



**TOWNSHIP OF WALL**  
2700 ALLAIRE ROAD  
WALL, N.J. 07719  
(201) 449-8444



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received 8/6/91  
Date Issued  
Control #  
Permit # 91-734

BLK 729  
L 4

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

Block 729 Lot 4  
Work Site Location 1305 WEDGEWOOD  
Owner in Fee GALLAGHER  
Address SAME  
Tele. ( ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address ALSURF-NEUHAUS  
P.O. Box 1494  
Brick, N.J. 08723  
Tele. ( ) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature [Signature]

**D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK**

RE-ROOF

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Req.	<u>8/6/91</u>	<u>[Signature]</u>	Type:					
<input type="checkbox"/> All			Footing					
<input type="checkbox"/> Footing			Foundation					
<input type="checkbox"/> Foundation			Slab					
<input type="checkbox"/> Frame			Frame					
<input type="checkbox"/> Other			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
- Other \_\_\_\_\_
- Demolition
- Miscellaneous
- Fence \_\_\_\_\_ Height
- Sign \_\_\_\_\_ Sq. Ft.
- Pool
- Elevator
- Asbestos Abatement
- Other \_\_\_\_\_

**(Office Use Only)  
FEE**

\$ 33-

**B. BUILDING CHARACTERISTICS**

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

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_
2. Alteration \$ 1670
3. Total (1+2) \$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Paid  Check # 10309 Minimum Fee \$ \_\_\_\_\_  
Collected by: [Signature] TOTAL FEE \$ 33-



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 2700 ALLAIRE ROAD  
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**BUILDING  
 SUBCODE  
 TECHNICAL SECTION**



Date Received 8/6/91  
 Date Issued  
 Control #  
 Permit # 91-734

BLK 729  
L 4

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

Block 729 Lot 4  
 Work Site Location 1305 WITBE WOOD  
 Owner in Fee GALLAGHER  
 Address same  
 Tele. ( )  
 Contractor ALSURE-NEUHAUS  
 Address P.O. Box 1494  
Brick, N.J. 087  
 Tele. ( )  
 Lic. No. or Bids. Reg. 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.  
 Signature [Signature]

**D. TECHNICAL SITE DATA**  
 DESCRIPTION OF WORK  
Re-roof

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
<input checked="" type="checkbox"/> No Plans Req.	<u>8/6/91</u>	<u>[Signature]</u>	Type Failure Failure Approval Initial
<input type="checkbox"/> All			Footings
<input type="checkbox"/> Footing			Foundation
<input type="checkbox"/> Foundation			Slab
<input type="checkbox"/> Frame			Frame
<input type="checkbox"/> Other			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	<u>2/15/95</u>		Other
Approved By	<u>[Signature]</u>		Final <u>[Signature]</u>

- TYPE OF WORK:**
- New Building
  - Addition
  - Alteration
    - Roofing
    - Siding
    - Other
  - Demolition
  - Miscellaneous
    - Fence \_\_\_\_\_ Height
    - Sign \_\_\_\_\_ Sq. Ft.
    - Pool
    - Elevator
    - Asbestos Abatement
    - Other

**(Office Use Only)**  
 FEE  
 \$ 33-

**B. BUILDING CHARACTERISTICS**

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

Est. Cost of Bldg. Work  
 1. New Bldg. \$ \_\_\_\_\_  
 2. Alteration \$ 1600  
 3. Total (1+2) \$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
 Paid  Check # 10309 Minimum Fee \$ \_\_\_\_\_  
 Collected by [Signature] TOTAL FEE \$ 33-

OK  
PIS  
No plan

95.152  
F3-6-95



TOWNSHIP OF WALL  
 2700 ALLAIRE ROAD  
 WALL, N.J. 07719  
 (908) 449-8444



**CERTIFICATE OF OCCUPANCY/APPROVAL**

Date Issued 3-6-95

Building Permit No. 91-734

Control # \_\_\_\_\_

Zoning Permit No. DIA

IDENTIFICATION Block 729 Lot 4

Work Site Location  
1305 Wedgewood Road

Contractor Alsurf-Neubaus

Address P.O. Box 1497

Owner in Fee Gallegher

Swick, NJ 08723

Address same as above.

Tele. (\_\_\_\_\_) \_\_\_\_\_

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Tele. (\_\_\_\_\_) \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

or Social Security No. \_\_\_\_\_

**CERTIFICATE OF OCCUPANCY**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, all applicable land use ordinances and Township approvals, and that the property is approved for use and/or occupancy.

**CERTIFICATE OF APPROVAL**

**CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

**TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than \_\_\_\_\_, 19\_\_\_\_ or the owner will be subject to a fine or order to vacate:

DIA Type of Warranty Plan: [ ] State [ ] Private

Construction Classification \_\_\_\_\_

Maximum Occupancy Load \_\_\_\_\_

Zone R-15

Land Use Designation Single family dwelling

ESTIMATED COST \$ 4,610.

Home Warranty No. DIA

Use Group R-3

Maximum Live Load \_\_\_\_\_

Description of Work/Use: Roof

Dates: 3-6-95

[Signature]  
 Construction Official, Township of Wall

Dated: 3-6-95

[Signature]  
 Land Use Officer, Township of Wall

C.O. No. 95-152



# CONSTRUCTION PERMIT

Date Issued 5/3/95  
Control # \_\_\_\_\_  
Permit # 95-651

IDENTIFICATION Block 729 Lot 4

Work Site Location 1305 Wedgewood RD Contractor Natali Bros.

Address 549 Sica Lane

Owner in Fee Gallager

Toms River

Address 1305 Wedgewood RD

Tele. (\_\_\_\_) \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

or Social Security No. \_\_\_\_\_

is hereby granted permission to perform the following work:

- BUILDING             PLUMBING             OTHER \_\_\_\_\_
- ELECTRICAL         FIRE PROTECTION
- ELEVATOR DEVICES

DESCRIPTION OF WORK: rebuild 13 x 13 sundeck

PAYMENTS (Office Use Only)	
Building	<u>33-</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	<u>2-</u>
Cert. of Occ.	_____
Other	_____
Total	<u>35-</u>
Check No.	<u>2092</u>
Cash	_____
Collected By:	<u>[Signature]</u>

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 \$ \$1,700  
GREG KIRK  
CONSTRUCTION OFFICIAL

(see reverse side)



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received 5/3/95  
Date Issued 5/3/95  
Control #  
Permit # 95-651

BLK 729  
L4

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

Block 729 Lot 4  
Work Site Location 1305 wedgewood RD  
wall  
Owner in Fee Gallager  
Address 1305 wedgewood RD  
Tele. ( ) \_\_\_\_\_  
Contractor Natoli Bros.  
Address 549 Sica Lane  
Toms River  
Tele. ( ) \_\_\_\_\_  
Lic. No. of Bldrs. Reg. 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.

Signature [Signature]

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

re build 13'x13' sidewalk

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 checked="" type="checkbox"/> All	<u>5/3/95</u>	<u>[Signature]</u>	Footing			<u>5/3/95</u>	<u>[Signature]</u>
<input type="checkbox"/> Footing			Foundation				
<input type="checkbox"/> Foundation			Slab				
<input type="checkbox"/> Frame			Frame				
<input type="checkbox"/> Other			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: <u>5/17/95</u>			Other				
Approved By: <u>[Signature]</u>			Final			<u>5/17/95</u>	<u>[Signature]</u>

**TYPE OF WORK:**

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

**(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 \_\_\_\_\_ 2. Alteration \$ \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Ft. 3. Total (1+2) \$ \$1,700-  
Area—Largest Floor \_\_\_\_\_ Sq. Ft.  
New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.  
Volume of New Structure \_\_\_\_\_ Cu. Ft.  
Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

Administrative Surcharge \$ 2-  
Paid  Check # 2092 Minimum Fee \$ \_\_\_\_\_  
Collected by: [Signature] DCA TRAINING FEE \$ \_\_\_\_\_  
TOTAL FEE \$ 35-

95-336  
F 6-5-95



**TOWNSHIP OF WALL**  
 2700 ALLAIRE ROAD  
 WALL, N.J. 07719  
 (908) 449-8444



**CERTIFICATE OF OCCUPANCY/APPROVAL**

Date Issued 6-5-95 Building Permit No. 95-651  
 Control # \_\_\_\_\_ Zoning Permit No. 9520301 ✓  
 IDENTIFICATION Block 729 Lot 4  
 Work Site Location \_\_\_\_\_ Contractor Natali Bros.  
1305 Wedgewood Rd Address 549 Lucca Lane  
 Owner in Fee Gallager Long Beach, NJ  
 Address Same as above Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
 \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Federal Emp. No. \_\_\_\_\_  
 or Social Security No. \_\_\_\_\_

- CERTIFICATE OF OCCUPANCY**  
 This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, all applicable land use ordinances and Township approvals, and that the property is approved for use and/or occupancy.
- CERTIFICATE OF APPROVAL**  
 This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.
- CERTIFICATE OF 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.
- TEMPORARY CERTIFICATE OF OCCUPANCY**  
 If this is a Temporary Certificate of Occupancy the following conditions must be met no later than \_\_\_\_\_, 19\_\_\_\_ or the owner will be subject to a fine or order to vacate:

Type of Warranty Plan: [ ] State [ ] Private  
 Construction Classification \_\_\_\_\_  
 Maximum Occupancy Load \_\_\_\_\_  
 Zone R-15  
 Land Use Designation Single family dwelling  
 ESTIMATED COST \$ 4,200.  
 Home Warranty No. N/A  
 Use Group R-3  
 Maximum Live Load \_\_\_\_\_  
 Description of Work/Use: Rebuild 13' X 13' Deck.

Dates: 6-5-95  
 Dated: 6-5-95

[Signature]  
 Construction Official, Township of Wall  
[Signature]  
 Land Use Officer, Township of Wall

C.O. No. 95-336



# CONSTRUCTION PERMIT

Date Issued 1/24/03  
Control #  
Permit # 03-82

*D & J Heyniger, Inc.*

IDENTIFICATION Block 729 Lot 4  
Work Site Location 1305 Wedgenood Rd. Contractor (Aiburtus Modular Homes)  
Sp. Lk. Heights, NJ Address 1601 Rt 71  
Owner in Fee Mikolajczyk Belmar, NJ 07719  
Address SAME Mikolajczyk Tel. (732) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. 028404  
Tel. (\_\_\_\_) \_\_\_\_\_

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:

*Modular Addition*  
*No Porch. ~~porch~~*

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 \$ 18,000 24,750

*Greg Kish*  
Construction Official

1/24/03  
Date

PAYMENTS (Office Use Only)	
Building	<u>52.00</u>
Electrical	<u>78.00</u>
Plumbing	<u>81.00 78.00</u>
Fire Protection	<u>92.-</u>
Elevator Devices	_____
Other	_____
DCA Training Fee	<u>6.-</u>
Cert. of Occupancy	<u>46.-</u>
Other	_____
Total	<u>355.00</u>
Check No.	<u>904</u>
Cash	_____
Collected by	<i>[Signature]</i>

U.C.C. F170 (rev. 5/2K)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received 1/24/03  
Date Issued  
Control # 03-82  
Permit #

729  
4

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

Block 729 Lot 4  
Work Site Location 1305 WINDYWOOD RD.  
SP. IX HEIGHTS, NJ  
Owner in Fee 0 MIKOLAJCZYK  
Address SAME  
Tele. ( )  
Contractor ADAMUS ARCHITECTURAL WORKS INC  
Address 1101 RT. 71  
HOLMIR, NJ 07719  
Tele. ( 732 ) Fax ( 732 )  
Lic. No. or Bldrs. Reg. No. 1128404  
Federal Emp. No. 22-343-4606

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature [Signature]

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

Module Addition ~~to porch~~  
Per enclosed plans  
No Porch.

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All			Footing			3/17/03	PL
<input type="checkbox"/> Footing			Foundation			3/23/03	PL
<input type="checkbox"/> Foundation			Slab				
<input type="checkbox"/> Frame			Frame				
<input type="checkbox"/> Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes				
SUBCODE APPROVAL:			Energy				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical				
Date: <u>6/23/03</u>			TCO			3/25/03	PL
Approved by: <u>[Signature]</u>			OTHER <u>PLATE</u>			6/23/03	PL
			Final				
			Barrier-Free				

**TYPE OF WORK:**

- New Building
- Addition Bldg
- Alteration Tram
- Roofing
- Siding
- Fence \_\_\_\_\_ Height (exceeds 6')
- Sign \_\_\_\_\_ Sq. Ft. 910
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other
- Demolition

**FEE (Office Use Only)**

\$	<u>52.00</u>
	<u>6.00</u>
	<u>46.00</u>

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed R-4  
Constr. Class Present \_\_\_\_\_ Proposed 5A  
No. of Stories 1  
Height of Structure 16 Ft.  
Area — Largest Floor 200 Sq. Ft.  
New Bldg. Area/All Floors 1130 Sq. Ft.  
Volume of New Structure 494 Cu. Ft. 2730  
Total Land Area Disturbed 1130 Sq. Ft.

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_
2. Alteration \$ 8,000 found 10,000
3. Total (1+2) \$ \_\_\_\_\_

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ <u>104.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>104.00</u></b>

U.C.C. F110  
(rev. 3/96)

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy

0320019  
P.15

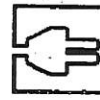
03-414



UTILITY OF CONTRACTOR



**ELECTRICAL  
SUBCODE  
TECHNICAL SECTION**



Date Received 4/11/03  
Date Issued  
Control #  
Permit # 03-82

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

Block 724 Lot 4  
Work Site Location 305 WOODBURN RD. SP 14 HERMAN'S NT.  
Owner in Fee/Occupant MIRKOWICZ  
Address SAME  
Tele. ( )  
Contractor GLENN PRINGLE ELECTRICAL CONT.  
Address 1707 I STREET WALL NJ 07719  
Tele. ( 932 ) 2 Fax ( )  
Lic. No. 77719  
Federal Emp. No. 565780

**B. ELECTRICAL CHARACTERISTICS**

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required			Type:	Failure Failure Approval Initial
Joint Plan Review Required:			Rough	<u>5/9/03 ml</u>
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Temp. Serv.	
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Constr. Serv.	
<input type="checkbox"/> Elec. Plans Approved			TCO	
Date:			Other	
Approved by:			Service	
			Final	<u>6/19/03 ml</u>

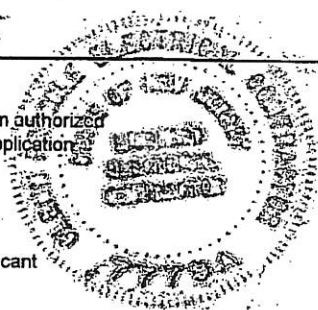
**SUBCODE APPROVAL**

CO  CCO  CA  
Date: 6/19/03  
Approved by: ml

**C. CERTIFICATION IN LIEU OF OATH**

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

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



**D. TECHNICAL SITE DATA**

QTY	SIZE	ITEMS
<u>8</u>		Lighting Fixtures
<u>7</u>		Receptacles
<u>6</u>		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
<u>1</u>		KW Dishwasher
<u>1</u>		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
<u>1</u>	<u>200</u>	KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

**FEE (Office Use Only)**

CHANGE OF CONTRACTOR

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

DCA Training Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

Licensed Electrical Contractor  Exempt Applicant

*#Change of Contractor*



**FIRE  
SUBCODE  
TECHNICAL SECTION**

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

Block 729 Lot 4  
 Work Site Location 1305 Wedgewood Rd. Sp. Lk Heights, NJ  
 Owner in Fee Mikolajczyk  
 Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ )  
 Contractor GLENN PRINGLE  
 Address 1707 J STREET WACC NJ 07719  
 Tele. (732) 71114 Fax ( \_\_\_\_\_ )  
 Lic. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Heating Systems [ ] New [ ] Existing [ ] HVAC  
 Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar  
 [ ] Other \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Total Cost of Fire Protection Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)						
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
[ ] No Plans Required	Joint Plan Review Required:	Type:	Failure	Failure	Approval	Initial
[ ] Building	[ ] Plumbing	Alarm System	_____	_____	_____	_____
[ ] Electric	[ ] Elevator	Suppression Sys.	_____	_____	_____	_____
[ ] Fire Plans Approved		Standpipe	_____	_____	_____	_____
Date: _____		Fire Pump	_____	_____	_____	_____
Approved by: _____		Pre-Eng. System	_____	_____	_____	_____
SUBCODE APPROVAL		Mechanical	_____	_____	_____	_____
[X] CO	[ ] CCO [ ] CA	Smoke Control	_____	_____	_____	_____
Date: <u>6/19/05</u>		TCO	_____	_____	_____	_____
Approved by: <u>JRC</u>		Final	_____	_____	_____	_____
		Other	_____	_____	_____	_____

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the agent or owner of record and am authorized to make this application.

Glenn Pringle  
 Signature



Date Received  
 Date Issued  
 Control #  
 Permit #

*9/21/03*  
*03-82*

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_  
 Method of Alarm/Suppression System Supervision \_\_\_\_\_

**Storage Tanks**

Type: [ ] Flammable Liquid [ ] Combustible Liquid  
 [ ] LPG [ ] LNG Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

Alarm Systems [ ] 110v Interconnected NUMBER  
 [ ] System

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 2

Supervisory Devices (i.e., tampers, low/high air) \_\_\_\_\_

Signaling Devices (i.e., horn/strobes, bells) \_\_\_\_\_

Other Devices \_\_\_\_\_

TOTAL 2

**Suppression Systems**

Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_

Dry Pipe/Alarm Valves \_\_\_\_\_

Pre-action Valves \_\_\_\_\_

Sprinkler Heads (Dry and Wet) \_\_\_\_\_

Standpipes \_\_\_\_\_

**Pre-engineered Systems**

Wet Chemical \_\_\_\_\_

Dry Chemical \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Other \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Gas [X] or Oil [ ] Fired Appliances T

Other \_\_\_\_\_

**FEE (Office Use Only)**

*Change of Contractor*

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





**PLUMBING  
SUBCODE  
TECHNICAL SECTION**



Date Received 1/24/03  
Date Issued  
Control #  
Permit # 03-82

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

Block 124 Lot 4  
Work Site Location 1305 Wedgewood Rd. Spring Lake Heights, NJ  
Owner in Fee Mikolajczyk Milicich  
Address SAME Modular Addition  
Tele. (732) 449-5801  
Contractor Rizzo Plumbing & Heating  
Address 321 Sunset Ave Apt 5D  
Asbury Park NJ  
Tele. (732) 9251 Fax ( ) SAME  
Lic. No. 0251  
Federal Emp. ...

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ 4,000

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW**

No Plans Required  
Joint Plan Review Required:  
 Building  Electric  
 Fire  Elevator  
 Plumbing Plans Approved  
Date: 1/24/03  
Approved by: [Signature]

**INSPECTIONS**

Type:	Dates (Month/Day)			Initial
	Failure	Failure	Approval	
Slab				
Rough				
Water				
Sewer <u>connect to Existing</u>			<u>4/15</u>	<u>[Signature]</u>
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO <u>et/10/03</u>			<u>4/23/03</u>	<u>[Signature]</u>

**SUBCODE APPROVAL**

CO  CCO  CA  
Date: 4/23/03  
Approved by: [Signature]

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature \_\_\_\_\_ Contractor's Seal \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	<u>75</u>
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	<u>75</u>
_____	Hose Bibb	<u>145</u>
_____	Water Heater	<u>75</u>
_____	Fuel Oil Piping	_____
_____	Gas Piping	<u>46</u>
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection <u>CONNECT</u>	_____
_____	Water Service Connection <u>ET-1</u>	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
DCA Training Fee \$ \_\_\_\_\_  
TOTAL FEE \$ 81.00



**TOWNSHIP OF WALL**  
 2700 ALLAIRE ROAD  
 WALL, N.J. 07719  
 (732) 449-8444



**CERTIFICATE OF OCCUPANCY/APPROVAL**

Building Permit No. 0382  
 Zoning Permit No. 0320019

Control # \_\_\_\_\_

IDENTIFICATION Block 729 Lot 4

Work Site Location 1305 Wedgewood Dr Contractor D+S Inc.

Sp Lk Hts, NJ Address 1601 Rt 71

Owner in Fee Mikolajczyk Edmar, NJ

Address \_\_\_\_\_ Tele. (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Lic. No. or Bids. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_ Federal Emp. No. \_\_\_\_\_  
 or Social Security No. \_\_\_\_\_

**CERTIFICATE OF OCCUPANCY**

**CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, all applicable land use ordinances and Township approvals, and that the property is approved for use and/or occupancy.

**CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

**TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than \_\_\_\_\_, 20\_\_\_\_ or the owner will be subject to a fine or order to vacate:

Type of Warranty Plan: [ ] State [ ] Private

Construction Classification \_\_\_\_\_

Maximum Occupancy Load \_\_\_\_\_

Zone R-15

Land Use Designation Single family dwelling

ESTIMATED COST \$ 18,000-

Home Warranty No. NA

Use Group R-3

Maximum Live Load \_\_\_\_\_

Description of Work/Use: Modular Addition - No Power

[Signature]  
 Construction Official, Township of Wall

\_\_\_\_\_  
 Land Use Officer, Township of Wall

Dated: 7-2-03

C.O. No. 03-414





# CONSTRUCTION PERMIT

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

IDENTIFICATION Block 729 Lot 4

Work Site Location \_\_\_\_\_ Contractor self

Address 1305 Wedgewood Rd.

Owner in Fee Mark Mikolajczyk

Address 1305 Wedgewood Rd

Tel. (732) \_\_\_\_\_ 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:**

septic tank collapse

**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 \$ 1200  
Guy Kirk  
Construction Official

6-20-03  
Date

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____ <u>fee</u>
Elevator Devices	_____
Other	_____ <u>No</u>
DCA Training Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____

U.C.C. F170 (rev. 5/2K)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)



# CONSTRUCTION PERMIT

3116/5-22-12  
Date Issued  
Permit # 20120628

IDENTIFICATION Block 729 Lot 4 Qualification Code \_\_\_\_\_  
 Work Site Location 1305 WEDGEWOOD RD Contractor Anthony & Sylvan Pools  
NAIL TWP Address 350 Highway 9 North  
 Owner in Fee MARK + COLLEEN MIROJACZYK Englishtown, NJ 07726  
 Address \_\_\_\_\_ Tel. ( 609 ) 923-8628  
 Tel. ( 732 ) \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. 13VH01546700

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:

INGROUND Pool ~~PER CODE~~  
20x40

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 \$ 40,000 35575  
 \_\_\_\_\_  
 Construction Official Date 5/21/12

PAYMENTS (Office Use Only)	
Building	<u>187-</u>
Electrical	<u>211-</u>
Plumbing	<u>58-</u>
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>61-</u>
Cert. of Occupancy	<u>35-</u>
Other	_____
Total	<u>554-</u>
Check No.	<u>1351</u>
Cash	_____
Collected by	<u>SA</u>

(see reverse side)





**BUILDING SUBCODE  
TECHNICAL SECTION**



Date Received 5-22-12 **729**  
Control # 51161  
Date Issued  
Permit # 2012062\* **4**

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

Block 729 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location 35 Highway 9 North Englishtown NJ

Owner, in Fee: \_\_\_\_\_  
Tel. ( 610 ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
street municipality

Contractor: Anthony & Sylvan Pools Tel. ( 609 ) \_\_\_\_\_  
Address 350 Highway 9 North e-mail \_\_\_\_\_  
Englishtown, NJ 07726

Contractor License No. or Builder Registration No. 13VH01546700 Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Emp. ID No. 23-1720390 FAX: ( 7 ) \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required			Type:	Failure Failure Approval Initial
<input checked="" type="checkbox"/> All	<u>5-22-12</u>	<u>AS</u>	Footings/Foundations	<u>6/7/12</u> <u>AS</u>
<input type="checkbox"/> Footings/Foundations			Footings Bonding	
<input type="checkbox"/> Structural/Framework			Foundation	
<input type="checkbox"/> Exterior			Slab	
<input type="checkbox"/> Interior			Frame	
Joint Plan Review Required:			Truss Sys./Bracing	
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Barrier-Free	
SUBCODE APPROVAL for PERMIT			Insulation	
Date: _____			Finishes-Base Layer	
Approved by: _____			Finishes-Final	
SUBCODE APPROVAL for CERTIFICATE			Energy	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> ICA			Mechanical	
Date: <u>8-2-12</u>			TCO	
Approved by: <u>AS</u>			Other	
			Final	<u>8-2-12</u> <u>AS</u>
			Barrier-Free	

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed U Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_ If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_  
Height of Structure \_\_\_\_\_ ft.  
Area — Largest Floor: \_\_\_\_\_ sq. ft. Est. Cost of Bldg. Work:  
New Bldg. Area/All Floors \_\_\_\_\_ sq. ft. 1. New Bldg. \$ 33,000  
Volume of New Structure \_\_\_\_\_ cu. ft. 2. Rehabilitation \$ \_\_\_\_\_  
Max. Live Load \_\_\_\_\_ 3. Total (1+2) \$ 33,000  
Max. Occupancy Load \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the agent of record and am authorized to make this application.

Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

34 x 40 inground pool  
~~fence per pool code~~

**TYPE OF WORK:**

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence 4 Height (exceeds 6')
- Sign \_\_\_\_\_ Sq. Ft.
- Pool
- Retaining Wall \_\_\_\_\_ Sq. Ft.
- Abestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other \_\_\_\_\_
- Demolition

**FEE (Office Use Only)**

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
187

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ 50  
TOTAL FEE \$ 245

OK 10/4/12  
EIA  
1220199  
RIS

12-685

side caved in and repair via DINA





# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control # 51161  
Date Issued 5-22-12  
Permit # 20130628

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

Block 129 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location 1305 W 2nd Avenue RD

Owner in Fee: Maria + William Marafioti

Tel. ( 139 ) \_\_\_\_\_ ill \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: Anthony & Sylvan Pools Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Address 350 Highway 9 North e-n \_\_\_\_\_

Englishtown, NJ 07726

Contractor License No. 13VH01546700 Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. 23-1720390 FAX: ( 7 ) \_\_\_\_\_

### B. PLUMBING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ 1,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/>	No Plans Required	Slab	_____	_____	_____	_____
<input type="checkbox"/>	Partial Underslab Utilities Approved	Rough	_____	_____	_____	_____
Date: <u>5/16/12</u>	Approved by: <u>[Signature]</u>	Water	_____	_____	_____	_____
<input type="checkbox"/>	Plumbing Plans Approved	Sewer	_____	_____	_____	_____
Date: _____	Approved by: _____	Fixtures	_____	_____	_____	_____
<input type="checkbox"/>	Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Gas Piping	_____	_____	_____	_____
Date: <u>5/16/12</u>	Approved by: <u>[Signature]</u>	LPGas Tank	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> TSA	Date: <u>8/10/12</u>	Solar	_____	_____	_____	_____
Approved by: <u>[Signature]</u>		TCO	_____	_____	_____	_____
		Final	_____	_____	_____	_____

### C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_  
 Licensed Plumbing Contractor  Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK		FEE (Office Use Only)
SVRS drains in pool		\$ _____
QTY.	FIXTURE / EQUIPMENT	
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other <u>Bottom Drains (2)</u>	<u>13</u>

Administrative Surcharge	\$ _____
Minimum Fee	\$ <u>50</u>
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	\$ <u>100</u>

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

C. O. No. *12-1085*  
Building Permit No. **20120628**  
Zoning Permit No. **12Z0199**

### CERTIFICATE

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. **231720390**

Home Warranty No. **N/A**  
Type of Warranty Plan:  State  Private  
Use Group: **U**  
Maximum Live Load:  
Construction Classification:  
Maximum Occupancy Load:  
Zone: **R-15** Estimated Cost **\$35,575.00**  
Land Use Designation: **SFD**  
Description of Work/Use:

**20 x 40 inground pool.**

#### CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

#### CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

#### TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than \_\_\_\_\_ or the owner will be subject to fine or order to vacate.

#### CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:


- Total removal of lead-based paint hazards in scope of work
- Partial or limited time period ( \_\_\_\_\_ years); see file

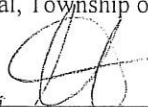
#### CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

#### CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until \_\_\_\_\_

  
\_\_\_\_\_  
Construction Official, Township of Wall

  
\_\_\_\_\_  
Land Use Officer, Township of Wall

Date Issued: *10-17-12*

*BM 10-15-12*



# CONSTRUCTION PERMIT

51160  
Date Issued 5-22-12  
Permit # 20120627

IDENTIFICATION Block 729 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location 305 WEDGEWOOD RD Contractor Sylvan Fence  
W411 Address PO Box 1449  
Owner in Fee MARC + COLLEEN MIKOLAJCZYK Douglasville GA 30102  
Address \_\_\_\_\_ Tel. (215) 4...  
Tel. (132) Lic. No. or Bldrs. Reg. No. # 13VH01546700

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:

4' FENCE Pool fence

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 \$ 4425  
[Signature]  
Construction Official

5/21/12  
Date

PAYMENTS (Office Use Only)	
Building	<u>133.-</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>8.-</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>141.-</u>
Check No.	<u>1351</u>
Cash	_____
Collected by	<u>[Signature]</u>

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)



# BUILDING SUBCODE TECHNICAL SECTION



Date Received

Control #

Date Issued

Permit #

51160  
5-22-12  
729  
201206374

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

Block 129 Lot 4 Qualification Code \_\_\_\_\_

Work Site Location 1305 10th Street

Owner in Fee: 114th + 20th Street Thruout 129

Tel. ( 138 ) \_\_\_\_\_ ail \_\_\_\_\_

Address \_\_\_\_\_

Contractor: Sullivan Fence street \_\_\_\_\_ municipality \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Address 1010 14th e-mail \_\_\_\_\_  
1417 22nd PA 18902

Contractor License No. or Builder Registration No. 15V1101543100 Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

### 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 Colleen M. Sullivan

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
4' Fence with 3.1 Barrier

#### TYPE OF WORK:

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

#### FEE (Office Use Only)

\$ \_\_\_\_\_  
\_\_\_\_\_

1225199  
2.15  
OK

Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
 TOTAL FEE \$ 141

#### JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[ ] No Plans Required	<u>5/21/12</u>	<u>CS</u>	Type:	Failure	Failure	Approval	Initial
[ ] All			Footings	<u>6/7/12</u>	<u>6/12/12</u>	<u>6/12/12</u>	<u>CS</u>
[ ] Footings/Foundations			Footings Bonding				
[ ] Structural/Framework			Foundation				
[ ] Exterior			Slab				
[ ] Interior			Frame				
Joint Plan Review Required:			Truss Sys./Bracing				
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator			Barrier-Free				
SUBCODE APPROVAL for PERMIT			Insulation				
Date: _____			Finishes -Base Layer				
Approved by: _____			Finishes -Final				
SUBCODE APPROVAL for CERTIFICATE			Energy				
[ ] CO [ ] CCO [ ] CA			Mechanical				
Date: <u>8-2-12</u>			TCO				
Approved by: <u>DORIAN A. ...</u>			Other				
			Final				
			Barrier-Free				

#### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed U Constr. Class Present \_\_\_\_\_ Proposed U

No. of Stories \_\_\_\_\_ If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft.

Area — Largest Floor \_\_\_\_\_ sq. ft.

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft.

Volume of New Structure \_\_\_\_\_ cu. ft.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

#### Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_
2. Rehabilitation \$ \_\_\_\_\_
3. Total (1+ 2) \$ 4425

U.C.C. F110 (rev. 12/07)

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Hard = Applicant Copy

12-684

Side Council

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

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

### CERTIFICATE

Block: 729 Lot: 4  
Work Site Location: 1305 Wedgewood Road

Owner in Fee/Occupant: M & C Mikolajczyk  
Address: 1305 Wedgewood Road  
Wall Twn., NJ 07762

Tele. (732)

Contractor: Sylvan Fence

Address: PO Box 1449  
Dovlestown, Pa 18902

Tele. (215) Fax:

Lic. No. or Bldrs. Reg. No. 13VH01546700

Federal Emp. No.

Home Warranty No. N/A

Type of Warranty Plan:  State  Private

Use Group: U

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Zone: R-15 Estimated Cost \$4,425.00

Land Use Designation: SFD

Description of Work/Use:

4' pool fence to code.

**CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

**CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

**TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than \_\_\_\_\_ or the owner will be subject to fine or order to vacate.

**CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

Total removal of lead-based paint hazards in scope of work


Partial or limited time period ( \_\_\_\_\_ years); see file

**CERTIFICATE OF CONTINUED OCCUPANCY**


This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

**CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until \_\_\_\_\_

  
\_\_\_\_\_  
Construction Official, Township of Wall

Date Issued: 10-17-12

  
\_\_\_\_\_  
Land Use Officer, Township of Wall

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

BM 10-15-12