

Volume of Structure \_\_\_\_\_\_ Cu. Ft. Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.





Date Received 8/6/9/ Date Issued 8/6/9/ Control # Permit # 91-734 BLK 129 ~ 4

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  Block 729 ot 4  Work Site Location 1305 Wing Cook	C. CERTIFICATION IN LIEU OF OATH  I hereby certify that am the (agent of) owner of record and am authorized to make this application.  Signature	*
Owner in Fee GALAGLEK	D. TECHNICAL SITE DATA	: -
Address	DESCRIPTION OF MORK	
Tele. () ContractorALSURF-NEUHAUS	WE- ROOF	
P.O. Box 1494  Tele. ()		
Lic. No. or Bldrs. Reg. No		
Federal Emp. No or Social Security		
JOB SUMMARY (Office Use Only) PLAN REVIEW   Date   Initial   INSPECTIONS   Dates (Month/Day)   No Plans Req.   Type:   Failure   Failure   Approval   Initial     All   Footing   Foundation       Footing   Foundation   Slab       Frame   Frame   Insulation       Other   Insulation   Joint Plan Review Required:   Finishes:       Elec. [ ] Plumb. [ ] Fire   Energy   SUBCODE   APPROVAL   Mechanical       Footing   Foundation       Summary   Finishes:       Co [ ] CCO [ ] CA   TCO       Date:   Other       Approved   By:   Final       Final   Failure   Approval   Initial     Failure   Failure   Failure   Approval   Initial     Failure   Failure   Failure   Approval   Initial     Failure   Failure   Failure   Approval   Initial     Footing   Failure   Failure   Approval   Initial     Failure   Failure   Failure   Approval   Initial     Failure   Failure   Failure   Approval   Initial     Footing   Failure   Failure   Approval   Initial     Footing   Failure   Failure   Approval   Initial     Footing   Failure   Failure   Failure   Approval   Initial     Footing   Footing   Failure   Failure   Approval   Initial     Footing   Failure   Approval   Initial     Footing   Failure   Approval   Initial     Footing   Failure   Approval   Initial     Footing   Footing   Failure   Failure   Approval   Initial     Footing   Footing   Failure   Approval   Initial     Footing   Failure   Approval   Initial     Footing   Failure   Failure   Approval   Initial     Footing   Footing   Failure   Failure   Failure   Approval   Initial     Footing   Footing   Failure   Failure	TYPE OF WORK:  [ ] New Building  [ ] Addition  [ ] Alteration  [ [ ] Roofing  [ ] Siding  [ ] Other  [ ] Demolition  [ ] Miscellaneous  [ ] Fence Height  [ ] Sign Sq. Ft.  [ ] Pool  [ ] Elevator  [ ] Asbestos Abatement	(Office Use Only) FEE  \$ 33 /
B. BUILDING CHARACTERISTICS  Use Group Present Proposed Est. Cost of Bldg. Work:  Constr. Class Present Proposed 1. New Bldg. \$  No. of Stories Ft. 3. Total (1+2) \$  Area—Largest Floor Sq. Ft.  Total Bldg. Area/All Floors Sq. Ft.	Administrative Surcharge Paid [X] Check # Minimum Fee Collected by: TOTAL FEE	\$\$ \$33-



Total Land Area Disturbed





Date Received 8/6/9/ Date Issued 8/6/9/ Control # Permit # 9/-734 BLK 729'

A DENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANG	C. CERTIFICATION IN LIEU OF OATH	Lared.
ING CONTRACTORS, NOTIFY THIS OFFICE CALL UTILITY DIG NO: 1-800-272-1000	Thereby certify that I am the (agent of) owner.	and the second
Block. 729 Lot	of record/and am authorized to make this application.	Ally become
Block. 739 Lot Work Site Location 1305 Worlde Coos	or record, and administration of the state o	
Swork Site Cocation	Signature	
"Owner in Fee 19 A 1 10 C 1 C VC		
advice and ree	D. TECHNICAL SITE DATA	
Address	DESCRIPTION OF WORK	e mean
Tele ( ALSURF-NELHALIS	A STATE OF THE STA	The Later Control of the Control of
Contractor P.O. Box 1494	Ne-Root	Carlo Carlos (A)
Address Brick N.J. 087	The state of West Assets and Assets	The same
Address N.J. 987		ng ayena
(Tele (* * *))		
Anticle (province) from the first the first transfer of the first		
Lic. No. or Bidrs. Reg. No.		
Federal Emp. No. or Social Security No.		in the state of th
		(Office Has Only)
UOB SUMMARY (Office Use Only)	TYPE OF WORK	(Office Use Only)
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)	[ ] New Building	FEE
No Plans Req. 8 1041 Type Failure Failure Approval Initial	[ ]: Addition	337
	[ ] Alteration	
Foundation	Roofing	
Slab Slab Frame	1 Siding	
Frame Frame	[ ] Other	*
第17章 (株式) 大き 「大き」 しょうとう コード・ドート こうしょう アンド・ドラ しょうしょう アンド・アンド・アンド・アンド・アンド・アンド・アンド・アンド・アンド・アンド・	[ ] Demolition	
Joint Plan Review Required: Finishes:	[ ] Miscellaneous	\$
[ ] Elec. [ ] Plumb. [ ] Fire Energy	[ ] Fence Height	
SUBCODE APPROVAL Mechanical	I I Sign	
	Sign Sq. Ft.	7
Date: 3/15/95 Other	[ ] Elevator	
Approved By: Final Pinal	V [ ] Asbestos Abatement	
	Other	
B. BUILDING CHARACTERISTICS		]
Use Group Present Proposed Est. Cost of Bldg. Work:	Administrative Surcharge	\$
Constr. Class Present Proposed 1 New Bldg. \$	Administrative Surcharge Paid [A] Check # 103011 Minimum Fee	\$
No of Stories 2. Alteration \$	Collected by TOTAL FEE	\$ 33-
Height of Structure 5. Total (1+2)\$		
Area—Largest Floor	05-152	
Total Bidg: Area/All Floors Sq. Ft: Volume of Structure Cu. Ft.	12,100	353 0
Volume of Structure Cu. Ft.		





# CERTIFICATE OF OCCUPANCY/APPROVAL

Date Issued_3-6-95	Building Permit No. 91-73
Control #	Zoning Permit No. 19
Work Site Location	4 Contractor alsurf-Denkaus
	Address Do. Bax/491  Swell, NJ 07713  Tele. ()
	Lic. No. or Bldrs. Reg. NoExp. Date
Tele. ()	Federal Emp. No
	or Social Security No
in accordance with the New Jersey Uni	ure, or equipment has been constructed or installed form Construction Code, all applicable land use at the property is approved for use and/or occupancy.
CERTIFICATE OF CONTINUED OCCUPAN This serves notice that based on a general are no imminent hazards and the building	inspection of the visible parts of the building there
than,19 or	ACY  ancy the following conditions must be met no later the owner will be subject to a fine or order to vacate:
<i>○(什</i> Type of Warranty Plan: [ ] Si	ate [ ] Private
Construction Classification	
Maximum Occupancy Load	
Zone	-/5
Land Use Designation	Single family dwelling.
ESTIMATED COST \$ /, 6 (C	<u> </u>
Home Warranty No	N/A
Use Group	R3
Maximum Live Load	
Description of Work/Use:	2001
Dates: 3-6-95	Constitution Official Township of Wall
Dates: 3-6-95  Dated: 3-6-95	Land Use Officer, Township of Wall



# CONSTRUCTION PERMIT

Date Issued 5/3/95 Control # Permit # 95-65/

COOL	remin # 93 - 60 /
IDENTIFICATION Block 729 Lot 4	
Work Site Location 1305 Wedgewood RD	
Commercial Company	Address 549 51cm Lane
Owner in Fee Gallage?	Toms River
Address 1305 wedgewood KD	Tele. ()
Tele. ()	Lic. No. or Bldrs. Reg. No Exp. Date
Tele. ()	
	or Social Security No
is hereby granted permission to perform the following work:	PAYMENTS (Office Use Only)
[ BUILDING [ ] PLUMBING [ ] OTHER	Building
[ ] ELECTRICAL [ ] FIRE PROTECTION	Electrical
[ ] ELEVATOR DEVICES	Plumbing
DESCRIPTION OF WORK:	
rebuild 13 x13 sun	Elevator Devices
	Other
	DCA Training Fee 3-
	Cost of Cos
	Other
NOTE: If construction does not commence within one (1) year of da	other
if construction ceases for a period of six (6) months, this permit is	void. Check No. 2092
<b>d</b>	Cash
Estimated Cost of Work \$	Collected By:
GREG KIK	
CONSTRUCTION	OFFICIAL (see revers side)





U.C.C. Form F-110B

Date Received 5/3/95

Date Issued 5/3/95

Control #
Permit # 95-651

BLK 729 L4

2 Canary = Office Copy 4 Hard = Inspector Copy

1 White = Office Copy 3 Pink = Applicant Copy

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  Block 7 29	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  D. TECHNICAL SITE DATA  DESCRIPTION OF WORK  IP build 13' X13' SUARCLIC
JOB SUMMARY (Office Use Only)  PLAN REVIEW Date Initial INSPECTIONS  [] No Plans Req. Type: Failure Failure Approval Initial Footing  [] Footing Foundation  [] Foundation Slab  [] Frame Frame  [] Other Insulation  Joint Plan Review Required: Finishes:  [] Elec. [] Plumb. [] Fire Energy  SUBCODE APPROVAL Mechanical  [] CO [] CCO [] CA TCO  Date: Other  Approved By: Final	TYPE OF WORK:   FEE
Use Group Present Proposed Est. Cost of Bldg. Work:  Constr. Class Present Proposed 1. New Bldg. \$  No. of Stories 5. Alteration \$  Height of Structure Ft. 3. Total (1+2) \$  Area—Largest Floor Sq. Ft.  New Bldg. Area/All Floors Sq. Ft.	Paid [ V Check # 009 Administrative Surcharge \$

Cu. Ft.

Sq. Ft.

Volume of New Structure\_

Total Land Area Disturbed\_





#### CERTIFICATE OF OCCUPANCY/APPROVAL

Date Issued 6-5-95	Building Permit No. 95-63
Control #	Zoning Permit No. 952030
IDENTIFICATION Block 729 Lot_	<i>t</i>
	Contractor Datoli Bios.
1305 Wedgewood Rd	Address 549 Sica Lave
	Jone Buil NJ
Address Same as above	Tele. (
ال ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	Lic. No. or Bldrs. Reg. NoExp. Date
Tele. ()_	Federal Emp. No
	or Social Security No
in accordance with the New Jersey Uni	ture, or equipment has been constructed or installed iform Construction Code, all applicable land use at the property is approved for use and/or occupancy.
CERTIFICATE OF CONTINUED OCCUPAN This serves notice that based on a general are no imminent hazards and the building	I inspection of the visible parts of the building there
	NCY ancy the following conditions must be met no later the owner will be subject to a fine or order to vacate:
Type of Warranty Plan: [ ] S	tate [ ] Private
Maximum Occupancy Load	
Zone	ge family duelling
1000	3
ESTIMATED COST \$ \(\begin{align*} \lambda_{\ell} \cdot	OIA
Use Group R-3	
Maximum Live Load	
Description of Work/Use:	ebuild 13'X13' Lundect.
Dates:	Construction Offigial, Township of Wall
Dated:6-5-95	Land Use Officer, Township of Wall

	CONSTRUCTION
HEW JERSEY	PERMIT

Date Issued 1/24/03
Control # 03-82 Date Issued 1107. Control # 03-82

To 1.) Holling ger/ac.

CODE			DIJ Heyniger,1
IDENTIFICATION Block	29 Lot _	4	
Work Site Location 1305 W	lagenood Pd.	Contractor (Alburti	is modular Homes)
Sp. I.K. Heigh	ts N.T.	Address 1001 Rt	
Owner in Fee	MIRODIENY	BelMAR, NI	7 07719
	1.Koloiczuk	Tel. (132_)	
7,00.000		Lic. No. or Bldrs. Reg. No.	028404
Tel. (`)		2.6. 110. 0. 2.4.6. 110g. 110	VP-0 (V
Is hereby granted permission to p	perform the following work:		PAYMENTS (Office Use Only)
[ BUILDING [ ]	PLUMBING [ ]	I LEAD HAZARD ARATEMENT	1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
[ LECTRICAL [ ]			Building Od.
	T		Electrical 200
[ ] ELEVATOR DEVICES [ ]	(Subchapter 8 only)	OTHER	Plumbing O I.
	Gaberiapter & only)		Fire Protection
DESCRIPTION OF WORK:	Modulis Ad	1 d. Tier	Elevator Devices
		41/	Other
No Porc		<del>CD</del>	DCA Training Fee
10 mars 1			Cert. of Occupancy 46-
NOTE: If construction does not c	ommence within one (1) year	of date of issuance, or	Other
if construction ceases for a period	of six (6) months, this perm	it is void.	Total 355
Estimated Cost of Work \$	70,000 d 1.130	حابيمان	Check No.
- treax	sich	1191103	Cash
Construction Official	_	Date	
U.C.C. F170			Collected by
(rev. 5/2K) 1 WHITE—INSPECTOR	2 CANARY—OFFICE	3 PINK—TAX ASSESSOR 4 GC	OLD—APPLICANT (See reverse side)

Cu. Ft. 2730

Sq. Ft.

