

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North 2nd Floor Howell, NJ 07731

Phone: (732) 938-4500 x2300 Fax: (732) 414-3243

Web: www.twp.howell.nj.us

Sent Via Regular Mail

07/19/2024

MONDACCI, VIOLET 27 CARRIE DR HOWELL, NJ 07731

Re:

Re: Notice of Violation: 232-4 302.4 Property Maintenance; Grass/Weeds

Block: 42.07 Lot: 16

Address: 27 CARRIE DRIVE

It has come to the attention of our office that the above referenced property appears to be in violation of the Township's Zoning Regulations. As per 232-4 302.4 of the Howell Township Ordinance the growth of grasses, weeds, plants, bushes and other noxious vegetation shall not exceed 12 inches in height. During a recent inspection it was observed that your property does not comply with this section of the ordinance.

The purpose of this letter is to inform you of the violation and request that you bring your property into compliance with the Township's zoning regulations by mowing the grass to an acceptable height. Another inspection will be performed on 08/02/2024 and if it is determined that the violation still exists, a summons will be issued which will include a monetary fine and possibly a court appearance.

We trust that you will take advantage of this notice and bring your property into compliance.

Very truly yours,

TOWNSHIP OF HOWELL - DIVISION OF CODE ENFORCEMENT

Paul Riepe

Code Inspector

Para Raga

Email: priepe@twp.howell.nj.us Phone: (732) 938-4500 ext. 2371

HOWELL, TOWNSHIP OF

(LAND USE DEPT.)

B 42.07 L16 27 Corrie la.

10.67 B

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RECEIVED BY White - Customer Yellow - Finance Pink - Case file Goldenrod - Duplicate
DESCRIPTION Xand Use - Monelopues Herrit # 1803
CASE NO BLOCK \\ \(\forall 207 \) LOT \\ \(\forall 6 \)
CASH CHECK \(\psi \psi \psi \psi \psi \psi \psi \psi
teles
RECEIPT NO. 4777
TOWNSHIP OF. HOWELL

-

ENGINEERING DEPARTMENT DATE: **ENGR:** ASST ENGR: INSPECTOR: **MEMORANDUM** Charlie Muller, Engineering Inspector TO: OTHER: FROM: · Vito Marinaccio, Director Land Use June 22, 2000 DATE: **Crosswoods Estates (COAH) Developers Permit -**RE: Block 42.07 Lot 16 The above mentioned developer has submitted the following Developers Permit: **BLOCK** LOT **ADDRESS** 42.07 16 27 Carrie Drive Please review and let me know if it meets with your approval. 6/27/00 approved for construction Muller. RETURNED

SIGNATURE

The undersigned hereby applies for a Developers Permit for the following to be issued on the basis of the representations contained herein, all of which the applicant swears to be true.

1.	LOCATION OF PROPERTY (ROSS YOUD ESTATES
	BLOCK 42.07 LOT 16 # 780
2.	NAME OF LANDOWNERS: CROSS WOLD ESTATES INC
3.	OCCUPANT:
4.	PROPOSED USE: New Construction Residence Remodeling Business Accessory Bldg Mfg.
5.	Survey of lot, showing public roads, existing buildings and proposed construction or use for which this application is made. a. Name of road/street Z7 CARRED DR.
	b. Main road frontage 120.
	c. Set back from right-of-way
	d. Sideyard clearances
	e. Rear yard clearances
	f. Depth of lot from right-of-way
	g. Dimensions of bldg: width 55 feet 30 depth(feet)
	h. Highest point of bldg. Above reestablished grade 2 5_feet
	i. Area of lot
	j. Sketch showing existing buildings and proposed construction
N U	uildings: Use STNGLE FAMILY RES. [umber of stories Z Basement NO seable floor space: First Floor 1102 sq.ft Second Floor 1108 sq.ft Second Floor 1108 sq.ft Street parking space AVA sq.ft

vitness: (SIGNED)	
,	
	DATE ISSUED: 491/00 Fee: 10.0.0
	DATE ISSUED: 497/00 Fee: 10.00 Administrative Signature Vib Manuscici
Complies with the provisions	of the Howell Township Land Use Ordinance:
(a) Review of other agenci	
(b) Revisions made:	
© Bonds posted:	
(d) Taxes and assessments	s are paid:
(e) DOT approval, if any:	
(f) Soil conservation, if as	
(g) Monmouth County Pla	•
(h) Howell Township MU	JA
PERMIT APPROVAL GRA	
PERMIT APPROVAL DEN	HEDI To the first of the many sections of the contract of the
Upon the basis of the abo	ove application, the statements are made part hereof, the
Upon the basis of the aborroposed usage is found to b	ove application, the statements are made part hereof, the be in accordance with the Township Land Use Ordinance and
Jpon the basis of the aborroposed usage is found to b	ove application, the statements are made part hereof, the
Upon the basis of the about or oposed usage is found to be a hereby approved for the fo	ove application, the statements are made part hereof, the be in accordance with the Township Land Use Ordinance and bllowing zone:
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MAP FUTITIFO "CROSSWOOD FSTATES - SECTION TWO NOTE: NO WATER ENCOUNTERED SEASONAL HIGH WATER ELEV: 121" DEEP (ELEV: 64.7 FIELD MAP MOUNT RANIER (56 FEET WOE R.O.W.) .1 LINE SETBACK REAR \ĕ SETBACK LINE SETBACK PROPOSED LIMIT PROPOSED V CML INUILUAS K MALL BLOCK 42.07 LOT 15 12000 12000 12000 12000 Z LOT 17 EXISTING CONTOURS ō. 7 SIDE SETBACK LINE PROP. CONTOURS-BLOCK 42.07 AS SHOWN ON proposed Dwelling 10.0 24.7 29.23 SETBACK LINE FRONT ·80:2₀₁₁ 000 38.01 PROP. > SO. ENCASEMENT HENES YRATIMAS NOTE: PER. TWP. ORDINANCE NO. 14-34.2A DRIVEWAY MUST BE CONSTRUCTED 0 CREST PROFESSIONAL PLAZA P.O. BOX 1210 STATE HWY. HIGHTSTOWN, N.J. 08520 (YAW TO THOIR TEET DE) CYEKIE Engineering Associates PROFESSIONAL ENGINEERS & PLANNERS LAND SURVEYORS LANDSCAPE ARCHITECTS SETBACK LINES PER FILED MAF TO GARAGE FLOOR ELEV: GAR. FLR. ELEV: 76.00 NOTE:
CUTS AND FILLS ARE SHOWN FIN. FLR. ELEV: DEINE 74.67

In

LOCK	42.07	FOT	16	QUALIF

ADDRESS (SITE) FICATION CODE

27 CARRIE DR. PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION 1. Propsed Work Site at:	CARRIC	PR	···
Name of Owner in Fee: Address	CROSSWOOD	ESTATES, INC.	
Addressstreet	MARIBOR	Ö, NJ 07747	zip code
Ownership in Fee: Public		3 8-2117	:
4. Principal Contractor:			
Address	ID.#		
License No. OR, if new home, Bu		E	xp. Date
Federal Employee No)
5. Architect or Engineer)
Address			
6. Responsible Person in Charge of	f Work		
Tel. ()		FAX ()	

V. FE	E SUMMARY (for office	e use only)		
			Update	Update
1.	Building	\$		<u> </u>
2.	Electrical			
3.	Plumbing			1
4.	Fire Protection			<u> </u>
5.	Elevator Devices			
6	Subtotal	\$		
7.	Less 20% for			
	State Plan Review			<u> </u>
8.	Subtotal	\$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	\$		
10. 11. 12.	Subtotal Cert. of Occupancy Other	\$		

VI. B	BUILDING/SITE CHARACTERISTICS	(office use only)
1.	Number of Stories	
2.	Height of Structure	ft.
. 3.	Area — Largest Floor	sq. ft.
4.	New Building Area	sq. ft.
5.	Volume of New Structure 34 4*	70 cu. ft.
6.	Construction Classification & B	
7.	Total Land Area Disturbed	sq. ft.
8.	Flood Hazard Zone	
9.	Base Flood Elevation	ft.
10.	Wetlands yes	
	no	
11,	Max. Live Load	
12.	Max. Occupancy Load	

· · ·				OPT	IONAL (for of	fice use on	ly)	•		
II. PROPOSED WORK	Est. Cost	Plans	Date	Rejection	Approval	Re-	Resubmis	sion Dates	Re-	VII. DESCRIPTION OF BUILDING USE
1. Minor Work		Rec'd by	Rec'd	Date	Date	viewer	Approval	Rejection	viewer	A. RESIDENTIAL
2. 🖬 New Building	44 400								<u> </u>	1. Hotels (R-1)
3. 🗆 Addition										2. Multi-Family (R-2)
. 4. Alteration]								<u> </u>	3. Two-Family (R-3) BOCA 4. Two-Family (R-4) CABO
5. Fire Protection -	รเง		<u> </u>							5. One-Family (R-3) BOCA
6, 🔀 Plumbing	\$, 0 Ou		<u> </u>			<u> </u>				6. 🗣 One-Family (R-4) CABO
7. □≰Electrical	2.000									No. of dwelling units:
8. 🗆 Elevator Devices	•			<u> </u>				ļ,	<u> </u>	Before Construction
9. 🗋 Asbestos Abat. Subch. 8	ii Minii Mini		<u> </u>]						After Construction
10. Lead Hazard Abatement				1						Net Gain or Loss
11. Demolition				<u> </u>					<u> </u>	B. NON-RESIDENTIAL
TOTAL COSTS	50 as	IV. DOES	OR WILL YO	OUR BUILDING	CONTAIN A	NY OF TH	E FOLLOWIN	IG?		State Specific Use:
III. DO YOU WANT: (optional	1)		vators/Escala mbwaiters/M					ns/Backflow P /Places of Ass		2. Use Group:

III. DO YOU WANT:	(optional)
1. 🔲 Partial Releases	
2. ☐ Prototype Proces	ssing

1. 🗆	Elevators/Escalators/Lifts/
	Dumbwaiters/Moving Walk
2. 🗌	High Pressure Boilers

4. [] Refrigeration Systems

1. ⊔	Elevators/Escalators/Elitts/
	Dumbwaiters/Moving Walks
2. 🗌	High Pressure Boilers
3. 🖂	Pressure Vessels

7.		Sprinklers
8	\Box	Smoke Cont

	_	-p
8.		Smoke Control Systems in Open Wells
9.		Underground Storage Tanks

ı	1. L. Hotels (R-1)
I	2. Multi-Family (R-2)
I	3. Two-Family (R-3) BOCA
I	4. 🗍 Two-Family (R-4) CABO
I	5. One-Family (R-3) BOCA
Į	6. 🗣 One-Family (R-4) CABO
I	No. of dwelling units:
I	Before Construction
I	After Construction
I	Net Gain or Loss
I	B. NON-RESIDENTIAL
	State Specific Use:
	2. Use Group:
	3. Change in Use Group, Indicate Former:

