



Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 1/6/2017
Control Number C-35036
Permit Number 20161361
Permit Issue Date 6/2/2016
Certificate Number 20161361

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 25 LILY POND COURT Howell Township, NJ Block: 109.01 Lot: 82 Qual: _____
Owner in Fee: K. HOVNANIAN AT HOWELL II, LLC
Owner Address: 110 FIELDCREST AVE EDISON NJ 08818
Telephone: (732) 620-8422
Contractor K.HOVNANIAN @ HOWELL II, LLC
Address 3 Charleston Ct. Little Egg Harbor NJ 08087
Telephone: _____ Fax: _____
License Number or Builders Registration Number: 046420 Federal Emp. Number: _____

Home Warranty Number: PROFESSIONAL WARRANTY SERVICE CORP
05327642

Type of Warranty Plan: ☐ State ☒ Private

Use Group: R-5 Construction Classification: 5B
Maximum Live Load: 40 Maximum Occupancy Load: 0

Description of Work/Use: NEW SINGLE FAMILY DWELLING/2009 IRC BARBUDA W/BONUS ROOM, 2 BEDROOMS, 2 1/2 BATHS
, 2 CAR FRONT ENTRY GARAGE LEFT
SLAB ON GRADE, ELEV FT STONE

Certificate Comments: INCLUDES UPDATE +A

☒ 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.

☐ Certificate of Continued Occupancy

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

☐ Temporary Certificate of Compliance

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: _____
This certificate has an expiration date of: _____
Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

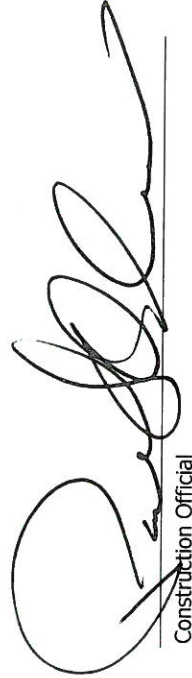
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ 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 _____

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate: _____
This certificate has an expiration date of: _____
Conditions to be met:



Construction Official

Fee: \$60.00

Check Number: 00070975

Collected By: Irene Plantz

Date Printed: 1/6/2017

U.C.C. F260 (rev. 08/05)



PROFESSIONAL WARRANTY SERVICE CORPORATION

P.O. Box 800 Annandale, VA 22003-0800 Phone: 1.800.850.2799 Fax:

To: Municipal Construction Official
From: Professional Warranty Service Corporation
Subject: Confirmation of home enrollment and warranty coverage

This shall serve as verification that the home (structure) identified below has been accepted for final enrollment in the Professional Warranty 10-Year Limited Warranty Program. This form is validated by the signature of a PWSC representative and the PWSC seal affixed below. This form also affirms that the Limited Warranty document will be transmitted to the purchaser upon closing/final settlement.

Builder Name: K. Hovnanian at Howell II, LLC
PWSC Builder Participation 00070HA
NJ DCA Registration Number: 46420
Purchaser(s) Name: ,
Municipality: HOWELL TWP
Legal Address of Home Enrolled: Lot: 82 Block: 109.01
Street Address: 25 LILY POND COURT
City / State / Zip: HOWELL NJ 07731
County: MONMOUTH
PWSC Approval Number and
Builder's Limited Warranty Number: 05327642
Date: 07/31/2015

PWSC Representative:



Stephanie Sloan

PWSC Seal:



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

6/2/16
35036
2016 1361

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

Block 109.01 Lot 82 Qualification Code _____
Work Site Location 25 Lily Pond Ct. Howell, NJ 07731
Owner in Fee: A. Hovnanian@Howell II LLC
Tel. (732) 620-9422 e-mail Kvoetsch@Khov.com
Address 47 Harvest Ridge Rd Howell NJ 07731
Contractor: Same as Owner Tel. (732) 620-9422
Address _____ e-mail _____

Contractor License No. or Builder Registration No. 046420 Exp. Date 12/31/15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (732) 202-8840

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type: _____	Failure _____ Approval _____ Initial _____
☐ All	_____	_____	Footings	_____
☐ Footings/Foundations	_____	_____	Footings Bonding	_____
☐ Structural/Framework	_____	_____	Foundation	_____
☐ Exterior	_____	_____	Slab	_____
☐ Interior	_____	_____	Frame	_____
Joint Plan Review Required:	_____	_____	Truss Sys./Bracing	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Barrier-Free	_____
SUBCODE APPROVAL for PERMIT	_____	_____	Insulation	_____
Date: _____	_____	_____	Finishes -Base Layer	_____
Approved by: _____	_____	_____	Finishes -Final	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Mechanical	_____
☒ CO ☐ CCO ☐ CA	_____	_____	TCO	_____
Date: <u>12-29-16</u>	_____	_____	Other	_____
Approved by: <u>Cumy</u>	_____	_____	Final	_____
	_____	_____	Barrier-Free	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5 Constr. Class Present _____ Proposed 5B
No. of Stories 2 If Industrialized Building: _____
Height of Structure 23 ft. State Approved _____ HUD _____
Area — Largest Floor 2000 sq. ft. Est. Cost of Bldg. Work:
New Bldg. Area/All Floors 2280 sq. ft. 1. New Bldg. \$ 125,000.00
Volume of New Structure 23543 cu. ft. 2. Rehabilitation \$ _____
Max. Live Load _____ 3. Total (1+ 2) \$ 125,000.00
Max. Occupancy Load _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that _____ record and am authorized to make this application.

Sign here: _____

Print name here: Keith Voetsch

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Barbuda (Bonus Room) Elev. FT Stone
2BR, 2 1/2 Baths
2 Car Front Entry Garage / Garage Left
Slab on Grade
with Bonus Room above Garage

2 STORY LIVING SPACE

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

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

PERMIT # 2016-1361Ranch 25 Lily PondLOT: 82BLOCK: 169.01

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector Initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS

☒ ☐ SPACING
☒ ☐ SIZE

STRAPS

☒ ☐ SPACING (PER MANUFACTURER'S SPECS)
☒ ☐ SIZE

2. SILL PLATES:

☒ ☐ SIZE
☒ ☐ GRADE, SPECIES
☒ ☐ TREATMENT
☒ ☐ LAPS
☒ ☐ SILL SEALER
☒ ☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
☒ ☐ TERMITE PROTECTION

3. BEAM POCKETS:

☐ ☐ BEARING/SHIMS
☐ ☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

☐ ☐ SIZED PER PLAN
☐ ☐ ATTACHMENT/PLATES
☐ ☐ SPACING/LOCATION
☐ ☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1 ST	2 ND	3 RD	FLOOR
☐ ☐	☐ ☐	☐ ☐	SIZE
☐ ☐	☐ ☐	☐ ☐	GRADE, SPECIES
☐ ☐	☐ ☐	☐ ☐	SINGLE OR DOUBLE
☐ ☐	☐ ☐	☐ ☐	PRE-ENGINEERED PER MANUFACTURER'S SPECS
☐ ☐	☐ ☐	☐ ☐	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

☐ ☐ SIZED PER PLAN
☐ ☐ TYPE
☐ ☐ GRADE, SPECIES
☐ ☐ LOCATION AND RELATION TO THE PLAN
☐ ☐ NAILING
☐ ☐ ATTACHMENT SCHEDULE
☐ ☐ BEARING
☐ ☐ LAPPING

3. FLOOR JOIST:

1 ST	2 ND	3 RD	FLOOR
☐ ☐	☐ ☐	☐ ☐	SIZED PER PLAN
☐ ☐	☐ ☐	☐ ☐	GRADE, SPECIES
☐ ☐	☐ ☐	☐ ☐	PRE-ENGINEERED COMPONENTS AS SPECIFIED
☐ ☐	☐ ☐	☐ ☐	BEARING
☐ ☐	☐ ☐	☐ ☐	NAILING
☐ ☐	☐ ☐	☐ ☐	BRIDGING
☐ ☐	☐ ☐	☐ ☐	CUTTING AND NOTCHING (AS PER CODE)
☐ ☐	☐ ☐	☐ ☐	POINT LOADS - SUPPORTED AS PER PLAN
☐ ☐	☐ ☐	☐ ☐	SPAN HANGERS
☐ ☐	☐ ☐	☐ ☐	HEADERS
☐ ☐	☐ ☐	☐ ☐	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1 ST	2 ND	3 RD	FLOOR
☐ ☐	☐ ☐	☐ ☐	MATERIAL
☐ ☐	☐ ☐	☐ ☐	PANEL SPAN, THICKNESS

5. STAIR ATTACHMENT:

1 ST	2 ND	3 RD	FLOOR
☐ ☐	☐ ☐	☐ ☐	BEARING
☐ ☐	☐ ☐	☐ ☐	NAILING

SPECIAL REQUIREMENTS

☐ ☐ ☐ ☐ EDGE BLOCKING (IF REQUIRED)
☐ ☐ ☐ ☐ GAPPING
☐ ☐ ☐ ☐ LAYOUT

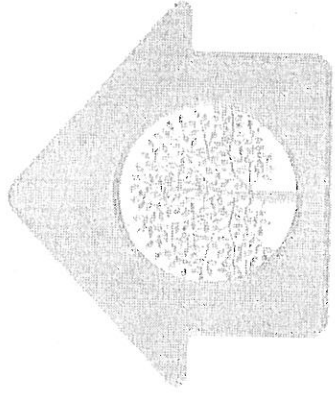
I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Building Code.

Responsible Person in Charge of Work

Date: _____

Building Inspector
Initials: MAH

Date: 8/25/16



EAM
ASSOCIATES

Inspection Report:

**K Hovnanian
25 Lily Pond rd
Monmouth Woods**



Residential New Construction Inspection Report

Street/City/State/Zip: 25 Lily Pond rd Howell NJ 07731 Date: 10/25/2016

Builder: K Hovnanian Development: Monmouth Woods

NJCEP Tier: 1

Type of Inspection: ☐ Pre-Drywall ☒ Final Re-inspection Select One

Inspection Status:

- ☒ **Pass** – This unit meets all the necessary requirements. Any issues listed below are not required to be corrected.
- ☐ **Pass Pending Builder Verification** – All issues listed below will need to be corrected and documented.
If the builder verified option is being used the corresponding check list must be properly filled out and a builder representative must acknowledge that these issues have been corrected by signing the checklist.
- ☐ **Re-inspection Pass** – All issues from previous inspections have been corrected.
- ☐ **Fail** – Re-inspection required.

Issue 1	
Location	
Resolution	
Best Practice	
Issue 2	
Location	
Resolution	
Best Practice	
Issue 3	
Location	
Resolution	
Best Practice	
Issue 4	
Location	
Resolution	
Best Practice	

*If the above table is full please check the reverse of this page for additional issues.

Builder Employee: Keith Voetsch

Field Inspector or Rater: Ed Lydecker

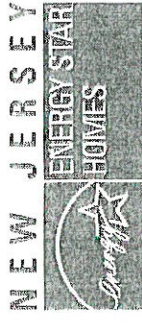
Signature



ENERGY STAR Qualified Homes Thermal Bypass Inspection Checklist

Home Address: 25 Lily Pond rd		City: Howell		State: NJ	
Thermal Bypass		Inspection Guidelines	Corrections Needed	Builder Verified	Rater Verified
					N/A
1. Overall Air Barrier and Thermal Barrier Alignment	Requirements: Insulation shall be installed in full contact with sealed interior and exterior air barrier except for alternate to interior air barrier under item no. 2 (<i>Walls Adjoining Exterior Walls or Unconditioned Spaces</i>)				
	All Climate Zones:				
	1.1 Overall Alignment Throughout Home				
	1.2 Garage Band Joist Air Barrier (at bays adjoining conditioned space)				
	1.3 Attic Eave Baffles Where Vents/Leakage Exist				
	Only at Climate Zones 4 and Higher:				
	1.4 Slab-edge Insulation (A maximum of 25% of the slab edge may be uninsulated in Climate Zones 4 and 5.)				
	Best Practices Encouraged, Not Req'd:				
	1.5 Air Barrier At All Band Joists (Climate Zones 4 and higher)				
	1.6 Minimize Thermal Bridging (e.g., OVE framing, SIPs, ICFs)				
2. Walls Adjoining Exterior Walls or Unconditioned Spaces	Requirements: - Fully insulated wall aligned with air barrier at both interior and exterior, OR - Alternate for Climate Zones 1 thru 3, sealed exterior air barrier aligned with RESNET Grade 1 insulation fully supported - Continuous top and bottom plates or sealed blocking				
	2.1 Wall Behind Shower/Tub				
	2.2 Wall Behind Fireplace				
	2.3 Insulated Attic Slopes/Walls				
	2.4 Attic Knee Walls				
	2.5 Skylight Shaft Walls				
	2.6 Wall Adjoining Porch Roof				
	2.7 Staircase Walls				
	2.8 Double Walls				
	3. Floors between Conditioned and Exterior Spaces	Requirements: - Air barrier is installed at any exposed fibrous insulation edges - Insulation is installed to maintain permanent contact with sub-floor above including necessary supports (e.g., staves for blankets, netting for blown-in) - Blanket insulation is verified to have no gaps, voids or compression. - Blown-in insulation is verified to have proper density with firm packing			
3.1 Insulated Floor Above Garage					
3.2 Cantilevered Floor					
Requirements: Openings to unconditioned space are fully sealed with solid blocking or flashing and any remaining gaps are sealed with caulk or foam (provide fire-rated collars and caulking where required)					
4.1 Duct Shaft					
4.2 Piping Shaft/Penetrations					
4.3 Flue Shaft					
Requirements: - All attic penetrations and dropped ceilings include a full interior air barrier aligned with insulation with any gaps fully sealed with caulk, foam or tape - Movable insulation fits snugly in opening and air barrier is fully gasketed					
5.1 Attic Access Panel (fully gasketed and insulated)					
5.2 Attic Drop-down Stair (fully gasketed and insulated)					
4. Shafts	5.3 Dropped Ceiling/Soffit (full air barrier aligned with insulation)				
	5.4 Recessed Lighting Fixtures (ICAT labeled and sealed to drywall)				
	5.5 Whole-house Fan (insulated cover gasketed to the opening)				
	Requirements: Gap between drywall shaft wall (i.e., common wall) and the structural framing between units is fully sealed at all exterior boundary conditions				
	6.1 Common Wall Between Dwelling Units				
5. Attic/ Ceiling Interface	Requirements: Gap between drywall shaft wall (i.e., common wall) and the structural framing between units is fully sealed at all exterior boundary conditions				
	6.1 Common Wall Between Dwelling Units				
	Requirements: Gap between drywall shaft wall (i.e., common wall) and the structural framing between units is fully sealed at all exterior boundary conditions				
	6.1 Common Wall Between Dwelling Units				
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6. Common Walls Between Dwelling Units	Requirements: Gap between drywall shaft wall (i.e., common wall) and the structural framing between units is fully sealed at all exterior boundary conditions				
	6.1 Common Wall Between Dwelling Units				
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Home Energy Rating Provider: EAM Associates					
Home Energy Rater Company Name: EAM Associates					
Home Energy Rater Signature: [Redacted]					
Rater Inspection Date: 10/25/2016					
Builder Inspection Date: 10/25/2016					
Builder Company Name: K Hovnanian					
Builder Employee Signature: Keith Voetsch					

New Jersey **ENERGY**Efficient Home
HVAC System Quality Installation
Rater Checklist¹



Home Address: 25 Lily Pond rd		City: Howell	
1. Review of HVAC System Quality Installation Contractor Checklist ²			
1.1 HVAC System Quality Installation Contractor Checklist completed in its entirety and collected for records, along with documentation on ventilation system (1.3), full load calculations (2.2) and AHRI reference # (3.12)	☐	☒	☐
1.2 Rater-verified supply & return duct static pressure < 110% of contractor values (7.3, 7.4)	☐	☒	☐
2. Duct Quality Installation - Applies to all Heating, Cooling, Ventilation, Exhaust, and Pressure Balancing Ducts			
2.1 Connections and routing of ductwork completed without kinks or sharp bends ³	☐	☒	☐
2.2 No excessive coiled or looped flexible ductwork ⁴	☐	☒	☐
2.3 Flexible ducts in unconditioned space not installed in cavities smaller than outer duct diameter; in conditioned space not installed in cavities smaller than inner duct diameter	☐	☒	☐
2.4 Flexible ducts supported at intervals as recommended by manufacturer, but at a distance ≤ 5 feet	☐	☒	☐
2.5 Building cavities may not be used as supply or return ducts. All supplies and returns must be fully ducted and sealed.	☐	☒	☐
2.6 HVAC ducts and combustion inlets and outlets may pass perpendicularly through exterior walls but shall not be run within exterior walls unless at least R-6 continuous insulation is provided on exterior side of the cavity, along with an interior and exterior air barrier where required by the Thermal Enclosure System Rater Checklist.	☐	☒	☐
3. Duct Insulation - Applies to all Heating, Cooling, Supply Ventilation, and Pressure Balancing Ducts ⁵			
3.1 All connections to trunk ducts in unconditioned space are insulated	☐	☒	☐
4. Duct Leakage - Applies to all Heating, Cooling, and Balanced Ventilation Ducts			
4.1 Rater-measured duct leakage to outdoors ≤ 6 CFM25 per 100 square feet of conditioned floor area ⁶	☐	☒	☐
4.2 Duct boots sealed to floor, wall, or ceiling using caulk, foam, mastic tape, or mastic paste	☐	☒	☐
5. Whole-Building Delivered Ventilation			
5.1 Fan and controller are installed per contractor documentation submittal (1.3)	☐	☒	☐
6. Combustion Appliances			
6.1 Furnaces, boilers, and water heaters are mechanically drafted or direct-vented ⁷	☐	☒	☐

Rater Name: Ed Lydecker

10/25/2016

Date Checklist Inspected:

Rater Signature

EAM Associates

Rater Company Name:



Building Specifications & Testing Report

Model: Barbuda Floors Above Grade: 2
Housing Type: Single Family Detached Foundation: Slab
Conditioned Volume (ft³): 20,283 CFA (ft²): 2,262

Structural Options:

☐ None ☐ Ext Master BR ☐ Ext Family RM
☐ Sunroom ☐ Walkout BSMT ☐ English BSMT
☐ Loft ☐ Opt Windows ☒ Other: Bonus Room

Foundation Insulation: N/A Section Grade:

Floors Over Unconditioned Space:

Location: ☒ Garage ☐ Ambient ☐ Basement ☐ CrawlSpace
Framing Type: TJI @ 16" R-value: R-38
Insulation Type: Fiberglass Batt Grade: 2

Above Grade Walls:

Wall Color: Medium Continuous Ext Insulation R-value: N/A
Primary Framing: 2x4 @ 16" Wood R-value: R-15
Insulation Type: Fiberglass Batt Grade: 1

Secondary Framing: N/A Section R-value:
Insulation Type: Grade:

Adiabatic Framing: N/A Section R-value:
Insulation Type: Grade:

Windows & Glass Doors:

Compass Heading: Northwest NFRC Label: Yes (Data Below)
Window Company: MI U-factor: 0.33 SHGC: 0.29
Glass Dr. Company: MI U-factor: No Labels SHGC: No Labels

Opaque Doors:

Front Door Construction Type: Fiberglass R-7.14
Garage Door Construction Type: Steel Insulated R-2.5
Side/Rear Door Construction Type: N/A

Ceilings:

Roof Color: Dark

Flat Attic Framing: Truss (2x4 Bottom Chord) R-value: R-49

Insulation Type: Blown Fiberglass Grade: 2

Vaulted Attic Framing: N/A Section R-value:

Insulation Type: Grade:

Domestic Hot Water Heaters:

System 1 Location: Conditioned Space Fuel Type: Natural Gas

System 1 Nameplate Info: See Photo

System 2 Location: N/A Section Fuel Type:

System 2 Nameplate Info:

Bedroom Pressure Differentials (Pa):

Select Yes if Supply Air is ≥ 150 CFM

Master: Bed 1: Bed 2: Bed 3: Bed 4:
No No No No No

Local Exhaust Fan Flows (CFM):

Kitchen: Master: Bath 1: Bath 2: Bath 3:

HVAC System 1:

Location: Conditioned Space

Heating Type: Furnace Forced Air (Ducted) Distribution:

Nameplate Info: See Photo Natural Gas Fuel Type:

Cooling Type: Central AC Split System Distribution:

Evaporator Nameplate Info: See Photo

Condenser Nameplate Info: See Photo

Programmable T-stat Installed: Yes External TXV Installed: Yes

Supply Static: 0.09 (wc) Return Static: 0.38 (wc)

Duct Test Location: Central Return

HVAC Sys 1 CFA: 2,262 ft²

Total Duct Leakage: (CFM25)

0.0 (% of CFA)

Leakage to Outside: 55 (CFM25)

2.4 (% of CFA)

System 1 Ductwork Locations:

Returns ≥ 3: Yes

1. Attic 100%

2.

3.

Blower Door Test Results:

Testing Location: Garage Entry CFM50: 1,894
CFM50 per SQFT of CFA: 0.8 ACH50: 5.60

Whole Building Mechanical Ventilation:

System Type: Supply Timer/Control Installed: Yes
Nameplate Info: Air Cyclor CFM:

Lights & Appliances:

Clothes Washer Nameplate Info: N/A
Refrigerator Nameplate Info: N/A
Dishwasher Nameplate Info: See Photo
Clothes Dryer Fuel: N/A Moisture Sensing:
Range/Oven Fuel: Natural Gas

Interior CFL/LED: 80 %
Exterior CFL/LED: 100 %
Garage CFL/LED: 100 %

Inspection Photos

0. Replace suction line gaskets and insulation.
11. Do not use the coil pan shipped with the unit on OIL furnaces or any application where the temperature of the drain pan may exceed 300°F. See I/O manual for instruction.

B10259209-G

MODEL NO. CAFE3137B/AA
SERIAL NO. 1608231873
REFRIGERANT SUITABLE FOR R22 OR R410A
DESIGN PRESS 450 PSIG
FACTORY TEST PRESS 450 PSIG
U.S. ALUMACOIL COMPANY, L.P.
5151 SAN FEILPE, STE 400
HOUSTON, TEXAS 77051

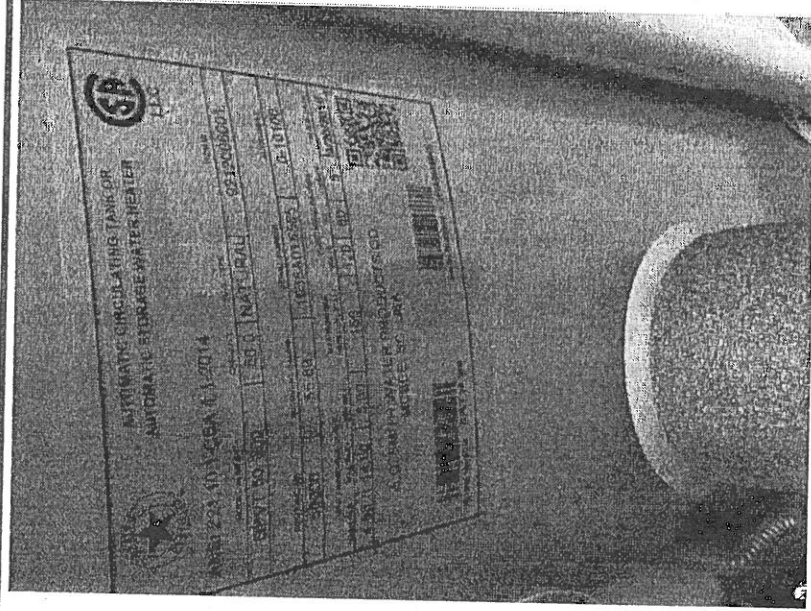
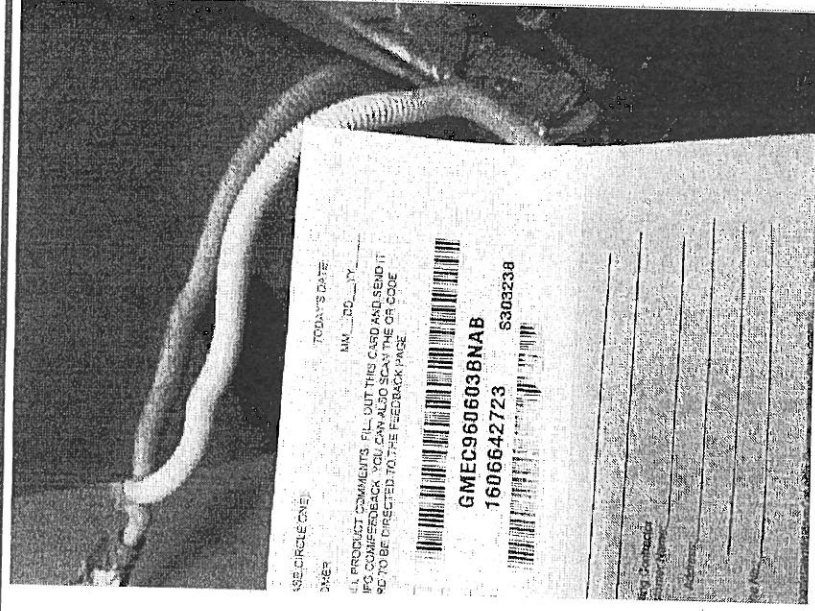

 Intertek
 QAC-0001

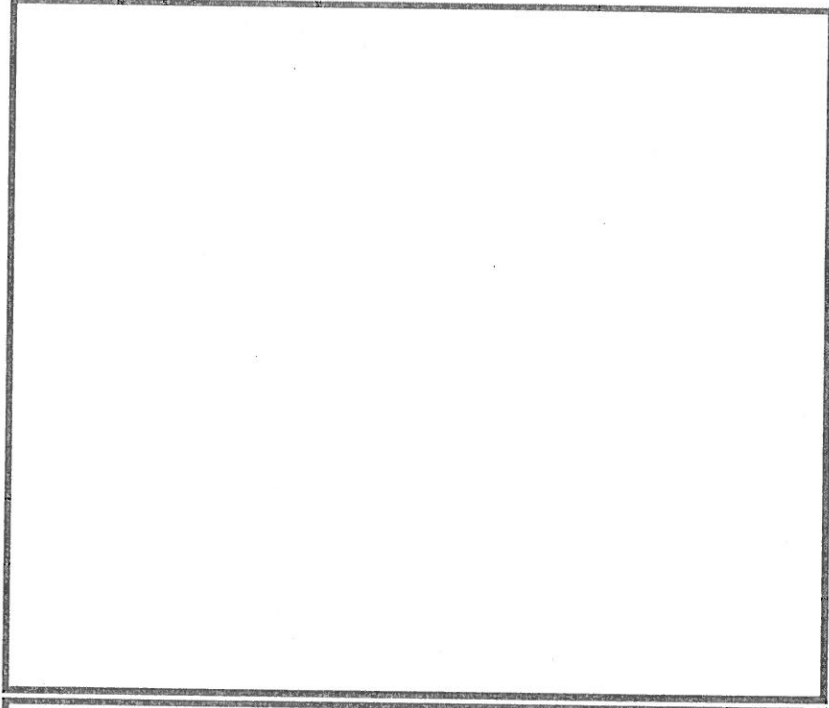
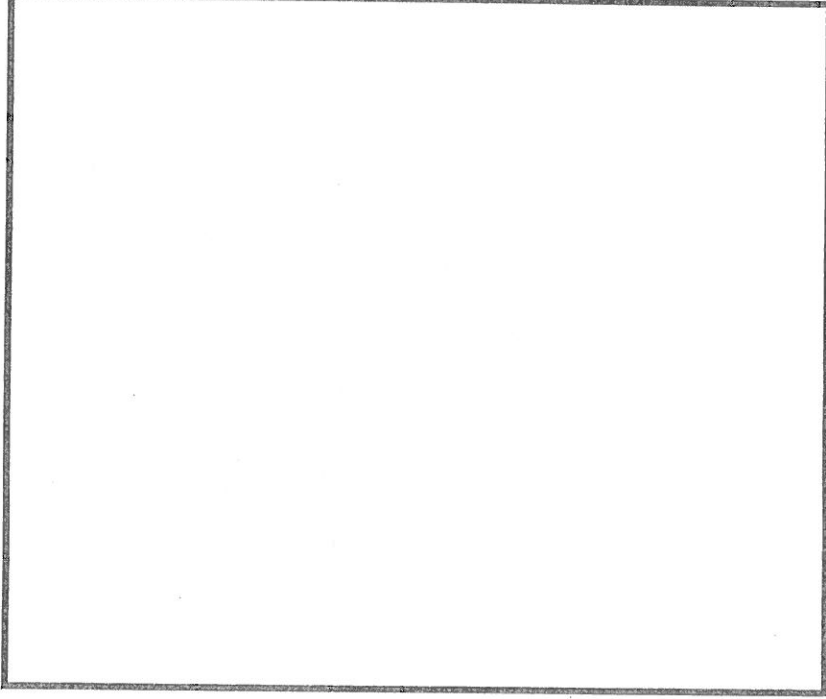
CENTRAL
 COOLING AIR
 CONDITIONER

