

Prop	erty Information	Request Information	<b>Update Information</b>
File#:	BS-X01661-157633826	Requested Date: 06/04/2024	Update Requested:
Owner:	ZAMBRANO, RALPH A JR	Branch:	Requested By:
Address 1:	4903 TROTTERS WAY	Date Completed:	Update Completed:
Address 2:		# of Jurisdiction(s):	
City, State Zip	: TOMS RIVER, NJ	# of Parcel(s):	

### **Notes**

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

Collector: Toms River Township Zoning Department Payable: 33 Washington Street, Toms River, NJ 08753

Business# 732-341-1000

PERMITS Per Toms River Township Building Department there are no Open/Pending/ Expired Permit on this property.

Collector: Toms River Township Zoning Department Payable: 33 Washington Street, Toms River, NJ 08753

Business# 732-341-1000

SPECIAL ASSESSMENTS Per Toms River Township Tax Collector there are no Special Assessments/liens on the property.

Collector: Toms River Township Finance Department Payable: 33 Washington Street, Toms River, NJ 08753

Business# 732-341-1000

DEMOLITION NO

UTILITIES Water:

Account #: N/A
Payment Status: N/A
Status: Pvt & Lienable
Amount: N/A
Good Thru:N/A

Account Active: Active Collector: Veolia Toms River

Payable Address: 1451 NJ-37 #2, Toms River, NJ 08755

Business # 877-565-1456

 $\label{toprovide} \textbf{UNABLE TO PROVIDE INFO TO THIRD PARTIES. HOMEOWNER AUTHORIZATION NEEDED.}$ 

**SEWER** 

Account #: 35805-1 Payment Status: PAID Status: Pvt & Lienable Amount: \$0.00 Good Thru: NA Account Active: Active

Collector: Toms River Municipal Utilities Authority

Payable Address: 340 West Water Street, Toms River, NJ 08753

Business # 732-240-3500

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

Garbage:-

Garbage bills are included in the Real Estate Property taxes

## Township of Toms River





135. 2.02 -C4903	Tax Account Id:	11895
4903 TROTTERS WAY	Property Class:	2 - Residential
ZAMBRANO, RALPH A JR	Land Value:	145,000
4903 TROTTERS WAY	Improvement Value:	123,700
TOMS RIVER NJ 08755	Exempt Value:	0
	<b>Total Assessed Value:</b>	268,700
	Additional Lots:	None
FIRE DIST 2	Deductions:	
	4903 TROTTERS WAY ZAMBRANO, RALPH A JR 4903 TROTTERS WAY TOMS RIVER NJ 08755	4903 TROTTERS WAY  ZAMBRANO, RALPH A JR  4903 TROTTERS WAY  4903 TROTTERS WAY  TOMS RIVER NJ 08755  Exempt Value:  Total Assessed Value:  Additional Lots:

Mak	ce a Payment	Vie	ew Tax Rates	View Current Bill	Project Inte	erest	
Year	<b>Due Date</b>	Туре	Billed	l Balance	Interest	Total Due	Statu
2024	02/01/2024	Tax	1,162.80	0.00	0.00	0.00	PAII
2024	05/01/2024	Tax	1,162.80	0.00	0.00	0.00	PAII
	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	PAII
2023	05/01/2023	Tax	1,120.48	0.00	0.00	0.00	PAII
2023	08/01/2023	Tax	1,205.12	0.00	0.00	0.00	PAII
2023	11/01/2023	Tax	1,205.12	0.00	0.00	0.00	PAII
	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	PAII
2022	05/01/2022	Tax	1,343.92	0.00	0.00	0.00	PAII
2022	08/01/2022	Tax	897.03	0.00	0.00	0.00	PAII
2022	11/01/2022	Tax	897.03	0.00	0.00	0.00	PAII
	Total 2022		4,481.91	0.00	0.00	0.00	

**Return to Home** 

## Toms River | 4903 TROTTERS WAY

135 2.02 - Residential

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

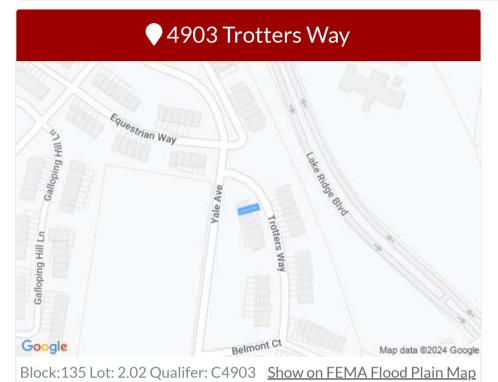
# 4903 Trotters Way

Block: 135 Lot: 2.02 Qual: C4903

Residential

## **Section Summary**







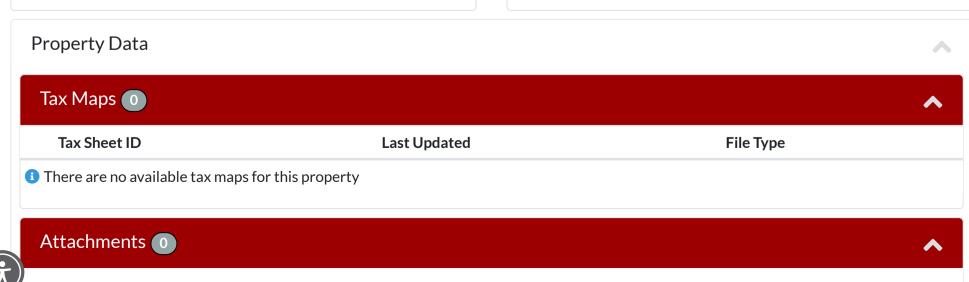
<b>A</b> Location						
Street	4903 Trotters Way					
City						
Zip						
Block	135					
Lot	2.02					
Qualifier	C4903					

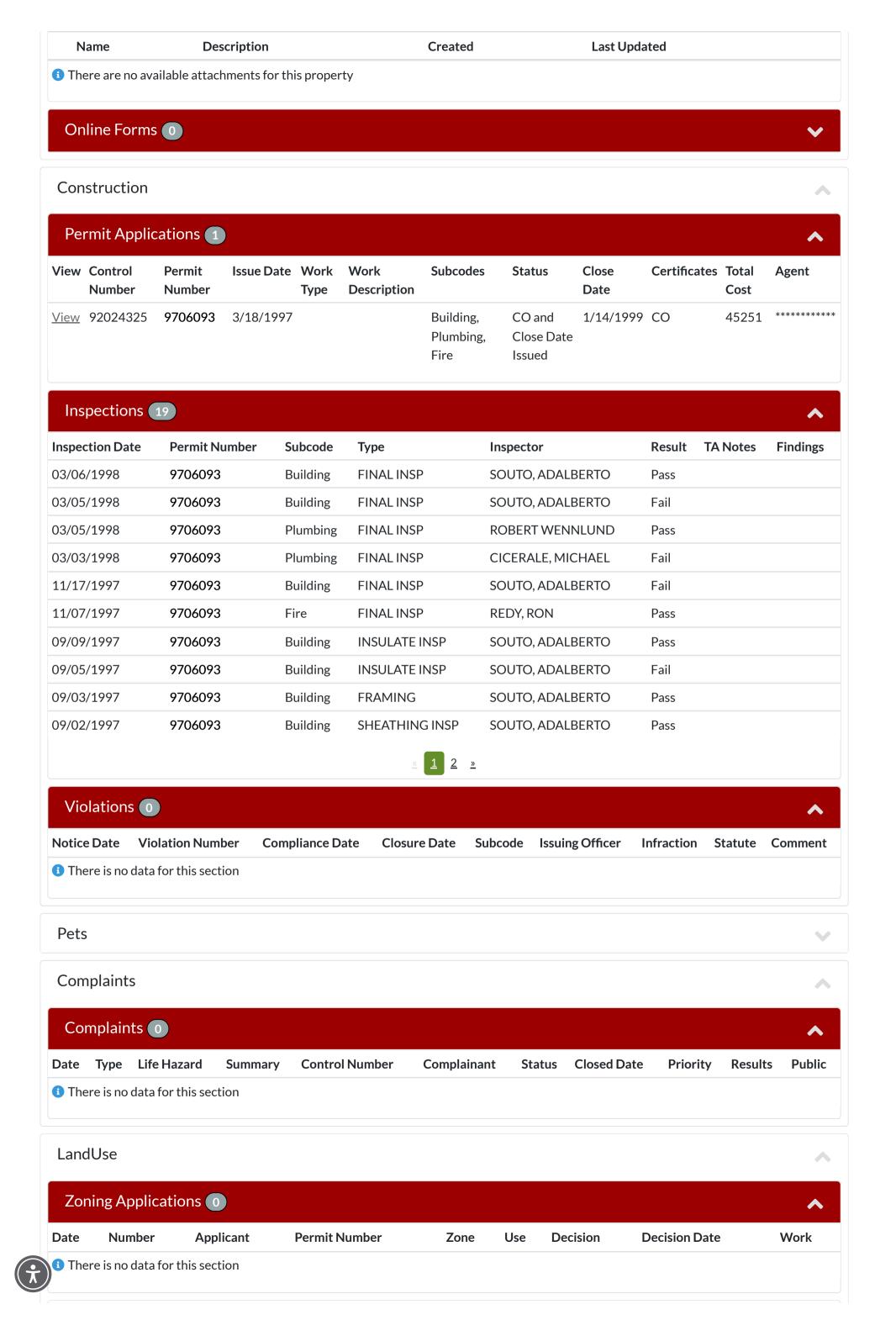
<b>≣</b> De	tails
Building	2F1G 1929
Land	SARATOGA
Acreage	acres²
Property Class	2 - Residential
Last Sale Price	\$260000
Last Sale Date	5/3/2018

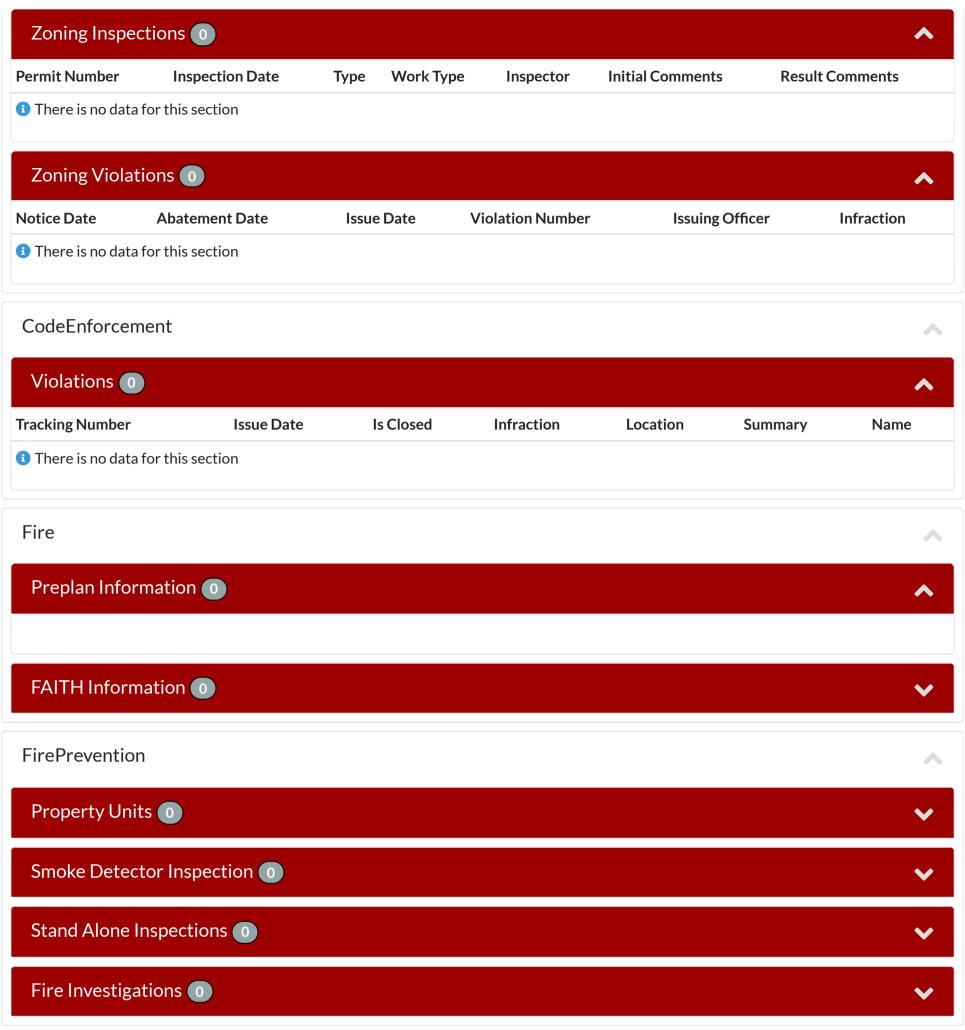
<b>∭</b> GeoAreas					
Ward					
Zoning					
DPW District					
Historic					
Census					

	<b>_</b> Owner
Name	*******
Address	4903 Trotters Way
City, State	Toms River , NJ
Zip Code	08755

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







1 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.



135 BLOCK

LOT 2.02

\_ QUALIFICATION CODE \_\_\_

ADDRESS (SITE) 4901-4907 Trotters Way

21-00330

	CONST	CONSTRUCTION PERMIT	NOIL	PER	TIM:		V. FEE SUMMARY (for office use only)  1. Building  2. Electrical	e use only)	Update	Update
Applicant Completes: Sections I, II, III (optional), IV, VI, and VII	1, 11 (optional), 11, VI, and VII	7, and Vii		95	386	ლ. 4. rų	Plumbing Fire Protection Elevator Devices			
Throposed Work Site at: 4901-4907 Trotters Way	1-4907 Trotters Wa	×				6. Subtot 7. Less	5% for State Plan Review s	Review S		
Name of Owner in Fee. Sara Tel. (732) 901-1352	Itoga at Toms River	c/o Prime N	gt Inc			Sub of	otal le Permit Surcharge Fee	Fee S		
Address 1 Ascot Court	in i	Toms River	River		08755	10. Cert. of	Ablotal Cert. of Occupancy	•		
3. Ownership in Fee: Public	Private	d d		da	ap code	12. Other				
4. Principal Contractor. National Contractors Inc. Address 145 Fifth Street	al Contractors Inc		Tel. 609-771-4200	609-771-4200	the operation	VI. BUILDING	VI. BUILDING/SITE CHARACTERISTICS	TERISTICS	(o)	(office use only)
Ewing, NJ 08638	8		amar.	Si ano ialco	total	2. Height of Structure	Number of Stories Height of Structure		<u>'</u>  '	
License No. OR, if new home, Builder Reg. No.	Ι.	13VH02271300		Exp Date 03/30/2021	2021	3. Area —	Area — Largest Floor		8	
Home Improvement Contractor Registration No. or Exemption Reason Federal Emp. ID No. 223567558	r Registration No. or Ex. 7558	emption Reasor	'	609-771-9230		4. New Bu 5. Volume	New Building Area Volume of New Structure		\$ 5 5 5	
Architect or Engineer			1 2 2 2			7. Max. Oc.	Max. Deginancy Load			
Address		ة ة	e-mail			8. If Industr	If Industrialized Building State A		1	
		FAX				9. Total Lar	Total Land Area Disturbed	울 		
Responsible Person in Charge once Work has Begun	once Work has Begun					-	Flood Hazard Zone		 ====================================	
Tel.		FAX					Base Flood Elevation			
Addis GasCaCag ell						12. Wetlands	yes	or	<u></u>	
Minor Work		New Building	0	0				VII. DESCRIPTION OF BLIII DING LISE	SIL DING III	
Repair		Afference	20	Addition	uoi)ii	Demolition	Nition	A. RESIDENTIAL (primary use)	(asn	
o the contract of	1	- Andraion			Renovation		Reconstruction	1. State Specific Use:		
	atSubch. 8	Lead Hazard Abatement	rd Abatement		□ Radon Remediation		C Annual Permit	2. Use Group, Proposed: Select Group	Select Grou	•
IIIP SUBCODES	$^{+}$		FOR OF	FOR OFFICE USE ONLY (Optional)	LY (Optional)			3. Change in Use Group, Indicate Present Select Graum	ndicate Pres	ert' Select Gr
	Est. Cost Plans Recid by	Recid	Rejection	Approval Oate	Re-	Resubmission Dates	Re	4. No. of dwelling units: Total Units Income-restricted	(al Units Inco	me-restricted
* Building	21,725 VAV 1.255.15	15282		12121	₹MJ		_L	Gained, Sale		,
Electrical					-			Lost, Sale		ļ
Plumbing					$\dagger$	+	$\frac{1}{1}$	Lost, Rental		11
Fire Protection			1	1	1	+	+	B. NON-RESIDENTIAL (primary use) 1. State Specific Use:	mary use)	
		1		1	+	1		2. Use Group, Proposed: Select Group	Select Group	
TOTAL COST	604 705							3. Change in Use Group, Indicate Presen	Indicate Pres	en Select Gro
III. PLAN REVIEW (optional)	IV. DOES O	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWINGS	BUILDING	VAR MINTAG	of Tue			D. Construct. Classification: Present	oary use(s):	
DO YOU WANT	1 Flevs	Elevatore/Fersistore/I ide./	, ibr.	No.	בו ושבו	CLOWING?			Proposed	
1. ☐ Partial Releases 2. ☐ Prototype Processing		Dumbwaiters/Moving Walks High Pressure Boilers Pressure Vessels	Walks 5.		n Systems ections/Bac Uses/Places	reingeration Systems Cross-Connections/Backflow Preventers Hazardous Uses/Places of Assembly Contribution Contribution	8. Smoke (9. Undergrand). Swimmin	Smoke Control Systems in Open Wells 12. Fire Alarm 9. Underground Storage Tanks     Swimming Pools. Spas and Hot Tubs	12.□ F	re Alarm
UCC F100-1 (rev 8/06)			7.	opininaers/Standpipes	audbibes		11. ☐ LPGas 7	anks		

	L	All the state of t
l heret	оу с	ertify that I am the owner in fee of the property listed on Page 1.
Mark t	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 be subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that sainew 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 certificate of occupancy.
		I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOI THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTEI ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OI 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.lx:
		I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renova- tion, 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. ( C.	)	I further certify that I will perform or supervise the following work: ( ) Building C.2. ( ) Fire Protection
l fu C.3	urth	er certify that I will perform the following work: ( ) 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 and loc	er ce cal p	rtify the following as required by the Uniform Construction Co. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
i further and loc prior to i unders	erce calp per star	ritify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, for approvals, including such certification as the construction official most activation.
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I further and loc prior to I unders Signatu II. AG I hereby rized by I further	erce calpoper stan ure_ GEN y ce y the	ritify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county rior approvals, including such certification as the construction official may require, have been given or will be given int issuance.  d that if any of the above statements are willfully false, I am subject to punishment.  Date  T SECTION (to be completed if the applicant is not the owner in fee) titly 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 application as his applicance.
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Il further and loc prior to I under Signatu II. AG I hereby izzed by III. AG I hereby izzed by If urther and loc I agree it and to c unders III. Address Address	er ce cal p per stan  GEN' y ce y the to a per to a hecl	riffy the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, rior approvals, including such certification as the construction official may require, have been given or will be given int issuance.  d that if any of the above statements are willfully false, I am subject to punishment.  Date  T SECTION (to be completed if the applicant is not the owner in fee) riffy the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized owner in fee; and I have been authorized by the owner in fee to make this application as his agent.  This following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, for approvals, including such certification as the construction official may require, have been given or will be given in tissuance.  The following all contractors on this project that they are required to be registered with the New Jersey Division of Taxation by with all New Jersey tax laws.  The following all contractors are willfully false, I am subject to punishment.
I further and local prior to to a understand local prior to to a understand local prior to to to a understand local understan	er ce cal p per stan  gen gen gen gen gen gen gen gen gen g	riffy the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, rior approvals, including such certification as the construction official may require, have been given or will be given int issuance.  d that if any of the above statements are willfully false, I am subject to punishment.  Date  T SECTION (to be completed if the applicant is not the owner in fee) riffy the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized owner in fee; and I have been authorized by the owner in fee to make this application as his agent.  Tiffy the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, rior approvals, including such certification as the construction official may require, have been given or will be given it issuance.  I divide all contractors on this project that they are required to be registered with the New Jersey Division of Taxation by with all New Jersey tax laws.  I am subject to punishment.  It is contractor.
I further and loc prior to i unders Signatu II. AG I hereby izzed by I further and loc prior to to unders ( ) Ci Agent N Address ———————————————————————————————————	er ce cal per per stan ure_ SEN y ce al per to a com stan hecl	riffy the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, rior approvals, including such certification as the construction official may require, have been given or will be given not it issuance.    Date   Date

CERTIFICATION IN LIEU OF OATH

U.C.C. F100-2 (rev. 192014

#### 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.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.

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
<ul> <li>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.</li> </ul>
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.
(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.

U C C F100-2 (105-41/2014)

DATE EXPIRED DATE EXPIRED REGIONAL Name of Code & Edition DATE ISSUED As Built Elevation Cert. IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only-optional) COUNTY
APPROVAL Energy Barrier Free Flood Hazard Other LOCAL Name of Code & Edition X. CERTIFICATES ISSUED (office use only) Temporary Certificate of Occupancy
 Temporary Certificate of Compliance
 Continued Certificate of Occupancy
 Certificate of Compliance
 Certificate of Compliance
 Certificate of Occupancy
 Certificate of Occupancy
 Certificate of Approval Transportation
N.J. Department of
Environmental Protection VIII. PRIOR
APPROVALS
CHECKLIST
(office use only) Community Affairs

N.J. Department of
Treasers ☐ Police Department ☐ Health Department ☐ Soil Conservation ☐ Planning Board Sewer Authority □ Water Authority ☐ Zoning Officer Zoning Board Utility Dig No. Fire Protection Mechanical Building Electrical

OFFICE DATE RECEIVED:

U.C.C. F100-3 (rev. 12/07)

B Co-fledrendy/vorch

1-25-2021

DATE: 2-3-2027

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J.C.S

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TOSAGE

DATE: 2-3-2027



Date Issued 6/22/2021 Control Number 93095386 Permit Numb

		Cal	rtificate	remit Number	21-00330
	(		ion Code Division	Permit Issue Date	2/23/2021
	`		ate of Approval)	Certificate Number	21-00330
			ntification		
Work Site Location:	SARATOGA/4901-4907 TROTTE Toms River Township, NJ	RS WAY	Block: 135	Lot: 2.02 Q	ual:
Owner In Fee:	SARATOGA @JIM HICKS PROP I	MGR		-	
Owner Address:	1 ASCOT COURT TOMS RIVER	NJ 08755			
Telephone:	(732) 901-1352				
Contractor	NATIONAL CONTRACTORS				
Address	145 FIFTH ST EWING NJ 08638	1			
Telephone:	(609) 771-4200 Fax	(;		iodoral E At I	
License Number o	or Builders Registration Number:			ederal Emp. Number:	
Home Warranty Num	_				
Use Group: R-5		etnickie-	Type o	of Warranty Plan: 🔲	State 🗌 Private
Maximum Live Load:	0 Max	ionum O	Classification:		
	Jse: ROOF (TEAR OFF)	amum O	ccupancy Load: 0		
The state of the s	Sec. NOO! (TEAR OFF)				
Construction Code and Construction Code and Certificate of App This serves notice that constructed or installed inform Construction ( issued for minor work, was visible at the time Certificate of Con This serves notice that sisble parts of the build the building is approve	cupancy said building or structure has be note with the New Jersey Uniform is approved for occupancy. It is approved for occupancy. It he work completed has been din accordance with the New Jers code and is approved. If the peri this certificate was based upon v of inspection.  It inspection of ding there are no imminent hazar d for continued occupancy.  Icate of Compliance s must be met no later than oject to fine or order to vacate:	sey mit was what the ds and	Partial or limited tim  Certificate of Comp. This serves notice that s has been installed and/o New Jersey Uniform Con until  Temporary Certific. The following conditions or the owner will be sub This certificate has an exp.	based on written certificated as per NJAC5:17 to ad-based paint hazards are period ( years); s rance - Asbestos Abased on written certificated to the following extended to foll	in scope of work ee file tement ation, asbestos int. of work ee file se quipment is equipment ince with the approved for use
) Hours			Fee:	\$0.00	
Kanana ara			Check Nu	ımber;	

Construction Official

Date Printed: 6/29/2021 U C C F260 (rev 08/05) Page 1



Certificate

Date Issued 6/22/2021 Control Number 93095386 Permit Number 21-00330

Permit Issue Date 2/23/2021 Construction Code Division Certificate Number 21-00330 (Certificate of Approval) Identification Work Site Location: SARATOGA/4901-4907 TROTTERS WAY Toms River Township, NJ Block: 135 Lot: 2.02 Qual: SARATOGA @JIM HICKS PROP MGR Owner in Fee: 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 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 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 Construction Code and is approved for occupancy.  $\hfill\square$  Total removal of lead-based paint hazards in scope of work 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 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. was visible at the time of inspection.  $\hfill\square$  Total removal of asbestos hazards in scope of work ☐ 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. 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 ☐ Temporary Certificate of Compliance New Jersey Uniform Construction Code and is approved for use 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: ☐ Temporary Certificate of Occupancy The following conditions must be met no later than: or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: Conditions to be met:

Construction Official U.C.C. F260 (rev. 08/05) Date Printed: 6/29/2021

Fee: \$0.00 Check Number: Collected By: Page 1



Permit # 21 - 0033 0
Dete Issued 2 - 19 - 21
Control # 930 9 5 3 8 C
Certificate Application Received:
Certificate Issued:

IDENT	TIFICATION Certificate Issued:
Work Site Location 4901-4907 Trotters Way	- Block135 Lot 2.02 Occurs
when in ree Saratoga at Toms River	444 145 5th Ot
ONING PARAGE. NO	Tel (609) 771-4200
et <u>(732) 901-1352</u>	License No. 13VH02271300
	Federal Employee No. 223567558
ACTI	
U LEAU DAZARI) ARZ	OCCUPANCY CONTINUED OCCUPANCY ATEMENT CERTIFICATE OF CLEARANCE TIFICATE OF OCCUPANCY
LISE CROUP	
FINAL COST OF CONSTRUCTION: \$	Current
(include value of any new structure, all as air.	
equipment exclusive of process or manufacturing equi	pment.)
If you are requesting a Temporary Certificate of Occupa	ancy, please explain why in the space below.
DESCRIPTION OF WORK/USE: Re-roof	
I hereby attest that to the best of my knowledge, the copermit and all prior approvals, and all work has been come those portions of the plans and specifications controlled by plete items listed on a Temporary Certificate of Occupan SIGNED:	

U C C F270(rev 8/2011)

AGENT

$\frac{135}{\text{BUILDING SUBCODE}}$



1	
$\langle V \rangle$	
X	

1/25/2021 92095/396 21-00330	
Date Received Control # Date Issued Permit #	

	0 _ 2
TECHNICAL SECTION	A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NOT - 1900-272-1000 Block 135

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-80-272-1000  Block. 135  Lot. 2.02  Work Sife Location: SARATOGA/4901-4907 IROTTERS WAY Toms River Travenin. N. 1	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
Owner in Fee: SARATOGA & IIIA LICKS TOOL	
Address 1ASCOL COURT TOMS RIVER NJ 08755	Signature
Tel. (732) 901-1352 Fmail	Print Name Here:
Contractor: NATIONAL CONTRACTORS	D. TECHNICAL SITE DATA
Address 145 FIETH ST EWING NJ 08638	DESCRIPTION OF WORK
Email	
Tel. (609) 771-4200	ROOF (TEAR OFF),
Contractor License No. or, if new home, Bidrs Reg. No. 223567558 Exp. 3/31/2020	
(is applicable)	
ederal Emp. ID No.	

JOB SUMMARY (Office Use Only)	CTIONS	١š		
PLAN REVIEW Date Initial	Footing	ailure Approval	Initial	
	Footing Bonding			
₩ □	Foundation			
Footing/Foundation	Slab			I YPE O
Struct/Framework	Frame			
Exterior	Truss Sys./Bracing			<u>\$</u>
□ Interior	Barrier-Free			Ē
Joint Plan Review Required	Insulation			<u>.</u> [5]
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	Finishes-Base Laver			֓֞֞֝֞֞֜֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֝֓֓֓֓֡֓֓֡֓֡֓֓֡֓֡֓֡֓֡
SUBCODE APPROVAL for PERMIT	Finishes-Final	 		֓֞֞֞֞֞֞֞֞֝֞֞֞֝֞֞֝֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞
Date	Freeze			֟ ֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞
Approved by:	- Annual Control of the Control of t			
Ų.	Mechanical		1	₹ □(
43 F 000 C 00 F	a de la companya de l			<u></u>
ved by:	Fibal	- 14/14/2	Įŧ	₹   
B. BLIII DING CHADACTEDISTICS	Barrier-Free	्राम्य -	*	֓֞֞֞֟֝֟֟֝֟֝֟֝֟ ֓֞֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞
				§ 300
Constr. Class Present Pr		State Approved		֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞
Number of Stories		State Approved		
Height of Structure				
Area - Largest Floor	i.	tal. Cost of Bing. Work:		
New Blbg. Area / All Floors		2 Rehabilitation		
Volume of New Structure		(1+2) 624 726		
Total Land Area Disturbed				
			C.C.C.F.110 (INV. 11/09)	ev. 17/09)

