Borough of Metuchen
500 Main Street
Metuchen, NJ 08840

Date Issued 8/6/97
Control #
Permit # 97-431

CERTIFICATE

IDENTIFICATION

Block 151 Lot 42
Work Site Location 20 Graham Avenue
Metuchen, NJ 08840
Owner in Fee/Occupant Dallas Stokes
Address 20 Graham Avenue
Metuchen, NJ 08840
Tele. ( )
Contractor Hometown Energy Service
Address PO Box 407
Roselle Park, NJ
Tele. (908)245-6686 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3040120

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

550 gallon Oil Tank Abandonment

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF 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 _____.

Fee $ –
Paid [ ] Check No.
Collected by: –

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 3/96)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7-14-97
Date Issued 7-16-97
Control #
Permit # 97-431

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

Block 151 Lot 42
Work Site Location 20 GRAHAM AVE METUCHEN
Owner in Fee DALLAS STOKES
Address 20 GRAHAM AVE METUCHEN
Tele. [redacted]
Contractor HOMETOWN ENERGY SERV.
Address P.O BOX 407 ROSELLE PARK
Tele. (908) 245-6686
Lic. No.
Federal Emp. No. 22-3040120 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 7/17/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 7/29/97
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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

D. TECHNICAL SITE DATA

Description of Work 550 TANK ABANDIMENT

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	(1) Capacity 550	Fuel #2 OIL
Combustible Liquid Storage Tanks	( ) Capacity	Fuel
L.P.G. Storage Tanks	( ) Capacity	Fuel
L.N.G. Storage Tanks	( ) Capacity	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER TANK FILL		65

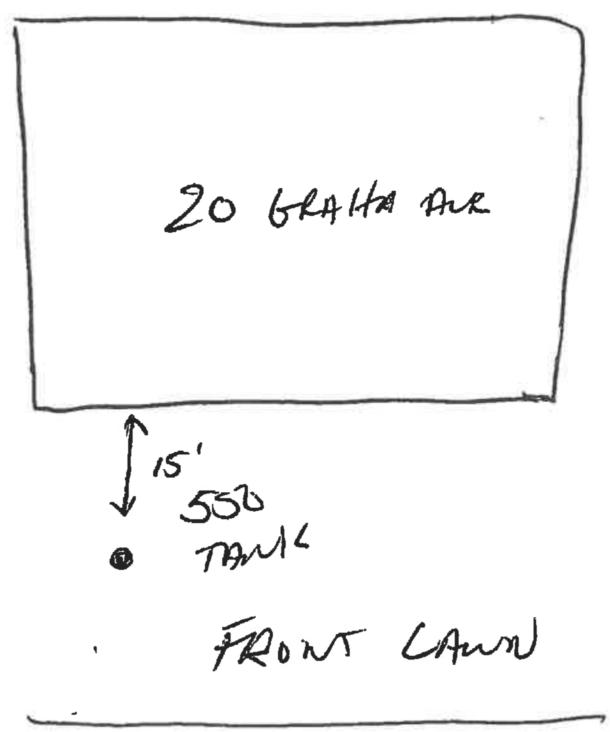
Paid [✓] Check # 3706
Collected by: SH

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 65

U.C.C. Form F-140B 1 White = Inspector Copy 2 Canary = Office Copy

DALLAS STOKES
20 GRAHAM AVE
METUCHEN

7/18/97



LORCO PETROLEUM SERVICES
RD1 Box 5A
Old Bridge, N.J. 08857
(908) 721-0900
Fax (908) 721-0231

STANDARD COLLECTION ORDER FORM

171088

GENERATOR/LOCATION

SALES ORDER # 8241

NAME

INFORMATION/ATTENTION LINE

ACCOUNT APPROVAL CODE:

DELIVERY ADDRESS 20 Gresham Ave

CITY Hutchen STATE ZIP

PHONE NUMBER

PURCHASE ORDER NUMBER

USA EPA ID NO. (IF APPLICABLE)

STATE ID NO.

BILL TO (IF DIFFERENT FROM LOCATION)

NAME Hunterdon Energy

INFORMATION/ATTENTION LINE

ACCOUNT APPROVAL CODE

DELIVERY ADDRESS Box 407

CITY Roselle Park STATE ZIP

PHONE NUMBER

PURCHASE ORDER NUMBER

MANIFEST NUMBER NOMHAS 6403

SHIPPING INFORMATION

This is to certify that the below named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

NO.	TYPE	QTY.	UNIT	US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

SALES REPRESENTATIVE Sales

SERVICE SECTION

SALES CODE	DESCRIPTION	WASTE CODE	QUANTITY	UNIT PRICE	PRICE	TAX	LINE TOTAL
40500	USED OIL REMOVAL	1272	2000 gl				N/C
40300	ANTI-FREEZE REMOVAL						
40600	USED OIL FILTER REMOVAL						
40501	OILY WATER DISPOSAL						
40502	SLUDGE DISPOSAL						
41001	GASOLINE/WATER						
41501	DRUM DISPOSAL						
41504	TANK ENTRY						
40800	PARTS WASHER SERVICE						
41500	TRUCK & OPERATOR						
41511	NEW 55 GAL DRUM /17H						
41503	QAQC ANALYTICAL TESTING						
42001	DEXSIL TEST KIT TAX						
41509	TRANSPORTATION						
							N/C

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT SECTION.

$ N/C

INVOICES REFLECTING CHARGES TO CUSTOMER ARE SUBJECT TO AN INTEREST RATE OF THE LESSER OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. IN THE EVENT OF DEFAULT, LORCO SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

GENERATOR WARRANTS AND REPRESENTS THAT THE MATERIALS PROVIDED LORCO HEREUNDER HAVE NOT BEEN MIXED, COMBINED, OR OTHERWISE BLENDED IN ANY QUANTITY WITH MATERIALS CONTAINING POLYCHLORINATED BIPHENYLS (PCB) OR ANY OTHER MATERIAL DEFINED AS HAZARDOUS WASTE UNDER APPLICABLE LAWS, INCLUDING BUT NOT LIMITED TO 40 CFR PART 261, GENERATOR AGREES TO INDEMNIFY AND HOLD LORCO HARMLESS FOR ANY DAMAGES, COSTS, ATTORNEY'S FEES, ETC. ARISING OUT OF OR IN ANY WAY RELATED TO A BREACH OF THE ABOVE WARRANTY BY THE GENERATOR.

Generator certifies that the waste is 1272
In accordance the N.J.A.C. 7:26-12.1 et seq., LORCO has the required permits to accept the above described waste.

Andrew Jaroszyk
Print Name Title

Andrew Jaroszyk 9-7
Signature Date

GENERATOR/CUSTOMER

SMALL QUANTITY GENERATOR CERTIFICATION

I certify that this generator generates less than 100 kilograms of hazardous waste per month, as defined at 40 C.F.R. 261, and does not accumulate more than 1,000 kilograms of such waste during the month.

