



## Property Information      Request Information      Update Information

File#:	BS-X01693-2895800103	Requested Date:	07/17/2024	Update Requested:
Owner:	HARKINS JAMES P KATHY L	Branch:		Requested By:
Address 1:	39 WATERLOO RD	Date Completed:	08/02/2024	Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	BUDD LAKE, NJ	# of Parcel(s):	1	

## Notes

**CODE VIOLATIONS**      Per Township of Mount Olive Department of Zoning there are no Code Violation cases on this property.

Collector: Township of Mount Olive Department of Zoning  
 Payable: 204 Flanders Drakestown Road Budd Lake, NJ 07828  
 Business# 973-691-0900

**PERMITS**      Per Township of Mount Olive Building Department there are Open Permits on this property.

1. Permit #: 15510  
 Permit: Electrical

2. Permit#: 16804  
 Permit: Electrical

Collector: Township of Mount Olive Building Department  
 Payable: 204 Flanders Drakestown Road Budd Lake, NJ 07828  
 Business# 973-691-0900

**SPECIAL ASSESSMENTS**      Per Township of Mount Olive Tax Collector there are no Special Assessments/liens on the property.

Collector: Township of Mount Olive Tax Collector  
 Payable: 204 Flanders Drakestown Road Budd Lake, NJ 07828  
 Business# 973-691-0900

**DEMOLITION**      NO

**UTILITIES**      **WATER**  
 THE HOUSE IS ON A COMMUNITY WATER. ALL HOUSES GO TO A SHARED WELL SYSTEM.

**SEWER**  
 Account #: 2000580-0  
 Payment Status: DELINQUENT  
 Status: Pvt & Lienable  
 Amount: \$177.60  
 Good Thru: 08/02/2024  
 Account Active: YES  
 Collector: Mount Olive Township  
 Payable Address: 204 Flanders-Drakes town Road Budd Lake, N.J. 07828  
 Business # (973) 691-0900

**GARBAGE**  
 Garbage bills are included in the real estate property taxes

# Mount Olive Township

## Tax Payment History

## Property Information

[Return to Home](#)

<b>Tax Account No.:</b> 00001519	<b>Property Class:</b> 2 - Residential
<b>Block/Lot/Qual:</b> 02801. / 00036. /	<b>Land Value:</b> 135,600
<b>Muni. Code:</b> 1427	<b>Impr. Value:</b> 141,000
<b>Location:</b> 39 WATERLOO RD	<b>Exempt Value:</b> 0
<b>Owner Info:</b> 39 WATERLOO RD BUDD LAKE, NJ 07828	<b>Net Value:</b> 276,600
	<b>Additional Lots:</b> None
	<b>Deductions:</b> 0
	<b>Lien Status:</b>
	<b>Tax Sale:</b> No
	<b>Interest To:</b> 08/02/2024

Tax   Sewer   Spec. Asmt.   Tax Rates

**Pay Your Tax Bill**

**2025**

<b>Due Date</b>	02/01/2025
<b>Billed</b>	2409.88
<b>Balance</b>	2409.88
<b>Interest</b>	0.00
<b>Total Due</b>	2409.88
<b>Status</b>	<i>Open</i>

<b>Due Date</b>	05/01/2025
<b>Billed</b>	2409.88
<b>Balance</b>	2409.88
<b>Interest</b>	0.00
<b>Total Due</b>	2409.88
<b>Status</b>	<i>Open</i>
<b>Total 2025</b>	
<b>Billed</b>	<b>\$4,819.76</b>
<b>Balance</b>	<b>\$4,819.76</b>
<b>Interest</b>	<b>\$0.00</b>
<b>Total Due</b>	<b>\$4,819.76</b>
<b>2024</b>	
<b>Due Date</b>	02/01/2024
<b>Billed</b>	2272.96
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Total Due</b>	0.00
<b>Status</b>	Paid
<b>Due Date</b>	05/01/2024
<b>Billed</b>	2272.96
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Total Due</b>	0.00
<b>Status</b>	Paid

<b>Due Date</b>	08/01/2024
<b>Billed</b>	2373.92
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Total Due</b>	0.00
<b>Status</b>	Paid
<b>Due Date</b>	11/01/2024
<b>Billed</b>	2719.67
<b>Balance</b>	2719.67
<b>Interest</b>	0.00
<b>Total Due</b>	2719.67
<b>Status</b>	<i>Open</i>
<b>Total 2024</b>	
<b>Billed</b>	<b>\$9,639.51</b>
<b>Balance</b>	<b>\$2,719.67</b>
<b>Interest</b>	<b>\$0.00</b>
<b>Total Due</b>	<b>\$2,719.67</b>
<b>2023</b>	
<b>Due Date</b>	02/01/2023
<b>Billed</b>	2328.97
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Total Due</b>	0.00
<b>Status</b>	Paid

<b>Due Date</b>	05/01/2023
<b>Billed</b>	2328.97
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Total Due</b>	0.00
<b>Status</b>	Paid
<b>Due Date</b>	08/01/2023
<b>Billed</b>	2193.44
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Total Due</b>	0.00
<b>Status</b>	Paid
<b>Due Date</b>	11/01/2023
<b>Billed</b>	2240.46
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Total Due</b>	0.00
<b>Status</b>	Paid
<b><i>Total 2023</i></b>	
<b><i>Billed</i></b>	<b><i>\$9,091.84</i></b>
<b><i>Balance</i></b>	<b><i>\$0.00</i></b>
<b><i>Interest</i></b>	<b><i>\$0.00</i></b>
<b><i>Total Due</i></b>	<b><i>\$0.00</i></b>

ⓘ All information provided herein is subject to verification by the tax collector's office.

