



CONSTRUCTION PERMIT APPLICATION

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

V. FEE SUMMARY (for office use only)

Update

1. Building	\$	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 2		
8. Subtotal		
9. State		
10. Subtotal		
11. Cert.		
12. Other		
13. TOTAL		

VI. BUILDING

1. Number
2. Height
3. Area
4. New
5. Volume
6. Max.
7. Max.
8. If Ind
9. Total
10. Floor
11. Base
12. Wet

(for office use only)

I. IDENTIFICATION

1. Proposed Work Site at: 165 Orchard Terr. Clark
2. Name of Owner in Fee: EST. Betty Comer c/o Tom Comer
- Tel. _____ e-mail _____
- Address 9 Chessor Lane Wilton Conn. 06897
- street municipality zip code
3. Ownership in Fee: Public ☐ Private ☐
4. Principal Contractor: TSES Inc. AKA Tank Solutions Tel. 908 964-2717
- Address 180 Market St. Kenilworth NJ 07033
- e-mail _____
- License No. OR, if new home, Builder Reg. No. 0500334 Exp. Date 10/31/13
- Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
- Federal Emp. ID No. 22-229-1151 Fax: 908 964-4244
5. Architect or Engineer _____ Contact _____
- Address _____ e-mail _____
- Tel. (____) _____ Fax: (____) _____
6. Responsible Person in Charge once Work has Begun Theodore T. Slack
- Tel. 908 964-2717 Fax: 908 964-4244

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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☒ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer

TOTAL COST

1500.00

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 | 4. ☐ Refrigeration System | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☒ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LP Gas Tanks | |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: Home
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
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: _____
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present _____
- Proposed _____

TOWNSHIP OF CLARK
430 WESTFIELD AVE.
CLARK, N. J. 07066

Date Issued 09/25/13
Control #
Permit # 13-717

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 12 Lot 1 Qual _____
Work Site Location 165 ORCHARD TERR.

Owner in Fee/Occupant COMER
Address 165 ORCHARD TERR
CLARK, NJ 07066-
Telephone () -
Contractor TSES INC.
Address 180 MARKET STREET
KENILWORTH, NJ 07033-
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-2291151

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

TANK REMOVAL: LEAKS: EPA#130827130309

[] 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.

[X] CERTIFICATE OF APPROVAL

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

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

- [] Total removal of lead-based paint hazards in scope of work
- [] Partial or limited time period (____ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.


Construction Official

U.C.C. F260 (rev. 6/96)

Fee \$ 0
Paid [X] Check No. 1448
Collected by: AB



CONSTRUCTION PERMIT

Date Issued 7/29/13
Permit # 13-717

Solutions

IDENTIFICATION Block 12 Lot 1 Qualification Code 7
Work Site Location 165 Orchard Terr Contractor TSES Inc AKA bank bank
Clark NJ 07066 Address 180 Market St
Owner in Fee EST. Betty Comer / Tom Comer Kenilworth 07033
Address 9 Chessor Lane
Wilton Conn. 06897 Tel. (906) 964-2717
Tel. [REDACTED] Lic. No. or Bldrs. Reg. No. US 06334
Federal Employee No. 02-209-1150

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☒ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK: Removal of 11550
Gallon UST - Front Lawn

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 \$ 1500.00

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

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

(see reverse side)



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____

Work Site Location 165 Orchard Terr.

Clark NJ 07066

Owner in Fee: EST. Betty Comer d/tom Comer

Tel. _____

Address 9 Chessor Lane Wilton Conn

Contractor: TSE Inc/Tank Solution Tel. 908 964

Address 180 Market St. e-mail _____

Kenilworth NJ 07033

Fire Protection Equipment, NJ Div. of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div. of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-229-1151 Fax: 908 964-4244

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Home Proposed _____

Constr. Class: Present _____ Proposed _____

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible

Capacity 550 #2 #10

Heating System: ☐ New OR ☐ Modification to Existing

Removal OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: FRONT Lawn

Total Cost of Fire Protection Work \$ 1500 -

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type:	Failure Failure Approval Initial
☐ No Plans Required	Alarm System	_____
☐ Partial - Underslab Utilities Approved	Suppression Sys.	_____
Date: _____ Approved by: _____	Standpipe	_____
☐ Fire Protection Plans Approved	Fire Pump	_____
Date: _____ Approved by: _____	Pre-Eng. System	_____
Joint Plan Review Required:	Mechanical	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control	_____
SUBCODE APPROVAL for PERMIT	TCO	_____
Date: <u>1/24/13</u>	Flam/Combust Tanks	_____
Approved by: <u>Charles</u>	Fireplace Venting	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____
☐ CO ☐ CCO ☐ CA	Other	_____
Date: <u>8/13/13</u>		_____
Approved by: <u>J. Ouel</u>		_____

Cont will
Send over
No further
ACTION
Still Cleaning up -
9/17/13

Date Received 7/29/13
Control # _____

Date Issued 13-717
Permit # _____

of record and am authorized to make this

Read P. Slack

ified Contractor ☐ Exempt Applicant

Ussoult

NUMBER FEE (Office Use Only)

Flammable/Combustible Tanks	_____	\$ _____
Alarm System	_____	
☐ System	_____	
☐ 110v Interconnected	_____	
☐ CO Detectors/110v	_____	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	
Supervisory Devices (i.e., tampers, low/high air)	_____	
Signaling Devices (i.e., horn/strobes, bells)	_____	
Other Devices	_____	
TOTAL	_____	
Suppression Systems	_____	
Fire Pump _____ GPM Type _____	_____	
Dry Pipe/Alarm Valves	_____	
Pre-action Valves	_____	
Sprinkler Heads (Dry and Wet)	_____	
Standpipes	_____	
Pre-engineered Systems	_____	
Wet Chemical	_____	
Dry Chemical	_____	
CO ₂ Suppression	_____	
Foam Suppression	_____	
FM-200 Suppression	_____	
Other	_____	
Other Systems	_____	
Kitchen Hood Exhaust System	_____	
Smoke Control System	_____	
Fuel-Fired Appliances ☐ Gas ☒ Oil ☐ Solid	_____	
Fireplace Venting/Metal Chimney	_____	
Other	_____	

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



180 Market Street, Kenilworth, NJ 07033

Telephone: 908.964.2717 • Fax: 908.964.4244

"Today's Solution to Yesterday's Pollution."

July 19, 2013

**Township of Clark
Building Department
430 Westfield Ave
Clark, NJ 07066**

RE: 165 Orchard Terr., Clark, NJ
UST Removal - 550 Gallon- Front Lawn

Enclosed is the Permit Application for the tank removal at 165 Orchard Terr., Clark.
Please contact our office once permits have been approved.

Thank you.

A handwritten signature in dark ink, appearing to read "Lucy Roy".