A.Z.
GENERATOR'S SIGNATURE

LARGE QUANTITY GENERATOR CERTIFICATION

DEXSIL CDT TEST RESULTS

N/A PPM

TOTAL

N/C

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED
CHECK NUMBER	

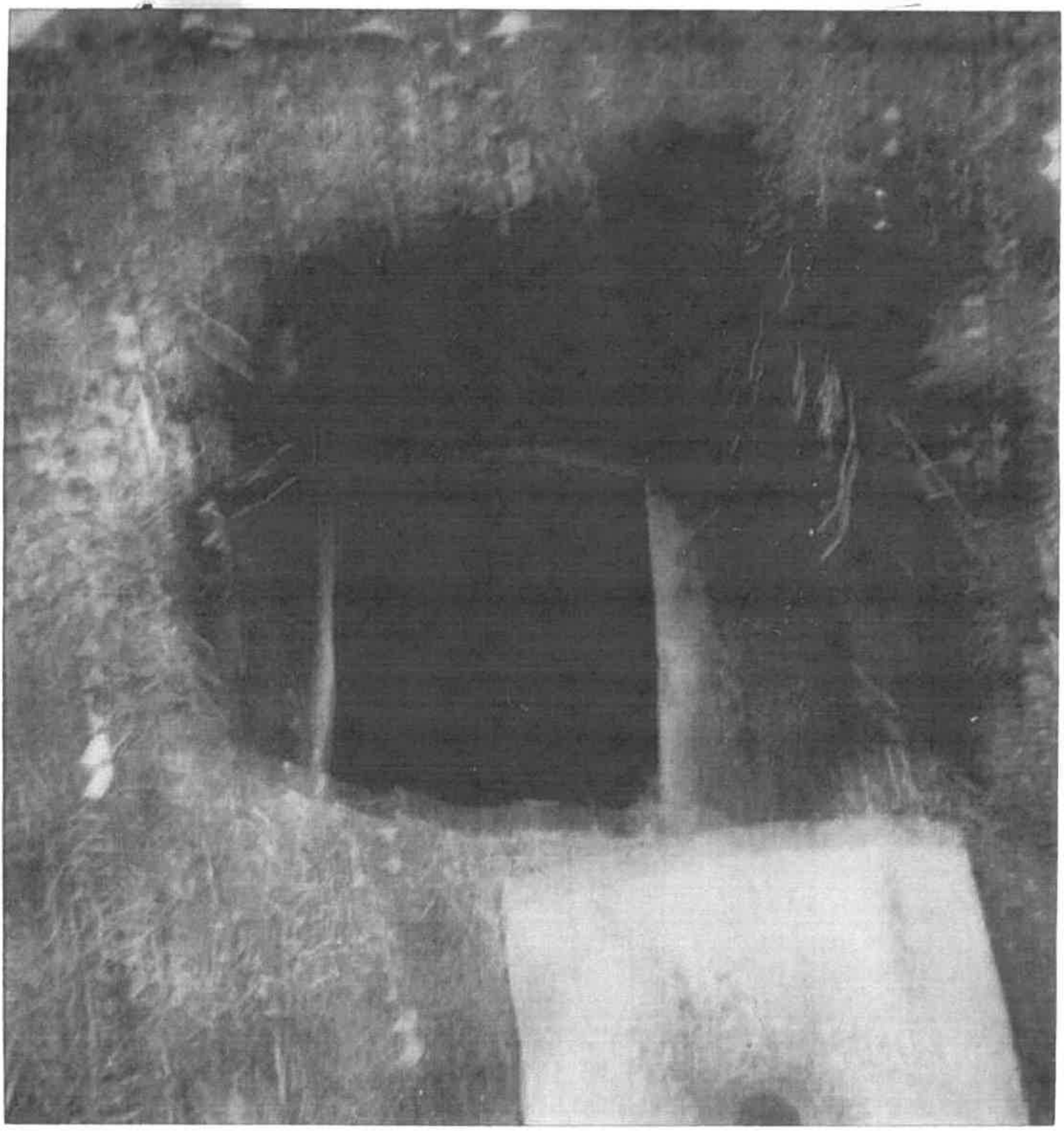
CUSTOMER SERVICED EVERY 30 DAYS ☐

In accordance with 40 CFR 266 § 43(5) LORCO has notified the US EPA of its location and used oil management activities.

Print Name

Signature 9-7
Date

LORCO REPRESENTATIVE



20 GRAHAM AVE

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/23/01
Date Issued 3-21-01
Control #
Permit # 01-0110

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

Block 151 Lot 42
Work Site Location 20 Graham Merrill Lunt
Owner in Fee/Occupant Merrill Lunt
Address 20 Graham Ave Metuchen
Tele. ( )
Contractor Ed Lawschultz Electric Inc
Address 300 Two Can RD Wayne NJ
Tele. (973) 616-0555 Fax ( )
Lic. No. 9496
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-23-01
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-22-01
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			3-22-01	bfp
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 3-22-01

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.

