

MORTGAGE CONNECT

Property Information		Request Information		Update Information
File#:	BS-X01693-4085241799	Requested Date: 07/	/17/2024	Update Requested:
Owner:	MIKOLAJCZYK, MARK A & COLLEEN P	Branch:		Requested By:
Address 1:	1305 WEDGEWOOD RD	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip	: SPRING LAKE, NJ	# of Parcel(s): 1		

Notes				
CODE VIOLATIONS	Per Township of Wall Department of Zoning there are no Code Violation cases on this property.			
	Collector: Township of Wall Payable: 2700 Allaire Road, Wall, NJ 07719 Business# 732-449-8444			
PERMITS	Per Township of Wall Building Department there are multiple Open & Expired Permits on this property.			
	Collector: Township of Wall Payable: 2700 Allaire Road, Wall, NJ 07719 Business# 732-449-8444			
	Comments: Per Township of Wall Building Department there are multiple Open & Expired Permits on this property. Please refer to the attached document for more information.			
SPECIAL ASSESSMENTS	Per Township of Wall Tax Collector Department there are no Special Assessments/liens on the property.			
	Collector: Township of Wall Payable: 2700 Allaire Road, Wall, NJ 07719 Business# 732-449-8444			
DEMOLITION	NO			
UTILITIES	WATER & SEWER Account #: 4904027-0 Payment Status: Paid Status: Pvt & Lienable Amount: \$0.00 Good Thru: N/A Account Active: Active Collector: Township of Wall Payable: 2700 Allaire Road, Wall, NJ 07719 Business# 732-449-8444 UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.			
	GARBAGE Garbage bills are included in the Real Estate Property taxes.			







Date Received Date Issued 8/6/9/ Control # Permit # 91-734

BLK 729 ~4

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

Block 729 Work Site Location	1305 WEDGE WOOR
Owner in Fee Address	GALLAGLER
Tele. () Contractor	
Address	P.O. Box 1494
Tele. () Lic. No. or Bldrs. Reg. No.	Brick, N.J. 08723
AND A REAL PARTY AND AND A REAL PARTY AND A	or Social Security

JOB SUMMARY (Office Use Only)						
PLAN REVIEW	Plate/ 1	nitel INSPECTIONS		Dates (N	/onth/Day)	
[X No Plans Req.	816191~	Type:	Failure	Failure	Approval	Initial
		Footing				
[] Footing		Foundation				
[] Foundation		Slab				
[] Frame		Frame				
[] Other		Insulation			<u></u>	
Joint Plan Review Re	quired:	Finishes:				
[] Elec. [·] Pluml	b. [] Fire	Energy				
SUBCODE APPROVA	AL.	Mechanical				
] 000 [] CCO [] CA	TCO				
Date:	100	Other	-			
		Final				

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B. BUILDING CHARACTERISTICS \$

Use Group			
Constr. Class	Present	Proposed	<u>. </u>
No. of Stories			
Height of Struc	ture		Ft.
Area-Largest	Floor		Sq. Ft.
Total Bldg. Are	a/All Floors		Sq. Ft.
Volume of Stru	cture		Cu. Ft.
Total Land Are	a Disturbed		Sq. Ft.

Est.	Cost c	of Bldg.	Work:
1 N	Iow Die	0	

1. New Bldg. \$ _____

2. Alteration \$ _____

3. Total (1+2)\$ _____

	Λ				
C.	CERTIFICATIO	ON IN LI	EU OF O	DATH	
	I hereby certify	that	thelia		ownee
of	record/and/am	authorize	d ta mak	enhis an	Dication
01	UNIT -			(IIIS LIP)	

Signature

D. TECHNICAL SITE DATA DESCRIPTION OF WORK

the Root

TY	PF	OF	WORK:	(Office Use Only)
ŕ	1		Building	FEE
r	;	Add		»
L r	J		ration	
L	1			
		IFT	Roofing	
		[]	Siding	
		[]	Other	
I]	Dem	olition	
[]	Misc	ellaneous	
		[]	Fence Height	
		[]	Sign Sq. Ft.	
		[]	Pool	
		[]	Elevator	
		[]	Asbestos Abatement	
		[]	Other	
		1	Administrative Surcharge	\$
Ра	id	(X)	Check # 103019 Minimum Fee	\$
			by:TOTAL FEE	\$_33-
			141	



. Height of Structure

Area-Largest Floor

Volume of Structure _

Total Land Area Disturbed

Total Bldg. Area/All Floors -

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Ft:

Sa

Sq. Ft.

Sq. Ft. Cu. Ft.

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Total (14

township of Wall 2760 ALLAIRE ROAD WALL, N.J. 07719 (201) 449-8444





Date Received Date Issued Control # Permit # 91-6

A IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANG	C. CERTIFICATION IN LIEU OF OATH
ING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	
	I hereby certify that I am the (agent of) owner.
Block, Lot	of record/and am authorized to make this application.
Work Site Location 1305 WEAGE GOOS	
Owner in Fee	Signature
Winer in Fee	D. TECHNICAL SITE DATA
Address	DESCRIPTION OF WORK
Tele (ALSURF-NEUHAUS	Me- Koot
Contractor Address Brick, N.J. 087;	and the second second second second
Address Brick N.J. 097	
(Teles (Control of the second s	
Lic. No. or Bidrs. Reg. No.	
Federal Emp. No.	
JOB SUMMARY (Office Use Only)	
PLAN REVIEW Dates, Initial INSPECTIONS Dates (Month/Day)	TYPE OF WORK
No Plans Req. 61691	[] New Building
Footing	[]-, Addition
Foundation	[] Alteration
Slab Slab	[↓], Roofing
Frame	[] Siding
都 Insulation	[.] Other
Joint Plan Review Required:	[] Demolition
Filec. [] Plumb. [] Fire Energy	[] Miscellaneous
SUBCODE APPROVAL	[] Fence Height
TCO TO COOL TO A	[] Sign Sq. Ft.
1 [] CO [] CCO [] CH TCO	[] Pool
Approved By: Final 2/15/65	[] Elévator
A.H.	. Y
B. BUILDING CHARACTERISTICS	0 • Other
Use Group Present Proposed Est. Cost of Bldg. Work:	C - C - C - C - C - C - C - C - C - C -
Use Group Present Proposed Est Cost of Bldg. Work:	Administrative Surcharge
Constr. Class Present Proposed 1. New Bldg. \$	Paid [1] Check # 103011 Minimum Fee Collected by TOTAL FEE
No. of Stories 2. Alteration \$	Collected byTOTAL FEE

