185 Magnolia Ave.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/03/2023
Control # 67319
Date Issued 9/8/2023
Permit # F0230171

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

Block 162 Lot 8 Qualification Code _____

Work Site Location 185 MAGNOLIA AVE

Owner in Fee: JAMES FRANCHINO

Tel. ([redacted]) 320 7310 e-mail [redacted]

Address 185 MAGNOLIA AVE (street) KEARNY (municipality) 07032 (zip code)

Contractor: HOMEOWNER Tel. ( ) _____

Address SAME e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: JAMES FRANCHINO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NEW CENTRAL AIR

1 - DUCTWORK

RECEIVED

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 8-2-23
Approved by: [signature]

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

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/12/23	[signature]
Barrier-Free				

TYPE OF WORK: BY: MW

- [ ] 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
- [X] Other CENTRAL AIR INSTALL
- [ ] Demolition

FEE (Office Use Only)

$ _____
_____
_____
_____
50
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 2
TOTAL FEE $ 52

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 2
Height of Structure 30 ft.
Area — Largest Floor 600 sq. ft.
New Bldg. Area/All Floors N/A - HVAC sq. ft.
Volume of New Structure — cu. ft.
Max. Live Load —
Max. Occupancy Load —

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ ~~10,000~~ 1,000
3. Total (1+ 2) $ ~~10,000~~ 1,000

U.C.C. F110
(rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/24/2014
Control # 4-7/94
Date Issued 12/2014
Permit # 20146842

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

Block 162 Lot 8 Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. ([redacted] e-mail _____

Address _____ (street) _____ (municipality) _____ (zip code)

Contractor: HIC Tel. (_____)

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Bathroom in basement
2 windows w/ door without
permits
DIRECT REPLACEMENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11/26	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12/5/14	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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)

$	
	50

Administrative Surcharge	$
Minimum Fee	$ 2
State Permit Surcharge Fee	$
TOTAL FEE	$ 52

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

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

U.C.C. F110
(rev. 11/09)

White - Office Copy • Canary - Applicant Copy • Card - Inspector Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 162 Lot 8 Qualification Code

Work Site Location 185 MAGNOLIA AVE KEARNY

Owner in Fee: Carlos Bustos

Tel. ( ) e-mail

Address (street) (municipality) (zip code)

Contractor: Eau Mechanical Tel.

Address 17 Forest St. e-mail

Contractor License No. 1216 Exp. Date

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

Federal Emp. ID No. FAX: ( )

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 $ 6000

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:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Basement Bathroom

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

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

U.C.C. F130 (rev. 11/09)

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ELECTRICAL SUBCODE
TECHNICAL SECTION

INSPECTOR'S CONSULTATIONS AVAILABLE BY APPOINTMENT.
201-955-7880

Date Received 7/29/2014
Control # 47894
Date Issued 8/8/2014
Permit # 20140847

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

Block 162 Lot 8 Qualification Code
Work Site Location 185 MAGNOLIA AVE
Owner in Fee: CARLOS EVISTEMO
Tel. ([redacted] e-mail
Address 185 Magnolia Ave. 2nd 2014
Contractor: JP Electrical Services Tel. ([redacted]
Address 285 Overton ST e-mail
Newark NJ 07104
Contractor License No. [redacted] Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $1,000.

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: Ed Rex A
[X] Licensed Elec. Contractor [ ] Certifd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add a basement 3 fixture bath work already done w/out permits,,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 50
		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 $ 2
State Permit Surcharge Fee $
TOTAL FEE $ 52

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: 7/30/14
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] OA
Date: 8-7-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-7-14	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

E.C.C. F120 (rev. 11/09)

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Town of Kearny
410 Kearny Avenue
Kearny, NJ 07032
201 - 9557880

Permit Number: 20190186
Update Number:
Control Number: 55137
Application Date: 01/22/2019
Permit Date: 03/29/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 162 Lot: 8 Qualification Code:
Work Site Location: 185 MAGNOLIA AVE KEARNY

Owner In Fee: FRANCHINO, JAMES
Address: 185 MAGNOLIA AVE
KEARNY NJ 07032

Telephone: ()

Use Group(s): R-5

Contractor: TRINITY SOLAR
Address: 2211 ALLENWOOD ROAD
WALL NJ 07719

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Install roof top solar panels; one family dwelling.