FEE (Office Use Only)			2847		(9)									urchange	Minimum Fee	arge Fee S41	TOTAL FEE
PE OF WORK	New Building	Addition	Roofing	Siding	Fence Height (exceeds 6')	Sign Sq. Ft.	Pool	Retaining Wall Sq. Ft.	Asbestos Abatement Subchapter 8	Lead Haz Abatement NJAC 5:17	Radon Remediation	Other	Demolition	Administrative Surchange	Minis	State Permit Surcharge Fee	.01

Applicant: When submitting this form to your Local Construction Code Enforcement Office Idease movide one retinised this times thinknowing



Date Issued 2-19-24
Control # 93095386
Permit # 21-00330

	IDENTIFICATION Work Site Location	Block SARA	k: 135 TOGA/4901	4907 TROTT	Lot: 2	)2		Qualifier	
	Owner in Fee	LIAGI	TOWNSHIP, N	J LHICKS PROI		Toms	Contractor Address	NATIONAL 145 FIFTH	CONTRACTORS ST EWING NJ 08638
		1ASC	OT COURT	TOMS RIVER	NJ 0875		Telephone:	(609) 771-4	200
	Telephone:	(732)	901-1352				Lic. No. or B Federal Emp	ldrs. Reg. No.	223567558
							i doerai Cilij	NOY <del>OO</del> . NO.	
	is hereby granted	permis	sion to perf	orm the follow	ving work	:			PAYMENTS (Office Use Only)
6	BUILDING		PLUM	BING		□ LEA	D HAZARD A	DATEMENT	Building\$847
	ELECTRICAL		☐ FIRE P	ROTECTION				DATEMENT	Electrical\$0
C	ELEVATOR DE	VICES					OLITION		Plumbing \$0
			(Subc	TOS ABATEN hapter 8 only)	MENI	□ отн	ER		Fire Protection
	DESCRIPTION OF ROOF (TEAR OFF)								Other \$0.00
_	TEAR OFF								DCA Training Fee \$41
-									CO Fee
	iote: If construction	n does	not comme	ence within or	10 (1) vest	of data of	lee		Other\$0
E	onstruction cease stimated Cost of	s for a Work	period of si \$21,725	x (6) months,	this perm	it is void.	issuance, or	·n	Total S888
									Check No. 28999
			Min	du	2/	1/21			Condition
L	Constructi	on Offic	ial		Date				Collected By
	quiv (rev 1/04)								
_	1 WHITE -	INSPE	CTOR	2 CANAR	RY - OFFIC	E	3 PINK	TAX ASSES	SOR 4 GOLD - APPLICANT
•				RE	QUIR	ED IN	SPECTI	ONS	
									ons N.J.A.C. 5:23-2.18. This agency will carry led conforms with the requirements of the
R	ne owner or other re	sponsil	ble person in	charge of wor	k must not	ify this age	ncy when wor	k is ready for	any required inspections specified below. ections will be performed within three business le the inspection until it has been made and
$\square$	Required inspecti	ons for	all subcodes	for one- and t	wa familia	december -			
	accordance w	ith the r	trenches be equirements	fore placemen of the building	t of footing subcode.	s, except th	e as follows: nat in cases of	f pile foundation	ons, inspections shall be made in
	<ol><li>Foundations a</li></ol>	and all w	valls up to gr	ade level prior	to back fill				
	plumbing. The ventilation and prior to the ins	raming, framine for air stallation	connections g inspection : conditioning of any interi	, wall and roof shall take plac duct system. I for finish mater	sheathing e after the The insulat	and insulat rough election inspecti	on shall be pe	rformed after	panel and service installation; rough ons and after the installation of the heating, all other subcode rough inspections and
	<ol> <li>Installation of mechanical sy</li> </ol>	all finish stems e	ned materials equipment.	, sealings of e	xterior join	ts, plumbing	piping, trim :	and fixtures; e	electrical wiring, devices and fixtures;
		d incon	diana 6						ellings, are fire suppression systems, heat
									d to these requirements:
	Barrier Free acces	sibility,	if applicable;	and verificatio	mbing pipe n of compl	pefore a fina sh material s, trim and iance with t	al Certificate of s, sealing of e fixtures; tests NJAC 5:23-3.	of Occupancy xterior joints. required by a 5. "Posting str	or Approval may be issued. The final mechanical system and other required any provision of the adopted subcodes, ructures".
ن الاس	A complete copy or ou do not understar	f release	ed plans mus	st be kept on th	ne job site.				
,(	o ao not understar	ia any c	of this informa	ation, please a	sk.				

BUILDING SUBCODE TECHNICAL SECTION	



1/25/2021	X	21-00330
Date Received	Date Issued	Permit #

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application. C. CERTIFICATION IN LIEU OF OATH A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS NOTICY THIS GENER FAIL ITHIN THE NO 1-80-279-10M

Block 135 Qualification Color 2.02 Qualification Code	
cation: SARATOGA/4901-4907 TROTTERS W	_
Owner in Fee: SARATOGA @JIM HICKS PROP MGR	
Address 1 ASCOT COURT TOMS RIVER NJ 08755	
Tel. (732) 901-1352 Email	
Contractor: NATIONAL CONTRACTORS	
Address 145 FIFTH ST EWING NJ 08638	
Email	
Tel. (609) 771-4200 Fax.	
Contractor License No. or, if new home, Bldrs Reg. No. 223567558 Exp.	Exp. 3/31/2020
Home improvment Contractor Registration No. or Exemption Reason(is applicable):	
Federal Emp. ID No.	