1 White = Office Copy 3 Pink = Applicant Copy 10A } C

.2 Canary = Office Copy 4 Hard = Inspector Copy

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(Office Use Only)

FEE

729

TOWNSHIP OF WALL 2700 ALLAIRE ROAD WALL, N.J. 07719 (908) 449-8444	
	OCCUPANCY/APPROVAL
Date Issued 3-6-95	Building Permit No. 91-734
Control #	Zoning Permit No <i>N1A</i>
IDENTIFICATION Block 719 Lot	4
Work Site Location	_ Contractor <u>Alsurf-Neukaus</u> Address <u>D.D. Bax 1494</u>
1305 Wedgewood goed	Address D.D. Bax 1494
Owner in Fee	Duck NJ OP723
Address Same as above	
	Lic. No. or Bldrs. Reg. NoExp. Date
Tele. ()	Federal Emp. No
	or Social Security No
in accordance with the New Jersey U	CERTIFICATE OF APPROVAL cture, or equipment has been constructed or installed niform Construction Code, all applicable land use that the property is approved for use and/or occupancy.
are no imminent hazards and the buildin TEMPORARY CERTIFICATE OF OCCUP/	al inspection of the visible parts of the building there g is approved for continued occupancy.
than,19,19	pancy the following conditions must be met no later or the owner will be subject to a fine or order to vacate:
D (A Type of Warranty Plan: []	
Construction Classification	
Maximum Occupancy Load	
Zone X	2-15
Land Use Designation	Single familydwelling.
ESTIMATED COST \$6	0
Home Warranty No	NIH
Use Group	RE
Maximum Live Load	
Description of Work/Use:	Roof
Dates: 3-6-95	Construction Official Forwaship of Wall
Dated: 3-6-85	Land Use Officer, Township of Wall
	· ·
	C.O. No. 95-152

IDENTIFICATION Block 729	STRUCTION Date Issued 5/3/95 Control # Permit # 95-651
Work Site Location 1305 Wedgewood RD	
Owner in Fee Gallage	Address 549 SICA LANE
Address 1305 vedgewood KD	Toms River
	Lic. No. or Bldrs. Reg. No Exp. Date
Tele. ()	Federal Emp. No.
	or Social Security No
is hereby granted permission to perform the following work:	PAYMENTS (Office Use Only)
[] BUILDING [] PLUMBING [] OTHER [] ELECTRICAL [] FIRE PROTECTION	Building
[] ELECTRICAL [] FIRE PROTECTION [] ELEVATOR DEVICES	Electrical
	Plumbing
DESCRIPTION OF WORK: rebuild 13×13 500	Fire Protection
	Elevator Devices
	Other
	DCA Training Fee
	Cert. of Occ
	Other
NOTE: If construction does not commence within one (1) year of da	
if construction ceases for a period of six (6) months, this permit is	void. Check No
Estimated Cost of Work \$	CashA
AREG VIE	Collected By:
CONSTRUCTION	OFFICIAL (see reverse side)
U.C.C. Form F-170C 1 WHITE-INSPECTOR 2 CANARY-OFFICE	3 PINK-OFFICE 4 GOLD-APPLICANT

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A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICA	BLE INFORMATION. WHEN CHANGING	C. CERTIFICATION IN LIEU OF OATH	
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO:	1-800-272-1000.	I hereby certify that I am the (agent of) owner of record	
Block 729 Lot 4		and am authorized to make this application.	
Work Site Location 1305 wrdge wood	RD	0	
wall		Signature	
Owner in Fee GallAger		Signaturo .	•
Address 1305 we drewood RD		D. TECHNICAL SITE DATA	
		DESCRIPTION OF WORK	
Tele. ()	<u> </u>	rebuild 13'x13's	VACELK
Address 549 SILA LANC	·····		
Toms RIVER		• or	
Tele. ()		-	
Lic. No. Bldrs. Reg. No			
Federal Emp. No or Social Secu	rity No		
JOB SUMMARY (Office Use Only)		· · · ·	der s iss frame
PLAN REVIEW Date Initial INSPECTIONS	Dates (Month/Day)		(Office Use Only)
[] No Plans Req.	Failure Failure Approval Initia	TYPE OF WORK:	FEE
X All 5/3/5 Footing	5/3/90'	[] New Building	\$
[] Footing Foundation		[] Addition	
[] Foundation Slab	· · · · · · · · · · · · · · · · · · ·	[] Alteration	
[] Frame Frame		[] Roofing	·
[] Other Insulation		[] Siding	(<u>)</u>
Joint Plan Review Required: Finishes:		[] Fence Height (6' or over)	
[] Elec. [] Plumb. [] Fire Energy		[] Sign Sq. Ft.	
SUBCODE APPROVAL Mechanical		[] Pool	
		[] Asbestos Abatement	
Date: Other		27 [] Other	
Approved By: Final		0 [] Other	
	(V [] Demolition	
B. BUILDING CHARACTERISTICS	رې		C .
	D.	Administrative Orandonese (\$ `
Use Group Present Proposed	Est. Cost of Bldg. Work:	Paid [V Check # Minimum Fee	\$
Constr. Class Present Proposed	1. New Bidg. \$	Collected by: DCA TRAINING FEE	\$
No. of Stories	2. Alteration \$	TOTAL FEE	\$_65-
Height of Structure Ft.	3. Total (1+2) \$ 41700-		2 7 21
Area-Largest Floor Sq. Ft.	in in a	226	-
New Bidg. Area/All Floors Sq. Ft.		95-2-9	5
Volume of New Structure Cu. Ft.		U.C.C. Form F-110B 1 White = Office Copy $F (\varphi^2)$ 2 Canary	y = Office Copy
Total Land Area Disturbed Sq. Ft.			= Inspector Copy