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	30,437.00
Cost of Demolition:	0.00
Total Cost:	$30,437.00

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.

AC

Tony Chisari
Construction Official

03-29-2019
Date

PAYMENTS (Office Use Only)	
Building	$50.00
Electrical	$224.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$58.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$332.00**
All Fees Waived:	No

Amount to be Paid:	**$332.00**
Check Number:	86010
Check amount:	$332.00

Collected by:	MQ
Receipt No:	548581
Total Cash Amount:	
Total Check Amount:	$332.00
Total CC Amount:	
Grand Total:	$332.00

Note:

1637

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 01-22-2019
Control # 55137
Date Issued 03-29-2019
Permit # 20190186

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

Block 162 Lot 8 Qualification Code

Work Site Location 185 Magnolia Ave, Kearny, NJ

Owner in Fee: Franchino, James

Tel. e-mail [redacted]

Address 185 Magnolia Ave (street) Kearny Town (municipality) 07032 (zip code)

Contractor: **Trinity Solar** Tel. [redacted]

Address **2211 Allenwood Rd.** e-mail

Wall, NJ 07719 [redacted]

Contractor License No. [redacted] Exp. Date **3-31-21**

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 27,906

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: Charles P Bonicker

Print name here: **Charles Bonicker**

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALLATION OF INVERTERS AND PV SOLAR PANELS

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	
1	40	~~KW Transformer/Generator~~ AMP Disconnect	50.-
1	60	AMP ~~Service~~ Disconnect	50.-
		AMP Subpanels	
		~~AMP Motor Control Center~~ KW Inverter	
1	7.6	KW ~~Elec. Sign/Outline Light~~ Inverter	50.-
1	8.505	**KW PV Solar System**	50.-

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 53.-
TOTAL FEE $ 277.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 1/22/2019 Approved by: MA

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/15/19	LW
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 01-22-2019
Control # 055137
Date Issued 03-29-2019
Permit # 20190186

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

Block 162 Lot 8 Qualification Code

Work Site Location
185 Magnolia Ave, Kearny, NJ

Owner in Fee: Franchino, James

Tel. [redacted] e-mail [redacted]

Address 185 Magnolia Ave (street) Kearny Town (municipality) [redacted] (zip code)

Contractor: **Trinity Solar** Tel. [redacted]

Address **2211 Allenwood Rd.** e-mail [redacted]

Wall, NJ 07719 [redacted]

Contractor License No. or Builder Registration No. [redacted] Exp. Date **3-31-19**

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Tom Pollock

Print name here: **Tom Pollock**

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALLATION OF MOUNTING AND PV SOLAR SYSTEM ON ROOF.

adding structural upgrade.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/29/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3/5/19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/5/19	
Barrier-Free				

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 **Racking**
[ ] Demolition

FEE (Office Use Only)
$ $50

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 5
TOTAL FEE $ 55

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 2,531

U.C.C. F110 (rev. 11/09)
Internet version

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

185 Magnolia Ave.

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7/28/2023
Control # 47319
Date Issued 9/8/2023
Permit # 20230721

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

Block 162 Lot 8 Qualification Code

Work Site Location 185 MAGNOLIA AVE

Owner in Fee: JAMES FRANCHINO

Tel. [redacted] e-mail [redacted]

Address 185 MAGNOLIA AVE (street) KEARNY (municipality) 07032 (zip code)

Contractor: HOMEOWNER Tel.