Print Name Here: Signature

			**********				FEE (Office Use Only)
D. TECHNICAL SITE DATA	DESCRIPTION OF WORK	ROOF (TEAR OFF).					TYPE OF WORK
			02			Initial	
			Exp. 3/31/2020		onth/Dav)	Failure Approval	
			Ě		Dates (M	Failure	
				n(is applicable):		Failure	

	ľ										, §	. 8		B
					Height (exceeds 6')	8	Sq. Ft.	ant NJAC 5:17			Administrative Surcharde	Minimum Fee	State Dermit Surchame Fee	
	TYPE OF WORK	New Building	Rehabilitation	Roofing Siding	- Fere		Retaining Wall Subchapter 8	Lead Haz Abatement NJAC 5:17	Radon Remediation	Demolition				
Initial												ند		
Dates (Month/Day) Failure Approval										maing:	1	Est. Cost of Bidg. Work:		i
Dates (M Failure										State Approved	HUD	st. Cost of	1. New Bidg.	2 Rehabilitation
Failure										≣ ‴  •	-	ū	-	•
Type: Footing	Foundation	Slab Frame	Truss Sys./Bracing_ Barrier-Free	Insulation	Finishes-Final	Energy	02 <del>j</del>	Final	Barrier-Free	Proposed A-2		۳.	2. S.	5
JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial	No Plan Required	Footing/Foundation	Exterior	Joint Plan Review Required	SUBCODE APPROVAL for PERMIT	Date: Approved by:	SUBCODE APPROVAL for CERTIFICATE  CO CCO CA	Date: Approved by:	IG CHARACTERISTICS	Present	Number of Stories	Height of Structure	Area - Largest Floor	New Ribo Area / All Floors
P.A.	≗ ₹ □□			֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	J S	Appro	<u>8</u> 0	Appro	B.BU	Use Group Constr. Class	Numbe	Height	Area -	Now R

\$847

Applicant When submitting this form to your Local Construction Code Enforcement Office release retrieves one retrieval rates those structuration TOTAL FEE e Fee

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

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

. P. F. S. F.

New Bibg. Area / All Floors

Volume of New Structure Total Land Area Disturbed

CONSTRUCTION	PERMIT
	Villege and III

Date Issued Permit #

(See reverse sid 4 GOLD-APPLICANT	3 PINK-TAX ASSESSOR	2 CANARY-OFFICE	1 WHITE-INSPECTOR
Collected by			
Cash			Constitution Offices
Check No.			
Total		\$21725.00	Estimated Cost of Work \$ \$21725.00
Other	issuence, or	ence within one (1) year of date of	NOTE: If contraction does not commence within one (1) year of date of issuence, or if construction general for a period of six (8) months this population.
Cert. of Occupancy		:	i i i i i i i i i i i i i i i i i i i
DCA State Permit Fee		/ GAF roof shingles.	Remove existing roof shingles. Install new GAF roof shingles.
Other			
Elevator Devices			DESCRIPTION OF WORK:
Fire Protection		(Subchapter 8 only)	S)
Plembios	OTHER	ASBESTOS ABATEMENT ( ) OT	[ ] ELEVATOR DEVICES [ ] AS
Electrical	DEMOLITION	_	_
Building	LEAD HAZARD ABATEMENT	_	~
PAYMENTS (Office Use Only)		m the following work:	d permission t
	EIN 22-3567558		Tel ( 732 ) 901-1352
3VH02271300	le Me de Britan		Toms River NJ 08755
	Tel ( 609 ) 771-4200		Address 1 Ascot Court
	Ewing NJ 08638	ver CA Inc. c/o Prime Manag	Owner in Fee Saratoga at Toms River CA Inc. c/o Prime Manag
	Address 145 5th Street		
actors Inc	Contractor National Contractors Inc	ers Way	Work Site Location 4901-4907 Trotters Way
Qualification Code	Qualificat	Lot 2.02	IDENTIFICATION BIOCK 135

4

			BUILDING SUBCODE	TECHNICAL SECTION
Ľ	_	_	_	4



A IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000. CONTRACTORS NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000. Block 135.

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

C. CERTIFICATION IN LIEU OF OATH

Date Received Control # Date Issued Permit # Sign here: Lori Slobiski for National Contractors Inc

Remove existing roof shingles. install new GAF roof shingles.

DESCRIPTION OF WORK D. TECHNICAL SITE DATA

Work Site Location 4901-4907 Trotters Way	ly see a	
Toms River NJ		
Owner in Fee: Saratoga at Toms River c/o Prime Mgt Inc	Prime Mgt Inc	
ге. (732) 901-1352	e-mail	
Address 1 Ascot Court	Toms River	08755
Contractor: National Contractors Inc	municipality Tal (609)	(609) 771-4200
ddress 145 5th Street	e.mail info@natio	e-mail info@nationalcontractors ne

	Exp. Date 03/31/2021		FAX: (609) 771-9230	
Ewing NJ 08638	Contractor License No. or Builder Registration No. 13VH02271300	Home Improvement Contractor Registration No. or Exemption Reason	Federal Emp. ID No. 223567558	

Federal Emp. ID No. 223567558	FAX	FAX: (609) 771-9230	33
	SINCITOSOM		
Required 1 21 12 1 1 1 1	Failure	Patters (Month/Day) Fatture Approval	Initial
	Footing		
Footings/Foundations For	Footing Bonding		
	Foundation		
Structural/Framework Slah			
[ ] Exterior	Frame		
The first of the f		-	
	Iruss Sys./Bracing		
Joint Plan Review Required: B	Barrier-Free		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator Insulation	ulation		
SUBCODE APPROVAL for DEDAME.	Finishes Base I aver		
	Chiebon Cinel		
	IBIIL COIG		
Approved by: 72,	Energy		
SUBCODE APPROVAL for CERTIFICATE Mex	Mechanical		
[ ] co [ ] cco [ ] cA			
Date			
Approved by:	-		
	Barrier-Free		
B. BUILDING CHARACTERISTICS			