LDS HW-B 10408142

Telephone (_____) ____

Signature_____

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 AN 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(e)1.vi 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, a 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, count and local prior approvals have been given, including such certification as the construction official may require. 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, count and local prior approvals have been given, including such certification as	CERTIFICATION IN LIEU OF OATH
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 subconfriactors under my supervision, in accordance with all applicable laws, and, I further acknowledge that a new home is not covered under the New Home Warranty and builder Registration Act (N.1.) S. 4.5.91-1 et seq and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuence 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, AN 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 AN VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY. B. () I further certify the following as required by the New Jensey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)), vi. 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, a existing single family residence that is 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, a existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.0. () Fire Protection I further certify that I will perform the following work: C.1. () Bui	I. OWNER SECTION (to be completed if the applicant is the owner in fee)
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 sain new home is not covered under the New Home Warranty and Bulders Registration Act (NJ. 46.391 et see, 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, DURRING, ANI 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 AN 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(e)1.vi. 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 emplaced by experted from, but that will be emplaced by experted from, but that will be emplaced in the property listed on Page 1. C. () I further certify that I will perform the following work: C. () Plumbing C. 2. () Fire Protection 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, count and local prior approvals have been given, including such certification as the construction official may requir	I hereby certify that I am the owner in fee of the property listed on Page 1.
pancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single famil 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 sain new home is not covered under the New Home Warranty and Bulders Registration Act (N.J.S.A. 46;39:1 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, DURRING, ANI 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(e)1.vi 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 emplaced years are required to be registered with the New Jersey Division of a 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. () 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 Taxatio and to comply with all New Jersey tax laws.	Mark the following applicable boxes:
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I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county and local prior approvals have been given, including such certification as the construction official may require. I understand that if any of the above statements are willfully false, I am subject to punishment. Signature	D. () I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division
Signature	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, count
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. 5:32-2.15(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 have been given, including such certification as the construction official may require. 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. CROSSWOOD ESTATES, INC. MARLBORO, N.J. 07747 732-938-2117 REG. # 24714	I understand that if any of the above statements are willfully false, I am subject to punishment.
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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 have been given, including such certification as the construction official may require. 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. CROSSWOOD ESTATES, INC. MARLBORO, N.J. 07747. 732-938-2117 REG. # 24714	Signature Date
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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 have been given, including such certification as the construction official may require. 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. CROSSWOOD ESTATES, INC. MARLBORO, N.J. 07747 732-938-2117 REG. # 24714	II AGENT SECTION (to be completed if the applicant is not the owner in fee)
and local prior approvals have been given, including such certification as the construction official may require. I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxatio 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. CROSSWOOD ESTATES, INC. MARLBORO, NJ 07747 732-938-2117 REC. # 24714	I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work.
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 CROSSWOOD ESTATES, INC. 21 RYAN RD MARLBORO, NJ 07747 732-938-2117 REG. # 24714	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, count and local prior approvals have been given, including such certification as the construction official may require.
CROSSWOOD ESTATES, INC. Agent Name	
Agent Name CROSSWOOD ESTATES, INC. Address MARLBORO, NJ 07747 732-938-2117 REG. # 24714	I understand that if any of the above statements are willfully false, I am subject to punishment.
Address MARLBORO, NJ 07747 732-938-2117 REG. # 24714	() Check if contractor.
732-938-2117 ———————————————————————————————————	
BEG. # 24714	/32-938-2117
	BEG. # 24714

III. () LEAD HAZARD ABATEMENT Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: Utility Dig No. ☐ Soil Conservation ☐ Health Department ☐ Police Department ☐ Water Authority Electrical Building_ IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only-optional) Mechanical Fire Protection Plumbing N.J. Department of Community Affairs
N.J. Department of Zoning Board Planning Board Zoning Officer Sewer Authority Certificate of Compliance CERTIFICATES ISSUED (office use only) N.J. Department of Environmental Protection Certificate of Occupancy Continued Certificate of Occupancy Temporary Certificate of Compliance Temporary Certificate of Occupancy Lead Abatement Clearance Certificate Certificate of Approval Transportation VIII. PRIOR APPROVALS CHECKLIST (office use only) Name of Code & Edition Prelimin. Initial APPROVAL LOCAL Final Date 8 8 8 S S S O 8 Energy Prelimin. Initial Flood Hazard Barrier Free As Built Elevation Cert. COUNTY APPROVAL Final Date Name of Code & Edition DATE ISSUED Prelimin. Initial REGIONAL APPROVAL Final Date DATE EXPIRED Prelimin. Initial STATE APPROVAL DATE REISSUED Final Date COMMENTS DATE EXPIRED



CERTIFICATE

· Permit# Control # Date Issued 00-1605

4-12-01

Block 42	42.07 DENTIFICATION 16
Work Site Location 27 Carrie Dr	Carrie Dr
	Howell, NJ 07731
Owner in Fee/Occupant	Owner in Fee/Occupant Crosswood Estates
Address	21 Ryan Rd
	Marlboro, NJ 07747
Tele. ()	938-2117
Contractor	
	Same
iele. () .ic. No. or Bldrs. Reg <u>. No.</u>	24714 Fax ()
Federal Етр. No.	
	•

EX CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

•					
Home Warranty No.					
Type of Warranty Plan: [] State	_] Private			
Use Group 1	R −3				
Maximum Live Load					
Construction Classification					
Maximum Occupancy Load					
Description of Work/Use:				i	

Completion and approval of construction of single family dwelling Dayton Model

(2210 s.f.) 34,470 c.f.)

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

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

- 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

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

	Collected by:	Paid []	Fee \$
•		Check No.	
			:

U.C.C. F260 (rev. 3/96)

CONSTRUCTION OFFICIAL

1 WHITE - APPLICANT

CANARY - OFFICE

N

ω PIX | TAX ASSESSOR



Date Received

Date Permit Issued

Control #

Permit #

Date Issued

110	フカワ		, (IDENTIFICATION				
x 40	27	12 ARD	10 DA	Contractor				
k Site Location.				Address	CROS	SWOOD E	STATES, I	NC
				Addless	_	21 RYA	N RD	
ner in Fee	CBOS	SWOOD E	STATES, INC		MX	RLBORO,	NJ 07747	
ress	CHOS	21 RYA				732-938	-2117	
	N/F	VELEORO,		Lic. No		REG. # 2	24714	1
()	1017	732-938		Federal Emp. No. —		- ID #	···	- A
		REG. # 2	24714	or Social Securi	ty No			
		ID#		الانسب				
				ACTION				
				ACTION				
	••		√o cen	TIFICATE OF OCCUP	ANCY			
57.05	DTICLOATE	OF CONTI	NUED OCCUPA			PROVAL		
				TEMPORA	DY CERTIF	CATE OF	CCUPANCY	COMPLIANCE
_		OF COMPL					rent	
USE	GROUP			. Previous			· C····	
	_			150 000				
FINAL	L _i COST O	CONSTRUC	CTION: \$	10-10-0			— d all integral o	ouioment
(Includ	de value of	any new struc	cture, all on-site	improvements, built in fu	irnisnings ar	io lixtures an	u ali integral e	dominent
exclus	ive of pro-	oce or mani	afacturing equip	ment.)				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ess of manc	sizetoring equip					
~					or structure	deviates fro	om the appro	ved plans
A set	of "As-B⊌i	t" or amende	ed drawings is	required if the building e below to describe an	or structure by deviations	deviates from appro	om the approvinced plans:	ved plans
A set filed v	of "As-Bui vith the co	t" or amendenstruction pe	ed drawings is ermit. Use space	required if the building	y deviations	s from appro	ved plans:	
A set filed v	of As-Bui with the co are reque	t" or amendenstruction pe	ed drawings is ermit. Use space	required if the building below to describe and	ny deviations	s from appro	ved plans:	

OWNERVACENT

> Agent



CONSTRUCTION PERMIT

Date Issued 7-2/-000 Control # Permit # 00-/605

IDENTIFICATION Block 42 07 Lot	16
Work Site Location 27 CARRIC DR	Contractor
CROSSWOOD ESTATES, INC.	AddressCROSSWOOD ESTATES, INC.
Owner in Fee 21 RYAN RD	21 RYAN RD
Address MARLEORO, NJ 07747	Tel. () MARLBORO, NJ 07747
REG. #-24714	Lic. No. or Bldrs, Reg. No. 732-938-2117
Tel. ()	Fed. Emp. No
Is hereby granted permission to perform the following work:	ID Harmon Company
[> BUILDING [] PLUMBING [] LE [] ELECTRICAL [] FIRE PROTECTION [] DE	of issuance, or DCA Training Fee
Estimated Cost of Work \$ 60 000. Construction Official Date U.C.C. F170 (rev. 300)	Other

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections fo	r all	subcodes	for	one	and	two	family	dwellings	are	the	following	ng
---------------------------	-------	----------	-----	-----	-----	-----	--------	-----------	-----	-----	-----------	----

- 1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
- 2. Foundations and all walls up to grade level prior to back filling;

U.C.C. Form F-170D

- 3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations:
- 4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Required special inspections	. The applicant by accepting the	permit will be deemed t	o have consented to thes	e requirements
------------------------------	----------------------------------	-------------------------	--------------------------	----------------

	A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
	A complete copy of approved plans must be kept on the job site.
lf	you do not understand any of this information, please ask.



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

CO-/CO

4 GOLD-APPLICANT COPY

IDENTIFICATION Block 47.07 Lot	16	-
Work Site Location CROSSWOOD ESTATES, INC.	Contractor CDC	SSWOOD ESTATES, INC.
- 21 RYAN BD	Address	21 RYAN RD
Owner in Fee MARLBORO NJ 07747	<u></u>	MARLEGEO N.L 07747
Address 732-938-2117	Tel. ()	732-935-2117
REG. # 24714	Lic. No. or Bldrs. Reg. No	REG. # 24714
Tel. ()	Fed. Emp. No.	ID#
Is hereby granted permission to perform the following work:		
[X BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT	PAYMENTS (Office Use Only)
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION	Building
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [1 OTHER	Electrical
(Subchapter 8 only)		Plumbing 35 CC
DESCRIPTION OF WORK:	/ 2210 Sf \	Fire Protection
NEW SINGLE FAMILY DAYTON	SLAB	Elevator Devices
NOO SINGUE THINDS VINGTON	37,470 CF	Other CLUILLY IL CO
NOTE: If construction does not commence within one (1) year of	date of issuance, or	DCA Training Fee
if construction ceases for a period of six (6) months, this permit i	s void.	Cert. of Occupancy((
		Other
Estimated Cost of Work \$ (0.0 000.		Total え()'1.00
		Check No. St. 11
		Cash
Construction Official	, Date	Collected by 1// / X/C.
U.C.C. F170		

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 work installed conforms to the approved plans and 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 given.

- 1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
- 2. Foundations and all walls up to grade level prior to back filling;
- 3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
- 4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections	s. The applicant by accepting the	permit will be deemed to	have consented to thes	e requirements
--------------------------------	-----------------------------------	--------------------------	------------------------	----------------

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
☐ A complete copy of approved plans must be kept on the job site.
If you do not understand any of this information, please ask.
U.C.C. Form F-170D



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

Block 42.	DFFICE CALL UTILITY DIG NO	800-272-1000.
Owner in Fee		i
Address	OHOSSWOOD ESTATES, INC.	, INC.
	MARLBORO, NJ 07747	17
Tele. ()	8-211	
Contractor	REG. # 24714	-
Address	ID (is.
Tele. ()	Fax (
Lic. No. or Bidrs. Reg. No.		
Federal Emp. No.		
JOB SUMMARY (Office Use Only)	Jse Only)	
PLAN REVIEW	Date Initial INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Туре:	Failure Approval Initial
[] All	Footing	153 dets
[] Footing	Foundation	
[] Frame	Frame	12/7/18 6/2-1
[] Other	Barrier-Free	
wiew Require	!	12/13/a Ect
SUBCODE APPROVAL	Fire [] Elevator Finishes	holin de Miss
000 [] 00 %	[] CA Mechanioaly All	1 alt of altalor
Date: 4 MG	ð	
Approved by:	(6) D Other	bi Id
	Barrier-Free	
B. BUILDING CHARACTERISTICS	USTICS	
Use Group Present _	Proposed R-Y	Est. Cost of Bldg. Work:
Constr. Class Present	Proposed 5-5	1. New Bidg. \$
No. of Stories	4	
Height of Structure	22 F	3. Total (1+2) \$ 60 000
Area — Largest Floor	110% Sq. Ft.	,
New Bidg. Area/All Floors	2210 Sq. Ft.	
Trifat I and Area Disturbed	2000 CU. Ft.	
Iodal Land Area Disturbed		



Date Received
Date Issued
Control #
Permit #

7-21-00

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

2 NOT YNC	Now sinace	DESCRIPTION OF WORK
SCAS	Family	

U.C.CA(110 1 White = Inspector Copy (rev. 3/96) 3 Pink = Office Copy	Administrative Surcharge Minimum Fee DCA Training Fee TOTAL FEE	[] Rooffing [] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool [] Asbestos Abatement Subchapter 8 [] Lead Haz. Abatement NJAC 5:17 [] Other Demolition	TYPE OF WORK: [] New Building [] Addition [] Afteration
2 Canary = Office Copy 4 Gold = Applicant Copy	新 番 番 番 番 ・		FEE (Office Use Only)

STRAPS FOR ANCHORING MUST BE DRIVED THROUGH BOTTOM PLATE 9/14/00 ECT

WALL Sheath - Anchor Straps provided w/ ROOF NAAS !



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

Block 42.07

Work Site Location	77 (APKIC DR	P			
Owner in Fee			5	اد.		
Address	011000	21 BYAN BD	9, 11.0.			
	MAE)BO N	747			
Tele. ()		732-938-2117		<u>-</u>		
Contractor		REG. # 24714		. -		
Address		ID # 2	j			
Tele. ()		Fax (<u>'</u> -			
Lic. No. or Bldrs. Reg. No.						
Federal Emp. No.			!	:		
JOB SUMMARY (Office Use Only)	Use Only)					
PLAN REVIEW	Date Initial	INSPECTIONS		Dates (M	Dates (Month/Day)	
[] No Plans Required	 	Type:	Failure	Failure	Approval	Initial
[] All		Footing				
[] Footing		Foundation				
[] Foundation		Slab				
[] Frame	<u> </u>	Frame				
[] Other		Barrier-Free	,			
Joint Plan Review Required:		Insulation				
[] Elec. [] Plumb. [] Fire] Fire [] Elevator	or Finishes	ļ.			
SUBCODE APPROVAL		Energy				
000 [] 00 []	[] CA	Mechanical				
Date:		ТСО				
Approved by:		Other				
		Barrier-Free				
B. BUILDING CHARACTERISTICS	RISTICS					
		Proposed	EST. CO	<u> </u>	WORK:	
Constr. Class Present _		Proposed 5.0		•		
No. of Stories	-11	9			1	,
Aeignt or Structure	100	 	S. Iota	lotal (1+ 2) \$	100,000	S C
New Birlo Area/All Floors	22.0	Sa FF.				
Volume of New Structure	72 27					
Total Land Area Disturbed	2000					
The state of the s						

Date Received
Date Issued Control #
Permit #

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

Signature

D. TECHNICAL SITE DATA

Other	[] Lead Haz. Abatement NJAC 5:17	Asbestos Abatement Subchapter 8	[] Pool	[] SignSq. Ft.	[] Fence Height (exceeds 6')	[] Siding	[] Roofing	[] Alteration	[] Addition	New Building	TYPE OF WORK:				DAY 2 SAR	Now Sinace Family		DESCRIPTION. OF WORK
	•									49	FEE (Office Use Only)					7	_	

Contraction of the first

Administrative Surcharge

DCA Training Fee Minimum Fee

TOTAL FEE

1 White = Inspector Copy
3 Pink ≈ Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy



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

Block 12.07 Lot 16

CAPRIC

VA

Work Site Location

Dates (Mo	or 110%	Hainht of Structure 72	No. of Stories	Constr. Class Present Proposed 5 - 13	B. BUILDING CHARACTERISTICS	Barrier-Free	Final	Approved by: Other	Date:TCO	[] CO [] CA Mechanical	SUBCODE APPROVAL Energy	[] Elec. [] Plumb. [] Fire [] Elevator Finishes	Joint Plan Review Required: Insulation	[] Other Barrier-Free	[] Frame Frame	[] Foundation Slab	[] Footing Foundation	[] All Footing	[] No Plans Required Type:	PLAN REVIEW Date Initial INSPECTIONS	JOB SUMMARY (Office Use Only)	Federal Emp. No.	Lic. No. or Bidrs. Reg. No.	Tele. ()Fax (Address	ractor	Tele. () 732-938-2117	9	Address 21 RYAN RD	Owner in Fee CROSSWOOD ESTATES, INC	
	() () () () () () () () () ()	Total (1+2) S	Alteration	 New Bidg. 			, 	 							 	1				Dates (Month/Day))				747		S, INC	-

Volume of New Structure_

Total Land Area Disturbed

2000 しった ちゃ 2210

> Cu. Ft. Sq. Ft.

(rev. 3/96)

3 Pink = Office Copy 1 White = Inspector Copy

4 Gold = Applicant Copy 2 Canary = Office Copy Administrative Surcharge

DCA Training Fee Minimum Fee

TOTAL FEE

Sq. Ft.

Sq. Ft.

New Bidg. Area/All Floors

Area — Largest Floor



Date Received
Date Issued
Control #

Permit

C. CERTIFICATION IN LIEU OF OATH

Signature	1/.	record and ar	I hereby certif
	(* * *	n,authorized to	y that I am the
	•	record and am, authorized to make this application.	hereby certify that I am the (agent of) owner of

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demolition	[] Other	 Lead Haz. Abatement NJAC 5:17 	[] Asbestos Abatement Subchapter 8	[] Pool	[] SignS	[] Fence }	[] Siding	[] Roofing	Alteration] Addition] New Building	TYPE OF WORK:						ファイル 2	•	Now singer	•
***		JAC 5:17	bchapter 8		Sq. Ft.	Height (exceeds 6')			•								7	^ / P <i>0</i>		[[Amily	
											\$	FEE (Office Use Only)		•						<u> </u>	

inglite it mains

aparte A SUBCODE **ELECTRICAL**

to make this application and perform the work listed on this application. C. CERTIFICATION IN LIEU OF OATH Est. Cost of Elec. Work \$ Building Occupied as Use Group B. ELECTRICAL CHARACTERISTICS Federal Emp. No. I hereby certify that I am the (agent of) owner of record and am authorized Work Site Location CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. [] Pole/Pad Lic. No. Address Contractor Address Owner in Fee/Occupant Block A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING Approved by: SUBCODE APPROVAL PLAN REVIEW Approved by:_ Date: 3 27 0 JOB SUMMARY (Office Use Only) Joint Plan Review Required: _ 6 No Plans Required Building Elec, Plans Approved Fire 08 390A 000 * Present [] Plumbing [] Elevator WEINBERG ELECTRICAL CONTRACTORS, INC. [] CA 1717 E. ELIZABETH AVENUE Date Initial LINDEN, NJ 07036 908-486-7445 200 [] Temporary ype INSPECTIONS Rough Service Other T C O Constr. Serv Temp. Serv. ARRICO Final Cut-in-Card Date Issued Temp. Cut-in-Card Date Issued Fax (CROSSWOOD ESTATES, INC. Utility Co. <u>_</u> MARLBORO, NJ 07747 Proposed ij ₩ [] Other REG. # 24714 Failure **TECHNICAL SECTION** 6 Failure Dates (Month/Day) Approval Ω . .



Control # Date Issued Date Received

D. TECHNICA	AND CARD IN
TECHNICAL SITE DATA	Permit #

SIZE

TEMS

4019		27E
#C	Communications Poi Alarm Devices/F.A.C TOTAL NUMBERS Pool Permit/with UW Storable Pool/Spa/Ho KW Elec. Range/Rec KW Oven/Surface U KW Elec. Dryer/Reca KW Dishwasher HP Garbage Disposa KW Central A/C Unit HP/KW Space Heate KW Baseboard Heat HP/KW Space Heate KW Baseboard Heat HP Motors 1/+ HP KW Transformer/Ger AMP Subpanels AMP Subpanels AMP Subpanels AMP Motor Control C KW Elec. Sign/Outlin	Lighting Fixtures Receptacles Switches Detectors Light Poles Motors—Fract. HP
Administrative Surcharge Minimum Fee DCA Training Fee TOTAL FEE	Communications Points Alarm Devices/F.A.C. Panel TOTAL NUMBERS Pool Permit/with UW Lights Storable Pool/Spa/Hot Tub KW Elec. Range/Receptacle KW Oven/Surface Unit KW Elec. Dryer/Receptacle KW Other Heater KW Elec. Dryer/Receptacle KW Obishwasher HP Garbage Disposal KW Central A/C Unit HP/KW Space Heater/Air Handler KW Baseboard Heat HP Motors 1/+ HP KW Transformer/Generator AMP Service AMP Subpanels AMP Motor Control Center KW Elec. Sign/Outline Light	es es ract. HP
\$ 46	36,	FEE (Office Use Only)

Licensed Electrical Contractor

Applicant's Signature/Contractor/Seal and Signature





ELECTRICAL SUBCODE TECHNICAL SECTION

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. ON OFFICE Application Signature/Contractor's Segland Signature	Tele. (CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Block 42.07 Lot 16 Work Site Location 21 CAPAC DK Owner in Fee/Occupant CROSSWOOD ESTATES, INC. Address MARRIBORO, NJ 07/47
	Motors Emerg Comm Alarm	SIZE ITEMS Lightin Recep Switch Light F



Date Received
Date Issued
Control #
Permit #

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N 1 TOTAL FEE	DCA Training Fee	Minimum Fee	Administrative Surcharge			KW Elec. Sign/Outline Light	AMP Motor Control Center	AMP Subpanels	AMP Service	KW Transformer/Generator	HP Motors 1/+ HP	KW Baseboard Heat	HP/KW Space Heater/Air Handler	KW Central A/C Unit	HP Garbage Disposal	KW Dishwasher	KW Elec. Dryer/Receptacle	KW Elec. Water Heater	KW Oven/Surface Unit	KW Elec. Range/Receptacle	Storable Pool/Spa/Hot Tub	Pool Permit/with UW Lights	TOTAL NUMBERS	Alarm Devices/F.A.C. Panel	Communications Points	Emergency & Exit Lights	Motors—Fract. HP	Light Poles	Detectors	Switches	Receptacles	Lighting Fixtures	ITEMS
**	69	5	60																				45										FEE (Office Use Only)

(nev. 3/96)

✓ Licensed Electrical Contractor

[] Exempt Applicant

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

1) FAMILY RM. CORNERL NAIL PLATE.

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.

Applicant's Signature/Contractor's Seal and Signature Licensed Electrical Contractor

[] Exempt Applicant

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UCC F120

	Administrative Surcharge Minimum Fee DCA Training Fee
A 2/	
	c. Sign/Outline Light
	ubpanels 100 AMP
	ors 1/+ HP ansformer/Generator
	seboard Heat
	Space Heater/Air Handler
	bage Disposal
	hwasher
	x. Dryer/Receptacle
	er/sunace unit
	c. Range/Receptacle
	e Pool/Spa/Hot Tub
5	NUMBERS mitwith UW Lights
7	
	unications Points Devices/F.A.C. Panel
	incy & Exit Lights
	-Fract. HP
	oles
	ð
	<i>ъ</i>
	acies
;	Fixtures
FEE (Office Use Only)	



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 the agent of) owner of record and am authorized to make this application and perform the work listed on the agent of the agen	SUBCODE APPROVAL Temp. Cut-in-Card Date Issued Chate: 3/9/0/0 (Concept of the Concept of the C	Plumbing Terr Elevator Cor TCO Oth Ser	JOB SUMMARY (Office Use Only) PLAN RÉVIEW Date Initial INSPECTIONS Failure Failure Approval Initial Joint Plan Review Required: Rough	Tele. () 908.486-7445. Fax () Q08.486-7445. Fax () Proposed Q08.486-7455. Fax () Proposed Q0	CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000. Block ### Procession ### CROSSWOOD ESTATES, INC. Owner in Fee/Occupant ### MARL BORO, NJ 07747 Address ### 24714 Contractor WEINBERG ELECTRICAL CUIVANT COLUMN Address #### 1717 E. ELIZABETH AVENUE	ELECTRICAL SUBCODE A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING
HOME OWNER CONTRACTOR U.C.C. F120 One. BRATE 12 13 JUN WHITE One. BRATE 2 135 TIME 2 135	Administrative Surcharge \$ \$ 46 - Administrative Surcharge \$	AMP Service AMP Subpanels AMP Motor Control Center KW Elec. Sign/Outline Light	KW Central A/C Unit . HP/KW Space Heater/Air Handler KW Baseboard Heat HP Motors 1/+ HP	TOTAL NUMBERS Pool Permit/with UW Lights Storable Pool/Spa/Hot Tub KW Elec. Range/Receptacle KW Oven/Surface Unit KW Elec. Water Heater KW Elec. Dryer/Receptacle KW Dishwasher HP Garbage Disposal	QTY. SIZE ITEMS Lighting Fixtures Receptacles Switches Detectors Light Poles Motors—Fract. HP Emergency & Exit Lights Communications Points Alarm Devices/F.A.C. Panel	Date Received 14-40-00 Date Issued 7-31-00 Control# 00-1605-1 D. TECHNICAL SITE DATA



C. CERTIFICATION IN LIEU OF CATH to make this application and perform the work listed on this application. I hereby certify that the mine (agent of owner of record and am authorized Date: 12/3/10 Est, Cost of Elec, Work \$ Use Group B. ELECTRICAL CHARACTERISTICS Federal Emp. No. Address Contractor -WEINBERG ELECTRICAL CUNTINACTORS Address Block 4207 Lot Lot Lot A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING Building Occupied as Lic. No. Owner in Fee/Occupant Work Site Location [] Pole/Pad # PLAN, REVIEW Approved by: SUBCODE APPROVAL JOB SUMMARY (Office Use Only) Joint Plan Review Required: 00 [] 00 No Plans Required Building] Fire] Elec, Plans Approved, Present [] Plumbing [] Elevator 1717 E. ELIZABETH AVENUE LINDEN, NJ 07036 908 486 7445 [] CA Date Initial CROSSWOOD ESTATES, INC MARLBORO, NJ 07747 732-938-2117 [] Temporary [] Other HEG. # 24714 ype: INSPECTIONS Rough Service Other TCO Constr. Serv. Temp. Serv. Final Cut-in-Card Date Issued Temp. Cut-in-Card Date Issued Fax (Utility Co. Proposed Failure Failure Dates (Month/Day) Approval D. T ΩTY. 3ZIS

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Per	C D D

e Received

12-20-00 7-21-00 00-1605-1

TECHNICA	1
RECHNICAL SITE DATA	Date Issued Control # Permit #
	·

(4)	TOTAL FEE
45	DCA Training Fee
\$P	Minimum Fee
	Administrative Surcharge
ノガヤ	
	KW Elec. Sign/Outline Light
	AMP Motor Control Center
	AMP Subpanels .
	AMP Service
	KW Transformer/Generator
	HP Motors 1/+ HP
	KW Baseboard Heat
0	HP/KW Space Heater/Air Handler
	KW Central A/C Unit
	HP Garbage Disposal
	KW Dishwasher
	KW Elec. Dryer/Receptacle
	KW Elec. Water Heater
	KW Oven/Surface Unit
	KW Elec. Range/Receptacle
	Storable Pool/Spa/Hot Tub
	Pool Permit/with UW Lights
€9	TOTAL NUMBERS
	Alarm Devices/F.A.C. Panel
	Communications Points
	Emergency & Exit Lights
	MotorsFract. HP
	Light Poles
	Detectors
	Switches
	Receptacles
	Lighting Fixtures
FEE (Office Use Only)	HEMS

(rev. 3/96)

7/3 U 3 Pink = Office Copy

4 Gold = Applicant Copy 2 Canary = Office Copy

[/] Licensed Electrical Contractor. [] Exempt Applicant

Applicant signature Contractor's Seal and Signature

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MARLBORO TOWNSHIP



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Applicant signature/Contractors Seal and Signature	Comment of the Commen	Elonin is	I hereby certify that langing agent 0) owner of reco	C. CERTIFICATION IN LIEU OF CATH	The first state of the state of	Approved by Charles	Date	[] co [] co [] cA	SUBCODE APPROVAL,	t	-Approved by Fully24 S	Date: 11/22/00/) // /// ///	[] Elec. Plans Approved	[] Elevator C	ding [] Plumbing			Date Initial	(Office Use Only)		Est. Cost of Elec. Work : \$	Building Occupied as 1 FAMILY		Use Group Present	B. ELECTRICAL CHARACTERISTICS.	Federal Emp. No.	FE NO DESTOR	Tete () / 200-400-/443	LINDEN, NJ U/U36	Address 1:717 E. ELIZABETH AVENUE	ractor FENBE	Tele () ~	A CONTRACTOR	1 Fee/Occupant	1756	Work Site Location CROSSWOOD E		ōτ	_	Construction Official	CONSTRUCTION DEPT.
Ire , i	- -	work listed on this application.	owner of record and am authorized	. ,		- 10	· · ·	Final Cut-in-Card Date Issued	Temp. Cut-in-Card Date Issued	Final .	Service	Other	TCO	Constr. Serv.44	Temp. Serv.	Rough	Failure	ECTIONS				Unit of O.Z.	Temporary Other	Proposed	 22	-		Fax (L)		VUE	CTORS, INC.3	.(11 2 146	こので		にかるになっ	- 16	TIFY THIS OFFICE, CALL UTILITY DIG NO. 1-800-272-1000.	I ECHNICAL	SUBC	
				,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											Failure (Approval - Initial	Month/Day)										٠			``						J.	N. WHEN CHANGING	ICAL SECTION	CODE	TRICAL
	7(-: 等	<u>}</u>	SZ		2/20/20	ICE HOUSE	いながら十つとうとし	ا موانيد ما			KW,Elec	AMP Mo	AMP Su		28 W	Now The Part of th	The state of the s	HEXXV	KW.Cen	HR, Gart	KW Dist	XV E. X		KW Ove		Storable	Pool Per	26 22 TOTAL	į	Alam D	Commun	Motors	Light Poles	Detectors	Syntches	2 Réceptacles	52	D. TECHNICAL SITE/DATA OTY. SIZE ITEMS	Pe	Control #	Date Received
****			1 4	TOTAL FEE.	DCA Training Fee	Minimum Fee	Administrative Surcharge				WELEC. Sign/Outline Light	,	AMP Subpanels	DE VOOI	I ransformer/Generator	Motors 7+ HT	daseboard Hear	F/KVV Space Heater/Air Handler	QV.Central A/C Unit	Garbage Disposal	Dishwasher	W Elec. Dryer/Receptacle	W Elec Water Heater	W Oven/Surface Unit	W Elec. Range/Receptacle	Storable Pool/Spa/Hot Tub	Pool:Permit/with UW Lights	OTAL NUMBERS		Alarm Devices/F.A.C. Panel	Communications Points	Motors—Fract. HP	- E S	ď	4	cles	hting Fixtures	-1		リングニラグ	
	A STATE OF THE STA			5		5	1 ()	7 36					-					2] i								ارم	2				, . .		*	, e.v.		FEE (Office Use Only)			Š

] Exempt Applicant

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2 Canary = Office Copy 4 Gold = Applicant Copy	1 White = Inspector Copy 3 Pink = Office Copy	U.C.C. F120 (rev. 3/86)		Licensed Electrical Contractor
			ion.	to make the application and price to record and am auriorized to make the application, and perform the work listed on this application. Applicant's Standbure/Contractor's Sealand Standbure
5	TOTAL FEE			
ы ы ы 	Administrative Surcharge Minimum Fee DCA Training Fee			Approved by Congression Congression
_)	Final Cut-in-Card Date Issued	. l .cA
		 -	Temp. Cut-in-Card Date Issued	SUBCODE APPROVAL Temp. Cut-ir
			 	Final
	KW Elec. Sign/Outline Light			Approved by:
	AMP Motor Control Center			Date: Other
	AMP Subpanels	-		Pians Approved
	AMP Service	100		[] Elevator
	KW Transformer/Generator			[] Building [] Plumbing Temp. Serv.
	HP Motors 1/+ HP		railure railure Approval initial	
	NA Resolved Uppt		Dates (wonth/Day)	Date Initial
	KW Central A/C Unit			Y (Office Use Only)
-	HP Garbage Disposal			
	KW Dishwasher	+ 17		Est. Cost of Elec. Work \$
	KW Etec. Dryer/Receptacle	3	6PV	Building Occupied as
	KW Elec. Water Heater	- GAS	Other	Pole/Pad # [] Temporary
	KW Oven/Surface Unit		Proposed	Use Group Present Pro
	KW Elec. Range/Receptacle	GAS		B. ELECTRICAL CHARACTERISTICS
	Storable Pool/Spa/Hot Tub			Federal Emp. No.
	Pool Permit/with UW Lights			Lic. No.
\$	TOTAL NUMBERS	#		908-486-
				LINDEN. NJ 07036
	Alarm Devices/F.A.C. Panel			Address 1717 E. ELIZABETH AVENUE
	Communications Points			Contractor WEINBERGLEIECTRICAL CONTINUE CONTRACTORS INC.
	Emergency & Exit Lights	k	4	Tele. () REG. # 24714
	Motors—Fract HO	4	7	732-938-211
	Detectors		07747	MARLBORO N.I
	Switches	عاد مار		Owner in Fee/Occurrent CHOSSWOOD-ESTATES, INC.
	Receptacles	2	d:	Work Site Location 21 CAFIC C 131
	Lighting Fixtures	77		41.01 1.00 lo
FEE (Office Use Only)	ITEMS	OTY, SIZE ITEMS	2: 1-800-272-1000.	RACTORS, NOTIFY THIS OFFICE, CALL UTILITY
	TE DATA	D TECHNICAL SI	TE PEOPLE TON MEET OF ALCOHOLOGICAL	
	Control #	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TECHNICAL SECTION	and the state of t
((ed /	\ <u>\</u>	SIIBCODE	· 含水
-()()	Date Received	Da	ELECTRICAL	

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

Block update





TECHNICAL SITE DATA			
DATA	Permit #	Control #	Date Issued

507 4707																				SIZE
# 0_	KW Elec. S	AMP Subpanels AMP Motor Con	AMP Service	HP Motors 1/+ HP KW Transformer/	KW Baseboard Heat	KW Central A/C Unit HP/KW Space Heate	HP Garbage Disposal	KW Dishwasher	KW Elec. V	KW Oven/s	Storable Po	TOTAL NUMBERS Pool Permit/with UV		Communica Alarm Device	Emergency	Motors—Fract. HP	Detectors	Switches	Lighting Fixtures	ITEMS
Administrative Surcharge Minimum Fee DCA Training Fee TOTAL FEE	KW Elec. Sign/Outline Light	AMP Subpanels AMP Motor Control Center	· řě	HP Motors 1/+ HP KW Transformer/Generator	pard Heat	KW Central A/C Unit HP/KW Space Heater/Air Handler	e Disposal		KW Elec. Water Heater	KW Oven/Surface Unit	Storable Pool/Spa/Hot Tub KW Elec, Range/Receptacle	TOTAL NUMBERS Pool Permit/with UVV Lights		Communications Points Alarm Devices/F.A.C. Panel	Emergency & Exit Lights	act. HP	, ,	S	tures	
7 46						70						\$ 36	1 /2			ren: Ja	v.			FEE (Office Use Only)

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U.C.C.-F120 (rav. 3/96)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy

and Signature

Exempt Applicant

work listed on this application.

er of record and am authorized

update A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. B. ELECTRICAL CHARACTERISTICS Est. Cost of Elec. Work \$ Use Group Address_ Tele. (Address Owner in Fee/Occupant TO THAKE Building Occupied as Federal Emp. No. Tele. (Contractor Work Site Location Licensed Electrical Contractor o No. hereby certify that I am the lagent of owner of record and am authorized Pole/Pad PLAN REVIEW Approved by SUBCODE APPROVAL Approved by: Date: 5 27 1" Joint Plan Review Required: JOB SUMMARY (Office Use Only) 「 Y No Plans Required __ 6] Building Fire Elec, Plans Approved, 0x 3000 000 WEINBERG ELECTRICAL CONTRACTORS, INC. Present [] Elevator [] Plumbing 717 E. ELIZABETH AVENUE LINDEN, NJ 07036 908 486 7445 __ CA Date Initial form the work listed on this application. Seal and Signature [] Exempt Applicant 9 [] Temporary INSPECTIONS ದ್ದ Rough Other Constr. Serv. Temp. Serv. DEPLO Final Cut-in-Card Date Issued Temp. Cut-in-Card Date Issued Fax (CROSSWOOD ESTATES, INC Lilly Co. MARLBORO, NJ 07747 Proposed_ | # [] Other 21 RYAN RD Failure ELECTRICAL SUBCODE Failure Dates (Month/Day) Approval

\$ 6	TOTAL FEE		. [
16	Administrative Surcharge Minimum Fee	$\overline{}$	ı
7 1/1			1 1
	KW Elec. Sign/Outline Light		1
	AMP Motor Control Center		ļ
	AMP Subpanels		<u> </u>
	AMP Service		<u> </u>
	KW Transformer/Generator		1
	HP Motors 1/+ HP		l
'	KW Baseboard Heat		
	HP/KW Space Heater/Air Handler		
10.	KW Central A/C Unit	_	
	HP Garbage Disposal		J
	KW Dishwasher		
	KW Elec. Dryer/Receptacle		
	KW Elec. Water Heater		
	KW Oven/Surface Unit		
	KW Elec. Range/Receptacle		
	Storable Pool/Spa/Hot Tub		1
	Pool Permit/with UW Lights '		1
\$ 161	TOTAL NUMBERS		1
2		,	ı
	Alarm Devices/F.A.C. Panel		1
	Communications Points		ļ
	Emergency & Exit Lights		ı
	Motors-Fract, HP		1
	Light Poles		ļ
	Detectors		١
	Switches	-	-
	Receptacles		1
	Lighting Fixtures		1
FEE (Office Use Only)	SIZE ITEMS	QTY.	
_	D. TECHNICAL SITE DATA	D. TECI	

1

Date Received
Date Issued
Control #
Permit #

U.C.C. F120 (rev. 3/96)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy 90

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

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Riock 47. 9		
Site Location 27 C	ARRIC DR	
CROSSIMO	HATTO IND	
Owner in Fee 21.RYAN PC	-BD - 6, 116.	
MARIEC	N.I. 07747	
732-938-2117	21.17	
₹EG.	# 24714	
Contractor		
Address		
Tele () Fax		
Lic. No.		
Federal Emp. No.		
B. FIRE PROTECTION CHARACTERISTICS		
Use Group Present Proposed	Fire Alarm System	
Constr. Class Present Proposed	New [] Existing	ing []
[] 01 []	Fire Suppression/Standpipe System	dpipe System
[] Other	New [] Existing [ing []
Total Cost of Fire Protection Work \$ 500	}	
JOB SUMMARY (Office Use Only)		
PLAN REVIEW INSPECTIONS		Dates (Month/Day)
[] No Plans Required Type:	Failure Failure	Approval Initial
Joint Plan Review Required: Alarm System	- m	
[] Building [] Plumbing Suppression Sys	n Sys	
levator		
[] Fire Plans Approved Fire Pump		
	/stem	1
Apploved by Smoke Control	<u>\$</u>	
. 1 CCO[r 1 CA		 C
		E TONE
Approved by: Other	1/2× 0-14-01	14-5-10 (M
C. CERTIFICATION IN LIEU OF OATH		
I hereby certify that am the (agent of) owner of record and am authorized	authorized	
to make this application.		

Signature

(rev. 3/96)

Administrative Surcharge

Minimum Fee DCA Training Fee

TOTAL FEE



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Date Received
Date Issued
Control #
Permit #

0-21-00

D. TECHNICAL SITE DATA

	DESCRIPTION OF WORK:		
l l	NEW SINGLE 1	Family	7
1 1	Water Supply Source		
1	menion of maintrouppi ession of some other reson		
1	Storage Tanks		FEE (Office Use Only)
١	Type: [] Flammable Liquid [] Combustible Liquid	ble Liquid	
ı] LPG [] LNG Capacity	Fuel	
ļ	Alarm Systems [X] 110v Interconnected	NUMBER	
j	[] System	2	
ı	Alarm Devices (i.e., smoke, heat, pulls,	-	
	Supervisory Devices (i.e., tampers, low/high air)		
	Signaling Devices (i.e., horn/strobes, bells)		
	Other Devices		
	TOTAL		
	Suppression Systems		
	Fire Pump GPM Type		
	Dry Pipe/Alarm Valves		
	Pre-action Valves		
]	Sprinkler Heads (Dry and Wet)		
	Standpipes		
	Pre-engineered Systems		
	Wet Chemical		
<u> </u>	Dry Chemical		
	CO ₂ Suppression		
	Foam Suppression		
	Halon Suppression		
<u> </u>	Other		
	Kitchen Hood Exhaust System		
1 - 1	Smoke Control System		
1	Gas★] or Oil [] Fired Appliances		
Z	Other		



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-890-272-1000.

	>			İ			
	Omer —				Other	j	Approved by:_
or Oil [] Fired Appliances	Gas 🔏		 		Final	İ	Date:
-	SHOKE CO				TCO] CCO [] CA	[- co
oto Coston	Smoke Centr	1			Smoke Control	PROVAL	SUBCODE APPROVAL
School Control Control	Vitoban La				Mechanical		Approved by:
	Cilier				Pre-Eng. System	1	Date:
pression	Calott Supplession				Fire Pump	Fire Plans Approved	[] Fire Plan
Transier	Halon Suppression				Standpipe	[] Elevator	[] Electric
Tression	Enam Supr				Suppression Sys.	[] Plumbing	[] Building
ession	CO. Suppression				Alarm System	w Required:	Joint Plan Review Required:
<u> </u>	Dry Chemica		- alloid	ralicia	ype.	Kequired	No Plans Required
ical	Wet Chemical	<u>.</u>	Cailura (IVIO	n air	The		PLAN REVIEW
Standpipes Pre-engineered Systems	Standpipes Pre-engine					JOB SUMMARY (Office Use Only)	JOB SUMMAR
Sprinkler Heads (Dry and Wet)	Sprinkler H				ı		,
valves	Pre-action valves				1,00	Protection Work \$	Total Cost of Fire Protection Work
Cry ripervisiti vaives	Diy ripan		Location of Main Control Valve:	Location c			 Location:
<u> </u>] Existing []	New		her	[] Other
GPM Type	Fire Pump	=	Tylistican I I	Alone (-		lybe. [] cas
ion Systems	Suppression	3	Fire Suppression/Standpipe System	Fire Supp		 2	Time: 1 Cae
	TOTAL		of Panel:	Location of Panel:	ing [] HVAC	[] New [] Existing	Heating Systems
ces	Other Devices] Existing []	New	Proposed	Present Pr	Constr. Class
Signaling Devices (i.e., normstropes, pells)	Signaling o		n System	Fire Alarm System	Proposed	Present Pr	Use Group
Supervisory Devices (i.e., tampers, lowingn air)	Supervisory				.γ.	B. FIRE PROTECTION CHARACTERISTICS	B. FIRE PROTE
During the state of the state o	water/ilow)						receral cinp. No.
Mater (flow)	water/flow)						Endami Emp. No
section smoke heat pulls	A larm Devi						S .
System				<u> </u> 	Fax (Tele. ()
1 110v Interconnected	Alarm Systems						
	1 1 PG						Address
] Flammable Liquid [] Combustible Liquid	Type: []						Contractor
inks	Storage Tanks				KEG, # 24/14	- - - - -	Tele. ()
			-				
of Alarm/Suppression System Supervision	Method of		-	47	MARLBORO, NJ 07747	MAR	Address
Water Supply Source	Water Si			'	21 RYAN BD		Owner in Fee
	-			20	CROSSWOOD ESTATES.		
STALL SINGE				20	CARRIC	27	Work Site Location
DESCRIPTION OF WORK:	DESCRI			6	Lot	47.97	Block
						The second second second second	

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

* &	DCA Training Fee		4
69	Minimum Fee	ころの こう こう	
↔	Administrative Surcharge	Administr	٦L
	—— .	Ciner	ı
		Gas →] or Oil [] Fired Appliances	<u> </u>
		Smoke Control System	
		Kitchen Hood Exhaust System	
			1
		Other	- 1
		Halon Suppression	- 1
		Foam Suppression	
		CO ₂ Suppression	
		Dry Chemical	l
		Wet Chemical	
		Pre-engineered Systems	_
		Standpipes	
		Sprinkler Heads (Dry and Wet)]
		Pre-action Valves	
		Dry Pipe/Alarm Valves	
		Fire Pump GPM Type	
		Suppression Systems	ļ
		TOTAL	
		Other Devices	
		Signaling Devices (i.e., horn/strobes, bells)	
	air) 	Supervisory Devices (i.e., tampers, low/high air)	
	•	water/flow)	ı
		Alarm Devices (i.e., smoke, heat, pulls,	i
	2	{ } System	1
	NUMBER	Alarm Systems [X] 110v Interconnected	1
/	Fuel	[] LPG [] LNG Capacity	I
	[] Combustible Liquid	Type: [] Flammable Liquid [] Comb	ı
"PEE (Office Use Only)	به در معمر اردا	Storage Tanks	ı



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

(rev. 3/96)						ature *	Signature
ACC FINO						1. landa	
× 9						to make the application.	to ma
				b95	of record and am authori		. I here
77						C. CERTIFICATION IN LIEU OF OATH	<u>0</u>
		1				apployed by	
f Other					Other	around his	- (
Gas 🕳] or Oil [Final		Date
					Tco] CO [] CCO [] CA	_
State Cartal State					Smoke Control	SUBCODE APPROVAL	SU
Kitchen Hood Evhalis		1			Mechanical	Approved by:	App
		İ			Pre-Eng. System	e:	Date:
Other					Fire Pump	Fire Plans Approved	
Halon Suppression					Standpipe	Electric Elevator	
Foam Suppression	1				Suppression sys.		
CO, Suppression				İ	Summarian Sum	, , and ma	
Dry Chemical		1		9	Alarm Swetern) No rigits required	
Wet Chemical	nitial .	Ap		Failure	Tuno.		
Pre-engineered Sys		onth/Day	Dates (Month/Day)		INSPECTIONS	PLAN REVIEW	<u> </u>
Standpipes						JOB SUMMARY (Office Use Only)	 ğ
Sprinkter Heads (Dry							
Pre-action Valves					2,60	Total Cost of Fire Protection Work \$	Total
Dry Pipe/Alami Valve		ol Valve:	Main Contr	Location of Main Control Valve		Location:	
Dr. Din/Alam Value		Dri	Existing	New [[] Other	
Fire Diamo	stem	dpipe Sy	sion/Stan	Fire Suppression/Standpipe System	[] Solar	: [] Gas [] Oil [] Electric	Type:
Suppression System			· ane:	Location of Panel:	[] HVAC	₹ 	Heatir
TOTAL	_	-	Filliens	New []	Sed	Present	Const
Other Devices	•	-	ystern			Present	Use Group
Signaling Devices (i.e				Circo Albarra C			
Supervisory Devices (•	B. FIRE PROTECTION CHARACTERISTICS	π Π
water/flow)						Federal Emp. No.	Feder
Alarm Devices (i.e., s						to	Lic. No.
				_	Fax (ee e
Alarm Systems (#							
 						388	Address
Type: [] Flammab				-	#	actor L #	Contractor
Storage Tanks			-		TEG. # 24/14		Tele.
			-		/32-938-211/		
Method of Alarmy					MARLBORO, NJ 07/4/	MARI	Address
Water Supply Sou					21 RYAN RD	Owner in Fee2	Owner
			-	No.	CROSSWOOD-ESTATES, INC.	CROSSW	
2			4	DR.	CARRY!	Work Site Location 27	Work
DESCRIPTION OF				6		.47.07	Block
			9	-000-272-1000		CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NOT	CONT

DCA Training Fee

TOTAL FEE

Date Received 9-21-00

D. TE

Control # Permit # CHNICAL SITE DATA SCRIPTION OF WORK: SCRIPTION OF WORK: A Cw SINGLE FAM: 1 Iter Supply Source Ithod of Alarm/Suppression System Supervision	Control # Permit # ECHNICAL SITE DATA SCRIPTION OF WORK: SCRIPTION OF WORK: SCRIPTION OF WORK: STANDARD STANDAR
--	--

5	Minimum Fee	
⇔	e Surcharge	Administrative Surcharge
		Other
		Gas ★] or Oil [] Fired Appliances
		Smoke Control System
		Kitchen Hood Exhaust System
		Other
		Halon Suppression
		Foam Suppression
		CO ₂ Suppression
		Dry Chemical
		Wet Chemical
		Pre-engineered Systems
		Standpipes
		Sprinkler Heads (Dry and Wet)
		Pre-action Valves
		Dry Pipe/Alarm Valves
		Fire Pump GPM Type
		Suppression Systems
•		TOTAL
		Other Devices
		Signaling Devices (i.e., horn/strobes, bells)
		Supervisory Devices (i.e., tampers, low/high air)
	'	water/flow)
	-	Alarm Devices (i.e., smoke, heat, pulls,
ì.	2	[] System
	NUMBER	Alarm Systems [] 110v Interconnected
,	Fuel	[] LPG [] LNG Capacity
	ible Liquid	Type: [] Flammable Liquid [] Combustible Liquid
FEE (Office Use Only)		Storage Tanks



FEE (Office Use Only) FEE (Office Use Only) FEE (Office Use Only) FEE (Office Use Only) FEE (Office Use Only)

Signature — Contractor's Seal

Licensed Plumbing Contractor

[] Exempt Applicant

U.C.C. F130 (rev 3/96)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy

Old All card My 70 th mond Amy From Bordery unt 3" clemeeret 4/3/01 - DARIN 1-00 Pau had value or W/H & cord Dum when Terements
A) To have A scorum own Out 116x Dain. (2012 Has farm. O.F. 10-130) - feel recorder missing 11/2 not an hard -11/13/00 Fl M1551 mg more prosters that were peur shown and Per

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PLUMBING SUBCODE TECHNICAL SECTION

PLUMBING	∤ ⊢	Date Received Date Issued	7,21,00	
TECHNICAL SECTION	X	Permit #	00-1605-1	5-1
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	D. TECHNIC	TECHNICAL SITE DATA (List of all fixtures.)	of all fixtures.)	
Block 1207 Lot Lot	NO.	FIXTURE/EQUIPMENT Water Closet	ENT	FEE (Office Use Only)
Site Location 27 CARRIC		Urinal/Bidet		6
7	<u> </u>	Bath Tub		
Address		Shower		
MARI ROBO NI 07747		Floor Drain		
ו וו		Sink		
		Dishwasher		
Address SHEL-RON PLUMBING ID		Drinking Fountain		
Tole () / / / / / / / / / / / / / / / / / /		Wasning Machine		
vo. 3 (752) 607 6366		Water Heater		
Federal Emp. No.		Fuel Oil Piping		
B. PLUMBING CHARACTERISTICS		Gas Piping		
Use Group Present Proposed Proposed		Steam Boller		
Building Sewer Size Public Sewer Private Septic		Hot Water Boiler		
Water Service Size Public Water Private Well		Sewer Pump		
Est. Cost of Plumbing Work \$		Backflow Preventer	· g	
JOB SUMMARY (Office Use Only)		Greasetrap		
PLAN REVIEW INSPECTIONS Dates (Month/Day)		Sewer Connection		
-4		Stacks	nection	
ew Required:		Other A/C	MIT	5
•	+	Ţ	7011	C
[X] Plumbing Plans Approved Sewer		Other		
Je181/2 "		\neg		
a start	,		Administrative Surcharge	0
SUBCODE APPROVAL Solar		00%	DCA Training Fee	
01 CO [] CA TCO	(TOTAL FEE	\$
Approved by:	Z			
to make this application and berguer the work listed on this application.				

Signature Contractor's Seal

Ecensed Plumbing Contractor

[] Exempt Applicant



•

PLUMBING

Date Received
Date Issued
Control #
Permit #

SUBCODE TECHNICAL SECTION

N—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION: WHEN CHANGING	D. TECHNICAL SITE DATA (List of all fixtures.)	
Block 1207	NO. FIXTURE/EQUIPMENT	FEE (Office Use Only)
Site Location 27 (APRIC	Urinal/Bidet	6
	Bath Tub	
Fee CROSSWOOD ES	Lavatory	
21 RYAN	Shower	-
Tele. () 732-938-2117	Floor Dialin	
ractor	Dishwasher	
Address SHEL-RON PLUMBING ID #	Drinking Fountain	!
	Washing Machine	
Tele. ()	Hose Bibb	,
8	Water Heater	
Federal Emp. No.	Fuel Oil Piping	
B. PLUMBING CHARACTERISTICS ·	Gas Piping	
Use Group Present Proposed Proposed	Steam Boiler	
Building Sewer Size Public Sewer Private Septic	Hot Water Boiler	
Water Service Size Public Water Private Well	Sewer Fump	
Est. Cost of Plumbing Work \$	Backflow Preventer	
JOB SUMMARY (Office Use Only)	Greasetrap	
PLÂN REVIEW INSPECTIONS Dates (Month/Day) -	Sewer Connection	
	Valer Service Connection .	
ew Required:	Other All Inie	
ling [] Electric	Other Office	
9	Other	
Plumbing Plans Approved	Casa	
1	Administrative Surcharge	0
Gas Piping	Minimum Fee	
SUBCODE APPROVAL Solar	DCA Training Fee	\$
[] CO [] CA TCO	TOTAL FEE	€
	7	
C. CERTIFICATION IN LIEU OF OATH		
I hereby certify that affin the fagent of awner of record and am authorized the factor of the factor	•	•
	,	
	•	

Signature & Contractor's Seal

censed Plumbing Contractor

[] Exempt Applicant

PLUMBING SUBCODE

Date Received
Date Issued
Control #
Permit #

A. IDE Block NEORMATION, WHEN CHANGING TECHNICAL SECTION

C. CERTIFICATION IN LIEU OF OATH I hereby certify that affinite (agent of) sweer of record and am authorized to make this application and degorar the work listed on this application.	Approved by:		SUBCODE APPROVAL Solar	oved by Ala Lange	e: 7/38/01	X Plumbing Plans Approved Sewer	ding [] Electric	ew Required:] No Plans Required Type: Failure Failure Approval Initial	PLAN REVIEW INSPECTIONS Dates (Month/Day)	JOB SUMMARY (Office Use Only)		Est. Cost of Plumbing Work \$	Water Service Size Public Water Private Well	Building Sewer Size Public Sewer Private Septic	Use Group Present Proposed	B. PLUMBING CHARACTERISTICS	Federal Emp. No.		1.	ZZ Sugarbush na.	HS		Tele. () 732-938-2117	MARLBORO, NJ 07747	Address 21 RYAN RD	Owner in FeeCROSSWOOD ESTATES, INC.		Site Location 27 (MRKIC 1)K.		CONTRACTORS NOTIFY THIS OFFICE CALL UTILITY DIG NO: 1-800-272-1000.
10	*	\frac{1}{2}		 Administrat	-	Other	Other Control	Other All Inter	vvater Service Connection	Sewer Connection	Greasetrap	Backflow Preventer	Interceptor/Separator	Sewer Pump	Hot Water Boiler	Steam Boiler	Gas Piping	Fuel Oil Piping	Water Heater	Hose Bibb	Washing Machine	Drinking Fountain	Dishwasher	Sink	Floor Drain	Shower	Lavatory	Bath Tub	Urinal/Bidet	NO. FIX ORE/EQUIPMENT	
			TOTAL FEE \$,																				6	FEE (Office Use Only)	· 7

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U.C C: F130 (rev 3/96)

Signature Contractor's Seal

Licensed Plumbing Contractor

[] Exempt Applicant

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3 Pink = Office Copy 1 White = Inspector Copy

2 Canary = Office Copy 4 Gold = Applicant Copy



	application and perform the work listed on this application.	to make this ap
	that I austine (agent of) owner of record and am authorized	I hereby certify that
(C. DEBTIRIOATIONIN I IRII DE DATH	
<	DY.	Approved by:
		Date:
	[] CA [] CA [] CA []	000
	•	SUBCOD
<u>-</u>	Gas Piping	
) ×	by: Gas Equipment	Approved by:
>	Fixtures	Date:
	Plumbing Plans Approved Sewer	
	[] Elevator Water	[] Fire
	ding [] Electric Rough	[] Building
4	oint Plan Review Required: Slab	Joint Plan
] No Plans Required Type: Failure Failure Approval Initial	
-	VIEW INSPECTIONS Dates.(Month/Day)	PLAN REVIEW
-	JOB SUMMARY (Office Use Only)	JOB SUM
	Est. Cost of Plumbing Work \$ 3, 060.	Est. Cost of
	ce Size Public Water Private Well	Water Service Size
	ver Size Public Sewer Private Septic	Building, Sewer Size
	Present Proposed Proposed	Use Group
-	B. PLUMBING CHARACTERISTICS	B. PLUMBII
	3. No	Fèderal Émp. No.
-	N-15 N	Lic. No.
7		Tele. (
	HOWAL N. J.	
	an Askask	Address
4	いのかしながつ	Contractor
υ√	REG. # 24714	Tele. (
	ç٠	1
	MARLEC	Address
	e 21 RYAN RD	Owner in Fee
-		Work Site Location
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1 §	HIS OFFICE, CALL UTILITY	CONITRACT
D. TECHNI	I. WHEN CHANGING	A. IDENTIFI
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TECHNICAL	1			
FECHNICAL SITE DATA (List of all fixtures.)	Permit #	Control #	Date Issued	Date Received
ll fixtures.)	()	_

nistrative Surcharge Minimum Fee TOTAL FEE \$.				4	-								<u> </u>		_	1	-			ψ,				<u></u>		h	No.
	TOTAL FEE	DCA Training Fee	Minimum Fee	Administrative Surcharge		Other	Other	Other	Stacks	Water Service Connection	Sewer Connection	Greasetrap	Backflow Preventer	Interceptor/Separator	Sewer Pump	Hot Water Boiler	Steam Boiler	Gas Piping	Fuel Oil Piping	Water Heater	Hose:Bibb	Washing Machine	Drinking Fountain	Dishwasher	Sink	Floor Drain	Shower	Lavatory	Bath Tub	Urinal/Bidet	Water Closet	FIXTURE/EQUIPMENT
		6	\$	69																											₩	FEE (Office Use Only)

1.8.6

Signature — Contractor's Seal



CONTRACTORS, NOTIFY THIS OFFICE: CALL UTILITY DIG NO: 1-809-272-1000: Use Group B. PLUMBING CHARACTERISTICS Address_ C. CERTIFICATION IN LIEU OF OATH Est. Cost of Plumbing Work Federal Emp. No. Address_ Contractor Tele. (Owner in Fee Work Site Location A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING Building Sewer Size Lic. No. Water Service Size Tele. (Approved by: Date: SUBCODE APPROVAL Approved by:_ PLANIREVIEW JOB SUMMARY (Office Use Only) _ _ 6 Joint Plan Review Required: Plumbing Plans Approved No Plans Required] Building Fire Contractor's Seal 000 Present 47.0 30 Electric Elevator -_ _ CA CROSSWOOD ESTATES, INC 390 MARLBORO, NJ 07747 732-938-2117 Public Sewer Public Water CAPRIC **₩** REG. # 24714 21 RYAN BD **INSPECTIONS** Sewer Water Rough Siab Gas Equipment 600. Gas Piping **Fixtures** Proposed じゃ Lower Failure The state of the s TECHNICAL SECTION Private Well Private Septic くれた一名の以 Failure Dates (Month/Day) なるなるか Approval nitial

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Date Received Date Issued ermit# Control #

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95	Minimum Fee DCA Training Fee TOTAL FEE	Administrative Surcharge	Other	Other	Stacks · · · · · · · · · · · · · · · · · · ·	Water Service Connection	Sewer Connection	Greasetrap	Backflow Preventer	Interceptor/Separator	Sewer Pump	Hot Water Boiler	Steam Boiler	Gas Piping	Fuel Oil Piping	Water Heater	Hose Bibb	Washing Machine	Drinking Fountain	Dishwasher	Sink	Floor Drain	Shower	Lavatory	Bath Tub	Urinat/Bidet	Water Closet	FIXTURE/EQUIPMENT	D. TECHNICAL SITE DATA (List of all fixtures.)
	(A (A (A)	69																									6 9	FEE (Office Use Only)	

(rev 3/96) U.C.C. F130

Licensed Plumbing Contractor

[] Exempt Applicant

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4 Gold = Applicant Copy 2 Canary = Office Copy



TOWNSHIP of HOWELL

251 Preventorium Road Post Office Box 580 Howell, New Jersey 07731-0580 (908) 938-4500 × FAX (908) 938-4818



TOWNSHIP OF HOWELL

Jean Verrier Electrical Inspector

251 Preventorium Road P.O. Box 580 Howell, N.J. 07731

(732) 938-4500 Ext. 2407 Fax (732) 938-6443

MUNICIPALITY Howell CUT-IN-CARD
LOCATION Chossing OD est. Utility co 894
27 CARRIE DR BLK 42.07 LOT 16
OWNER OCCUPANT
"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."
☐ FINAL ☐ TEMPORARY This approval void afterdays
DESCRIPTION OF SERVICE 200 AMP DR.# 100074663
INSTALLED BY WIENBARG ELECT LICENSE NO 8390
DATE 11-30 -00 PERMIT # 00-1605 INSPECTOR T.VENCIEN
□ CALLED IN
U.C.C. Form F-3508 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

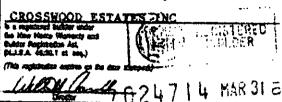
Re-FAX 2-7-61 TV

	CHECK	చ. /1	יאם.	CROSSW
	3/13/01	3/13/01 42.07/16F	DATE INVOICE NO	CROSSWOOD ESTATES, INC.
	CHECK		E NO	ES, INC.
RLEASE DET	3916	FINAL COAH	DESCRIPTION	
FACH AND RETAIN F	TOTAL >		ON	HOWELL
PLEASE DETACH AND RÉTAIN FOR YOUR RÉCORDS	4.50.00	4.5 Ó. O,O	INVOICE/AMOUNT: DEDUCTION	HOWELL TOWNSHIP
	.00	@	×	
	450.00	4 50	BALANCE	

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DEPARTMENT OF COMMUNITY AFFAIRS Division of Codos and Standards Now Home Warranty Program This is to cardly that





If at any time a material fact changes, in your registration application on file with us, (i.e. address, phone number, principals/officers, name of business) you are required to file an amended application with this bureau within 30 days of that change.

If you have provided warranties to homes which are in the first two (2) years of coverage, you must maintain a current registration for that period of warranty coverage.

Renewal forms are sent as a courtesy. However it is the builder's responsibility to maintain current registration status. If you have not received your renewal application at least 4 weeks before the expiration date stamped on your card call this office immediately.

Should you have any questions, you may call:

MEW TELEPHONE NUMBERS FOR NEW HOME BUILDERS REGISTRATION 609 984-7534 OR 609 984-7563



June 8, 1999

Mr. Chet Phillipps Construction Official Howell Township P.O. Box 580 Howell, NJ 07731-0580

RE: Regal Homes

Crosswood Estates

Architect's Project No: 98187

Lot_______16

Block 47.07

Model DAYTON

Dear Mr. Phillips,

Please accept this letter as authorization by this office for Regal Homes to utilize our submitted construction documents (Models Alpine, Baxter, Colburn, Dayton & Eaton) to be built on any lot as a prototype in the above mentioned sub-division only.

If there are any questions regarding this issue, please do not hesitate to call.

Sincerely

Scott D. Roth, AIA

Principal

William A. Heinberg President

\>--**S**R/km/sr98187

The Dayton **Elevation 1** Elevation 2 **Elevation 3** The undersigned hereby applies for a Developers Permit for the following to be issued on the basis of the representations contained herein, all of which the applicant swears to be true.

	LOCATIO	n of prof	EKIA	(KUS.	2 WOO V	ESTA	<u>162</u>
	BLOCK _	42.07	7 LC	T	16		
٠	NAME OF	LANDOW	NERS:	CROSS	word	ESTATES	五
	OCCUPAI	VT:			•	· .	
	PROPOŠE	•••	,	•			
		/ 	w Construc	tion		Residenc	
			modeling			Busines	S
		Ae	cessory Bld	g.		Mfg.	
	· 2	1-7-4	r jjakr jijir.	للمراجع والمراسية والمراجع	ARRIE	DK.	• • • • • • •
ŧ	o. Main roa	d frontage		بال	ð	<u>.</u> .	
	d Sidevaro	from right-		0 +	15-1- 11		
. (e. Rear yar	d clearances	3 <u></u>		30' T	<u></u>	
j	f. Depth of	lot from rig	ht-of-way		174	·	•
4	g. Dimensi	ons of bldg:	width	55 f	eet <u>30</u>	depth(feet)	
			- 45	established	l grade 2	feet	
j	h. Highest	point of bld	g. Above 16		6	1000	
	-	point of bld					
	i. Area of	lot	1,921		posed constr		
il	i. Area of j. Sketch : dings: Use	lotshowing exi	1,921		posed constr		·.
il	i. Area of j. Sketch : ldings: Use	lotshowing exi	1, 921 sting buildir	ngs and pro	posed constr	uction	· · · · · · · · · · · · · · · · · · ·

Vitness: (SIGNED)	
	DATE ISSUED: 627/00 Fee: 10.00
	DATE 1990ED. 40 1700 100.
	DATE ISSUED: 691/00 Fee: 10.00 Administrative Signature Vito Maunicia
complies with the provisions of the F	Howell Township Land Use Ordinance:
(a) Review of other agencies:	
(b) Revisions made:	•
© Bonds posted:	
(d) Taxes and assessments are pair	id:
(e) DOT approval, if any:	
(f) Soil conservation, if any:	Doord
(g) Monmouth County Planning I	ooard.
(h) Howell Township MUA	
PERMIT APPROVAL GRANTED:	
PERMIT APPROVAL DENIED: _	
is hereby approved for the following	cordance with the Township Land Use Ordinance and zone:
usage is found to	o be in accordance with the Township Land
	approved for the following zone
<u> </u>	
·	X /10 /s/annacco
	ADMINSTRATIVE OFFICER
	WAS RECEIVED ' DATE RITTE
DATE MATEN ADDITION	
DATE WHEN APPLICATION	
DATE WHEN APPLICATION ON: 6/27/00	
. 1 1. 1	
ON: 6/27/06	
ON: 6/27/06 If certification is refused, reaso	

	DP# 181	HOWELL TOWNSHIP ENGINEERING DEPARTMENT DATE: 6-23-00 ENGR:
	MEMORANDUM	ASST ENGR: Cloudie
TO: FROM: DATE:	Charlie Muller, Engineering Inspector Vito Marinaccio, Director Land Use June 22, 2000	OTHER:
RE:	\$	ds Estates (COAH) 7 Lot 16
The above	e mentioned developer has submitted the t <u>LOT</u> 16	following Developers Permit: ADDRESS 27 Carrie Drive

The same of the sa

Please review and let me know if it meets with your approval.

RECEIVED

RETURNED

SIGNATURE

6/27/00 Approved for construction approved for construction

TOWNSHIP OF HOWELL

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PESS _		
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LSH	C) CHECK	5, 109.4
	Roenstein F	lau nomen
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!HEH	48.01/AU	7279
		727.92 729.92
	42.07/22	7569× 7699Y
	42.07/24	78 729.92
KB	48.1575	729.92
	42.16/9	729.92
	78.10/1	101.10
PEMENT		

AMARY - DUPLICATE

PAGE 01



TO:

FROM:

SUBJECT:

RWC SEAL:

(Void unless sealed)

RESIDENTIAL WARRANTY CORPORATION

Confirmation of Home Enrollment and Warranty Coverage

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year

5300 Derry Street Harrisburg, PA 17111-3598*

Municipal Construction Official

Residential Warranty Corporation

1-800-247-1812 FAX 717-561-4494

Sandra Sweigert

Builder Name:		CROSSWOOD ESTA	ATES INC		
Purchaser(s) Name:		Richard Mondacci	& Violet Di-S	Sena .	
Legal Address of Home Enrolled:		16			42.07
		Lot BI 27 CARRIE DR	ock	Development	
	Street	Address HOWELL		NJ	07731
	City			State	Zip
		MONMOUTH			
	Cour	nty	-		
RWC Application for Warranty No:		1847540			
		06/01/2000	_ 		
Date:		,			

RWC Representative

TOWNSHIP OF HOWELL

	DATE:	3-14 20
NAME	SSLOOM G	£85.
ADDRESS		
CITY STATE, ZIP		
□ CABH	A ONLCK	:10,5000
		DOLLARS
OTHER_PA	d multip	Le Conjunction
FOOS.		
EMARKS 42	07-16 4	DA7- 25
	22 4267	
1215-5	4215	7 426.9
	Seury	
CENED BY	Dalle	m
	TUR IUWRIGHT BY	GPRELL, M.J.



FREEHOLD SOIL CONSERVATION DISTRICT

(Serving Middlesex and Monmouth Counties)

211 FREEHOLD ROAD MANALAPAN, NEW JERSEY 07726 Tel: (732) 446-2300

Fax: (732) 446-9140

*** REPORT OF PARTIAL COMPLIANCE ***

1/8/01

TO : CONSTRUCTION OFFICIAL

TWP. : HOWELL

PROJ.: CROSSWOOD ESTATES

APPLICATION NO.: 1996-0375

Block : 42.07 Lot : 16

Comments: 26 Carrie Drive

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.)

*Pending establishment of temporary cover upon snow-melt, continued compliance and the establishment of permanent vegetation by April 15th 2001.

Official Seal:

DISTRIBUTION: WHITE - Municipal Construction Official
CANARY - Developer PINK - District GOLDENROD - Other

PLAN REVIEW RECORD

MONTH: 12 HOWELL TOWNSHIP FIRE BUREAU YEAR: 2000 DATE: 12/5/00 TYPE: Residential DIST#: 4 BLOCK: 42.07 LOT: 16 PERMIT#: 00-1605 ADDRESS: 27 Carrie Drive NAME: Crosswood Estate, Inc. COMMENTS New Single Family Home REVIEWERS CODE: 0 FRAME INSPECTION REPORT SCHEDULE DATE: 12/5/00 REMARKS Frame-SFD-Approved REINSPECTION DATE: REMARKS COMMENTS REINSPECTION DATE:

****DATE FRAME PASSED: 12/5/00 INSPECTORS CODE: 3

FINAL INSPECTION REPORT

SCHEDULE DATE: 3/14/01 COMMENTS Final-SFD-Not Approved-No Access

3/14/01-19-133

REINSPECTION DATE: 3/16/01 COMMENTS Final-SFD-Approved

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPROVED: 3/16/01 INSPECTORS CODE: 2

OTHER INSPECTION REPORT

TOPIC:

SCHEDULE DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: INSPECTORS CODE:

HISTORY

NEW DEVELOPMENT/COMMERICAL/NEW CONSTRUCTION PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

	DATE
FINAL BUILDING INSPECTION .	4-3-01
FINAL PLUMBING INSPECTION	4-12-01
FINAL ELECTIC INSPECTION	3-9-01
FINAL FIRE INSPECTION	3-16-01
FOUNDATION LOCATION SURVEY	8-21-00
SOIL CONSERVATION APPROVAL	1-8-01
MIUANICBHAVELL/SEPTIC	3-14-01
HOW CERTIFICATE	6-1-00
FINAL SURVEY	12-19-00:
ENGINEERING RELEASE	2-5-01
FINAL COAH PAYMENT	3-13-01
APPLICATION FOR CO	
Rec	3-14-01
<u>COMMERICAL</u>	•
SITE PLAN FIRE LANE/ZONES	
SITE PLAN COMPLIANCE	
FOOD HANDLERS LICENSE	
BLOCK <u>42-07</u> LOT	16
NAME ROSSO	0000 1297

CAS	ENGINEERING INSPECTION REPORT TOWNSHIP OF HOWELL, N.J. THE RECEIVED: 45 / O/INSPECTION REQUESTED BY THE NUMBER: 273/ DEVELOPMENT: WORLD	.	B O N D	ACCEPTABL	UNACCEPTABL	
	04	1221.	D	Ē	BLE	
1.	STREET RIGHT-OF-WAY: (a) Graded - Shoulder and/or Walk Area			~		a b
	(b) Curb .(c) Sidewalk					С
	<pre>(d) Driveway Apron (e) Drainage Facilities</pre>		:			d
	(f) Pavement (Base or Wearing Surface) (g) Construction Debris Removed		•			f
2.	LIGHTING INSTALLED OPERATIONAL:			~	ļ	
3.	TRAFFIC CONTROL DEVICES:			٠,,		
	(a) Sign (s) Traffic Control (b) Sign (s) Street			7		a b
	(c) Sign (s) Handicap					c_
	<pre>(d) Marking (s) Pavement - Stop Lines (e) Fire Lane</pre>					de
4.	SCREENING, FENCE (S) & LANDSCAPING:		!	1		. a.
	(b) Fertilizing & Seeding (Stabilized)	58E 1	ろひ	DRE	DO.	b
	(c) Shade Tree (d) Shrubs			مسا		_c a
	(e) Trash Screening		-r	77		e
	(f) Screening (Fence or Plantings)			سنت		f
·5·	SOIL EROSION & SEDIMENT CONTROL:		ļ			ĺ
	(a) Compliance - Certified Plan				<u></u>	_a_
	(b) Site Conditions - Field Observation _		-	<u> </u>		<u>b</u> .
e 6,.	DRIVEWAY:					
.,	(a) Surface Pavement		L	/		<u>a</u>
	(b) Base Pavement (c) Aggregate		<u> </u>			b
	(d) Side Entry (min. 30 / from garage including turnaround)		,	,		d
7	CIME CDADING.	4.7				
7.	SITE GRADING: (a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.	1 Pro 3.		س		а
	(b) Retaining Walls					b
8.	GENERAL CLEANUP:			-	a	a
	(a) Lot(b) Adjoining buffer, open space,					b
	conservation area and, lots		ļ			
	Meets Engineering requirements - recommend for issuance of Certificate of Occupancy. Meets winter conditions see below for bond Does not meet Engineering requirements recommend of Occupancy not be considered until site	d considera ding requir ecommend Ce	eme	nts.	e	٠
COI	MMENTS: OK UMM 25/01			•	····	
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TN	SPECTOR DATE DATE	CONTRACTOR OF THE PROPERTY OF	4	1:20-	<u>o</u> (

White-Engineering, Yellow-Construction Official, Pink-Applicant