

Ms. Masser, Michelle

Collector

From: Judith O'Brien
Sent: Monday, July 22, 2024 9:38 AM
To: Masser, Michelle
Cc: Amin, Ami; Jigna Mistry
Subject: RE: BS-X01693-2895800103 // 39 WATERLOO RD // CODE/PERMIT/SPECIAL ASSESSMENT REQUEST

My records show no open/closed liens, no special charges and a sewer assessment that was finalized in 2013.

Judi O'Brien, CTC

Tax Collector
Mount Olive Township
204 Flanders-Drakestown Rd.
P.O. Box 450
Budd Lake, NJ 07828

PHN: 973-691-0900 ext. 7280
FAX: 973-691-9257



From: Masser, Michelle <clerk@mtolivetwp.org>
Sent: Monday, July 22, 2024 9:30 AM
To: Susan Grebe <sgrebe@mtolivetwp.org>; Stachnick, Christie <cstachnick@mtolivetwp.org>; Marchione, John <jmarch@mtolivetwp.org>; Judith O'Brien <jobrien@mtolivetwp.org>
Cc: Jennifer Blouse <jblouse@mtolivetwp.org>; Amin, Ami <aamin@mtolivetwp.org>; Jigna Mistry <jmistry@mtolivetwp.org>; Gouveia, Susan <sgouveia@mtolivetwp.org>; Sosa, Jessica <jsosa@mtolivetwp.org>
Subject: FW: BS-X01693-2895800103 // 39 WATERLOO RD // CODE/PERMIT/SPECIAL ASSESSMENT REQUEST

OPRA attached.

Michelle DePinto

Township Clerk

Mount Olive Township
204 Flanders Drakestown Road
PO Box 450
Budd Lake, N.J. 07828
Office Phone: 973-691-0900 EXT. 7291
Fax: 973-691-2080

** open*



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10-22-96
15510

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

Block 2801 Lot 316
Work Site Location 39 Waterloo Rd.
Owner in Fee Smith, D. / Mt Olive Twp
Address SAME
Tele. () _____
Contractor JOMAR ELECTRICAL, INC
Address 52 BELLAVISTA AVE.
BELLEVILLE, NJ 07109
Tele. () _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 731

JOB SUMMARY (Office Use Only)

PLAN REVIEW: [] No Plans Required
Joint Plan Review Required: [] Bldg. [] Plumb. [] Fire [] Elevator [] Elec. Plans Approved
Date: _____ Approved by: _____
SUBCODE APPROVAL [] CO [] CCO [] CA
Date: _____ Approved By: _____

INSPECTIONS	Dates (Month/Day)				
	Type:	Failure	Failure	Approval	Initial
Rough	_____	_____	_____	_____	_____
Temporary	_____	_____	_____	_____	_____
Constr. Serv.	_____	_____	_____	_____	_____
TCO	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Service	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

[] Licensed Electrical Contractor [] Exempt Applicant

J. J. F. [Signature]
Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
_____	_____	Fixtures (1)
_____	_____	Receptacles (2)
_____	_____	Switches (3)
_____	_____	Total 1 + 2 + 3
_____	_____ Kw	Range
_____	_____ Kw	Oven(s)
_____	_____ Kw	Surface Unit
_____	_____ hp	Dishwasher
_____	_____ hp	Garbage Disposal
_____	_____ Kw	Dryer
_____	_____ Kw	A/C Unit
_____	_____	Burglar Alarms
_____	_____	Intercoms Panels
_____	_____	Smoke Detectors
_____	_____ hp	Whirlpool/spa
_____	_____	Pool Bonding
_____	_____ hp	Pool Filter Motor
_____	_____	Pool Lights
_____	_____ Kw	Water Heater(s)
_____	_____ Kw	Central heat: oil, gas or elec.
_____	_____ Kw	Baseboard Heat Units
_____	_____	Thermostats
_____	_____ hp	Heat Pump
<u>1</u>	<u>15</u>	<u>hp</u> Pump(s) <u>PMP</u>
_____	_____ Amp	Motor Control Center/Sub Panels
_____	_____	Signs
_____	_____	Light Standards
_____	_____ hp	Motors—Fractional H.P.
_____	_____ hp	Motors—All Others
_____	_____ Kw	Transformers
_____	_____ Kw	Generators
_____	_____ Amp	Service Entrance
_____	_____	Other

FEE (Office Use Only)

Administrative Surcharge \$ 5 WAIVED
Paid [] Check # _____ Minimum Fee \$ 33
DCA Training Fee \$ 1 WAIVED
Collected by: _____ TOTAL FEE \$ 33

U.C.C. Form F-120B

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

* Open



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

7/15/97
16804

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

Block 2801 Lot 36
Work Site Location 39 WATERLOO ROAD
BUDD LAKE NJ
Owner in Fee SMITH DWANE R. & ROSEANN L.
Address 39 WATERLOO ROAD
BUDD LAKE NJ
Tele. () _____
Contractor _____
Address _____
Tele. () _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)			
		Type:	Failure	Approval	Initial
[] No Plans Required	Rough	_____	_____	_____	_____
Joint Plan Review Required:	Temporary	_____	_____	_____	_____
[] Bldg. [] Plumb.	Constr. Serv.	_____	_____	_____	_____
[] Fire [] Elevator	TCO	_____	_____	_____	_____
[] Elec. Plans Approved	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued _____			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued _____			
Date: _____					
Approved By: _____					

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal
[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
_____		Fixtures (1)
_____		Receptacles (2)
_____		Switches (3)
_____		Total 1 + 2 + 3
_____	Kw	Range
_____	Kw	Oven(s)
_____	Kw	Surface Unit
_____	hp	Dishwasher
_____	hp	Garbage Disposal
_____	Kw	Dryer
_____	Kw	A/C Unit
_____		Burglar Alarms
_____		Intercoms Panels
_____		Smoke Detectors
_____	hp	Whirlpool/spa
_____		Pool Bonding
_____	hp	Pool Filter Motor
_____		Pool Lights
_____	Kw	Water Heater(s)
_____	Kw	Central heat:
_____		oil, gas or elec.
_____	Kw	Baseboard Heat Units
_____		Thermostats
_____	hp	Heat Pump
_____	hp	Pump(s)
_____	Amp	Motor Control Center/Sub Panels
_____		Signs
_____		Light Standards
_____	hp	Motors—Fractional H.P.
_____	hp	Motors—All Others
_____	Kw	Transformers
_____	Kw	Generators
_____	Amp	Service Entrance
_____	Other	Grinder Pump

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Paid [] Check # _____ Minimum Fee	\$ <u>50</u>
DCA Training Fee	\$ _____
Collected by: _____ TOTAL FEE	\$ _____

U.C.C. Form F-120B
1 White - Office Copy
3 Pink - Applicant Copy
2 Canary - Office Copy
4 Hard - Inspector Copy

* open



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10-22-96
15510

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

Block 2801 Lot 36
Work Site Location 39 Waterloo Rd.
Owner in Fee Smith, D. / Mt Olive Twp
Address Same
Tele. () _____
Contractor JOMAR ELECTRICAL, INC
Address 52 BELLAVISTA AVE
BELLEVILLE, NJ 07109
Tele. () _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 231

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Rough	<u>10/22/96</u> <u>CS</u>
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.	Temporary	<u>10/22/96</u> <u>CS</u>
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Constr. Serv.	<u>10/22/96</u> <u>CS</u>
<input type="checkbox"/> Elec. Plans Approved	TCO	<u>10/22/96</u> <u>CS</u>
Date: _____	Other	<u>10/22/96</u> <u>CS</u>
Approved by: _____	Service	<u>10/22/96</u> <u>CS</u>
	Final	<u>10/22/96</u> <u>CS</u>
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued _____	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final Cut-in-Card Date Issued _____	
Date: _____		
Approved By: _____		

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Joseph F. Casler
Signature—Contractor Seal
 Licensed Electrical Contractor Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
_____	_____	Fixtures (1)
_____	_____	Receptacles (2)
_____	_____	Switches (3)
_____	_____	Total 1 + 2 + 3
_____	_____	Kw Range
_____	_____	Kw Oven(s)
_____	_____	Kw Surface Unit
_____	_____	hp Dishwasher
_____	_____	hp Garbage Disposal
_____	_____	Kw Dryer
_____	_____	Kw A/C Unit
_____	_____	Burglar Alarms
_____	_____	Intercoms Panels
_____	_____	Smoke Detectors
_____	_____	hp Whirlpool/spa
_____	_____	Pool Bonding
_____	_____	hp Pool Filter Motor
_____	_____	Pool Lights
_____	_____	Kw Water Heater(s)
_____	_____	Kw Central heat:
_____	_____	oil, gas or elec.
_____	_____	Kw Baseboard Heat Units
_____	_____	Thermostats
<u>1</u>	<u>15</u>	hp Heat Pump Pump(s) <u>Amp</u>
_____	_____	Amp Motor Control Center/Sub Panels
_____	_____	Signs
_____	_____	Light Standards
_____	_____	hp Motors—Fractional H.P.
_____	_____	hp Motors—All Others
_____	_____	Kw Transformers
_____	_____	Kw Generators
_____	_____	Amp Service Entrance
_____	_____	Other



FEE (Office Use Only)

Administrative Surcharge	\$ <u>5 WAIVED</u>
Paid <input type="checkbox"/> Check # _____ Minimum Fee	\$ <u>33</u>
DCA Training Fee	\$ <u>1 WAIVED</u>
Collected by: _____ TOTAL FEE	\$ <u>33</u>

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

5

* Closed



Date Received 6/17/97
Date Issued
Control #
Permit # 16478-6621 G

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

Block # 2801 Lot # 36
Work Site Location 39 Waterloo Rd.
Budd Lake, NJ
Owner in Fee M/M Dwane Smith
Address 39 Waterloo Rd.
Budd Lake, NJ 07828
Tele. ()
Contractor James F. Smith
Address 29 Kenmar Road
Budd Lake, New Jersey 07828
Tele. ()
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present Res Proposed _____
Building Sewer Size _____ Public Sewer Private Septic _____
Water Service Size 1 Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 1,020.00

JOB SUMMARY (Office Use Only)					
PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:	Slab	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.	Rough	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water	_____	_____	_____	_____
<input checked="" type="checkbox"/> Plumb. Plans Approved	Sewer	_____	7-9-97	_____	MS
Date: 6-17-97	Fixtures	_____	_____	_____	_____
Approved by: JFS	Gas Equipment	_____	_____	_____	_____
	Gas Piping	_____	_____	_____	_____
	Solar	_____	_____	_____	_____
	TCO	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

James F. Smith
Signature—Contractor Seal

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
✓	Sewer Connection	30.00
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge \$ 1.00
Paid Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ 31.00



Mount Olive Township
 204 Flanders Drakestown Rd.
 PO Box 450
 Budd Lake, NJ 07828

** closed*

Certificate
 Construction Code Division
 (Certificate of Approval)

Date Issued 10/26/2021
 Control Number C-21-01942
 Permit Number 20211535
 Permit Issue Date 9/29/2021

Certificate Number _____

Identification

Block: 2801 Lot: 36 Qual: _____

Work Site Location: 39 WATERLOO RD Mount Olive Township, NJ

Owner in Fee: HARKINS, JAMES P & KATHY L

Owner Address: 39 WATERLOO RD BUDD LAKE NJ 07828

Telephone: _____

Contractor COLSON ENTERPRISES

Address 20 RT. 183 NETCONG NJ 07857

Telephone: (973) 347-4888 Fax: (973) 347-5454

License Number or Builders Registration Number: _____

Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: State Private

Construction Classification: _____ Use Group: U

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:

REMOVAL OF UST
 REMOVE 550 GAL UST

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:

Paul Boguski
 Construction Official

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 10/26/2021

Page 1



Mount Olive Township
 204 Flanders Drakestown Rd.
 PO Box 450
 Budd Lake, NJ 07828

*closed

Certificate
 Construction Code Division
 (Certificate of Approval)

Date Issued 12/8/2021
 Control Number C-21-01943
 Permit Number 20211536
 Permit Issue Date 9/29/2021

Certificate Number _____

Identification

Block: 2801 Lot: 36 Qual: _____

Work Site Location: 39 WATERLOO RD Mount Olive Township, NJ

Owner in Fee: HARKINS, JAMES P & KATHY L

Owner Address: 39 WATERLOO RD BUDD LAKE NJ 07828

Telephone: _____

Contractor COLSON ENTERPRISES

Address 20 RT. 183 NETCONG NJ 07857

Telephone: (973) 347-4888 Fax: (973) 347-5454

License Number or Builders Registration Number: _____

Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: State Private

Construction Classification: _____ Use Group: U

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
TANK INSTALLATION
INSTALL 275 GAL AST

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

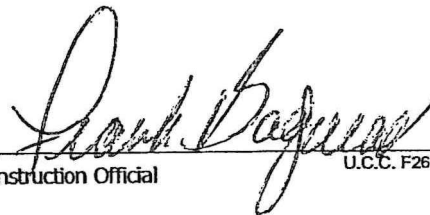
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

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:


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

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 12/8/2021

Page 1

TOWNSHIP OF MOUNT OLIVE
204 FLANDERS DRAKESTOWN ROAD
BUDD LAKE NJ 07828
973-691-0900

** Closed*

CERTIFICATE

Date Issued: 09/18/2007

Control #: 9727

Permit #: 22186

IDENTIFICATION

Block: 2801 Lot: 36 Qualification Code: _____
 Work Site Location: 39 WATERLOO RD
MT OLIVE
 Owner in Fee: HARKINS
 Address: 39 WATERLOO RD
BUDD LAKE NJ 07828
 Telephone: _____
 Agent/Contractor: CUNNINGHAM ROOFING
 Address: P.O. BOX 330
FLANDERS NJ 07836
 Telephone: 973 584-0724
 Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
 Social Security No.: _____

Home Warranty No: _____
 Type of Warranty Plan: State Private
 Use Group: R-3
 Maximum Live Load: _____
 Construction Classification: _____
 Maximum Occupancy Load: _____
 Certificate Exp Date: _____
 Description of Work/Use: _____
VINYL SIDING

Update Desc. of Wk/Use: _____

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.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

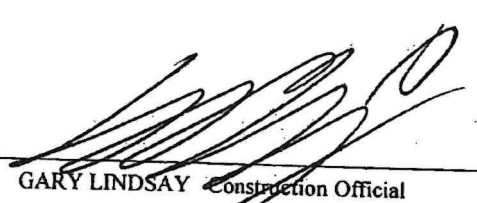
- Total removal of lead-based paint hazards in scope of work
- Partial or limited time period(____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

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

CERTIFICATE OF COMPLIANCE

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


GARY LINDSAY Construction Official

Fees: \$0.00

Paid Check No.: 3448

Collected by: PM