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MONTVILLE TWP. ENGINEERING DEPARTMENT  
NICOLA MARUCCI, P.E., PLS. (LIC. #C894237300)  
2016, 2023

THIS TAX MAP WAS QUOTED FROM A SET OF THE TOWN OF MONTVILLE, NEW JERSEY, TAX MAP, DATED 1959, AND SUBSEQUENTLY AMENDED AND ON FILE IN THE MONTVILLE TOWNSHIP ENGINEERING OFFICE.  
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PROFESSIONAL LAND SURVEYOR  
NJ LICENSE #008013172

REVIEWED/REVISED 1984, 1987, 1988, 1989, 1990, 1991  
1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2014  
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NEW JERSEY DEPARTMENT OF THE TREASURY  
OFFICE OF THE DIRECTOR OF REVENUE  
LOCAL PROPERTY AND PUBLIC UTILITIES DIVISION  
APPROVED AS A TAX MAP PURSUANT TO THE  
PROVISIONS OF CHAPTER 175, LAWS OF 1913, AND  
FOR THE DIRECTOR'S OFFICE OF MONTVILLE.  
JUN 12 1977  
JUN 22 1982

NEW JERSEY DEPARTMENT OF THE TREASURY  
OFFICE OF THE DIRECTOR OF REVENUE  
LOCAL PROPERTY AND PUBLIC UTILITIES DIVISION  
APPROVED AS A TAX MAP PURSUANT TO THE  
PROVISIONS OF CHAPTER 175, LAWS OF 1913  
JUN 22 1959  
JUN 22 1959

MONTVILLE TWP. TAX MAP  
MONTVILLE TWP. MORRIS COUNTY  
SCALE 1" = 200'  
AERO SERVICE CORPORATION  
215 E. COURTLAND STREET, PHILADELPHIA, PA.  
APRIL 1959

## TOWNSHIP OF MONTVILLE

## SCHEDULE D

## Schedule of Area and Bulk Requirements

[Amended 12-9-2014 by Ord. No. 2014-33; 9-27-2016 by Ord. No. 2016-23; 9-27-2016 by Ord. No. 2016-24; 6-13-2017 by Ord. No. 2017-24; 9-9-2019 by Ord. No. 2019-08; 7-16-2019 by Ord. No. 2019-23; 8-13-2019 by Ord. No. 2019-25, Ord. No. 2019-26, Ord. No. 2019-27 and Ord. No. 2019-30; 3-9-2021 by Ord. No. 2021-03; 07-19-2022 by Ord. Nos. 2022-22 and 2022-23; \_\_-\_\_-2024 by Ord. No. 2024-\_\_]

Zone	Primary Permitted Uses	Minimum Lot Area (square feet)	Minimum Lot Width		Minimum Depth of Corner Lot <sup>1</sup> (feet)	Minimum Yards			Minimum Side Yards Combined <sup>2</sup> (percent)	Maximum Building Height <sup>3,4,13,14</sup>		Maximum Coverage		Maximum Floor Area Ratio (percent)	Minimum Distance Between Buildings <sup>5</sup> (feet)
			At Street Line (feet)	At Req'd Setback Line (feet)		Front <sup>19</sup> (feet)	Rear (feet)	Each Side (feet)		(feet)	(stories)	Building (percent)	Impervious <sup>18</sup> (percent)		
R-120	One-family dwellings:														
	Conventional	120,000	144	216	240	60	85	40	40	35	2 ½	10	20	--	--
	Cluster	43,750	105	158	190	50	75	25	35	35	2 ½	12	24	--	--
R-80	One-family dwellings:														
	Conventional	80,000	120	180	220	50	75	30	35	35	2 ½	10	20	--	--
	Cluster	27,000	81	122	148	50	50	20	35	35	2 ½	14	28	--	--
R-43	One-family dwellings:														
	Conventional	43,750	105	158	190	50	75	25	35	35	2 ½	12	24		--
	Cluster	27,000	81	122	148	50	50	20	35	35	2 ½	14	28		--
R-27A	One-family dwellings:														
	Conventional	27,000	81	122	148	50	50	20	35	35	2 ½	14	28		--
	Cluster	21,850	69	104	125	50	50	15	35	35	2 ½	15	29		--
	Prime Aquifer (CWR District):														
	Conventional	80,000	120	180	220	50	75	30	35	35	2 ½	10	20		--
	Cluster	27,000	81	122	148	50	50	20	35	35	2 ½	14	28		--
	Restricted Area (CWR District):														

Zone	Primary Permitted Uses	Minimum Lot Area (square feet)	Minimum Lot Width		Minimum Depth of Corner Lot <sup>1</sup> (feet)	Minimum Yards			Minimum Side Yards Combined <sup>2</sup> (percent)	Maximum Building Height <sup>3,4,13,14</sup>		Maximum Coverage		Maximum Floor Area Ratio (percent)	Minimum Distance Between Buildings <sup>5</sup> (feet)
			At Street Line (feet)	At Req'd Setback Line (feet)		Front <sup>19</sup> (feet)	Rear (feet)	Each Side (feet)		(feet)	(stories)	Building (percent)	Impervious <sup>18</sup> (percent)		
	Conventional	43,750	105	158	190	50	75	25	35	35	2 ½	12	24		--
	Cluster	27,000	81	122	148	50	50	20	35	35	2 ½	14	28		--
R-27B	One-family dwellings	See R-27A District													
	Townhouses	See §230-144													
R-27C	One-family dwellings	See R-27A District													
	Adult community housing	See §230-145													
R-27D	One-family dwellings	See R-27A District													
	Child- & elder-care centers <sup>6</sup>	40,000	150	150	150	50	50	25	--	30	2 ½	20	55	--	--
	Office buildings	Conditional use; see §230-167													
R-27E	One-family dwellings	See R-27A District													
	Retail, office	Conditional use; see §230-168													
R-27F	One-family dwellings	See R-27A District													
	Residential health care facilities	See §230-151.1													
R-20A	One-family dwellings:														
	Conventional	20,000	60	90	110	45	50	15	35	35	2 ½	16	30	--	--
	Prime Aquifer (CWR District):														
	Conventional	43,750	105	158	190	50	75	25	35	35	2 ½	12	24	--	--
	Restricted Area (CWR District):														
R-20B	Conventional	27,000	81	122	148	50	50	20	35	35	2 ½	14	28	--	--
	One-family dwellings	See R-20A District													
	Townhouses	See §230-144													

Zone	Primary Permitted Uses	Minimum Lot Area (square feet)	Minimum Lot Width		Minimum Depth of Corner Lot <sup>1</sup> (feet)	Minimum Yards			Minimum Side Yards Combined <sup>2</sup> (percent)	Maximum Building Height <sup>3,4,13,14</sup>		Maximum Coverage		Maximum Floor Area Ratio (percent)	Minimum Distance Between Buildings <sup>5</sup> (feet)
			At Street Line (feet)	At Req'd Setback Line (feet)		Front <sup>19</sup> (feet)	Rear (feet)	Each Side (feet)		(feet)	(stories)	Building (percent)	Impervious <sup>18</sup> (percent)		
R-20C	One-family dwellings	See R-20A District													
	Office buildings	Conditional use; see §230-169													
R-15	One-family dwellings	15,000	60	90	110	35	40	12	35	30	2 ½	18	35	--	--
AH-1	Multi-family dwellings	See Article XX													
AH-2	Multi-family dwellings	See Article XX													
AH-4	Multi-family dwellings	See Article XX													
AHR-1	Multi-family dwellings	See Article XXIII													
AHR-2	Multi-family dwellings	See Article XXIII A													
TH/MFD	Townhouses, multi-family dwellings	See Article XXXIV													
PURD	One-family dwellings, townhouses	See Article XXI													
TC1	Mixed-uses	See Article XXII													
TC2	Mixed-uses	See Article XXII													
B-1	Local business	20,000	100	100	125	25	30 <sup>7</sup>	10 <sup>8</sup>	--	30	--	30	75	30	--
	Apartments	Conditional use; see §230-170													
B-2	Local business	43,750	175	175	200	40	50 <sup>7</sup>	20	--	30	--	20	55	25	--
B-3	Highway business	43,750	175	175	200	40	50 <sup>10</sup>	20	--	30	--	30	75	--	--
B-4	Highway business	217,800	360	360	360	75	50 <sup>10</sup>	25	--	30	--	20	55	25	--
B-5	Garden centers	See §230-148													
	Self-storage facilities	Conditional use; see §230-173													
OB-1	Office buildings	60,000	200	200	200	50	50 <sup>11</sup>	20 <sup>12</sup>	--	30	--	20	55	25	--
OB-1A	Office buildings	See OB-1 District													

Zone	Primary Permitted Uses	Minimum Lot Area (square feet)	Minimum Lot Width		Minimum Depth of Corner Lot <sup>1</sup> (feet)	Minimum Yards			Minimum Side Yards Combined <sup>2</sup> (percent)	Maximum Building Height <sup>3,4,13,14</sup>		Maximum Coverage		Maximum Floor Area Ratio (percent)	Minimum Distance Between Buildings <sup>5</sup> (feet)
			At Street Line (feet)	At Req'd Setback Line (feet)		Front <sup>19</sup> (feet)	Rear (feet)	Each Side (feet)		(feet)	(stories)	Building (percent)	Impervious <sup>18</sup> (percent)		
	Adult community housing	See §230-146													
OB-2A	Office buildings	87,000	200	200	200	50	50 <sup>11</sup>	25 <sup>11</sup>	--	30	--	20	55	25	--
	Self-storage facilities	87,000	200	200	200	50	50 <sup>11</sup>	25 <sup>11</sup>	--	35 <sup>20</sup>	3 <sup>20</sup>	20	55	--	--
OB-3	Office buildings	217,800	360	360	360	150	50 <sup>11</sup>	50 <sup>11</sup>	--	30	--	--	30	15	--
OB-4	Office buildings	87,000	200	200	200	50	50 <sup>11</sup>	25 <sup>11</sup>	--	30	--	25	65	30	--
	Self-storage facilities	87,000	200	200	200	50	50 <sup>11</sup>	25 <sup>11</sup>	--	35 <sup>20</sup>	3 <sup>20</sup>	25	65	--	--
OB-5	Office buildings	217,800	360	360	360	150	50 <sup>11</sup>	50 <sup>11</sup>	--	30 <sup>9</sup>	--	--	40	20	--
	Self-storage facilities	See §230-149													
I-1A	Industry	217,800 <sup>15</sup>	360	360	360	75 <sup>11</sup>	75 <sup>11</sup>	50 <sup>11</sup>	--	30 <sup>16</sup>	--	20 <sup>17</sup>	55 <sup>17</sup>	25	--
I-1B	Industry	217,800	360	360	360	75 <sup>11</sup>	75 <sup>11</sup>	50 <sup>11</sup>	--	30 <sup>16</sup>	--	20 <sup>17</sup>	55 <sup>17</sup>	25	--
	Self-storage facilities	Conditional use; see §230-173													
I-2	Industry	87,000	200	200	200	50	50 <sup>11</sup>	25 <sup>11</sup>	--	30 <sup>16</sup>	--	20 <sup>17</sup>	55 <sup>17</sup>	25	--
I-2A	Industry	87,000	200	200	200	50	50 <sup>11</sup>	25 <sup>11</sup>	--	30 <sup>16</sup>	--	20 <sup>17</sup>	55 <sup>17</sup>	25	--
	Retail	Conditional use; see §230-171													
BIR	Industry, highway business	See Article XXXV													
LR	Country club	See Article XXIV													
PBR	Retail, service, hotel	See Article XXX													
PBO Overlay	Retail, service, hotel	See Article XXXI													
Rt 202 Overlay	Multi-family dwellings	See Article XXXII													

Zone	Primary Permitted Uses	Minimum Lot Area (square feet)	Minimum Lot Width		Minimum Depth of Corner Lot <sup>1</sup> (feet)	Minimum Yards			Minimum Side Yards Combined <sup>2</sup> (percent)	Maximum Building Height <sup>3,4,13,14</sup>		Maximum Coverage		Maximum Floor Area Ratio (percent)	Minimum Distance Between Buildings <sup>5</sup> (feet)
			At Street Line (feet)	At Req'd Setback Line (feet)		Front <sup>19</sup> (feet)	Rear (feet)	Each Side (feet)		(feet)	(stories)	Building (percent)	Impervious <sup>18</sup> (percent)		
Stiles Ln Overlay	Multi-family dwellings	See Article XXXIII													
Two-Family Overlay	Two-family dwellings	See Article XXXVI													

## Footnotes to Schedule D:

- <sup>1</sup> Lot depth shall be calculated in accordance with §230-54.
- <sup>2</sup> Percent of lot width at the setback line.
- <sup>3</sup> See §230-131, Exceptions to height requirements.
- <sup>4</sup> Provided that, in no event shall the maximum height for detached dwellings, as measured to the highest point of the ridgeline for a sloped roof, exceed 45 feet, measured from any point around the building.
- <sup>5</sup> See §230-127 for all zone districts.
- <sup>6</sup> See §230-150 for additional requirements.
- <sup>7</sup> Must be free of structures, except fencing and screening, if it adjoins a residential district.
- <sup>8</sup> No side yard required if building abuts a building on an adjoining lot in the B-1 District.
- <sup>9</sup> [Reserved]
- <sup>10</sup> Must be free of structures, except fencing and screening.
- <sup>11</sup> One hundred (100) feet when yard adjoins a residential district.
- <sup>12</sup> Forty (40) feet when yard adjoins a residential district.
- <sup>13</sup> In the R Residential Zones, in the event the maximum building height is proposed to be exceeded, the topography of surrounding properties within 200 feet of the subject property shall be considered when reviewed by the approving board.
- <sup>14</sup> Unless otherwise specified in this chapter, any use other than a one-family dwelling shall be limited to a maximum building height of 30 feet in the R Residential Zones.
- <sup>15</sup> Notwithstanding the requirements for this zone district, the minimum lot size of lots hereafter created in the CWR Critical Water Resources District may be that required in the I-2 Industrial District, provided that the lots so created have an aggregate area not exceeding 20% of the total area of the tract being subdivided, and further provided that the balance of the tract not included in said lots or in streets shall be reserved as permanent open space either by dedication to public use or by private covenant or deed restriction. When lots are so created, the requirements of the I-2 Industrial District for minimum width of corner lot and minimum yards shall also apply. All other requirements applicable to the I-1A Industrial District shall be met.
- <sup>16</sup> Notwithstanding the provisions of §230-131, vents, air-conditioning units, elevator lift housing and the like, and customary and normal roof appurtenances may extend up to 12 feet above the roof surface, provided that they occupy not more than 10% of the area of said roof surface.
- <sup>17</sup> The coverage limitations specified shall apply to the area of the lot excluding areas subject to certain physical and environmental constraint exceeding 25% of the lot area according to the schedule below.

Constraint	Area Constraint By Which Lot Area Is Subject to Reduction*
Bodies of water	100%
Floodways <sup>a</sup>	100%
Flood fringe (100-year) <sup>a</sup>	75%
Freshwater wetlands, including transition areas <sup>b</sup>	100%
Slopes 15% to 20% <sup>c</sup>	40%
Slopes 20% to 25% <sup>c</sup>	60%
Slopes 25% to 30% <sup>c</sup>	80%
Slopes 30% and greater <sup>c</sup>	100%
Major utility transmission line easements and rights-of-way <sup>d</sup>	50%

- \* If more than one constraint applies to a given area, the constraint with the greatest reduction shall apply. The lot area shall be reduced only by the total area of constraint that exceeds 25% of the lot area.
- (a) As determined by the Department of Environmental Protection or other governmental agency with jurisdiction of floodways.
  - (b) As determined by a survey by a qualified expert confirmed by the Department of Environmental Protection.
  - (c) Calculated within two-foot contour intervals from aerial topography confirmed by survey of a New Jersey licensed land surveyor.
  - (d) Includes water, power and fuel and pipelines and sanitary sewer interceptor lines. Does not include easements and rights-of-way serving the property.

Example Fifty-acre site			
	Area (acres)	Reduction Factor	Area of Constraint (acres)
Bodies of water	0	100%	0
Floodways	5	100%	5
Flood fringe	0	75%	0
Freshwater wetlands	5	100%	5
Slopes 15% to 20%	5	40%	2
Slopes 20% to 25%	5	60%	3
Slopes 25% to 30%	5	80%	4
Slopes 30% and greater	2	100%	2
Major utility line easement	3	50%	1.5
<b>Total area of constraint</b>			<b>22.5</b>
Area of constraint (22.5 acres) – 25% of site (12.5 acres) = area by which site is to be reduced (10 acres).			
Site area (50 acres) – area by which site is to be reduced (10 acres) = area by which maximum coverage determined (40 acres).			

- <sup>18</sup> Maximum impervious coverage in portions located in the CWR Critical Water Resources District shall be 40% in the Prime Aquifer/aquifer proper area and 50% in the Restricted Area/aquifer recharge basin, unless a lesser percentage is specified in this schedule, in which case the lesser percentage shall apply.
- <sup>19</sup> See §230-130.A. for additional requirements.
- <sup>20</sup> Provided that the max. height at the front of the building shall be 28 feet/2 stories.

## TOWNSHIP OF MONTVILLE

## SCHEDULE C

## Schedule of Permitted Uses

[Amended 3-27-2012 by Ord. No. 2012-04; 8-14-2012 by Ord. No. 2012-22; 12-9-2014 by Ord. No. 2014-33; 9-27-2016 by Ord. No. 2016-23 and by Ord. No. 2016-24; 10-25-2016 by Ord. No. 2016-27; 6-13-2017 by Ord. No. 2017-24; 8-15-2017 by Ord. No. 2017-26A; 9-9-2019 by Ord. No. 2019-08; 7-16-2019 by Ord. No. 2019-23; 8-13-2019 by Ord. No. 2019-25, Ord No. 2019-26, Ord. No. 2019-27 and by Ord. No. 2019-30; 3-9-2021 by Ord No. 2021-03; 9-28-2021 by Ord No. 2021-22; 02-22-2022 by Ord No. 2022-06; 07-19-2022 by Ord Nos. 2022-22 and 2022-23; 10-25-2022 by Ord No. 2022-35]

	R-120	R-80	R-43	R-27 A, B, C, D, E, F	R-20 A, B, C	R-15	AH-1, -2, -4	AHR-1, -2	TH/MFD	PURD	TC1, TC2	B-1, -2	B-3, -4	B-5	OB-1, -3	OB-1A	OB-2A, -4	OB-5	I-1A, I-1B	I-2	I-2A	BIR	LR	PBR, PBO	Rt 202, Stiles	Two-Fam Ovly
<b>Residential</b>																										
Dwellings, one-family	X	X	X	X	X	X				X <sup>1</sup>	X <sup>2</sup>															
Dwellings, two-family																										X <sup>81</sup>
Apartments, Multi-Family Residential							X <sup>3</sup>	X <sup>0</sup>	X <sup>00</sup>		X <sup>4</sup>														X <sup>17</sup>	
Townhouses				X <sup>5</sup>	X <sup>6</sup>		X <sup>3</sup>		X <sup>00</sup>	X <sup>1</sup>	X <sup>15</sup>															
Adult community housing				X <sup>7</sup>												X <sup>8</sup>										
Senior citizen housing							X <sup>1</sup>																			
<b>Business, Commercial, Industrial</b>																										
Retail stores and shops											X	X	X				X <sup>11</sup>					X		X <sup>12</sup>		
Personal service establishments											X	X	X				X <sup>11</sup>					X		X <sup>12</sup>		
Banks and financial institutions, including banks with drive-through											X <sup>11</sup>	X	X				X <sup>11</sup>		X	X <sup>12</sup>	X	X		X <sup>12</sup>		



	R-120	R-80	R-43	R-27 A, B, C, D, E, F	R-20 A, B, C	R-15	AH-1, -2, -4	AHR-1, -2	TH/MFD	PURD	TC1, TC2	B-1, -2	B-3, -4	B-5	OB-1, -3	OB-1A	OB-2A, -4	OB-5	I-1A, I-1B	I-2	I-2A	BIR	LR	PBR, PBO	Rt 202, Stiles	Two-Fam Only
facilities																										
Offices for business, professional and administrative purposes											X <sup>13</sup>	X	X		X	X	X	X	X	X	X	X				
Restaurants											X	X <sup>14</sup>	X									X			X <sup>72</sup>	
Restaurants, fast-food											X <sup>11</sup>	X <sup>11</sup>	X									X			X <sup>72</sup>	
Theaters, indoor													X									X				
Hotels and motels													X									X			X <sup>72</sup>	
Banquet Halls																									X <sup>72</sup>	
Funeral homes												X	X		X	X						X				
Business and vocational schools												X	X		X	X			X	X	X	X				
Studios for instruction in voice, dance, martial art, musical instruments and art											X	X	X		X	X	X	X				X			X <sup>72</sup>	
Medical offices											X <sup>13</sup>	X	X		X	X	X	X	X	X	X	X				
Bowling alleys													X									X				
Indoor tennis, racquetball and similar court sports													X				X	X	X	X	X	X				
Country clubs																							X			
Municipal uses not including municipal administrative offices											X						X	X								
Motor vehicle sales, new													X <sup>15</sup>									X <sup>15</sup>			X <sup>72</sup>	

	R- 120	R- 80	R- 43	R- 27 A, B, C,	R- 20 A, B, C,	AH- 1,- 2,-4	AHR- 1,-2	TH/ MFD	PURD	TCL, TC2	B- 1,- 2	B- 3,- 4	B- 5	OB- 1,- 3	OB- 1A	OB- 2A, -4	OB- 5	I- 1A, I- 1B	I- 2A	I- 2A	BIR	LR	PBR, PBO	Rt 202, Stiles	Two- Fam Only
Motor vehicle sales, new and pre-owned certified																							X <sup>72</sup>		
Wholesale distribution centers												X						X	X	X					
Health and fitness centers												X		X <sup>16</sup>	X	X	X	X	X	X					
Professional studios for photography and fine arts										X	X	X		X	X						X				
Bars and taverns											X <sup>17</sup>	X									X				
Museums, art galleries and libraries										X	X	X		X	X						X				
Animal hospitals and clinics										X <sup>24</sup>	X	X									X				
Public garages <sup>18</sup>												X									X				
Motor vehicle service stations <sup>18</sup>											X	X									X		X <sup>72</sup>		
Automatic car washes <sup>18</sup>											X	X									X				
Greenhouses and garden centers											X	X	X <sup>19</sup>					X	X	X	X				
Printing and duplicating											X	X				X	X	X	X	X	X				
Computer and data processing centers												X		X	X			X	X	X	X				
Convention, conference and corporate training centers												X		X	X						X				
Laundromats											X	X									X				
Plumbing, heating, electrical supply and air-												X									X				

	R-120	R-80	R-43	R-27 A, B, C, D, E, F	R-20 A, B, C	R-15	AH-1, -2, -4	AHR-1, -2	TH/MFD	PURD	TC1, TC2	B-1, -2	B-3, -4	B-5	OB-1, -3	OB-1A	OB-2A, -4	OB-5	I-1A, I-1B	I-2	I-2A	BIR	LR	PBR, PBO	Rt 202, Stiles	Two-Fam Only
conditioning showrooms and shops																										
Building materials and contractor's yards													X						X	X	X	X				
Manufacturing, fabrication, packaging and treatment of products <sup>20</sup>																	X	X	X	X	X	X				
Laboratories for research, design and experimentation <sup>20</sup>															X <sup>21</sup>	X	X	X	X	X	X	X				
Warehousing <sup>22, 23</sup>																			X	X	X	X				
Moving and storage operations													X						X	X	X	X				
School bus storage and maintenance													X									X				
Self-storage facilities															X	X		X <sup>67</sup>								
Wineries & breweries <sup>79</sup>																			X	X						
Miscellaneous Uses																										
Public parks and recreation facilities	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Municipal buildings	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Public utility installations and facilities								X	X								X	X	X	X	X					
Nonprofit clubs, lodges, civic and fraternal												X			X	X	X	X	X	X	X					

	R-120	R-80	R-43	R-27 A, B, C, D, E, F	R-20 A, B, C	R-15	AH-1, -2, -4	AHR-1, -2	TH/MFD	PURD	TC1, TC2	B-1, -2	B-3, -4	B-5	OB-1, -3	OB-1A	OB-2A, -4	OB-5	I-1A, I-1B	I-2	I-2A	BIR	LR	PBR, PBO	Rt 202, Stiles	Two-Fam Only
organizations																										
Farms & agricultural activities <sup>25</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Family child-care homes <sup>68</sup>	X	X	X	X	X	X			X	X	X															
Child-care centers <sup>61</sup>				X <sup>26</sup>							X	X	X		X	X	X	X	X	X	X			X		
Assisted living facilities															X	X	X	X	X	X	X					
Nursing homes															X	X	X	X	X	X	X					
Residential health care facilities				X <sup>76</sup>																						
Hospitals																			X	X	X					
Elder-care centers <sup>64</sup>				X <sup>26</sup>							X															
Places of worship <sup>27</sup>	X	X	X	X	X	X									X	X	X	X	X	X	X					
Wireless telecommunications towers <sup>28</sup>											X	X	X	X	X	X	X	X	X	X	X	X				
Parking garages																								X <sup>62</sup>		
Conditional Uses																										
Apartments <sup>29</sup>												X														
Public and private schools <sup>30</sup>	X <sup>71</sup>	X <sup>71</sup>	X <sup>71</sup>	X <sup>71</sup>	X <sup>71</sup>	X <sup>71</sup>												X	X	X	X					
Commercial stables and arenas <sup>31</sup>			X <sup>71</sup>																							
Kennels <sup>65</sup>	X <sup>71</sup>	X <sup>71</sup>	X <sup>71</sup>	X <sup>71</sup>																						
Community shelters <sup>32</sup>	X <sup>71</sup>	X <sup>71</sup>	X <sup>71</sup>	X <sup>71</sup>		X <sup>71</sup>																				
Office buildings				X <sup>33, 71</sup>	X <sup>34, 71</sup>																					
Retail stores and shops				X <sup>35, 71</sup>																	X <sup>36</sup>					

	R-120	R-80	R-43	R-27 A, B, C, D, E, F	R-20 A, B, C	R-15	AH-1, -2, -4	AHR-1, -2	TII/ MFD	PURD	TC1, TC2	B-1, -2	B-3, -4	B-5	OB-1, -3	OB-1A	OB-2A, -4	OB-5	I-1A, I-1B	I-2	I-2A	BIR	LR	PBR, PBO	Rt 202, Stiles	Two-Fam Only	
Personal service establishments				X <sup>35, 71</sup>														X <sup>74</sup>			X <sup>36</sup>						
Banks and financial institutions, excluding banks with drive-through facilities				X <sup>35, 71</sup>														X <sup>74</sup>									
Health and fitness centers				X <sup>35, 71</sup>																							
Animal hospitals and clinics				X <sup>35, 71</sup>																							
Public utility buildings and power-generating stations <sup>38</sup>																			X	X	X						
Self-storage facilities <sup>39</sup>														X			X		X <sup>40</sup>								
Restaurants, excluding fast-food restaurants and drive-through facilities																					X <sup>36</sup>						
Retail food establishments																					X <sup>36</sup>						
Accessory Uses																											
Roomers and boarders <sup>41</sup>	X	X	X	X	X	X	X			X																X	
Private garages	X	X	X	X	X	X	X	X	X	X						X									X	X	
Residential storage and maintenance sheds	X	X	X	X	X	X	X	X	X	X						X									X	X	
Shelters for domestic pets	X	X	X	X	X	X																				X	
Private swimming pools <sup>42</sup>	X	X	X	X	X	X	X	X	X	X						X									X	X	

	R-120	R-80	R-43	R-27 A, B, C, D, E, F	R-20 A, B, C	R-15	AH-1, -2, -4	AHR-1, -2	TH/MFD	PURD	TC1, TC2	B-1, -2	B-3, -4	B-5	OB-1, -3	OB-1A	OB-2A, -4	OB-5	I-1A, I-1B	I-2	I-2A	BIR	LR	PBR, PBO	Rt 202, Stiles	Two-Fam Only
Normal residential accessory structures, such as fireplaces, trellises, lampposts and the like	X	X	X	X	X	X	X	X	X	X	X	X				X									X	X
Off-street parking <sup>43</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Off-street loading <sup>44</sup>								X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Signs <sup>45</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sale of farm produce <sup>46</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Temporary structures <sup>47</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Private stables <sup>48</sup>	X	X	X	X	X	X																				X
Satellite dish antennas, amateur radio antennas, receive-only antennas <sup>49</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Wireless telecommunications antennas <sup>50</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Wireless telecommunications towers <sup>51</sup>											X	X	X	X	X	X	X	X	X	X	X	X				
Tennis courts and other racquet courts <sup>52</sup>	X	X	X	X	X	X	X	X	X	X						X									X	X
Playhouses	X	X	X	X	X	X	X			X																X
Open decks, patios and porches	X	X	X	X	X	X	X	X	X	X	X	X				X									X	X
Walls and fences <sup>53</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Garbage, trash and recycling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

	R-120	R-80	R-43	R-27 A, B, C, D, E, F	R-20 A, B, C	R-15	AH-1, -2, -4	AHR-1, -2	TH/MFD	PURD	TC1, TC2	B-1, -2	B-3, -4	B-5	OB-1, -3	OB-1A	OB-2A, -4	OB-5	I-1A, I-1B	I-2	I-2A	BIR	LR	PBR, PBO	Rt 202, Stiles	Two-Fam Ovly
containers and enclosures																										
Outdoor cafés <sup>54</sup>											X	X	X								X <sup>69</sup>	X			X	
Parking garages <sup>55</sup>								X <sup>10</sup>	X						X	X	X	X	X	X	X	X			X	
Accessory uses normally incidental to hotels, including news stands, tobacconists, gift shops, restaurants, bars, beauty parlors, conference rooms													X									X		X		
Accessory uses normally incidental to office buildings, including news stands, convenience stores, coffee shops, snack bars, child care and adult care facilities, health clubs												X	X		X	X	X	X	X	X	X	X				
Accessory uses normally incidental to country clubs, including court sports, ball fields, swimming pools, boat-houses, docks, playgrounds, picnic areas, locker rooms, gate houses, storage and maintenance buildings, sales or																							X			

	R-120	R-80	R-43	R-27 A, B, C, D, E, F	R-20 A, B, C	R-15	AH-1, -2, -4	AHR-1, -2	TH/MFD	PURD	TC1, TC2	B-1, -2	B-3, -4	B-5	OB-1, -3	OB-1A	OB-2A, -4	OB-5	I-1A, I-1B	I-2	I-2A	BIR	LR	PBR, PBO	Rt 202, Stiles	Two-Fam Only
rental of recreational equipment and related merchandise																										
Employee cafeteria and commissaries															X	X	X	X	X	X	X	X				
Retail sale of goods and products manufactured or warehoused on the premises by the firm or establishment occupying the premises <sup>56</sup>																			X	X	X	X				
Outdoor storage <sup>57</sup>												X	X	X					X	X	X	X	X			
Outdoor display of merchandise <sup>60</sup>											X	X	X	X								X				
Recreational vehicles and equipment <sup>58</sup>	X	X	X	X	X	X	X			X																X
Home occupations <sup>59</sup>	X	X	X	X	X	X				X	X															X
Solar energy devices <sup>61</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ecoroofs <sup>63</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
EVSE or Make-Ready parking spaces <sup>78</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Keeping of animals <sup>60</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Accessory uses normally incidental to apartment developments.							X	X	X		X	X													X	



	R-120	R-80	R-43	R-27 A, B, C, D, E, F	R-20 A, B, C	R-15	AH-1,- 2,-4	AHR-1,-2	TH/ MFD	PURD	TC1, TC2	B-1,- 2	B-3,- 4	B-5	OB-1,- 3	OB-1A	OB-2A, -4	OB-5	I-1A, I-1B	I-2	I-2A	BIR	LR	PBR, PRO	Rt 202, Stiles	Two- Fam Only
including leasing and management offices, model apartments <sup>77</sup>																										
Accessory uses normally incidental to motor vehicle sales, including parking garages, outdoor display of vehicles for sale, vehicle inventory storage within a parking garage, interior prep bays, interior delivery bays, interior car washes, and retail sales, limited to the sale of items related to the principal use.													X <sup>81</sup>									X <sup>81</sup>		X <sup>72</sup>		

**Footnotes to Schedule C:**

- <sup>1</sup> See Article XXI.
- <sup>2</sup> Limited to residential units along Waughaw Road which existed as of May 27, 2008 (see §230-188.E.).
- <sup>3</sup> See §230-179.A.
- <sup>4</sup> Only permitted above at-grade retail or other principal permitted uses set forth in §230-188.A.1. through 7.
- <sup>5</sup> Permitted in the R-27B District only. See §230-144.
- <sup>6</sup> Permitted in the R-20B District only. See §230-144.
- <sup>7</sup> Permitted in the R-27C District only. See §230-145.
- <sup>8</sup> See §230-146.
- <sup>9</sup> See Article XXIII for the AHR-1 District. See Article XXIII A for the AHR-2 District.
- <sup>10</sup> Permitted in the AHR-1 District only. See §230-193.D.
- <sup>11</sup> Drive-through facilities prohibited.
- <sup>12</sup> Banks prohibited in those portions of the I-2 District located along Route 202 to the east of Changebridge Road.
- <sup>13</sup> In TC1 District, only permitted above at-grade retail or other principal permitted uses set forth in §230-188.A.1. through 7.
- <sup>14</sup> Excluding a restaurant serving alcoholic beverages unless said restaurant constitutes the only use of the property.
- <sup>15</sup> Not including used car lots except as accessory to a new motor vehicle franchise located on the premises.
- <sup>16</sup> Permitted in the OB-3 District only.
- <sup>17</sup> Permitted only when said facility constitutes the only use of the property, is part of a restaurant which is the only use of the property, or is operated in conjunction with a package liquor store which is the only use of the property.
- <sup>18</sup> See §230-147.
- <sup>19</sup> See §230-148.
- <sup>20</sup> Not involving chemical or liquid treatment, processes or wastes when located in the CWR Overlay District.
- <sup>21</sup> In the OB-3 District only, engineering research and design of products and materials including the testing of finished or prototype products as an adjunct to an office facility subject to the following limitations:
  - (a) No products or materials shall be manufactured or produced on the premises.
  - (b) The products and materials involved in the research process shall be those produced by a business of which the office facility is a part.
  - (c) The operation shall not involve biological research or the research, development and testing of organic, chemical or potentially hazardous products, materials or substances nor dispose of any materials, except water, into the sanitary sewer disposal system.
- (d) The floor area devoted to the design and testing of products and materials shall not exceed the lesser of 20% of the total floor area of the office facility including the research portion or 15,000 square feet.
- (e) Any research operation shall comply with limitations imposed by the performance standards set forth in §230-142.
- (f) The foregoing shall not be deemed to exclude economic, sociological and educational research which, for purposes of these provisions, shall be deemed to be office uses.
- <sup>22</sup> Limited to the storage of dry goods, products or other articles.
- <sup>23</sup> Not involving the storage of liquid or chemical materials when located in the CWR Overlay District.
- <sup>24</sup> Permitted in the TC2 District only. See §230-188.B.
- <sup>25</sup> See §230-143.
- <sup>26</sup> Permitted in the R-27D and R-27E Districts only.
- <sup>27</sup> See §230-151.
- <sup>28</sup> See §230-227.
- <sup>29</sup> Permitted in the B-1 District only. See §230-170.
- <sup>30</sup> See §230-163.
- <sup>31</sup> See §230-164.
- <sup>32</sup> See §230-166.
- <sup>33</sup> Permitted in the R-27D and R-27E Districts only. For the R-27D District, see §230-167. For the R-27E District, see §230-168.
- <sup>34</sup> Permitted in the R-20C District only. See §230-169.
- <sup>35</sup> Permitted in the R-27E District only. See §230-168.
- <sup>36</sup> See §230-171.
- <sup>37</sup> See Article XXXII for the Route 202 Overlay District. See Article XXXIII for the Stiles Lane Overlay District.
- <sup>38</sup> See §230-172.
- <sup>39</sup> See §230-173.
- <sup>40</sup> Permitted in the I-1B District only.
- <sup>41</sup> Limited to the leasing or rental of a room or rooms within a single-family dwelling owned by any senior citizen, provided such dwelling is the senior citizen's primary residence, and further provided such room or rooms are leased or rented to not more than one person (per N.J.S.A. 40:55D-68.4).
- <sup>42</sup> See §230-152.
- <sup>43</sup> See §230-203.
- <sup>44</sup> See §230-204.
- <sup>45</sup> See Article XXVII.
- <sup>46</sup> See §230-143.

<sup>47</sup> See §230-133.

<sup>48</sup> Accessory to a one-family dwelling only. See §230-154.

<sup>49</sup> See §230-155.

<sup>50</sup> Antennas on existing principal structures shall be a permitted accessory use in all I Districts, pursuant to §230-226.A. In all other zones, antennas shall only be permitted on property owned, leased or otherwise controlled by the Township of Montville, pursuant to §230-226.C.

<sup>51</sup> See §230-227.

<sup>52</sup> See §230-153.

<sup>53</sup> See §230-159.

<sup>54</sup> See §230-96.C.1.

<sup>55</sup> See §230-157.

<sup>56</sup> Subject to the following limitations:

- (a) Said retail sales shall take place entirely within the confines of a building.
- (b) The area devoted to retail sales shall be limited to a maximum 10% of the floor area occupied by the firm or establishment or 2,500 square feet, whichever is the lesser.
- (c) There shall be at least one off-street parking space for each 200 square feet of floor area devoted to retail sales. The required number of parking spaces shall be determined separately from other operations in the building.
- (d) Said retail sales shall be conducted during the hours of 9:00 A.M. to 5:00 P.M., Monday through Friday only.

<sup>57</sup> See §230-156.

<sup>58</sup> See §230-136.

<sup>59</sup> See §230-158.

<sup>60</sup> See Article XXXIV.

<sup>61</sup> See §230-160.

<sup>62</sup> [Reserved]

<sup>63</sup> See §230-161.

<sup>64</sup> See §230-150.

<sup>65</sup> See §230-165.

<sup>66</sup> See §230-193.

<sup>67</sup> See §230-149.

<sup>68</sup> Family child-care homes shall be subject to the Manual of Requirements for Family Child Care Registration, N.J.A.C. 10:126, as well as the requirements for home occupations, as set forth in §230-158. In the case of a conflict, N.J.A.C. 10:126 shall govern.

<sup>69</sup> Only permitted as an accessory to a conditionally permitted restaurant use pursuant to §230-171.B.

<sup>70</sup> See §230-156.1.

<sup>71</sup> Also see §230-162.

<sup>72</sup> For PBR See §230-245 through §230-249.2 and for PBO see §230-250 through §230-255.

<sup>73</sup> Permitted in the OB-4 Zone only.

<sup>74</sup> See §230-173.1.B.

<sup>75</sup> Permitted in the TCI District only.

<sup>76</sup> Permitted in the R-27F District only. See §230-151.1.

<sup>77</sup> Model apartments shall not be used for residential occupancy and shall be utilized solely for prospective tenants to view.

<sup>78</sup> See §230-161.1.

<sup>79</sup> Including tasting rooms, microbreweries, distilleries, wine making and similar activities which allow for public consumption on the premises. (Proper licensing required based on New Jersey State Alcohol and Beverage Control).

<sup>80</sup> See §230-161.2.

<sup>81</sup> Excluding parking garages.

<sup>82</sup> Provided that a parking garage shall only be permitted as a principal use if same is developed with adjacent motor vehicle sales use(s) as an integrated whole and same is used solely by the adjacent motor vehicle sales use(s). See §230-249.1.B.(3).

<sup>83</sup> See Article XXXVI.



## 1. Permits

(All Data, Location Address Like '43 hook m' - 7 records)

<u>Permit Number</u>	<u>Permit Issue Date</u>	<u>Control Number</u>	<u>Location Address</u>	<u>Block</u>	<u>Lot</u>	<u>Application Status</u>	<u>Use</u>	<u>Work Type</u>	<u>Total Due</u>	<u>Description Comments</u>	<u>Total Paid</u>	<u>Close Date</u>
91-245 ✓	06/05/1991		43 HOOK MT RD	159	4	CA and Close Date Issued		Alteration	50	Demolition	50	02/22/2001
92-530 ✓	09/03/1992		43 HOOK MT RD	159	4	CA and Close Date Issued		(None)		CHANGE 12 CIRCUIT PANEL TO 20 CIRCUIT 100 AMP ; INSTALL AC AND OUTLETS	50	02/06/2001
94-845 ✓	12/12/1994		43 HOOK MT RD	159	4	CA and Close Date Issued		(None)	55	New (replace) steel stair on exterior of building	435	02/03/1995
97-226 ✓	04/02/1997		43 HOOK MT RD	159	4	CA and Close Date Issued		(None)		FENCE	25	02/06/2001
00-651 ✓	08/22/2000		43 HOOK MT RD	159	4	CA and Close Date Issued		(None)		FENCE	70	02/06/2001
1200539 ✓	06/15/2012	0053512	43 HOOK MT RD	159	4	CA and Close Date Issued	B	Demolition	250	Demolition of existing structure	250	10/03/2012
1800846 ✓	08/16/2018	0085418	43 HOOK MT RD	159	4	CA and Close Date Issued	F	Alteration	500	remove 2 USTs	500	10/09/2018
<b>Grand Totals</b>									855.		1,380.	

Construction Department  
195 Changebridge Road  
Montville NJ 07045  
(973)331-3318



# CERTIFICATE

1421 - MONTVILLE TWP

Date Issued: 10/03/2012

Permit # 12-00539

Certificate 1200539.1

## IDENTIFICATION

Block 159 Lot 4 Qualifier  
Work Site Location 43 HOOK MT RD  
MONTVILLE, NJ 07045  
Owner in Fee HOOK MOUNTAIN ROAD ASSOCIATES  
Address 32 N. MAIN ST  
CRANBURY, NJ 08512  
Telephone (732) 992-1164  
Contractor YANNUZZI  
Address 152 RT 206 #14  
HILLSBOROUGH, NJ 08844  
Telephone (908) 218-0880 FAX  
Lic No/Bldrs Reg No. 13VH011557(Fed. Emp. No.

Home Warranty No.  
Type of Warranty Plan [ ] State [ ] Private  
Use Group I/U  
Maximum Live Load  
Construction Class  
Max. Occupancy Load  
Description of Work/Use  
Demo and removal of existing structure.

Home Improvement Retailer

Home Imprv. Reg No. / Exempt  
Reason -

### ☐ 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 the inspection.

### ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

### ☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work  
[ ] Partial or limited time period (0 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

PermitsNJ

Fee \$0.00

Paid [ \$0.00 ]

Collected by:

Check No.

PNJF260 rev. (5/2013)

Printed On: 04/29/2014 15:36

159-4



# CERTIFICATE

Date Issued 2-3-95  
 Control #  
 Permit # 94-845

## IDENTIFICATION

Block 159 Lot 4  
 Work Site Location 43 Hook Mountain Rd.  
Pine Brook, NJ 07058  
 Owner in Fee Continental  
 Address Hook Mountain Rd.  
Pine Brook, NJ 07058  
 Tele. (201) 227-1330  
 Contractor Apollo Welding  
 Address 574 Lyons Ave.  
Irvington, NJ  
 Tele. (201) 371-7065  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_  
 or Social Security No. \_\_\_\_\_

Home Warranty No. \_\_\_\_\_  
 Type of Warranty Plan: [ ] State [ ] Private  
 Use Group I-1  
 Maximum Live Load \_\_\_\_\_  
 Construction Classification Residential  
 Maximum Occupancy Load \_\_\_\_\_  
 Description of Work/Use:

New (replace) steel stair on exterior of building

### ☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

### ☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

### ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than \_\_\_\_\_, 19\_\_\_\_ or the owner will be subject to fine or order to vacate:

### ☐ 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 \$ 435.00  
 Paid [X] Check No. 13350  
 Collected by: DG

Construction Department  
195 Changebridge Road  
Montville NJ 07045  
(973)331-3318



# CERTIFICATE

1421 - MONTVILLE TWP

Date Issued: 10/09/2018  
Permit # 18-00846  
Certificate: 1800846.1

## IDENTIFICATION

Block 159 Lot 4 Qualifier  
Work Site Location 43 HOOK MT RD  
MONTVILLE, NJ 07045  
Owner in Fee HILL TOP CARE CTR  
Address 100 MC CLELLAN ST  
NORWOOD, NJ 07727  
Telephone (732) 312-9800  
Contractor FABCO INC  
Address 89 YELLOWBROOK RD  
FARMINGDALE, NJ 07727  
Telephone (732) 571-1004 FAX  
Lic No/Bldrs Reg No. US01045 Fed. Emp. No.  
Licensed Trade  
Home Imprv. Reg No. / Exempt  
Reason -

Home Warranty No.  
Type of Warranty Plan [ ] State [ ] Private  
Use Group ICC/U  
Maximum Live Load  
Construction Class  
Max. Occupancy Load  
Description of Work/Use  
FOUND ONLY ONE TANK WITH HOLES IN IT

### ☐ 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 the inspection.

### ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than \_\_\_\_\_ or will be

### ☐ 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 ( 0 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 \$0.00

Paid [ \$0.00 ]

Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)

Printed On: 12/18/2018 13:16





Corporate Office  
1800 Route 34, Suite 101  
Wall, NJ 07719  
Regional Offices  
Camden, NJ  
Hackettstown, NJ  
New York, NY

## LETTER OF TRANSMITTAL

TO: **NJDEP-SITE REMEDIATION PROGRAM**

Mail Code 401-05H, PO Box 420

401 East State Street

Trenton, NJ 08625-0420

DATE:	October 11, 2018	JOB NO.:	10101.001
ATTN:	Bureau of Case Assignment & Initial Notice		
RE:	<b>Hill Top Care Center</b>		
	43 Hook Mountain Road		
	Montville Township, Morris County, NJ		
	PI No. 013037		

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via Fed Ex 773460629187 the following items:

- ☐ Shop Drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications  
☐ Copy of Letter ☐ Change Order ☐

QTY.	DATE	NO.	DESCRIPTION
1	10/11/2018	1.	Underground Storage Tank Facility Certification Questionnaire
1	10/10/2018	2.	Letter to Michael Jacobs, Hill Top Care Center Mt. Road Associates
1	10/12/2018	3.	CD Rom containing Items 1 and 2 above

THESE ARE TRANSMITTED as checked below:

- ☐ For approval ☐ Approved as submitted ☐ Resubmit \_\_\_\_\_ copies for approval  
☐ For your use ☐ Approved as noted ☐ Submit \_\_\_\_\_ copies for distribution  
☐ As requested ☐ Returned for corrections ☐ Return \_\_\_\_\_ corrected prints

Should you have any questions, please contact me. Thank you.

Copy to: Michael Jacobs,  
Hill Top Care Center Hook Mt. Road Associates  
w/ Items 1 and 2 above, via Fed Ex 773460686529  
Ken Sudoll, PE, Montville Township Engineering  
Department w/ Items 1 and 2 above, via Fed Ex  
773461810434

Signed: C. Dudley Warner, III, LSRP  
Vice President



Corporate Office  
1800 Route 34, Suite 101  
Wall, NJ 07719

Regional Offices  
Hackettstown, NJ  
New York, NY



October 10, 2018

Michael Jacobs  
**Hill Top Care Center Hook Mt. Road Associates**  
100 McClellan Street  
Norwood, NJ 07648

Re: Underground Storage Tank (UST) Facility Questionnaire Amendment  
**Hill Top Care Center**  
43 Hook Mountain Road  
Montville Twp., Morris County, NJ  
PI No. 013037  
Activity UCL180001  
TMS No: N031037UCL180001  
FPA No. 10101.001

Dear Mr. Jacobs:

French & Parrello Associates (FPA), performed a UST decommissioning at the above referenced site. The work was performed to address an open case with the New Jersey Department of Environmental Protection (NJDEP) for two fuel oil containing underground storage tanks (UST) at the above referenced site.

NJDEP records show that a 10,000 gallon No. 4 fuel oil tank (E1) and 5,000 gallon No. 2 fuel oil tank (E2) were registered for the site prior to 1986. FPA performed the following tasks in advance of the UST removal:

- Open Public Records Act request to NJDEP and the Township of Montville. FPA spoke with representatives from both agencies to determine if there were any records/maps indicating the UST were removed. No other records pertaining to the current status or removal of the USTs was located.
- FPA met with the demolition contractor Yannuzzi. Yannuzzi did not remove USTs during the building demolition, but did provide FPA with a general site layout including the location of the former boiler room.
- Infrared Services Co. under the supervision of FPA, performed a geophysical scan of target areas of the site with Ground Penetrating Radar.
- FPA and AWT Environmental Services Inc. (AWT), installed numerous test pits from the west to the east along the north side of the building footprint. This area is adjacent to the former boiler room and represents the most likely area for the USTs to be located. Using a combination of Test Pits and Test trenches we evaluated conditions to 5'-6' below



grade. The subsurface contained many boulders and refusal was typically encountered at 6' below grade.

- The 10,000 gallon No. 4 Fuel Oil UST was located in a test pit at 3.5' below grade. The top of the UST was partly crushed inward and a small hole was found in the tank wall. The UST was full with oil. The NJDEP Hotline was notified and Incident No. 15-08-12-1211-08 was assigned.
- In October 2018, FPA/FABCO Inc. removed the 10,000 gallon UST (Tank E1). Appurtenant piping was not found with the UST.
- We anticipated finding the second UST (Tank E2) in the vicinity of tank E1, however tank E2 was not found.
- FPA installed numerous exploratory test pits around Tank E1 in attempt to locate Tank E2. However, tank E2 was not found.
- With the exception of the tank E1 grave, shallow bedrock is present throughout the site.
- Refer to Drawing 1 for site layout, test pit locations and tank location.

Based upon the above field work, Tank E2 was likely removed at a date prior to December 2004, the date when Hill Top Care Center Hook Mt Rd Associates became the owners of the property.

The NJDEP Facility Questionnaire Amendment was submitted to NJDEP to terminate the tank registrations and is attached for your files.

Respectfully Submitted,

**FRENCH & PARRELLO ASSOCIATES, PA**

A handwritten signature in cursive script, reading 'C. Dudley Warner, III'.

C. Dudley Warner, III  
Vice President/LSRP

Cc: NJDEP Site Remediation and Waste Management Program  
Bureau of Case Assignment and Initial Notice  
UST Registration and Billing Unit  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

✓ Montville Twp. Engineering Department, Ken Suddol, 195 Changebridge Road,  
Montville, 07045-9498



# New Jersey Department of Environmental Protection Site Remediation and Waste Management Program

## UNDERGROUND STORAGE TANK FACILITY CERTIFICATION QUESTIONNAIRE

Date Stamp  
(For Department use only)

Completion of this UST Facility Certification Questionnaire will satisfy the registration requirements of the Underground Storage of Hazardous Substances Act, N.J.S.A. 58:10A-21 et seq., and the Underground Storage Tank Rules N.J.A.C. 7:14B et. seq. **An owner or operator's submission of false, inaccurate, or incomplete information on this Questionnaire constitutes a violation of these regulations and may result in a delay or denial of a Registration.**

### SECTION A. GENERAL FACILITY INFORMATION

UST Facility # (Program Interest ID): 013037

UST Facility Name: Hill Top Care Center

Street Address: 43 Hook Mountain Road

Municipality: Montville (Township, Borough or City)

County: Morris Zip Code: 07058

List the name and contact information of the owner of the real property on which the UST facility is located and the municipal Block and Lot numbers of the property:

Real Property Owner: Hill Top Care Center Hook Mt Rd Associates

Contact Person: Hyman Jacobs

Mailing Address: 100 McClellan Street

Municipality: Norwood **N.J.S.A. 47:1A-1.1 phone redacted** State: NJ Zip Code: 07648

Phone Number: [REDACTED] Email Address: mjacobs@windsorhc.com

Block # 159 Lot #(s) 4 Block #            Lot #(s)           

Block #            Lot #(s)            Block #            Lot #(s)           

Block #            Lot #(s)            Block #            Lot #(s)           

#### 1. Type of Submission (Check all that apply)

- a) ☐ Registration of a newly installed underground storage tank(s). (**Complete Attachment A**)
- b) ☐ Registration of an existing underground storage tank not presently registered. (**Complete Attachment A**)
- c) ☒ Change, correction, or amendment to an existing facility registration (**Check type of change, correction, or amendment below**)
- d) ☐ Annual renewal

*If "c" is checked above, please check the appropriate type of change, correction, or amendment below (check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> UST Facility Name and/or Address     | <input type="checkbox"/> Change in Type of Product(s) Stored ( <b>Complete Attachment A - 3</b> )  |
| <input type="checkbox"/> UST Facility Owner and/or Address    | <input type="checkbox"/> Substantial Modification(s) ( <b>Complete Attachment A - 12B</b> )        |
| <input type="checkbox"/> UST Facility Operator and/or Address | <input type="checkbox"/> Tank(s) and/or Piping ( <b>Complete Attachment A</b> )                    |
| <input type="checkbox"/> Property Owner Name                  | <input checked="" type="checkbox"/> Closure ( <b>Complete Attachment A - 3, 4, 10C</b> )           |
| <input type="checkbox"/> Class A or B Operator                | <input type="checkbox"/> Financial Responsibility ( <i>Attach whole policy listing all tanks</i> ) |
| <input type="checkbox"/> Billing Contact Person               |  |

☒ Other (please specify): Tank E2 not found.

2. Total number of regulated underground storage tanks at facility: 2

3. Total capacity of regulated underground storage tanks at facility (gallons): 15000

**4. Facility Type**☐ State☐ County/Municipal☐ Charitable / Public School☐ Farm☒ Commercial/Industrial☐ Federal☐ Residential5. Is this facility a retail service station?..... ☐ Yes ☒ No6. Is this facility a heating oil sales / distribution center? ..... ☐ Yes ☒ No**SECTION B. UST FACILITY OWNER AND OPERATOR INFORMATION****1. UST Facility Owner** (*Owner of tanks*)

Name of UST Facility Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of UST Facility Owner Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If the owner is a corporation, a limited liability company, a partnership, a limited partnership, or other form of business complete the following:*

NJ Business Entity 10-digit ID #: \_\_\_\_\_ Type of business entity: \_\_\_\_\_

Date of original business formation or date registration filed with the State: \_\_\_\_\_

Name of the corporate officer, partner, or other person with primary decision making authority

regarding this UST Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. UST Facility Operator** ☐ Same as UST Facility Owner (*Attach additional pages if necessary*)

If change to facility operator, check one:

☐ Add this operator ☐ Replace prior operator with this operator

Name of UST Facility Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of UST Facility Operator Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

If the operator is a corporation, a limited liability company, a partnership, a limited partnership, or other form of business complete the following:

NJ Business Entity 10-digit ID #: \_\_\_\_\_ Type of business entity: \_\_\_\_\_  
 Date of original business formation or date registration filed with the State: \_\_\_\_\_  
 Name of the corporate officer, partner, or other person with primary decision making authority  
 regarding this UST Facility: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### 3. Class A Operator

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Provide the NJ Registration and Validation Numbers, which can be found on the examination results page. If you received training/certification in another state, provide the name of the state from which you received training and attach formal documentation of training received and/or record of a passing evaluation.

NJ Registration Number: \_\_\_\_\_ and Validation Number: \_\_\_\_\_

**OR, if training received out of state:**

Name of State where training occurred: \_\_\_\_\_ (attach training documentation)

### 4. Class B Operator ☐ Same as Class A Operator

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Provide either the NJ examination result numbers or, if you received training/certification in another state, provide the name of the state from which you received training and attach formal documentation of training received and/or record of a passing evaluation.

NJ Registration Number: \_\_\_\_\_ and Validation Number: \_\_\_\_\_

**OR, if training received out of state:**

Name of State where training occurred: \_\_\_\_\_ (attach training documentation)

### 5. Billing Contact Check the appropriate box:

☐ Same as Facility Owner ☐ Same as Facility Operator ☐ Other – provide contact information below

Name of UST Facility: \_\_\_\_\_  
 Name of UST Facility Billing Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**SECTION C. FINANCIAL RESPONSIBILITY** (Attach additional pages if necessary)**Include entire Financial Responsibility Assurance Mechanism Document**

Type of Mechanism (e.g., Insurance): \_\_\_\_\_

Carrier/Issuing Institution: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limit of Liability: Each "Occurrence" or "Incident": .. \_\_\_\_\_

Limit of Liability: Aggregate: ..... \_\_\_\_\_

Limit of Defense Costs: ..... \_\_\_\_\_

(Defense costs must be subject to a separate policy limit as provided in 42 U.S.C. § 280.97)

Retroactive Dates(s): \_\_\_\_\_

(attach or identify Insurer's Schedule of Covered UST Systems Providing This Information)

**SECTION D. ATTACHMENTS**

The owner and operator can submit attachments to the NJDEP electronically by emailing them to: [srpustregistration@dep.nj.gov](mailto:srpustregistration@dep.nj.gov). The owner and operator must save the documents in Adobe Portable Document Format (PDF) and then add them as attachments to the email. The owner and operator shall include in the email subject line the UST Facility # (Program Interest ID) and the year, separated by a comma.

*Example:* You are submitting for XYZ facility in Hamilton Twp. with the UST Facility # of 013164. So, the Email Subject Line should be only: 013164,2016.

Indicate below how you have included each of the following attachments with this submission:

Attached   Emailed

- |  |                          |  |
|--|--------------------------|--|
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <b>Attachment A – Specific Tank Information</b> (if applicable)                                  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <b>Facility Site Plan</b> (if applicable)  |
| You are required to submit a Facility Site Plan only for the initial registration of a tank or if there are any changes to the physical configuration of the tank system or property. You must include in the facility site plan the location of the tanks, lines, pumps, dispensers, fill pipes, and other features of the underground storage tank system, including the distance from existing buildings and property boundaries; |                          |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <b>Financial Responsibility Assurance Mechanism</b> (entire document always required)            |
| <input type="checkbox"/>   | <input type="checkbox"/> | <b>Owner's</b> copy of written authorization authorizing the signature above. (if applicable)    |
| <input type="checkbox"/>   | <input type="checkbox"/> | <b>Operator's</b> copy of written authorization authorizing the signature above. (if applicable) |
| <input type="checkbox"/>   | <input type="checkbox"/> | <b>Other</b> (specify): _____  |

**SECTION E. INSTALLER CERTIFICATION**

(To be completed by installer for new UST installations or returning out-of-service USTs to service)

**Purpose of Certification** (check all that apply)

- ☐ Certification of New UST Installation
- ☐ Certification that out-of-service USTs are properly designed and capable of being put back into service

Check the applicable boxes to indicate the methods used to comply with installation/return-to-service requirements.

(Attach additional pages if necessary)

Tank Identification Number	Tank No. <input type="text"/>	Tank No. <input type="text"/>	Tank No. <input type="text"/>	Tank No. <input type="text"/>
Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by the NJDEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation is/will be in accordance with manufacturers installation checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company: \_\_\_\_\_ Installation-Entire UST System License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature of UST installer certifies that the UST System and/or out-of-service UST system is/are properly designed and capable of being put back into service:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_



**SECTION F. FACILITY OWNER CERTIFICATION****Must be signed as follows:**

- For a corporation, by a responsible corporate official.
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- For a municipality, County, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
- For a person other than those indicated above, a duly authorized representative.

*"I certify under penalty of law that:*

- 1. I have read, understand, and have followed the applicable rules and instructions for this New Jersey Underground Storage Tank Facility Certification Questionnaire;*
- 2. I have personally examined and am familiar with the information submitted in this New Jersey Underground Storage Tank Facility Certification Questionnaire and all attached documents;*
- 3. I believe, based on my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete;*
- 4. This facility is in compliance with N.J.A.C. 7:14B; and*
- 5. I am the person required, pursuant to N.J.A.C. 7:14B-2.2, to sign this New Jersey Underground Storage Tank Facility Certification Questionnaire for the owner of this facility.*
- 6. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute or regulation, I am personally liable for penalties."*

Signature: \_\_\_\_\_

Date: 10-11-18Name: Hyman JacobsTitle: President.CEOUST Facility #: 013037

**SECTION G. FACILITY OPERATOR CERTIFICATION****Must be signed as follows:**

- For a corporation, responsible corporate official.
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- For a municipality, County, State, Federal or other public agency, by either a principal executive officer or ranking elected official.
- For a person other than those indicated above, a duly authorized representative.

*"I certify under penalty of law that:*

- 1. I have read, understand, and have followed the applicable rules and instructions for this New Jersey Underground Storage Tank Facility Certification Questionnaire;*
- 2. I have personally examined and am familiar with the information submitted in this New Jersey Underground Storage Tank Facility Certification Questionnaire and all attached documents;*
- 3. I believe, based on my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete;*
- 4. This facility is in compliance with N.J.A.C. 7:14B; and*
- 5. I am the person required, pursuant to N.J.A.C. 7:14B-2.2, to sign this New Jersey Underground Storage Tank Facility Certification Questionnaire for an operator of this facility.*
- 6. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute or regulation, I am personally liable for penalties."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

UST Facility #: \_\_\_\_\_

**Annual renewal with a billing invoice**

If a billing invoice has been received for an **annual renewal (only)**, send the completed UST Facility Certification Questionnaire (USTFCQ) with attachments, the applicable \$50 fee, and the invoice payment stub to:

NJ Department of Treasury  
Division of Revenue  
PO Box 417  
Trenton, NJ 08646-0417

**All Other Types of Submissions**

All other submissions for initial registrations, modifications and responses to deficiencies must be submitted to the address below. Send the completed USTFCQ with attachments and any applicable fee to:

NJ Department of Environmental Protection  
Site Remediation and Waste Management Program  
Bureau of Case Assignment and Initial Notice  
UST Registration & Billing Unit  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

## ATTACHMENT A

## SPECIFIC TANK INFORMATION

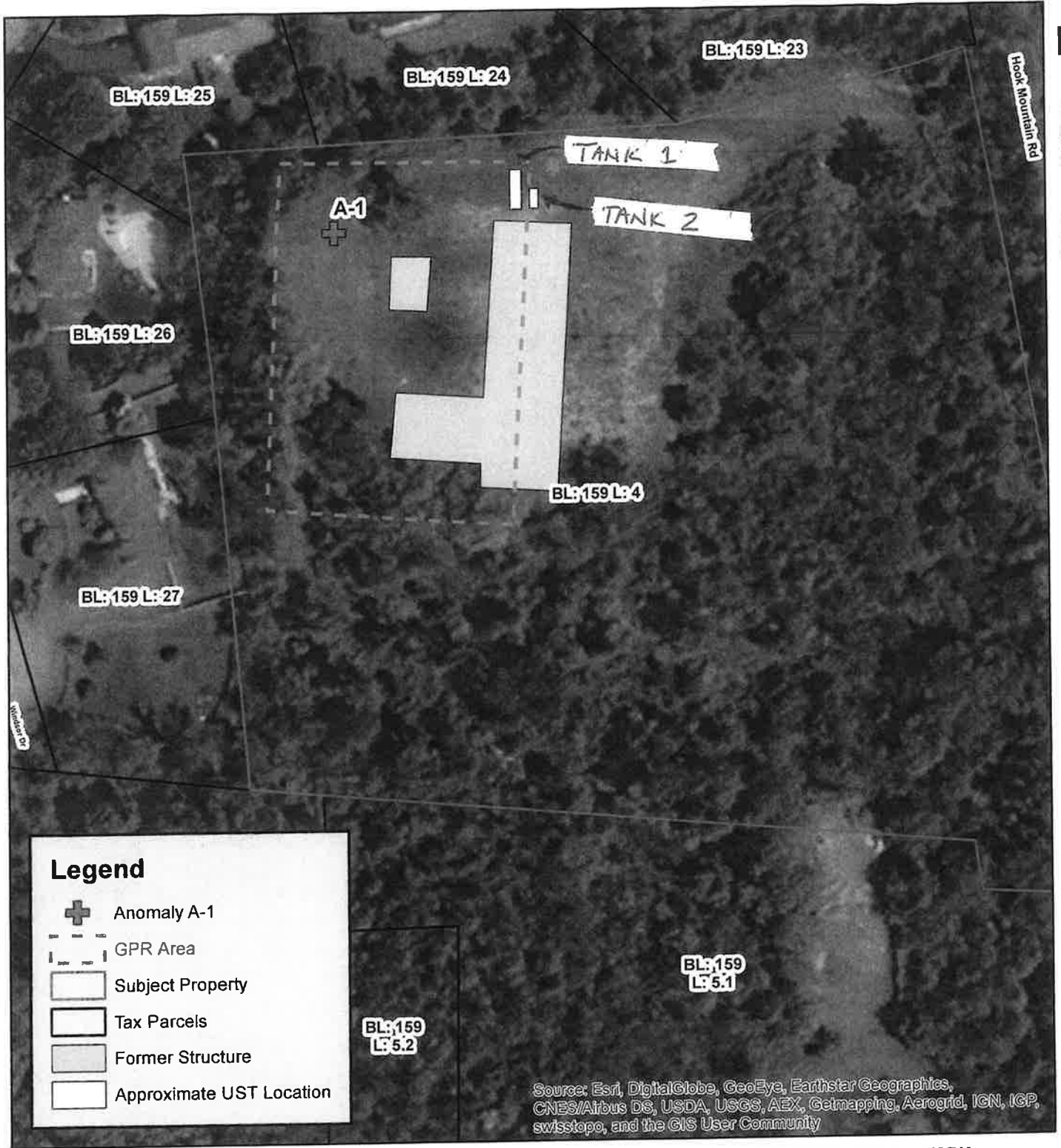
ALL regulated underground storage tanks, including those taken out of operation (*unless the tank was removed from the ground prior to 9/3/86*) must be registered. Report all tank/piping status changes.

Tank Identification Number	Tank No.		Tank No.		Tank No.		Tank No.	
	E1	E2						
1. Date Tank Installed (mm/dd/yyyy)								
2. Tank Size (gallons)	10000	5000						
3. Tank Contents (check one) Please note that each compartment is considered a separate tank system.								
A. Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol Enriched Gasoline (> 10%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light Diesel Fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium Diesel Fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Heating Oil (No. 2) Complete 11C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Heating Oil (No. 4) Complete 11C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating Oil (No. 6) Complete 11C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Aviation Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Automatic Transmission Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Hazardous Waste (Specify ID Number)								
P. Coolant/Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Other (please specify)								
CAS Number (Hazardous substances only)								
4. Tank & Piping Construction (Check at least one for each Tank and Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cathodically Protected Metal								
1. Sacrificial Anode (SA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impressed Current (IC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date SA/IC installed:								
Date of last passing CP inspection:								
C. Fiberglass-Coated Steel (Tank Only)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Fiberglass-Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Identification Number	Tank No. E1		Tank No. E2		Tank No.		Tank No.	
	Tank		Tank		Tank		Tank	
<b>E. Internally Lined</b> Single lining Double walled lining Date Internal Lining Installed: Date of last <b>passing</b> inspection:	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<b>F. Other</b> (Please specify, include Brand Name)								
<b>5. Piping Operation</b> (Check one for each tank system)		Piping		Piping		Piping		Piping
<b>A. Pressurized Piping</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>B. American Suction Piping</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>C. European Suction Piping</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>D. Supply/Return</b> (Heating Oil Piping Only)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>6. Tank &amp; Piping Structure</b> (Check all that apply for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
<b>A. Single Wall</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Double Wall</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Secondary Containment</b> (e.g. Externally Lined)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. No piping exists</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Type of Monitoring/Detection</b> (Check all that apply for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
<b>A. Statistical Inventory Reconciliation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Manual Tank Gauging</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>C. Inventory Control</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>D. Interstitial</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Tightness Test</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Ground Water Observation Wells</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. Vapor Observation Wells</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. In-Tank (Auto Monitoring Gauge)</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>I. In-Line Electronic Pressure Monitoring</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>J. Automatic Line Leak Detector</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>K. None</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Overfill Protection</b> (Check one for each tank)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Spill Containment Around Fill Pipe</b> (Check one for each tank)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tank Identification Number	Tank No. E1	Tank No. E2	Tank No.	Tank No.
<b>10. Tank Status Information</b>				
<b>A. In-Use</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Out of Service</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Taken Out of Service (mm/dd/yyyy)				
Out of Service extension approval #:				
<b>C. Closed</b>				
1. Removed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Removed (mm/dd/yyyy)	10/04/2018	10/04/2018		
Activity #	UCL180001	UCL180001		
2. Abandoned-In-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Abandoned-In-Place				
Activity #				
<b>11. Tank Use Information</b> (Check if applicable)				
<b>A. Emergency Back-up Generator</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Sump</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Heating Oil Tanks</b> If you checked I, J or K under item 3, check one of the following:				
1. Heating Oil for on-site consumption	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heating Oil for sale or distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Other Information</b> (Complete if applicable)				
<b>A. Date of Sale or Transfer</b> (mm/dd/yyyy)				
<b>B. Substantial Modification #</b>				

NOTE: Tank E2 has not been located onsite after comprehensive investigation. Tank E2 was likely removed at an earlier date prior to ownership by current property owners.



## Legend

- Anomaly A-1
- GPR Area
- Subject Property
- Tax Parcels
- Former Structure
- Approximate UST Location

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP, swisstopo, and the GIS User Community

TAX PARCEL SHAPEFILE AND ROAD CENTERLINE WERE OBTAINED THROUGH THE NEW JERSEY GEOGRAPHIC NETWORK INFORMATION WAREHOUSE AT: [https://njgin.state.nj.us/NJ\\_NJGINExplorer/IW.jsp?DLayer=Parcels%20by%20County/Muni#](https://njgin.state.nj.us/NJ_NJGINExplorer/IW.jsp?DLayer=Parcels%20by%20County/Muni#)



1800 Route 34, Suite 101 • Wall, NJ • 07719 • 732-312-9800

**HILLTOP CARE CENTER**  
 43 HOOK MOUNTAIN ROAD, MONTVILLE  
 MORRIS COUNTY, NEW JERSEY

## SITE LAYOUT

SCALE:	BLOCK:	LOT:	DRAWING #
1" = 100'	159	4	
DATE:	DRAWN BY:	PROJECT NUMBER:	1
08/17/2015	C.N.	10101.001	



# CONSTRUCTION PERMIT

Date Issued  
Control #  
Permit #

8-22-00  
00-651

IDENTIFICATION Block 159 Lot 4  
Work Site Location Hill Top Nursing Home mt Contractor DAGOSTO LANDSCAPING  
Address 536 MAIN RD. TOWAUC  
Owner in Fee J.A. Schepiste Tel. ( 216 ) 6832  
Address 900 SYLVAN AVE. Englewood Cliffs NJ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Tel. ( 201 ) 07632 Fed. Emp. No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

- |   |   |  |
|---|---|--|
| <input 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 checked="" type="checkbox"/> OTHER <u>FENCE</u> |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

900' OF 10' CHAIN LINK FENCE

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 \$ 8,000

Construction Official

Date

8/21/00

## PAYMENTS (Office Use Only)

Building 70  
Electrical \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Elevator Devices \_\_\_\_\_  
Other \_\_\_\_\_  
DCA Training Fee \_\_\_\_\_  
Cert. of Occupancy \_\_\_\_\_  
Other \_\_\_\_\_  
Total 70  
Check No. 1129  
Cash \_\_\_\_\_  
Collected by [Signature]

U.C.C. F170  
(rev. 3/98)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

closed - no C.A. found



# CONSTRUCTION PERMIT

Date Issued 4-2-97  
Control #  
Permit # 97-226

IDENTIFICATION Block 159 Lot 4

Work Site Location Hill Top Care Center Contractor \_\_\_\_\_  
Address \_\_\_\_\_

Owner in Fee Continental Health  
Address 910 Sylvan Ave. Tele. (\_\_\_\_) \_\_\_\_\_  
Englewood Cliffs N.J. 07632

Tele. 201-567-5008 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_  
or Social Security No. \_\_\_\_\_

is hereby granted permission to perform the following work:

- ☒ BUILDING [ ] PLUMBING [X] OTHER \_\_\_\_\_  
[ ] ELECTRICAL [ ] FIRE PROTECTION  
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Fence (Gate at Hook Mt. Rd.  
Entrance)

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 \$ 450.00

[Signature]  
CONSTRUCTION OFFICIAL

## PAYMENTS (Office Use Only)

Building	<u>25-</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	<u>25-</u>
Check No.	<u>2234</u>
Cash	_____
Collected By:	<u>D6</u>

(see reverse side)

closed - no C.A. found.





# CONSTRUCTION PERMIT

Date Issued 9/3/92  
Control #  
Permit # 92-530

IDENTIFICATION Block 159 Lot 4

Work Site Location Hook Mountain Rd.

Pipe Brook

Owner in Fee Hill Top Care Center

Address Hook Mtn Rd.

Tele. ( 201 ) 227-1330

Contractor R. P. O'Donnell Electrical

Address 8 St. Charles Ave.

West Caldwell N.J.

Tele. ( 201 ) 882-7529

Lic. No. or Bldrs. Reg. No. 8796 Exp. Date 3/93

Federal Emp. No. 22-2842178

or Social Security No. \_\_\_\_\_

I hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER \_\_\_\_\_  
☐ ELECTRICAL ☐ FIRE PROTECTION  
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

change 12 circuit panel to 20 circuit  
70 amp.

Install A/C, and convenience outlets.

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 \$ 4,000.00

CONSTRUCTION OFFICIAL

XXXXXXXXXXXX  
U.C.C. Form F-170C

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

## PAYMENTS (Office Use Only)

Building	_____
Plumbing	_____
Electrical	<u>50.00</u>
Fire Protection	_____
Other Elevator Dev.	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	<u>50.00</u>
Check No.	<u>1295</u>
Cash	_____
Collected By:	<u>RG</u>

(see reverse side)

PRO 108

closed - no C.A. found



# CONSTRUCTION PERMIT

Date Issued  
Control #  
Permit #

6/6/91  
91-245

IDENTIFICATION Block 159 Lot 4  
Work Site Location Hook Mt. Rd. Contractor T.P. KLIMBACH & SONS  
PINE BROOK N.J. Address 37 FAIRFIELD AVE.  
Owner In Fee HILLTOP CARE CENTER WEST CALDWELL N.J. 07006  
Address SAIME Tele. ( 201 ) 226-1147  
Tele. ( 201 ) 227-1330 Lic. No. or Bldrs. Reg. No. 965 Exp. Date 6-30-91  
Federal Emp. No. 22-1041320  
or Social Security No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER \_\_\_\_\_  
[ ] ELECTRICAL [ ] FIRE PROTECTION

## DESCRIPTION OF WORK:

WATER SERVICE

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 \$ 4,200.00

## PAYMENTS (Office Use Only)

Building \_\_\_\_\_  
Plumbing 50  
Electrical \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
DCA Training Fee \_\_\_\_\_  
Cert. of Occ. \_\_\_\_\_  
Other \_\_\_\_\_  
Total 50  
Check No. 29144  
Cash \_\_\_\_\_  
Collected By: ICA

(see reverse side)

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

closed - NO C.A. found