Ed Lawschultz
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
X		KW Central A/C Unit	30—
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
200		AMP Service 220 volt 2 wire	50.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	50.00

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 6/20/01
Control #
Permit # 01-0124

IDENTIFICATION

Block 151 Lot 42
Work Site Location 20 Graham Avenue
Metuchen, NJ 08840
Owner in Fee/Occupant Merrill Lunt
Address 20 Graham Avenue
Metuchen, NJ 08840
Tele. ([redacted])
Contractor SAME
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Bathroom Renovations

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF 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 _____

M. Chrda
CONSTRUCTION OFFICIAL

Fee $ –
Paid [ ] Check No. –
Collected by: –

UCC/PRO F-260 (REV 3/96)
Professional Printing
(856) 468-7933

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-21-01
Date Issued 3/28/01
Control #
Permit # 01-0124

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

Block 15 Lot 42
Work Site Location 20 Graham Ave Metuchen
Owner in Fee Steven & Meriel Lunt
Address 20 Graham Ave
Tele. [redacted]
Contractor Self
Address
Tele. (____) Fax (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[4] No Plans Required 3/21/01 MK
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/14/01
Approved by: SAC

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final		6/14/01		SAC
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 $ 800
3. Total (1+ 2) $ 800

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK — Bathroom
Skin walls, put up new walls & tile
Replace existing fixtures

TYPE OF WORK:
[ ] New Building
[X] 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

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 46

UCC/PRO F-110 (REV 3/96)
Professional Printing
(856)468-7933

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

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3-21-01
Date Issued 3/28/01
Control #
Permit # 01-0124

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

Block 151 Lot 42
Work Site Location 20 Graham Ave
Metuchen
Owner in Fee/Occupant Steven & Merrill Lunt
Address 20 Graham Ave
Metuchen
Tele. ( ) [redacted]
Contractor Self
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

update req.

PLAN REVIEW — Date — Initial

[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3-21-01
Approved by: M/Scott

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-14-01
Approved by: M/Bonds

INSPECTIONS — over — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	4-9-01		5-7-01	M/S
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-14-01	M/S

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Merrill Lunt
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
4		Switches	
3		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ [illegible]
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	30.00
		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	$	
DCA Training Fee	$	
TOTAL FEE	$	30.00

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-21-01
Date Issued 3/28/01
Control #
Permit # 01-0124

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

Block 151 Lot 42
Work Site Location 20 Graham Ave Metuchen
Owner in Fee Steven & Merry Lunt
Address 20 Graham Ave
Tele. [redacted]
Contractor Self
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 3/27/01
Approved by: DR

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 6-14-01
Approved by: OR

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			4/9/01	DR
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet replace 1 toilet	$ 10
	Urinal/Bidet	
1	Bath Tub (Jacuzzi, replace existing tub)	10
	Lavatory	
	Shower	
	Floor Drain	
1	Sink replace 1 sink	10
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

replacement

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 30.00

UCC/PRO F-130 (REV3/96)
Professional Printing
(856) 468-7933

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

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-14-01
Control #
Permit # 01-0124

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

Block 151 Lot 42
Work Site Location 20 Graham Ave

Owner in Fee/Occupant MERRILL LUNT
Address 20 Graham Ave

Tele. ([redacted]
Contractor Self
Address

Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-1-01
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-14-01
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-14-01	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
3		Lighting Fixtures
3		Receptacles
4		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)

$ 20.00

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 20.00

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/2/01
Control #
Permit # 01-0225

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

Block 151 Lot 42
Work Site Location 20 GRAHAM AVE

Owner in Fee LUNT
Address 20 GRAHAM AVE
METUCHEN
Tele. ( ) [redacted]
Contractor ATLANTIC ROOFING
Address 385C RT 27
PRINCETON NJ 08540
Tele. ( ) 940-754-4 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22 15 7312

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/1/01
Approved by: [signature]

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6/1/01	[signature]
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 $ ____
3. Total (1+ 2) $ 11,400

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE OLD ROOFING
INSTALL NEW ROOF

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)

$	
	40

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 40

UCC/PRO F-110 (REV 3/96)
Professional Printing
(856)468-7933

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

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 11-19-02
Control #
Permit # 02-0421

IDENTIFICATION

Block 151 Lot 42
Work Site Location 20 Graham Avenue
Metuchen, NJ 08840
Owner in Fee/Occupant Steven & Merrill Lunt
Address 20 Graham Avenue
Metuchen, NJ 08840
Tele. (732) [redacted]
Contractor SAME
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Basement Renovations

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 20____ 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 _____.