Lucy Roy
Tank Solutions



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Certifies That

**TED SLACK ENVIR SVS INC AKA TANK SOLUTIONS
180 MARKET ST
Kenilworth, NJ 07033**

Having duly met the requirements of the

**Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8**

Is hereby approved to perform the following services:

CLOSURE
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION

**10/31/2013
EXPIRATION DATE**

**US00334
CERTIFICATION NUMBER**

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(908) 388-3600



CONSTRUCTION PERMIT

Date Issued 8-23-06
Control #
Permit # 06-685

IDENTIFICATION Block 12 Lot 1

Work Site Location 165 ORCHARD TERR
CLARK

Owner in Fee COMER

Address 165 ORCHARD TERR
CLARK

Tele. [REDACTED]

Contractor Woodbridge Bros

Address 538 New Brunswick Av
ROSELAND

Tele. (732) 225-0331

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2284337

is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

SPRING & RELOOF

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 \$ 9500.

Date

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)

Building 92

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA Training Fee 8

Cert. of Occ. _____

Other _____

Total 100

Check No. 28755

Cash _____

Collected By: [Signature]

(see reverse side)

UCC/PRO170 (REV3/96)



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

8-23-00

00-685

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

Block 12 Lot 1
Work Site Location 165 Orchard Terr.
Clark
Owner in Fee Comer
Address 165 Orchard Terr.
Clark
Tele. [REDACTED]
Contractor Woodbridge Builders
Address 538 New Brunswick Ave
Parsippany
Tele. (732) 225-0394 Fax (732) 225-0311
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

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

Spring & Retain

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____
_____ 46
_____ 46

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Failure	Approval
☒	No Plans Required	8/23/00	W	_____	_____	_____	_____
☐	All	_____	_____	Footings	_____	_____	_____
☐	Footings	_____	_____	Foundations	_____	_____	_____
☐	Foundations	_____	_____	Slabs	_____	_____	_____
☐	Frame	_____	_____	Frames	_____	_____	_____
☐	Other	_____	_____	Barrier-Free	_____	_____	_____
Joint Plan Review Required:				Insulation	_____	_____	_____
☐	Elec.	☐	Plumb.	Finishes	_____	_____	_____
☐	Fire	☐	Elevator	Energy	_____	_____	_____
SUBCODE APPROVAL				Mechanical	_____	_____	_____
☐	CO	☐	CCO	TCO	_____	_____	_____
☐	CA			Other	_____	_____	_____
Date: _____				Final	_____	_____	_____
Approved by: _____				Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ 9500.00
3. Total (1+2) \$ 9500.00

U.C.C. F110
(rev. 3/96)

Administrative Surcharge \$ _____
Minimum Fee \$ 8
DCA Training Fee \$ _____
TOTAL FEE \$ 100

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

UNIFORM CONSTRUCTION CODE

V. FEE SUMMARY (for office use only)

1. Proposed Work-site at: 165 ORCHARD TER
2. Name of Owner in Fee: FRANK M COMER Tel. [REDACTED]
Address: 165 ORCHARD TER CLARK 07066-2854
street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: MC LARNON ELECTRIC Tel. (800) 732-5877
Address: 4 Duffie Place Piscataway 08854-0000
License No. 10318 Exp. Date 0/00/
Federal Emp. No. 22-3086559 Social Security No.
5. Architect or Engineer Tel. ()
Address
6. Responsible Person
In Charge of Work Tel. ()

Est. Cost[illegible]

F100B/REV for PSE&G

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
 no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

3. Change in Use Group,
Indicate Former:

CLARK

PUBLIC SERVICE
ELECTRIC & GAS COMPANY

RESIDENTIAL APPLIANCE CYCLING PROGRAM



CONSTRUCTION PERMIT

Date Issued 7/7/91

Control #

Permit # 93-9259

IDENTIFICATION Block 12 Lot 1

Work Site Location 145 ORCHARD TER Contractor MC LARNON ELECTRIC
CLARK NJ 07066-2854 Address 4 Duffie Place
Owner in fee FRANK M COMER Piscataway 08854-0000
Address 145 ORCHARD TER Tele. (800) 732-5877
CLARK NJ 07066-2854 No. or Bldrs. Reg. No. 10318 Exp. Date 0/00/00
Sale. ([REDACTED]) Federal Emp. No. 22-3086559
or Social Security No. _____

hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☒ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR
PUBLIC SERVICE ELECTRIC & GAS COMPANY'S
RESIDENTIAL APPLIANCE CYCLING PROGRAM ONLY

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 \$ 110.00

P 170/REV for PSE&G

WDH 70826 CONSTRUCTION OFFICIAL
INSPECTOR

PAYMENTS (Office Use Only)

Building	_____
Plumbing	_____
Electrical	<u>\$ 23.00</u>
Fire Protection	_____
Other	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	<u>\$ 23.00</u>
Check No.	<u>1687</u>
Cash	_____
Collected By:	_____

(see reverse side)

CLARK

PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received

Date Issued

Control #

Permit #

7/7/93

93-9259

D. TECHNICAL SITE DATA INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR PUBLIC SERVICE ELECTRIC & GAS COMPANY'S RESIDENTIAL APPLIANCE CYCLING PROGRAM ONLY.

FEE (Office Use Only)

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

Block 12 Lot 1

Work Site Location 165 ORCHARD TER
CLARK NJ 07066-2854

Owner in Fee FRANK M COMER

Address 165 ORCHARD TER
CLARK NJ 07066-2854

Tele. [REDACTED]

Contractor MC LARNON ELECTRIC

Address 4 Duffie Place
Piscataway 08854-0000

Tele. (800) 732-5877

Lic. No. 10318

Federal Emp. No. 22-3086559 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 110.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Rough	_____	_____	_____	_____
Joint Plan Review Required:	Temporary	_____	_____	_____	_____
[] Bldg. [] Plumb.	Constr. Serv.	_____	_____	_____	_____
[] Fire [] Elevator	TCO	_____	_____	_____	_____
[] Elec. Plans Approved	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued	_____			
Date: _____	Final Cut-in-Card Date Issued	_____			
Approved by: _____	Line Dept.	_____			

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.

Licensed Electrical Contractor

Signature-Contractor Seal

NO.	SIZE	ITEM
_____	_____	Fixtures (1)
_____	_____	Receptacles (2)
_____	_____	Switches (3)
_____	_____	Total 1 + 2 + 3
_____	_____	Kw Range
_____	_____	Kw Oven(s)
_____	_____	Kw Surface Unit
_____	_____	hp Dishwasher
_____	_____	hp Garbage Disposal
_____	_____	Kw Dryer
1	_____	Kw A/C Unit
_____	_____	Burglar Alarms
_____	_____	Intercoms Panels
_____	_____	Smoke Detectors
_____	_____	hp Whirlpool/spa
_____	_____	Pool Bonding
_____	_____	hp Pool Filter Motor
_____	_____	Pool Lights
0	_____	Kw Water Heater(s)
_____	_____	Kw Central heat:
_____	_____	oil, gas or elec.
_____	_____	Kw Baseboard Heat Units
_____	_____	Thermostats
0	_____	hp Heat Pump
_____	_____	hp Pump(s)
_____	_____	Amp Motor Control Center/Sub Panels
_____	_____	Signs
_____	_____	Light Standards
_____	_____	hp Motors—Fractional H.P.
_____	_____	hp Motors—All Others
_____	_____	Kw Transformers
_____	_____	Kw Generators
_____	_____	Amp Service Entrance

Administrative Surcharge \$ _____
Paid [] Check # 1687 Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL FEE \$ 23.00



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 165 ORCHARD TERRACE

2. Name of Owner in Fee: MRS. HAHN

Tel. [REDACTED] e-mail [REDACTED]

Address: 165 ORCHARD TERRACE, CLARK, NJ. 07066

street municipality zip code

3. Ownership in Fee: Public Private ☒

4. Principal Contractor: TYAN CONSTRUCTION, LLC Tel. (908) 233-6615

Address 2146 BUTTERNUT LN, SOUTH PLAINFIELD, NJ e-mail PRINCIPAL@CONSTR.NET

License No. OR, if new home, Builder Reg. No. [REDACTED] Exp. Date 12-14

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13YH00103600

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

5. Architect or Engineer OWNER Contact [REDACTED]

Address [REDACTED] e-mail [REDACTED]

Tel. () FAX ()

6. Responsible Person in Charge once Work has Begun CHARIS WAGNER

Tel. (908) 233-6615 FAX (908) 233-3542

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1 ft.

2. Height of Structure 10 ft.

3. Area—Largest Floor 1400 sq. ft.

4. New Building Area N/A sq. ft.

5. Volume of New Structure N/A cu. ft.

6. Max. Live Load 10

7. Max Occupancy Load 10

8. If Industrialized Building: State Approved HUD

9. Total Land Area Disturbed 10 sq. ft.

10. Flood Hazard Zone 10

11. Base Flood Elevation 10 ft.

12. Wetlands yes 10

called
1/27/14

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
							Approval	Rejection
☐ Building	11,500				1-23-14	ME		
☐ Electrical	2500				1-23-14	CM		
☐ Plumbing	2500				1/23/14	ME		
☐ Fire Protection								
☐ Elevator								
TOTAL COSTS		16,500						

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: 10

2. Use Group, Proposed: 10

3. Change in Use Group, Indicate Former: 10

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale 10

Gained, Rental 10

Lost, Sale 10

Lost, Rental 10

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: 10

2. Use Group, Proposed: 10

3. Change in Use Group, Indicate Present: 10

C. MIXED USE -List secondary use(s): 10

D. Construct. Classification: Present 10

Proposed 10

III. DO YOU WANT: (optional)

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

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LP Gas Tanks

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 428-8401



CONSTRUCTION PERMIT

Date Issued: 1/28/14
Permit # 14-054

IDENTIFICATION Block 12 Lot 1 Qualification Code _____
Work Site Location 165 ORCHARD TERRACE Contractor TYNIA CONSTRUCTION, LLC
Address 2146 BUTTOWOOD DRIVE
Owner in Fee MR + MRS HAHN Address SCOTCH PLAINS, N.J. 07076
Address 165 ORCHARD TERRACE Tel. (908) 233-6615
CLARK, N.J. 07066 Lic. No. or Bldrs. Reg. No. 13YH00108600
Tel. () _____

is hereby granted permission to perform the following work:

☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

KITCHEN RENOVATION

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 \$ 16,500

Construction Official _____

Date 1/27/14

PAYMENTS (Office Use Only)	
Building	<u>322</u>
Electrical	<u>80</u>
Plumbing	<u>75</u>
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>28</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>505</u>
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)

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1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 428-8401



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received 1/28/14
 Control #
 Date Issued
 Permit # 14-056

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 165 ORCHARD TERRACE

Owner in Fee: MARTIN HAHN

Tel. _____ e-mail _____

Address 165 ORCHARD TERRACE CLARK, N.J. 07066
 street municipality zip code

Contractor: TYVIN CONSTRUCTION, LLC Tel. (908) 233-6615

Address 2146 BUTTERNUT LANE

SCOTCH PLAINS, N.J. 07076 e-mail TYVINCON@COMCAST.NET

Contractor License No. or Builder Registration No. 13YH00108600 Exp. Date 12/14

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

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required			<u>Footings</u>					
☐ All			<u>Basement</u>					
☐ Footing/Foundations			<u>Foundation</u>					
☐ Structural/Framework			<u>Slab</u>					
☐ Exterior			<u>Frame</u>					
☒ Interior	<u>1/23/14</u>	<u>TMF</u>	<u>Truss Sys./Bracing</u>					
Joint Plan Review Required:			<u>Barrier-Free</u>					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			<u>Insulation</u>					
SUBCODE APPROVAL for PERMIT			<u>Finishes-Base Layer</u>					
Date:			<u>Finishes-Final</u>					
Approved by:			<u>Energy</u>					
SUBCODE APPROVAL for CERTIFICATE			<u>Mechanical</u>					
☐ CO ☐ CCO ☐ CA			<u>TCO</u>					
Date:			<u>Other</u>					
Approved by:			<u>Final</u>					
			<u>Barrier-Free</u>					

B. BUILDING CHARACTERISTICS

Use Group: Present R-150 Proposed R-150 Constr. Class Present 5-B Proposed 5-B

No. of Stories _____ If Industrialized Building:

Height of Structure _____ Ft. State Approved _____ HUD _____

Area — Largest Floor N/A Sq. Ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ Sq. Ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ 11,500

Max. Live Load _____ 3. Total (1+2) \$ 11,500

Max Occupancy Load _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here Chris Wagner

Print name here: CHRIS WAGNER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

KITCHEN 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)

\$ _____

322

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 322

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PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

1/28/14

Date Issued
Permit #

14-054

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 6
Work Site Location 165 ORCHARD TERRACE

Owner in Fee: MARTIN HAHN

Tel. _____ e-mail _____

Address 165 ORCHARD TERRACE N.J. Plumbing & Heating, Inc.
CLARK, N.J. 07066 T/A CHAPMAN BROTHERS

Contractor: _____

Address _____

Contractor License No. _____

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

Federal Emp. ID No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size 4" BUST Public Sewer ☒ Private Septic _____

Water Service Size 3/4" BUST Public Water ☒ Private Well _____

Est. Cost of Plumbing Work \$ 2500

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: 1/23/14

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure Failure Approval Initial

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: [Signature]

Print name here: _____

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sink, dishwasher & gas piping
(store)

QTY. FIXTURE/EQUIPMENT FEE (Office Use Only)

_____ Water Closet \$ _____

_____ Urinal/Bidet _____

_____ Bath Tub _____

_____ Lavatory _____

_____ Shower _____

_____ Floor Drain _____

_____ Sink _____

_____ Dishwasher _____

_____ Drinking Fountain _____

_____ Washing Machine _____

_____ Hose Bibb _____

_____ Water Heater _____

_____ Fuel Oil Piping _____

_____ Gas Piping (store) _____

_____ 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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____
Work Site Location 165 ORCHARD TERRACE

