

**Township of
Toms River
New Jersey
1767**



Block/Lot/Qual:	135. 2.02 -C4903- -	Tax Account Id:	11895
Property Location:	4903 TROTTERS WAY	Property Class:	2 - Residential
Owner Name/Address:	ZAMBRANO, RALPH A JR 4903 TROTTERS WAY TOMS RIVER NJ 08755	Land Value:	145,000
		Improvement Value:	123,700
		Exempt Value:	0
		Total Assessed Value:	268,700
		Additional Lots:	None
Special Taxing Districts:	FIRE DIST 2	Deductions:	

Taxes

- [Make a Payment](#)
[View Tax Rates](#)
[View Current Bill](#)
[Project Interest](#)

Year	Due Date	Type	Billed	Balance	Interest	Total Due	Status
2024	02/01/2024	Tax	1,162.80	0.00	0.00	0.00	PAID
2024	05/01/2024	Tax	1,162.80	0.00	0.00	0.00	PAID
Total 2024			2,325.60	0.00	0.00	0.00	
2023	02/01/2023	Tax	1,120.48	0.00	0.00	0.00	PAID
2023	05/01/2023	Tax	1,120.48	0.00	0.00	0.00	PAID
2023	08/01/2023	Tax	1,205.12	0.00	0.00	0.00	PAID
2023	11/01/2023	Tax	1,205.12	0.00	0.00	0.00	PAID
Total 2023			4,651.20	0.00	0.00	0.00	
2022	02/01/2022	Tax	1,343.93	0.00	0.00	0.00	PAID
2022	05/01/2022	Tax	1,343.92	0.00	0.00	0.00	PAID
2022	08/01/2022	Tax	897.03	0.00	0.00	0.00	PAID
2022	11/01/2022	Tax	897.03	0.00	0.00	0.00	PAID
Total 2022			4,481.91	0.00	0.00	0.00	

Last Payment: 05/02/24

[Return to Home](#)

Toms River | 4903 TROTTERS WAY

135 2.02 - Residential

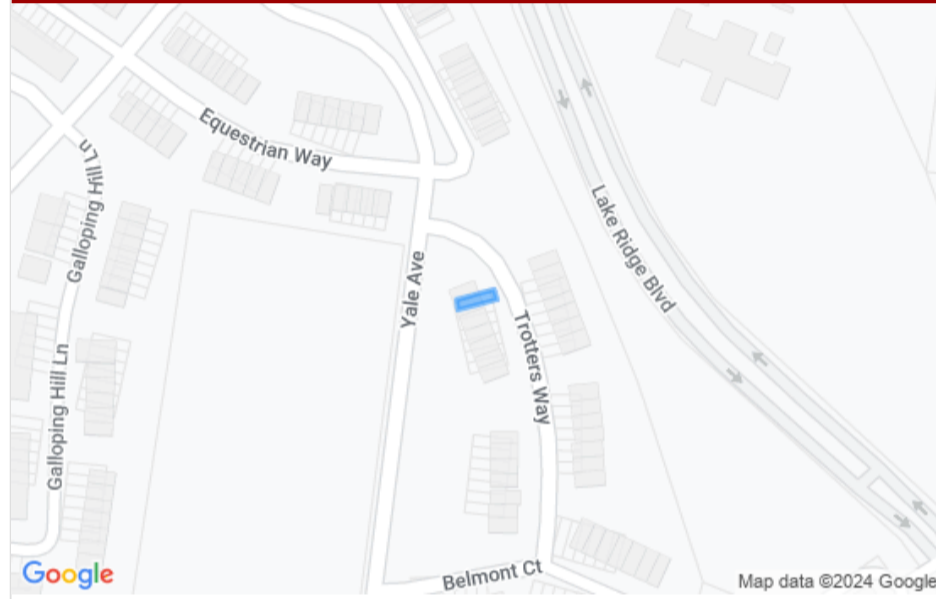
Last Updated: 3/27/2022 5:07 PM

4903 Trotters Way

Block: 135 Lot: 2.02 Qual: C4903
Residential

Section Summary

📍 4903 Trotters Way



Block:135 Lot: 2.02 Qualifer: C4903 [Show on FEMA Flood Plain Map](#)

🖼️ Images



🏠 Location

Street	4903 Trotters Way
City	
Zip	
Block	135
Lot	2.02
Qualifier	C4903

☰ Details

Building	2F1G 1929
Land	SARATOGA
Acreage	acres ²
Property Class	2 - Residential
Last Sale Price	\$260000
Last Sale Date	5/3/2018

📖 GeoAreas

Ward	
Zoning	
DPW District	
Historic	
Census	

👤 Owner

Name	*****
Address	4903 Trotters Way
City, State	Toms River , NJ
Zip Code	08755

🏠 Assessed Valuation

Land	\$145000
Improvements	\$123700
Total	\$268700

Property Data


Tax Maps 0

Tax Sheet ID	Last Updated	File Type
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📘 There are no available tax maps for this property

📎 Attachments 0



Name	Description	Created	Last Updated
 There are no available attachments for this property			

Online Forms 0 




Construction 

Permit Applications 1 


View	Control Number	Permit Number	Issue Date	Work Type	Work Description	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
View	92024325	9706093	3/18/1997			Building, Plumbing, Fire	CO and Close Date Issued	1/14/1999	CO	45251	*****


Inspections 19 

Inspection Date	Permit Number	Subcode	Type	Inspector	Result	TA Notes	Findings
03/06/1998	9706093	Building	FINAL INSP	SOUTO, ADALBERTO	Pass		
03/05/1998	9706093	Building	FINAL INSP	SOUTO, ADALBERTO	Fail		
03/05/1998	9706093	Plumbing	FINAL INSP	ROBERT WENNLUND	Pass		
03/03/1998	9706093	Plumbing	FINAL INSP	CICERALE, MICHAEL	Fail		
11/17/1997	9706093	Building	FINAL INSP	SOUTO, ADALBERTO	Fail		
11/07/1997	9706093	Fire	FINAL INSP	REDY, RON	Pass		
09/09/1997	9706093	Building	INSULATE INSP	SOUTO, ADALBERTO	Pass		
09/05/1997	9706093	Building	INSULATE INSP	SOUTO, ADALBERTO	Fail		
09/03/1997	9706093	Building	FRAMING	SOUTO, ADALBERTO	Pass		
09/02/1997	9706093	Building	SHEATHING INSP	SOUTO, ADALBERTO	Pass		


1




Violations 0 

Notice Date	Violation Number	Compliance Date	Closure Date	Subcode	Issuing Officer	Infraction	Statute	Comment
 There is no data for this section								

Pets 


Complaints 

Complaints 0 

Date	Type	Life Hazard	Summary	Control Number	Complainant	Status	Closed Date	Priority	Results	Public
 There is no data for this section										

LandUse 

Zoning Applications 0 

Date	Number	Applicant	Permit Number	Zone	Use	Decision	Decision Date	Work
 There is no data for this section								



Zoning Inspections 0



Permit Number	Inspection Date	Type	Work Type	Inspector	Initial Comments	Result Comments
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There is no data for this section

Zoning Violations 0



Notice Date	Abatement Date	Issue Date	Violation Number	Issuing Officer	Infraction
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There is no data for this section

CodeEnforcement



Violations 0



Tracking Number	Issue Date	Is Closed	Infraction	Location	Summary	Name
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There is no data for this section

Fire



Preplan Information 0



FAITH Information 0



FirePrevention



Property Units 0



Smoke Detector Inspection 0



Stand Alone Inspections 0



Fire Investigations 0



Every effort has been made to offer the most current and correct information possible. Original records may differ from the information on these pages. Verification of information on source documents is recommended.



21-00330

BLOCK 135 LOT 2.02 QUALIFICATION CODE ADDRESS (SITE) 4901-4907 Trotters Way PERMIT NO.

CONSTRUCTION PERMIT APPLICATION

92-95-386



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

1. IDENTIFICATION
Proposed Work Site at: 4901-4907 Trotters Way

2. Name of Owner in Fee: Saratoga at Toms River c/o Prime Mgt Inc
Tel: (732) 901-1352

3. Ownership in Fee: Public Private
Address: 145 Fifth Street Ewing, NJ 08638

4. Principal Contractor: National Contractors Inc
Address: 145 Fifth Street Ewing, NJ 08638
Tel: 609-771-4200

5. Architect or Engineer: Contact: e-mail: FAX:
Address: Tel: FAX: e-mail:

6. Responsible Person in Charge once Work has Begun
Tel: FAX:

License No. OR, if new home, Builder Reg. No. 13VH02271300 Exp. Date 03/30/2021
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 223567558 FAX: 609-771-9230

III. PROPOSED WORK

Minor Work
 Repair
 Asbestos Abat. - Subch. 8

New Building
 Alteration
 Lead Hazard Abatement

Addition
 Renovation
 Radon Remediation

Annual Permit

IIb. SUBCODES (Check all that apply)

<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Elevator
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FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Request Date	Approval Date	Resubmission Dates	Re-viewer
21,725	VN	12-12-07	12-12-07	TWA		

TOTAL COST \$21,725

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

<input type="checkbox"/> 1. Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks	<input type="checkbox"/> 4. Refrigeration Systems	<input type="checkbox"/> 8. Smoke Control Systems in Open Wells
<input type="checkbox"/> 2. High Pressure Boilers	<input type="checkbox"/> 5. Cross-Connections/Backflow Preventers	<input type="checkbox"/> 9. Underground Storage Tanks
<input type="checkbox"/> 3. Pressure Vessels	<input type="checkbox"/> 6. Hot Water Heaters/Pieces of Assembly	<input type="checkbox"/> 10. Swimming Pools, Spas and Hot Tubs
	<input type="checkbox"/> 7. Sprinkler/Standpipes	<input type="checkbox"/> 11. LP Gas Tanks

DO YOU WANT

1. Final Releases
 2. Prototype Processing

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Fire Protection		
4. Elevator Devices		
5. Sublots % for State Plan Review		
6. Sublot		
7. State Permit Surcharge Fee		
8. Sublot		
9. Other		
10. Total		

VI. BUILDINGSITE CHARACTERISTICS (office use only)

1. Number of Stories	ft.
2. Height of Structure	sq. ft.
3. Area - Largest Floor	sq. ft.
4. New Building Area	cu. ft.
5. Volume of New Structure	sq. ft.
6. Max. Live Load	sq. ft.
7. Max. Occupancy Load	sq. ft.
8. If Industrialized Building: State Approved	HUD
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	ft.
11. Base Flood Elevation	no
12. Wetlands	yes

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____ Select Group _____

3. Change in Use Group, Indicate Present, Select Group _____

4. No. of dwelling units: Table Units (rooms, no. storage) _____

Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____ Select Group _____

3. Change in Use Group, Indicate Present _____ Select Group _____

C. MIXED USE - List secondary use(s): _____

D. Construct. Classification: _____ Proposed _____

UCC Form 1 (rev. 008)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.b:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. I further certify that I will perform or supervise the following work:

C.1. Building C.2. Fire Protection

I further certify that I will perform the following work:

C.3. Electrical C.4. Plumbing

- D. I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

- Check if contractor.

Agent Name _____

Address _____

Telephone _____

Signature _____

- III. LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CERTIFICATION IN LIEU OF OATH

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I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1, or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. I further certify that I will perform or supervise the following work:

C.1. Building C.2. Fire Protection

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Signature _____ Date _____

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I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

(X) Check if contractor.

Agent Name Lori Slobiski for National Contractors Inc

Address 145 Fifth Street

Ewing, NJ 08638

Telephone 609-771-4200

Signature 

- III. LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED:

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition
Building	Energy
Electrical	Barrier Free
Plumbing	Flood Hazard
Fire Protection	As Built Elevation Cert.
Mechanical	Other

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____

B

1-25-2021

VN

6/30/21

CALED

CA

P.U

J.C.S

FAX

Called ready to go

MESSAGE

DATE: 2-3-2021



Toms River Township
Construction and Permits
33 Washington Street
Toms River, NJ

Date Issued 6/22/2021
Control Number 93095386
Permit Number 21-00330
Permit Issue Date 2/23/2021
Certificate Number 21-00330

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: SARATOGA/4901-4907 TROTTERS WAY Block: 135 Lot: 2.02 Qual: _____
Toms River Township, NJ
Owner In Fee: SARATOGA @JIM HICKS PROP MGR
Owner Address: 1 ASCOT COURT TOMS RIVER NJ 08755
Telephone: (732) 901-1352
Contractor: NATIONAL CONTRACTORS
Address: 145 FIFTH ST EWING NJ 08638
Telephone: (609) 771-4200 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: State Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: ROOF (TEAR OFF)

Certificate Comments:

Certificate of Occupancy

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

Certificate of Approval

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

Certificate of Continued Occupancy

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

Temporary Certificate of Compliance

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

Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

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

Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

Certificate of Compliance

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

Temporary Certificate of Occupancy

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

[Signature]
Construction Official
Date Printed: 6/29/2021

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

Fee: \$0.00
Check Number: _____
Collected By: _____



Toms River Township
Construction and Permits
33 Washington Street
Toms River, NJ

Date Issued 6/22/2021
Control Number 93095386
Permit Number 21-00330
Permit Issue Date 2/23/2021
Certificate Number 21-00330

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: SARATOGA/4901-4907 TROTTERS WAY Block: 135 Lot: 2.02 Qual: _____
Toms River Township, NJ
Owner in Fee: SARATOGA @JIM HICKS PROP MGR
Owner Address: 1 ASCOT COURT TOMS RIVER NJ 08755
Telephone: (732) 901-1352
Contractor NATIONAL CONTRACTORS
Address 145 FIFTH ST EWING NJ 08638
Telephone: (609) 771-4200 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: State Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOF (TEAR OFF)

Certificate Comments:

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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.

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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.

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This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

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

Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- Total removal of asbestos hazards in scope of work
 Partial or limited time period (_____ years), see file

Certificate of Compliance

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

Temporary Certificate of Occupancy

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Construction Official
Date Printed: 6/29/2021

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

Page 1



**APPLICATION FOR
CERTIFICATE**

Permit # 21-00330
Date Issued 2-19-21
Control # 93095386
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 4901-4907 Trotters Way Block 135 Lot 2.02 Qualification Code _____
Owner in Fee Saratoga at Toms River Contractor National Contractors Inc
Address 1 Ascot Ct Address 145 5th Street
Toms River, NJ Ewing, NJ 08638
Tel. (732) 901-1352 Tel. (609) 771-4200
License No. 13VH02271300
Federal Employee No. 223567558

ACTION

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____
FINAL COST OF CONSTRUCTION: \$ _____ \$21,725

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Re-roof

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

OWNER AGENT



BUILDING SUBCODE
TECHNICAL SECTION



2022

Date Received 1/25/2021
Contract # 30265395
Date Issued 2/11/21
Permit # 21-00330

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000
Block 135 Lot 2.02 Qualification Code
Work Site Location: SARATOGA/9801-4807 TROTTERS WAY, Toms River Township, NJ

Owner in Fee: SABATOGA/JIM HICKS PROP.MGR
Address 1.ASCOTT COURT TOMS RIVER,NJ 08755
Tel. (732) 901-1352 Email
Contractor: NATIONAL CONTRACTORS
Address 145 E1ETH ST EWING,NJ 08538
Tel. (609) 771-4200 Fax
Contractor License No. or, if new home, Bldrs Reg. No. 223567558 Exp. 3/31/2020
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature _____
Print Name Here: _____
D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
ROOF (TEAR OFF).

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)
			Type		Failure Approval
<input type="checkbox"/> No Plan Required			Footing		
<input type="checkbox"/> All			Footing Bonding		
<input type="checkbox"/> Footing/Foundation			Foundation		
<input type="checkbox"/> Struct/Framework			Slab		
<input type="checkbox"/> Exterior			Frame		
<input type="checkbox"/> Interior			Truss Sys./Bracing		
Joint Plan Review Required			Barrier-Free		
Elec <input type="checkbox"/> Plumb <input type="checkbox"/> File <input type="checkbox"/> Elevator			Insulation		
SUBCODE APPROVAL FOR PERMIT			Finishes-Base Layer		
Date: _____			Finishes-Final		
Approved by: _____			Energy		
SUBCODE APPROVAL BY CERTIFICATE			Mechanical		
CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO		
Date: 5.17.21			Other		
Approved by: JL			Final		

B. BUILDING CHARACTERISTICS

Use Group _____ Present _____ Proposed R-5 _____ If Industrial Building: _____
Number of Stories _____ State Approved _____
Height of Structure _____ Ft. HUD
Area - Largest Floor _____ Sq. Ft. Est. Cost of Bldg. Work:
New Bldg. Area / All Floors _____ Sq. Ft. 1. New Bldg. _____
Volume of New Structure _____ Cu. Ft. 2. Rehabilitation _____
Total Land Area Disturbed _____ Sq. Ft. 3. Total (1+2) \$21,725

TYPE OF WORK

New Building
 Addition
 Rehabilitation
 Roofing
 Siding
 Fence
 Sign
 Pool
 Retaining Wall
 Asbestos Abatement Subchapter 8
 Lead Haz Abatement NJAC 5:17
 Radon Remediation
 Other
 Demolition

Height (exceeds 6') _____ Sq. Ft.
_____ Sq. Ft.

FEE (Office Use Only)

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$41
TOTAL FEE \$887

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please include the following information:

U.C.C.F.110 (rev. 1/109)

CONSTRUCTION PERMIT

Date Issued 2-19-21
 Control # 93095386
 Permit # 21-00330

IDENTIFICATION Block: 135 Lot: 2.02 Qualifier _____
 Work Site Location: SARATOGA/4901-4907 TROTTERS WAY Toms Contractor NATIONAL CONTRACTORS
River Township, NJ Address 145 FIFTH ST. EWING NJ 08638
 Owner in Fee SARATOGA @ JIM HICKS PROP MGR Telephone: (609) 771-4200
1 ASCOT COURT TOMS RIVER NJ 08755 Lic. No. or Bids. Reg. No. 223567558
 Telephone: (732) 901-1352 Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ROOF (TEAR OFF)

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 \$21,725

[Signature] 2/1/21
 Construction Official Date

U.C.C. F170
 equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$847
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$41
CO Fee	
Other	\$0
Total	\$888
Check No. <u>28394</u>	
Cash	\$0
Credit	\$0
Collected By <u>[Signature]</u>	

REQUIRED INSPECTIONS

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

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

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 - Foundations and all walls up to grade level prior to back filling.
 - All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 - Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.
- Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.
- Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- A complete copy of released plans must be kept on the job site.
- If you do not understand any of this information, please ask.



**BUILDING SUBCODE
TECHNICAL SECTION**



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000
Block 135 Lot 2.02 Qualification Code
Work Site Location: SARATOGA/4901-4907 TROTTERS WAY Toms River Township, NJ

Owner in Fee: SARATOGA/JIM HICKS PROP MGR
Address 1 ASCOT COURT TOMS RIVER NJ 08755
Tel. 732/301-1352 Email
Contractor: NATIONAL CONTRACTORS
Address 145 FIFTH ST LEWING NJ 08638
Tel. (609) 771-4200 Fax
Contractor License No. or, if new home, Bldgs Reg. No. 223567558 Exp. 3/31/2020
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Type	Dates (Month/Day)
<input type="checkbox"/> No Plan Required	Initial	Failure Approval
<input type="checkbox"/> All	Date	Initial
<input type="checkbox"/> Footing/Foundation		
<input type="checkbox"/> Struct/Framework		
<input type="checkbox"/> Exterior		
<input type="checkbox"/> Interior		
Joint Plan Review Required		
Elec <input type="checkbox"/> Plumb <input type="checkbox"/> Fire <input type="checkbox"/> Elevator		
SUBCODE APPROVAL for PERMIT		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		
Date:		
Approved by:		

INSPECTIONS

	Type	Dates (Month/Day)
	Failure	Approval
	Initial	
	Footing	
	Bonding	
	Foundation	
	Slab	
	Frame	
	Truss Sys./Bracing	
	Barrier-Free	
	Insulation	
	Finishes-Base Layer	
	Finishes-Final	
	Energy	
	Mechanical	
	TCO	
	Other	
	Final	
	Barrier-Free	
	Proposed	
	Proposed	
	State Approved	
	If Industrial Building:	
	State Approved	
	HUD	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

* Constr. Class Present _____ Proposed _____

Number 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. Rehabilitation _____
3. Total (1+2) \$21,725

Date Received 1/25/2021
Control # 93096396
Date Issued 2-19-21
Permit # 21-00330

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature _____
Print Name Here _____
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ROOF (TEAR OFF).

TYPE OF WORK

New Building
 Addition
 Rehabilitation
 Roofing
 Siding
 Fence
 Sign
 Pool
 Retaining Wall
 Asbestos Abatement Subchapter 8
 Lead Haz Abatement NJAC 5:17
 Radon Remediation
 Other
 Demolition

Height (exceeds 6') _____ Sq. Ft.
_____ Sq. Ft.

FEE (Office Use Only)
\$847

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$41
TOTAL FEE \$888

U.C.C.F.110 (rev. 11/09)
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one printed set in three dimensions.

UNIVERSITY CONSTRUCTION PERMIT

Date Issued _____
Permit # _____

IDENTIFICATION Block 135 Lot 2.02
 Work Site Location 4901-4907 Trotters Way Contractor National Contractors Inc
 Address 145 5th Street
 Ewing NJ 08638
 Owner in Fee Saratoga at Tomis River CA Inc. c/o Prime Manag
 Address 1 Ascot Court Tel. (609) 771-4200
 Tomis River, NJ 08755 Lic. No. or Bldgs. Reg. No. 13VH02271300
 Tel. (732) 901-1352 EIN 22-3567558

Is hereby granted permission to perform the following work:

- BUILDING () LEAD HAZARD ABATEMENT
- ELECTRICAL () PLUMBING
- ELEVATOR DEVICES () FIRE PROTECTION () DEMOLITION
- () ASBESTOS ABATEMENT () OTHER _____

DESCRIPTION OF WORK:

Remove existing roof shingles. Install new GAF roof shingles.

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 \$ \$27,725.00

Construction Official _____ Date _____

U.C.C. F176 (rev. 01/04) 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____



Toms River Township
 Construction and Permits
 33 Washington Street
 Toms River, NJ

Date Issued 1/14/1999
 Control Number 92024325
 Permit Number 9706093
 Permit Issue Date 3/18/1997
 Certificate Number 9706093

Certificate
 Construction Code Division
 (Certificate of Occupancy)

Identification

Work Site Location: 4903 TROTTERS WAY Toms River Block: 135 Lot: 2.02 Qual: C4903
Township, NJ
 Owner in Fee: MENK CORP.
 Owner Address: 4000 RT. 66 TINTON FALLS NJ NJ 07753
 Telephone: (908) 922-6100
 Contractor PRE-CONV CUST PERMIT OPEN
 Address NJ
 Telephone: _____ Fax: _____ Federal Emp. Number: _____
 License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: State Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: _____ Maximum Occupancy Load: _____

Description of Work/Use: - PROTO 95-169 LERESORT CONDO - UNIT C
 BASEMENT 3BR. WITH FIREPLACE.

Certificate Comments:

Certificate of Occupancy

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

Certificate of Approval

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

Certificate of Continued Occupancy

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

Temporary Certificate of Compliance

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

Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

Certificate of Compliance

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

Temporary Certificate of Occupancy

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

Fee: \$0.00

Check Number: _____

Collected By: _____

 Construction Official

Block: 135 Lot: 2.02 Qualifier: C4903 Card: 1

Location: 4903 TROTTERS WAY	Units: 1	Nbhd:	Model:	VCS: SARN
	SFLA: 1929	Floor:	Bldg Name:	Map Page: 901
	Prop Class: 2	Occupancy:	Zoning: MF6	Year Built: 1998
	Bldg Class: 35		Addtl Lot:	NC Interior GOOD
	Bldg Desc: 2F1G 1929		Land Dim: SARATOGA	NC Exterior GOOD
	Info By: EXTERIOR ONLY		Style: TOWNHOME INT	NC Layout AVERAGE

Notes: (no sketch thumbnail)

Room Count						
	B	1	2	3	4	T

Floor Area (footprint)						
	First	Uppr	Half			
Item	Bsmnt	Floor	Floor	Story	Attic	
Z1 1S-B	1,685	1,685	0	0	0	
Z2 1S-CR	0	220	0	0	0	
Z3 1SOV	0	24	0	0	0	
Totals	1,685	1,929	0	0	0	

SqFt Living Area		Sketch Areas	
Item	Area	Description	Sq Ft
First Floor	1,929		
Upper Floor	0		
Half Story	0		
Fin Attic	0		
Living Bsmnt	0		
Unfin Area (-)	0		
Total Area	1,929		

Attached Items		Assessment History					
Seg	Item	Area	Year	Class	Land	Improv	Net
ZA1	ATT. GAR.	220	2024	2	145,000	123,700	268,700
	Total Area	220	2023	2	145,000	123,700	268,700
			2022	2	145,000	123,700	268,700
			2021	2	55,000	160,200	215,200
			2020	2	55,000	160,200	215,200

Detached Items		Dwelling Detail						
Desc	Area	Element	Description	Year	Class	Land	Improv	Net
		Bldg Class	35	2024	2	145,000	123,700	268,700
		Type	CONDOMINIUM	2023	2	145,000	123,700	268,700
		Yr Built	1998	2022	2	145,000	123,700	268,700
		Height	2 STORY	2021	2	55,000	160,200	215,200
		Style	TOWNHOME INT	2020	2	55,000	160,200	215,200
		Roof Type	GABLE					
		Roof Mat.	ASPH SHNGL					
		Bsmnt/Fin						
		Foundation	BLK/CONCRT					
		Exterior	VINYL					
		Interior	DRYWALL					
		Floor	MIXED					
		Heat Src	GAS					
		Heat Sys	1929-FORCED AIR					
		Air Cond	1929-ALL COMBIN					
		Fireplace	1-FRESTND FP					
		Plumbing	1-5FIX BATH					
			1-3FIX BATH					
			1-2FIX BATH					

Miscellaneous		Write Ins	
Desc	Number	Desc	Value