Fee $ –
Paid [ ] Check No. –
Collected by: –

CONSTRUCTION OFFICIAL

UCC/PRO F-260 (REV 3/96)
Professional Printing
(856) 468-7933

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-11-02
Control #
Permit # 02-0421

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

Block 151 Lot 42
Work Site Location 20 GRAHAM AVE

Owner in Fee STEVEN & MERRILL UNIT
Address 20 GRAHAM AVE

Tele. [redacted]
Contractor SELF
Address

Tele. [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[X] Frame	6/11/02	JMK
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/13/2002
Approved by: BK

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame			7/10/02	BK
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/13/02	BK
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 $ 1000
3. Total (1+ 2) $ 1000

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Take down existing basement walls.
Re-frame & sheetrock
basement is 30' x 30'
finished area will be approx. 30' x 23'
(The rest of the basement houses heater, electric panel, & laundry)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 46

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

update

Date Received
Date Issued 7-17-02
Control #
Permit # 02-0421

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

Block 151 Lot 42
Work Site Location 20 GRAHAM AVE
Owner in Fee/Occupant STEVEN & MERRILL LUNST
Address 20 GRAHAM AVE
Tele. ([redacted]
Contractor
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

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 — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7-10-02
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-2-02
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			7-10-02	MP
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-2-02	MP

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Merrill
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
20		Receptacles	
12		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
53	total	.....	
		TOTAL NUMBERS	$ 25.00
		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	$
DCA Training Fee	$
TOTAL FEE	$ 25.00

UCC/PRO F-120 (REV3/96)
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BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-11-02
Control #
Permit # 02-0421

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

Block 151 Lot 42
Work Site Location 20 GRAHAM AVE
Owner in Fee/Occupant STEVEN & MERRILL WINT
Address 20 GRAHAM AVE
Tele. (732) [redacted]
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

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 — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-5-02
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-2-02
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			7-10-02	MJS
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-2-02	MJS

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Merrill Wint
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4	7	Lighting Fixtures	
16		Receptacles	
3	7	Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
28		TOTAL NUMBERS	$ 75.00
		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	$	
DCA Training Fee	$	
TOTAL FEE	$	75.00

UCC/PRO F-120 (REV3/96)
Professional Printing
(856)468-7933

1 White = Inspector Copy 2 Canary = Office Copy
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BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-11-02
Control #
Permit # 02-0421

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

Block 151 Lot 42
Work Site Location 20 GRAHAM AVE.
Owner in Fee STEVEN & MERRILL LUNT
Address 20 GRAHAM AVE
Tele. ([redacted]
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

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 $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/5/02
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6-13-02
Approved by: DR

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough	7/10/02		8/1/02	[signature]
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

Over

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	10.00
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	10.00
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	30.00
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 and perform the work listed on this application.

Merrill [signature]
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

UCC/PRO F-130 (REV3/96)
Professional Printing
(856) 468-7933

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-18-02
Date Issued 7/30/02
Control #
Permit # 02-0536

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

Block 151 Lot 42
Work Site Location 20 Graham Avenue
Metuchen
Owner in Fee/Occupant M. Lunt
Address same
Tele. ([redacted]
Contractor Electrical Concepts
Address 100 E. Mountain Rd.
Hillsborough NJ 08844
Tele. (908) 369-1000 Fax (908) 369-8909
Lic. No. 13173
Federal Emp. No. 22-3396177

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7-23-02
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-2-02
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-2-02	[signature]

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
1	3 ton	KW Central A/C Unit	30.00
		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	$	
DCA Training Fee	$	
TOTAL FEE	$	30.00

U.C.C. F120
(rev. 3/96)

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3/17/05
Control #
Permit # 05-0160

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

Block 151 Lot 42
Work Site Location 20 Graham Ave
Metuchen
Owner in Fee M. Lunt
Address same
Tele. ([redacted])
Contractor Clinton Heat & Air
Address PO Box 277
Annandale
Tele. (908) 735-8455 Fax ( ) _____
Lic. No. _____
Federal Emp. No. 22-3500-849

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 $ 5369

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3/17/05
Approved by: DR

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3/22/05
Approved by: DR

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

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 [X] Exempt Applicant

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	
	Fuel Oil Piping	
✓	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
1	Other Gas Furnace	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	46
TOTAL FEE	$	

U.C.C. F130
(rev. 3/96)