Owner in Fee: MRS. HANN

Tel. (_____) _____ e-mail _____

Address 165 ORCHARD TERRACE, CLARK, N.J. 07066

Contractor: SAUNDERS ELECTRIC INC. Tel. (714) 382-3352

Address 44 CUTLER PL CLARK, NJ 07066 e-mail _____

Contractor License No. 10090 Exp. Date 3/2015

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-150 Proposed R-150

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

Building Occupied as 1 story Utility Co. PS&E

Est. Cost of Elec. Work \$ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required		Type:	Failure	Failure	Approval Initial
[] Partial -Underslab Utilities Approved		Rough			<u>2-11-14 CM</u>
Date: _____ Approved by: _____		Barrier-Free			
[] Electric Plans Approved		Trench			
Date: _____ Approved by: _____		Temp. Serv.			
Joint Plan Review Required:		Constr. Serv.			
[] Bldg. [] Plumb. [] Fire. [] Elev.		TCO			
SUBCODE APPROVAL for PERMIT		Other			
Date: <u>1-23-14</u>		Service			
Approved by: <u>medallin</u>		Final	<u>4-1-14</u>		
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
[] CO [] SCCO [] CA		Temp. Cut-in-Card Date Issued			
Date: <u>4-1-14</u>		Final Cut-in-Card Date Issued			
Approved by: <u>medallin</u>		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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS
<u>8</u>		Lighting Fixtures
<u>10</u>		Receptacles
<u>3</u>		Switches
		Detectors
		Light Poles
		Motors—Fract. HP <u>BRUNN</u>
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
<u>1</u>	<u>5</u>	KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/4 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 60

20

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 80



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 165 Orchard Terr

2. Name of Owner in Fee: Tom Comer

Tel. [REDACTED] e-mail [REDACTED]

Address: 165 Orchard Terr Clark 17107666
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: An Unheatable Tel. (201) 334-7540
Address 464 George Rd Antic Cliffside park 1711
License No. OR, if new home, Builder Reg. No. [REDACTED] Exp. Date [REDACTED]
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13V462202-00

Federal Emp. ID No. 30-0288026 Fax ()

5. Architect or Engineer [REDACTED] Contact [REDACTED]
Address [REDACTED] e-mail [REDACTED]
Tel. () FAX ()

6. Responsible Person in Charge once Work has Begun Tom Comer
Tel. (201) 334-7540 FAX ()

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories [REDACTED]

2. Height of Structure [REDACTED] ft.

3. Area—Largest Floor [REDACTED] sq. ft.

4. New Building Area [REDACTED] sq. ft.

5. Volume of New Structure [REDACTED] cu. ft.

6. Max. Live Load [REDACTED]

7. Max Occupancy Load [REDACTED]

8. If Industrialized Building: State Approved [REDACTED] HUD [REDACTED]

9. Total Land Area Disturbed [REDACTED] sq. ft.

10. Flood Hazard Zone [REDACTED]

11. Base Flood Elevation [REDACTED] ft.

12. Wetlands yes [REDACTED] no [REDACTED]

Ila. 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
							Approval	Rejection
☐ Building								
☐ Electrical								
☐ Plumbing								
☐ Fire Protection								
☐ Elevator								

TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: [REDACTED]

2. Use Group, Proposed: [REDACTED]

3. Change in Use Group, Indicate Former: [REDACTED]

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale [REDACTED]

Gained, Rental [REDACTED]

Lost, Sale [REDACTED]

Lost, Rental [REDACTED]

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: [REDACTED]

2. Use Group, Proposed: [REDACTED]

3. Change in Use Group, Indicate Present: [REDACTED]

C. MIXED USE -List secondary use(s): [REDACTED]

D. Construct. Classification: Present [REDACTED] Proposed [REDACTED]

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

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

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 428-8401



CONSTRUCTION PERMIT

Date Issued: 8/1/13
Permit # 13-732

IDENTIFICATION Block 12 Lot 1
Work Site Location 165 Orchard Terr.
Owner in Fee Tom Comer
Address 165 Orchard Terr.
Tel. Clark, NJ

Qualification Code _____
Contractor An Unbreakable Camer
Address 1164 George Rd Apt 2C
Cliffside Park, NJ 07010
Tel. (201) 334-7540
Lic. No. or Bldrs. Reg. No. BVH02202500

is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☒ OTHER <u>Chimney</u> |
- (Subchapter 8 only)

DESCRIPTION OF WORK: Install one UL Rated Chimney
Stainless Steel 6" in diameter 30' long
Btu 20201 168.000

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 \$ 1980

Construction Official _____

Date 7/30/13

PAYMENTS (Office Use Only)

Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	<u>75</u>
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>3</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>78</u>
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)

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1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

CLARK TOWNSHIP
Construction Department
430 Westfield Avenue
Clark, New Jersey 07066
(732) 388-3600 Ext. 3029



**FIRE
SUBCODE
TECHNICAL SECTION**

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

Block _____ Lot _____
Work Site Location 165 Orchard Terr
Owner in Fee Tom Comer
Address 165 Orchard Terr Clark, NJ
Tele: _____
Contractor An Unbearable Chimney
Address 464 Goye Rd Apt 2C Cliffside Park, NJ 07010
Tele: (201) 334-7540 Fax (_____) _____
Lic. No. 13VH02202100
Federal Emp. No. 30-0288026

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____
Total Cost of Fire Protection Work \$ 1980.00

Fire Alarm System
New [] Existing []
Location of Panel: _____
Fire Suppression/Standpipe System
New [] Existing []
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Electric [] Elevator

[] Fire Plans Approved

Date: 8/1/13

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 8/1/13

Approved by: [Signature]

INSPECTIONS

Type:

Alarm System
Suppression Sys.
Standpipe
Fire Pump
Pre-Eng. System
Mechanical
Smoke Control
TCO
Final
Other

	Dates (Month/Day)			
	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				



Date Received
Date Issued
Control #
Permit #

8/1/13
13-732

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install one V2 Rotor
Chimney Liner Stainless steel 6" in diameter
30' long plus total 168.00
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid
[] LPG [] LNG Capacity _____ Fuel _____

Alarm Systems [] 110v Interconnected **NUMBER** _____
[] System

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO2 Suppression _____

Foam Suppression _____

Halon Suppression _____

Other Chimney liner _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas ☒ or Oil [] Fired Appliances _____

Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

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]



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____
WORK SITE ADDRESS 165 Orchard Terr.
Applicant Tom Sullivan Company the Inspectable Chimney
Certifying Individual _____
Address 464 Gorse Court City Chiffelle park Zip Code 17507070

Tel. _____

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☒ Other Direct Vent

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☐ Masonry Chimney — Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Direct Vent 07/30/13
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____ Date _____

Certification Not Submitted:

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

Signature _____ Date _____

Direct Vent Appliance:

No certification required.

Signature _____ Date _____

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1165 ORCHARD TER

2. Name of Owner in Fee: ELIZABETH COMER

Tel. _____ e-mail _____

Address 1165 ORCHARD TER CLARK 07066

street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: JW PERSON CO Tel. 973 673-5000

Address 89 DOON ST e-mail _____

B. ORANGE NJ 07017

License No. OR, if new home, Builder Reg. No. 2689 Exp. Date 6-30-15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) PH00543000

Federal Emp. ID No. 22-1200060 FAX: 973 673-6616

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun CHARLES HOMER

Tel. (908) 601-8825 FAX: (973) 673-6616

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

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)

☐ Building

☒ Electrical

☒ Plumbing

☒ Fire Protection

☐ Elevator

Est. Cost	FOR OFFICE USE ONLY (Optional)							
	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
100				8-6-13	JM			
3087				8/13/13	ML			
100				8/18/13	FO			
TOTAL COST	3287							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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: _____

3. Change in Use Group, Indicate Present: _____

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks



CONSTRUCTION PERMIT

Date Issued

8/16/13

Permit #

13-785

IDENTIFICATION Block

12

Lot

1

Qualification Code

Work Site Location

165 ORCHARD TER
CLARK

Contractor

Address

T.W. PERSON CO
821 DOOD ST
E. ORANGE

Owner in Fee

ELIZABETH COMER
165 ORCHARD TER
CLARK

Address

Tel.

(973)

673-5000

Lic. No. or Bldrs. Reg. No.

2689

Tel.

Is hereby granted permission to perform the following work:

☐ BUILDING☒ PLUMBING☐ LEAD HAZARD ABATEMENT☒ ELECTRICAL☒ FIRE PROTECTION☐ DEMOLITION☐ ELEVATOR DEVICES☐ ASBESTOS ABATEMENT☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

OIL TO GAS CONVERSION

Gas power burner & gas line

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 \$

3287

Construction Official

Date

8/13/13

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

75

75

75

6

231

(see reverse side)



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

8/14/13

Date Issued
Permit #

13-785

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

Block 12 Lot 1 Qualification Code _____

Work Site Location 165 ORCHARD ST CLARK

Owner in Fee: ELIZABETH COMER

Tel. _____ e-mail _____

Address 165 ORCHARD ST CLARK 07066

Contractor: JW PIERSON CO Tel. (973) 673-5000

Address 89 DODD STREET e-mail _____

EAST ORANGE, NJ 07017

Contractor License No. 2689 Exp. Date 06/30/2015

Home Improvement Contractor Registration No. or Exemption Reason 13VH00543500

Federal Emp. ID No. 221200060 FAX: (973) 673-6616

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 3087

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Slab				
☐ Partial -Underslab Utilities Approved		Rough				
Date: _____ Approved by: _____		Water				
☐ Plumbing Plans Approved		Sewer				
Date: _____ Approved by: _____		Fixtures				
Joint Plan Review Required:		Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping				
SUBCODE APPROVAL for PERMIT		LPGas Tank				
Date: <u>8/13/13</u>		Fuel Oil Piping				
Approved by: <u>[Signature]</u>		Solar				
SUBCODE APPROVAL for CERTIFICATE		TCO				
☐ CO ☐ CCQ ☐ CA		Final				
Date: <u>9/17/13</u>						
Approved by: <u>[Signature]</u>						

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: [Signature]

Print name here: JAMES W. PIERSON

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK OIL TO Gas Conversion
Gas burner + gas piping

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

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 75



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #

8/14/13

Date Issued
Permit #

13-785

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

Block 12 Lot 1 Qualification Code _____

Work Site Location 1165 ORCHARD TER

Owner in Fee: CLARK ELIZABETH owner

Tel. _____ e-mail _____

Address 1165 ORCHARD TER CLARK 07066

Contractor: JW PIERSON CO municipality _____ Tel. (973) 673-5000

Address 89 DODD STREET e-mail _____

EAST ORANGE, NJ 07017

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason 13VH00543500

Federal Emp. ID No. 221200060 FAX: (973) 673-6616

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [] New OR [] Modification to Existing
OR ☒ Conversion OR [] Replacement

Fuel Type: ☒ Gas [] Oil [] Electric [] Solar
[] Other _____

Location: _____

Total Cost of Fire Protection Work \$ 100

Fuel Storage Tank:

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

Fire Alarm System: [] New OR [] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[] New OR [] Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: James W. Pierson

Print name here: JAMES W PIERSON

D. TECHNICAL SITE DATA

[] Certified Contractor ☒ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source Gas burner installation

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems	_____	_____
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high alarm)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	<u>0</u>	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☒ Gas [] Oil [] Solid	<u>1</u>	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8/14/13

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] LSC [] CA

Date: 8/14/13

Approved by: [Signature]

INSPECTIONS

Type: Failure Failure Approval Initial

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

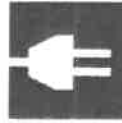
8/14/13
TV

POSTED

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 12 Lot 1 Qualification Code _____

Work Site Location 165 ORCHARD TER

Owner in Fee: CLARK

Tel. [REDACTED] e-mail _____

Address 165 ORCHARD TER CLARK 07066

Contractor: JW PIERSON CO Tel. (973) 673-5000

Address 89 DODD STREET e-mail _____

EAST ORANGE, NJ 07017

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason 13VH00543500

Federal Emp. ID No. 22-120006 FAX: (973) 673-6616

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 100

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: 8-15-13

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 9-17-13

Approved by: [Signature]

INSPECTIONS

Type: Failure Failure Approval Initial

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Dates (Month/Day)

Failure Failure Approval Initial

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: [Signature]

Print name here: JAMES W. PIERSON

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr'r ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Gas burner

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
<u>1</u>	_____	Switches <u>-Row-re</u>	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<u>0</u>	_____	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 \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ (75)



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 12 LOT 1 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 165 ORCHARD TER
Owner in Fee ELIZABETH CONER
Verifying Individual CHARLES HOLMES Company THE PIERSON CO
Address 88 DOON ST EAST ORANGE NJ 07017
Tel [REDACTED] City ORANGE State NJ Zip Code 07017
Fax: (903) 673-6616

Check the Appropriate Box(es):

Type of Replacement:

☒ Oil to Gas Conversion
☐ Gas to Oil Conversion
☐ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

Size 6"
☐ "B" Label Vent
☐ "L" Label Vent
☒ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

Chimney-Interior
Chimney-Exterior
Masonry Chimney-Tile Lined
Masonry Chimney-Unlined
Other _____

Fuel Type

Appliance 1: boiler
Appliance 2: _____
Appliance 3: _____

Oil ☒ Gas
Oil / Gas / Other: _____
Oil / Gas / Other: _____
Oil / Gas / Other: _____

BTU Rating (input/hour)
168,000

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____
Material of Liner: _____ Stainless Steel _____ Aluminum _____
Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
Length of Connector: _____ Vent Connector Rise: _____
How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

[Signature] Date 7-30-13

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

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

Direct Vent Appliance:

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

Signature _____ Date _____

Verification Not Submitted:

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

Signature _____ Date _____

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

Signature _____ Date _____

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1165 Orchard Terr.

