

MUNICIPALITY OF HOPATCONG, NEW JERSEY
Tel: 201-770-1200
Application for Zoning Permit.

Office Use Only
Date Rec'd Time By

INSTRUCTIONS

1. Please use ball pen or type. Do not use pencil.
2. Please answer all questions. If the answer is "none", state "none".
3. Attach a plot plan or survey map, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc and show their dimensions and distances from all property lines and roads.

Name of Applicant <i>James & Theresa Bell</i>	Name of Owner (if different from applicant) <i>same</i>
Address of Applicant <i>469 (4 Missouri Trail) Hopatcong, N.J. 07843</i>	Address of Owner (if different) <i>same</i>

What is the present use of the principal building?
 What is the proposed use of the principal building?
 What are the present uses of any accessory buildings?
 What are the proposed uses of any accessory buildings?
 What are the proposed uses of any new structures or additions for which a zoning permit is requested?

deck & siding

Has the property been the subject of any prior application(s) to the Zoning Board of Adjustment or the Planning Board. If none, state none. If so, state the nature of the application, the date, and the action(s) of the Board(s).
None

Telephone number of applicant: *398-1403*
Street Address of premises: *same* Block # *40910* Lot # *15* Zone

I hereby make application for a zoning permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit, which requires a separate application. I certify that the answers to the above questions and statements or representations made on attachments to this application are true and correct to the best of my knowledge.

May 29, 1985

Theresa E. Bell
Signature of Applicant (individual)

Name of Corporation or Association

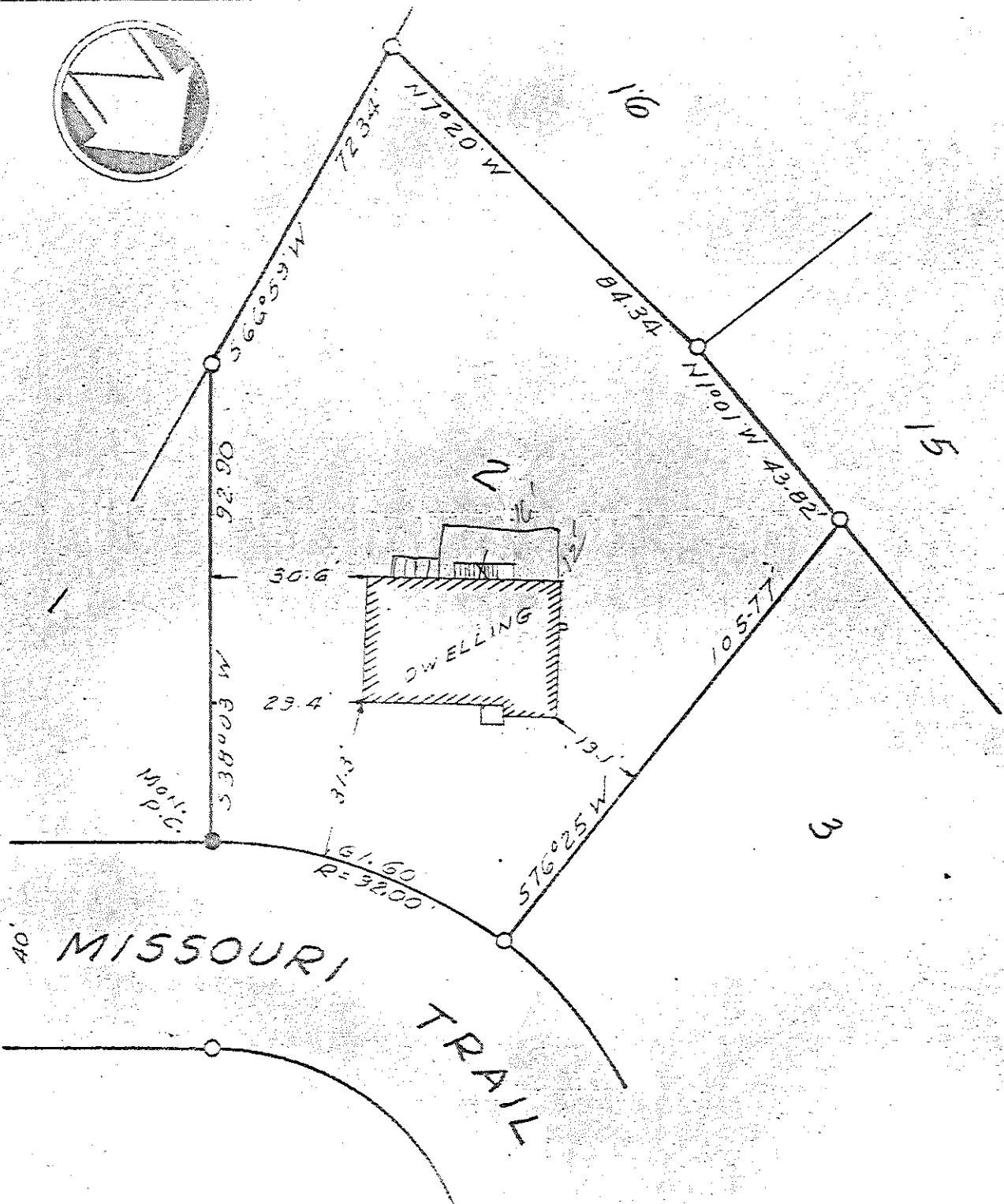
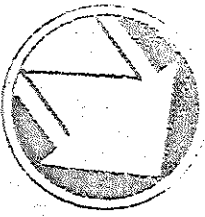
By: _____

