

24-1419

Xiomara Ortiz

From: Danni Christopher <opra+request-63837-31eb7b1b@requests.opramachine.com>
Sent: Sunday, July 21, 2024 10:38 AM
To: clerkforms
Subject: OPRA request - Code, Permit and Special Assessment Request

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

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

PROPERTY ADDRESS: 17 PRISCILLA LN, HOWELL, NJ 07731

PARCEL: BLOCK 84.16 & LOT 9

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

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

• Any unrecorded liens/fines/special assessments due.

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-63837-31eb7b1b@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,wzs3fLnfNol3z9jj5oOqy9b38w_w5vIEloJLUDGPf8_9bsb41_f98LCbdSUGKu-1z3ZCZgzGpZDS5LBSbVcIV-x1jCFjsYSI00woxq06WY8az-u4XTZABw,,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,lqxRvzl2hPrkhVsB-oAnaJ81r-ON--TvfU2xmhdDu_kSP2LzNWctMLbgc4LeLT_G_bdZFCQ_jXhzPILVBNhbEMkyee-xYI9KkPy9mifKdcqXnJbfS5Akuzha&typo=1

View this OPRA request & responses online:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fcode_permit_and_special_assessme&c=E,1,naBw2RkWa9aigYxrYTOCxAAZlh5Rv01N8AV4jG-HZ7pwxZX7S_-jQs5kNN-i2WwspLeFbSJ5pJqos8Ik876QoJ_2qLbluYmG8gRG8N1S&typo=1

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 477 Lewd-Farmingdale Rd.

2. Name of Owner in Fee: Tim G. Simos Tel. (____) _____
 Address 477 Lewd-Farmingdale Rd. Howell 07731
street municipality zip code

3. Ownership In Fee: Public _____ Private

4. Principal Contractor: CAVALLO CONSTRUCTION Tel. (908) 308-1595
 Address 38 GREEN MOUNTAIN FREE HOLD
 License No. OR, if new home, Builder Reg. No. 020-589 Exp. Date 11/95
 Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer HOME OWNER Tel. (____) _____
 Address _____

6. Responsible Person In Charge of Work ROBERT J CAVALLO Tel. (908) 308-1595

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>80.00</u>		
2. Electrical	<u>40.00</u>		
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>8.00</u>		
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20.00</u>		
12. Other			
13. TOTAL	\$ <u>148.00</u>		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ONE

2. Height of Structure 14' ft.

3. Area—Largest Floor 200 sq. ft.

4. Building Area—All Floors 1060 sq. ft.

5. Volume of Structure 1000 cu. ft.

6. Construction Classification 5/2A

7. Total Land Area Disturbed 11200 sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands no sq. ft.
 yes _____
 no _____

11. Fire Grading _____

12. Max. Live Load _____

13. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost
1. <input type="checkbox"/> Minor Work (single trade)	
2. <input type="checkbox"/> Small Job (\$5,000 and no prior approvals)	
3. <input type="checkbox"/> New Building	
4. <input type="checkbox"/> Addition	
5. <input type="checkbox"/> Alteration	
6. <input type="checkbox"/> Fire Protection	
7. <input type="checkbox"/> Plumbing	
8. <input type="checkbox"/> Electrical	<u>300.00</u>
9. <input type="checkbox"/> Asbestos Abatement	
10. <input type="checkbox"/> Demolition	
TOTAL COSTS	<u>10,000</u>

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
					Approval	Rejection	

III. DO YOU WANT: (optional) 1. Partial Releases 2. Prototype Processing

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

1. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	3. <input type="checkbox"/> Pressure Vessels	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly
2. <input type="checkbox"/> High Pressure Boilers	4. <input type="checkbox"/> Refrigeration Systems	7. <input type="checkbox"/> Sprinklers
	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers	8. <input type="checkbox"/> Smoke Control Systems in Open Wells
		9. <input type="checkbox"/> Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL.

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

No of dwelling units:
 Before Construction _____
 After Construction _____
 Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change In Use Group, indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (✓) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (✓) I further certify that I will perform or supervise the following work:

C.1. (✓) Building C.2. (✓) Fire Protection


I further certify that I will perform the following work:

C.3. (✓) Electrical C.4. (✓) Plumbing

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

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

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

Signature  Date 5/30/95

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name CAVALLO CONSTRUCTION

Address 38 GREEN MOUNTAIN
FREE HOLD

Telephone (908) 308-1595

Signature  Date 5/30/95

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition _____ Name of Code & Edition _____

Building _____ Energy _____ Other _____

Electrical _____ Barrier Free _____

Plumbing _____ Flood Hazard _____

Fire Protection _____ As Built Elevation Cert. _____

Mechanical _____ Other _____

X. CERTIFICATES ISSUED (office use only)

Temporary Certificate of Occupancy No. _____ DATE EXPIRED _____

Temporary Certificate of Occupancy No. _____

Continued Certificate of Occupancy No. _____

Certificate of Occupancy No. _____

IDENTIFICATION



CERTIFICATE

Date Issued **2-13-97**
Control #
Permit # **95-2783**

Block 46 Lot 40

Work Site Location Same as below

Owner in Fee Tim Simos

Address 477 Lakewood Farmingdale Rd

Hovell, NJ 07731

Contractor Gavallo Construction

Address 38 Green Mountain Dr

Freehold, NJ

Tele. ()

Lic. No. or Bids. Reg. No.

Federal Emp. No.

or Social Security 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 _____, 19____ or the owner will be subject to fine or order to vacate:

Est Cost 10,000.00

CONSTRUCTION OFFICIAL

Fee \$ _____
Paid () Check No. _____
Collected by: _____

Home Warranty No. _____
Type of Warranty Plan: () State () Private
Use Group R-3
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Completion and approval of repair damage to dwelling

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 _____.

000



CONSTRUCTION PERMIT

Date Issued 6-12-95
Control #
Permit # 95-2783

IDENTIFICATION Block 46 Lot 40

Work Site Location 477 FARMING DALE RD

Contractor CAVALLO CONSTRUCTION

Owner in Fee Tim G. Smith

Address 38 GREEN MOON+AIN DRIVE

Address 477 Cloud-Finagle Rd.

FREE HOLD

Tele. (908) 308-1595

Tele. [REDACTED]

Lic. No. or Bldrs. Reg. No. 02-589 Exp. Date 11/95

Federal Emp. No. [REDACTED]

or Social Security No. [REDACTED]

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: REPAIR DAMAGE TO THE

TWO FRONT BEDROOMS IN THIS EXISTING HOME (DUE TO CAR ACCIDENT)

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 \$ 10,000.00
Wick (Bf)

PAYMENTS (Office Use Only)	
Building	<u>80.00</u>
Electrical	<u>40.00</u>
Plumbing	
Fire Protection	
Elevator Devices	
Other	<u>8.00</u>
DCA Training Fee	
Cert. of Occ.	<u>20.00</u>
Other	
Total	<u>148.00</u>
Check No.	<u>4898</u>
Cash	
Collected By	<u>CM 6-22-95</u>

CONSTRUCTION OFFICIAL

(See reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask: -

000



Date Received 6-18-95
 Date Issued 6-18-95
 Control # 95-2783
 Permit #

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

Block 46 Lot 40
 Work Site Location Howell Church-Emeryde Rd
 Owner in Fee Tim G. Simms
 Address Same

Tele. (9) 917-1110 CONSTRUCTION
 Contractor 38 FLEEB P MOVW + BAR
 Address FLEE HORN
 Tele. (908) 308-1595
 Lic. No. or Bldg. Reg. No. 030-589
 Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Req.			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"/> LCA			TCO				
Date: <u>8-25-95</u>			Other				
Approved By: <u>Jas. E. [Signature]</u>			Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Constr. Class Present ONE Proposed _____
 No. of Stories 14 Ft. _____
 Height of Structure 200 Ft. _____
 Area—Largest Floor 1000 Sq. Ft. _____
 New Bldg. Area/All Floors 1000 Sq. Ft. _____
 Volume of New Structure 1000 Cu. Ft. _____
 Total Land Area Disturbed 1000 Sq. Ft. _____

Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Alteration \$ _____
 3. Total (1+2) \$ 10,000

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
 Signature _____

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK
REPAIR DAMAGE TO THE TWO FRONT BED ROOMS OF THE EXISTING HOUSE (DUE TO CAR ACCIDENT)

TYPE OF WORK:

<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Alteration	
<input type="checkbox"/> Roofing	
<input checked="" type="checkbox"/> Siding	
<input type="checkbox"/> Fence	Height (6' or over)
<input type="checkbox"/> Sign	Sq. Ft.
<input type="checkbox"/> Pool	
<input type="checkbox"/> Asbestos Abatement	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Demolition	

Paid Check # _____
 Collected by: _____
 Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 DCA TRAINING FEE \$ _____
 TOTAL FEE \$ _____

(Office Use Only)
 FEE \$ 800.00
800

COO + [Signature]



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

6-12-95
6-12-95
95-2783

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

Block 46 90
Work Site Location 477 Edward-Fernside Rd.

Owner in Fee Tim G. Simos
Address same

Contractor C. D. TEMPER Electric
Address 1150 Hwy 95 Suite #503
Hewlett, CA 94025

Telephone 415-5786
Lic. No. 5786
Federal Emp. No. [Redacted] or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS
 Reinspection Resale Meter Set
 Pole/Pad # _____ Temporary Other ALTERATION
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 350.00

JOB SUMMARY (Office Use Only)		INSPECTIONS:	
PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	
<input checked="" type="checkbox"/> No Plans Required	Type: _____	Failure	Approval
<input type="checkbox"/> Joint Plan Review Required:	Rough	_____	6/28
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire	Temporary	_____	_____
<input type="checkbox"/> Elec. Plans Approved	Constr. Serv.	_____	_____
Date: <u>6/2/95</u>	TCO	_____	_____
Approved by: <u>C. D. Temper</u>	Other	_____	_____
	Service	_____	_____
	Final	_____	_____
SUBCODE APPROVAL:	Temp. Cut-in-Card Date Issued	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CGO <input checked="" type="checkbox"/> CA	Final	_____	_____
Date: <u>2/11/95</u>	Line Dept.	_____	_____
Approved by: <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.

[Signature]
Signature-Contractor Seen

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Fixtures (1)	
2		Receptacles (2)	
10		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

\$40-

FEE (Office Use Only)

Administrative Surcharge \$ _____
Paid Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 6-12-95
Control #
Permit # 95-2783

IDENTIFICATION Block 46 Lot 40

Work Site Location 477 Farmingdale Rd Contractor CAVALLO CONSTRUCTION

Address 38 GREEN MOUNTAIN PRICK FREE HILL

Owner in Fee Tim G. Smith Tele. (908) 308-1595

Address 477 Cleveland-Farmville Rd Lic. No. or Bldrs. Reg. No. 020-589 Exp. Date 11/95

Tele. [Redacted] Federal Emp. No. [Redacted] or Social Security No. [Redacted]

- is hereby granted permission to perform the following work:
- BUILDING
 - PLUMBING
 - OTHER
 - ELECTRICAL
 - FIRE PROTECTION
 - ELEVATOR DEVICES

DESCRIPTION OF WORK: REPAIR DAMAGE TO THE TWO FRONT BEDROOMS IN THIS EXISTING HOME (DUE TO CAR ACCIDENT)

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 \$ 10,000.00
Wlk (Bf)
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	<u>80.00</u>
Electrical	<u>40.00</u>
Plumbing	
Fire Protection	
Elevator Devices	
Other	<u>8.00</u>
DCA Training Fee	
Cert. of Occ.	<u>20.00</u>
Other	
Total	<u>148.00</u>
Check No.	<u>4898</u>
Cash	
Collected By:	<u>W 6-22-95</u>

(See reverse side)

U.C.C. Form F-170C 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE 4 GOLD-APPLICANT

4898

CAVALLO CONSTRUCTION, INC. II
30 VINAL AVE., P.O. BOX 215
EDISON, NEW JERSEY 08818

6-22-1995 55-141/312

PAY TO THE ORDER OF Howell Twp. \$ 148.00

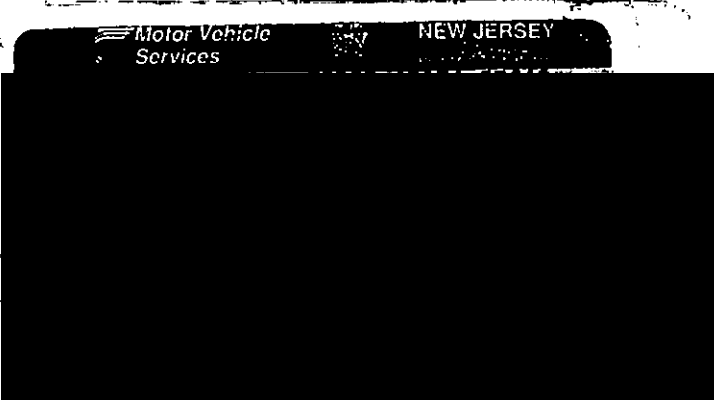
One hundred forty eight ²⁰/₁₀₀ DOLLAR

GARDEN STATE BANK
Main Office
Jackson, New Jersey 08527

308-1595

FOR [Redacted]

[Signature]



000

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Simas

BLOCK 46 LOT 40

ADDRESS 477 LKwd-Farm

ZONING RELEASE _____

DATE SUBMITTED 6-1-95

Damage Repair

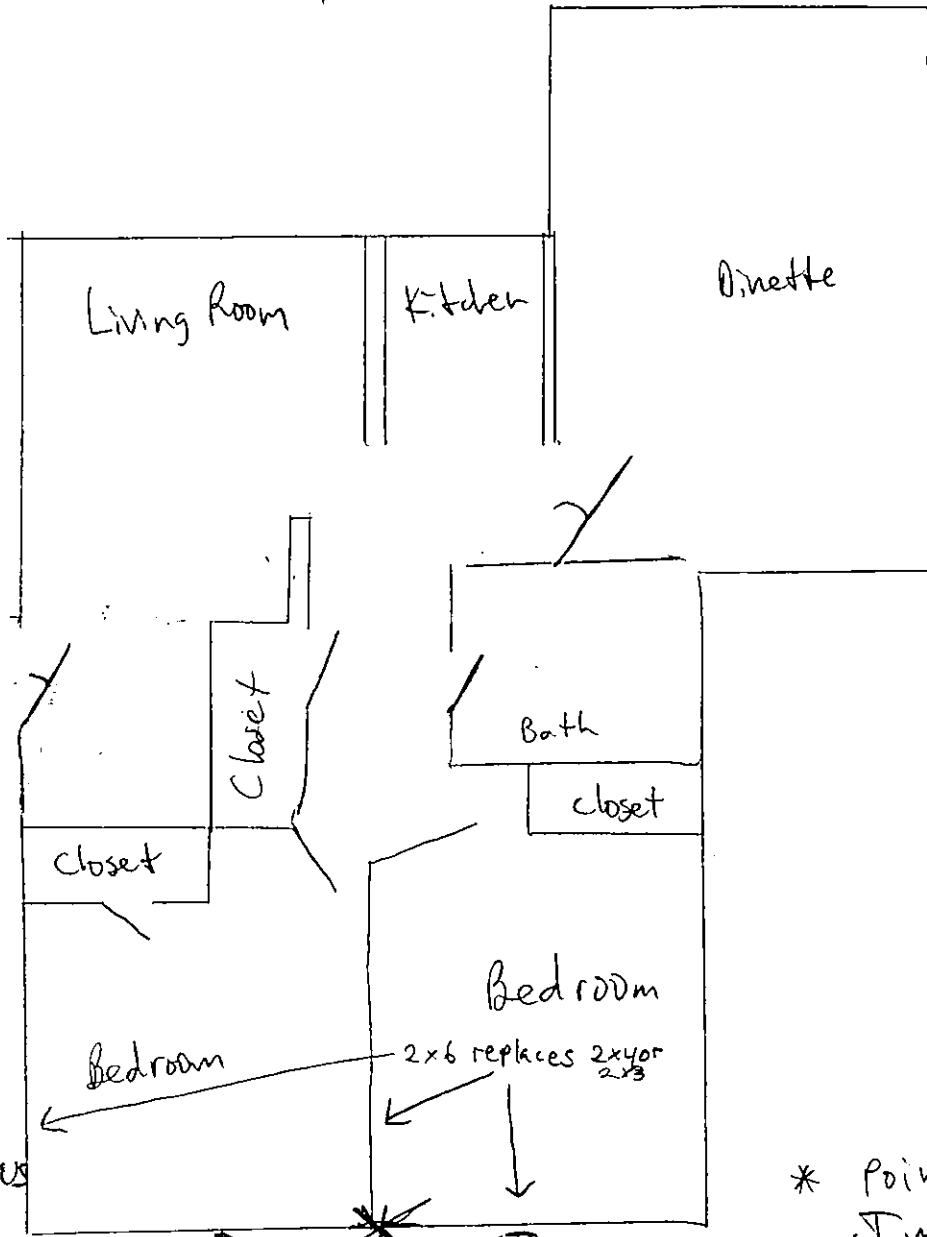
DEVELOPMENT _____

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING ✓	5/5/95	AL	OK.	
PLUMBING				
FIRE				
ELECTRICAL ✓	6/2/95		OK	
MECHANICAL				
SEPTIC				
OTHER				

Location: 477 Lkwd-Fringdle Rd,
Howell, NJ. 07731

owner: Timotheos G. Simos

Situation: House hit by car 5-11-95



Driveway

rebuild house to previous dimensions

resheet rock both bedrooms
replace top + bottom plates on
north + west facing bedroom
walls with treated wood.

No damage done to floor
or plumbing beneath floor

concrete repair

new Andersen
Egress windows

* Point of Impact

RT. 5477