1120

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Volume of New Structure

Total Land Area Disturbed

4 Gold = Applicant Copy

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFOR CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-27 Block 129 Lot 4 Work Site Location 1305 MINUCLE MODEL Rd.  Sp. 1 x . He ( ) x . N . T  Owner in Fee	72-1000.	C. CERTIFICATION IN LIEU OF I hereby certify that I am, the (ager record and am authorized to make Signature  D. TECHNICAL SITE DATA  DESCRIPTION OF WORK	nt of) owner of e this application.	
	+3 3×C	Modulis Ac Per enclosed No T	plans Porch.	aced.
JOB SUMMARY (Office Use Only)  PLAN REVIEW Date Initial INSPECTIONS  [ ] No Plans Required Type: Failure	Dates (Month/Day)  Ire Failure Approval Initial  3/17/3 /3/3  3/32/3 /46	TYPE OF WORK:  [ ] New Building [ ] Addition [ ] Alteration [ ] Roofing [ ] Siding [ ] Fence [ ] Sign [ ] Pool [ ] Asbestos Abatem [ ] Lead Haz. Abaten [ ] Other		FEE (Office Use Only)  \$
Constr. Class Present Proposed 1.  No. of Stories 2.	Titori Diag.	Lend. 10000	Administrative Surcharge Minimum Fee DCA Training Fee TOTAL FEE	\$\$ \$\$ 2 Canary = Office Copy

VALTURE OF CONTINUETURE - ELECTRICAL SUBCODE





Date Received
Date Issued

TECHNICAL SECTION	Permit # 03 -82	*
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	
Block Jan Block	QTY:SIZE ITEMS	FEE (Office Use Only)
Work Site Location 1305 Wolly BINERY ! Kd.	Lighting Fixtures	*
SOLK HEREN'S NT.	Receptacles	
Owner in Fee/Occupant Military (211/4)	Switches	
Address (Arr)	Detectors ,	CHRACK
	Light Poles	Chillian
Tele. ( )	Motors—Fract, HP	OF
Contractor GLEAN RINGELE ELECTRICAL CONT.	Emergency & Exit Lights	ConTRACTO
Address 1707 I STREAT	Communications Points	Contain in
WALL ATT 19	Alarm Devices/F.A.C. Panel	1
Tele. (932) & Fax ( )	77	
Lic. No. May 9	TOTAL NUMBERS	\$
Federal Emp. No 56 5786	Pool Permit/with UW Lights	
B. ELECTRICAL CHARACTERISTICS	Storable Pool/Spa/Hot Tub  KW Elec. Range/Receptacle	
Use Group Present Proposed	KW Oven/Surface Unit	<del></del>
[ ] Pole/Pad # [ ] Temporary [ ] Other	KW Elec. Water Heater	
Building Occupied as Utility Co	KW Elec. Dryer/Receptacle	***************************************
Est. Cost of Elec. Work \$	KW Dishwasher	<del></del>
	HP Garbage Disposal	<del></del>
JOB SUMMARY (Office Use Only)	KW Central A/C Unit	
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)	HP/KW Space Heater/Air Handler	
[ ] No Plans Required Type: Type: Failure Failure Approprial Initial	KW Baseboard Heat	
[ ] No Plans Required Type: Failure Approval Initial  Joint Plan Review Required: Rough Type: Failure Service	HP Motors 1/+ HP	W. N.
remp. Serv.	KW Transformer/Generator	
[ ] Fire [ ] Elevator Constr. Serv.	1 200 AMP Service	
[ ] Elec: Plans Approved TCO	AMP Subpanels	
Date:Other	AMP Motor Control Center	
Approved by: Service	KW Elec. Sign/Outline Light	
Final U 1903 M		· · · · · · · · · · · · · · · · · · ·
SUBCODE APPROVAL  Temp: Cut-in-Card Date Issued  Temp: Cut-in-Card Date Issued		
Date: 10 1903	,	
Approved by:	Administrative Surcharge	\$
Approved by	Minimum Fee	\$ <u>.</u>
C. CERTIFICATION IN LIEU OF OATH	DCA Training Fee	\$
I heraby certify that I am the (agent of) owner of record and am authorized	TOTAL FEE	\$
to make this application and perform the work firsted on this application		50 × 1
		00
Applicantly Signature Control of the	Se agran a	15.
Applicant's Signature/Contractor's Seal and Signature		

1 .White = Inspector Copy ....

2 Canary = Office Copy 4 Gold = Applicant Copy \*Unarge of Contractor



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	D. TECHNICAL SITE DATA
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  Block 729  Lot 4	DESCRIPTION OF WORK:
	Descrimental of Francis
	f = 1
Sp. LIC Heights, NJ	W-t County County
Owner in Fee Mikalaj CZYK	Water Supply Source
Address/	Method of Alarm/Suppression System Supervision
Tele. () Contractor GLE NN PRINGLE	Storage Tanks
in A + Constant	Type: [ ] Flammable Liquid [ ] Combustible Liquid
1 10 10 11 00 10	[ ] LPG [ ] LNG Capacity Fuel
	Alarm Systems [ ] 110v Interconnected NUMBER
Tele. (732) Fax ()	[ ] System ,
Lic. No.	Alarm Devices (i.e., smoke, heat, pulls, water/flow)
Federal Emp. No	and the same of th
B. FIRE PROTECTION CHARACTERISTICS	Supervisory Devices (i.e., tampers, low/high air)
Use Group Present Proposed Fire Alarm System	Signaling Devices (i.e., horn/strobes, bells)
Constr. Class Present Proposed New [ ] Existing [ ]	Other Devices.
Heating Systems [ ] New [ ] Existing [ ] HVAC Location of Panel:	TOTAL Z
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Fire Suppression/Standpipe System	Suppression Systems
[ ] Other New [ ] `Existing [ ]	Fire Pump GPM Type
Location: Location of Main Control Valve:	Dry Pipe/Alarm Valves
Total Cost of Fire Protection Work \$	Pre-action Valves
	Sprinkler Heads (Dry and Wet)
JOB SUMMARY (Office Use Only)	Standpipes
PLAN REVIEW INSPECTIONS Dates (Month/Day)	Pre-engineered Systems
[ ] No Plans Required Type: Failure Failure Approval Initial	Wet Chemical
Joint Plan Review Required: Alarm System	Dry Chemical
[ ] Building [ ] Plumbing Suppression Sys.	CO, Suppression
[ ] Electric [ ] Elevator Standpipe	Foam Suppression
[ ] Fire Plans Approved Fire Pump	Halon Suppression
Date: Pre-Eng. System	Other
Approved by: Mechanical	
SUBCODE APPROVAL Smoke Control	Kitchen Hood Exhaust System
	Smoke Control System
Date: CO [ ] CA TCO	Gas [V] or Oil [ ] Fired Appliances
	Other
Approved by: Other	<u> </u>
	Administrative Country
C. CERTIFICATION IN LIEU OF OATH	Administrative Surcharge
I hereby cortify that I am the lagent of) owner of record and am authorized	Minimum Fee
to make this application.	DCA Training Fee
Aylon To	U.C.C. F140
Signature U	(rev. 3/96)