2. Name of Owner in Fee: Betty Comer Tel. [REDACTED]
Address: 1165 Orchard Terr. Clark, NJ 07066
street municipality zip code

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: Ryan Inc Tel. 908 687-4300
Address: 741 Lenigh Ave
Union, NJ 07083

License No. OR, if new home, Builder Reg. No. VH00093700 Exp. Date
Federal Employee No. 22-1833031 Fax 908 687-3299

5. Architect or Engineer N/A Tel. ()
Address

6. Responsible Person in Charge of Work Patrick J. Ryan
Tel. 908 687-4300 Fax 908 687-3299

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories		
2. Height of Structure		ft.
3. Area — Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Construction Classification		
7. Total Land Area Disturbed		sq. ft.
8. Flood Hazard Zone		
9. Base Flood Elevation		ft.
10. Wetlands	yes ☐ no ☐	
11. Max. Live Load		
12. Max. Occupancy Load		

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd by	Rejection Date	Approval Date	Reviewer	Resubmission Dates		Reviewer
							Approval	Rejection	
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat.Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
 2. Use Group:
 3. Change in Use Group, Indicate Former Use ☐ Inco ☐ restri
 4. No of dwelling units: All Units
- | | |
|---------------------|--|
| Before Construction | |
| After Construction | |
| Net Gain or loss | |

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, indicate Former Use ☐ Inco ☐ restri

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Imprint Version / Professional Printing
Phone: 856-468-7933



CONSTRUCTION PERMIT

Date Issued: 4/4/12
Permit # 12-240

IDENTIFICATION Block

Work Site Location 12
165 Orchard Terr.

Lot 1

Qualification Code

Owner in Fee

Address Betty Comer
165 Orchard Terr.
Clark, NJ 07066

Tel.

Contractor

Address Ryan Inc.
741 Union Ave.
Union, NJ 07083

Tel. (908) 687-4300

Lic. No. or Bldrs. Reg. No. VHA0093100

is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Branch circuit

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 \$ 1191

Construction Official

Date 4/4/12

PAYMENTS (Office Use Only)

Building _____
Electrical 75
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 1
Cert. of Occupancy _____
Other _____
Total 76
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170
Professional Printing
(856) 468-7933

1 WHITE-INSPECTOR

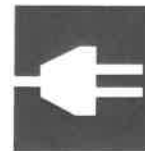
2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 4/4/12
Date Issued
Control # 12-240
Permit #

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

Block 12 Lot 1 Qualification Code _____

Work Site Location 1165 Orchard Terr.

Owner in Fee: Betty Comer

Tel. _____ e-mail _____

Address 1165 Orchard Terr. Clark, NJ 07066

Contractor: Ryan Inc. Tel. 908 687-4300

Address 741 Lenigh Ave Union, NJ 07083

Contractor License No. 15176A Exp. Date _____

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

Federal Emp. ID No. 02-1833037 FAX: 908 687-3000

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R5 Proposed R5

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 191.91

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here: Jack Ryan

Print name here: Jack Ryan

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Branch circuit

QTY. SIZE

ITEMS

Lighting Fixture
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Rang/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

branch circuit

FEE (Office Use Only)

\$ _____

75

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

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[] No Plans Required		Rough	_____	_____	_____	_____
[] Partial-Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
[] Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
[] Bldg. [] Plumb. [] Fire [] Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____	_____
Date: <u>3-27-12</u>		Final	_____	_____	_____	_____
Approved by: <u>Medallin</u>		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: <u>5-8-12</u>		Annual Pool Inspection	_____	_____	_____	_____
Approved by: <u>Medallin</u>		Date of Grounding and Bonding Certification	_____	_____	_____	_____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1165 Orchard Terr.

2. Name of Owner in Fee: Betty Comer

Tel. [REDACTED] e-mail _____

Address: 1165 Orchard Terr. Clark 070706

street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Ryan Inc. Tel. 908 687-4300

Address 41 Lehigh Ave Union 07083 e-mail _____

License No. OR, if new home, Builder Reg. No. VH00093700 Exp. Date _____

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

Federal Emp. ID No. 22-1833037 Fax 908 687-3299

5. Architect or Engineer N/A Contact _____

Address _____ e-mail _____

Tel. () _____ FAX () _____

6. Responsible Person in Charge once Work has Begun Patrick J. Ryan

Tel. 908 687-4300 FAX 908 687-3299

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area—Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Construction Classification	
7. Total Land Area Disturbed	sq. ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	ft.
10. Wetlands	yes _____ no _____
11. Max. Live Load	
12. Max. Occupancy Load	

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)

- ☐ Building
- ☐ Electrical
- ☒ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

TOTAL COSTS

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units restricted Incom-
- Before Construction _____
- After Construction _____
- Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600



CERTIFICATE

Permit #
Date Issued 08-508
- or -
Control # 8/4/08
Certificate Issued Date:

IDENTIFICATION

Block 12 Lot 1 Qualification Code _____
Work Site Location 165 Orchard Terrace
Clark, N.J.
Owner in Fee Betty Comer
Address as above
Tel: (____) _____
Contractor Ryan Inc.
Address 741 Lehigh Avenue
Union, N.J.
Tel: (____) _____ FAX (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employer No. 22-1833037

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group P-3
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Replace oil water boiler

☐ 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 (____ 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

DATE

Fee \$ _____
Paid [] Check No. _____
Collected by: _____



CHIMNEY CERTIFICATION REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 12 LOT 1 PERMIT # _____
WORK SITE ADDRESS 165 Orchard Terr.
Applicant Ryan Inc.
Certifying Individual Patrick J. Ryan Company Ryan Inc.
Address 741 Lenigh Ave. City Union State NJ Zip Code 08833
Tel. [REDACTED]

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas Appliance Replacement
☒ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ B Label Vent
☐ L Label Vent
☒ Masonry Chimney — Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Patrick J. Ryan Date _____

Certification Not Submitted:

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

Direct Vent Appliance:

No certification required:

Signature _____ Date _____

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

PROFESSIONAL PRINTING (856) 468-7933



CONSTRUCTION PERMIT

Date Issued: 6/17/08

Permit # 08-508

IDENTIFICATION Block 12 Lot 1 Qualification Code _____
Work Site Location 165 Orchard Terr Contractor Ryan Inc.
Address 741 Union Ave
Owner in Fee Betty Comer Address Union, NJ 07083
Address 165 Orchard Terr. Tel. (908) 687-4300
Clark, NJ 070166 Lic. No. or Bldrs. Reg. No. VH00093700
Tel. () _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Install oil Water Boiler Replacement.

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 \$ 7440.00

M Khoda

Construction Official

6/17/08

Date

PAYMENTS (Office Use Only)

Building _____
Electrical 50
Plumbing 30
Fire Protection 50
Elevator Devices _____
Other _____
DCA State Permit Fee 10
Cert. of Occupancy _____
Other _____
Total 180
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)

Professional Printing

(856) 468-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



**FIRE
SUBCODE
TECHNICAL SECTION**



Date Received 6/17/08
Date Issued _____
Control # _____
Permit # 08-508

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

Block 12 Lot 1 Qualification Code _____
Work Site Location 165 Orchard Terr.

