



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 & Liable  
 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.



**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					

**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) \$ \_\_\_\_\_

**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-

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



**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 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 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-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 _____ 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 _____

- 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. D1A

IDENTIFICATION Block 729 Lot 4

Work Site Location  
1305 Wedgewood Road

Contractor Alsurf-Neubaus  
 Address P.O. Box 1497

Owner in Fee Galagher  
 Address same as above

Swick, NJ 08723  
 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:

D1A 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. D1A

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)	Failure	Approval	Initial
<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 V

IDENTIFICATION Block 729 Lot 4

Work Site Location 1305 Wedgewood Rd

Contractor Natali Bros.

Address 549 Lucia 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

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 \_\_\_\_\_, 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

[Signature]  
Construction Official, Township of Wall

Dated: 6-5-95

[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 \$ 19,000 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	<u>[Signature]</u>

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  
FAIRMIR, 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)			
[ ] No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
[ ] All	_____	_____	Footing	_____	_____	3/17/03	PL
[ ] Footing	_____	_____	Foundation	_____	_____	3/23/03	PL
[ ] Foundation	_____	_____	Slab	_____	_____		
[ ] Frame	_____	_____	Frame	_____	_____		
[ ] Other	_____	_____	Barrier-Free	_____	_____		
Joint Plan Review Required:			Insulation	_____	_____		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator			Finishes	_____	_____		
SUBCODE APPROVAL:			Energy	_____	_____		
[ ] CO [ ] CCO [ ] 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>	\$ <u>104.00</u>

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



*#Change of Contractor*



**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 \_\_\_\_\_ Fire Alarm System  
 Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ New  Existing   
 Heating Systems  New  Existing  HVAC Location of Panel: \_\_\_\_\_  
 Type:  Gas  Oil  Electric  Solar Fire Suppression/Standpipe System  
 Other \_\_\_\_\_ New  Existing   
 Location: \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_  
 Total Cost of Fire Protection Work \$ \_\_\_\_\_

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

**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  or Oil  Fired Appliances T

Other \_\_\_\_\_

**FEE (Office Use Only)**

*Change of Contractor*

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





**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) \_\_\_\_\_ 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)**

<b>PLAN REVIEW</b>		<b>INSPECTIONS</b>		<b>Dates (Month/Day)</b>		
<input checked="" type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:		Slab	_____	_____	_____	_____
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	Rough	_____	_____	_____	_____
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Water	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved		Sewer <u>connect to Existing</u>	_____	<u>4/15</u>	_____	<u>PK</u>
Date: <u>1/24/03</u>		Fixtures	_____	_____	_____	_____
Approved by: <u>[Signature]</u>		Gas Equipment	_____	_____	_____	_____
<b>SUBCODE APPROVAL</b>		Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	Solar	_____	_____	_____	_____
Date: <u>6/23/03</u>		TCO <u>6/23/03</u>	_____	<u>6/23/03</u>	_____	<u>[Signature]</u>
Approved by: <u>[Signature]</u>		_____	_____	_____	_____	_____

**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	\$ <u>81.00</u>
<b>TOTAL FEE</b>	\$ <u>81.00</u>

**C. CERTIFICATION IN LIEU OF OATH**

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

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

Licensed Plumbing Contractor  Exempt Applicant



**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-                      NA  
 Home Warranty No. \_\_\_\_\_  
 Use Group R-3  
 Maximum Live Load \_\_\_\_\_  
 Description of Work/Use: Modular Addition - No Power

\_\_\_\_\_  
 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  
 \_\_\_\_\_ Date 5/21/12  
 Construction Official \_\_\_\_\_

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)

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



**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>	Footing	<u>6/7/12</u> <u>AS</u>
<input type="checkbox"/> Footings/Foundations			Footing 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. Est. Cost of Bldg. Work:  
Area — Largest Floor: \_\_\_\_\_ sq. ft. 1. New Bldg. \$ 33,000  
New Bldg. Area/All Floors \_\_\_\_\_ sq. ft. 2. Rehabilitation \$ \_\_\_\_\_  
Volume of New Structure \_\_\_\_\_ cu. ft. 3. Total (1+2) \$ 33,000  
Max. Live Load \_\_\_\_\_  
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 carved in wood 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 9th Ave N 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	_____	_____	_____	_____
Joint Plan Review Required:		Gas Equipment	_____	_____	_____	_____
<input type="checkbox"/>	Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	Gas Piping	_____	_____	_____	_____
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>	Final	TCO	_____	_____	_____	_____
	<u>drains</u>		_____	_____	_____	_____
	<u>[Signature]</u>		_____	_____	_____	_____

### C. CERTIFICATION IN LIEU OF OATH

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

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

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

Licensed Plumbing Contractor  Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

SVRS drains in pool

QTY.	FIXTURE / EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	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 \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ 50  
TOTAL FEE \$ 60

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

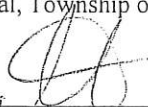
#### CERTIFICATE OF CONTINUED OCCUPANCY

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 \$ 426  
 \_\_\_\_\_  
 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>SJK</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 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Address 101st 14th e-mail \_\_\_\_\_

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  
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)

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

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

1225199  
2.15  
OK

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Hard = Applicant Copy

12-684

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input checked="" type="checkbox"/> No Plans Required	<u>5/21/12</u>	<u>CS</u>	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All			Footing	<u>6/7/12</u>	<u>6/12/12</u>	<u>6/12/12</u>	<u>CS</u>
<input type="checkbox"/> Footings/Foundations			Footing 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"/> CA			Mechanical				
Date: <u>8-2-12</u>			TCO				
Approved by: <u>DONNA AUSTIN</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)

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  
Dowlestown, 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**

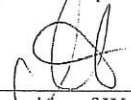
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

**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