TYPE OF WORK:	New Building	1 Addition	] Rehabilitation	[X] Roofing	Siding	] Fence Height (exceeds 6')	Sign Sq. Ft.	] Pool	Retaining Wall Sq. Ft.	Asbestos Abatement Subchapter 8	Lead Haz. Abatement NJAC 5:17	Radon Remediation	Other	Demolition	Administrative Surchange \$	Minimum Fee \$	State Darmit Currisme Lee 6
9	_	_	_	-	~	_	~	_	4	_	_	<u></u>	-	_			

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

9 1

Constr. Class Present If Industrialized Building: State Approved \_\_

· Use Group Present \_\_\_\_\_ Proposed \_\_\_ . No. of Stories

Height of Structure

Est. Cost of Bidg. Work:
1. New Bidg. \$
2. Rehabilitation \$
3. Total (1+ 2) \$

. Sq. 73 . 84 . 75 . 75 ₽ ₩

New Bidg. Area/All Floors \* Area — Largest Floor \_\_\_

Max. Occupancy Load

TOTAL FEE \$



### Certificate

Construction Code Division (Certificate of Occupancy)

Control Number 92024325 Permit Number 9706093 Permit Issue Date 3/18/1997 Certificate Number 9706093

1/14/1999

Date Issued

	Identi	itication						
Work Site Location:	4903 TROTTERS WAY Toms River Township, NJ	Block: 1	135		Lot:	2.02	Qual:	C4903
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:			Fe	deral	Emp. Nı	umber:	
License Number	or Builders Registration Number:							
Home Warranty Nur	mber:			Type of	Warr	anty Pla	ın: State	e Private
Use Group: R-5	Construction	Classification	ı:					
Maximum Live Load	: Maximum Oc	cupancy Loa	.d:					
Description of Work BASEMENT 3BR. W	/Use: - PROTO 95-169 LERESORT CONDC ITH FIREPLACE.	· - UNIT C						
Certificate Commen	ts:							
Certificate of C	Occupancy	Certifi	cate	of Clea	rance	e - Lead	d Abateme	nt 5:17
This serves notice the constructed in accor	nat said building or structure has been dance with the New Jersey Uniform and is approved for occupancy.						ten certifica AC5:17 to th	
Certificate of A	nnroval	☐ Total :	remov	val of lea	ad-ba	sed pair	nt hazards ir	scope of work
_	nat the work completed has been	Partia	l or lin	nited tim	e peri	od (	years); see	file
	lled in accordance with the New Jersey	— Contifi	0010	of Clos		. Ash	actoo Abot	am ant
	n Code and is approved. If the permit was	, <b>—</b>					estos Abat	
was visible at the tir	rk, this certificate was based upon what						owing exten	tion, asbestos t.
_	Continued Occupancy	_		•			ds in scope	
<del></del> -	nat based on a general inspection of the	Partial	l or lin	nited tim	e peri	od (	years); see	file
visible parts of the b	ouilding there are no imminent hazards and	<sup>I</sup> ☐ Certifi	cate	of Com	plian	се		
the building is appro	oved for continued occupancy.	_			-		y hazardous	s equipment
Temporary Cer	tificate of Compliance							nce with the
	ions must be met no later than	until	y Uniii	orni Coi	nstruc	cion Co	ue and is ap	proved for use
	subject to fine or order to vacate:			0				
Conditions to be r	an expiration date of: net:	The fall and	-				•	
		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: Check N	\$0.0			
Construction Officia	al	_		Collecte	d By:			
Date Printed: 6/6/20					,			Page 1

Ocean Toms River Twp	Property Record Card	d	06/06/24 02:50 PM
Block: 135 Lot: 2.02 Qualifier: C4903 Card: 1			
Location:	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 Bldg Desc: 2F1G 1929	Addtl Lot: Land Dim: SARA	NC Interior GOOD TOGA NC Exterior GOOD
4903 TROTTERS WAY	Info By: EXTERIOR ONLY		NHOME INT NC Layout AVERAGE
Notes:	(no sketch thumbnail)	Otyle: 10W	WHOME IN THE EAYOUT AVERBAGE
			Room Count
			B 1 2 3 4 T
			Living 0 1 0 0 0 1
Floor Area (footprint)			Dining 0 1 0 0 0 1
First Uppr Half Item Bsmnt Floor Floor Story Attic			Kitchen 0 1 0 0 0 1 Bath 0 1 2 0 0 3
Z1 1S-B 1,685 1,685 0 0 0			Bed 0 0 3 0 0 3
Z2 1S-CR 0 220 0 0 0			Rec 0 1 0 0 0 1
Z3 1SOV 0 24 0 0 0			Den 0 0 0 0 0 0
Totals 1,685 1,929 0 0 0			Total 0 5 5 0 0 10
SqFt Living Area Sketch Areas			
Item Area Description Sq Ft First Floor 1,929			
First Floor 1,929 Upper Floor 0			
Half Story 0			
Fin Attic 0	Dwelling Detail	Assessment His	story
Living Bsmnt 0	Element Description Y	ear Class Land	Improv Net
Unfin Area (-) 0	9	024 2 145,000	123,700 268,700
Total Area 1,929	7.	023 2 145,000	123,700 268,700
Attached Items		022 2 145,000	123,700 268,700
SegItemAreaZA1ATT. GAR.220	9	021 2 55,000 020 2 55,000	160,200 215,200 160,200 215,200
Total Area 220	Roof Type GABLE	020 2 33,000	100,200 213,200
Detached Items	Roof Mat. ASPH SHNGL		
Desc Area	Bsmnt/Fin		
Miscellaneous Write Ins	Foundation BLK/CONCRT		
Desc Number Desc Value	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		