Owner in Fee Betty Comer
Address 165 Orchard Terr.

Clark, NJ 07066
Tel _____

Contractor Ryan Inc.
Address 741 Lehigh Ave

Union, NJ 07083
Tel (908) 687-4300 FAX (908) 687-3099

Fire Protection Equipment, NJ Div of Fire Safety Permit No. NIA

Fire Protection Equipment, NJ Div of Fire Safety Installer No. NIA

Fire Alarm Contractor No. NIA

Federal Emp. No. 22-1833037

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present R-3 Proposed R-3 Fire Alarm System: ☐ New OR ☐ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☐ New OR ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New OR ☐ Existing

☐ Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:
Fuel Type: ☐ Flammable OR ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ 100

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Alarm System	_____	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____	_____
☐ Building ☐ Plumbing		Standpipe	_____	_____	_____	_____
☐ Electric ☐ Elevator		Fire Pump	_____	_____	_____	_____
☐ Fire Plans Approved		Pre-Eng. System	_____	_____	_____	_____
Date: <u>6/17/08</u>		Mechanical	_____	_____	_____	_____
Approved by: <u>[Signature]</u>		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____	_____
☐ CO ☐ CA		Flam/Combust Tanks	_____	_____	_____	_____
Date: <u>7/2/08</u>		Fireplace Venting	_____	_____	_____	_____
Approved by: <u>[Signature]</u>		Final	_____	_____	_____	_____
		Other	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of owner of record and am authorized to make this application. [Signature]

Applicant's Signature/Contractor's Signature
☐ Certified Contractor ☒ Exempt Applicant [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install Oil Water Boiler Replacement.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems	_____	_____
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fired Appliances ☐ Gas or ☒ Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other <u>Water Boiler</u>	<u>1</u>	<u>50</u>

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

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy

UCC/F-140 (REV. 1/04)
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PLUMBING SUBCODE TECHNICAL SECTION



Date Received 6/17/08
Date Issued
Control # 08-508
Permit #

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

Block 12 Lot 1
Work Site Location 165 Orchard Terr
Owner in Fee Betty Comer
Address 165 Orchard Terr
Clark, NJ 07066
Tele. [REDACTED]
Contractor Tim M. Ryan TIA Ryan Inc.
Address 541 Lehigh Ave
Union, NJ 07083
Tele. 908 687-4300 Fax 908 687-3299
Lic. No. 11999
Federal Emp. No. 22-1833037

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
<u>1</u>	Fuel Oil Piping	<u>15.00</u>
_____	Gas Piping	_____
<u>1</u>	Steam Boiler	_____
_____	Hot Water Boiler <u>(oil)</u>	<u>40.00</u>
_____	Sewer Pump	_____
<u>1</u>	Interceptor/Separator	_____
_____	Backflow Preventer	<u>15.00</u>
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

- ☐ No Plans Required
Joint Plan Review Required:
☐ Building ☐ Electric
☐ Fire ☐ Elevator
☐ Plumbing Plans Approved

Date: 6-17-08

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 7-24-08

Approved by: [Signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____

7-24-08 [Signature]

C. CERTIFICATION IN LIEU OF OATH

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

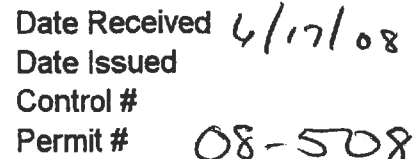
Signature — Contractor's Seal

Licensed Plumbing Contractor ☐ Exempt Applicant

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Professional Printing
(856) 468-7933

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 70.00

1. White= Inspector Copy
2. Canary= Office Copy
3. Pink= Office Copy
4. White Tag



Block 12 Lot 1
Work Site Location 12000 165 Orchard Terr.

Address. 165 Orchard Terr.

Clark. US 070106

Tele [REDACTED]

Contractor RYON INC.

Address 741 Lehigh Ave

Union: 175 07083

Tele: 908.1087.4300 Fax: 908.1087.3299

15176A

ER. No. 101001
Federal Emp. No. 8001933037

Federal Emp. No. 00 10 5503

Use Group	Present	R-5	Proposed	R-5
-----------	---------	-----	----------	-----

Use Group	Person	Proposed
☐ Pole/Pad	#	☐ Temporary ☐ Other

Building Occupied as Utility Co

Building Occupied as _____
Est. Cost of Elec. Work \$ (2788) Utility Co. _____

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____		Lighting Fixtures	
_____		Receptacles	
_____		Switches	
_____		Detectors	
_____		Light Poles	
_____		Motors—Fract. HP	
_____		Emergency & Exit Lights	
_____		Communications Points	
_____		Alarm Devices/F.A.C. Panel	
.....			
		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	_____
		Storable Pool/Spa/Hot Tub	_____
		KW Elec. Range/Receptacle	_____
		KW Oven/Surface Unit	_____
		KW Elec. Water Heater	_____
		KW Elec. Dryer/Receptacle	_____
		KW Dishwasher	_____
		HP Garbage Disposal	_____
		KW Central A/C Unit	_____
		HP/KW Space Heater/Air Handler	_____
		KW Baseboard Heat	_____
		HP Motors 1/+ HP	_____
		KW Transformer/Generator	_____
		AMP Service	_____
		AMP Subpanels	_____
		AMP Motor Control Center	_____
		KW Elec. Sign/Outline Light	_____
1		Boxer Connection	50
.....			

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)			
[] No Plans Required				Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:				Rough	_____	_____	_____	_____	
[] Building	[] Plumbing			Temp. Serv.	_____	_____	_____	_____	
[] Fire	[] Elevator			Constr. Serv.	_____	_____	_____	_____	
[] Elec. Plans Approved				TCO	_____	_____	_____	_____	
Date: 6-17-08				Other	_____	_____	_____	_____	
Approved by: E. Medallin				Service	_____	_____	_____	_____	
				Final	_____	_____	_____	_____	

[] CO [] CCO [X] CA Final Cut-in-Card Date Issued _____
Date: 2-24-08
Approved by: [Signature]

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.

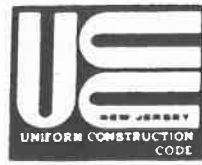
Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exempt Applicant

UCC/PRO F-120 (REV3/96)

Professional Printing

(856) 468-7933



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 165 Orchard Ter.

