



Property Information		Request Information		Update Information
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File#:	BS-X01693-8495086079	Requested Date:	07/17/2024	Update Requested:
Owner:	LOPEZ, JUAN & YOLANDA	Branch:		Requested By:
Address 1:	5 Thirty First Street	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	BUDD LAKE, NJ	# of Parcel(s):	1	

Notes

CODE VIOLATIONS Per Mount Olive Township Department of Zoning there are no Code Violation cases on this property.
Collector: Mount Olive Township
Payable Address: 204 Flanders Drakestown Road, Budd Lake, NJ 07828
Business# 973-691-0900 X7292

PERMITS Per Mount Olive Township Building Department there are no Open/Pending/ Expired Permit on this property.
Collector: Mount Olive Township
Payable Address: 204 Flanders Drakestown Road, Budd Lake, NJ 07828
Business# 973-691-0900 X7292

SPECIAL ASSESSMENTS Per Mount Olive Township Department of Finance there are no Special Assessments/liens on the property.
Collector: Mount Olive Township
Payable Address: 204 Flanders Drakestown Road, Budd Lake, NJ 07828
Business# 973-691-0900 X7292

DEMOLITION NO

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

SEWER
 Account #: 6003740-0
 Payment Status: Due
 Status: Pvt & Lienable
 Amount:\$180.47
 Good Thru: 08/15/2024
 Account Active: Yes
 Collector: Mount Olive Township Water and Sewer Department
 Payable Address: 204 Flanders-Drakes town Road Budd Lake, N.J. 07828
 Business # (973) 691-0900

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

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



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Search Tax Records

Owner Information

Tax Year	2024		
District	Mount Olive Township	District Code	27
Block	02700.	Lot	00018.
Qualification Code			
Owner's Name	LOPEZ, JUAN & YOLANDA		
Owner's Street	5 THIRTY FIRST ST		
Owner's City, State	BUDD LAKE, NJ		
Owner's Zip Code	07828	Bank Code	00000
Deduction Amount	\$0.00	Number of Owners	0000
Senior Citizens	0000	Veterans	0000
Widows	0000	Surviving Spouse	000
Disabled Persons	000		

Property Information

Property Location	5 THIRTY FIRST ST		
Land Description	180X100	Acreage	0.4132
Property Class Code	2	Zoning	R-4
Building Description	1S F	Tax Map Page	0260
Deed Book Number	22020		
Deed Book Page	01039		
Deed Date	03/29/12	Sales Price	\$290,000.00
Year Constructed	2007	Building Square Feet	2968
Additional Lots 1			
Additional Lots 2	B293 L1		
Prior Block	00380.	Prior Lot	00003.
Prior Qualification			

Exempt Property Information

Exempt Property List Code	0000000
Exempt Statute Number	
Exempt Facility Name	
Initial Filing Date	08/02/01
Further Filing Date	11/24/87

Assessments

Land Value	\$115,300.00
Improvement Value	\$224,900.00
Net Taxable Value	\$340,200.00
Prior Year Taxes	\$11,182.38
Current Year Taxes	\$11,855.97

Sales Information

Serial Number	Price	Deed Date	Book	Page	SR1A Detail
931	\$1.00	06/09/97			View
8498	\$235,000.00	08/18/06			View
10519	\$100.00	07/25/11			View
10805	\$290,000.00	03/29/12			View

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TOWNSHIP OF MOUNT OLIVE
 204 FLANDERS DRAKESTOWN ROAD
 BUDD LAKE, NJ 07828
 973 - 6910900

Permit Number: 20150193
 Update Number:
 Control Number: 33574
 Application Date: 02/11/2015
 Permit Date: 03/09/2015

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 2700	Lot: 18	Qualification Code:	
Work Site Location:	5 THIRTY FIRST ST MOUNT OLIVE		
Owner In Fee:	LOPEZ/ JUAN & YOLANDA		Contractor: ENDEAVOR TELECOM
Address:	5 THIRTY FIRST ST		Address: 120 INTERSTATE N PKWY STE 210
	BUDD LAKE, NJ 07828		ATLANTA GA 30339
Telephone: (Telephone: (678) 504-0037
Use Group(s): R-5		Lic. No. / Bldrs. Reg. No.:	
		Federal Emp. No.:	

is hereby granted permission to perform the following work :

- | | | |
|------------------------------------------------|------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

Alarm systems/security

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
 Cost of Rehabilitation: 300.00
 Cost of Demolition: 0.00

Total Cost:	\$300.00
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PAYMENTS (Office Use Only)	
Building	
Electrical	\$46.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$1.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$47.00
All Fees Waived:	No

Amount to be Paid: \$47.00
 Check Number: 146931
 Check amount: \$47.00

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.

GARY LINDSAY
 Construction Official

Date

Collected by: PM
 Receipt No:
 Total Cash Amount:
 Total Check Amount: \$47.00
 Total CC Amount:
 Grand Total: \$47.00

Note:



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 7/25/95
Control #
Permit # 14293

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

Block 2700 Lot 18
Work Site Location BUDD LAKE, NJ
5 - 31st STREET
Owner in Fee WILLIAM NICOTT ROBERT ALEXANDER
Address 5 - 31st STREET
BUDD LAKE, NJ
Tele. _____
Contractor J. F. J. POOLS
Address 23 KENZEL AVENUE
NUTLEY, NJ 07110
Tele. (201) 667-7759
Lic. No. or Bldrs. Ren No. _____
Federal Emp. No. _____ or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application
Marie Alexander
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALLING POOL 21' X 4' ABOVE
GROUND.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Req.	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____	_____
<input checked="" type="checkbox"/> Other <u>LAYOUT</u>	<u>7/25/95</u>	<u>PO</u>	Insulation	_____	_____	_____	_____
Joint Plan Review Required:	_____	_____	Finishes:	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire	_____	_____	Energy	_____	_____	_____	_____
SUBCODE APPROVAL	_____	_____	Mechanical	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	TCO	_____	_____	_____	_____
Date: _____	_____	_____	Other	_____	_____	_____	_____
Approved By: _____	_____	_____	Final	_____	_____	_____	_____

TYPE OF WORK:

- New Building
- Addition
- Alteration
 - Roofing
 - Siding
 - Fence _____ Height (6' or over)
 - Sign _____ Sq. Ft.
 - Pool MIN
 - Asbestos Abatement
 - Other _____
 - Other _____
- Demolition

(Office Use Only)

FEE

\$ _____

2000

1000

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

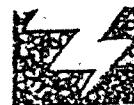
1. New Bldg. \$ _____
2. Alteration \$ 1395
3. Total (1+2) \$ _____

Administrative Surcharge

Paid Check # _____ Minimum Fee \$ _____
Collected by: _____ DCA TRAINING FEE \$ _____
TOTAL FEE \$ 3100



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received 8/4/97
Date Issued _____
Control # _____
Permit # 16992

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

Block 2700 Lot 18
Work Site Location 531st
Budd Lake
Owner in Fee Marie Alexander
Address 1030 E 31st
Brooklyn, NY 11210
Tele. () _____
Contractor JAMES A. PUTEK Electrical Contr.
Address 174 Smithtown RD
Hackettstown, N.J. 07840
Tele. (PSE) 979-0405
Lic. No. _____
Federal Emp. No. _____ or Social Security No _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 175.-

JOB SUMMARY (Office Use Only)					
PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:	Rough	_____	_____	_____	_____
[] Bldg. [] Plumb.	Temporary	_____	_____	_____	_____
[] Fire [] Elevator	Constr. Serv.	_____	_____	_____	_____
[] Elec. Plans Approved	TCO	_____	_____	_____	_____
Date: _____	Other	_____	_____	_____	_____
Approved by: _____	Service	_____	_____	_____	_____
	Final	_____	_____	_____	_____
SUBCODE APPROVAL <u>175.00</u>	Temp. Cut-in-Card Date Issued	_____			
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued	_____			
Date: _____					
Approved By: _____					

C. CERTIFICATION IN LIEU OF OATH

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

James A. Putek
Signature—Contractor Seal

[x] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Paid [] Check # _____	Minimum Fee \$ _____
Collected by: _____	DCA Training Fee \$ _____
	TOTAL FEE \$ <u>38.00</u>



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

12/07/98
195-11

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

Block 2700 Lot 14
Work Site Location 5 Twenty First St
Owner in Fee Lisa Nicole
Address 5 Twenty First St
Tele. (____) _____
Contractor Region Oil
Address Box 828
Dover, NJ 07802-0828
Tele. (973) 366-3100
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 100

JOB SUMMARY (Office Use Only)

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

C. CERTIFICATION IN LIEU OF OATH

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

Charles Huber
Signature—Contractor Seal

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
<u>1</u>	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other <u>replace 275</u> <u>oil tank</u>	_____
Administrative Surcharge \$		_____
Paid <input type="checkbox"/> Check # _____ Minimum Fee \$		_____
DCA Training Fee \$		_____
Collected by: _____ TOTAL \$		_____

30



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



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

12/02/98
19511

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

Block 2700 Lot 18
Work Site Location 5 Thirty First St
Owner in Fee Lisa Nicoll
Address 5 Thirty First St
Tele. _____
Contractor Region Oil
Address Box 828
Dover, NJ 07802-0828
Tele. (973) 366-3100
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 1000 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:		Suppression Test	_____	_____	_____	_____
[] Bldg. [] Plumb.		Fire Alarm Test	_____	_____	_____	_____
[] Elec. [] Elevator		Smoke Test	_____	_____	_____	_____
[] Fire Plans Approved		Mechanical	_____	_____	_____	_____
Date: _____		TCO	_____	_____	_____	_____
Approved by: _____		Other	_____	_____	_____	_____
SUBCODE APPROVAL:		Other	_____	_____	_____	_____
[] CO [] CCO [] CA		Other	_____	_____	_____	_____
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.

Laura Stolar
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____
Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	_____	_____
Dry Sprinkler Heads	_____	_____
TOTAL	_____	_____
Smoke Detectors	_____	_____
Heat Detectors	_____	_____
TOTAL	_____	_____
Stand Pipes	_____	_____
Kitchen Hood Exhaust Systems	_____	_____
Pre-Engineered Systems		
CO ₂ Suppression	_____	_____
Halon Suppression	_____	_____
Foam Suppression	_____	_____
Dry Chemical	_____	_____
Wet Chemical	_____	_____
Gas or Oil Fired Appliance	_____	_____
OTHER <u>Replace outside 275</u>	_____	_____

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



TOWNSHIP OF MOUNT OLIVE

Department of Planning

ZONING PERMIT #22-105

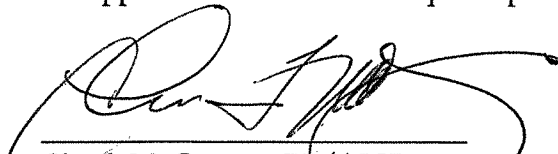
	APPLICANT	OWNER
Name	Lopez, Yolanda	Same
Address	5 31 st Street	
Phone/email	[REDACTED]	
Property in question	5 31 st Street	
Zone District	R-4	
Block / Lot	2700 / 18	

DESCRIPTION OF PROPOSED IMPROVEMENT / ACTIVITY

Install above ground pool with diameter of 24 ft. (452 sq. ft.) to rear of dwelling as depicted on copy of survey provided by applicant.

CONDITIONS / COMMENTS

1. Total lot coverage including pool, equals 17 percent. Maximum permitted coverage is 30 percent.
2. Pool meets the 50 ft. setback for accessory structure from both street frontages.
3. Pool must be located a minimum setback of 15 ft. from north and west property boundaries.
4. Applicant shall secure all requisite permits from the Construction Code Official's office.



 Chuck McGroarty, PP/AICP
 Director of Planning / Zoning Officer

Date: April 27, 2022

Fee: \$25

- c: Frank Baguiao, Construction Code Official
 Richard Bizik, Building Sub-code Official
 Melissa Caruso, DPW
 Jack Marchione, Tax Assessor

TOWNSHIP OF MOUNT OLIVE

Planning / Zoning / Code Enforcement

ZONING PERMIT # 07-25

A. APPLICANT

Name: Mindaugas Jankevicius

Address: 5 31st St.
Budd Lake, NJ 07828

Phone:

Relationship to Owner: Same

B. OWNER

Name: Same

Address: 13 Cleacene Ave.
Budd Lake, NJ 07828

Phone:

Block: 2700 Lot: 18

Zoning: R-4

C. FINDINGS:

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Erect an addition measuring 25 feet by 25 feet on the property known as 5 Thirty-first Street, also known as Block 2700, Lot 18. The proposed addition is depicted on plans entitled "Survey of Lands in Township of Mount Olive, Morris County, New Jersey. Tax Lot 18 in Block 2700", prepared by Eric P. Silvestro, P.L.S., dated July 19, 2006; and "Private Residence 5 31st St. Budd Lake, NJ", prepared by applicant, stamped received on February 8, 2007. The building and lot coverage are 9 percent and 13 percent, respectively. The maximum permitted building and lot coverage are 10 percent and 20 percent, respectively. The structure will not exceed 26 feet in height, which is within the maximum permitted height of 35 feet.

Use permitted by ordinance.

Proposed structure will not encroach upon required setbacks, height requirement, or exceed maximum allowable building coverage.

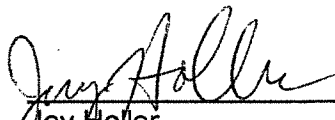
D. CONDITIONS AND/OR COMMENTS

APPLICANT SHALL OBTAIN ALL NECESSARY APPROVALS FROM THE HEALTH DEPARTMENT AND CONSTRUCTION OFFICIAL.

PLEASE NOTE: This permit certifies compliance with the Township Zoning Ordinance and/or Subdivision Ordinance. It does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

Time Limit: This Zoning permit is subject to revisions to applicable development ordinances. This permit is valid for one year from the date of the approved signature.

APPROVED BY



Jay Holler
Zoning Officer

FEE PAID

2/20/07

Date

c: Gary Lindsay, Construction Code Official
Frank Wilpert, Health Officer
Jack Marchione, Tax Assessor

Mailing Address: P.O. Box 450, Budd Lake, N.J. 07828
Physical Address: 204 Flanders-Drakestown Rd., Budd Lake, N.J. 07828
(973) 691-0900 (Fax) 973-691-0550 (email: planning@mtolivetwp.org)
www.mountlivetownship.com

TOWNSHIP OF MOUNT OLIVE

Planning • Zoning • Code Enforcement

ZONING PERMIT #04-224

A. APPLICANT

Name: Lisa Nicoll

Address: same

Phone: same

Relationship to Owner:

B. OWNER

Name: Lisa Nicoll

Address: 5 Thirty First Street
Budd Lake, N. J. 07828

Phone:

Block: 2700 Lot: 18

Zoning: R-4

C. FINDINGS:

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Construct a deck measuring 20 feet in length by 15 feet in depth on property known as Block 2700, Lot 18 otherwise known as 5 Thirty First Street. The location of the deck is depicted on survey prepared by F. W. Salmon, C. E. dated November 7, 1947. Building and lot coverage equal 5 percent and 5.3 percent respectively. The adopted standards are 20 percent and 30 percent respectively.

Use permitted by ordinance.

Proposed structure will not encroach upon required setbacks, height requirement, or exceed maximum allowable building coverage.

D. CONDITIONS AND/OR COMMENTS

APPLICANT SHALL OBTAIN ALL NECESSARY APPROVALS FROM THE HEALTH DEPARTMENT AND CONSTRUCTION OFFICIAL.

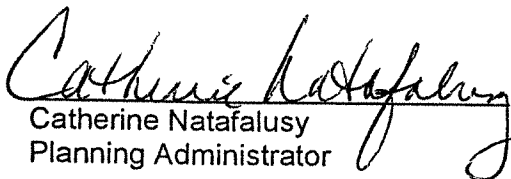
THE DECK WILL BE SETBACK A MINIMUM OF 35 FEET FROM THE FRONT LOT LINE ON THIRTY FIRST STREET.

PLEASE NOTE: This permit certifies compliance with the Township Zoning Ordinance and/or Subdivision Ordinance. It does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

Time Limit: This Zoning permit is subject to revisions to applicable development ordinances.

APPROVED BY

FEE PAID: \$10.00


Catherine Natafalusy
Planning Administrator

6/7/04
Date

c: Russ Brown, Construction Code Official
Frank Wilpert, Health Officer
Jack Marchione, Tax Assessor

Ⓜ Township of Mt. Olive

Z O N I N G P E R M I T #95-149

A. APPLICANT

Name: Bill & Lisa Nicoll
Address: 5 Thirty-First St.
Budd Lake, N.J.

Phone:

Applicant D.L.#:

Relationship to

Property Owner: Lessee

B. PROPOSAL

Property: Same

Owner: Robert Alexander

Block: 2700 Lot: 18

Zoning District: R-4

C. FINDINGS

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Install a 21' foot round above ground swimming pool in the location depicted on the attached survey prepared by F.W. Salmon and dated November 7, 1947. Excavation for the pool has already begun. However, a recent field inspection revealed that the excavated area is located approximately 40 feet from the Thirty-First Street front lot line. The pool must be set back a minimum of 50 feet from said front lot line as depicted on the attached survey.

- Use permitted by Ordinance
- Use permitted by variance approved on subject to any special conditions as described below.
- Valid pre-existing nonconforming use/structure as established by the undersigned Official for the following reasons:
- Proposed structure will not encroach upon required setbacks nor exceed maximum allowable building coverage.

D. CONDITIONS AND/OR COMMENTS

APPLICANT SHALL OBTAIN ALL NECESSARY APPROVALS FROM THE TOWNSHIP HEALTH DEPARTMENT AND CONSTRUCTION OFFICIAL.

PLEASE NOTE: This permit certifies compliance with the Township Zoning Ordinance and/or Subdivision Ordinance. It does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits as required by municipal, county, state or federal agencies.

*Time Limit: This Zoning permit is subject to revisions to applicable development ordinances.