DATES			
[<u>bx</u>] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Mechanical Plans Approved <u>Below</u>	Gas Piping	_____	_____	_____	_____
Date <u>08/16/23</u> Approved by: <u>Wade</u>	Appliance	_____	_____	_____	_____
Joint Plan Review Required:	Chimney/Vent	_____	_____	_____	_____
[] Bldg. [<u>bx</u>] Elec. [] Plumb. [] Fire.	Oil Piping	_____	_____	_____	_____
[] Elev.	Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	LPG Tank	_____	_____	_____	_____
Date: <u>08/16/2023</u>	Hydronic Piping	_____	_____	_____	_____
Approved by: <u>Wade</u>	Fireplace	_____	_____	_____	_____
SUBCODE APPPROVAL for CERTIFICATE	Chimney Cert.	_____	_____	_____	_____
[] CA [] CCO	Other	_____	_____	_____	_____
Date: _____					
Approved by: _____					

NO.	FIXTURE/EQUIPMENT
<u>✓</u>	Water Heater
_____	Fuel Oil Piping Connections
<u>✓</u>	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Other

FEE (Office Use Only)

\$	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ 11
State Permit Surcharge Fee \$ 25
TOTAL FEE \$ 36

Note: * Blocked vent switch required
* vent must be removed for inspection per chimney cert.

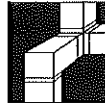
U.C.C. F145
(rev. 11/08)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received 11-12-11 Control #

Date Issued Permit # Q3-878

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

Block 10105 Lot 23 Qualification Code

Work Site Location 515 Broadwaterway, Hightstown, NJ

Owner in Fee: Ronald M...

Tel. (609) 426-3700 e-mail

Address 1015 Broadwaterway, Hightstown, NJ 08520

Contractor: Region Energy Tel. (973) 366-3100

Address 15 Richboynton Road Dover, NJ 07801

Contractor License No. or Builder Registration No. NJHIC #13VH01515800 Exp. Date 12/31/11

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

Estimated Cost of Mechanical Work \$ 10,750

Table with columns: PLAN REVIEW, INSPECTIONS, DATES. Includes subcode approval for permit and certificate.

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: Kenneth Best

Print name here: KEN BEST

973 3471879

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace boiler and install

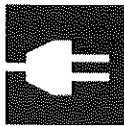
- NO. [] Water Heater [] Fuel Oil Piping Connections [] Gas Piping Connections [] Steam Boiler [] Hot Water Boiler [] Hot Air Furnace [] Oil Tank [] LPG Tank [] Fireplace [] Other

FEE (Office Use Only) table with rows for Administrative Surcharge, Minimum Fee, State Permit Surcharge Fee, and TOTAL FEE.

Note! * Blocked vent switch required * vent must be removed for inspection per manufacturer



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Date Received 11/3/23
Control #
Date Issued
Permit # 23-878

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

Block 40105 Lot 23 Qualification Code _____
Work Site Location 65 Broadway, Hoboken NJ

Owner in Fee: Ronald Moe
Tel. 973-735-3700 e-mail _____

Address 65 Broadway, Hoboken NJ
street municipality zip code

Contractor: Suburban Electric Tel. _____
Address 16 Highview Ave e-mail _____
Hoboken NJ 07030

Contractor License No. 10187 Exp. Date 10/24

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

Federal Emp. ID No. 223323532 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 300

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required		Rough				
<input type="checkbox"/> Partial -Underslab Utilities Approved		Barrier-Free				
Date: _____ Approved by: _____		Trench				
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.				
Date: _____ Approved by: _____		Constr. Serv.				
Joint Plan Review Required:		TCO				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Other				
SUBCODE APPROVAL for PERMIT		Service				
Date: _____ Approved by: _____		Final				
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp. Cut-in-Card Date Issued				
Date: _____ Approved by: _____		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 sign/Contractor sign and seal here: _____

Print name here: George Schless

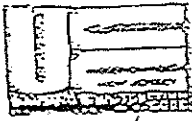
Licensed Elec. Contractor Certif'd Landscape Irrigation Contr'r Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Boiler & Heat - owned to

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	_____
1	✓	KW Elec. Water Heater (Replace)	_____
_____	_____	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	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
1	✓	KW Elec. Sign/Outline Light (Replace Boiler)	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 40105 LOT 23 QUALIFICATION CODE _____ PERMIT # _____
 WORK SITE ADDRESS 55 Broadview Ter Hightstown NJ 07843
 Owner in Fee Donald & Diane Mel
 Verifying Individual: EDWARD SNYDER Company REGION OIL
 Address 15 Richboynon Rd Dover NJ 07801
 Tel: (973) 366-3100 Fax (973) 328-4738

Check the Appropriate Box(es):

Type of Replacement:

- Oil to Gas Conversion
- Gas to Oil Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other _____

Existing Vent/Chimney: Size 8"

- "B" Label Vent
- "L" Label Vent
- Flexible Liner
- Power Vent/Exhauster
- Chimney-Interior
- Chimney-Exterior
- Masonry Chimney-Tile Lined
- Masonry Chimney-Unlined
- Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>Boiler</u>	Oil / Gas / Other: <u>oil</u>	<u>140,000</u>
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____
 Material of Liner: Stainless Steel Aluminum _____
 Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
 Length of Connector: _____ Vent Connector Rise: _____
 How does the appliance vent? Natural Draft Fan-assisted Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature _____ Date _____

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date _____

Verification Not Submitted

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Edward Snyder Date 7/25/2003