TEXAS 77053

1688241837

1688241827







PLUMBING SUBCODE TECHNICAL SECTION



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

Block 109.01 Lot 82 Qualification Code _____

Work Site Location 25 Liza Pond Ct.

Howell, NJ 07738

Owner in Fee: K. Hornanigan @ Howell, II, LLC

Tel. (732) 620-8422 e-mail KVoelsch@khov.com

Address 47 Harvest Ridge Rd. Howell N.J. 07731

street municipality zip code

Contractor: F&W Mechanical & Plumbing, LLC Tel. (____) _____

Address 1920 Swarthmore Avenue e-mail _____

Lakewood, NJ 08701

Contractor License No. PH# 866-587-7496 Exp. Date _____

Home Improvement Contractor Registration ID# LIC# 10315 (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed 12-5

Building Sewer Size 3" Public Sewer X Private Septic _____

Water Service Size 1" Public Water X Private Well _____

Est. Cost of Plumbing Work \$ 9,800.00

JOB SUMMARY (Office Use Only)		Dates (Month/Day)			
PLAN REVIEW		Failure	Failure	Approval	Initial
[] No Plans Required					
[] Partial -Underslab Utilities Approved					
Date: _____	Approved by: _____				
[] Plumbing Plans Approved					
Date: _____	Approved by: _____				
Joint Plan Review Required:					
[] Bldg. [] Elec. [] Fire. [] Elev.					
SUBCODE APPROVAL for PERMIT					
Date: _____	Approved by: _____				
SUBCODE APPROVAL for CERTIFICATE					
[X] CO [] CCO [] CA					
Date: <u>11/15/16</u>	Approved by: <u>[Signature]</u>				
INSPECTIONS					
Type:					
Slab					
Rough					
Water					
Sewer					
Fixtures					
Gas Equipment					
Gas Piping					
LPGas Tank					
Fuel Oil Piping					
Solar					
TCO					
Final					

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 _____

Applicant sign/Contractor sign and seal here: _____

Print name here: George Frey

[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK		FEE (Office Use Only)
QTY.	FIXTURE/EQUIPMENT	\$
<u>3</u>	Water Closet	
<u>1</u>	Urinal/Bidet	
<u>4</u>	Bath Tub	
<u>1</u>	Lavatory	
<u>2</u>	Shower	
<u>2</u>	Floor Drain	
<u>1</u>	Sink	
<u>1</u>	Dishwasher	
<u>1</u>	Drinking Fountain	
<u>2</u>	Washing Machine	
<u>1</u>	Hose Bibb	
<u>1</u>	Water Heater	
<u>1</u>	Fuel Oil Piping	
<u>15</u>	Gas Piping	
<u>301</u>	LPGas Tank	
<u>1</u>	Steam Boiler	
<u>1</u>	Hot Water Boiler	
<u>3</u>	Sewer Pump	
<u>1</u>	Interceptor/Separator	
<u>1</u>	Backflow Preventer	
<u>1</u>	Greasetrap	
<u>1</u>	Sewer Connection	
<u>1</u>	Water Service Connection	
<u>1</u>	Stacks	
<u>1</u>	Other	

Water test 10 ft
st press

TEST WATER PIPE

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



TOWNSHIP OF HOWELL

Engineering and Utilities Division

4567 Route 9 North PHONE (732) 938-4500

Post Office Box 580 FAX (732) 414-3243

Howell, NJ 07731-0580

109.01-82

NOTICE TO PROCEED

ALL APPROPRIATE SEWER APPROVALS AND FEES HAVE BEEN
RECEIVED BY THE TOWNSHIP OF HOWELL

PROJECT NAME: FOUR SEASONS AT MONMOUTH WOODS (a.k.a HARVEST RIDGE)

LOCATION: 25 LILY POND

CASE NO: SD-2950/SP-946 BLOCK: 109.01 LOT: 82

PROJECT DESCRIPTION: CONSTRUCTION OF A NEW SANITARY SEWER LATERAL TO BE
CONNECTED TO A TOWNSHIP SANITARY SEWER CLEAN OUT AT THE LOCATION
REFERENCED ABOVE.

CONDITIONS: 1) MRRSA Approvals and Fees
2) All Plumbing Permits
3) Subject to Approved Plans
4) NJDEP and Howell Sanitary Sewer Rules and Regulations

William H. Nunziato/RS

William H. Nunziato, PE, PP, CME

Utilities Director

6/01/2016

Date

THE ABOVE SITE HAS CONNECTED TO THE TOWNSHIP'S SANITARY SEWER SYSTEM

THE SEWER LINE INSTALLED TO THE CURB LINE HAS BEEN INSPECTED AND APPROVED.

PLUMBING

INSPECTOR:

Allen Gaestel

(signature)

Allen Gaestel

(print name)

DATE: *6/24/16*

Cc: Denise Delle Chiaie Sewer Dept.: via email

John Barrett, Utilities Forman: via email

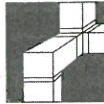
Allen Gaestel, Plumbing Sub Code Official: via email

Brian Brach, Executive Director, MRRSA : via email

Copy to Towns.



MECHANICAL INSPECTOR TECHNICAL SECTION



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

Block 109.01 Lot 82 Qualification Code _____
 Work Site Location 25 L'ly Pond Ct. Howell, NJ 07731
 Owner in Fee: K. Hermann Homes & Howell LLC
 Tel. (732) 620-8432 e-mail KVetsch@kher.com
 Address 47 Harvest Ridge Rd. Howell, NJ 07731
 Contractor: De Ha ToF PA 19006 Tel. (732) 215-938-1437
 Address 2855 Philmont Ave. Huntingdon Valley PA 19006
 Contractor License No. or Builder Registration No. NT13VH08276300 Exp. Date 3/31/2016
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (_____) _____

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)
Heating System work: ☒ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement
 Type: ☐ Hydronic ☒ Hot Air
 Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____
 Estimated Cost of Mechanical Work \$ 9855.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES		
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
[] Mechanical Plans Approved		Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Fire.		Oil Piping	_____	_____	_____	_____
[] Elev.		Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____	_____
Date: _____		Hydronic Piping	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
[] CA [] CCO		Other <u>FINAL</u>	_____	_____	_____	_____
Date: <u>1-5-16</u>						
Approved by: <u>Allen Hart</u>						

Date Received
Control #
Date Issued
Permit #

6/2/16
35036
20161361

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.

Sign here

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

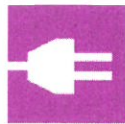
HVAC For SFD

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other <u>A-Coil</u>	_____

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 109.01 Lot 82 Qualification Code _____

Work Site Location 25 Lily Pond Ct.

Hewell, NJ 07731

Owner in Fee: K. Hovnanian @ Hewell II, LLC

Tel. (732) 620-8422 e-mail Kvoetsel@K.hov.com

Address 47 Harvest Ridge Rd. Hewell, NJ 07731

Contractor: _____ Tel. (_____)

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. _____ or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____)

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as Single Family Utility Co. JCP&L DR #33/318976

Est. Cost of Elec. Work \$ 3470.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 11-10-16

Approved by: _____

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Dates (Month/Day)

Failure Failure Approval Initial

8-22-16 8-25-16 JK

8-22-16 JK

11-10-16 JK

8-22-16

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: Peter Spinoso

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Barbuda w/ Bonus Rm.

QTY.	SIZE	ITEMS
<u>28</u>		Lighting Fixtures
<u>41</u>		Receptacles
<u>33</u>		Switches
<u>4</u>		Detectors
<u>3</u>		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
<u>1</u>		KW Dishwasher
<u>1</u>		HP Garbage Disposal
<u>1</u>		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
<u>1</u>		KW Transformer/Generator
<u>1</u>	<u>200</u>	AMP Service
		AMP Subpanels
		AMP Motor Control Center
<u>1</u>		KW Elec. Sign/Outline Light
<u>1</u>		<u>SubFeed</u>
<u>1</u>		<u>Irrigation Rain Sensor</u>

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 109001 Lot 88 Qualification Code _____
Work Site Location 25 Lily Pond Ct. Howell, NJ 07731
Owner in Fee K. Hovnanian @ Howell II LLC
Tel. 732 620-8422 e-mail KVoetsch@Khor.com
Address 47 Harvest Ridge Howell NJ 07731
Contractor: same as Owner municipality _____ Tel. 732 620-8422 zip code _____
Address _____ e-mail KVoetsch@Khor.com

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/Contractor sign here: _____

Print name here: Keith Voetsch

D. TECHNICAL SITE DATA

[] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: Barbade w/ Bonus Room

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

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 _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R-5
Constr. Class: Present _____ Proposed 3B
Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement
Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____
Total Cost of Fire Protection Work \$ 400.00

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible
Capacity _____

Fire Alarm System: [] New OR [] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[] New OR [] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
[] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] COA
Date: 11/10/16
Approved by: _____

INSPECTIONS

Type:	Dates (Month/Day)	Failure	Approval	Initial
As-Built System	<u>8/23/16</u>	<u>dryer vent not complete</u>	<u>8/29/16</u>	<u>(MSP)</u>
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Other				

Flammable/Combustible Tanks

Alarm Systems

[] System
[] 110v Interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow) 2
Supervisory Devices (i.e., tampers, low/high air) _____
Signaling Devices (i.e., horn/strobes, bells) _____
Other Devices smoke/co 2
TOTAL 4

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 _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other dryer vent 1
Other Systems
Kitchen Hood Exhaust System 1
Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other furnace/wH/stove dryer

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

Administrative Surcharge \$ _____

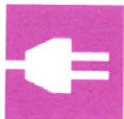
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



GUARDIAN

PROTECTION SERVICES

Date Received
Control #
Date Issued
Permit #

6-23-16

350367A

2016-06-16

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

Block 109.01 Lot 82 Qualification Code 25 L/L Pond Cr.

Work Site Location K. Voetsch @ Howell II, LLC

Owner in Fee: 47 Harvest Ridge Road, Howell, NJ 07731

Tel. Contractor - Same as above

Address Builder's Reg #046420 - Exp Date - 12/31/

Contractor: Guardian Protection Services Tel. 215 867-4550

Address 11 Penns Trail, Suite 400, Newtown, PA 18940 e-mail philsched@gpsx.net

Contractor License No. 34BA00136100 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: 215 497-0137

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[] Pole/Pad # [] Temporary [] Other

Building Occupied as 190 Utility Co.

Est. Cost of Elec. Work \$ 190

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-23-16

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 11-10-16

Approved by:

INSPECTIONS

Dates (Month/Day)

Type:

Failure

Failure

Approval

Initial

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the property and intend to have the work listed on this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Installation of 2 v alarm panel phone cable

QTY.

SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$

Administrative Surcharge \$ 75

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

WHITE: Inspector YELLOW: Office PINK: Office GOLD: Applicant



APPLICATION FOR CERTIFICATE

Permit # 20161301
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 25 Lily Pond Ct. Howell, NJ 07731 Block 109.01 Lot 82 Qualification Code _____

Owner in Fee	K. Hovnanian @ Howell II, LLC Tel # 732-620-8422
Address	Email - K. Voetsch@khov.com 47 Harvest Ridge Road, Howell, NJ 07731
Builder's Reg #	Contractor - Same as above
Fed Emp #	Exp Date - 12/31/ Fax # 732-202-8840

Contractor	<u>Same as Owner</u>
Address	_____
License No.	_____ Tel. () _____
Federal Employee No.	_____

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous R-5 Current _____
FINAL COST OF CONSTRUCTION: \$ 135,825.00

(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.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

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

DESCRIPTION OF WORK/USE: New Single Family Dwelling
Barbuda w/ Bonus Room, 2 Bedrooms, 2 1/2 Baths
2 Car Front Entry Garage Left Slab on Grade
FT Elevation

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

OWNER/AGENT

☐ OWNER ☒ AGENT



FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)

4000 Kozloski Road, P.O. Box 5033
Freehold, New Jersey 07728-5033
Tel: (732) 683-8500
Fax: (732) 683-9140
E-mail: info@freeholdscd.org
Website: www.freeholdsoil.org

REPORT OF COMPLIANCE

This certifies that the Soil Erosion and Sediment Control measures to the extent indicated comply with the Soil Erosion and Sediment Control Plans as certified by the Soil Conservation District pursuant to Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (NJSA 4:24-39 et seq.)

Municipality: HOWELL

Project Name: HARVEST RIDGE AT HOWELL

SCD Application No: 2010-0480

Block(s): 109.01

Lot(s): 82

Street Address: 25 Lily Pond Court

 X **CONDITIONAL COMPLIANCE***
(CRC)

 REPORT OF COMPLIANCE – NO CONDITIONS
(ROC)

Date: October 17, 2016

Signature of District Official:

Conditions

1. Continued compliance and establishment of permanent vegetative cover.

 FINAL REPORT OF COMPLIANCE

(Invalid if checked in addition to the CRC and/or ROC boxes unless authorized by district official)

Date:

Signature of District Official:

DISTRIBUTION: WHITE – Municipal Construction Official CANARY – Developer PINK/GOLD - District

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 10/26/2016 INSPECTION REQUESTED BY: Keith Vetsch

CASE NUMBER: 5D-2450 DEVELOPMENT: Harvest Ridge

BLOCK: 10901 LOT: 82 SECTION: 25 Lily Pond Pt

BOONDEE
ACCEPTABLE
UNACCEPTABLE

1. STREET RIGHT-OF-WAY:

- (a) Graded - Shoulder and/or Walk Area
- (b) Curb
- (c) Sidewalk
- (d) Driveway Apron
- (e) Drainage Facilities
- (f) Pavement (Base or Wearing Surface)
- (g) Construction Debris Removed

	a
	b
	c
	d
	e
	f
	g

2. LIGHTING INSTALLED OPERATIONAL:

--	--

3. TRAFFIC CONTROL DEVICES:

- (a) Sign (s) Traffic Control
- (b) Sign (s) Street
- (c) Sign (s) Handicap
- (d) Marking (s) Pavement - Stop Lines
- (e) Fire Lane

	a
	b
N/A	c
N/A	d
	e

4. SCREENING, FENCE (S) & LANDSCAPING:

- (a) Topsoil
- (b) Fertilizing & Seeding (Stabilized)
- (c) Shade Tree
- (d) Shrubs
- (e) Trash Screening
- (f) Screening (Fence or Plantings)

	a
	b
	c
N/A	d
N/A	e
N/A	f

5. SOIL EROSION & SEDIMENT CONTROL:

- (a) Compliance - Certified Plan
- (b) Site Conditions - Field Observation

FSC	a
	b

6. DRIVEWAY:

- (a) Surface Pavement
- (b) Base Pavement
- (c) Aggregate
- (d) Side Entry (min. 30' from garage including turnaround)

	a
	b
	c
N/A	d

7. SITE GRADING:

- (a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.

	a
--	---

- (b) Retaining Walls

N/A	b
-----	---

8. GENERAL CLEANUP:

- (a) Lot
- (b) Adjoining buffer, open space, conservation area and, lots

	a
	b

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

- ☒ Meets Engineering requirements - recommend consideration for issuance of Certificate of Occupancy.
- ☐ Meets winter conditions see below for bonding requirements.
- ☐ Does not meet Engineering requirements recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS: Dk for land use (MTH) 11/4/16

