



Property Information		Request Information		Update Information
File#:	BS-X01693-1355978298	Requested Date:	07/17/2024	Update Requested:
Owner:	DACCORDO, FRANK J. JR. & RENATA L.	Branch:		Requested By:
Address 1:	21 WEST RICHARD STREET	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	HAZLET, NJ	# of Parcel(s):	1	

Notes

CODE VIOLATIONS	Per Hazlet Township Department of Zoning there are no Code Violation cases on this property. Collector: Hazlet Township Payable: 1766 Union Avenue, Hazlet, NJ 07730 Business# 732-264-1700
PERMITS	Per Hazlet Township Building Department there are multiple Open Permit on this property. Collector: Hazlet Township Payable: 1766 Union Avenue, Hazlet, NJ 07730 Business# 732-264-1700 Comments: Per Hazlet Township Building Department there are multiple Open Permit on this property. Please refer to the attached document for more information.
SPECIAL ASSESSMENTS	Per Hazlet Township Tax Collector Department there are no Special Assessments/liens on the property. Collector: Hazlet Township Payable: 1766 Union Avenue, Hazlet, NJ 07730 Business# 732-264-1700
DEMOLITION	NO



UTILITIES

WATER

Account #: N/A
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 #: 7488-0
Payment Status: Delinquent
Status: Pvt & Lienable
Amount: \$743.90
Good Thru: 08/30/2024
Account Active: Active
Collector: Hazlet Township
Payable Address: 1766 Union Ave, Hazlet, NJ 07730
Business # 732-217-8642

GARBAGE

GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN.



Our new interactive SDL Portal gives you instant access to digitized property information in Hazlet since 2012. A free user account is required. [Visit the SDL Portal information page.](#)

How can we help you? Hello,

We are currently working with closing on this property scheduled and would need the below records verified. Please provide the requested below info at the earliest.

PROPERTY ADDRESS: 21 WEST RICHARD STREET,
HAZLET, NJ 07730
PARCEL: BLOCK 174 & LOT 3

7-30-24

RECEIVED
JUL 29 2024
ZONING / PLANNING

· Please advise if the address has any OPEN/PENDING/EXPIRED Permits & ~~demolition permits~~ that need attention and any fees due currently

Copies of

- None found

· ~~Also advise if there are~~ any Code Violation or fines due that needs attention currently

Copies of

- None found

· ~~Any unrecorded liens/fines/special assessments due.~~

Upload any files/images 2023 OPRA Request Form-fillable_1 (22).pdf

Name Danni Christopher

Email MLS@stellaripl.com

Address 2605 Maitland Center Parkway, Suite C

City Maitland

State Florida

Zip Code 32751

Phone Number 03022619069

Email not displaying correctly? [View it in your browser.](#)

Open Permits

Please contact the Hazlet Township Construction Dept.
to schedule inspections
in order to close the following permits.

Technical Assistant Jennifer O’Keeffe

Office phone: 732-217-8664

Email: jokeeffe@hazletnj.org

Hazlet Town Hall

1776 Union Ave., Hazlet NJ 07730

BLOCK 174

LOT 3

QUALIFICATION CODE ID# 7959 & #X20-

ADDRESS (SITE) West 21 RICHARD ST, HAZLET

PERMIT NO. 2015-1011



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 21 RICHARD ST, HAZLET NJ 07730 West

2. Name of Owner in Fee: CORDO FRANK
 Tel. _____ e-mail _____
 Address 21 RICHARD ST, HAZLET NJ 07730

3. Ownership in Fee: Public Private
street municipality zip code

4. Principal Contractor: NJR Home Services Company Tel. _____
 Address 1415 Wyckoff Road, Wall NJ 07719 e-mail CHIGHLAND@NJReso

License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12/31/2016
 Home Improvement Contractor Registration No. or Exemption Reason 13VH00361500
 Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun _____
 Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing	95.00	
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	2.00	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ 97.00	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Max. Live Load _____
- Max. Occupancy Load _____
- If Industrialized Building: State Approved _____ HUD _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ no _____

Iia. PROPOSED WORK

Minor Work New Building Addition Demolition
 Repair Alteration Renovation Reconstruction
 Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

Iib. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input type="checkbox"/> Building									
<input type="checkbox"/> Electrical									
<input checked="" type="checkbox"/> Plumbing	1245								
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COST	1245								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use) - Use List Link -

- State Specific Use: Residential
- Use Group, Proposed: R-5
- Change in Use Group, Indicate Present: _____
- No. of dwelling units: Total Units Income-restricted
 Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present 5B
 Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