Date Received
Date Issued
Control #
Permit #

DESCRIPTION OF WORK:		
Water Supply Source		
Method of Alarm/Suppression System Su	pervision	
Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust		04500
	Fuel	
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System	,	
Alarm Devices (i.e., smoke, heat, pulls,	2	
water/flow)		
Supervisory Devices (i.e., tampers, low/high air)	( <del>1</del>	is the second se
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices	2	
TOTAL		Change
Suppression Systems		()/6"
Fire Pump GPM Type		
Dry Pipe/Alarm Valves	-	- A.
Pre-action Valves		- 0 1
Sprinkler Heads (Dry and Wet)		Tract
Standpipes		-17/1
Pre-engineered Systems Wet Chemical		
Dry Chemical		<del></del>
CO <sub>2</sub> Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System	10	y.
Smoke Control System	-	
Gas [V] or Oil [ ] Fired Appliances	$\overline{}$	
Other		
Administrative	Surcharge	\$
	nimum Fee	\$
1	raining Fee	\$
1	OTAL FEE	\$
U.C.C. F140		



A. IDENTIFICATION—APPLICANT: COMPLE CONTRACTORS, NOTIFY THIS OFFICE. CA				IN CHANGE	
Block 729	Lot	4			
0.00.	ewood Rd.			-	
Sp. Lr. Heights!	MIT				
1 111:11	plaiczuK.				
Address SAME	J		1		
			. 4	M.	
Tele. ()				11	
Contractor Mid-HHUNTIC &	lectrical (o	ntract	Ors.,	INC	
Address P.O. BOX 4					
Neptune, NJ &	17754	<i>!</i>			
Tele. ( <u>732</u> ) <u>.5</u>	Fax			-	
Lic. No					
Federal Emp. No. 22-3785485					
B. FIRE PROTECTION CHARACTERISTICS					1
		e Alarm Sy			ı
		w [ ]		ng [ ]	
		cation of Pa			
		40 SOURCE ENGINE		Ipipe Syster	n
Other TIRE S VE		w [ ]			
Location:  Total Cost of Fire Protection Work \$ 250	<del>~</del> Loc	cation of M	ain Contro	oi vaive:	
Total Cost of File Protection voork \$ 210-	<del>.                                      </del>				
	·				
JOB SUMMARY (Office Use Only)	INSPECTIONS		Dates (Mo	onth/Dav)	
JOB SUMMARY (Office Use Only) PLAN REVIEW			Dates (Mo	onth/Day) Approval	Initial
JOB SUMMARY (Office Use Only)				onth/Day) Approval	Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required	Туре:				Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required	Type: Alarm System				Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] *Plumbing	Type: Alarm System Suppression Sys.				Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] *Plumbing [ ] Electric [ ] Elevator	Type: Alarm System Suppression Sys. Standpipe				Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] *Plumbing [ ] Electric [ ] Elevator [ ] Fire Plans Approved	Type: Alarm System Suppression Sys. Standpipe Fire Pump				Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] *Plumbing [ ] Electric [ ] Elevator [ Fire Plans Approved Date:	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System				Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW  [ ] No Plans Required Joint Plan Review Required:  [ ] Building [ ] Plumbing [ ] Electric [ ] Elevator  [ Fire Plans Approved Date:	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical				Initial
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	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control				Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW  [ ] No Plans Required Joint Plan Review Required:  [ ] Building [ ] Plumbing  [ ] Electric [ ] Elevator    Fire Plans Approved   Plan	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO				Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] Plumbing [ ] Electric [ ] Elevator [ Fire Plans Approved Date:	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Final				Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW  [ ] No Plans Required Joint Plan Review Required:  [ ] Building [ ] *Plumbing  [ ] Electric [ ] Elevator  [ Fire Plans Approved Date:	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Final Other	Failure			Initial
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 [ ] CA Date:   Approved by: Ap	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Final Other	Failure			Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW  [ ] No Plans Required Joint Plan Review Required:  [ ] Building [ ] *Plumbing  [ ] Electric [ ] Elevator  [ Fire Plans Approved Date:	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Final Other	Failure			Initial
JOB SUMMARY (Office Use Only) PLAN REVIEW  [ ] No Plans Required Joint Plan Review Required:  [ ] Building [ ] *Plumbing  [ ] Electric [ ] Elevator  1 Fire Plans Approved Date: Approved by: SUBCODE APPROVAL  [ ] CO [ ] CCO [ ] CA Date: Approved by: C. CERTIFICATION IN-LIEU OF OATH I hereby certify that I am the (agent of) owner of to make this application.	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Final Other	Failure			Initial
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 [ ] CA Date:   Approved by: Ap	Type: Alarm System Suppression Sys. Standpipe Fire Pump Pre-Eng. System Mechanical Smoke Control TCO Final Other	Failure			Initial



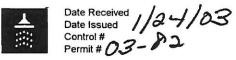
Date Received
Date Issued
Control #

Permit # 03		,
D. TECHNICAL SITE DATA Modular addition		
DESCRIPTION OF WORK:	*	
., `		
its k**		
Water Supply Source		
Method of Alarm/Suppressi	on System Supervision	
Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid	[ ] Combustible Liquid	
· [ ] LPG [ ] LNG Ca		
Alarm Systems [ / 110v Inte		
[ ] System	Nonmoute Nomber	
Alarm Devices (i.e., smoke, heat,	pulls	
water/flow)	2	
Supervisory Devices (i.e., tamper		
Signaling Devices (i.e., horn/strol		46'
Other Devices	A. 100	
TOTAL	<u></u>	
Suppression Systems		
Fire Pump GPM Type		i
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	<del></del>	
Standpipes	-	
Pre-engineered Systems	,	:.
Wet Chemical	¥1	
Dry Chemical		·
CO <sub>2</sub> Suppression		. ———
Foam Suppression		5
Halon Suppression		·
Other		. ———
Other		
Kitchen Hood Exhaust System		
Smoke Control System		-111
Gas 🔀 or Oil [ ] Fired .	Appliances	46.
Other		
. г		
	Administrative Surcharge	\$
	Minimum Fee	\$
	DCA Training Fee	\$ 9200
	TOTAL FEE	s Yd.

. U.C.C. F140 (rev. 3/96)

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





A. IDENTIFICATION—APPLICANT: COM			D. TECHNI	CAL SITE DATA (List of all fixtures.)	
CONTRACTORS, NOTIFY THIS OFFICE.	11	72-1000.	NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
Block 139	Lot 4	0.0	al-	Water Closet	\$
Work Site Location 1305 Wedge	aucoa ka.	Modul		Urinal/Bidet	
Spring Lake He	19715 101			Bath Tub	
Owner in Fee Mikoleiczy	عدد ماعالااطر عا	and and		Lavatory	
Address SAME J J		uar		Shower	
Tele. (1732) 449-	5801		_	Floor Drain Sink	
Contractor Rizzo Plumbir	X + Heating			Dishwasher	<del></del>
Address 321 Sunset Ave	JAPLSD 0			Drinking Fountain	
AShur PILV NIT				Washing Machine	7
Tele. ( 732 )	Fax ()	SAME.	1	Hose Bibb	14-
Lic. No. 9251			<u> </u>	Water Heater	
Federal Emp				Fuel Oil Piping	7
B. PLUMBING CHARACTERISTICS				Gas Piping	UI /
Use Group Present	Proposed			Steam Boiler	
Building Sewer Size	Public Sewer	Private Septic		Hot Water Boiler	<u> </u>
Water Service Size Est. Cost of Plumbing Work \$	Public Water	Private Well		Sewer Pump	
Est. Cost of Plumbing Work \$	4,000		-	Interceptor/Separator	
				Backflow Preventer	
JOB SUMMARY (Office Use Only)				GreasetrapCOVA	vc.c
PLAN REVIEW	INSPECTIONS	Dates (Month/Day)		Sewer Connection 5	
No Plans Required	Type: Failu	re Failure Approval Initial		Water Service Connection	. [
Joint Plan Review Required:	Slab			Stacks	
[ ] Building [ ] Electric	Rough			Other	
[ ] Fire [ ] Elevator	Water //	_/		Other	
[ ] Plumbing Plans Approved	Sewer Connect lo Ex	isting 4/15 //	<del></del> 3	Other	<u> </u>
Date: 11241 0341	Fixtures				
Approved by:	Gas Equipment			Administrative Sui	rcharge \$
	Gas Piping		,	Minim	um Fee \$
SUBCODE APPROVAL	Solar			DCA Traini	ing Fee \$ 21
[ ] CO [ ] CCO [V] CA	тсо <i>6/19</i> /	103 6123 p3 /K	1 when	ТОТА	AL FEE \$ 01.
Date: 6/23/03		See atten	ged letter-	<u> </u>	
Approved by:			1		
Stan V			_		

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that J 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

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

1 White = Inspector Copy 3 Pink = Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy





## CERTIFICATE OF OCCUPANCY/APPROVAL

CERTIFICATE OF O	COUPANCTIAFFROVAL
a	Building Permit No. 13-52
Control #	Zoning Permit No. 03 Z 0019
IDENTIFICATION Block 229 Lot	4
Work Site Location 1305 Wildgewood Q	Contractor DAJ Lac.
Soll lite 115	Address
Owner in Fee Mikelaylzyk	Bilmar, NJ
Address	Tele. ()
Sume	Lic. No. or Bldrs. Reg. NoExp. Date
Tele. ()	Federal Emp. No
Tele. (	or Social Security No
CERTIFICATE OF OCCUPANCY	☐ CERTIFICATE OF APPROVAL
in accordance with the New Jersey Uncordinances and Township approvals, and the CERTIFICATE OF CONTINUED OCCUPANT This serves notice that based on a general are no imminent hazards and the building  TEMPORARY CERTIFICATE OF OCCUPANT If this is a Temporary Certificate of Occupant than	I inspection of the visible parts of the building there is approved for continued occupancy.  NCY  Dancy the following conditions must be met no later or the owner will be subject to a fine or order to vacate:  State [ ] Private
Home Warranty No	NI H
Use Group	
Maximum Live Load	1 Dulle II Dulle
Description of Work/Use: //4/	alular addition - NO / Journ
	AL.
	Construction Official, Jownship of Wall
Dated: 7 -2 - 03	Land Use Officer, Township of Wall
	Zana coo cincon, commonly or real





Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING	D. TECHNICAL SITE DATA (List of all fixtures:)	
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.	NO. FIXTURE/EQUIPMENT FEE (Office Use Or	nlv)
Block 129 Lot 4	Water Closet	i.y
Nork Site Location 130% Work Site Location Line 130%	Urinal/Bidet	<del>-</del> -
	Bath Tub	
Owner in Fee NACIK-MIKULAICTUK	Lavatory	<del></del> .
Address 1505 IDAM ACCIDENT RM	Shower	_
	Floor Drain	— :
Tele. (15%).	Sink	
Contractor	Dishwasher	-
Address	Drinking Fountain	- ·
The second of th	Washing Machine	<del>.</del>
Tele. ( ) Fax ( )	Hose Bibb	÷ 4.
ic, No	Water Heater	7::
ederal Emp. No.	Fuel Oil Piping	
	Gas Piping	ンニ
3. PLUMBING CHARACTERISTICS	3 Steam Boiler	<b>-</b> ;
Jse Group Present Proposed  Building Sewer Size Public Sewer Private Septic	Hot Water Boiler	_
	Sewer Pump	
	Interceptor/Separator	
st. Cost of Plumbing Work \$:	Backflow Preventer	<del>-</del>
JOB SUMMARY (Office Use Only)	Greasetrap	- ,
	Sewer Connection	T
LD-C 교회 16 전 MAG 1약 전에 있는 25 100 이 환경 하는 경기는 모든 모든 모든 10 10 10 10 10 10 10 10 10 10 10 10 10	Water Service Connection	_
	Stacks / +	-
Joint Plan Review Required: Slab	Other Sinks Care	
[ ] Building [ ] Electric Rough	Other Wall about	
[ ] Fire [ ] Elevator Water	Other	_
[ ] Plumbing Plans Approved Sewer	Outer	_
Date: Fixtures	Administrative Surcharge \$	
Approved by: Gas Equipment		_
Gas Piping	Minimum Fee \$	= '
SÜBCODE APPROVAL Solar	DCA Training Fee \$	<del>-</del> '
[ ] CO [ ] CCO [ U C TCO Septical September 1 ]	TOTAL FEE \$	<del>.</del>
pate: 6/23/03 / Ctushed and 1: 1ed 6/23/09 //		: .:
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

"(rev. 3/96)



Date Issued 6-20-03
Control #
Permit # 0 B-780

IDENTIFICATION Block 729 Lot 4	Self. Contractor Self. Address 1305 Wed gerood Rd.
Owner in Fee Mark Mikolaitzull. Address 1305 Wedge Wood Rd	Address
Is hereby granted permission to perform the following work:  [ ] BUILDING [ ] PLUMBING [ ] LEAI  [ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEM  [ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTH	OLITION Electrical
(Subchapter 8 only)  DESCRIPTION OF WORK:  Septic tank collapse	Fire Protection
NOTE: If construction does not commence within one (1) year of daily construction ceases for a period of six (6) months, this permit is votestimated cost of Work	Cert. of Occupancy Other
Construction Official  U.C.C. F170 (rev. 5/2K)  1 WHITE—INSPECTOR  2 CANARY—OFFICE  3 PI	Collected by



51615-22-13 Date Issued 5-22-13 Permit# 20120628

Work Site Location 1305 WEDE EWOOD Lot WALL TWP  Owner in Fee MAILY COLLECT MIROJACZY  Address  Tel. (134	Contractor Anthony & S	9 North NJ 07726
		DAVMENTO (Office Use Only)
ELECTRICAL   FIRE PROTECTION     DESCRIPTION   DESCRIPTION   DESCRIPTION OF WORK:    NOTE: If construction does not commence within one (1) year of if construction ceases for a period of six (6) months, this permit		PAYMENTS (Office Use Only) Building Electrical Plumbing Fire Protection Elevator Devices Other DCA State Permit Fee Cert. of Occupancy Other Total Check No. 135
Construction Official	5/21/12 Date	CashCollected by
U.C.C. F170 (rev.01/04)  1 WHITE - INSPECTOR 2 CANARY - OFFICE	3 PINK - TAX ASSESSOR	(see reverse side) 4 GOLD - APPLICANT
		v everes text à Tibli vid



# **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	C. CERTIFICATION IN LIEU OF OATH  I hereby certify that I am the agent of record and am authorized to make this application
Block Lot Lot Qualification Code	
Vork Site Location	Sign here:
(A) Girl TUSF	Print name here:
Owner in Feé: 11/10 1 College 1/1/10/16/1	D. TECHNICAL SITE DATA
el. ( 1/2 ) e-mail	
Address	DESCRIPTION OF WORK
street _ municipality	4.64 14.3
Contractor: Anthony & Sylvan Pools Tel. ( 609	$\frac{1}{2}$ x $\frac{4}{3}$ inground pool
Address 350 Highway 9 North e-mail	112
Englishtown, NJ 07726	fence per pool sode
Contractor License No. or Builder Registration No. 13VH01546700 Exp. Date	
lome Improvement Contractor Registration No. or Exemption Reason (if applicable):	
ederal Emp. ID No. 23-1720390 FAX: ( 7.	
JOB SUMMARY (Office Use Only)	
DI AN DEVIEW Data Initial INSPECTIONS Data (Manth/Day)	
[ ] No Plans Required Type: Failure Failure Approved Initial	5
[ ] No Plans Required  All  Footing  Failure Failure Approved Initial  Footing	/
[ ] Footings/Foundations Footing Bonding	TYPE OF WORK: FEE (Office Use Only)
Structural/Framework Foundation	[ ] New Building \$
[ ] Exterior Slab	[ ] Addition
[ ] Interior Frame	[ ] Rehabilitation
Joint Plan Review Required: Truss Sys./Bracing	[ ] Roofing
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator Barrier-Free	[ ] Siding
Insulation	[ ] Fence Height (exceeds 6')
SUBCODE APPROVAL for PERMIT Finishes-Base Layer	
Date: Finishes-Final	[ ] Sign Sq. Ft.
Approved by: Energy	[7] Pool
SUBCODE APPROVAL for CERTIFICATE Mechanical	[ ] Retaining Wall Sq. Ft.
[] CO [] CCO [ \( \sqrt{CA}\) TCO	[ ] Abestos Abatement Subchapter 8
[100 [1000 [4]04	[ ] Lead Haz. Abatement NJAC 5:17
Date: S-2-12 Other Final	[ ] Radon Remediation
Approved by:	[ ] Other
B. BUILDING CHARACTERISTICS	[ ] Demolition
Use Group Present Proposed Constr. Class Present Proposed	1 prd / g
No. of Stories If Industrialized Building:	Administrative Surcharge \$
Height of Structure ft. State Approved HUD	/ S \
Area — Largest Floorsq. ft. Est. Cost of Bldg. Work:	1( i)
New Bldg. Area/All Floors sq. ft. 1. New Bldg. \$	State Permit Surcharge Fee \$ TOTAL FEE \$
Volume of New Structurecu. ft. 2. Rehabilitation \$	1,201
Max. Live Load 3. Total (1+2) \$ 3	12/085
May Occupancy Load	p. /2 000
0.0.0. Filo (lev. 110a)	nite = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy
Side caved in oin RYBAL NID WIN	N Fi /

Date Received Control # 51161

Date Issued Permit # 1000 / 1000 X

BUILDING MATERIALS WILL NOT BE PICKED UP BY BOROUGH. PROPERTY OWNER/CONTRACTOR IS RESPONSIBLE FOR REMOVAL FROM BOROUGH.

# NO ADVERTISING SIGNS PERMITTED IN THE BORO OF RUMSON \$500 MAXIMUM FINE





A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	D. TEC	HNICAĽ S	ITE DATA	
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	QTY.	SIZE	ITEMS	FEE (Office Use Only)
BlockE0t_			Lighting Fixtures	
Work Site Location 1305 WEDGEWOOD RD			Receptacles	*
	- 160%		Switches	
Owner in recooccipant			Detectors	
Address			Light Poles	
The A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Motors—Fract. HP	
Tele. ( _ start )			Emergency & Exit Lights	
Contractor CORBIN			Communications Points	
Address ELECTRICAL SERVICES, INC.	·	$e^{\frac{i}{2} \left( \frac{1}{2} \right) \frac{1}{2} \frac{1}{2} \frac{1}{2} }$	Alarm Devices/F.A.C. Panel	3,
Tele. ()			is the state of th	
Tele. ()	Mark.		TOTAL NUMBERS	\$
Federal Emp. No. 1997 FAX (732			Pool Permit/with UW Lights	82.00
			Storable Pool/Spa/Hot Tub	14,
B. ELECTRICAL CHARACTERISTICS			KW Elec. Range/Receptacle	10 2 3 0 10 2 10 3 2 10 10 20 20 20 20 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20
Use Group Present Proposed			KW Oven/Surface Unit	
[ ] Pole/Pad # [ ] Temporary [ ] Other	J <del> </del>		KW Elec. Water Heater	
Building Occupied as Utility Co	-		KW Elec. Dryer/Receptacle	
Est. Cost of Elec. Work \$	-	-	KW Dishwasher	
	1		HP Garbage Disposal	
JOB SUMMARY (Office Use Only)			KW Central A/C Unit	
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)			HP/KW Space Heater/Air Handler	
[ ] No Plans Required Type: Failure Failure Approval Initial			KW Baseboard Heat	
Joint Plan Review Required: Rough 6-7-12-JPc	The state of the s	km Sp	HP Motors 1/+ HP	15.11
[ ] Building [ ] Plumbing Iemp Serv Treuch 7-9-12 1Re			KW Transformer/Generator	
[ ] Fire [ ] Elevator Constr. Serv.		-	AMP Service	
[ ] Elec. Plans Approved TCO		40	AMP Subpanels	Life of the state
Date: Other GRED 7-17-12 7-18-12 11-18-12 11-18-12	(I)	Macod ATTENDES	AMP Motor Control Center	
Approved by: Service	V	F	KW Elec. Sign/Outline Light	
Date:         Other GRED         7-17-12         7-18-12         <		4.04	KW Elec. Sign/Outline Light	ن العالم المناسم
SUBCODE APPROVAL Temp. Cut-in-Card Date Issued	P			
[ ] CO [ ] CO [ ] CA Final Cut-in-Card Date Issued	1			
Date: 10-4-12		1 , 0	Administrative Surcharge	\$
Approved by:		The state of the s	Minimum Fee	No. 1
	]	t fall		\$ 57.676
C. CERTIFICATION IN LIEU OF OATH		C		\$ 204.00
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.		10	r 7 L	,

Applicant's Signature/Contractor's Seal and Signature

[ \_\_ ] Licensed Electrical Contractor

[ ] Exempt Applicant

U.C.C. F120 (rev. 3/96) 1 White = Inspector Copy 3 Pink = Office Copy 2 Canary = Office Copy 4 Gold = Applicant Copy



# PLUMBING SUBCODE **TECHNICAL SECTION**



Date Received Control # 51/6/
Date Issued 5 10 6 8 8 Permit # 20130688

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000	C. CERTIFICATION IN LIEU OF OATH  I hereby certify that I am the (agent of) owner of record and am at	uthorized to make this
Block / Qualification Code	application and perform the work listed on this application.	
Work Site Location 1505 Will be a country 100	Applicant sign/Contractor sign and seal here:	
WHI TWF		
Owner in Fee: MAICL + UNITED MICHATER	Print name here: [ ] Licensed Plumbing Contractor [	1 Evernt Applicant
Tel. ( 139) iil		] Exempt Applicant
Address	DESCRIPTION OF WORK	
	SVRS drains in pool	
	_	
Address 350 Highway 9 North e-n Englishtown, NJ 07726	OTY. FIXTURE / EQUIPMENT	FEE (Office Use Only)
Contractor License No. 13VH01546700 Exp. Date		\$
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	Urinal/Bidet	
	Bath Tub	
	— Lavatory	No. 200 (1990) - 100 (1990) - 110 (1990) - 1
B. PLUMBING CHARACTERISTICS	Shower	
Use Group Present Proposed	Floor Drain	11 A 1 - NOTE OF A PERSON OF MANY MANY OF A 12 A 12
Building Sewer Size Public Sewer Private Septic		-
Water Service Size Public Water Private Well		-
Est. Cost of Plumbing Work \$	Drinking Fountain	
JOB SUMMARY (Office Use Only)	Washing Machine	
PLAN REVIEW  INSPECTIONS  Dates (Month/Day)	Hose Bibb	
Type: Failure Failure Approval Initi	ial Water Heater	
[ ] Partial - Underslab Utilities Approved Slab	Fuel Oil Piping	
Date: Approved by: Rough	Gas Piping	
[ ] Plumbing Plans Approved Water — — — —	LPGas Tank	
Date:Approved by:Sewer	Steam Boiler	( <del></del>
Joint Plan Review Required: Fixtures	— Hot Water Boiler — Sewer Pump	***************************************
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev. Gas Equipment	Interceptor/Separator	
SUBCODE APPROVAL for PERMIT Gas Piping	Backflow Preventer	
Date: LPGas Tank	Greasetrap	
Approved by: Fuel Oil Piping	Sewer Connection	
	Water Service Connection	
	Stacks	
71 130	Other Bottom Drains	73
Approved by:	+	
Approved by:	Abrida i a	r.
	Administrative Surcharge S	
	Minimum Fee	5
C.C. 5130 (ca) 11/00)	State Permit Surcharge Fee S	5 - 1 0
C.C. F130 (rev. 11/09) 1. White = Inspector Copy 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy	TOTAL FEE 9	J

### TOWNSHIP OF WALL 2700 Allaire Road (732) 449-8444

C. O. No. / 1 (285) Building Permit No. 20120628 Zoning Permit No. 12Z0199

Estimated Cost \$35,575.00

# **CERTIFICATE**

Home Warranty No. N/A

Land Use Designation: SFD Description of Work/Use:

Date Issued: 15-17-12

Use Group: **U**Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:

Zone: R-15

Type of Warranty Plan: State Private

Block: 729 Lot: 4
Work Site Location: 1305 Wedgewood Road
Owner in Fee/Occupant: M & C Mikolajczyk Address: 1305 Wedgewood Road Wall Twp., NJ 07762
Tele. (732)
Contractor: Anthony & Sylvan Pools
Address: 350 Highway 9 North Englishtown, NJ 07726
Tele (60 Fax:
Lic. No. or Bldrs. Reg. No. 13VH01546700
Federal Emp No. 221720200

Construction Official, Township of Wall

Land Use Officer, Township of Wall

Englishtown, NJ 07726	DE 090004 4 € 010000 2000 300 10000000000000000000000
Tele.(60 Fax: Lic. No. or Bldrs. Reg. No. 13VH01546700 Federal Emp. No. 231720390	20 x 40 inground pool.
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  CERTIFCATE 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.  CERTIFCATE 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

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

BM 10-15-12

# CONSTRUCTION PERMIT

51160 Date Issued Date Issued 5-22-13

Permit # 20120627

IDENTIFICATION Block 729 Lot 4 Qualification	on Code
Work Site Location BUS WEDGEWOOD TO Contractor SULVAN Address POROX	
Owner in Fee MARICE + COILEN MIROLATCZYK DOLITOCHO	IN PA 18902
Address Tel. (245)	
	37401246700
Is hereby granted permission to perform the following work:  [1] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT [ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION [ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER	PAYMENTS (Office Use Only) Building
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 \$ \frac{1125}{25} \frac{1}{25} \frac{1}{25	Cert. of Occupancy Other Total Check No. 25 Cash Collected by
U.C.C. F170 (rev. 01/04)  1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR	(see reverse side) 4 GOLD-APPLICANT



### **BUILDING SUBCODE TECHNICAL SECTION**



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

CONTRACTORS, NOT	IFY THIS OFFIC	E. CALL U	TILITY DIG N	IO: 1-800-27	2-1000.	
Block	Lo				cation Code	
Work Site Location	7305	Lir be	الم المسائلة الما الما الما الما الما الما الما ال	r 11. 13		
	Phoblish					
Owner in Fee:	MAKE	1 7	JE Fra	TIKO	L. I . James	ZYK
Tel. (			ıail		85	F
Addressstreet	16		municipality			·
	Way Fer	166.	municipality	Tal	( · · · · · · ·	
Address	+ Likeling					
	Lacia Pr	4 (5.5	100	6-IIIali _		
Contractor License No.	or Builder Registr	ration No.	1 = V HC	) [ ] [ ]	⊖ <sup>2</sup> Exp. D	ate
Home Improvement Co						
Federal Emp. ID No					()	
JOB SUMMARY (Office PLAN REVIEW  [ ] No Plans Require [ ] All [ ] Footings/Founds [ ] Structural/Frame [ ] Exterior [ ] Interior  Joint Plan Review Rec [ ] Elec. [ ] Plumb.  SUBCODE APPROVAL Date: Approved by:  SUBCODE APPROVAL [ ] CO [ ] CC Date: Approved by:  Approved by:  B. BUILDING CHARAC	Date Initired Size Initired Si	Type Foo Foo Sla Fra Ti Bevator Insi Fini Fini Coth Ti Type	oting oting Bonding undation b une russ Sys./Brac earrier-Free ulation ishes -Base L ishes -Final ergy— chanical	cing	Failure	onth/Day) Approval Initial
		. 11		-4- 01 5		
Use Group Present No. of Stories	——— Propose	ed				Proposed
ANACODE UND ESOSENCIANZOSENO I			— If Ind	dustrialized E	•	HUD
Height of Structure Area — Largest Floor _		The state of the s	— — sa. ft.		oved	
New Bldg. Area/All Floo	rs	- /	_ sa. ft.	Est. Cost of		
Volume of New Structure				<ol> <li>New Blo</li> <li>Rehabilit</li> </ol>		
Max. Live Load				3. Total (1-		1 / 1 2 1 1
Max. Occupancy Load					-/ ·	U.C.C. F110

Sipe comid ...

Date Received	1
Date Neccived	7
Control # 5116C	129
Date Issued	3). 1,
Permit # (2) 120(-2)	7//
	11-7

#### 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.

HF me Partier

#### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

	¥	
TYPE OF WORK: [ ] New Building		FEE (Office Use Only)
[ ] Addition	2	* <u>444,444,444,444,444,444,444,444,444,44</u>
[ ] Rehabilitation		<u> </u>
[ ] Roofing		<u> </u>
[ ] Siding	111111111111111111111111111111111111111	
[]-Fence [ ] Sign	Height (exceeds 6') Sq. Ft.	
[ ] Pool	_ Sq. Ft.	
[ ] Retaining Wall	Sq. Ft.	
[ ] Asbestos Abatement	0 20 00	
[ ] Lead Haz. Abatemen	- Carrier St. Carrier C Carrier St. Car	
[ ] Radon Remediation	A State serves	
[ ] Other		
[ ] Demolition	,	
1220199 122.15	Administrative Surcharge Minimum Fee State Permit Surcharge Fee	\$

1 White = Inspector Copy 3 Pink = Office Copy

U.C.C. F110

(rev. 12/07)

2 Canary = Office Copy 4 Hard = Applicant Copy

#### TOWNSHIP OF WALL 2700 Allaire Road (732) 449-8444

C.O. No. 12-684 Building Permit No. 20120627 Zoning Permit No. 12Z0199

years); see file

#### CERTIFICATE

Block: 729 Lot: 4	Home Warranty No. N/A
Work Site Location: 1305 Wedgewood Road	Type of Warranty Plan: State Private
0	Use Group: U
Owner in Fee/Occupant: M & C Mikolajczyk	Maximum Live Load:
Address: 1305 Wedgewood Road	Construction Classification:
Wall Twn NJ 07762	Maximum Occupancy Load:
Tele. (732	Zone: R-15 Estimated Cost \$4,425.00
Contractor: Sylvan Fence	Land Use Designation: SFD
Address: PO Box 1449	Description of Work/Use:
Dovlestown. Pa 18902	
Tele.(215 Fax:	
Lic. No. or Bldrs. Reg. No. 13VH01546700	4' pool fence to code.
Federal Emp. No.	poor tenee to code.
<u>~</u>	
CERTIFICATE OF OCCUPANCY	CERTIFICATE OF CLEARANCE - LEAD
This serves notice that said building or structure has been	ABATEMENT 5:17
Constructed in accordance with the New Jersey Uniform	This serves notice that based on written certification,
Construction Code and is approved for occupancy.	lead abatement was performed as per NJAC 5:17, to
To company	the following extent:
CERTIFICATE OF APPROVAL	Total removal of lead-based paint hazards in
This serves notice that the work completed has been	scope of work
Constructed or installed in accordance with the New	Partial or limited time period ( years); see

#### 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.

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.

Construction Official, Township of Wall

Land Use Officer, Townskip of Wall

Date Issued:

use until

10-17-12

CERTIFCATE OF CONTINUED OCCUPANCY

and the building is approved for continued occupancy.

CERTIFCATE OF COMPLIANCE

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards

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

1-APPLICANT/ 2- OFFICE 3-TAX ASSESSOR

BM 10.15 / 12