



## Property Information      Request Information      Update Information

File#:	BS-X01567-5626457398	Requested Date:	02/14/2024	Update Requested:
Owner:	MARLON WARREN	Branch:		Requested By:
Address 1:	4 MISSOURI TRL	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	HOPATCONG, NJ	# of Parcel(s):	1	

## Notes

CODE VIOLATIONS      Per Borough of Hopatcong Department of Zoning there are no Code Violation cases on this property.

Collector: Borough of Hopatcong  
Payable: 111 River Styx Road, Hopatcong, NJ, 07843  
Business# 973-770-1200

PERMITS      Per Borough of Hopatcong Building Department there is an Open Permit on this property.

1. Permit #: 18-343  
PermitType : Construction permit  
  
Collector: Borough of Hopatcong  
Payable: 111 River Styx Road, Hopatcong, NJ, 07843  
Business# 973-770-1200

SPECIAL ASSESSMENTS      Per Borough of Hopatcong Tax Collector there are no Special Assessments/liens on the property.

Collector: Borough of Hopatcong  
Payable: 111 River Styx Road, Hopatcong, NJ, 07843  
Business# 973-770-1200

DEMOLITION      NO

UTILITIES

Water  
Account #: NA  
Payment Status: NA  
Status: Pvt & Non Lienable  
Amount: NA  
Good Thru: NA  
Account Active: NA  
Collector: New Jersey American Water Company  
Payable Address: 1709 Union Ave, Hazlet, NJ 07730  
Business # 1 800-272-1325  
NOTE: UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS  
AUTHORISATION NEEDED

Sewer  
The house is on a community sewer. All houses go to the shared septic system.

Garbage  
GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN



<b>Block/Lot/Qual:</b>	40910. 15.	<b>Tax Account Id:</b>	6701
<b>Property Location:</b>	4 MISSOURI TR	<b>Property Class:</b>	2 - Residential
<b>Owner Name/Address:</b>	WARREN, MARLON J & BRUNILDA J	<b>Land Value:</b>	135,100
	4 MISSOURI TR	<b>Improvement Value:</b>	531,800
	HOPATCONG, NJ 07843	<b>Exempt Value:</b>	0
		<b>Total Assessed Value:</b>	666,900
		<b>Additional Lots:</b>	None
<b>Special Taxing Districts:</b>		<b>Deductions:</b>	

Taxes

<a href="#">Make a Payment</a> <a href="#">View Tax Rates</a> <a href="#">View Current Bill</a> <a href="#">Project Interest</a>							
Year	Due Date	Type	Billed	Balance	Interest	Total Due	Status
2024	02/01/2024	Tax	2,748.47	0.00	0.00	0.00	PAID
2024	05/01/2024	Tax	2,748.46	2,748.46	0.00	2,748.46	OPEN
<b>Total 2024</b>			<b>5,496.93</b>	<b>2,748.46</b>	<b>0.00</b>	<b>2,748.46</b>	
2023	02/01/2023	Tax	2,694.27	0.00	0.00	0.00	PAID
2023	05/01/2023	Tax	2,694.26	0.00	0.00	0.00	PAID
2023	08/01/2023	Tax	2,802.67	0.00	0.00	0.00	PAID
2023	11/01/2023	Tax	2,802.66	0.00	0.00	0.00	PAID
<b>Total 2023</b>			<b>10,993.86</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
2022	02/01/2022	Tax	2,648.71	0.00	0.00	0.00	PAID
2022	05/01/2022	Tax	2,648.70	0.00	0.00	0.00	PAID
2022	08/01/2022	Tax	2,739.83	0.00	0.00	0.00	PAID
2022	11/01/2022	Tax	2,739.82	0.00	0.00	0.00	PAID
<b>Total 2022</b>			<b>10,777.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
Last Payment: 02/07/24							

[Return to Home](#)

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

Office Use Only \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

**I N S T R U C T I O N S**

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 &amp; 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>

Is the present use of the principal building? \_\_\_\_\_

Is the proposed use of the principal building? \_\_\_\_\_

Are the present uses of any accessory buildings? \_\_\_\_\_

Are the proposed uses of any accessory buildings? \_\_\_\_\_

Are the proposed uses of any new structures or additions for which a zoning permit is needed? \_\_\_\_\_

*deck & siding*

Has the premises or property has been the subject of any prior application(s) to Zoning Board of Adjustment or the Planning Board. If none, state none. If so, state 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

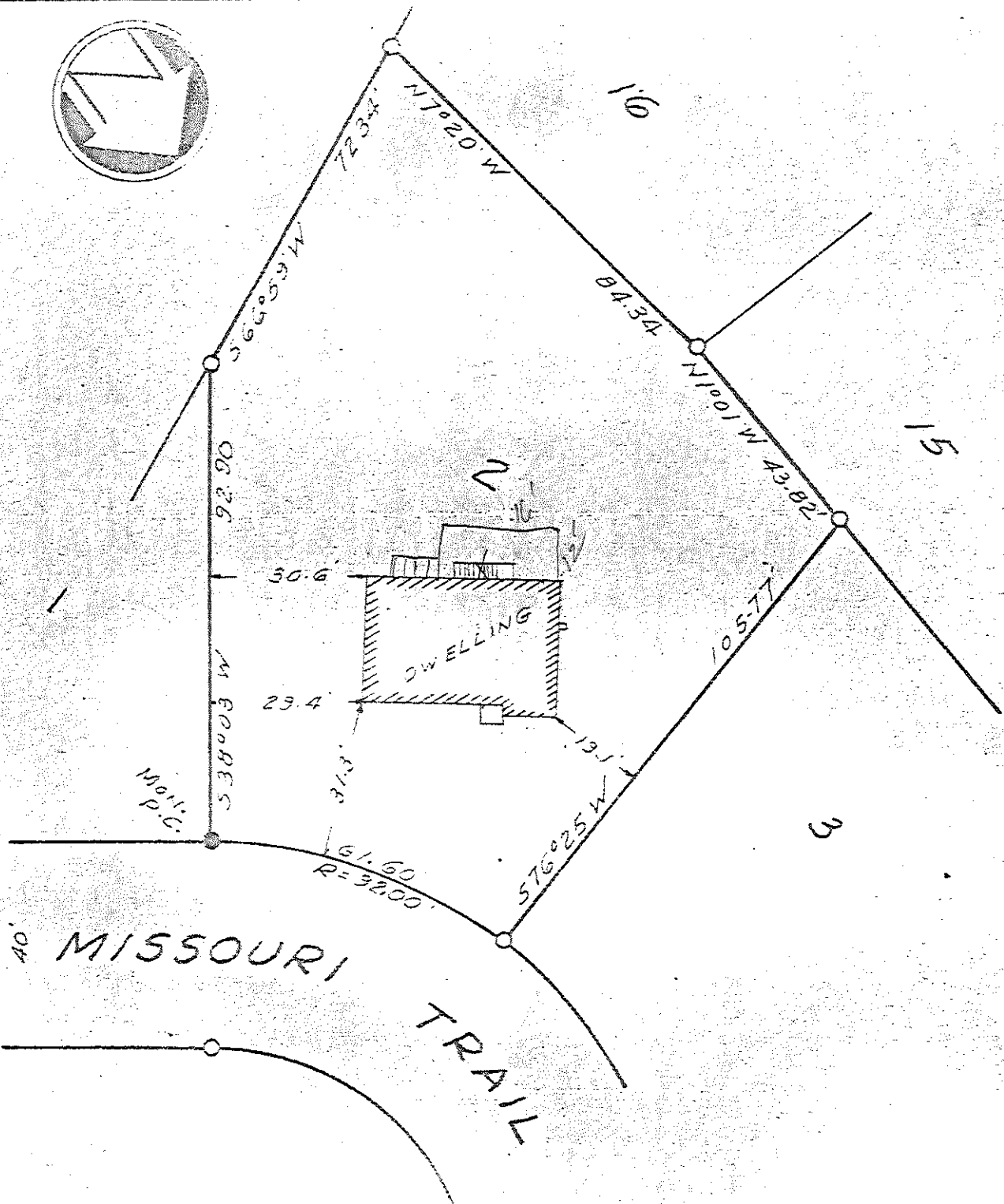
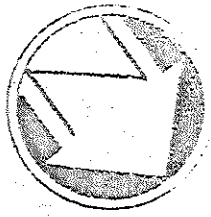
By: \_\_\_\_\_

Secretary

DO NOT WRITE IN THIS SPACE

Use or change is permitted by ordinance. 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 V. Williams*  
 CURTIS V. WILLIAMS, C.E.  
 N.J. LIC. NO. 2649

MAP OF LOT ~~16~~ 15  
 BLOCK ~~6~~ 40910 - SECTION 14  
 HOPATCONG HILLS

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

CURTIS V. 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

<b>OWNER:</b>	<b>CONSTRUCTION LOCATION:</b>
Name <u>James &amp; 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





**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)					
<u>LOT SIZE:</u>					
242-38D(2)					
<u>LOT WIDTH:</u>					
242-38D(3)					
<u>LOT DEPTH:</u>					
242-38D(4)					
<u>Frontyd. setback:</u>					
242-38D(5)					
<u>Sideyd. setback:</u>					
242-38D(6)					
<u>Rearyd. Setback:</u>					
242-38D(7)					
<u>Bldg. height: 2 1/2 stories or 35'</u>					
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					
<u>Distance from Lake/Stream: 50'</u>					
242-11C					
<u>Steep/critical slope: 15%/25%</u>					
242-28C(1)					
<u>Retaining Wall setback: 5' fr . Prop. line</u>					
<u>OTHER</u>					

\*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

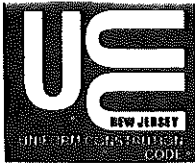
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

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>11/16/06</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	_____	_____	_____	_____

**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

**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)**

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

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 <u>[Signature]</u>	_____

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

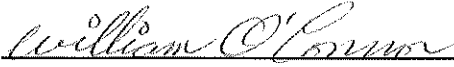
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:  
 Total removal of lead-based paint hazards in scope of work  
 Partial or limited time period (\_\_\_\_ years); see file

#### 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





**FIRE PROTECTION SUBCODE  
TECHNICAL SECTION**



Date Received  
Control #

3/3/08

Date Issued  
Permit #

08-125

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 <sub>2</sub> 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>

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

Check No. 2218  
Cash \_\_\_\_\_  
Collected By [Signature]

[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:

- |  |   |  |
|--|---|--|
| <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 type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES    | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> 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	<u>55</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>4</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>59</u>
Check No.	_____
Cash	_____
Collected By	<u>SJA</u>

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: _____	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 [Signature] Date 4/9/18

#### 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.