Secretary

DO NOT WRITE IN THIS SPACE

Permit issued No. _____ Date *6/4/85*
variance application recommended.

Paul R. Stewart
Paul R. Stewart Zoning Officer



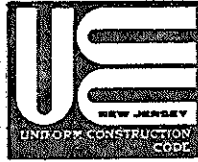
I hereby certify to the
 LAKE HOPATCONG SAVINGS
 AND LOAN ASSN. and to all
 parties interested in title
 to premises surveyed that I
 made a survey of the above
 mapped property which is,
 to the best of my knowledge
 and belief, correct.

Curtis I. Williams
 CURTIS I. WILLIAMS, C.E.
 N.J. LIC NO 2649

MAP OF LOT ~~15~~ ¹⁵
 BLOCK ~~6~~ ⁴⁰⁹¹⁰ - SECTION 14
 HOPATCONG HILLS

IN THE
 BORO. OF HOPATCONG, SUSSEX CO. N.J.
 APR. 2, 1964 SCALE 1"=30'

CURTIS I. WILLIAMS, C.E.
 HOPATCONG, N.J.



APPLICATION FOR CERTIFICATE

5/31/85

PERMIT NO.	_____
DATE ISSUED	_____
Block	<u>40910</u> Lot <u>1.5</u>
Subdivision	_____
Notice No.	_____

IDENTIFICATION

OWNER:	CONSTRUCTION LOCATION:
Name <u>James & Theresa Bell</u>	Address <u>same</u>
Address <u>Box 69 (H. Missouri Trail)</u>	_____
Town/State/Zip <u>Depotone, N.J. 07842</u>	Tel. (____) _____

ACTION

- | | |
|--|---|
| <input checked="" type="checkbox"/> CERTIFICATE OF OCCUPANCY | <input type="checkbox"/> CERTIFICATE OF APPROVAL |
| <input type="checkbox"/> CERTIFICATE OF CONTINUED OCCUPANCY | <input type="checkbox"/> TEMPORARY CERTIFICATE OF OCCUPANCY |

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: \$ 8,400.-

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

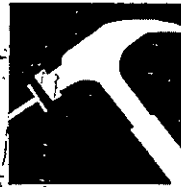
SIGNED: Theresa E. Bell _____

Owner OWNER/AGENT

Agent



BUILDING
SUBCODE 6/3/85
TECHNICAL SECTION



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 40910 Lot 15
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner James + Theresa Bell Contractor KLR Associates, Inc
Address Box 69 (4 Missouri Trail) Hopatcong, N.J. 07843 Address Box 122 Wind Gap PA 18091
Tel. (212) 398-1463 Tel. (215) 863-4676
Work Site Address same Lic. No. _____
Work 627-2100-ext 238 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Pressure Treated Lumber
16' x 12' 2x8 Joist's
2x6 DECKING @ Treated
4x4 post all galv.
Coated nails and metal
brackets
31 footings - 6" apart runways

See Plans

TYPE OF WORK:
 New Building
 Addition
 Alteration/Renovation
 Roofing
 Siding vinyl
 Other Siding
 Demolition
 Miscellaneous
 Fence
 Sign
 Pool
 Elevator
 Other wood deck

Fee Basis	Fee
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____
Minimum Building Fee (if applicable)	\$ _____
Total Building Fee (Greater of Minimum or Subtotal)	\$ _____

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.
Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$8,400.-

D. COMMENTS

Partial Releases Prototype Processing



ZONING PERMIT
Borough of Hopatcong

111 River Styx Road
Hopatcong, NJ 07843

Phone: (973)770-1200, Fax: (973)770-0301

Name: MARLON WARREN

Block: 40910 Lot: 15 Zone: R-1

Address: 4 MISSOURI TRAIL

Phone: Daytime: 973-296-9744 Evening: SAME

Describe what the property is currently being used for: DWELLING

Is this property located on a developed or undeveloped Borough roadway?

What is this application for? FEANCE (REPLACEMENT.)
PATIO (REAR w/ 1/2" SPACE BTW)

Will this project involve disturbing more than 1500 square feet of your property? Yes No ✓

Has the above premises been subject to any Planning Board or Zoning Board Adjustment approvals?
Yes No ✓

Attach a plot plan or survey map of the premises showing well & septic locations, existing and proposed structure dimensions including floor plans and overall height.

I hereby make application for a Zoning Permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit that requires a separate application. I certify that the answers to the above questions and any statements made on the attachments are true and complete to the best of my knowledge.

Date: 5/23 Signature: [Signature]

\$20.00 FEE PAID 5/23/07

DIRECTIONS TO YOUR PROPERTY FROM THE BOROUGH HALL:

For Office Use

Board of Health approval: yes, needed no, not needed

Approved: yes no, denied, Board of Adjustment approval needed

This approval is conditioned upon the approval of any other government entity having jurisdiction in this matter.

Date: 5/23/07 W P Donegan, III
William Donegan, III, Zoning Officer

Reason for Denial and Section(s) of Ordinance from which a Variance is required:

See Attached Summary

ZONING OFFICER'S CALCULATIONS

ORDINANCE REQUIREMENT	EXISTING	PROPOSED	CONFORMS	PRE-EXISTING
242-38D(1)				
LOT SIZE:				
242-38D(2)				
LOT WIDTH:				
242-38D(3)				
LOT DEPTH:				
242-38D(4)				
Frontyd. setback:				
242-38D(5)				
Sideyd. setback:				
242-38D(6)				
Rearyd. Setback:				
242-38D(7)				
Bldg. height: 2 1/2 stories or 35'				
242-38D(8) *Conf. lot cov. 25%				
242-38E(2) *non-conf. lot cov. 35%				
242-38D(9) *Conf. lot footprint 15%				
242-38E(1) *non-conf. lot footprint. 20%				
242-18-A				
Distance from Lake/Stream: 50'				
242-11C				
Steep/critical slope: 15%/25%				
242-28C(1)				
Retaining Wall setback: 5' fr . Prop. line				
OTHER				

*Conforming Lots are 15,000 sf. or more in R-1 zone, everything smaller is non-conforming

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 03/11/14
Control #
Permit # 05-1908

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 40910 Lot 15 Qual _____
Work Site Location 4 MISSOURI TR
DEMO/SFD
Owner in Fee/Occupant WOODS RESTORATION SERVICES
Address 62 FENNER AVE
CLIFTON, NJ 07013-
Telephone (973) 742-7540
Contractor WOODS RESTORATION
Address 62 FENNER AVE
CLIFTON, NJ 07013-
Telephone (973) 742-7540 Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 06-1452531

Home Warranty No. _____
 State Private _____
Use Group R-5
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

DEMO/SFD

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

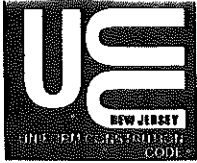
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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

Fee \$ 0
Paid Check No. 19714
Collected by: SJH



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received 11/17/05
Control #
Date Issued 05-1908
Permit #

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

Block 40910 Lot 15 Qualification Code _____
Work Site Location 4 MISSOURI TRAIL

Owner in Fee Woods Restoration Services
Address 62 FENNER AVE
CLETON NJ
Tel. (973) 742-7540
Contractor Woods Restoration
Address 62 FENNER AVE
CLETON NJ
Tel. (973) 742-7540 FAX (____) _____
Contractor License No. or Builder Registration No. NJ 0408947
Federal Emp. No. 061452531

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.
[Signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Demo REMAINDER OF RESIDENCE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input checked="" type="checkbox"/> No Plans Required	<u>11/16/05</u>	<u>WDC</u>	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Frame	_____	_____	_____	_____
			Truss Sys./Bracing	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes -Base Layer	_____	_____	_____	_____
			Finishes -Final	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> CA			Mechanical	_____	_____	_____	_____
Date: <u>07/06/06</u>			TCO	_____	_____	_____	_____
Approved by: <u>WDC</u>			Other	_____	_____	_____	_____
			Final	_____	_____	_____	<u>07/06/06 WDC</u>
			Barrier-Free	_____	_____	_____	_____

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ 5000.00

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 100

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 11/17/05
Control # C40910/15
Permit # 05-1908

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 40910 Lot 15 Qual _____

Work Site Location 4 MISSOURI TR
DEMO/SFD
Owner in Fee WOODS RESTORATION SERVICES
Address 62 FENNER AVE
CLIFTON, NJ 07013-
Telephone (973) 742-7540

Contractor WOODS RESTORATION
Address 62 FENNER AVE
CLIFTON, NJ 07013-
Telephone (973) 742-7540
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 06-1452531

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input checked="" type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:
DEMO/SFD

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.

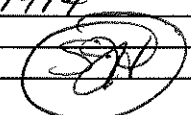
Estimated Cost of Work \$ 5,000

WOC
Construction Official



11/17/05
Date

PAYMENTS (Office Use Only)

Building	<u>100</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>0</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>100</u>
Check No.	<u>19714</u>
Cash	_____
Collected By	

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 03/24/11
Control #
Permit # 08-125

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 40910 Lot 15 Qual _____
Work Site Location 4 MISSOURI TR
Owner in Fee/Occupant WARREN MARCON
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 296-9744
Contractor HUBER PLUMBING
Address 31 COBBLEWOOD RD
BLAIRSTOWN, NJ 07825-
Telephone (908) 362-6845 Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. -

Home Warranty No. _____
 State Private _____
Use Group R-5
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

INSIDE OIL TANK

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

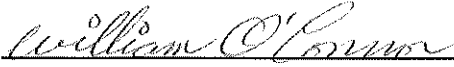
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
 Total removal of lead-based paint hazards in scope of work
 Partial or limited time period (____ years); see file

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

Fee \$ 0
Paid Check No. 2218
Collected by: SJH



**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received 3/3/08
Control # _____
Date Issued 08-125
Permit # _____

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

Block 40910 Lot 15 Qualification Code _____
Work Site Location 4 Missouri TR

Owner in Fee: warren
Tel. () _____ e-mail _____
Address S/A

Contractor: Huber Plumbing Tel. (908) 362-6845
Address 31 cobbleswood st e-mail Huber Plumbing@yahoo
Contractor License No. 1718 Exp. Date 7/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

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 \$ 2100

JOB SUMMARY (Office Use Only)		INSPECTIONS				Dates (Month/Day)			
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial			
<input checked="" type="checkbox"/> No Plans Required		Slab							
Joint Plan Review Required:		Rough							
<input type="checkbox"/> Building <input type="checkbox"/> Electric		Water							
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Sewer							
<input type="checkbox"/> Plumbing Plans Approved		Fixtures							
Date: <u>02/29/08</u>		Gas Equipment							
Approved by: <u>W.D.C.</u>		Gas Piping							
SUBCODE APPROVAL		LPGas Tank							
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> CA		Fuel Oil Piping					<u>03/12/08</u>	<u>W.D.C.</u>	
Date: <u>03/12/08</u>		Solar							
Approved by: <u>W.D.C.</u>		TCO							

C. CERTIFICATION IN LIEU OF OATH

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

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

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 275 Above Ground
oil tank

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	_____
<u>1</u>	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	_____
_____	Other	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 65



**FIRE PROTECTION SUBCODE
TECHNICAL SECTION**



Date Received 3/3/08
Control #
Date Issued 08-125
Permit #

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

Block 40910 Lot 15 Qualification Code _____
Work Site Location 4 MISSOURI

Owner in Fee: WARREN
Tel. (973) 296-9744 e-mail _____
Address 4 MISSOURI TR. HOPATCONG N.J. 07843
street municipality zip code

Contractor: Huber Plmg. Tel. () _____
Address 31 COBBLEWOOD RD. BLAIRSTOWN N.J.
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Federal Emp. No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R5 Fire Alarm System: [] New OR [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New OR [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New OR [] Existing
[] Other Location of Main Control Valve: _____
Location: BASEMENT
Fuel Storage Tank:
Fuel Type: [] Flammable OR [] Combustible Capacity 275
Total Cost of Fire Protection Work \$ 100

JOB SUMMARY (Office Use Only)	INSPECTIONS		Dates (Month/Day)		
	Type:	Failure	Failure	Approval	Initial
PLAN REVIEW	Alarm System	_____	_____	_____	_____
[x] No Plans Required	Suppression Sys.	_____	_____	_____	_____
Joint Plan Review Required:	Standpipe	_____	_____	_____	_____
[] Building [] Plumbing	Fire Pump	_____	_____	_____	_____
[] Electric [] Elevator	Pre-Eng. System	_____	_____	_____	_____
[] Fire Plans Approved	Mechanical	_____	_____	_____	_____
Date: <u>2/29/08</u>	Smoke Control	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	TCO	_____	_____	_____	_____
SUBCODE APPROVAL	Flam/Combust Tanks	_____	_____	_____	_____
[] CO [] CCO [] CA	Fireplace Venting	_____	_____	_____	_____
Date: <u>3-16-11</u>	Final	_____	_____	_____	_____
Approved by: <u>Joi</u>	Other	_____	_____	_____	_____

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. _____
Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 275 GAL. ROTH OIL TANK IN BASEMENT
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems	_____	_____
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
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 ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fired Appliances [] Gas or [] Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 46

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 3/3/08
Control # C40910/15
Permit # 08-125

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 40910 Lot 15 Qual _____

Work Site Location 4 MISSOURI TR

Contractor HUBER PLUMBING

Owner in Fee WARREN MARCON

Address 31 COBBLEWOOD RD

Address SAME

BLAIRSTOWN, NJ 07825-

HOPATCONG, NJ 07843-

Telephone (908) 362-6845

Telephone (973) 296-9744

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

Federal Emp. No. -

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

INSIDE OIL TANK

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>65</u>
Fire Protection	<u>46</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>3</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>114</u>

Check No. 2218
Cash _____
Collected By [Signature]

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 \$ 2,200

[Signature]
Construction Official

3/3/08
Date

#009104

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 5, 7, 2018
Control # C40910/15
Permit # 18.343

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 40910 Lot 15 Qual _____

Work Site Location 4 MISSOURI TR
CHIMNEY
Owner in Fee WARREN MARCON
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 296-9744

Contractor E&M MAINTENANCE, INC
Address PO BOX 377
PLAINVIEW, NY 11803-
Telephone (516) 349-1765
Lic. No. or Bldrs. Reg. No. 13VH00573100
Federal Emp. 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:
CHIMNEY

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 \$ 2,000

William O'Connor
Construction Official

04/30/18
Date

PAYMENTS (Office Use Only)
Building 55
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other _____
DCA State Permit Fee 4
Cert. of Occupancy 0
Other _____
Total 59
Check No. _____
Cash 59
Collected By SJA

75093



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____
 WORK SITE ADDRESS 4 Missouri Trail, Hopatcong, NJ
 Owner in Fee Warren
 Verifying Individual Erik Einbinder Company ETM Maintenance Inc.
 Address P.O. Box 377 Plainview NY 11803
 Tel: (516) 349-1765 Fax: 516 933-6395

Check the Appropriate Box(es):

Type of Replacement: Existing Vent/Chimney: Size 7"

<input type="checkbox"/> Oil to Gas Conversion	<input type="checkbox"/> "B" Label Vent	<input type="checkbox"/> Chimney-Interior
<input type="checkbox"/> Gas to Oil Conversion	<input checked="" type="checkbox"/> "L" Label Vent	<input checked="" type="checkbox"/> Chimney-Exterior
<input type="checkbox"/> Gas Appliance Replacement	<input type="checkbox"/> Flexible Liner	<input type="checkbox"/> Masonry Chimney-Tile Lined
<input checked="" type="checkbox"/> Oil to Oil Replacement	<input type="checkbox"/> Power Vent/Exhauster	<input type="checkbox"/> Masonry Chimney-Unlined
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>Furnace</u>	<input checked="" type="radio"/> Oil / Gas / Other: _____	<u>95,000</u>
Appliance 2: <u>Furnace</u>	<input checked="" type="radio"/> Oil / Gas / Other: _____	<u>95,000</u>
Appliance 3: _____	<input type="radio"/> Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: Metal-Fab Model: TempGuard UL Listing: MH 8251
 Material of Liner: Stainless Steel Aluminum _____
 Size of Appliance Vent: 6" Size of Liner: 7" Height of Chimney: 35'
 Length of Connector: 5' lateral Vent Connector Rise: 4"
 How does the appliance vent? Natural Draft Fan-assisted Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature _____ Date 4/19/18

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.