

Lebanon Township
108 Fairmount Road West
Lebanon, NJ 07830
908-8325552

CERTIFICATE IDENTIFICATION

Date Issued: 07/08/2019
Control #: 10708
Permit #: 20190186

Block: 50 Lot: 17 Qual: _____
Work Site Location: 4 ANTHONY ROAD
LEBANON
Owner in Fee: VILLIANI, FRANK
Address: 4 ANTHONY ROAD
PORT MURRAY NJ 07865
Telephone: _____
Agent/Contractor: FUSCO ELECTRIC
Address: PO BOX 152
PITTSTOWN NJ -
Telephone: _____
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 14-5625358
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: State Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: _____
INSTALL MINI SPLIT SYSTEM

Update Desc. of Wk/Use: _____

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 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 _____


Ralph Price Construction Official

Fees: \$0.00
Paid Check No.: 1188
Collected by: JM

Lebanon Township
108 Fairmount Road West
Califon, NJ 07830
908-8325552

CERTIFICATE IDENTIFICATION

Date Issued: 03/21/2017
Control #: 9427
Permit #: 20170059

Block: 50 Lot: 17 Qual: _____
Work Site Location: 4 ANTHONY ROAD
LEBANON
Owner in Fee: VILLIANI, FRANK
Address: 4 ANTHONY ROAD
PORT MURRAY NJ 07865
Telephone: _____
Agent/Contractor: VILLIANI, FRANK
Address: 4 ANTHONY ROAD
PORT MURRAY NJ 07865
Telephone: _____
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: State Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
NEW 10 X 20 SHED

Update Desc. of Wk/Use:

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Ralph Price Construction Official

Fees: \$0.00

Paid Check No.: 441

Collected by: KM

Lebanon Township
108 Fairmount Road West
Califon, NJ 07830
908-8325552

CERTIFICATE IDENTIFICATION

Date Issued: 07/26/2017
Control #: 9628
Permit #: 20170231

Block: 50 Lot: 17 Qual: _____
Work Site Location: 4 ANTHONY ROAD
LEBANON
Owner in Fee: VILLIANI, FRANK
Address: 4 ANTHONY ROAD
PORT MURRAY NJ 07865
Telephone: _____
Agent/Contractor: SERVICE EXPERTS NJ PLUMBING, LLC
Address: 185 INDUSTRIAL WAY, SUITE F
BRANCHBURG NJ 08876
Telephone: 908 526-5088
Lic. No./ Bldrs. Reg.No.: 4805B Federal Emp. No.: 38-3846191
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: State Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: _____
CENTRAL A/C

Update Desc. of Wk/Use: _____

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Ralph Price Construction Official

Fees: \$0.00

Paid Check No.: 0985416

Collected by: KM

Lebanon Township
108 Fairmount Road West
Califon NJ 07830
908-832-5552

CERTIFICATE

Date Issued: 08/18/2008

Control #: 5145

Permit #: 200800073

IDENTIFICATION

Block: 50 Lot: 17 Qualification Code: _____
Work Site Location: 4 ANTHONY ROAD
LEBANON
Owner in Fee: FLYNN, DEREK & KRISTINA GUYER
Address: 4 ANTHONY ROAD
PORT MURRAY NJ 07865
Telephone: _____
Agent/Contractor: Beam Contrating
Address: 6 St Nicholas
Glen Gardner NJ 08826
Telephone: 908 832-2779
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: State Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Re-side

Update Desc. of Wk/Use: _____

CERTIFICATE OF OCCUPANCY

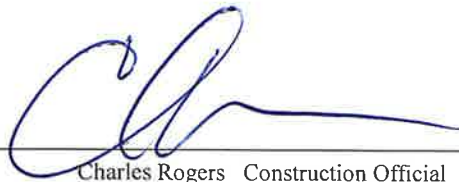
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TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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


Charles Rogers Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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 Partial or limited time period(____ years); see file

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CERTIFICATE OF COMPLIANCE

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Fees: \$0.00

Paid Check No.: 2331

Collected by: ljw



CERTIFICATE

Permit # L-04-483

Date Issued

- or -

Control #

Certificate Issued Date: 11-29-04

IDENTIFICATION

Block 50 Lot 17 Qualification Code _____

Work Site Location 4 Anthony Rd

Owner in Fee Claire Wachtel

Address 4 Anthony Rd

Port Murray, NJ 07865

Tel. (908) 479-2025

Contractor Maglio Electric

Address 25 State Hwy 173 E

Hampton, NJ 08827

Tel. (908) 735-6218 FAX (_____)

Lic. No. or Bldrs. Reg. No. _____

Federal Employer No. _____

Home Warranty No. _____

Type of Warranty Plan: [] State [] Private

Use Group _____

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use:

Electric

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CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

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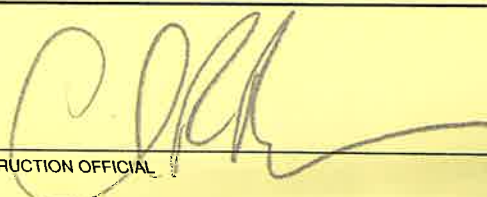
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CERTIFICATE OF COMPLIANCE

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CONSTRUCTION OFFICIAL

11/30/04
DATE

Fee \$ _____

Paid [] Check No. _____

Collected by: _____

Lebanon Township
108 Fairmount Road West
Califon, NJ 07830
908-8325552

CERTIFICATE IDENTIFICATION

Date Issued: 03/21/2017
Control #: 3975
Permit #: 20030189

Block: 50 Lot: 17 Qual: _____
Work Site Location: 4 ANTHONY RD
LEBANON
Owner in Fee: WACHTEL, CLAIRE
Address: 4 ANTHONY RD
PORT MURRAY NJ 07865
Telephone: _____
Agent/Contractor: GOLDSTAR ENVIRONMENTAL
Address: 12 FOX FARM
PHILLIPSBURG NJ 08865
Telephone: _____
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: State Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: _____
DEMO UST

Update Desc. of Wk/Use:

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Ralph Price Construction Official

Fees: \$0.00

Paid Check No.: 8786

Collected by: LJW

50/17

John W. Beckley, M.P.H.
Director / Health Officer

Hunterdon County Department of Health

County Complex
Route 12

Phone: (908) 788-1351
Fax: (908) 782-7510

Mailing Address:
P.O. Box 2900
Flemington, NJ 08822



NOTICE OF SEPTIC REPAIR COMPLETION

Municipality: Lebanon Township Block: 50 Lot: 17

Owner: CLAIRE G. WOCHTEL

Dear Construction Official:
This Notice will document that an on-site septic disposal system at the above location has undergone a repair in accordance with the provisions of N.J.A.C. 7:9A et.seq. (Standards for Individual Subsurface Sewage Disposal Systems).

| | |
|--------|--------------------|
| Name: | <u>Carla Hober</u> |
| Title: | <u>Pien REHS</u> |
| Date: | <u>6/29/01</u> |

NOTE: All records relating to the above approvals are on file at this department and copies are available upon request.

This Notice is not to be considered a guarantee that the above mentioned repair (remove & replace) will correct a malfunction.

JUN 22 2001 HUNTERDON COUNTY HEALTH DEPARTMENT
STANDARD FORM FOR SUBMISSION OF REPAIRS (REMOVE AND REPLACE)

1. PROJECT LOCATION:
MUNICIPALITY: Hunterdon Lebanon BLOCK: 50 LOT: 17
STREET ADDRESS: 4 Anthony Rd

2. NAME OF CURRENT OWNER: Claire J Woertel
MAILING ADDRESS: 4 Anthony Rd
TOWN: Port Murray STATE: N.J. ZIP: 07865

3. PHONE NUMBER: DAY: 908-832-2617 EVENING: None

RECEIVED
JUN 20 2001
HUNTERDON COUNTY
HEALTH DEPARTMENT

4. FACILITY TYPE:
 RESIDENTIAL COMMERCIAL/INDUSTRIAL

5. TYPE OF WASTE DISCHARGED:
 SANITARY INDUSTRIAL

6. REASON FOR REPAIR: MALFUNCTION CORRECTION EXISTING SYSTEM UPGRADE
 PONDING/BREAKOUT ONTO GROUND'S SURFACE BACKUP OF SEWAGE
 FAILED HOME INSPECTION REASON FOR FAILURE: _____
 SELECT FILL CLOGGED OTHER Metal TANK

7. APPROXIMATE AGE OF SYSTEM? 40 years +

8. NATURE OF REPAIR: (4) Bed Room
 TANK (type/size) 1000 Gal SEEPAGE PIT (type/size) _____
 BAFFLE
 DOSING TANK (type/size) _____ DISTRIBUTION BOX
 CONNECTING LINE (size/length) 4" P.V.C
 TRENCH: BED OTHER _____

9. PROPOSED REPAIR TO BE SKETCHED ON BACK OF APPLICATION. MUST INCLUDE HOUSE, SEPTIC TANK, DISPOSAL TRENCH(ES) OR BED, WELL LOCATION & ANY WATER COURSES.

10. IS SYSTEM REPAIR WITHIN WETLANDS TRANSITION AREA? YES NO

11. SIGNATURE OF OWNER: Claire J Woertel DATE: 6/19/01

12. CONTRACTOR/EXCAVATOR/INSTALLER:
NAME: Charles T Matarazzo

ADDRESS: 102 Blossom Rd. Hampton PHONE: 908532-6123

SIGNATURE: Charles T. Matarazzo DATE: 6/20/01

13. HEALTH DEPARTMENT AUTHORIZED AGENT: Robert Vaccaro
DATE OF APPLICATION APPROVAL: 6/20/01

* This application approval is not to be considered a guarantee that the above mentioned repair will correct a malfunction, however, that it is being repaired in conformance with Chapter 9A, Standards for Individual Subsurface Sewage Disposal Systems.
* An alteration may be more appropriate to correct this malfunction. This would include soil testing and a design by a civil engineer.
* Existing excavated septic material shall be buried onsite, a minimum of 100' from any well or shall be removed to a licensed sanitary landfill.
Repair/08