2. Name of Owner in Fee: Betty Comer Tel. [REDACTED]
Address: 165 Orchard Ter. Clark 07066
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: RYAN INC. Tel. 908/687-4300
Address: 741 Lehigh Ave
Union, NJ 07083

License No. OR, if new home, Builder Reg. No. VH00093700 Exp. Date _____
Federal Employee No. 22-1833037 Fax 908/687-3299

5. Architect or Engineer N/A Tel. () _____
Address _____

6. Responsible Person in Charge of Work Patrick J. Ryan
Tel. 908/687-4300 Fax 908/687-3299

V. FEE SUMMARY (for office use only)

		Update	Update.
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands	yes _____ no _____	
11. Max. Live Load		
12. Max. Occupancy Load		

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd by	Rejection Date	Approval Date	Reviewer	Resubmission Dates		Reviewer
							Approval	Rejection	
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat.Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former: Incon
- No of dwelling units: All Units restricti
Before Construction _____
After Construction _____
Net Gain or loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, indicate Former:

* call when permit ready
2 edro
08 265
5974
Called 4/19/07 @ 9:00a

4/19/07
4-19-07 CJA



PERMIT UPDATE

Date Update Issued 5/22/07
Control #
Permit # 07-272
Date Permit Issued

IDENTIFICATION Block 12 Lot 1
Work Site Location 165 Orchard Ter Contractor Ryan Inc.
Address 741 Lehigh Ave
Owner in Fee Betty Comer Union, NJ 07083
Address 165 Orchard Ter Tel. (908) 687-4300
Clark, NJ 07066 Lic. No. or Bldrs. Reg. No. VH00093700
Tel. [REDACTED] Fed. Emp. No. 22-1833037

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Install 100amp Service & Branch Circuit

Estimated Cost of Work \$1852.00.

Construction Official M. J. [Signature]

Date 5/15/7

PAYMENTS (Office Use Only)

Building _____
Electrical 110
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 3
Cert. of Occupancy _____
Other _____
Total 113
Check No. _____
Cash _____
Collected by _____

UCC/PRO 190 (REV 3/96)
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(856) 468-7933

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



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 4/19/07
Date Issued
Control #
Permit # 07-272

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 165 Orchard Ter

Owner in Fee Betty Comer
Address 165 Orchard Ter.
Clark, NJ 07066

Tel _____
Contractor Jim M. Ryan
Address 741 Lehigh Ave.
Union, NJ 07083
Tel (908) 687-4300 FAX (908) 687-3299

Contractor License No. 11999
Federal Emp. No. 22-1833037

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 6098.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 4/19/07

Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 5/8/07

Approved by: _____

INSPECTIONS

Type:

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Dates (Month/Day)

Failure Failure Approval Initial

5/8/07

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. FIXTURE/EQUIPMENT
____ Water Closet
____ Urinal/Bidet
____ Bath Tub
____ 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
1 Other Condensate Pipe
____ Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ 50.00
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

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's Signature/Contractor's Seal and Signature

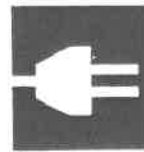
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

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1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received 5/22/07
Date Issued
Control #
Permit # 07-272

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

Block 12 Lot 1 Qualification Code _____
Work Site Location 165 Orchard Ter.

Owner in Fee Betty Comer
Address 165 Orchard Ter
Clark NJ 07066
Tel () _____
Contractor Ryan Inc.
Address 741 Lehigh Ave
Union NJ 07083
Tel (908) 687-4300 FAX (908) 687-3299
Contractor License No. 15176A
Federal Emp. No. 22-1833037

B. ELECTRICAL CHARACTERISTICS

Use Group Present RS Proposed RS
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 1851.76

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)		
☐	No Plans Required					Type:	Failure	Failure	Approval	Initial
	Joint Plan Review Required:					Rough				
☐	Building	☐	Plumbing			Barrier-Free				
☐	Fire	☐	Elevator			Trench				
☐	Elec. Plans Approved					Temp. Serv.				
Date:	<u>5-8-07</u>					Constr. Serv.				
Approved by:	<u>C. Medallia</u>					TCO				
						Other				
						Service				
						Final				
						Barrier-Free				
SUBCODE APPROVAL						Temp. Cut-in-Card Date Issued				
☐	CO	☐	CCO	☒	CA	Final Cut-in-Card Date Issued				
Date:	<u>6-26-07</u>					Annual Pool Inspection				
Approved by:	<u>C. Medallia</u>					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's Signature Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/E.A.C. Panel
		<u>Branch Circuit</u>
		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
<u>1</u>	<u>100</u>	KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 50

60

110

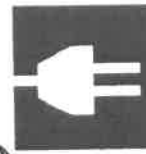
1. White-Inspector copy
2. Canary- Applicant copy
3. Pink- Office Copy
4. White Tag- Office copy

UCC/F-120 (REV. 7/03)
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Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 110



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received 4/19/07
Date Issued _____
Control # _____
Permit # 07-272

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 165 Orchard Ter

Owner in Fee Betty Comer
Address 165 Orchard Ter.
Clark, NJ 07066

Tel (_____) _____
Contractor Ryan Inc.
Address 741 Lehigh Ave
Union, NJ 07083
Tel (908) 687-4300 FAX (908) 687-3299

Contractor License No. 15176A
Federal Emp. No. 22-1833037

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 262.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
Date	Initial	Type:	Failure	Failure	Approval	Initial	
[] No Plans Required		Rough	_____	_____	_____	_____	
Joint Plan Review Required:		Barrier-Free	_____	_____	_____	_____	
[] Building [] Plumbing		Trench	_____	_____	_____	_____	
[] Fire [] Elevator		Temp. Serv.	_____	_____	_____	_____	
[] Elec. Plans Approved		Constr. Serv.	_____	_____	_____	_____	
Date: <u>4-19-07</u>		TCO	_____	_____	_____	_____	
Approved by: <u>C. Medall</u>		Other	_____	_____	_____	_____	
		Service	_____	_____	_____	_____	
		Final	_____	_____	_____	_____	
		Barrier-Free	_____	_____	_____	_____	
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued	_____				
[] CO [] CCO [X] CA		Final Cut-in-Card Date Issued	_____				
Date: <u>6-26-07</u>		Annual Pool Inspection	_____				
Approved by: <u>C. Medall</u>		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's Signature/Contractor's Seal and Signature _____

Licensed Elec. Contractor [] Certified Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

\$ _____

50

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

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3. Pink- Office Copy 4. White Tag- Office copy

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Professional Printing
(856) 468-7933**



CONSTRUCTION PERMIT

Date Issued: 4/19/07

Permit # 07-272

IDENTIFICATION Block 12 Lot 1 Qualification Code _____
 Work Site Location 165 Orchard Ter Contractor Ryan Inc.
 Address 741 Lehigh Ave
 Owner in Fee Betty Comer Union, NJ 07083
 Address 165 Orchard Ter Tel. (908) 687-4300
Clark, NJ 07066 Lic. No. or Bldrs. Reg. No. VH00093700
 Tel. () _____

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
 (Subchapter 8 only)

DESCRIPTION OF WORK:

Install Condenser & Fan Coil Replacement.

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 \$ 6360.00

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

Building _____
 Electrical 50
 Plumbing 50
 Fire Protection _____
 Elevator Devices _____
 Other _____
 DCA State Permit Fee 9
 Cert. of Occupancy _____
 Other _____
 Total 109
 Check No. _____
 Cash _____
 Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)

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1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT