BLOCK 12 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 17-1402

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: ~~135~~ 165 ORCHARD STREET
2. Name of Owner in Fee: MR & MRS. HAHN
   Tel [redacted] e-mail _____
   Address 135 ORCHARD STREET (street), CLARK (municipality), N.J. 07066 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ~~MARTIN HAHN~~ Tel 908-233-6615
   Address TWIN CONSTRUCTION, LLC e-mail TWINCON@COMCAST.NET
   2146 BUTTONWOOD LANE, SCOTCH PLAINS, NJ. 07076
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 3/31/19
   Home Improvement Contractor Registration No. or Exemption Reason 13VH00106600
   Federal Emp. ID No. 22-3619003 FAX: 908-233-3542
5. Architect or Engineer OWNER Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun CHRIS WAGNER
   Tel. 908-591-1408 FAX: 908-233-3542

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Prot.			

open
Building only

	ft.
	sq. ft.
	sq. ft.
	cu. ft.
	)
	sq. ft.

10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

(office use only)

called 12/19

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☑ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	18,000				8/26/19	WTC			
☑ Electrical	2100				8/22/19	RC			
☑ Plumbing	1300				8/26/19	TMC			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	21,400 $0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: Single Family
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Grou
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Grou

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/3/19

Permit # 19-762

IDENTIFICATION Block 12 Lot 1 Qualification Code

Work Site Location ~~135~~ 145 ORCHARD STREET

Owner in Fee MARNIE HAGAN

Address 135 ORCHARD STREET CLARK N.J. 07066

Tel. [redacted]

Contractor TWIN CONSTRUCTION LLC

Address 2146 BUTTONWOOD LANE SCOTCH PLAINS, NJ. 07076

Tel. (908) 233-6615

Lic. No. or Bldrs. Reg. No. 13VH00108600

Is hereby granted permission to perform the following work:

[✓] BUILDING	[✓] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[✓] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:

RENOVATION of THE FAMILY ROOM

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 $ 24,400

Construction Official

8/26/19
Date

PAYMENTS (Office Use Only)

Building	504
Electrical	75
Plumbing	75
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	41
Cert. of Occupancy	
Other	
Total	695
Check No.	
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/3/19

Date Issued / Permit # 19-762

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

Block _____ Lot _____ Qualification Code _____

Work Site Location ~~125~~ 163 ORCHARD ST.

Owner in Fee: MR & MRS HAHN

Tel. [redacted] e-mail TWINFUN@COMCAST.NET

Address 2146 BUTTONWOOD LANE, SCOTCH PLAINS, NJ 07076
street municipality zip code

Contractor: TYNAN CONSTRUCTION, LLC Tel. (908) 591-1405

Address 2146 BUTTONWOOD LANE e-mail TYNANC@COMCAST.NET
SCOTCH PLAINS, NJ 07076

Contractor License No. or Builder Registration No. _____ Exp. Date 3/31/19

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01108600

Federal Emp. ID No. 22-3619003 FAX: (908) 233-3542

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: ~~8/26/19~~
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5 **Constr. Class** Present 5B Proposed 5B

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor N/A sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 10000

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.

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FAMILY ROOM RENOVATION

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)

$	~~504~~
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	504

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

U.C.C. F110
(rev. 12/07)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/3/19
Control #
Date Issued
Permit # 19-762

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 135 ORCHARD STREET

Owner in Fee: MR+MRS HAHN

Tel. [redacted] e-mail _____

Address 135 ORCHARD STREET, CLARK, N.J. 07066

Contractor: SAUNDERS ELECTRIC INC (street, municipality, zip code) Tel. (908) 601-5014

Address 44 CLIFTON PLACE e-mail _____
CLARK, NJ, 07066

Contractor License No. 10090 Exp. Date 3/2021

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

Federal Emp. ID No. [redacted] FAX: ( ) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as SINGLE FAMILY Utility Co. PSE+G

Est. Cost of Elec. Work $ 2100

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: 9/12/19
Approved by: RC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/15/19
Approved by: RC

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Rough			9/12/19	RC
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/15/19	RC
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 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: WILLIAM SAUNDERS

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: FAMILY ROOM RENOVATION

QTY	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
1		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP EXHAUST FAN	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
18		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	

Administrative Surcharge	$
Minimum Fee	$ 75.
State Permit Surcharge Fee	$
TOTAL FEE	$

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 9/3/19

POSTED

Date Issued / Permit # 19-762

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 135 ORCHARD STREET

Owner in Fee: MR & MRS HAHN

Tel. [redacted] e-mail _____

Address 135 ORCHARD STREET, CLARK N.J 07066

Contractor: Verrico & Palmer Brothers, LLC. (street / municipality) Tel. (908) 322-6864 (zip code)

Address 1822 E. 2nd Street, Scotch Plains, NJ 07076 e-mail verricopalmer@aol.com

Contractor License No. 10925 Exp. Date 6/30/2021

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

Federal Emp. ID No. 27-3389994 FAX: (908) 322-6864

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5

Building Sewer Size 4" EXIST Public Sewer ✓ Private Septic _____

Water Service Size 3/4" EXIST Public Water ✓ Private Well _____

Est. Cost of Plumbing Work $ 1300

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: Joe Verrico

Print name here: Joe Verrico

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FAMILY ROOM / POWDER ROOM RENOVATION

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 75

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] 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: 9/26/19

Approved by: M Khrida

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 10/15/19

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9/27/19	MK
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10/15/19	

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy