



Property Information

File#: BS-X01693-6713023751
Owner: MONDACCI, VIOLET
Address 1: 27 CARRIE DR
Address 2:
City, State Zip: HOWELL, NJ

Request Information

Requested Date: 07/17/2024
Branch:
Date Completed:
of Jurisdiction(s):
of Parcel(s): 1

Update Information

Update Requested:
Requested By:
Update Completed:

Notes

CODE VIOLATIONS

Per Howell Township Department of Zoning there is an Code Violation cases on this property.

Collector: Howell Township
Payable: 4567 Rt 9 North, 2nd Floor, Howell, NJ 07731-3382
Business# (732) 938-4500

Comments: Per Howell Township Department of Zoning there is an Code Violation cases on this property.
Please refer to the attached document for more information.

PERMITS

Per Howell Township Building Department there is an Open Permit on this property.

Permit # 20240039
Permit Type:REPLACEMENT GAS WATER HEATER

Collector: Howell Township
Payable: 4567 Rt 9 North, 2nd Floor, Howell, NJ 07731-3382
Business# (732) 938-4500

SPECIAL ASSESSMENTS

Per Howell Township Tax Collector Department there are no Special Assessments/liens on the property.

Collector: Howell Township
Payable: 4567 Rt 9 North, 2nd Floor, Howell, NJ 07731-3382
Business# (732) 938-4500

DEMOLITION

NO



UTILITIES

WATER

Account #:
Payment Status: N/A
Status: Pvt & Lienable
Amount: N/A
Good Thru: N/A
Account Active: N/A
Collector: New Jersey American Water
Payable Address: 1 Water Street, Camden, NJ 08102
Business # 800-272-1325

UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS AUTHORIZATION
REQUIRED.

SEWER

Account #: 2708004-0
Payment Status: PAID
Status: Pvt & Lienable
Amount: \$0.00
Good Thru: N/A
Account Active: Active
Collector: Howell Township
Payable Address: 4567 Route 9 North, 2nd Floor, Howell, NJ 07731
Business # (732) 938-4090

GARBAGE

GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN.

From: Xiomara Ortiz
Sent: Friday, August 16, 2024 8:58 AM
To: 'MLS@stellaipl.com' <MLS@stellaipl.com>
Cc: Diane Festino <dfestino@twp.howell.nj.us>; Allison Ciranni <aciranni@twp.howell.nj.us>
Subject: FW: OPRA 24-1415-BLOCK 42.07 LOT 16

Good Morning,

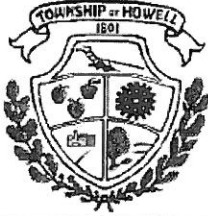
Please see attached response submitted on July 30, 2024.

Regards,
Xiomara Ortiz
Administrative Assistant III
Clerk's Office
4567 Route 9 North
2nd Floor
Howell, NJ 07731
(732) 938-4500 Ext. 2241
From: Xiomara Ortiz
Sent: Tuesday, July 30, 2024 3:01 PM
To: 'MLS@stellaipl.com' <MLS@stellaipl.com>
Subject: OPRA 24-1415-BLOCK 42.07 LOT 16

Good Afternoon,
Attached is the permit history for property located at 27 Carrie Drive.
There is one open permit - REPLACEMENT GAS WATER HEATER #20240039.
Taxes are current, there are no liens or special assessments for this property.
Please find open code enforcement violation

This completes your OPRA request.

Regards,
Xiomara Ortiz
Administrative Assistant III
Clerk's Office
4567 Route 9 North
2nd Floor
Howell, NJ 07731
(732) 938-4500 Ext. 2241



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 Corrie Rd.
Quakewoods

B 42.07

L14

TOWNSHIP OF HOWELL

RECEIPT NO. 4777

DATE 6/27/00

RECEIVED FROM Christopher S. White APPLICANT

CASH CHECK #2731 FEE \$10 ESCROW

CASE NO. _____ BLOCK 42.07 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

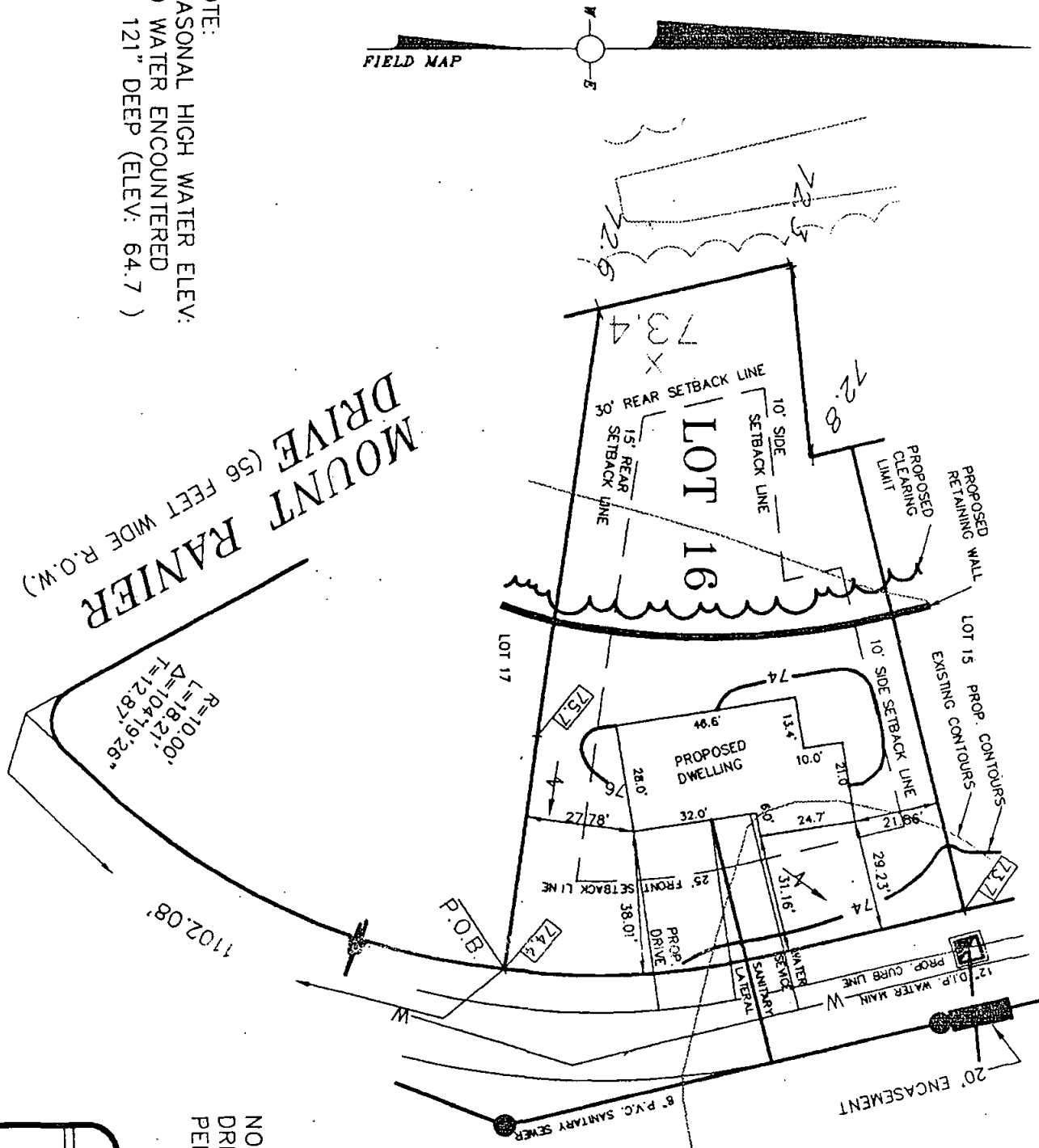
ADMINISTRATIVE OFFICER

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)

MOUNT RANIER
DRIVE (56 FEET WIDE R.O.W.)

R=10.00'
L=18.21'
A=104.19.26"
I=12.87'

CARRIE DRIVE
(56 FEET RIGHT OF WAY)

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 FILLED 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
TOMAS RIVER, N.J
(932) 244-
120

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 | TOTAL > | INVOICE AMOUNT | DEDUCTION | BALANCE |
|------------|--------------|---------|----------------|-----------|---------|
| 6/15/00 | 2731 | 10.00 | 10.00 | .00 | 10.00 |
| TOTAL > | | 10.00 | | .00 | 10.00 |

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

DAYTON 2
SLAB

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 MARLBORO, NJ 07747 zip code _____
street municipality

3. Ownership in Fee: Public _____ Private _____
 Tel. (____) 732-938-2117

4. Principal Contractor: REG. # 24714 Tel. (____) _____
 Address ID # [REDACTED]
 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: [Signature]
 OWNER/AGENT

- Owner
 Agent



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

7-21-00
00-1605

IDENTIFICATION Block 42.07 Lot 16
 Work Site Location 27 CARRIE DR
CROSSWOOD ESTATES, INC.
 Owner in Fee 21 RYAN RD
 Address MARLBORO, NJ 07747
732-938-2117
REG. # 24714
 Tel. () ID # [REDACTED]

Contractor
 Address CROSSWOOD ESTATES, INC.
21 RYAN RD
 Tel. () MARLBORO, NJ 07747
 Lic. No. or Bldrs. Reg. No. 732-938-2117
REG. # 24714
 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, 34.470 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

G.M. (S.M.)

Construction Official

Date

| PAYMENTS (Office Use Only) | |
|----------------------------|---------------|
| Building | 558.00 |
| Electrical | 138.00 |
| Plumbing | 288.00 |
| Fire Protection | 138.00 |
| Elevator Devices | |
| Other | Surveys 10.00 |
| DCA Training Fee | 55.00 |
| Cert. of Occupancy | 20.00 |
| Other | |
| Total | 1,207.00 |
| Check No. | 2877 |
| Cash | |
| Collected by | SM: 7-21-00 |

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 7-31-00
Control #
Permit # 00-1665

IDENTIFICATION Block 42.07 Lot 16
 Work Site Location CROSSWOOD ESTATES, INC. 21 RYAN RD Contractor CROSSWOOD ESTATES, INC.
33 CAROLANES 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 # Fed. Emp. No. ID #

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

Construction Official [Signature] 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.

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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**

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

License 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 | | | Footings | | 8/10/00 | ECR | ECR |
| <input type="checkbox"/> All | | | Foundation | | 9/14/00 | ECR | ECR |
| <input type="checkbox"/> Footing | | | Slab | | 12/12/00 | ECR | ECR |
| <input type="checkbox"/> Foundation | | | Frame | | 12/12/00 | ECR | ECR |
| <input type="checkbox"/> Frame | | | Barrier-Free | | | | |
| <input type="checkbox"/> Other | | | Insulation | | 12/12/00 | ECR | ECR |
| Joint Plan Review Required: | | | Finishes | | 10/12/00 | ECR | ECR |
| <input type="checkbox"/> Elec. | <input type="checkbox"/> Plumb. | <input type="checkbox"/> Fire | Energy Pass Sheet | | 10/12/00 | ECR | ECR |
| SUBCODE APPROVAL | | | Mechanical Schedule | | 10/12/00 | ECR | ECR |
| <input checked="" type="checkbox"/> CO | <input checked="" type="checkbox"/> CC | <input type="checkbox"/> CA | TCO | | 10/12/00 | ECR | ECR |
| Date: | <u>4/16/01</u> | | Other | | | | |
| Approved by: | <u>GB</u> | | Final | | 4/21/01 | ECR | ECR |
| | | | Barrier-Free | | | | |

B. BUILDING CHARACTERISTICS

| Use Group | Present | Proposed | Est. Cost of Bldg. Work: |
|---------------------------|---------------|---------------|---------------------------------|
| Constr. Class | Present | Proposed | 1. New Bldg. \$ |
| No. of Stories | <u>2</u> | <u>2</u> | 2. Alteration \$ |
| Height of Structure | <u>22</u> | <u>22</u> | 3. Total (1+2) \$ <u>60,000</u> |
| Area — Largest Floor | <u>1108</u> | <u>1108</u> | |
| New Bldg. Area/All Floors | <u>2210</u> | <u>2210</u> | |
| Volume of New Structure | <u>34,470</u> | <u>34,470</u> | |
| Total Land Area Disturbed | <u>8900</u> | <u>8900</u> | |



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

7-21-00
 00-1605

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
DRYDEN 2 SLAB

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. 6710 (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

DRYTON



BUILDING SUBCODE TECHNICAL SECTION

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

Block 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 Bids. Reg. No.
 Federal Emp. No.

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

B. BUILDING CHARACTERISTICS

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

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



Date Received
 Date Issued
 Control #
 Permit #

7-21-00
 00-1605

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
DRYTON 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

Height (exceeds 6')
 Sq. Ft.

FEE (Office Use Only)

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

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]

Fax () [REDACTED]

Lic. No. or Bids. Reg. No. [REDACTED]
Federal Emp. No. [REDACTED]

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 R-4 Proposed R-4
 Constr. Class Present S-B 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. \$ [REDACTED]
 2. Alteration \$ [REDACTED]
 3. Total (1+2) \$ [REDACTED]

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 Sinner Family
DRYTON 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 | \$ |

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 #

Φ-4-01
7-21-00
00-1605-1

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

FEE (Office Use Only)

Owner in Fee/Occupant GROSSWOOD-ESTATES, INC.
21 RYAN RD
MARLBORO, NJ 07747

Address 732-938-2117
REG. # 24714

Contractor WEINBERG ELECTRICAL CONTRACTORS, INC.
1717 E. ELIZABETH AVENUE
LINDEN, NJ 07036

Tele: (908) 390A Fax (908) 7445
 Lic. No. 908-390A 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 \$ 520

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 | | | | | | |
| 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 | TCO | | | | | |
| Date: <u>3/27/01</u> | Other | | | | | |
| Approved by: <u>[Signature]</u> | Service | | | | | |
| | Final | | | | | |
| SUBCODE APPROVAL | Temp. Cut-in-Card Date Issued | | | | | |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | Final Cut-in-Card Date Issued | | | | | |
| Date: _____ | | | | | | |
| Approved by: _____ | | | | | | |

Check #
41019

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

70

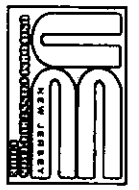
C. CERTIFICATION IN LIEU OF OATH

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

Part 101



ELECTRICAL 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 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. () 808-486-7445 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 \$ 2,000 Per # 100074463

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"/> COO <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.

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

Licensed Electrical Contractor Exempt Applicant

D. TECHNICAL SITE DATA

| QTY | SIZE | ITEMS |
|-----------|------|----------------------------|
| <u>24</u> | | Lighting Fixtures |
| <u>55</u> | | Receptacles |
| <u>29</u> | | Switches |
| <u>29</u> | | Detectors |
| | | Light Poles |
| | | Motors—Fract. HP |
| | | Emergency & Exit Lights |
| | | Communications Points |
| | | Alarm Devices/F.A.C. Panel |

116

605

605

1.2

1

100

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

STILL NEED APPROVAL A/C

[Signature]

U.C.C. F120 (rev. 3/98)

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

11-30-08. 02

1) FAMILY RM. CORNER
MAIL 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

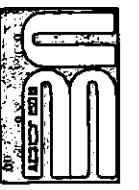
11-30-08

11-30-08

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 0746
Contractor WEINBERG ELECTRICAL CONTRACTORS, INC
1717 E. ELIZABETH AVENUE
LINDEN, 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. GPU
Est. Cost of Elec. Work \$

JOB SUMMARY (Office Use Only)

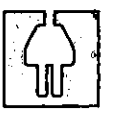
| PLAN REVIEW | Date | Initial | INSPECTIONS | Dates (Month/Day) | Approval | Initial |
|---|-----------------------------------|---------|-------------------------------|-------------------|-----------------|----------|
| <input checked="" type="checkbox"/> No Plans Required | | | Type: | | | |
| Joint 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 | | <u>11-30-00</u> | <u>W</u> |
| Approved by: <u>[Signature]</u> | | | Service | | <u>3-9-01</u> | <u>W</u> |
| | | | Final | | | |
| 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 | | | |

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 11-30-00
Date Issued 11-30-00
Control # 00-1605
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: 12/13/03



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

*1A-20-00
7-31-00
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 4805 Lot 27 Carrie Dr.
Work Site Location CROSSWOOD ESTATES, INC.
Owner in Fee/Occupant 21 RYAN RD
Address MARLBORO, NJ 07747
Tel. () 732-938-2117 REG. # 24774
Contractor WEINBERG ELECTRIC COMPANY ID # [REDACTED]
Address 1717 E. ELIZABETH AVENUE
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 # [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: 12/18/03
Approved by: [Signature]

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

SUBCODE APPROVAL
Date: 12/18/03
Approved by: [Signature]
Temp. Cut-In-Card Date Issued 3-2-01
Final Cut-In-Card Date Issued [REDACTED]

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 UV Lights
- Storable Pool/Spa/Hot Tub
- KW Elec. Range/Receptacle
- KW Over/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

FEES (Office Use Only)

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

HOME OWNER

CONTRACTOR

U.C.C. #120
DATE 12-13-03 TIME 2:35
White = Inspector Copy
Pink = Office Copy
Canary = Office Copy
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

Telephone () 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 | | | | |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | | | | |
| Date: _____ | | | | |
| Approved by: _____ | | | | |

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>446-</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.

Applicant's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor Exempt Applicant

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

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 () **908-486-7445** Fax ()

Lic. No. **08390A** Federal Emp. No. **2822**

B. ELECTRICAL CHARACTERISTICS

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

Est. Cost of Elec. Work \$

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial | INSPECTIONS | Dates (Month/Day) |
|---|------|---------|--------------|--------------------------|
| <input checked="" type="checkbox"/> No Plans Required | | | Type: | Failure Approval Initial |
| <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: 11/30/00 | | | Other | |
| Approved by: Phillips | | | Service | |
| | | | Final | |

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 a permit for the work listed on this application.

Applicant Signature/Contractor's Seal and Signature
John Cavalere

Licensed Electrical Contractor Exempt Applicant

D. TECHNICAL SITE DATA

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

| 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 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 1/4 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 |

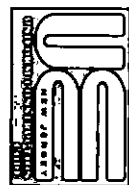
0002# 3313

11-30-00

SM

pd

PHILTON



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

Lic. No. 0290A

Federal Emp. No. [REDACTED]

Contractor WIMBERG ELECTRICAL CONTRACTORS, INC.
1717 E. ELIZABETH AVENUE
LINDEN, NJ 07036

Use Group Present [REDACTED] Proposed [REDACTED]

[] Pole/Pad # 5. NUT [] Temporary [] Other GPD

Building Occupied as 2002 Utility Co. GPD

Est. Cost of Elec. Work \$ 2002

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)

[] No Plans Required Type: Rough Failure Failure Approval Initial

Joint Plan Review Required: Temp. Serv. Const. Serv. TCO Other Service Final

[] Building [] Plumbing [] Fire [] Elevator [] Elec. Plans Approved

Date: _____ Approved by: _____

SUBCODE APPROVAL [] CO [] CCO [] 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) 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

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

| DESCRIPTION | QTY. | UNIT PRICE | TOTAL |
|--------------------------------|------|------------|-------|
| 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 | 116 | | |
| Administrative Surcharge | | \$ | |
| Minimum Fee | | \$ | |
| DCA Training Fee | | \$ | |
| TOTAL FEE | | \$ | |

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 CAROLINE 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 | |
| Date: <u>[REDACTED]</u> | | | Final Cut-In-Card Date Issued | |
| Approved by: <u>[Signature]</u> | | | | |

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 [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

Φ-4-01
 7-21-00
 00-1605-1

- TOTAL NUMBERS
- 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 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)

U.C.G.-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 Caree Dr

Work Site Location CROSSWOOD ESTATES, INC.

Owner In Fee/Occupant 21 RYAN RD
MARLBORO, NJ 07747

Address 732-938-2117
REG. # 24714

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

Address 1777 E. ELIZABETH AVENUE
HINDEN, NJ 07036

Tel. (908) 3910 Fax (908) 7445

Lic. No. OR 3910A

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 \$ 5500

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



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- |

4-14-01
 7-31-00
 00-1605-1

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.
21 RYAN RD
MARLBORO, NJ 07747

Address 732-938-2117
REG. # 24714

Contractor [REDACTED]

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

JOB SUMMARY (Office Use Only)

| 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>[Signature]</u> |
| Approved by: <u>[Signature]</u> | Other <u>NO ACCESS</u> | <u>3-14-01</u> | <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.

Signature [Signature]

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

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

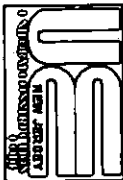
Gas [] or Oil [] Fired Appliances
Other

FEE (Office Use Only)

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

DCA Form F-140 (rev. 3/99)

DARTON



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 CARLE DR

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

REG. # 24714
Contractor ID [REDACTED]
Address _____
Tele. (____) _____ Fax (____) _____
Lic. No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems New Existing HVAC
Type: Gas Oil Electric Solar
 Other _____
Location: _____
Fire Alarm System New Existing
Location of Panel: _____
Fire Suppression/Standpipe System New Existing
Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ 500.-

| JOB SUMMARY (Office Use Only) | | INSPECTIONS | | Dates (Month/Day) | |
|--|------------------|-------------|---------|-------------------|---------|
| PLAN REVIEW | Type: | Failure | Failure | Approval | Initial |
| <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]

D. TECHNICAL SITE DATA



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

DESCRIPTION OF WORK:

New Swale Family
Water Supply Source _____
Method of Alarm/Suppression System Supervision 7-21-00

17-21-00
00-1605

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., horn/strobes, bells) _____
Other Devices _____

TOTAL _____

Suppression Systems
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____

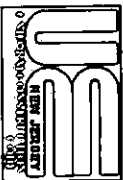
Pre-engineered Systems
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
Halon Suppression _____
Other _____

Kitchen Hood Exhaust System _____
Smoke Control System _____
Gas or Oil Fired Appliances _____
Other _____

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

[Signature]
DCA, F140
(rev. 3/99)

Dillon



**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 27 CARRIAGE DR

Work Site Location CROSSWOOD ESTATES, INC.

Owner in Fee 21 RYAN RD

Address MARLBORO, NJ 07747

Phone () Fax ()

REG. # 24774

ID #

Contractor

Address

Tele. () Fax ()

Lic. No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

Heating Systems () New () Existing () HVAC

Type: () Gas () Oil () Electric () Solar

() Other

Location:

Total Cost of Fire Protection Work \$ 500.

Fire Alarm System New () Existing ()

Location of Panel:

Fire Suppression/Standpipe System New () Existing ()

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

() No Plans Required

Joint Plan Review Required:

() Building () Plumbing

() Electric () Elevator

() Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

() CO () CCO () CA

Date:

Approved by:

INSPECTIONS

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Final

Other

Dates (Month/Day)

Failure

Failure

Approval

Initial

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

New Sweeti 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

() 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 \$

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

DCA Form 1-40 (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 _____
REG. # 24714

Address _____
ID # _____
SHER-KON
PO 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 _____
Water Service Size 4" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 3,000.

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

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

| NO. | FIXTURE/EQUIPMENT | 1 | 2 | 3 | 4 | 5 |
|-----|--------------------------|---|---|---|---|---|
| 1 | Water Closet | | | | | |
| 2 | Urinal/Bidet | | | | | |
| 3 | Bath Tub | | | | | |
| 4 | Lavatory | | | | | |
| 5 | Shower | | | | | |
| 6 | Floor Drain | | | | | |
| 7 | Sink | | | | | |
| 8 | Dishwasher | | | | | |
| 9 | Drinking Fountain | | | | | |
| 10 | Washing Machine | | | | | |
| 11 | Hose Bibb | | | | | |
| 12 | Water Heater | | | | | |
| 13 | Fuel Oil Piping | | | | | |
| 14 | Gas Piping | | | | | |
| 15 | Steam Boiler | | | | | |
| 16 | Hot Water Boiler | | | | | |
| 17 | Sewer Pump | | | | | |
| 18 | Interceptor/Separator | | | | | |
| 19 | Backflow Preventer | | | | | |
| 20 | Greasetrapp | | | | | |
| 21 | Sewer Connection | | | | | |
| 22 | Water Service Connection | | | | | |
| 23 | Stacks | | | | | |
| 24 | Other _____ | | | | | |
| 25 | Other _____ | | | | | |
| 26 | Other _____ | | | | | |

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 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 — Contractor's Seal _____

Licensed Plumbing Contractor Exempt Applicant

John # 1188

Over

11/13/00 - Missing mail plates between wall Pen Show and PL for car arm.

Dr. Penf changes missing 1/2 net on Penf -

(Notes of the Program. O.K. 12/30)

4/3/01 - Dr. Penf for pen plates w/ H a cont. Pen when Termars

has to have a sensor on outside DMN.

O/K. AIC. cond has to be moved from border only 3" clearance

UP DATE A/E
 Dayton #2



PLUMBING
 SUBCODE
 TECHNICAL SECTION



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.
 Block 4207 Lot 16
 Work Site Location 27 CARRIE DR

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

Contractor _____
 Address SHELL-IRON PLUMBING ID _____
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 | INSPECTIONS | Dates (Month/Day) | Initial |
|---|---------------|-------------------|---------------|
| Type: | Failure | Failure | Approval |
| <input type="checkbox"/> No Plans Required | Slab | | |
| <input type="checkbox"/> Joint Plan Review Required: | Rough | | |
| <input type="checkbox"/> Building | Water | | |
| <input type="checkbox"/> Electric | Sewer | | |
| <input type="checkbox"/> Fire | Fixtures | | |
| <input checked="" type="checkbox"/> Plumbing Plans Approved | Gas Equipment | | |
| Date: <u>3/29/01</u> | Gas Piping | | |
| Approved by: <u>[Signature]</u> | Solar | | |
| | TCO | | |
| | | | <u>FINNL</u> |
| | | | <u>4/5/01</u> |

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
 Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)
 NO. _____
 FIXTURE/EQUIPMENT

| 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 | |
| | Greasetrapp | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| | Other <u>A/E UNIT</u> | <u>10</u> |
| | Other _____ | |
| | Other _____ | |
| | Other _____ | |

Choelet
4/01/01

| | | |
|--------------------------|----|-----------|
| Administrative Surcharge | \$ | <u>10</u> |
| Minimum Fee | \$ | |
| DCA Training Fee | \$ | |
| TOTAL FEE | \$ | |

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

FEE (Office Use Only)
 \$ _____

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) 367-5686 Fax () () () () () ()
 4954
 Federal Emp. No. _____
REG. # 24714
 ID # _____

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) | | INSPECTIONS | | Dates (Month/Day) | |
|---|---------------|-------------|---------|-------------------|---------|
| PLAN REVIEW | Type: | Failure | Failure | Approval | Initial |
| <input type="checkbox"/> No Plans Required | Slab | | | | |
| <input type="checkbox"/> Joint Plan Review Required: | Rough | | | | |
| <input type="checkbox"/> Building | Water | | | | |
| <input type="checkbox"/> Fire | Sewer | | | | |
| <input checked="" type="checkbox"/> Plumbing Plans Approved | Fixtures | | | | |
| Date: <u>3/29/01</u> | Gas Equipment | | | | |
| Approved by: <u>[Signature]</u> | Solar | | | | |
| | TCO | | | | |

| | |
|--------------------------|-------|
| 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>AKC UNIT</u> | _____ |
| Other _____ | _____ |
| Other _____ | _____ |

Check #
 4019

| | |
|--------------------------|----------|
| Administrative Surcharge | \$ _____ |
| Minimum Fee | \$ _____ |
| 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



U.C.C.-F130
 (rev 3/98)

1 White = Inspector Copy,
 3 Pink = Office Copy

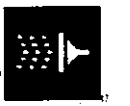
2 Canary = Office Copy
 4 Gold = Applicant Copy

\$ 50

Dan Ford



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 47.07 Lot 16
Work Site Location 27 Caree Dr.

CROSSWOOD ESTATES, INC.
21 RYAN RD

Owner In-Fee
Address MARLBORO, NJ 07747
732-938-2117
REG. # 24714

Contractor ID # 5457-KON
P.O. BOX 388

Address Howard St.

Telephone () 361-5066 Fax () 4944

Federal Emp. No. [Redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present 1" Proposed
Building, Sewer Size 4" Public Sewer Private Septic
Water Service Size 3" Public Water Private Well
Est. Cost of Plumbing Work \$ 3,060.

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 <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 | |
| SUBCODE APPROVAL | Solar | |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | TCO | |
| Date: _____ | | |
| Approved by: _____ | | |

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

XP 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 | \$ |

Handwritten signature and permit number: # 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

Contractor CHAR-ROD
PO BOX 357
HOWEL NJ

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 3.000 Private Well [REDACTED]
Est. Cost of Plumbing Work \$ [REDACTED]

| JOB SUMMARY (Office Use Only) | | INSPECTIONS | | Dates (Month/Day) | | Initial |
|--|---------------|-------------|---------|-------------------|--|---------|
| PLAN/REVIEW | Type: | Failure | Failure | Approval | | |
| <input type="checkbox"/> No Plans Required | Slab | | | | | |
| <input type="checkbox"/> Joint Plan Review Required: | Rough | | | | | |
| <input type="checkbox"/> Building <input type="checkbox"/> Electric | Water | | | | | |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator | Sewer | | | | | |
| <input type="checkbox"/> Plumbing Plans Approved | Fixtures | | | | | |
| Date: _____ | Gas Equipment | | | | | |
| Approved by: _____ | Gas Piping | | | | | |
| SUBCODE APPROVAL | Solar | | | | | |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | TCO | | | | | |
| Date: _____ | | | | | | |
| Approved by: _____ | | | | | | |

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

Signature — Contractor's Seal

Licensed Plumbing Contractor Exempt Applicant

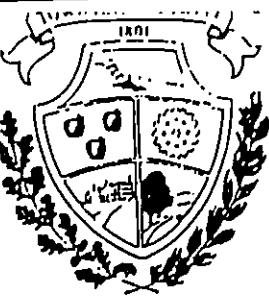


D. TECHNICAL SITE DATA (List of all fixtures.)

| 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 | Greasetrap | \$ |
| 1 | Sewer Connection | \$ |
| 1 | Water Service Connection | \$ |
| 1 | Stacks | \$ |
| 1 | Other | \$ |
| 1 | Other | \$ |
| 1 | Other | \$ |

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

John A. # 11851



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 LARRIE 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 MIENBERG ELECT LICENSE NO 8390

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

CALLED IN / / Lic. No: 8186



CUT-IN-CARD

U.C.C. Form F-350B 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

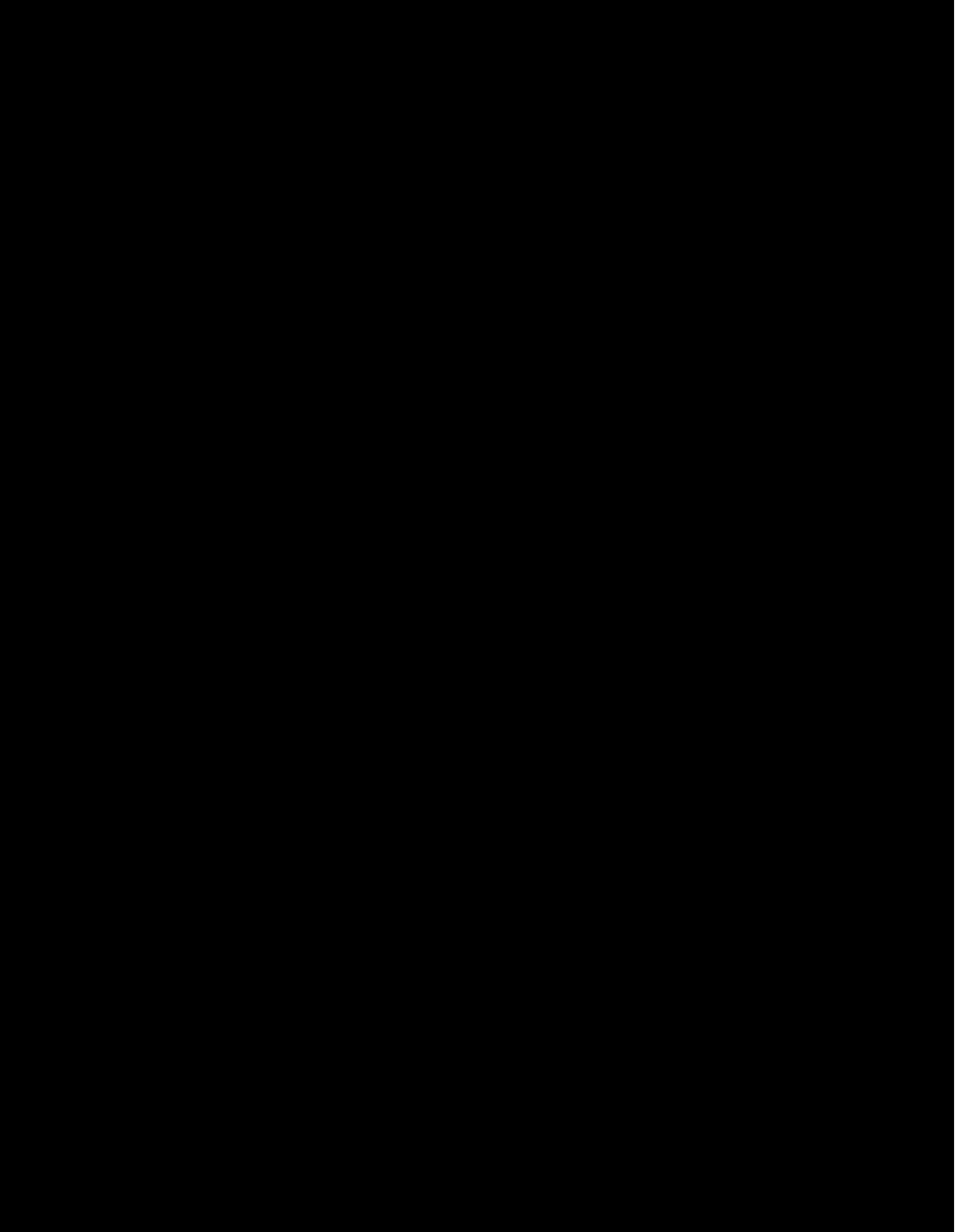
RE-FAX 2-7-01 ✓

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 |
| | | 27 Game Rs | | | |
| 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

(This registration expires on the date stamped)

W.D. Smith
 624714 MAR 31 2

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

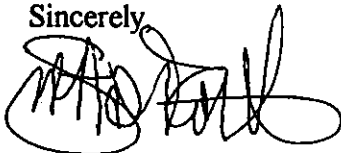
Model DAYTON

Dear Mr. Phillipps,

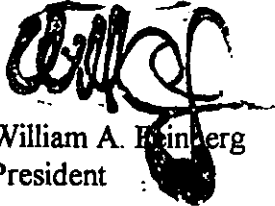
Please accept this letter as authorization by this office for Regal Homes to utilize our submitted construction documents (Models Alpine, Baxter, Colburn, Dayton & Eaton) to be built on any lot as a prototype in the above mentioned sub-division only.

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

Sincerely



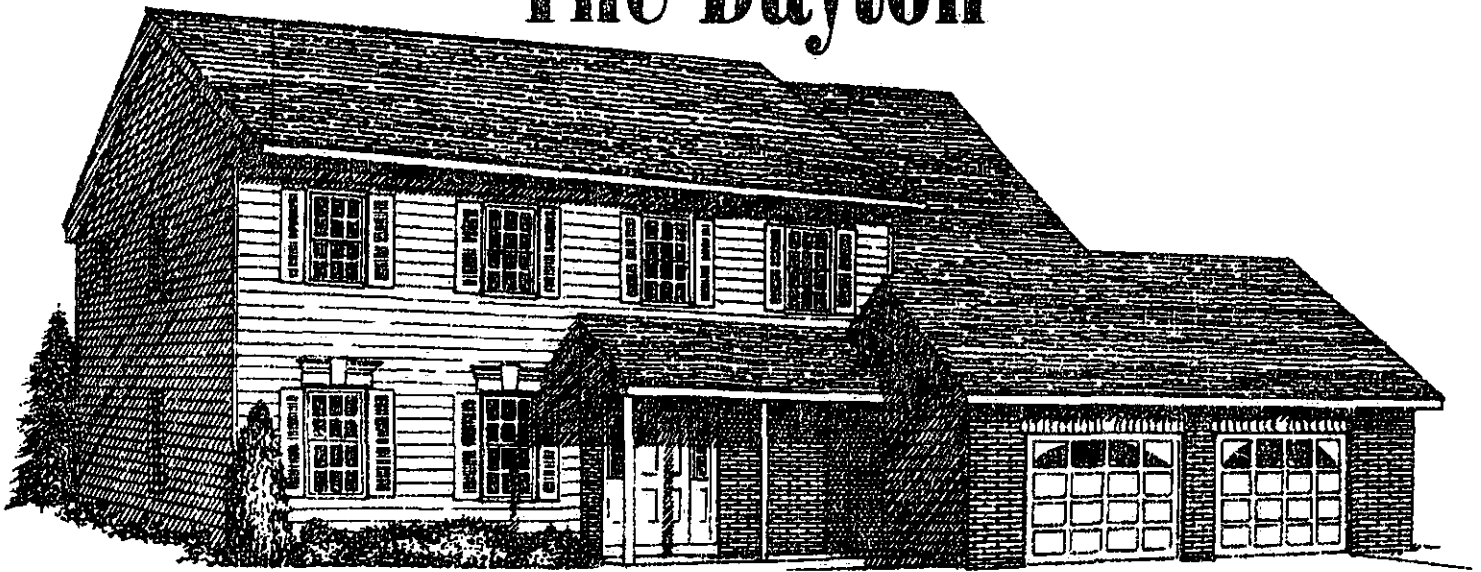
Scott D. Roth, AIA
Principal



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: 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
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
Recursion Fees DOLLARS

| | | | |
|--------------------------------|-----------------|---------------|---------------|
| <input type="checkbox"/> OTHER | <u>42.15/7</u> | <u>729.92</u> | <u>729.92</u> |
| | <u>42.07/20</u> | <u>729.92</u> | <u>729.92</u> |
| | <u>42.07/16</u> | <u>729.92</u> | <u>729.92</u> |
| | <u>42.07/22</u> | <u>729.92</u> | <u>729.92</u> |
| | <u>42.07/24</u> | <u>729.92</u> | <u>729.92</u> |
| REMARKS | <u>42.15/5</u> | <u>729.92</u> | |
| | <u>42.16/9</u> | <u>729.92</u> | |

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: | 16 | Block | 42.07 |
| | Lot | | Development |
| | 27 CARRIE DR | | |
| Street Address | HOWELL | NJ | 07731 |
| City | | State | Zip |
| | MONMOUTH | | |
| County | | | |

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

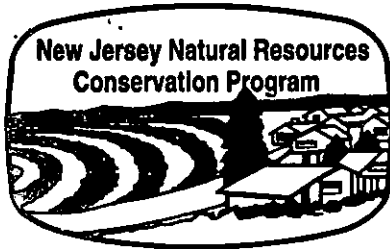
EMARKS 4207-16 4207-20

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

DATE

FINAL BUILDING INSPECTION

4-3-01

FINAL PLUMBING INSPECTION

4-12-01

FINAL ELECTIC INSPECTION

3-9-01

FINAL FIRE INSPECTION

3-16-01

FOUNDATION LOCATION SURVEY

8-21-00

SOIL CONSERVATION APPROVAL

1-8-01

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 |
|----------------------------|--|--|
|----------------------------|--|--|

| | | | |
|--|----------------|--|---|
| 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 FSC 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



| | |
|----------------------------|--|
| Utility Account: | 2708004-0 |
| Block/Lot/Qual: | 42.07 16. |
| Property Location: | 27 CARRIE DRIVE |
| Service Location: | 27 CARRIE DR |
| Owner Name/Address: | MONDACCI, VIOLET 27 CARRIE DR HOWELL NJ 07731-9072 |

Sewer

[Make a Payment](#)

[View Current Bill](#)

[Project Interest](#)

Last Payment: 08/05/24

Current Charges:

| Service | Due Date | Billed | Balance | Interest | Total Due | Status |
|--------------|------------|---------------|-------------|-------------|-------------|--------|
| Sewer | 10/01/2024 | 159.00 | 0.00 | 0.00 | 0.00 | PAID |
| Total | | 159.00 | 0.00 | 0.00 | 0.00 | |

Prior Paid Charges:

| Service | Due Date | Billed | Balance | Interest | Total Due | Status |
|--------------|------------|---------------|-------------|-------------|-------------|--------|
| Sewer | 07/01/2024 | 159.00 | 0.00 | 0.00 | 0.00 | PAID |
| Sewer | 04/01/2024 | 159.00 | 0.00 | 0.00 | 0.00 | PAID |
| Sewer | 01/01/2024 | 159.00 | 0.00 | 0.00 | 0.00 | PAID |
| Total | | 477.00 | 0.00 | 0.00 | 0.00 | |

Charges Not Due Yet:

| Service | Due Date | Billed | Balance | Interest | Total Due | Status |
|--------------|-------------|---------------|---------------|-------------|---------------|--------|
| Sewer | Not Due Yet | 318.00 | 318.00 | 0.00 | 318.00 | OPEN |
| Total | | 318.00 | 318.00 | 0.00 | 318.00 | |

[Return to Home](#)