



## Property Information      Request Information      Update Information

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):	1	

## 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  
 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  
New Jersey  
1767**



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

**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
<b>Total 2024</b>			<b>2,325.60</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
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
<b>Total 2023</b>			<b>4,651.20</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
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
<b>Total 2022</b>			<b>4,481.91</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Last Payment: 05/02/24

[Return to Home](#)

Toms River | 4903 TROTTERS WAY

135 2.02 - Residential

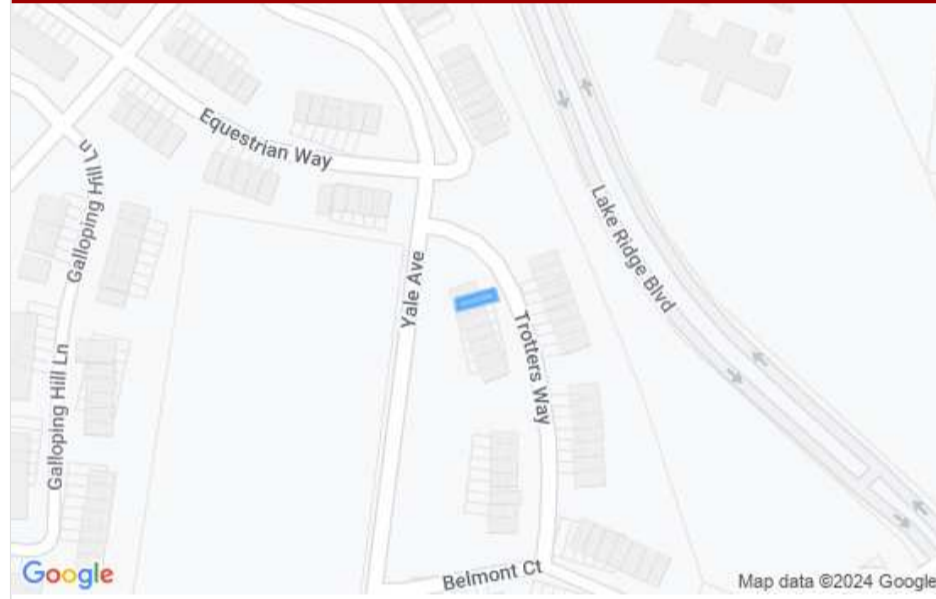
Last Updated: 3/27/2022 5:07 PM

# 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 <sup>2</sup>
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
<a href="#">View</a>	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 4901-4907 Trotters Way PERMIT NO.

# CONSTRUCTION PERMIT APPLICATION

92-95-386



Applicant Completes Sections I, II, III (optional), IV, VI, 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**

3. Ownership in Fee:  Public  Private **08755**

4. Principal Contractor: **National Contractors Inc** Tel: **609-771-4200**

Address: **145 Fifth Street** Ewing, NJ 08638 e-mail: **info@nationalcontractors.net**

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**

5. Architect or Engineer: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ FAX: \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun: \_\_\_\_\_

Tel.: \_\_\_\_\_ FAX: \_\_\_\_\_

III. PROPOSED WORK

Minor Work  New Building  Addition  Demolition

Repair  Alteration  Renovation  Reconstruction

Asbestos Abat. - Subch. 8  Lead Hazard Abatement  Radon Remediation  Annual Permit

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Reaction Date	Approval Date	Re-viewer	Resubmission Dates	Rejection	Re-viewer
21,725	VN [Signature]	12/21/21	1/21/22	1/21/22	TWA			

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

1. <input type="checkbox"/> Partial Releases	4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells
2. <input type="checkbox"/> Prototype Processing	5. <input type="checkbox"/> Dumbwaiters/Movors/Walks	9. <input type="checkbox"/> Underground Storage Tanks
3. <input type="checkbox"/> Pressure Vessels	6. <input type="checkbox"/> High Pressure Boilers	10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs
	7. <input type="checkbox"/> Sprinklers/Standpipes	11. <input type="checkbox"/> LPG Gas Tanks

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

1.  Partial Releases

2.  Prototype Processing

3.  Pressure Vessels

4.  Refrigeration Systems

5.  Dumbwaiters/Movors/Walks

6.  High Pressure Boilers

7.  Sprinklers/Standpipes

8.  Smoke Control Systems in Open Wells

9.  Underground Storage Tanks

10.  Swimming Pools, Spas and Hot Tubs

11.  LPG Gas Tanks

12.  Fire Alarm

V. FEE SUMMARY (for office use only)

Item	Amount	Update
1. Building		
2. Technical		
3. Plan		
4. Fire Protection		
5. Elevator Devices		
6. Sublot % for State Plan Review		
7. Sublot % for State Plan Review		
8. Sublot % for State Plan Review		
9. Sublot % for State Plan Review		
10. Sublot % for State Plan Review		
11. Sublot % for State Plan Review		
12. Sublot % for State Plan Review		
13. TOTAL		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

- Number of Stories: \_\_\_\_\_ ft.
- Height of Structure: \_\_\_\_\_ ft.
- Area - Largest Floor: \_\_\_\_\_ sq. ft.
- New Building Area: \_\_\_\_\_ sq. ft.
- Volume of New Structure: \_\_\_\_\_ cu. ft.
- Max. Live Load: \_\_\_\_\_
- Max. Occupancy Load: \_\_\_\_\_
- If Industrialized Building, State Approved HUD: \_\_\_\_\_
- Total Land Area Disturbed: \_\_\_\_\_ sq. ft.
- Flood Hazard Zone: \_\_\_\_\_
- Base Flood Elevation: \_\_\_\_\_ ft.
- Wellands: yes \_\_\_\_\_ no \_\_\_\_\_

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: **Total Units (income-restricted)** \_\_\_\_\_

Gained, Rental \_\_\_\_\_

Gained, Sale \_\_\_\_\_

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 \_\_\_\_\_

**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**

**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.

- 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.

(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.





B

1-25-2021

VN

6/30/21  
CALLED

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:

**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.

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**Conditions to be met:**

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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)



**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



202

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

**B. BUILDING CHARACTERISTICS**

Use Group	Present	Proposed	Barrier-Free	Proposed	HUD
Class					
Group					
Number of Stories					
Height of Structure					
Area - Largest Floor					
New Bldg. Area / All Floors					
Volume of New Structure					
Total Land Area Disturbed					

Est. Cost of Bldg. Work:  
1. New Bldg. \_\_\_\_\_  
2. Rehabilitation \_\_\_\_\_  
3. Total (1+2) \$21,725

**TYPE OF WORK**

<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input type="checkbox"/> Rehabilitation	
<input checked="" type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence	
<input type="checkbox"/> Sign	
<input type="checkbox"/> Pool	
<input type="checkbox"/> Retaining Wall	
<input type="checkbox"/> Asbestos Abatement Subchapter 8	
<input type="checkbox"/> Lead Haz Abatement NJAC 5:17	
<input type="checkbox"/> Radon Remediation	
<input type="checkbox"/> Other	
<input type="checkbox"/> Demolition	

**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: SABATOGA/4901-4907 TROTTERS WAY Toms River Township, NJ

Owner in Fee: SABATOGA/JIM HICKS PROP. MGR  
Address 1 ASCOT COURT TOMS RIVER NJ 08755  
Tel. 73219011352 Email \_\_\_\_\_  
Contractor: NATIONAL CONTRACTORS  
Address 145 FIFTH ST LEWING NJ 08638 Email \_\_\_\_\_  
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	Date	Initial
<input type="checkbox"/> No Plan Required			
<input type="checkbox"/> All			
<input type="checkbox"/> Footing/Foundation			
<input type="checkbox"/> Struct/Framework			
<input type="checkbox"/> Exterior			
<input type="checkbox"/> Interior			
Joint Plan Review Required			
<input type="checkbox"/> Elec	<input type="checkbox"/> Plumb	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator
SUBCODE APPROVAL for PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL for CERTIFICATE			
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	
Date: _____			
Approved by: _____			

**INSPECTIONS**

Type	Failure	Dates (Month/Day)	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				

If Industrial Building:  
 Proposed RL-5 State Approved \_\_\_\_\_ HUD \_\_\_\_\_  
 \*Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

**B. BUILDING CHARACTERISTICS**

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

U.C.C.F.110 (rev. 11/09)

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. \_\_\_\_\_  
 Height \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

FEE (Office Use Only)  
 \_\_\_\_\_ \$847

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one printed set in three subdivisions.



# 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 \_\_\_\_\_  
(Subchapter 6 only)

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	_____



### 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  
Work Site Location 4901-4907 Trotters Way  
Toms River NJ

Owner in Fee: Saratoga at Toms River c/o Prime Mgt Inc  
Tel. (732) 901-1352 e-mail \_\_\_\_\_  
Address 1 Ascot Court Toms River NJ 08755  
Contractor National Contractors Inc  
Address 145 5th Street Tel. (609) 771-4200  
Ewing NJ 08638 e-mail info@nationalcontractors.net  
Contractor License No. or Builder Registration No. 13VH02271300 Exp. Date 03/31/2021  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. 223567556 FAX: (609) 771-9230

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:  No Plans Required  Initial  Date: 1/21/14

INSPECTIONS: Failure \_\_\_\_\_ Date (Month/Day) \_\_\_\_\_  
 All \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_  
 Footings/Foundations \_\_\_\_\_  
 Structural/Framework \_\_\_\_\_  
 Exterior \_\_\_\_\_  
 Interior \_\_\_\_\_  
 Truss Sys./Bracing \_\_\_\_\_  
 Barrier-Free \_\_\_\_\_  
 Elec. \_\_\_\_\_  
 Plumb. \_\_\_\_\_  
 Fire \_\_\_\_\_  
 Elevator Insulation \_\_\_\_\_  
 Finishes - Base Layer \_\_\_\_\_  
 Finishes - Final \_\_\_\_\_  
 Energy \_\_\_\_\_  
 Mechanical \_\_\_\_\_  
 TCO \_\_\_\_\_  
 Other \_\_\_\_\_  
 Final \_\_\_\_\_  
 Barrier-Free \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_  
 Elec. \_\_\_\_\_  
 Plumb. \_\_\_\_\_  
 Fire \_\_\_\_\_  
 Elevator Insulation \_\_\_\_\_  
 Finishes - Base Layer \_\_\_\_\_  
 Finishes - Final \_\_\_\_\_  
 Energy \_\_\_\_\_  
 Mechanical \_\_\_\_\_  
 TCO \_\_\_\_\_  
 Other \_\_\_\_\_  
 Final \_\_\_\_\_  
 Barrier-Free \_\_\_\_\_

SUBCODE APPROVAL for PERMIT: Approved by: JLA Date: 1-27-14

SUBCODE APPROVAL for CERTIFICATE: Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**B. BUILDING CHARACTERISTICS**

Use Group: 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.  
 Max. Live Load \_\_\_\_\_  
 Max. Occupancy Load \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_  
 Est. Cost of Bldg. Work:  
 1. New Bldg. \$ 21,725  
 2. Rehabilitation \$ \_\_\_\_\_  
 3. Total (1+2) \$ 21,725

UCC F110 (Rev. 11/09)  
 Internal Version

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

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: Lori Slobiski for National Contractors Inc  
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
Remove existing roof shingles.  
Install new GAF roof shingles.

TYPE OF WORK:  
 New Building  
 Addition  
 Rehabilitation  
 Roofing  
 Siding  
 Fence \_\_\_\_\_ Height (exceeds 6') \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
 Sign \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
 Pool \_\_\_\_\_  
 Retaining Wall \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
 Asbestos Abatement Subchapter 8  
 Lead Haz. Abatement NJAC 5:17  
 Radon Remediation  
 Other \_\_\_\_\_  
 Demolition

FEE (Office Use Only)  
 \$ \_\_\_\_\_  
 Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
 TOTAL FEE \$ \_\_\_\_\_

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



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 Township, NJ Block: 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: \_\_\_\_\_ 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  
 Date Printed: 6/6/2024

