

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

**HOWELL,
TOWNSHIP OF
(LAND USE DEPT.)**



LDS HW-LU 10701121

B 42.07 L16 29 Cassie M.
Quabbin

B 42.07

L14

TOWNSHIP OF HOWELL

RECEIPT NO. 4777

DATE 6/27/00

RECEIVED FROM Creighton State Applicant

CASH CHECK #2731 FEE \$10 ESCROW

CASE NO. 42.07 BLOCK 16 LOT 16

DESCRIPTION Land Use - Development Permit # 2803

RECEIVED BY ML

White - Customer Yellow - Finance Pink - Case file Goldenrod - Duplicate

DP# 7803

HOWELL TOWNSHIP
ENGINEERING DEPARTMENT

DATE: 6-23-00

ENGR: _____

ASST ENGR: _____

INSPECTOR: Charlie

OTHER: _____

FILE: 504 2731

MEMORANDUM

TO: Charlie Muller, Engineering Inspector
FROM: Vito Marinaccio, Director Land Use
DATE: June 22, 2000
RE: Developers Permit - Crosswoods Estates (COAH)
Block 42.07 Lot 16

The above mentioned developer has submitted the following Developers Permit:

<u>BLOCK</u>	<u>LOT</u>	<u>ADDRESS</u>
42.07	16	27 Carrie Drive

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

RECEIVED *Richard Heppner*

RETURNED *6/27/00*
Approved for construction
SIGNATURE *C. Muller*

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 CROSSWOOD ESTATES

BLOCK 4207 LOT 16

#7803

2. NAME OF LANDOWNERS: CROSSWOOD ESTATES INC

3. OCCUPANT: _____

4. PROPOSED USE:

<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Residence
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Business
<input type="checkbox"/> Accessory Bldg.	<input type="checkbox"/> 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 27 CARRIE DR.

b. Main road frontage 120'

c. Set back from right-of-way 25'

d. Sideyard clearances 10' + 15'

e. Rear yard clearances 30'

f. Depth of lot from right-of-way 174'

g. Dimensions of bldg: width 55 feet 30 depth(feet)

h. Highest point of bldg. Above reestablished grade 25 feet

i. Area of lot 14,921

j. Sketch showing existing buildings and proposed construction

Buildings: Use SINGLE FAMILY RES.

Number of stories 2 Basement NO

Useable floor space: First Floor 1102 sq. ft Second Floor 1108

Off street parking space N/A sq. ft.

WORKS: _____

Witness: (SIGNED) _____

DATE ISSUED: 6/27/00 Fee: 10.00

Administrative Signature Vito Spannaccio

Complies with the provisions of the Howell Township Land Use Ordinance:

- (a) Review of other agencies:
- (b) Revisions made:
- (c) Bonds posted:
- (d) Taxes and assessments are paid:
- (e) DOT approval, if any:
- (f) Soil conservation, if any:
- (g) Monmouth County Planning Board:
- (h) Howell Township MUA

PERMIT APPROVAL GRANTED: _____

PERMIT APPROVAL DENIED: _____

Upon the basis of the above application, the statements are made part hereof, the proposed usage is found to be in accordance with the Township Land Use Ordinance and is hereby approved for the following zone: _____

usage is _____ found to be in accordance with the Township Land Ordinance and is hereby _____ approved for the following zone:

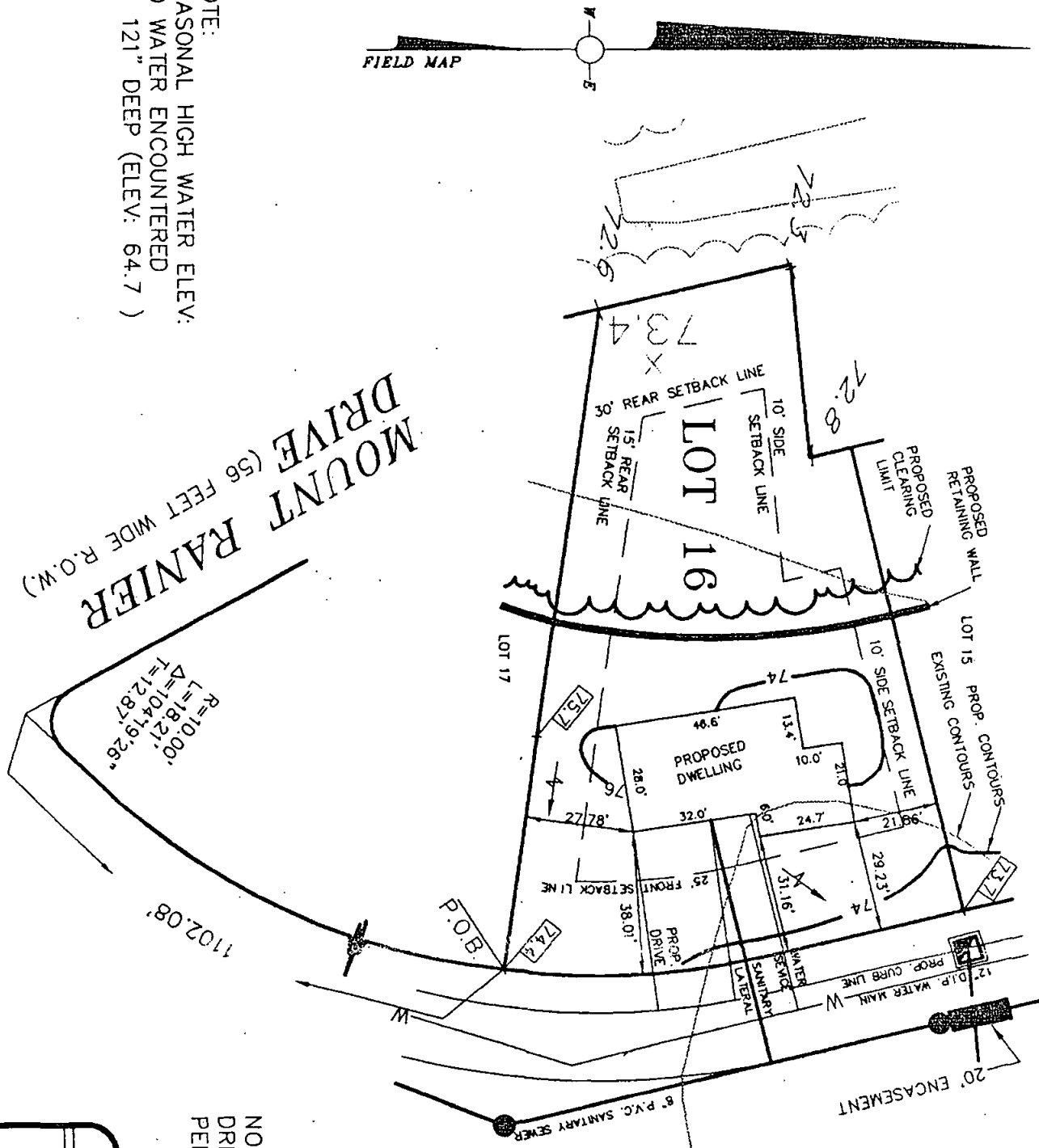
X Vito Spannaccio
ADMINISTRATIVE OFFICER

DATE WHEN APPLICATION WAS RECEIVED _____ DATE RULED ON: 6/27/00

If certification is refused, reason for refusal _____

If certification is refused, reason for refusal: _____

BLOCK 42.07



NOTE:
SEASONAL HIGH WATER ELEV:
NO WATER ENCOUNTERED
⊙ 121" DEEP (ELEV: 64.7)

NOTE:
CUTS AND FILLS ARE SHOWN
TO GARAGE FLOOR ELEV:
GAR. FLR. ELEV: 76.00
FIN. FLR. ELEV: 74.67

NOTE:
DRIVEWAY MUST BE CONSTRUCTED
PER. TWP. ORDINANCE NO. 14--34.2A
SETBACK LINES PER FILED MAP

PROPERTY BEING KNOWN AND DESIGNATED AS LOT 16 IN BLOCK 42.07 AS SHOWN ON A
MAP ENTITLED "CROSSWOOD ESTATES - SECTION TWP - FINAL MAP" FILED IN THE

Engineering Associates
In
Professional Engineers & Planners
Land Surveyors · Landscape Architects

12 ROBBINS P
AT WATER STR
TOWNS RIVER, N.J
(908) 244-2441

6 CHEST PROFESSIONAL PLAZA
P.O. BOX 1210 STATE HWY. 35
HIGHTSTOWN, N.J. 08520
(609) 440-5500

CROSSWOOD ESTATES, INC.

DATE: 6/15/00 INVOICE NO: 42.07/16 DESCRIPTION: HOWELL TOWNSHIP
Developers Permit

CHECK DATE	CHECK NUMBER	INVOICE AMOUNT	DEDUCTION	BALANCE
6/15/00	2731	10.00	.00	10.00
TOTAL >		10.00	.00	10.00

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

DAYTON 2
SMB

BLOCK 42-07 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) 27 CARRIE DR. PERMIT NO. _____



CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 27 CARRIE DR

2. Name of Owner in Fee: CROSSWOOD ESTATES, INC. Tel. (____) _____
 Address 21 RYAN RD _____ zip code _____
street municipality

3. Ownership in Fee: Public _____ Private _____
MARLBORO, NJ 07747

4. Principal Contractor: REG. # 24714 Tel. (____) _____
 Address _____ ID # _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (____) _____
 5. Architect or Engineer _____ Tel. (____) _____
 Address _____

6. Responsible Person in Charge of Work _____
 Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 2

2. Height of Structure 22 ft.

3. Area — Largest Floor 1108 sq. ft.

4. New Building Area 2210 sq. ft.

5. Volume of New Structure 34470 cu. ft.

6. Construction Classification 5 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 _____

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input checked="" type="checkbox"/> New Building	<u>44,500</u>								
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input checked="" type="checkbox"/> Fire Protection	<u>500</u>								
6. <input checked="" type="checkbox"/> Plumbing	<u>3,000</u>								
7. <input checked="" type="checkbox"/> Electrical	<u>2,000</u>								
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat. Subch. 8									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS	<u>50,000</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

No. of dwelling units:

Before Construction 0

After Construction 1

Net Gain or Loss 1

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

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

1. Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. Sprinklers

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

LDS HW-B 10408142

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. I further certify that I will perform or supervise the following work:

- C.1. Building
- C.2. Fire Protection

I further certify that I will perform the following work:

- C.3. Electrical
- C.4. Plumbing

D. I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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 _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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.

Agent Name CROSSWOOD ESTATES, INC.
Address 21 RYAN RD
MARLBORO, NJ 07747
732-938-2117
REG. # 24714
Telephone () ID #
Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition _____ Name of Code & Edition _____

Building _____ Energy _____ Other _____

Electrical _____ Barrier Free _____

Plumbing _____ Flood Hazard _____

Fire Protection _____ As Built Elevation Cert. _____

Mechanical _____ Other _____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CERTIFICATE

Date Issued **4-12-01**
Control # **00-1605**
Permit #

42.07 IDENTIFICATION Lot 16

Block _____
Work Site Location 27 Carrie Dr
Hogell, NJ 07731
Owner In Fee/Occupant Grosswood Estates
21 Ryan Rd
Marlboro, NJ 07747
Address _____
Tel. (____) _____
938-2117
Contractor _____
Address Same
Tel. (____) _____ Fax (____) _____
Lic. No. or Bids. Reg. No. 24714
Federal Emp. No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R-3
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

**Completion and approval of construction of
single family dwelling Dayton Model**

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

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 the owner 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 _____

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

CONSTRUCTION OFFICIAL

[Signature]



APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 4207 Lot 16
 Work Site Location 27 Carrie Dr Contractor _____
 Address CROSSWOOD ESTATES, INC.
21 RYAN RD
 Owner in Fee _____
 Address CROSSWOOD ESTATES, INC. Tele. (____) MARLBORO, NJ 07747
21 RYAN RD Lic. No. 732-938-2117
MARLBORO, NJ 07747 Federal Emp. No. REG. # 24714
 Tele. (____) 732-938-2117 ID # [REDACTED]
REG. # 24714 or Social Security No. _____
 ID # [REDACTED]

ACTION

- CERTIFICATE OF OCCUPANCY
 CERTIFICATE OF CONTINUED OCCUPANCY CERTIFICATE OF APPROVAL
 CERTIFICATE OF COMPLIANCE TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
 USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 100,000
 (Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy or Compliance, please explain why in the space below.

DESCRIPTION OF WORK/USE:

Single Family Dayton #2

I hereby attest that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy or Compliance will be completed by the date on the Certificate.

SIGNED _____

- Owner
 Agent

OWNER/AGENT



CONSTRUCTION PERMIT

Date Issued 7-21-00
Control #
Permit # 00-1605

IDENTIFICATION Block 42.07 Lot 16
 Work Site Location 27 CARRIE DR Contractor CROSSWOOD ESTATES, INC.
CROSSWOOD ESTATES, INC. Address 21 RYAN RD
 Owner in Fee 21 RYAN RD Tel. () MARLBORO, NJ 07747
 Address MARLBORO, NJ 07747 Lic. No. or Bldrs. Reg. No. 732-938-2117
732-938-2117 Fed. Emp. No. REG. # 24714
 Tel. () ID # REG. # 24714

Is hereby granted permission to perform the following work:

- BUILDING
 - PLUMBING
 - LEAD HAZARD ABATEMENT
 - ELECTRICAL
 - FIRE PROTECTION
 - DEMOLITION
 - ELEVATOR DEVICES
 - ASBESTOS ABATEMENT
 - OTHER
- (Subchapter 8 only)

DESCRIPTION OF WORK:

NEW SINGLE FAMILY DAYTON SLABS (2210 sf)
(34,470 c.f.)

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 120,000.00

G.M. (S.M.)
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	<u>558.00</u>
Electrical	<u>138.00</u>
Plumbing	<u>288.00</u>
Fire Protection	<u>138.00</u>
Elevator Devices	
Other	<u>Surveys 10.00</u>
DCA Training Fee	<u>55.00</u>
Cert. of Occupancy	<u>20.00</u>
Other	
Total	<u>1,207.00</u>
Check No.	<u>2871</u>
Cash	
Collected by	<u>SM: 7-21-00</u>

U.C.C. F170 (rev. 3/96)

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 for all subcodes for one and two family dwellings are the following:

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. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. 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.



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

7-31-00
00-1665

IDENTIFICATION Block 42.07 Lot 16
 Work Site Location CROSSWOOD ESTATES, INC. 21 RYAN RD Contractor CROSSWOOD ESTATES, INC.
33 CARROLLS DR Address 21 RYAN RD
 Owner in Fee MARLBORO, NJ 07747 MARLBORO, NJ 07747
 Address 732-938-2117 Tel. () 732-938-2117
REG. # 24714 Lic. No. or Bldrs. Reg. No. REG. # 24714
 Tel. () ID # [REDACTED] Fed. Emp. No. ID # [REDACTED]

Is hereby granted permission to perform the following work:

- BUILDING
 - PLUMBING
 - LEAD HAZARD ABATEMENT
 - ELECTRICAL
 - FIRE PROTECTION
 - DEMOLITION
 - ELEVATOR DEVICES
 - ASBESTOS ABATEMENT
 - OTHER
- (Subchapter 8 only)

DESCRIPTION OF WORK:

NEW SINGLE FAMILY DAYTON SLABS (2210 SF, 37.470 CF)

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 120,000.00

[Signature]
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	<u>755.00</u>
Electrical	<u>158.00</u>
Plumbing	<u>288.00</u>
Fire Protection	<u>125.00</u>
Elevator Devices	
Other	<u>2210 SF @ 11.00</u>
DCA Training Fee	<u>155.00</u>
Cert. of Occupancy	<u>20.00</u>
Other	
Total	<u>1,207.00</u>
Check No.	<u>3011</u>
Cash	
Collected by	<u>[Signature]</u>

U.C.C. F170 (rev. 3/96)

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 for all subcodes for one and two family dwellings are the following:

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. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. 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.

Dryden



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

7-21-00
00-1605

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

Block 42.07 Lot 16
Work Site Location 27 CARRIE DR

Owner In Fee GROSSWOOD-ESTATES, INC.
Address 21 RYAN RD
MARLBORO, NJ 07747

Tele. () 732-938-2117
Contractor REG. # 24714
Address ID #

Tele. () Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required							
<input type="checkbox"/> All			<u>Footings</u>			<u>8/10/00</u>	<u>ECR</u>
<input type="checkbox"/> Footing			<u>Foundation</u>			<u>9/14/00</u>	<u>ECR</u>
<input type="checkbox"/> Foundation			<u>Slab</u>			<u>11/10/00</u>	<u>ECR</u>
<input type="checkbox"/> Frame			<u>Frame</u>			<u>12/10/00</u>	<u>ECR</u>
<input type="checkbox"/> Other			<u>Barrier-Free</u>				
Joint Plan Review Required:			<u>Insulation</u>				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<u>Finishes</u>				
SUBCODE APPROVAL			<u>Energy Pass Sheet</u>				
<u>25</u> CO	<u>14</u> CC	<u>1</u> CA	<u>Mechanical Schedule</u>				
Date:	<u>4/16/01</u>		<u>TCO</u>				
Approved by:	<u>GB</u>		<u>Other</u>				
			<u>Final</u>				
			<u>Barrier-Free</u>				

B. BUILDING CHARACTERISTICS

Use Group Present 2-4 Proposed 5-B
Constr. Class Present 2 Proposed 2
No. of Stories 2
Height of Structure 22 Ft.
Area — Largest Floor 1108 Sq. Ft.
New Bldg. Area/All Floors 2210 Sq. Ft.
Volume of New Structure 34,470 Cu. Ft.
Total Land Area Disturbed 8900 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 60,000
2. Alteration \$ 0
3. Total (1+2) \$ 60,000

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINGLE FAMILY
DRYDEN 2 SLAB

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.

Signature [Signature]

TYPE OF WORK:

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence
- Sign
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other
- Demolition

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

U.C.C. 6:10 (rev. 3/96)

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

STRAPS FOR ANCHORING MUST BE
DRILLED THROUGH BOTTOM PLATE

9/14/00
E. CT

10/12/00
wall sheath = Anchor Straps nailed w/ ROOF NAILS

DAYTON



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

7-21-00
00-1605

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

Block 42.07 Lot 16
Work Site Location 27 CARRIE DR

Owner In Fee GROSSWOOD ESTATES, INC.
Address 21 RYAN RD
MARLBORO, NJ 07747

Tele. () 732-938-2117 Fax ()
Contractor REG. # 24714
Address ID #

Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Required			Footings	
<input type="checkbox"/> All			Foundation	
<input type="checkbox"/> Footing			Slab	
<input type="checkbox"/> Foundation			Frame	
<input type="checkbox"/> Frame			Barrier-Free	
<input type="checkbox"/> Other			Insulation	
Joint Plan Review Required:			Finishes	
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Elevator	
SUBCODE APPROVAL:			Energy	
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Mechanical	
Date:			TCO	
Approved by:			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed S-5
Constr. Class Present 2 Proposed 2
No. of Stories 2
Height of Structure 22 Ft.
Area — Largest Floor 1108 Sq. Ft.
New Bldg. Area/All Floors 2210 Sq. Ft.
Volume of New Structure 34470 Cu. Ft.
Total Land Area Disturbed 8000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$ 60,000

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.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SINGLE FAMILY

DAYTON 2 SLABS

TYPE OF WORK:

New Building

Addition

Alteration

Roofing

Siding

Fence

Sign

Pool

Asbestos Abatement Subchapter 8

Lead Haz. Abatement NJAC 5.17

Other

Demolition

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

U.C.O. # 110
(rev. 3/89)

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

DRYTON



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

7-21-00
00-1605

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

Block 42.07 Lot 16
Work Site Location 27 CARRIE DR

Owner In Fee CROSSWOOD ESTATES, INC.

Address 21 RYAN RD
MARLBORO, NJ 07747

Tele. () 732-938-2117
REG. # 24714

Contractor DRYTON 2 SLABS
ID # [REDACTED]

Address _____

Fax () _____

Lic. No. or Bids. Reg. No. _____

Federal Emp. No. _____

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.
Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW SINCEI FAMILY
DRYTON 2 SLABS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required				Footings				
<input type="checkbox"/> All				Foundation				
<input type="checkbox"/> Footing				Slab				
<input type="checkbox"/> Foundation				Frame				
<input type="checkbox"/> Frame				Barrier-Free				
<input type="checkbox"/> Other				Insulation				
Joint Plan Review Required:			Finishes					
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Elevator					
SUBCODE APPROVAL			Energy					
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Mechanical					
Date:			TCO					
			Other					
Approved by:			Final					
			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-4
 Constr. Class Present _____ Proposed S-B
 No. of Stories 2
 Height of Structure 22 Ft.
 Area — Largest Floor 1108 Sq. Ft.
 New Bldg. Area/All Floors 2210 Sq. Ft.
 Volume of New Structure 34470 Cu. Ft.
 Total Land Area Disturbed 4000 Sq. Ft.

Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Alteration \$ _____
 3. Total (1+2) \$ 100,000

TYPE OF WORK:

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence _____ Height (exceeds 6') _____ Sq. Ft.
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 DCA Training Fee \$ _____
 TOTAL FEE \$ _____

U.C.C.F-110 (rev. 3/99)

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

Update 1/2



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

04-01
7-21-00
00-1605-1

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Work Site Location 4287 27 Carle Dr Lot _____
 Owner in Fee/Occupant GROSSWOOD-ESTATES, INC.
 Address 21 RYAN RD
MARLBORO, NJ 07747
 732-938-2117
 REG. # 24714
 Contractor WEINBERG ELECTRICAL CONTRACTORS, INC. ID # _____
 Address 1717 E. ELIZABETH AVENUE
 Linden, NJ 07036
 Tel: () Fax ()
 Lic. No. 08390A 908-486-7445
 Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS
 Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as R-3 Utility Co. _____
 Est. Cost of Elec. Work \$ 500-

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)
 No Plans Required Type: Failure Failure Approval Initial
 Joint Plan Review Required: Rough _____
 Building Plumbing Temp. Serv. _____
 Fire Elevator Constr. Serv. _____
 Elec. Plans Approved TCO _____
 Date: 3/27/01 Other _____
 Approved by: C. Hillier 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.
Jane Donoff
 Applicant's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor Exempt Applicant

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

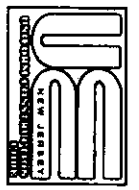
Pool Permit/with UW Lights
 Storable Pool/Spa/Hot Tub
 KW Elec. Range/Receptacle
 KW Oven/Surface Unit
 KW Elec. Water Heater
 KW Elec. Dryer/Receptacle
 KW Dishwasher
 HP Garbage Disposal
 KW Central AC Unit
 HP/KW Space Heater/Air Handler
 KW Baseboard Heat
 HP Motors 1+ HP
 KW Transformer/Generator
 AMP Service
 AMP Subpanels
 AMP Motor Control Center
 KW Elec. Sign/Outline Light

FEE (Office Use Only)
 \$ 36-

Administrative Surcharge \$
 Minimum Fee \$
 DCA Training Fee \$
 TOTAL FEE \$ 46-

Check #
4019

Part 1



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 42.07 Lot 16
Work Site Location CARAC DR

Owner In Fee/Occupant CROSSWOOD ESTATES, INC.
Address 21 RYAN RD
MARLBORO, NJ 07747

Tele. () 732-938-2117
REG. # 24714

Contractor WEINBERG ELECTRICAL CONSULTANTS
Address 1717 E. ELIZABETH AVENUE
LINDEN, NJ 07036

Tele. () 908-486-7445 Fax () 8390A

Lic. No. 8390A

Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS
Use Group Present [REDACTED] Proposed [REDACTED]

Building Occupied as 5.100 Utility Co. APU
Est. Cost of Elec. Work \$ 2,060 PR# 100094963

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required				
Joint Plan Review Required:				
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Rough	Failure <u>11-30-00</u> Approval <u>12-6-00</u> Initial <u>02</u>
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Temp. Serv.	
<input type="checkbox"/> Elec. Plans Approved			Constr. Serv.	
Date:			TCO	
Approved by:			Other	
			Service	<u>11-30-00</u> <u>02</u>
			Final	<u>3-9-01</u> <u>02</u>
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued	<u>11-30-00</u>
<input checked="" type="checkbox"/> CO <input type="checkbox"/> I <input type="checkbox"/> CCO <input type="checkbox"/> I <input type="checkbox"/> CA			Final Cut-In-Card Date Issued	
Date: <u>3/9/01</u>				
Approved by: <u>[Signature]</u>				

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

[Signature]
Applicant's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
<u>24</u>		Lighting Fixtures
<u>55</u>		Receptacles
<u>29</u>		Switches
<u>29</u>		Detectors
<u>2</u>		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		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. Water Heater
- KW Elec. Dryer/Receptacle
- KW Dishwasher
- 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

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

STILL NEED APPROVAL A/C

[Handwritten signature]

7-21-00
00-1605

U.C.C. F120 (rev. 3/89)

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

11-30-08. 02

1) FAMILY RM. CORNER
NAIL PLATE.

11-30-08

11-30-08

11-30-08

11-30-08

11-30-08

11-30-08

11-30-08

11-30-08

11-30-08

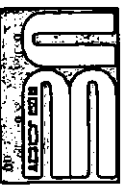
11-30-08

11-30-08

11-30-08

**MARLBORO TOWNSHIP
CONSTRUCTION DEPT.**

Construction Official
NOV 17 2000 CAVALIERE



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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

Block 42.07 Lot 16
Work Site Location CROSSWOOD ESTATES

Owner in Fee/Occupant REGAL HOMES
Address 21 Ryan Road
Marlboro NJ 07460
Contractor WEINBERG ELECTRICAL CONTRACTORS, INC
1717 E. ELIZABETH AVENUE
INDEN, NJ 07036
Tele: ()
Federal Emp. No. 08890A
Lic. No. 08890A
908-486-7445 Fax ()

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

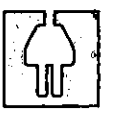
PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required			Type:				
Joint Plan Review Required:			Rough			<u>12-00</u>	<u>W</u>
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing		Temp. Serv.				
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator		Constr. Serv.				
<input type="checkbox"/> Elec. Plans Approved			TCO				
Date: <u>11-30-00</u>			Other				
Approved by: <u>[Signature]</u>			Service				
			Final			<u>3-9-01</u>	<u>[Signature]</u>
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
<input checked="" type="checkbox"/> CO	<input type="checkbox"/> GCO	<input type="checkbox"/> CA	Final Cut-in-Card Date Issued				
Date: <u>3-14-01</u>							
Approved by: <u>[Signature]</u>							

C. CERTIFICATION IN LIEU OF OATH

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

[Signature]
Applicant's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor Exempt Applicant



Date Received
Date Issued 11-30-00
Control #
Permit # 00-1605

PERMIT UPDATE

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
<u>15</u>		Lighting Fixtures
<u>2</u>		Receptacles
<u>5</u>		Switches
		Detectors
		Light Poles
		Motors - Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

2822

TOTAL NUMBERS

\$ 36-

- Pool Permit/with UV Lights
- Storage 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
- KW Central A/C Unit
- HP/KW Space Heater/Air Handler
- KW Baseboard Heat
- HP Motors 1/2 HP
- KW Transformer/Generator
- AMP Service - UPGRADED FROM 100AMP
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

Administrative Surcharge	\$	
Minimum Fee	\$	
DCA Training Fee	\$	
TOTAL FEE	\$	<u>36-</u>

Order # 33131
11-30-00
SM
pd.

DATE UP DATE



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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

Block 4805 Lot 27 Carpio Dr.
 Work Site Location CROSSWOOD ESTATES, INC.
 Owner In Fee/Occupant 21 RYAN RD
 Address MARLBORO, NJ 07747
 Telephone () 732-938-2117
 REG. # 24774
 Contractor WEINBERG ELECTRICAL CONTRACTORS
 ID # [REDACTED]
 Address 1717 E. ELIZABETH AVENUE
 LINDEN, NJ 07036
 Telephone () 908-486-7445 Fax () [REDACTED]
 Lic. No. 8390A
 Federal Emp. No. [REDACTED]

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

JOB SUMMARY (Office Use Only)
 PLAN REVIEW Date Initial
 No Plans Required
 Joint Plan Review Required:
 Building Plumbing
 Fire Elevator
 Elec. Plans Approved
 Date: 12/18/00
 Approved by: [Signature]

INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
Rough					
Temp. Serv.					
Constr. Serv.					
TCO					
Other					
Service					
Final					
SUBCODE APPROVAL		Temp. Cut-In-Card Date Issued			
Final Cut-In-Card Date Issued					

DATE: 3/10/01
 APPROVED BY: [Signature]

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 [Signature]
 DEC - 7 2000

Licensed Electrical Contractor Exempt Applicant

RECEIVED

RECEIVED
 0002 2 - 330

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		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. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		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

DATE RECEIVED: 12-20-00
 DATE ISSUED: 7-31-00
 CONTROL # 00-1605-1
 PERMIT #

Administrative Surcharge	Minimum Fee	DCA Training Fee	TOTAL FEE
\$	\$	\$	\$
			\$ 46-

HOME OWNER [Signature]
 CONTRACTOR [Signature]
 U.C.C. #120
 DATE 12-13-00
 TIME 2:35

NOTIFIED

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

*DATE #2
UP DATE*



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

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

Block 4802 Lot 16
Work Site Location 27 GARRE DR.

Owner in Fee/Occupant CROSSWOOD ESTATES, INC.
21 RYAN RD
Address MARLBORO NJ 07747
732-938-2117

Tele. () REG.# 247714
Contractor WEINBERG ELECTRICAL CONTRACTORS ID # [REDACTED]
Address 1747 E. ELIZABETH AVENUE
LINDEN, NJ 07036

Tele. () 908-486-2445 Fax () [REDACTED]
Lic. No. 83510A
Federal Emp. No. [REDACTED]

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Type:	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required				
<input type="checkbox"/> Joint Plan Review Required:				
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing				
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator				
<input type="checkbox"/> Elec. Plans Approved				
Date: <u>12/18/00</u>				
Approved by: <u>[Signature]</u>				

SUBCODE APPROVAL
 CO CCO CA
Date: _____
Approved by: _____

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

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

Applicant's Signature/Contractor's Seal and Signature
[Signature]

Licensed Electrical Contractor Exempt Applicant

D. TECHNICAL SITE DATA
QTY. SIZE ITEMS

- Lighting Fixtures
- Receptacles
- Switches
- Detectors
- Light Poles
- Motors—Fract. HP
- Emergency & Exit Lights
- Communications Points
- Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

- Pool Permit/with UV Lights
- Storable Pool/Spa/Hot Tub
- KW Elec. Ranges/Receptacle
- KW Oven/Surface Unit
- KW Elec. Water Heater
- KW Elec. Dryer/Receptacle
- KW Dishwasher
- HP Garbage Disposal
- KW Central AC Unit
- HP/KW Space Heater/Air Handler
- KW Baseboard Heat
- HP Motors 1/4 HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge	\$	
Minimum Fee	\$	
DCA Training Fee	\$	
TOTAL FEE	\$	<u>46-</u>

U.C.C. F120 (rev. 3/99)

12-13-00

Write = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

2.35

**MARLBORO TOWNSHIP
CONSTRUCTION DEPT.**

Construction Official
JOHN CAVALIERE



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



PERMIT UPDATE

11-30-00

Date Received
Date Issued
Control #
Permit #
00-11605

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

Block **42.07** Lot **16**
Work Site Location **CROSSWOOD ESTATES**

Owner in Fee/Occupant **REGAL HOMES**

Address **21 RYAN ROAD
MARLBORO NJ 07946**

Contractor **WEINBERG ELECTRICAL CONTRACTORS, INC.**
1777 E. ELIZABETH AVENUE
INDEN, NJ 07036

Telephone () **908-466-7445** Fax ()

Lic. No. **08390A** Federal Emp. No. **[REDACTED]**

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
Building Occupied as **FAMILY** Utility of **GPU**

Est. Cost of Elec. Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required			Type:			
<input type="checkbox"/> Joint Plan Review Required			Rough			
<input type="checkbox"/> Building			Temp. Serv.			
<input type="checkbox"/> Fire			Const. Serv.			
<input type="checkbox"/> Elec. Plans Approved			TCO			
Date: 11/29/00			Other			
Approved by: [Signature]			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			

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 for performing the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[Signature]

Licensed Electrical Contractor Exempt Applicant

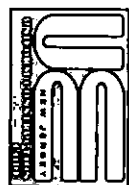
D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
15		Lighting Fixtures
2		Receptacles
5		Switches
		Detectors
		Light Poles
		Motors - Fract. HP
		Emergency & Exit Lights
		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. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/4 HP
		KW Transformer/Generator
		AMP Service - UPGRADED FROM 100AMP
		AMP Subpanels
		AMP Motor Control Center
		KW, Elec. Sign/Outline Light

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ 36

11-30-00
33131

PH 10/10



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 47.07 Lot 16 Work Site Location 27 CARRE DR

Owner in Fee/Occupant CROSSWOOD ESTATES, INC. 21 RYAN RD

Address MARLBORO, NJ 07747

Tele. () 732-938-2117 REG. # 24714

Contractor WUNDERBERG ELECTRICAL CONTRACTORS, INC. 1717 E. ELIZABETH AVENUE

Address LINDEN, NJ 07036

Tele. () 908-486-7445 Fax ()

Lic. No. Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[] Pole/Pad # [] Temporary [] Other

Building Occupied as S. NUTC Utility Co. GPD

Est. Cost of Elec. Work \$ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS

[] No Plans Required Type: Rough Failure Approval Initial

Joint Plan Review Required: Temp. Serv. Const. Serv. TCO

[] Building [] Plumbing [] Fire [] Elevator Other Service Final

[] Elec. Plans Approved Date: Approved by

SUBCODE APPROVAL Temp. Cut-In-Card Date Issued Final Cut-In-Card Date Issued

[] CO [] CCO [] CA

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.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant



Date Received Date Issued Control # Permit #

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

24 Lighting Fixtures

55 Receptacles

23 Switches

2 Detectors

2 Light Poles

2 Motors—Fract. HP

2 Emergency & Exit Lights

2 Communications Points

2 Alarm Devices/F.A.C. Panel

116 TOTAL NUMBERS

116 Pool Permit/with UV Lights

116 Storage Pool/Spa/Hot Tub

116 KW Elec. Range/Receptacle

116 KW Oven/Surface Unit

116 KW Elec. Water Heater

116 KW Elec. Dryer/Receptacle

116 KW Dishwasher

116 HP Garbage Disposal

116 KW Central A/C Unit

116 HP/KW Space Heater/Air Handler

116 KW Baseboard Heat

116 HP Motors 1/4 HP

116 KW Transformer/Generator

116 AMP Service

116 AMP Subpanels

116 AMP Motor Control Center

116 KW Elec. Sign/Outline Light

FEE (Office Use Only)

Table with columns for Fee Description and Amount. Includes rows for Administrative Surcharge, Minimum Fee, DCA Training Fee, and TOTAL FEE.

7-21-00 00-1605

U.C.C. F120 (rev. 3/06)

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

Update 1/2
 Dayton # 2



**ELECTRICAL
 SUBCODE
 TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
 Block 4305 Lot 27
 Work Site Location CARLE DR.

Owner in Fee/Occupant CROSSWOOD-ESTATES, INC.
 Address 21 RYAN RD
MARLBORO, NJ 07747
 Contractor WEINBERG ELECTRICAL CONTRACTORS, INC. REG. # 24714
1717 E. ELIZABETH AVENUE ID [REDACTED]
LINDEN, NJ 07036
 Tel: () 908-486-7445 Fax () [REDACTED]
 Lic. No. 8390A
 Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS
 Use Group Present [REDACTED] Proposed [REDACTED]
 Pole/Pad # R-3 Temporary Other [REDACTED]
 Building Occupied as [REDACTED] Utility Co. [REDACTED]
 Est. Cost of Elec. Work \$ 500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Joint Plan Review Required:	Type:	Failure	Failure	Approval
<input checked="" type="checkbox"/> No Plans Required				
<input type="checkbox"/> Building	Rough			
<input type="checkbox"/> Fire	Temp. Serv.			
<input type="checkbox"/> Elevator	Constr. Serv.			
<input type="checkbox"/> Elec. Plans Approved	TCO			
Date: <u>3/27/01</u>	Other			
Approved by: <u>[Signature]</u>	Service			
	Final			
SUBCODE APPROVAL				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Temp. Cut-In-Card Date Issued	
			Final Cut-In-Card Date Issued	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor Seal and Signature

Licensed Electrical Contractor Exempt Applicant



D. TECHNICAL SITE DATA

Date Received
 Date Issued
 Control #
 Permit #

- QTY SIZE ITEMS
- Lighting Fixtures
 - Receptacles
 - Switches
 - Detectors
 - Light Poles
 - Motors—Fract. HP
 - Emergency & Exit Lights
 - Communications Points
 - Alarm Devices/F.A.C. Panel

Φ-4-01
 7-21-00
 00-1605-1

- TOTAL NUMBERS
- Pool Permitwith UV 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
- KW Central AC 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

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ <u>46-</u>

FREE (Office Use Only)

\$ 36-

10-

U.C.C.-F120
 (rev. 3/99)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1090.

Block 43277 Lot 27 CARIE Dr

Owner in Fee/Occupant CROSSWOOD ESTATES, INC.

Address 21 RYAN RD MARLBORO, NJ 07747

Tel. () 732-938-2117 REG. # 24714

Contractor WEINBERG ELECTRICAL CONTRACTORS, INC. ID # [REDACTED]

Address 1777 E. ELIZABETH AVENUE HINDEN, NJ 07036

Lic. No. OR 395A Fax () [REDACTED]

Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present [REDACTED] Proposed [REDACTED]

Building Occupied as [REDACTED] Temporary [REDACTED] Other [REDACTED]

Est. Cost of Elec. Work \$ 5500 Utility Co. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Joint Plan Review Required:	Type:	Failure	Failure	Approval
<input checked="" type="checkbox"/> No Plans Required				
<input type="checkbox"/> Building	Rough			
<input type="checkbox"/> Fire	Temp. Serv.			
<input type="checkbox"/> Elevator	Constr. Serv.			
<input type="checkbox"/> Elec. Plans Approved	TCO			
<input type="checkbox"/> Other	Other			
<input type="checkbox"/> Service	Service			
<input type="checkbox"/> Final	Final			

SUBCODE APPROVAL CO CCO CA

Date: [REDACTED] Temp. Cut-In-Card Date Issued [REDACTED]

Approved by: [REDACTED] Final Cut-In-Card Date Issued [REDACTED]

C. CERTIFICATION AND 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 [REDACTED]



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		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. Water Heater
- KW Elec. Dryer/Receptacle
- KW Dishwasher
- HP Garbage Disposal
- KW Central A/C Unit
- HP/KW Space Heater/Air Handler
- KW Baseboard Heat
- HP Motors 1/4 HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge	\$	
Minimum Fee	\$	
DCA Training Fee	\$	
TOTAL FEE	\$	7.46-

Update #2
Dayton #2

9-14-01
7-31-00
00-1605-1

check #
91019

DARTON



FIRE SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

17-21-00
00-1605

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

Block 42.07 Lot 16

Work Site Location 27 Camille Dr

Owner in Fee CROSSWOOD ESTATES, INC.

Address 21 RYAN RD
MARLBORO, NJ 07747

Tele. () 732-938-2117 REG. # 24714

Contractor ID

Address _____

Tele. () _____ Fax () _____

Lic. No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Const. Class Present _____ Proposed _____

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Electric [] Solar

[] Other _____

Location: _____

Total Cost of Fire Protection Work \$ 500.-

Location of Main Control Valve: _____

Fire Alarm System New [] Existing []

Location of Panel: _____

Fire Suppression/Standpipe System New [] Existing []

Location of Main Control Valve: _____

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.

Signature P. Luntz

Approved by: _____

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Failure	Approval
[] No Plans Required	Alarm System		
[] Building [] Plumbing	Suppression Sys.		
[] Electric [] Elevator	Standpipe		
[] Fire Plans Approved	Fire Pump		
Date: _____	Pre-Eng. System		
Approved by: _____	Mechanical		
SUBCODE APPROVAL	Smoke Control		
[] SA [] CCO [] CA	TCO		
Date: <u>3-16-01</u>	Final	<u>3-14-01</u>	<u>PL</u>
Approved by: <u>[Signature]</u>	Other <u>NO ACCESS</u>	<u>3-14-01</u>	<u>[Signature]</u>

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source New Single Family

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid

[] LPG [] LNG Capacity _____ Fuel _____

Alarm Systems [X] 110V Interconnected NUMBER 1

[] System

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/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

Dry Chemical

CO₂ Suppression

Foam Suppression

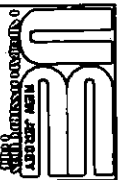
Halon Suppression

Other _____

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

DUTTON



FIRE SUBCODE TECHNICAL SECTION

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

Block 42.07

Lot 16

Work Site Location 27 CRAIG DR

CROSSWOOD ESTATES, INC.

Owner in Fee 21 RYAN RD

Address MARLBORO, NJ 07747

Phone: () 732-938-2117 REG. # 24774

Contractor ID [REDACTED]

Address _____

Tele: () _____ Fax () _____

Lic. No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____ Fire Alarm System New Existing

Constr. Class Present _____ Proposed _____ Location of Panel: _____

Heating Systems New Existing HVAC Fire Suppression/Standpipe System New Existing

Type: Gas Oil Electric Solar Location of Main Control Valve: _____

Other _____

Total Cost of Fire Protection Work \$ 500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Failure	Approval
<input type="checkbox"/> No Plans Required	Alarm System		
Joint Plan Review Required:	Suppression Sys.		
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Standpipe		
<input type="checkbox"/> Electric <input type="checkbox"/> Elevator	Fire Pump		
<input type="checkbox"/> Fire Plans Approved	Pre-Eng. System		
Date: _____	Mechanical		
Approved by: _____	Smoke Control		
SUBCODE APPROVAL	TCO		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final		
Date: _____	Other		
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.

Signature [Signature]



Date Received _____
Date Issued _____
Control # _____
Permit # _____

17-21-00
00-1605

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

New Swiss Family
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: Flammable Liquid Combustible Liquid
 LPG LNG Capacity _____ Fuel _____

Alarm Systems 110V Interconnected NUMBER 7
 System

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/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 _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas _____ or Oil _____ Fired Appliances _____

Other _____

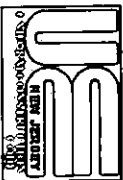
FEE/Office Use Only

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

[Signature]

DCA, F140 (rev. 3/99)

DPTON



FIRE SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

17-21-00
00-1605

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

Block 42.07

Lot 16

Work Site Location 27 Carnegie Dr

CROSSWOOD ESTATES, INC.

Owner in Fee 21 RYAN RD

Address MARLBORO, NJ 07747

Phone: () 732-938-2117 REG. # 24774

Contractor REG. # 24774 ID #

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

Heating Systems New Existing HVAC

Type: Gas Oil Electric Solar

 Other Fire Suppression/Standpipe System

Location: New Existing

Total Cost of Fire Protection Work \$ 500. Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS

No Plans Required Type: Failure Approval Initial

Joint Plan Review Required: Alarm System

Building Plumbing Suppression Sys.

Electric Elevator Standpipe

Fire Plans Approved Fire Pump

Date: Pre-Eng. System

Approved by: Mechanical

SUBCODE APPROVAL Smoke Control

CO CCO CA TCO

Date: Final

Approved by: Other

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.

[Signature]

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

New Sweet Family

Water Supply Source

Method of Alarm/Suppression System Supervision

Storage Tanks

Type: Flammable Liquid Combustible Liquid

LPG LNG Capacity Fuel

Alarm Systems 110V Interconnected **NUMBER** 9

System

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/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

Dry Chemical

CO₂ Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas or Oil Fired Appliances

Other

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

DCC F140
(rev. 3/99)

Done



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

7-21-00
00-1605

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

Block 42.07 Lot 16
Work Site Location 27 CAREIE DR.

Owner in Fee _____
Address GROSSWOOD ESTATES, INC.
24 RYAN RD
MARLBORO, NJ 07747

Tele. (____) _____
Contractor _____
Address _____
ID # _____
REG # 24714
SHER-KON
P.O. Box 355
Howell NJ

Tele. (____) 361-5064 Fax (____) _____
Lic. No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____

Building Sewer Size 1" Public Sewer _____ Private Septic _____
Water Service Size 4" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 3,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type:	Failure
Joint Plan Review Required:	Slab	Approval
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough	Initial
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water	
<input type="checkbox"/> Plumbing Plans Approved	Sewer	
Date: _____	Fixtures	
Approved by: _____	Gas Equipment	
	Gas Piping	
	Solar	
	TCO	
SUBCODE APPROVAL		
<input checked="" type="checkbox"/> CO <input type="checkbox"/> CCC <input type="checkbox"/> CA		
Date: <u>4/14/01</u>		
Approved by: <u>Bob Hoar</u>		

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

Signature — Contractor's Seal _____

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	\$ _____
1	Urinal/Bidet	\$ _____
1	Bath Tub	\$ _____
1	Lavatory	\$ _____
1	Shower	\$ _____
1	Floor Drain	\$ _____
1	Sink	\$ _____
1	Dishwasher	\$ _____
1	Drinking Fountain	\$ _____
1	Washing Machine	\$ _____
1	Hose Bibb	\$ _____
1	Water Heater	\$ _____
1	Fuel Oil Piping	\$ _____
1	Gas Piping	\$ _____
1	Steam Boiler	\$ _____
1	Hot Water Boiler	\$ _____
1	Sewer Pump	\$ _____
1	Interceptor/Separator	\$ _____
1	Backflow Preventer	\$ _____
1	Greasetrapp	\$ _____
1	Sewer Connection	\$ _____
1	Water Service Connection	\$ _____
1	Stacks	\$ _____
1	Other _____	\$ _____
1	Other _____	\$ _____
1	Other _____	\$ _____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 DCA Training Fee \$ _____
 TOTAL FEE \$ _____

Handwritten signature and notes

11/13/00 Dr. [unclear] missing mail plates between wall Pen Show and PL for car arm.

Dr. [unclear] missing 1 1/2 mt on roof -

(Notes of [unclear] program. O.K. 10/30)

4/3/01 - Dr. [unclear] for [unclear] w/ H & cont. Dr. [unclear] when [unclear]

has to have a screen on outside DMN.
O/K. [unclear] and has to be moved from [unclear] only 3" clearance

UP DATE A/E
Dwyer #2



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4-4-01
7-21-00
00-1605-1

D. TECHNICAL SITE DATA (List of all fixtures.)

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO.: 1-800-272-1000.
Block 4207 Lot 16
Work Site Location 27 CARRIE DR

Owner In Fee _____
Address _____ **CROSSWOOD ESTATES, INC.**
21 RYAN RD
MARLBORO, NJ 07747

Contractor _____ **SHEL-RON PLUMBING** ID _____
Address 22 Sugarbush Rd.
Howell NJ 07731
Tel. (_____) _____ Fax (_____) _____
Lic. No. (732) 367-6936
Federal Emp. No. _____ 4954

B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)
PLAN REVIEW
 No Plans Required
 Joint Plan Review Required:
 Building Electric
 Fire Elevator
 Plumbing Plans Approved
Date: 3/29/01
Approved by: [Signature]

INSPECTIONS table with columns: Type, Failure, Dates (Month/Day), Approval, Initial. Includes rows for Slab, Rough, Water, Sewer, Gas Equipment, Gas Piping, Solar, TCO. Initials: FINML, 4/5/01.

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent of the owner of record and am authorized to make this application and perform the work listed on this application.

Signature of Contractor's Seal
[Signature]
Licensed Plumbing Contractor [] Exempt Applicant

FEE (Office Use Only)
\$ _____
\$ _____
\$ _____

Administrative Surcharge \$ 10
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

- 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
- Greasetrapp
- Sewer Connection
- Water Service Connection
- Stacks
- Other A/E UNIT
- Other _____
- Other _____

Choelet
4/01/01

\$ 50

UP DATE A/C
 DAYTON #2



Date Received
 Date Issued
 Control #
 Permit #

4-4-01
 7-21-00
 00-1005-1

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

D. TECHNICAL SITE DATA (List of all fixtures.)

Block 4207 Lot 16
 Work Site Location 27 CARRIE DR

FIXTURE/EQUIPMENT

Owner in Fee _____
 Address _____
CROSSWOOD ESTATES, INC.
21 RYAN RD
MARLBORO, NJ 07747

Contractor _____
 Address **SHELL-IRON PLUMBING**
 22 Sugarbush Rd.
 Howell NJ 07731
 Tele. () _____
 (732) 367-5699 Fax () _____
 Lic. No. _____
 Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS
 Use Group Present _____ Proposed _____
 Building Sewer Size _____ Public Sewer _____
 Water Service Size _____ Public Water _____
 Est. Cost of Plumbing Work \$ _____ Private Septic _____
 Private Well _____

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.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Joint Plan Review Required:
 Building Electric
 Fire Elevator
 Plumbing Plans Approved
 Date: 3/29/01
 Approved by: [Signature]

SUBCODE APPROVAL
 CO CCO CA
 Date: _____
 Approved by: _____

INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
Slab					
Rough					
Water					
Sewer					
Fixtures					
Gas Equipment					
Gas Piping					
Solar					
TCO					

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	\$ _____
Greasetrapp	\$ _____
Sewer Connection	\$ _____
Water Service Connection	\$ _____
Stacks	\$ _____
Other <u>APC UNIT</u>	\$ <u>10</u>
Other	\$ _____
Other	\$ _____
Administrative Surcharge	\$ _____
Minimum Fee	\$ <u>10</u>
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

Check #
 4019

Signature of Contractor's Seal
 Licensed Plumbing Contractor Exempt Applicant

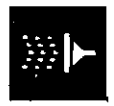


\$ 50

UP DATE A/C
 DAYTON #2



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
 Date Issued
 Control #
 Permit #

4.4.01
 7-21-00
 00-1605-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
 Block 4207 Lot 16
 Work Site Location 27 CARRIE DR

Owner in Fee _____ **CROSSWOOD ESTATES, INC.**
 Address _____ **21 RYAN RD**
 _____ **MARLBORO, NJ 07747**
 _____ **732-938-2117**
 _____ **REG. # 24714**

Contractor _____ **SHEL-RON PLUMBING** ID # _____
 Address _____ **22 Sugarbush Rd.**
 _____ **Howell NJ 07731**
 _____ **(732) 367-5066** Fax (_____) _____
 _____ **4954**
 Lic. No. _____
 Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS
 Use Group Present _____ Proposed _____
 Building Sewer Size _____ Public Sewer _____ Private Septic _____
 Water Service Size _____ Public Water _____ Private Well _____
 Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

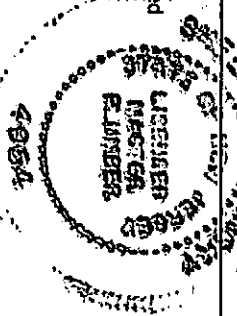
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Joint Plan Review Required:	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Slab				
<input type="checkbox"/> Building	Rough				
<input type="checkbox"/> Fire	Water				
<input checked="" type="checkbox"/> Plumbing Plans Approved	Sewer				
Date: <u>3/29/01</u>	Fixtures				
Approved by: <u>NO. Hessel</u>	Gas Equipment				
	Gas Piping				
	Solar				
	TCO				
Subcode Approval					
<input type="checkbox"/> CO					
<input type="checkbox"/> CCO					
<input type="checkbox"/> CA					
Date: _____					
Approved by: _____					

D. TECHNICAL SITE DATA (List of 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	\$ _____
Grastrap	\$ _____
Sewer Connection	\$ _____
Water Service Connection	\$ _____
Stacks	\$ _____
Other	\$ <u>10</u>
Other	\$ _____
Other	\$ _____
Administrative Surcharge	\$ _____
Minimum Fee	\$ <u>10</u>
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

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

Signature of Contractor's Seal
 Licensed Plumbing Contractor [] Exempt Applicant



Check #
 44019

U.C.C. F130 (rev. 3/98)
 1 White = Inspector Copy
 3 Pink = Office Copy
 2 Canary = Office Copy
 4 Gold = Applicant Copy

\$ 50

DAK FORD



Date Received
Date Issued
Control #
Permit #

7-21-00
00-1605

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

Block 47.07 Lot 16
Work Site Location 27 CAREY DR.

Owner In Fee _____
Address CROSSWOOD ESTATES, INC.
21 RYAN RD
MARLBORO, NJ 07747
732-938-2117
REG. # 24714

Contractor _____ ID # _____
Address _____
Tel. () _____
Fax () _____
REG. # 367-5066
ID # _____
REG. # 24714

Federal Emp. No. _____
B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____
Building, Sewer Size 1" Public Sewer _____ Private Septic _____
Water Service Size 4" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 3,060.

JOB SUMMARY (Office Use Only)
PLAN REVIEW
 No Plans Required
 Joint Plan Review Required:
 Building Electric
 Fire Elevator
 Plumbing Plans Approved
Date: _____
Approved by: _____

INSPECTIONS	Type:	Dates (Month/Day)		
		Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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

Signature — Contractor's Seal
[Signature]
Licensed Plumbing Contractor Exempt Applicant



D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
3	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	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$

[Signature] # 11868

Day Per



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

7-21-00
00-1605

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

Block 42.07 Lot 27 CARA.C DK
Work Site Location

Owner In Fee CROSSWOOD ESTATES, INC.
21 RYAN RD

Address MARLBORO, NJ 07747
732-938-2117

Telephone () 361-5066 Fax () 4874
REG. # 24714 ID # CHAR-ROD
PO BOX 357

Contractor HOWEL N.J.

Lic. No. [REDACTED]

Federal Emp. No. [REDACTED]

B. PLUMBING CHARACTERISTICS
Use Group Present 1 Proposed [REDACTED]

Building Sewer Size 4 Public Sewer [REDACTED] Private Septic [REDACTED]
Water Service Size 4 Public Water [REDACTED] Private Well [REDACTED]
Est. Cost of Plumbing Work \$ 3,000.

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.

PLAN/REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required	Type:	Failure	Approval
<input type="checkbox"/> Joint Plan Review Required:	Slab		
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough		
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water		
<input type="checkbox"/> Plumbing Plans Approved	Sewer		
Date:	Fixtures		
Approved by:	Gas Equipment		
	Gas Piping		
	Solar		
	TCO		

Signature — Contractor's Seal
[Signature]
Licensed Plumbing Contractor Exempt Applicant

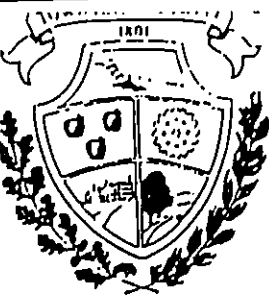


D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	
1	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
1	Shower	
1	Floor Drain	
1	Sink	
1	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping	
1	Steam Boiler	
1	Hot Water Boiler	
1	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
1	Other	
1	Other	
1	Other	

John # 118811

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$



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) 938-6492

MUNICIPALITY Howell

LOCATION Crosswood EST. UTILITY CO SP4
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 after _____ days

DESCRIPTION OF SERVICE 200 Amp DR# 100074563

INSTALLED BY wienberg elect LICENSE NO 8390

DATE 11-30-00 PERMIT # 00-1605 INSPECTOR J. VERRIER

CALLED IN / / Lic. No: 8186



CUT-IN-CARD

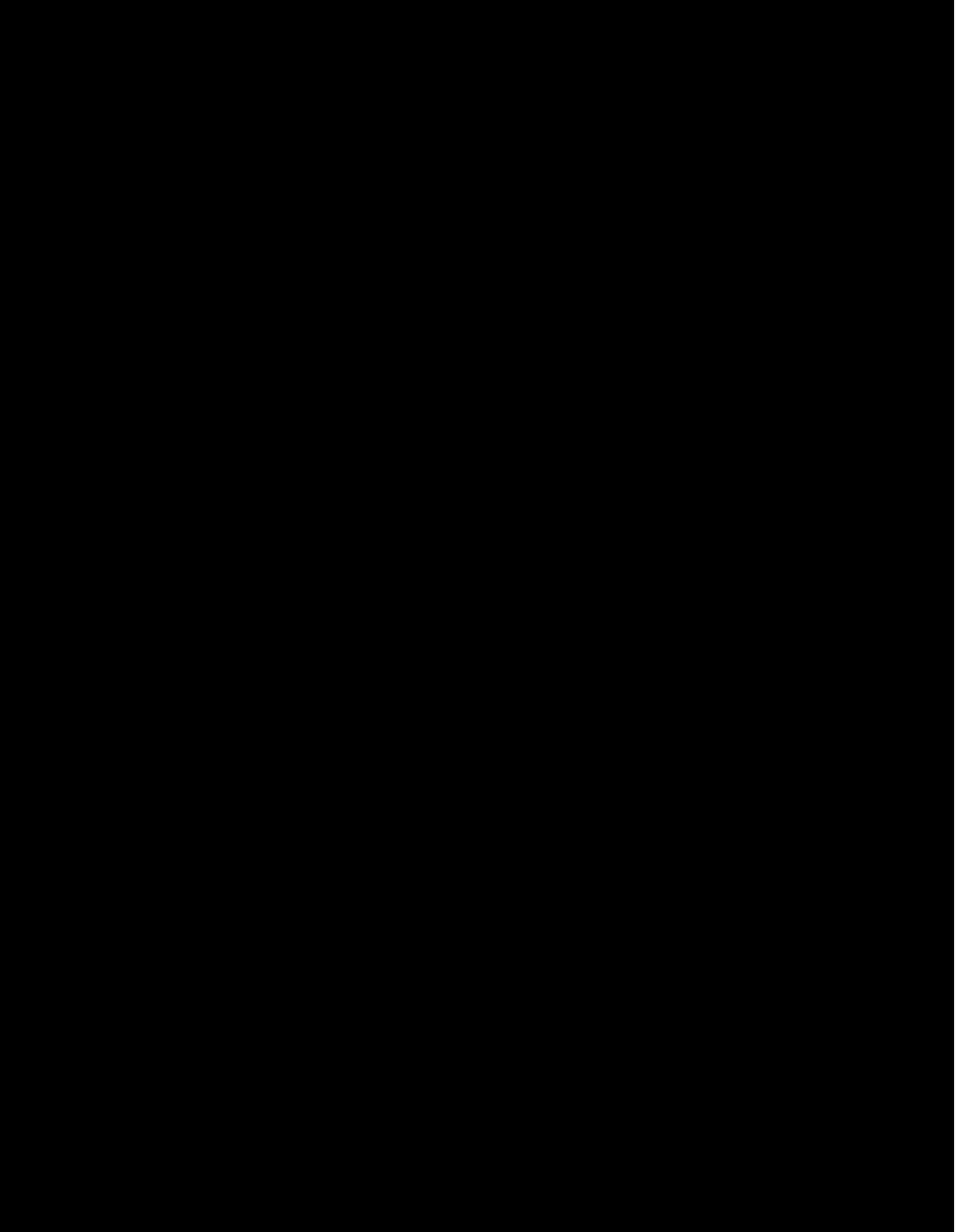
re-FAX 2-7-01 ✓

CROSSWOOD ESTATES, INC.

HOWELL TOWNSHIP

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
3/13/01	42.07/16F	FINAL COAH	450.00	.00	450.00
		<i>27 Carve As</i>			
CHECK DATE	CHECK NUMBER	TOTAL >			
3/13/01	3916	450.00	.00	450.00	

PLEASE DETACH AND RETAIN FOR YOUR RECORDS





STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program
This is to certify that

CROSSWOOD ESTATES, INC

is a registered builder under
the New Home Warranty and
Builder Registration Act,
(N.J.S.A. 17:27 et seq.)

REGISTERED
BUILDER

W.D. Smith
624714 MAR 31 2

(This registration expires on the date stamped)



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:

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

FEINBERG & ASSOCIATES P.C.
ARCHITECTS / PLANNERS / INTERIOR DESIGNERS

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 42.07

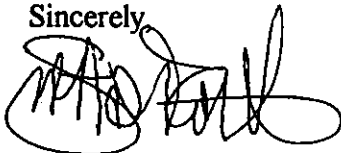
Model DAYTON

Dear Mr. Phillipps,

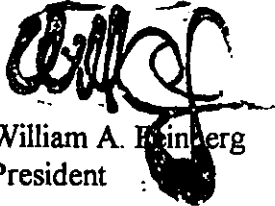
Please accept this letter as authorization by this office for Regal Homes to utilize our submitted construction documents (Models Alpine, Baxter, Colburn, Dayton & Eaton) to be built on any lot as a prototype in the above mentioned sub-division only.

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

Sincerely



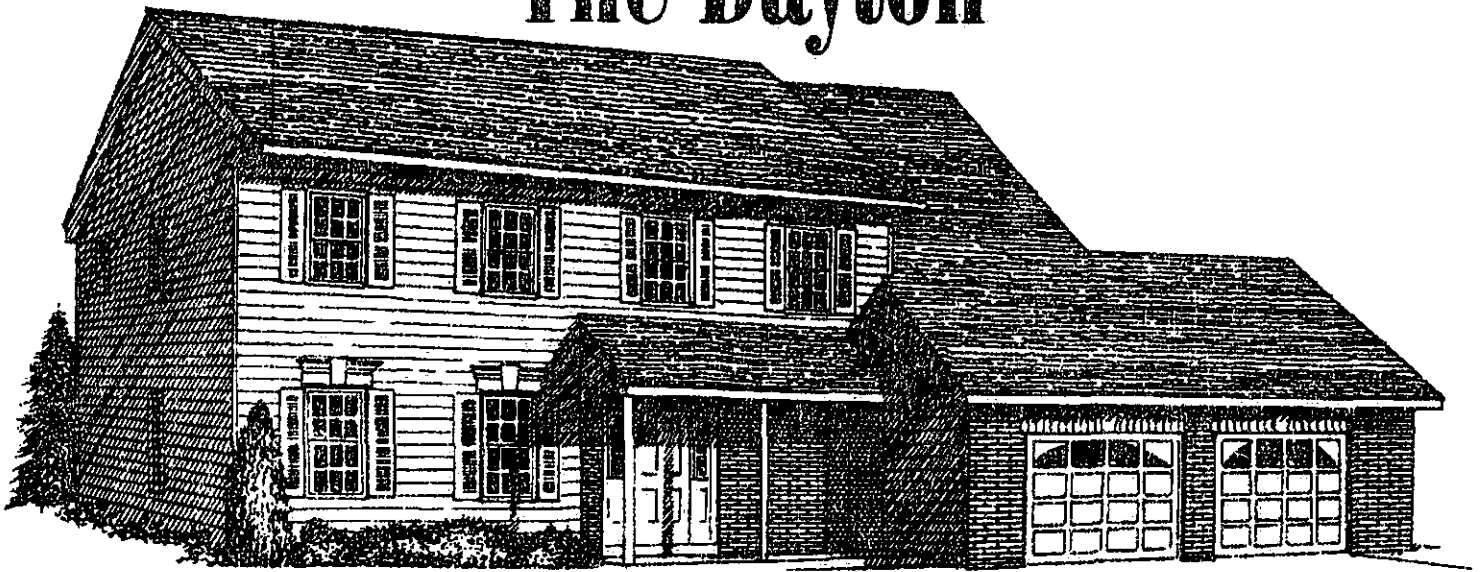
Scott D. Roth, AIA
Principal



William A. Feinberg
President

SR/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.

1. LOCATION OF PROPERTY CROSSWOOD ESTATES

BLOCK 4207 LOT 16

#7803

2. NAME OF LANDOWNERS: CROSSWOOD ESTATES INC

3. OCCUPANT: _____

4. PROPOSED USE:

<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Residence
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Business
<input type="checkbox"/> Accessory Bldg.	<input type="checkbox"/> 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 27 CARRIE DR.

b. Main road frontage 120'

c. Set back from right-of-way 25'

d. Sideyard clearances 10' + 15'

e. Rear yard clearances 30'

f. Depth of lot from right-of-way 174'

g. Dimensions of bldg: width 55 feet 30 depth(feet)

h. Highest point of bldg. Above reestablished grade 25 feet

i. Area of lot 14,921

j. Sketch showing existing buildings and proposed construction

Buildings: Use SINGLE FAMILY RES.
Number of stories 2 Basement NO
Useable floor space: First Floor 1102 sq.ft Second Floor 1108
Off street parking space N/A sq. ft.

REMARKS: _____

Witness: (SIGNED) _____

DATE ISSUED: 6/27/00 Fee: 10.00

Administrative Signature Vito Spinnacchio

Complies with the provisions of the Howell Township Land Use Ordinance:

- (a) Review of other agencies:
- (b) Revisions made:
- © Bonds posted:
- (d) Taxes and assessments are paid:
- (e) DOT approval, if any:
- (f) Soil conservation, if any:
- (g) Monmouth County Planning Board:
- (h) Howell Township MUA

PERMIT APPROVAL GRANTED: _____

PERMIT APPROVAL DENIED: _____

Upon the basis of the above application, the statements are made part hereof, the proposed usage is found to be in accordance with the Township Land Use Ordinance and is hereby approved for the following zone: _____

usage is _____ found to be in accordance with the Township Land Ordinance and is hereby _____ approved for the following zone: _____

X Vito Spinnacchio
ADMINISTRATIVE OFFICER

DATE WHEN APPLICATION WAS RECEIVED _____ DATE RULED ON: 6/27/00

If certification is refused, reason for refusal _____

If certification is refused, reason for refusal: _____

DP # 7803

HOWELL TOWNSHIP
ENGINEERING DEPARTMENT

DATE: 6-23-00

ENGR: _____

ASST ENGR: _____

INSPECTOR: Charlie

OTHER: _____

FILE: SD# 2731

MEMORANDUM

TO: Charlie Muller, Engineering Inspector
FROM: Vito Marinaccio, Director Land Use
DATE: June 22, 2000
RE: **Developers Permit - Crosswoods Estates (COAH)
Block 42.07 Lot 16**

The above mentioned developer has submitted the following Developers Permit:

<u>BLOCK</u>	<u>LOT</u>	<u>ADDRESS</u>
42.07	16	27 Carrie Drive

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

RECEIVED Richard Heppner

RETURNED 6/27/00
SIGNATURE Approved for construction
C. Muller

RECEIPT NO. 87912

TOWNSHIP OF HOWELL

DATE 3/14/01 20

NAME Crosswood Estates

ADDRESS

CITY STATE, ZIP

CASH CHECK 5,109.44
Recreation Fees DOLLARS

OTHER 42.15/7 729.92
42.07/20 729.92
42.07/16 729.92
42.07/22 729.92
42.07/24 729.92
REMARKS 42.15/5 729.92
42.16/9 729.92

DEPARTMENT

RECEIVED BY FOR TOWNSHIP OF HOWELL, N.J.

CANARY - DUPLICATE

R
:
4
D
R



RESIDENTIAL WARRANTY CORPORATION

5300 Derry Street Harrisburg, PA 17111-3556

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

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **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 Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: CROSSWOOD ESTATES INC

Purchaser(s) Name: Richard Mondacci & Violet Di-Sena

Legal Address of Home Enrolled:	<u>16</u>	<u>42.07</u>
	Lot	Block
	<u>27 CARRIE DR</u>	Development
Street Address	<u>HOWELL</u>	<u>NJ</u>
City	<u>MONMOUTH</u>	State
County		Zip
		<u>07731</u>

RWC Application for Warranty No: 1847540

06/01/2000

Date: _____

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Sweigert

Sandra Sweigert

RECEIPT NO. 8112

TOWNSHIP OF HOWELL

DATE 3-14 2010

NAME Crosswood Estates

ADDRESS

CITY STATE, ZIP

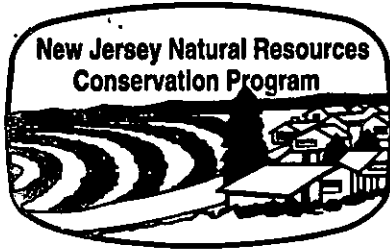
CASH CHECK \$10,500.00 DOLLARS

OTHER paid multiple connection Fees

EMARKS 4207-16 4207-20
4207-22 4207-24
4215-5 4215-7 4216-9

DEPARTMENT Sewer

ISSUED BY [Signature] FOR TOWNSHIP OF HOWELL, N.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

REINSPECTION DATE: COMMENTS

***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/COMMERCIAL/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

MUNICIPAL WELL/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

COMMERCIAL

SITE PLAN FIRE LANE/ZONES

SITE PLAN COMPLIANCE

FOOD HANDLERS LICENSE

BLOCK

42-07

LOT

16

NAME

Crosswoods

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 2/5/01 INSPECTION REQUESTED BY: 46-46

CASE NUMBER: 2731 ; DEVELOPMENT: Crosswoods Est.

BLOCK: 42.07 LOT: 16 SECTION: 27-Cam Dr.

B O N D E D	A C C E P T A B L E	U N A C C E P T A B L E
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1. <u>STREET RIGHT-OF-WAY:</u>			
(a) Graded - Shoulder and/or Walk Area	✓		a
(b) Curb	✓		b
(c) Sidewalk	✓		c
(d) Driveway Apron	✓		d
(e) Drainage Facilities	✓		e
(f) Pavement (Base or Wearing Surface)	✓		f
(g) Construction Debris Removed	✓		g
2. <u>LIGHTING INSTALLED OPERATIONAL:</u>	✓		
3. <u>TRAFFIC CONTROL DEVICES:</u>			
(a) Sign (s) Traffic Control	✓		a
(b) Sign (s) Street	✓		b
(c) Sign (s) Handicap			c
(d) Marking (s) Pavement - Stop Lines			d
(e) Fire Lane			e
4. <u>SCREENING, FENCE (S) & LANDSCAPING:</u>			
(a) Topsoil	✓		a
(b) Fertilizing & Seeding (Stabilized)	SEE FSCD REPORT		b
(c) Shade Tree	✓		c
(d) Shrubs	✓		d
(e) Trash Screening	✓		e
(f) Screening (Fence or Plantings) <u>AT RETAINING WALL</u>	✓		f
5. <u>SOIL EROSION & SEDIMENT CONTROL:</u>			
(a) Compliance - Certified Plan			a
(b) Site Conditions - Field Observation	✓		b
6. <u>DRIVEWAY:</u>			
(a) Surface Pavement	✓		a
(b) Base Pavement			b
(c) Aggregate	✓		c
(d) Side Entry (min. 30' from garage including turnaround)			d
7. <u>SITE GRADING:</u>			
(a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.	✓		a
(b) Retaining Walls			b
8. <u>GENERAL CLEANUP:</u>			
(a) Lot	✓		a
(b) Adjoining buffer, open space, conservation area and, lots	✓		b

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

- Meets Engineering requirements - recommend consideration for issuance of Certificate of Occupancy.
- Meets winter conditions see below for bonding requirements.
- Does not meet Engineering requirements recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS: OK Umm 2/5/01

C. Muller 2/20/01 [Signature] 220-01
INSPECTOR DATE ENGINEER/STAFF