BLK 729 L 4

TOWNSHIP OF WALL 2700 ALLAIRE ROAD WALL, N.J. 07719 (908) 449-8444	
CERTIFICATE OF O	CCUPANCY/APPROVAL
Date Issued 6-5-15	Building Permit No. <u>95-65</u> Zoning Permit No. <u>95203</u> 01 /
Control #	L Zoning Permit No. <u>45203</u> 01 V
IDENTIFICATION Block Lot	
Work Site Location 1305 Wedgewood Rd	Contractor Datali Bios.
Owner in Fee	Address Strand and
Address Same as above	Tele. (
	Lic. No. or Bldrs. Reg. NoExp. Date
Tele. ()_	Federal Emp. No
	or Social Security No
CERTIFICATE OF OCCUPANCY This serves notice that said building, struct	ture, or equipment has been constructed or installed
in accordance with the New Jersey Un	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 genera are no imminent hazards and the building	I inspection of the visible parts of the building there
TEMPORARY CERTIFICATE OF OCCUPAT If this is a Temperary Certificate of Occupat	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
Construction Classification	
Maximum Occupancy Load	
Zone $R - 15$	D
Land Use Designation	ge fanily dwelling
ESTIMATED COST \$	
Home Warranty No.	JIH
Use Group	· · · · · · · · · · · · · · · · · · ·
Maximum Live Load	
Description of Work/Use:	ebuild 13'X13' Lundeck.
Dates: (0-5-9.5	Aughul
Dated: 6-5-95	Construction Official, Township of Wall
	Land Use Officer, Township of Wall

C.O. No.	95-336
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IDENTIFICATION Block 729 Lot 4 Work Site Location 1305 WIAGENDOOL PCL. Contractor Alburthur Owner in Fee Mikologic.24/k Tel. (132) Lot Lot Entractor Tel. () Tel. () Lot <	Date Issued 1/24/03 Control # 03-82 D I J Heyniger, lac. Modular Homes 1 07719 028404
Is hereby granted permission to perform the following work: [\[BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT [LELECTRICAL [FIRE PROTECTION [] DEMOLITION [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER (Subchapter 8 only) DESCRIPTION OF WORK: Modulas Addition 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 \$	PAYMENTS (Office Use Only) Building Signature Building Signature Electrical Plumbing Signature Plumbing Signature Plumbing Signature Plumbing Signature Plumbing Building Signature Plumbing Signature <
	D-APPLICANT (Séé reverse side)

Date Received 1/24/03 BUILDING SUBCODE Control # 03-12 TEORALCONSTRUCTION Permit # TECHNICAL SECTION A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING C. CERTIFICATION IN LIEU OF OATH CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. I hereby certify that I am the (agent of) owner of record and am authorized to make this application. 724 4 Block Lot IUVIN NIQUOR WOOD. Pd. Work Site Location 1305 Signature Sp. I.K. Heishts. 'N.T. MiKOl41 20 C Λ Owner in Fee D. TÉCHNICAL SITE DATA SAME Address DESCRIPTION OF WORK Tele. (Modular Add Fin + Per enclosed plans No Porch. Contractor Addamenter MARTHANA HAMES Oto Inc Address 1/1/1 Rt. 71 07714 Belmar NT Fax (73: --/11 Tele. (732 Lic. No. or Bldrs. Reg. No. 11284114 22-343-44006 Federal Emp. No. JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) [] No Plans Required Failure Failure Initial Type: Approval Footing [] All Foundation] Footing [TYPE OF WORK: FEE (Office Use Only) [] Foundation Slab | New Building 20 [] Frame Frame Addition BIOG Barrier-Free [] Other Alteration Joint Plan Review Required: Insulation 00 [] Roofing Iran [] Elec. [] Plumb. [] Fire [] Elevator Finishes Siding 1 SUBCODE APPROVAL Energy Height (exceeds 6') Fence 5 [] CO Mechanical 1 CCO, [] CA Sign Sq. Ft. 00 1 111 Date: 23105 TCO D 110. Pool Other PL 1 1 Approved by: Asbestos Abatement Subchapter 8 Final Lead Haz. Abatement NJAC 5:17 Barrier-Free Other Demolition **B. BUILDING CHARACTERISTICS** Porch 8,000 Est. Cost of Bldg. Work: Use Group Present Proposed Administrative Surcharge Constr. Class Present Proposed ~~ 1. New Bldg. Minimum Fee Sund. 10 000. No. of Stories 2. Alteration DCA Training Fee 00 Height of Structure 11, Ft. 3. Total (1+2) 28min TOTAL FEE 1U \$ 200 Area — Largest Floor Sq. Ft. CON 1130 Sq. Ft. New Bidg. Area/All Floors U.C.C. F110 2 Canary = Office Copy White = Inspector Copy Cu. Ft. 2730 frazen Volume of New Structure 3 Pink = Office Copy 4 Gold = Applicant Copy Sq. Ft. Total Land Area Disturbed' 1120

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ix if Of Configurator. **ELECTRICA** '4/../03 03-82 Date Received Date Issued SUBCODE Control # NEW JERSEY AUXORALICONSTRUCTION | TECHNICAL SECTION Permit # · 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. FEE (Office Use Only) Block 53 Lighting Fixtures 1305 WOULDWER! Work Site Location Kd. Receptacles LE HERNAS NT Switches mikulafezik Owner in Fee/Occupant Detectors" CHAINGE OF CONTRACTO < 1 mms Address -Light Poles Motors-Fract, HP Tele. (Emergency & Exit Lights Flantacal 10161F Contractor (mit. Communications Points 1107 Address STREA Alarm Devices/F.A.C. Panel VAII Tele. (732) Fax (TOTAL NUMBERS 7049 Lic. No. Pool Permit/with UW Lights 565780 Federal Emp. No. Storable Pool/Spa/Hot Tub B. ELECTRICAL CHARACTERISTICS KW Elec. Range/Receptacle Use Group Present Proposed KW Oven/Surface Unit [] Pole/Pad # [] Temporary [] Other KW Elec. Water Heater Building Occupied as Utility Co. KW Elec. Dryer/Receptacle Est. Cost of Elec. Work \$ KW Dishwasher HP Garbage Disposal JOB SUMMARY (Office Use Only) KW Central A/C Unit PLAN REVIEW INSPECTIONS, Date Initial -- Dates (Month/Day) HP/KW Space Heater/Air Handler Type: 1 1 No Plans Required Failure Failure Initia Approtal KW Baseboard Heat RoughGA Joint Plan Review Required: HP Motors 1/+ HP 1 Building [] Plumbing Temp, Serv. KW Transformer/Generator [] Fire [] Elevator Constr. Serv. 200 AMP Service [] Elec: Plans Approved TCO AMP Subpanels Date: Other AMP Motor Control Center Approved by: Service KW Elec. Sign/Outline Light Final SUBCODE APPROVAL Temp: Cut-in-Card Date Issued N CO Final Cut-in-Card Date Issued CA Date: 10 Administrative Surcharge Approved by: Minimum Fee DCA Training Fee S C. CERTIFICATION IN LIEU OF OATH TOTAL FEE I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work fisted on this application Applicant's Signature/Contractor's Seal and Signature U.C.C. F120 1 White = Inspector Copy Licensed Electrical Contractor 2 Canary = Office Copy [] Exempt Applicant (rev. 3/96) 3 Pink = Office Copy" 4 Gold = Applicant Copy

#Ungrage of Contractor Fire Subcode A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Block 721 Lot 4 Work Site Location 1305 M PCLACHONG, N.T. Owner in Fee MIKOLAJCZYK	Date Received Date Issued Control # Permit # 03-82 D. TECHNICAL SITE DATA CHANSE OF CONTRACTOR DESCRIPTION OF WORK: Water Supply Source Method of Alarm/Suppression System Supervision
Tele. () Contractor GLE UN R_INGLE Address IDD STREET	Storage Tanks FEE (Office Use Only) 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)
JOB SUMMARY (Office Use Only) PLAN REVIEW INSPECTIONS Dates (Month/Day) [] No Plans Required Type: Failure Failure Approval Initial Joint Plan Review Required: Alarm System	Sprinkler Heads (Dry and Wet)

ATT A THE	FIRE SUBCODE TECHNICAL SECTION	Date Received 1/24/03 Date Issued Control # Permit # 03-82
CONTRACTORS, NOTIFY THIS OFFICE. C Block 729 Work Site Location 1305 WIDE Sp. LK. HEIGHTS	pwood Rd.	D. TECHNICAL SITE DATA Modular Addation DESCRIPTION OF WORK: Water Supply Source Method of Alarm/Suppression System Supervision
Tele. () Contractor <u>Mid-HHUNHIC E</u> Address <u>P.O. BOX 4</u> <u>NEDTUNE</u> , NJ <u>E</u> Tele. (<u>732</u>) <u>S</u> Lic. No. <u>13085</u> Federal Emp. No. <u>22-3785485</u>		Storage Tanks FEE (Office Use Only) Type: [] Flammable Liquid [] Combustible Liquid [] LPG [] LNG Capacity Fue! Alarm Systems [] 110v Interconnected NUMBER [] System Alarm Devices (i.e., smoke, heat, pulls, water/flow)
· · · · · · · · · · · · · · · · · · ·	boosed Fire Alarm System boosed New [] Existing [] g [] HVAC Location of Panel: c [] Solar Fire Suppression/Standpipe System SNC New [] Existing [] Location of Main Control Valve:	Supervisory Devices (i.e., tampers, low/hightair)
JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Plumbing [] Electric [] Elevator The 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) other of to make this application.	Alarm System	Standpipes Pre-engineered Systems Wet Chemical Dry Chemical CO ₂ Suppression Foam Suppression Halon Suppression Other Kitchen Hood Exhaust System Smoke Control System Gas or Oil [] Fired Appliances Other Administrative Surcharge Minimum Fee DCA Training Fee TOTAL FEE Stact Copy 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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		27 - 17 -1 75	Date Recei Date Issued Control # Permit #	1/2-4/03 3-12	
CONTRACTORS, NOTIFY THIS OFFICE. Block <u>1305</u> Wedge Work Site Location <u>1305</u> Wedge Spring Lake He Owner in Fee <u>Mikolajczy</u> Address <u>5AME</u> Tele. (<u>73a</u>) <u>449</u> - Contractor <u>Rizzo Plumbir</u> Address <u>321</u> <u>JUNSCH AVE</u> <u>Address 321</u> <u>JUNSCH AVE</u> <u>HSburn</u> Tele. (<u>73a</u>) Lic. No. <u>9251</u> Federal Emp B. PLUMBING CHARACTERISTICS Use Group Present <u></u> Building Source Size	Deble Sever	ic	TECHNICAL SITE DATA NO. FIXTURE/EQ Water Closet Urinal/Bidet Bath Tub Lavatory Shower Floor Drain Sink Dishwasher Vashing Mac Hose Bibb Water Heater Gas Piping Steam Boiler Hot Water Bo	(List of all fixtures.) NUIPMENT Intain Intain	FEE (Office Use Only) \$ 7 7 7 14 * 7
Building Seven Size Water Service Size Est. Cost of Plumbing Work \$ JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required Joint Plan Review Required: [] Building [] Electric [] Fire [] Elevator [] Plumbing Plans Approved Date: Date: SUBCODE APPROVAL [] CO [] CCO [/] CA Date: Date: Date: Date: C. CERTIFICATION IN LIEU OF OATH I hereby certify that J an the (agent of) owned to make this application and perform the work	INSPECTIONS Dates (I Type: Failure Failure Slab	Month/Day) Approval Initial 4/25 $14/25$ $15ee$ $affected$	Stacks Other Other Other	coveci	
Signature - Contractor's Seal] 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

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TOWNSHIP OF WALL 2700 ALLAIRE ROAD WALL, N.J. 07719 (732) 449-8444	
CERTIFICATE OF O	CCUPANCY/APPROVAL
4	Building Permit No. 13-52
	non noin
Control #	Zoning Permit No. <u>U3 ZUU1</u>
IDENTIFICATION BlockLotLot	The Dura
Work Site Location 305 Uldgewood D	Contractor DIJUNC.
AP LK HIS, US	Address
Owner in Fee	- Culmar, NS
Address	Tele. ()
	Lic. No. or Bldrs. Reg. NoExp. Date
Tele. ()	Federal Emp. No or Social Security No
 in accordance with the New Jersey Unordinances and Township approvals, and the CERTIFICATE OF CONTINUED OCCUPANT This serves notice that based on a generatare no imminent hazards and the building TEMPORARY CERTIFICATE OF OCCUPANT If this is a Temporary Certificate of Occupant of the serves of the s	I inspection of the visible parts of the building there is approved for continued occupancy.
Type of Warranty Plan: [] S	tate [] Private
Construction Classification	
Maximum Occupancy Load	
Zone_ <u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	
Land Use Designation	- Jamely alloclege
ESTIMATED COST \$ / 6, 40	
Home Warranty No	NA
Use Group&	
Maximum Live Load	A ANTA TO DUAL
Description of Work/Use:	dula addition - NO/Jover
	41
	Construction Official, Jownship of Wall
Dated: 7 -2 - 0.3	CH

C.O. NO. 03-414

	PLUMBING	¹ i
		V
NEW JERSEY	SUBCODE	į.
INTEGRM CONSTRUCTION	TECHNICAL SECT	ION



Date Received Date Issued Control # Permit #

D. TECHNICAL SITE DATA (List of all fixtures.) IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. FIXTURE/EQUIPMENT NO. .729 A Block Lot Water Closet may the LEISTEL KCL Work Site Location 11.00 12 ÷. Urinal/Bidet Bath Tub nd teulo Owner in Fee 12 C 67.0 Lavatory . 74 4. 1.1 1174 Address A dir VXX F. Shower 1- ... 0 . . .

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Approval

Initial

Dates (Month/Day)

Failure

ele. (15%).		· · · · · · · ·		
ontractor				7
ddress		and the second		7
			and a starter	7
ele. ()	/ Fax (\$`.)·" 、: 國	ang sa san sanga	A
ic. No/				1
ederal Emp. No.		S. S. A. Markey	e in the first of the second	<u>.</u>
. PLUMBING CHARACTERISTICS	t spec			
se Group Present	Prop	osed		
uilding Sewer Size P	ublic Sewer	Private Se	ptic	
later Service Size	hublic Water	Private W		

(U)

JOB SUMMARY (Office Use Only)

Est. Cost of Plumbing Work

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日本の語行

PLAN REVIEW
<[] No Plans Required Failure
Joint Plan Review Required: Slab
[] Building [] Electric Rough
[] Fire [] Elevator Water
[] Plumbing Plans Approved Sewer
Date:
Approved by: Gas Equipment
Gas Piping
SUBCODE APPROVAL Solar
I I CO I CO IN OR TCO Septic,
Date: 6/23/03
Approved by:

\$

· · · · · · Floor Drain Sink 1 Dishwasher **Drinking Fountain** Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping Steam Boiler Hot Water Boiler Sewer Pump Interceptor/Separator **Backflow Preventer** Greasetrap Sewer Connection Water Service Connection Stacks Other Other Other Administrative Surcharge 'Minimum Fee DCA Training Fee

			10.00
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FEE (Office Use Only)

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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

U.C C. F130

White = Inspector Copy Pink = Office Copy

TOTAL FEE

Canary = Office Copy .4 Hard =. Applicant Con

	Date Issued 6-20-03 Control # Permit # 0 3-780
IDENTIFICATION Block 729 Lot 4	10
Work Site Location Contractor	
Owner in Fee Mark Mikolailzult Address Address 1305 Wedge Wood Rd Tel. () Tel. (132)	
Is hereby granted permission to perform the following work:	PAYMENTS (Office Use Only)
[] BUILDING [] LEAD HAZARD ABATEMENT	Building
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION	Electrical
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER (Subchapter 8 only)	Plumbing Fire Protection
DESCRIPTION OF WORK:	Elevator Devices
septic tank corlapse	Other DCA Training Fee Cert. of Occupancy
NOTE: If construction does not commence within one (1) year of date of issuance, or	Other
if construction ceases for a period of six (6) months, this permit is void.	Total
Estimated cost of Work 8 - 1200 - 01-013	Check No
Ally Mic II - ou	Cash
Construction Official Date	Collected by
U.Ç.C. F170 (rev. 5/2K) 1 WHITEINSPECTOR 2 CANARYOFFICE 3 PINKTAX ASSESSOR 4 GOL	D-APPLICANT (see reverse side)

	51161 5-22-12 Date Issued 5-22-12 Permit # 20120628
	NJ 077263
Is herby granted permission to perform the following work: H BUILDING PLUMBING [] LEAD HAZARD ABATEMENT ELECTRICAL FIRE PROTECTION [] DEMOLITION [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER (Subchapter 8 only) DESCRIPTION OF WORK: NGROUND Pool FOOL 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 Construction Official U.C.C. F170 (rev.01/04) 1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR	PAYMENTS (Office Use Only) Building Electrical Plumbing Fire Protection Elevator Devices Other DCA State Permit Fee Cert. of Occupancy Other Total Cash Collected by (see reverse side) 4 GOLD - APPLICANT

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U	NEW JERSEY

BUILDING SUBCODE TECHNICAL SECTION



UNIFORM CONSTRUCTION CODE	Permit #
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORM. CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-	
	alification Code Sign boro
Work Site Location 5 Kerr Section 622	Sign here:
A Girl TUST	Print name here:
Owner, in Fee: // //// ///////////////	D. TECHNICAL SITE DATA
Tel. (<u></u> e-mail	
Address	DESCRIPTION OF WORK
Contractor: Anthony & Sylvan Pools Tel. (609 x 43 inground pool
Englishtown, NJ 07726	tence per poet sode
Contractor License No. or Builder Registration No. 13VH01546700	Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if appli	
Federal Emp. ID No. <u>23-1720390</u> FAX:	
JOB SUMMARY (Office Use Only)	
PLAN REVIEW Date Initial INSPECTIONS	Dates (Month/Day)
[] No Plans Required Image: State of the second s	Failure & Approver Initial
	ZG11-Ro-H-12 /2 TYPE OF WORK:
[] Footings/Foundations Footing Bonding	[] New Building
[] Structural/Framework Foundation	[] Addition
[] Exterior Slab	[] Rehabilitation
[] Interior Frame	[] Reofing
Joint Plan Review Required: Truss Sys./Bracing [] Elec. [] Plumb. [] Elevator Barrier-Free	
[] Elec. [] Plumb. [] Fire [] Elevator Barrier-Free Insulation	[] Siding
SUBCODE APPROVAL for PERMIT Finishes-Base Layer	[] Fence Height (exceeds 6')
Date: Finishes-Final	L J
Approved by: Energy	[7] Pool
SUBCODE APPROVAL for CERTIFICATE Mechanical	[] Retaining Wall Sq. Ft.
	[] Abestos Abatement Subchapter 8
Date: <u>X-2-1:2</u> Other	[] Lead Haz. Abatement NJAC 5:17
Final	[] Radon Remediation
Approved by:A how his arthes-Free	[] Other
B. BUILDING CHARACTERISTICS	[] Demolition
Use Group Present Proposed Constr. Class	s Present Proposed / / / / / / / /
No. of Stories If Industrialize	d Building: OKAN
Height of Structureft. State Applied	pproved HUD / 5 🖑 / Minimu
Area — Largest Floor sq. ft. Est. Cost	of Bldg. Work:
New Bldg. Area/All Floors sq. ft. 1. New B	of Bidg. Work: Idg. \$
	ilitation \$
Max. Live Load 3. Total (ilitation $=$ P_{U}

Date Received Control # $\leq 1)$ (c Date Issued 13063× ---1

thorized to make this application.

	DESCRIPTION OF WORK		
) 	x ii		
xp. Date	101100 (0114		
):			
es (Month/Day) Ire 🛃 Approv 🎢 Inițial			
11-PG-14-12 154			
	TYPE OF WORK:		FEE (Office Use Only)
	[] New Building		\$
	[] Addition		
	[] Rehabilitation		
	[] Roofing		
	[] Siding		
	[] Fence H	leight (exceeds 6')	
	[] Sign S		(<u></u>)
	[] [] [Pool	р ц. т	101-
	[] Retaining Wall		
	[] Abestos Abatement S		
	[] Lead Haz. Abatemen	t NJAC 5:17	
8-2-12 9	[] Radon Remediation		
	[] Other		
	[] Demolition		
ent Proposed	1 1014.12		
ding:	- ok rorgila	Administrative Surcharge	e \$
ed HUD	$\langle \varsigma P \rangle$	Minimum Eq.	e C
dg. Work: \$33,07	5 61 6199	State Permit Surcharge Fe	\$ <u></u> \$ <u></u>
s	5 (1) 0/19 12 20/19 12 20/19		12=685
U.C.C. F110 (rev. 11/09) 1. White =	Inspector 2. Canary = Office Copy	y 3. Pink = Office Copy 4. Gold	d = Applicant Copy

Max. Occupancy Load

Sibe CAVER IN OIND RYBAR (10) DIMAN 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

BUILDING MATERIALS WILL NOT BE PICKED UP BY BOROUGH. PROPERTY OWNER/CONTRACTOR IS RESPONS- IBLE FOR REMOVAL FROM BOROUGH. BORO OF RUMSON \$500 MAXIMUM FINE		Date Reco Date Issu Control # Permit #	ed at 1
). TECHNICAL'SI		
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	QTY. SIZE	ITEMS	FEE (Office Use Only)
	<u>w</u>	Lighting Fixtures	
Work Site Location 1305 WEDGEWOOD PD	2	Receptacles	5
Owner in Fee/Occupant	- and a second	Switches	
Address		Detectors	
	diag	Light Poles	
Tele. ()		Motors—Fract. HP	
ContractorCORBIN		Emergency & Exit Lights Communications Points	
Address / ELECTRICAL SERVICES, INC.	at plane	Alarm Devices/F.A.C. Panel	1
699 Tennent Road	-		
Tele. ()/ Маланарал. NI 07726-2127 –	and a second sec	TOTAL NUMBERS	\$ 45.00
Lic. No	\$	Pool Permit/with UW Lights	12.00
Federal Emp. No. 44 3131401 FAX (732	2.	Storable Pool/Spa/Hot Tub	24
B. ELECTRICAL CHARACTERISTICS		KW Elec. Range/Receptacle	
Use Group Present Proposed		KW Oven/Surface Unit	-
[] Pole/Pad # [] Temporary [] Other		KW Elec. Water Heater	
Building Occupied as Utility Co		KW Elec. Dryer/Receptacle	
Est. Cost of Elec. Work \$		KW Dishwasher	
		HP Garbage Disposal	
JOB SUMMARY (Office Use Only)		KW Central A/C Unit	
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) [] No Plans Required		HP/KW Space Heater/Air Handler	
	in in Sy	KW Baseboard Heat	
Joint Plan Review Required: Rough 6-742 JPc	E E Ang	HP Motors 1/+ HP	15.10
[] Building [] Plumbing <u>Temp-ServTruch</u> <u>7.9-12-1R</u>		KW Transformer/Generator	
[] Fire [] Elevator Constr. Serv.	1 43	AMP Service	J. 3. 60 63
Date: Other GRED 7-17-12 7-18-12 11-18-12 11/18-0	<u>k</u> <u>v</u> <u>v</u>	AMP Subpanels AMP Motor Control Center	<u> </u>
Approved by: Service		KW Elec. Sign/Outline Light	
Final 8-2-12 10-4-12 MALEN	1 4 h	TESAT FUT P. J. J. Mark	13.00
SUBCODE APPROVAL Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA Final Cut-in-Card Date Issued		[
Date: 10-4-12 011	1.0	Administrative Surcharge	\$
Approved by: Martin Approved by:	and the second	Minimum Fee	10.775 · · · · · · · · · · · · · · · · · ·
	a Gal	DCA Training Fee	
C. CERTIFICATION IN LIEU OF OATH	and the second	TOTAL FEE	\$
I hereby certify that I am the (agent of) owner of record and am authorized	· //O*	7 7	
to make this application and perform the work listed on this application.			
	S. North		
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

)

	Contractor
	(environment
UNIFOR	NEW JERSEY

PLUMBING SUBCODE TECHNICAL SECTION



Block/~	Lot _	hj.	Qualif	ication Co	de	
Work Site Location	1205 00	M. J. Charles	فتكسكم			
	andres TU	した [。]				
Owner in Fee:	Phile +	UNITER]	$\cap (i \in f)$	TCA	• • •••	
Tel. (<u>13</u> 7		 ail				
Address						
street		municipality	— • • •		zin code	
		5	lel. (
Address 350 Highw			e-n			
	n, NJ 07726					
Contractor License No.	13VH01546700		Exp. Da	ite		
		No. or Exemption Reaso	n (if applica	able):		
Federal Emp. ID No2	3-1720390		FAX: (7		
B. PLUMBING CHARAG	CTERISTICS					
Jse Group Present		Pro	posed			
Building Sewer Size	P	ublic Sewer	P	rivate Sep	tic	
Water Service Size		Public Water	P	rivate Well	l	
Est. Cost of Plumbing V	Vork \$					
JOB SUMMARY (Offic						
PLAN REVIEW	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	INSPECTIONS		1992 (1992) - 1992 (1992) (199	onth/Day)	
No Plans Required	1	Туре:	Failure	Failure	Approval	Initia
[] Partial -/Underslab	Utilities Approved	Slab				
Date: 2/3/1- Appro	ved by:	Rough				
[] Plumbing Plans App	,	Water				
Date:Appro	ved by:	Sewer				
Isint Dian Daview Deer	lired.	Fixtures				
Joint Plan Review Requ	anou.					
[]Bldg. []Elec. []		Gas Equipment				
	Fire [] Elev.	Gas Equipment Gas Piping				
[]Bldg.[]Elec.[] SUBCODE APPROVAL Date://///	Fire [] Elev.					
[]Bldg, []Elec. [] SUBCODE APPROVAL Date:A//L Approved by:	Fire [] Elev.	Gas Piping				
[] Bldg. [] Elec. [] SUBCODE APPROVAL Date: 5 /6 / / - Approved by: - SUBCODE APPROVAL	Fire [] Elev.	Gas Piping LPGas Tank				
[]Bldg, []Elec. [] SUBCODE APPROVAL Date:Approved by:	Fire [] Elev.	Gas Piping LPGas Tank Fuel Oil Piping Solár TCO				
[] Bldg. [] Elec. [] SUBCODE APPROVAL Date: 5/6//6 Approved by: / SUBCODE APPROVAL	Fire [] Elev.	Gas Piping Fuel Oil Piping Sqlár				

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. it west

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Applicant sign/Contractor

sign and seal here:

Print name here:

[] Licensed Plumbing Contractor [] Exempt Applicant

Date Received Control # 516/

Date Issued States

D.	TEC	HNICAL	. SITE	DATA
-				

DESCI	RIPTION OF WORK		
S	VRS drains in pool		
UTY.	FIXTURE / EQUIPME	NT	FEE (Office Use Only)
	Water Closet		\$
	Urinal/Bidet	*	
	Bath Tub		
	Lavatory		
	Shower		
	Floor Drain		the state of the s
	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 Connec	tion	
	Stacks		
1	Other Bottom Drains	s <u>;</u> }	<u></u>
		1	
	A	Iministrative Surchard	e \$
		Minimum Fe	
	State	Permit Surcharge Fe	~ ~ ~ / /
	State	TOTAL FEI	
		TOTALTER	= \$

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

12-1085

C. O. No. 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 Mikolajczvk 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

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.