Address SAME e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX

RECEIVED

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. WW

Est. Cost of Elec. Work $ 1000

BY

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: JAMES FRANCHINO

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$ 45.
		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	
1	30K Btu	KW Central A/C Unit	12.
1	1.9KW	HP/KW Space Heater/Air Handler ✓	12.
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
*		KW Elec. Sign/Outline Light	
1	2KW		12.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/2/23
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/12/23	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge	$ 81.
Minimum Fee	$
State Permit Surcharge Fee	$ 2
TOTAL FEE	$ 83

U.C.C. F120 (rev. 01/21) Internet version

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

CONSTRUCTION PERMIT

Date Issued 9/8/2023
Control # 62319
Permit # 20230721

IDENTIFICATION Block: 162 Lot: 8 Qualifier
Work Site Location: 185 MAGNOLIA AVE Kearny, NJ 07032

Owner in Fee COVELLO, ANGELICA & FRANCHINO, JAMES
185 MAGNOLIA AVE KEARNY NJ 07032

Telephone:

Contractor COVELLO, ANGELICA & FRANCHINO, JAMES
Address 185 MAGNOLIA AVE KEARNY NJ 07032

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

A/C
INSTALLATION OF NEW CENTRAL A/C SYSTEM
ONE FAMILY DWELLING

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 $12,000

TC
Construction Official

9/8/2023
Date

PAYMENTS (Office Use Only)

Building	$50
Electrical	$81
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$80.00
DCA Training Fee	$23
CO Fee	
Other	$0
Total	$234
Check No.	312
Cash	$0
Credit	$0
Collected By	Christine Nash

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR **2 CANARY - OFFICE** 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Kearny Town
402 Kearny Ave
Kearny, NJ 07032
(201) 955-7880

Date Issued:	9/8/2023
Application Number:	ZA-23-01261
Application Date:	9/7/2023
Project Number:	
Permit Number:	ZP-23-01225
Fee:	$25.00 CHK 1312

Zoning Permit

Worksite Location: **185 MAGNOLIA AVE**
Kearny, NJ 07032

Contractor: **COVELLO, ANGELICA & FRANCHINO, JAMES**
185 MAGNOLIA AVE
KEARNY NJ 07032

Owner: **COVELLO, ANGELICA & FRANCHINO, JAMES**
Address: **185 MAGNOLIA AVE**
KEARNY, NJ 07032

Applicant:
Address:

Block: **162** Lot: **8** Qualifier: Zone: **R-2**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **R3A Dwelling - Single Family**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **R3A Dwelling - Single Family**

Work Description:

Rehabilitation - ********************
Information imported from Construction
Subcodes: B E M
Work types: Alteration
Work description: A/C
Work comments: INSTALLATION OF NEW CENTRAL A/C SYSTEM
ONE FAMILY DWELLING
****

Application Approved Date:

Building Permit: 62319

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on:
- ☐ Approved with Conditions
- ☐ Valid Nonconforming Use/Structure is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

TC Cn

Tony Chisari, Zoning Officer

9/8/2023
Date

185 Magnolia Ave.

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 67319
Date Issued
Permit # 9/8/2023
P2730771

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

Block 162 Lot 8 Qualification Code

Work Site Location 185 Magnolia Ave

Owner in Fee: James Franchino

Tel. [redacted] e-mail [redacted]

Address 185 Magnolia Ave Kearny 07032
street municipality zip code

Contractor: All Season Mech Tel. [redacted]

Address 331 William St e-mail

Avenel, NJ 07001

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [ ] Hydronic [X] Hot Air

Fuel Type: [X] Gas [ ] Oil [X] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9/30/23
Approved by: KD
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 10/12/23
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			10/19/23	KD

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 sign/Contractor sign and seal here:

Print name here: Ross Pitner

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AC installation
Air Handler in Attic and
mini split in basement

RECEIVED
BY NW

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	15
1	Fireplace CONDENSATE	15
1	Generator CONDENSER	50
1	Other HVAC	

Administrative Surcharge $ 50
Minimum Fee $
State Permit Surcharge Fee $ 19
TOTAL FEE $ 99