- Partial Releases
- Prototype Processing

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

<input type="checkbox"/> 1. Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	<input type="checkbox"/> 4. Refrigeration Systems	<input type="checkbox"/> 8. Smoke Control Systems in Open Wells	<input type="checkbox"/> 12. Fire Alarm
<input type="checkbox"/> 2. High Pressure Boilers	<input type="checkbox"/> 5. Cross-Connections/Backflow Preventers	<input type="checkbox"/> 9. Underground Storage Tanks	<input type="checkbox"/> 10. Swimming Pools, Spas and Hot Tubs
<input type="checkbox"/> 3. Pressure Vessels	<input type="checkbox"/> 6. Hazardous Uses/Places of Assembly	<input type="checkbox"/> 11. LPGas Tanks	
	<input type="checkbox"/> 7. Sprinklers/Standpipes		

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(f)1.ix:

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

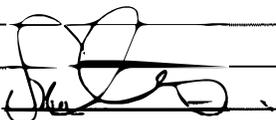
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor

Agent Name NJR Home Services Company

Address 1415 Wyckoff Road, Wall NJ 07719

Telephone _____
Signature 

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



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 174 LOT 3 QUALIFICATION CODE 10# 7959 PERMIT # E2015-1011

WORK SITE ADDRESS 21 Richard St

Owner in Fee Frank D'Acciolo

Verifying Individual Edward Glashan Company NJR Plumbing Services

Address 1415 Wyckoff Rd Wall NJ 07719

Tel: (732) 938-1155 Fax: (732) 938-3010

Check the Appropriate Box(es):

- | | | | |
|---|--|--------------------------|---|
| Type of Replacement: | Existing Vent/Chimney: | Size | |
| <input type="checkbox"/> Oil to Gas Conversion | <input checked="" type="checkbox"/> "B" Label Vent | <input type="checkbox"/> | <input type="checkbox"/> Chimney-Interior |
| <input checked="" type="checkbox"/> Gas to Oil Conversion | <input type="checkbox"/> "L" Label Vent | <input type="checkbox"/> | <input type="checkbox"/> Chimney-Exterior |
| <input checked="" type="checkbox"/> Gas Appliance Replacement | <input type="checkbox"/> Flexible Liner | <input type="checkbox"/> | <input type="checkbox"/> Masonry Chimney-Tile Lined |
| <input type="checkbox"/> Oil to Oil Replacement | <input type="checkbox"/> Power Vent/Exhauster | <input type="checkbox"/> | <input type="checkbox"/> Masonry Chimney-Unlined |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Other _____ |

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>Wt</u>	Oil / Gas / Other: <u>Gas</u>	<u>Wt</u>
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? Natural Draft Fan-assisted Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature [Signature] Date 11/23/15

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied. This form may not be submitted by a homeowner in lieu of the required inspection.



CONSTRUCTION PERMIT

Date Issued 11/30/2015

Permit # e2015-1011

IDENTIFICATION Block 174 Lot 3 Qualification Code 10# & # 20 7959

Work Site Location 21 WEST RICHARD STREET, HAZLET NJ 07730 Contractor NJR Home Services Company

Address 1415 Wyckoff Road, Wall NJ 07719

Owner in Fee D'ACCORDO FRANK

Address 21 WEST RICHARD STREET, HAZLET NJ 07730 Tel. _____

Tel. _____ Lic. No. or Bldrs. Reg. No. _____

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:
Gas water heater - replacement

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 \$ 1245

Dennis Pino Construction Official Date 11/30/15

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	95.00
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	2.00
Cert. of Occupancy	_____
Other	_____
Total	97.00
Check No.	36772
Cash	_____
Collected by	Jennifer O'Keeffe



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received 11/23/2015

Control # 7959

Date Issued

Permit #

11/30/15
E2015-1011

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

Block 174 Lot 3 Qualification Code
Work Site Location 21 RICHARD ST, HAZLET NJ 07730

Owner In Fee: D'ACCORDO FRANK

Tel. [REDACTED] e-mail [REDACTED]

Address 21 RICHARD ST, HAZLET NJ 07730

Contractor: NJR Home Services Company Tel. [REDACTED]

Address 1415 Wyckoff Road, Wall NJ 07719 e-mail CHIGHLAND@NJResour

Contractor License No. [REDACTED] Exp. Date 12/31/2016

Home Improvement Contractor Registration No. or Exemption Reason [REDACTED]

Federal Emp. ID No. [REDACTED] FAX: [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed [REDACTED]

Building Sewer Size [REDACTED] Public Sewer [REDACTED] Private Septic [REDACTED]

Water Service Size [REDACTED] Public Water [REDACTED] Private Well [REDACTED]

Est. Cost of Plumbing Work \$ 1245

JOB SUMMARY (Office Use Only)						
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
[] Partial -Underslab Utilities Approved		Slab				
Date: <u>[REDACTED]</u> Approved by: <u>[REDACTED]</u>		Rough				
[] Plumbing Plans Approved		Water				
Date: <u>[REDACTED]</u> Approved by: <u>[REDACTED]</u>		Sewer				
Joint Plan Review Required:		Fixtures				
[] Bldg. [] Elec. [] Fire. [] Elev.		Gas Equipment				
SUBCODE APPROVAL for PERMIT		Gas Piping				
Date: <u>[REDACTED]</u>		LP Gas Tank				
Approved by: <u>[Signature]</u>		Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE		Solar				
[] CO [] CCO [] CA		TCO				
Date: <u>[REDACTED]</u>		Final				
Approved by: <u>[REDACTED]</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 sign/Contractor sign and seal here: [Signature]

Print name here: [Signature]

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Gas water heater - replacement

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
<u>1</u>	Water Heater	<u>95.00</u>
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	\$	
Minimum Fee	\$	
State Permit Surcharge Fee	\$	
TOTAL FEE	\$	95.00

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

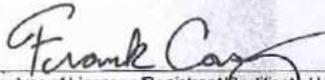
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

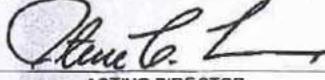
NJR HOME SERVICES COMPANY
Frank Casey, Manager-NJRHS Operations
1415 Wyckoff Road
Wall NJ 07719

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/27/2015 TO 03/31/2016
VALID


Signature of Licensee/Registrant/Certificate Holder

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #


ACTING DIRECTOR

OFFICE DATE RECEIVED: _____

11/30/15 Jan Received by mail

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

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

Name of Code & Edition		Name of Code & Edition		Other _____
Building _____	Energy _____	Barrier Free _____	Flood Hazard _____	As Built Elevation Cert. _____
Electrical _____	Other _____			
Plumbing _____				
Fire Protection _____				
Mechanical _____				

X. CERTIFICATES ISSUED (office use only)

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



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 21 West Richard St.

2. Name of Owner in Fee: Renata D'Accorato
 Tel. [redacted] e-mail _____
 Address West Richard St. Hazlet NJ 07732
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Namco LLC dba Branch Brook Co. Tel. (732) 774-7873
 Address 100 Sanrico Dr. Manchester, CT 06042 e-mail _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04270600
 Federal Emp. ID No. _____ FAX: (732) 807-7935

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (_____) _____ FAX: (_____) _____

6. Respo [redacted] ork has Begun _____
 Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>125</u>	Update	Update
2. Electrical	<u>75</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	<u>7</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>207</u>		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area - Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure 219 cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

Minor Work New Building Addition Demolition

Repair Alteration Renovation Reconstruction

Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES (Check all that apply)

	FOR OFFICE USE ONLY (Optional)								
	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input checked="" type="checkbox"/> Building	<u>3600</u>								
<input checked="" type="checkbox"/> Electrical	<u>900</u>				<u>2-13-12 RM</u>				
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COST	<u>4500</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: RS SPD

2. Use Group, Proposed: RS

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional) **IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

DO YOU WANT:

1. Partial Releases

2. Prototype Processing

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/Standpipes

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

10. Swimming Pools, Spas and Hot Tubs

11. LPGas Tanks

12. Fire Alarm

6/14/12 Applied to Renata - add permit ready to make

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(f)1.ix:

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, 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.

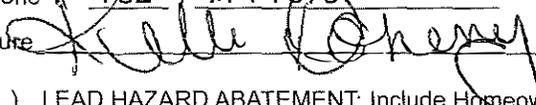
I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor

Agent Name Namco LLC dba Branch Brook Co.

Address 100 Sanrico Dr.
Manchester, CT 06042

Telephone (732) 774-7873

Signature 

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

OFFICE DATE RECEIVED: 6/12/12 (JAC)

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

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

Name of Code & Edition		Name of Code & Edition		Other _____
Building _____	Energy _____	Barrier Free _____	Flood Hazard _____	As Built Elevation Cert. _____
Electrical _____	Other _____			
Plumbing _____				
Fire Protection _____				
Mechanical _____				

X. CERTIFICATES ISSUED (office use only)

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



CONSTRUCTION PERMIT

Date Issued 6/20/2012

Permit# 2012-0242

Block 174 Lot 3 Qualification Code 31072
 Address 21 West Richard St. Contractor Namco LLC dba Branch Brook Co.
NS 07730 Address 100 Sanrico Dr.
 Owner in Fee Renata D'Ascenzo Manchester, CT 06042
 Address 21 West Richard St. Tel. (732) 774-7873
Hazlet NJ 07730 Lic. No. or Bldrs. Reg. No. 13VH04270600
 Tel. [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:

Installation of AIG 21' round
door

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 \$ 4500

[Signature] Construction Official 6/13/12 Date

PAYMENTS (Office Use Only)	
Building	<u>128</u>
Electrical	<u>75</u>
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>7</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>207</u>
Check No.	<u>210</u>
Cash	_____
Collected by	<u>Jennifer</u>

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

To reorder call: Allegra Marketing • Print • Mail (609) 390-1400



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received 6/10/12
Control # 31072

Date Issued 6/20/2012
Permit # 2012-0242

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

Block 174 Lot 3 Qualification Code _____

Work Site Location 100 Sanrico Dr, Manchester, CT

Owner in Fee: _____

Tel. (_____) e-mail _____

Address _____

Contractor: Namco LLC dba Branch Brook Co. Tel. (732) 774-7873

Address 100 Sanrico Dr. e-mail _____

Manchester, CT 06042

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04270600

Federal Emp. ID No. _____ FAX: (732) 807-7935

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	<u>6/10/12</u>	<u>[Signature]</u>	Footing	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____	Insulation	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer	_____	_____	_____	_____
Date:	_____	_____	Finishes -Final	_____	_____	_____	_____
Approved by:	<u>[Signature]</u>	_____	Energy	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	TCO	_____	_____	_____	_____
Date:	_____	_____	Other	_____	_____	_____	_____
Approved by:	_____	_____	Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present 105 Proposed [Signature] Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building:

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ 3600

Max. Occupancy Load _____

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.

Sign here: [Signature]

Print name here: [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of an Above Ground Pool

Size - 21' Round

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool [Signature]
- Retaining Wall _____ Sq. Ft.
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other _____
- Demolition

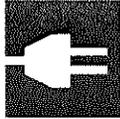
FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ 125
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 6
TOTAL FEE \$ 131



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 6/20/12
Control # 31073
Date Issued 6/20/2012
Permit # 3012-0-01

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

Block 174 Lot 4 Qualification Code _____
Work Site Location 31073

Owner in Fee: 125

Tel. (908) 3603 e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present 125 Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2000

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 sign/Contractor sign and-seal here: _____

Print name here: _____

Licensed Elec. Contractor Certif'd Landscape Irrigation Cont'r Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
<input type="checkbox"/> No Plans Required <u>12-ARM</u>	Type: Failure Failure Approval Initial
<input type="checkbox"/> Partial -Underslab Utilities Approved	Rough _____
Date: _____ Approved by: _____	Barrier-Free _____
<input type="checkbox"/> Electric Plans Approved	Trench _____
Date: _____ Approved by: _____	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other _____
Date: _____	Service _____
Approved by: <u>Ron...</u>	Final _____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free _____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Temp. Cut-in-Card Date Issued _____
Date: _____	Final Cut-in-Card Date Issued _____
Approved by: _____	Annual Pool Inspection _____
	Date of Grounding and Bonding Certification _____

Administrative Surcharge \$ 75
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 75

U.C.C. F120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one Internet version original plus three photocopies.



WELCOME TO THE Township of Hazlet

1766 Union Avenue · Hazlet, NJ 07730 · (732) 264-1700

Utility Account:	7488-0
Block/Lot/Qual:	174. 3.
Property Location:	21 WEST RICHARD STREET
Service Location:	21 West Richard St
Owner Name/Address:	DACCORDO, FRANK J. JR. & RENATA L. 21 WEST RICHARD STREET HAZLET, NJ 07730

Projected Interest Thru 08/30/2024

Interest Due:	\$41.64
Principal Due:	\$702.26
Total Due:	\$743.90

Close

Sewer

[Make a Payment](#)

[View Current Bill](#)

[Project Interest](#)

Last Payment: 08/29/23

Delinquent Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	Delinquent	0.00	306.26	23.08	329.34	OPEN
Sewer	10/01/2023	99.00	99.00	6.75	105.75	OPEN
Sewer	01/01/2024	99.00	99.00	4.77	103.77	OPEN
Sewer	04/01/2024	99.00	99.00	2.79	101.79	OPEN
Sewer	07/01/2024	99.00	99.00	0.81	99.81	OPEN
Total		396.00	702.26	38.20	740.46	

[Return to Home](#)