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

20 x 40 inground pool.

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

Construction Official, Township of Wall

Date Issued: 10-19-12

Land Use Officer, Township of Wall

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

BM 10-15-12

UNIFORM CONSTRUCTION					
	129 Lot 4 WEDGEWCOD RD Contract		1 Code		
2 WAI	Address	5	-crice	-	
	COLLEN MIROLATCZYK	DouToctar	in PA 18902	-	
Address		(<u>215</u>) <u>1</u>		-	
Tel. (# 13	VH01546700	7	
		1977 - 121 - 1979 - 19700 - 19700 - 19700 - 19700 - 1970 - 1970 - 1970 - 1970 -	a an	-	
Is hereby granted permission to per TT BUILDING			PAYMENTS (Office Use Only)		ŗ
	PLUMBING [] LEAD HAZA FIRE PROTECTION [] DEMOLITIC		Building / 3 3		
The second s	ASBESTOS ABATEMENT [] OTHER	c 5	Electrical		
	(Subchapter 8 only)		Fire Protection		
DESCRIPTION OF WORK:		in the second	Elevator Devices		
11 Eller	D 1 takes	Real and the second s	Other		
4 FENCE,	Dol Jence		DCA State Permit Fee	-	
NOTE: If construction does not con	nmence within one (1) year of date of issuance		Cert. of Occupancy		
if construction ceases for a period of	f six (6) months, this permit is void.		Other Total /4/	1.0	
Estimated Cost of Work \$	1914251 r/81/17		Check No. 1351		
14	S/LI/IL		Cash		
Construction Official					

	1 and	
and the	- Contraction	
	NEW JERS	Y
UNI	FORM CONSTRUCTIO	DE

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. a Block Qualification Code Lot INF NGE WOULD Work Site Location 11 15 体动行行 Signature O WE ANNU -1 C - 1 15 TINCOLI 110412 Owner in Fee: D. TECHNICAL SITE DATA Tel. (ail DESCRIPTION OF WORK Address municipality shill tener Contractor: Tel. V LUMM Address e-mail BASSIN PA 16402 Contractor License No. or Builder Registration No. 14 V HO 15 4(2009 Exp. Date Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Federal Emp. ID No. FAX: (JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) No Plans Required Type: Failure Approval Initial Failure [] All Footing Footing Bonding [] Footings/Foundations Foundation [] Structural/Framework Slab [] Exterior Frame [] Interior Truss Sys./Bracing Joint Plan Review Required: Barrier-Free [] Elec. [] Plumb. [] Fire [] Elevator Insulation SUBCODE APPROVAL for PERMIT Finishes -Base Layer Date: Finishes -Final Energy-Approved by: Mechanical SUBCODE APPROVAL for CERTIFICATE TCO [] CO [] CCO CA Other Date: Final Approved by: tin TBarier-Free **B. BUILDING CHARACTERISTICS** Use Group Present _____ Proposed Constr. Class Present Proposed No. of Stories _ If Industrialized Building: Height of Structure _ ft. State Approved _ _ HUD Area — Largest Floor _ _____ sq. ft. Est. Cost of Bldg. Work: New Bldg. Area/All Floors _____ sq. ft.

1. New Bldg.

3. Total (1+2)

2. Rehabilitation \$

\$

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

cu. ft.

Date Received Control # Date Issued Permit # 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. A CALL WITH WATER F. N. F. Durker Burkier

TYPE OF WORK:		FEE (Office Use Only)
[] New Building		\$
[] Addition		Ψ
[] Rehabilitation		all strates
[] Roofing		<u> 1596 - 17</u>
[] Siding		<u> Andri An</u> h
Arm	Height (exceeds 6')	11/2
[] Sign		
[] Pool	_ 0q. 1 t.	the second second
		territe second
[] Retaining Wall	Sq. Ft.	
[] Asbestos Abatement	Subchapter 8	<u> 11114 (herede</u>
[] Lead Haz. Abatemen	t NJAC 5:17	MANA STR
[] Radon Remediation		<u>94/14/14/14</u> /
[] Other		THE STREET
[] Demolition		The Cold March and Cold State
- 199		
1220199 122.15	Administrative Surcharge	e \$
121.10	Minimum Fee	2112 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1 p.10	State Permit Surcharge Fe	E I-ILO North
DK	TOTAL FEI	
0		- Þ <u></u>
1 White = Inspector Copy	2 Canary = Office Copy	1 int
3 Pink = Office Copy	4 Hard = Applicant Copy	2-687

Side couril

Volume of New Structure

Max. Live Load_

Max. Occupancy Load

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.

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.

Home Warranty No. N/A Type of Warranty Plan: State Private Use Group: U Maximum Live Load: Construction Classification: Maximum Occupancy Load: Estimated Cost \$4,425.00 Zone: R-15 Land Use Designation: SFD Description of Work/Use:

4' pool fence to code.

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

Construction Official, Township of Wall

Date Issued:

10-17-12

Land Use Officer, Township of Wall

1-APPLICANT 2- OFFICE 3-TAX ASSESSOR

GM 10-15-12