# Mount Olive Township

## Tax Payment History

## Property Information

[Return to Home](#)

<b>Tax Account No.:</b> 00001519	<b>Property Class:</b> 2 - Residential
<b>Block/Lot/Qual:</b> 02801. / 00036. /	<b>Land Value:</b> 135,600
<b>Muni. Code:</b> 1427	<b>Impr. Value:</b> 141,000
<b>Location:</b> 39 WATERLOO RD	<b>Exempt Value:</b> 0
<b>Owner Info:</b> 39 WATERLOO RD BUDD LAKE, NJ 07828	<b>Net Value:</b> 276,600
	<b>Additional Lots:</b> None
	<b>Deductions:</b> 0
	<b>Lien Status:</b>
	<b>Tax Sale:</b> No
	<b>Interest To:</b> 08/02/2024

Tax   Sewer   Spec. Asmt.   Tax Rates

**Sewer Acct. No.:**

6003970-0

**Service Location:**

[\*\*Pay Your Sewer Bill\*\*](#)

**Current Charges**

<b>Service</b>	Sewer
<b>Due Date</b>	N/A
<b>Billed</b>	180.50
<b>Balance</b>	180.50
<b>Interest</b>	0.00
<b>Bill Total</b>	180.50
<b>Status</b>	<i>Projected</i>
<b>Service</b>	Sewer
<b>Due Date</b>	07/17/2024
<b>Billed</b>	180.50
<b>Balance</b>	177.60
<b>Interest</b>	0.00
<b>Bill Total</b>	177.60
<b>Status</b>	<i>Open</i>
<b>Prior Charges</b>	
<b>Service</b>	Sewer
<b>Due Date</b>	04/17/2024
<b>Billed</b>	180.50
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Bill Total</b>	0.00
<b>Status</b>	Paid
<b>Service</b>	Sewer
<b>Due Date</b>	01/17/2024
<b>Billed</b>	180.50
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Bill Total</b>	0.00
<b>Status</b>	Paid

<b>Service</b>	Sewer
<b>Due Date</b>	10/17/2023
<b>Billed</b>	180.50
<b>Balance</b>	0.00
<b>Interest</b>	0.00
<b>Bill Total</b>	0.00
<b>Status</b>	Paid
<b>Total Due</b>	<b>\$358.10</b>

ⓘ All information provided herein is subject to verification by the tax collector's office.



# Mount Olive Township

## Tax Payment History

## Property Information

[Return to Home](#)

<b>Tax Account No.:</b> 00001519	<b>Property Class:</b> 2 - Residential
<b>Block/Lot/Qual:</b> 02801. / 00036. /	<b>Land Value:</b> 135,600
<b>Muni. Code:</b> 1427	<b>Impr. Value:</b> 141,000
<b>Location:</b> 39 WATERLOO RD	<b>Exempt Value:</b> 0
<b>Owner Info:</b> 39 WATERLOO RD BUDD LAKE, NJ 07828	<b>Net Value:</b> 276,600
	<b>Additional Lots:</b> None
	<b>Deductions:</b> 0
	<b>Lien Status:</b>
	<b>Tax Sale:</b> No
	<b>Interest To:</b> 08/02/2024

Tax    Sewer    Spec. Asmt.    Tax Rates

**2024**

<b>Tax</b>	COUNTY TAX
<b>Rate</b>	0.319
<b>Tax</b>	LOCAL TAX
<b>Rate</b>	0.636
<b>Tax</b>	DISTRICT SCHOOL TAX
<b>Rate</b>	2.360
<b>Tax</b>	COUNTY OPEN SPACE TAX
<b>Rate</b>	0.009

<b>Tax</b>	MUNICIPAL OPEN SPACE
------------	----------------------

---

<b>Rate</b>	0.018
-------------	-------

---

<b>Tax</b>	MUNICIPAL LIBRARY TAX
------------	-----------------------

---

<b>Rate</b>	0.043
-------------	-------

---

<b>Tax</b>	GARBAGE DISTRICT 1
------------	--------------------

---

<b>Rate</b>	0.100
-------------	-------

---

 All information provided herein is subject to verification by the tax collector's office.

Ms. 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 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 \$ 731

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)			
		Type:	Failure	Approval	Initial
[ ] No Plans Required					
Joint Plan Review Required:	Rough				
[ ] Bldg. [ ] Plumb.	Temporary				
[ ] Fire [ ] Elevator	Constr. Serv.				
[ ] Elec. Plans Approved	TCO				
Date: _____	Other				
Approved by: _____	Service				
	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.

[ ] 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	\$	<u>5 WAIVED</u>
Paid [ ] 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



\* 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>10/22/96</u>
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.	Temporary	
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Constr. Serv.	
<input type="checkbox"/> Elec. Plans Approved	TCO	
Date: _____	Other	
Approved by: _____	Service	
	Final	
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.

Licensed Electrical Contractor  Exempt Applicant  
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
<u>1</u>	<u>15</u>	hp Heat Pump
_____	_____	hp 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 \_\_\_\_\_ Public Water  Private Well \_\_\_\_\_  
Estimated Cost of Plumbing Work \$ 1,020.00

JOB SUMMARY (Office Use Only)						
PLAN REVIEW:		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Slab	_____	_____	_____	_____
Joint Plan Review Required:		Rough	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.		Water	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Sewer	_____	_____	7-19-97	MS
<input checked="" type="checkbox"/> Plumb. Plans Approved		Fixtures	_____	_____	_____	_____
Date: 6-17-97		Gas Equipment	_____	_____	_____	_____
Approved by: JFS		Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL:		Solar	_____	_____	_____	_____
<input checked="" type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		TCO	_____	_____	_____	_____
Approved By: JFS		_____	_____	_____	_____	_____
Date: 7/9/97		_____	_____	_____	_____	_____

**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