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/17/05
Control #
Permit # 05-0160

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

Block 151 Lot 42
Work Site Location 20 Graham Ave
Metuchen
Owner in Fee Lunt
Address same
Tele. ([redacted] 494-5917
Contractor Clifton Heat & Air
Address PO Box 277
Annandale
Tele. (908) 735-8455 Fax ( ) _____
Lic. No. _____
Federal Emp. No. 22-3200-893

B. FIRE PROTECTION CHARACTERISTICS

Use Group · Present _____ Proposed _____
Constr. Class · Present _____ Proposed _____
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 100—

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

JOB SUMMARY (Office Use Only) CERT ON FILE

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 11/10/04
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3/7/05
Approved by: _____

INSPECTIONS

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

Edwin Holz
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Rep Gas Furnace
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ___ Fuel ___

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

	NUMBER	FEE (Office Use Only)
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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	1	15
Other _____		

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	15

U.C.C. F140
(rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/17/05
Control #
Permit # 05-0160

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

Block 151 Lot 42
Work Site Location 20 Graham Ave Metuchen
Owner in Fee/Occupant Lunt
Address same
Tele. [redacted]
Contractor Clinton Heat & Air
Address PO Box 277 Annandale
Tele. (908) 735-8455 Fax ( )
Lic. No.
Federal Emp. No. 22-3500-893

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 Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11-Feb
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2/14/06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 3-22-05			3-22-05	JH

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 6-23-05

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.

Edwin Long
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

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		Water Heaters	30 00
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	30 00
TOTAL FEE	$	

U.C.C. F120
(rev. 3/96)

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

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 12/12/07
Control #
Permit # 07-0122

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 151 Lot 42 Qual
Work Site Location 20 GRAHAM AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant LUNT, MERRIL & STEVE
Address 20 GRAHAM AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor COASTAL DEVELOPMENT
Address 11 RALPH PLACE
JACKSON, NJ 08527-
Telephone (732)367-6559 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH00482800
Federal Emp. No. 36-4523438

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TWO STORY REAR ADDITION

[X] CERTIFICATE OF OCCUPANCY

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

[ ] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ 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

Fee $ 28
Paid [X] Check No. 3042
Collected by: FA

U.C.C. F260 (rev. 3/96)

BOROUGH OF METUCHEN
CONSTRUCTION CODE OFFICE
500 MAIN STREET
METUCHEN, NEW JERSEY 08840
(732) 632-8515

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/25/07
Date Issued 3/12/07
Control #
Permit # 07-0122

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

Block 157 Lot 42 Qualification Code

Work Site Location 20 Graham Ave Metuchen

Owner in Fee: Steve + Morrell Hunt

Tel. (732) 494-8919 e-mail

Address 20 Graham Ave Metuchen
street municipality zip code

Contractor Coastal Development Tel. (732) 367-6559

Address 11 Ralph Place Freehold NJ e-mail CoastDev@yahoo.com

Contractor License No. or Builder Registration No. 13VH10482800 Exp. Date 12/31/07

Federal Emp. ID No. 36-4523438 FAX: (732) 367-6541

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition to Expand Kitchen, Dining Room and master suite on existing single family dwelling

permeter 3 sides only

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All	2/22/07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/4/07
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing			3/14/07	
Footing Bonding				
Foundation	5/24/07		7/22/07	
Slab			4/26/07	
Frame			7/7/07	
Truss Sys./Bracing				
Barrier-Free				
Insulation			5/7/07	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical			7/10/07	
TCO				
Other PM			11/26/07	
Final	11/13/07 11/30/07		12/4/07	
Barrier-Free				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R5	R5
Constr. Class	VB	VB
No. of Stories	2	
Height of Structure	26'6" Ft.	
Area — Largest Floor	2272 Sq. Ft.	
New Bldg. Area/All Floors	1338 Sq. Ft.	
Volume of New Structure	11,400 Cu. Ft.	
Total Land Area Disturbed	1000 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 133,800.00
2. Rehabilitation $
3. Total (1+ 2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft,
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

DUA 30 (

FEE (Office Use Only)
$
228

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-110 (REV. 08/05)
Professional Printing

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/25/07

Date Issued 03/12/07
Permit # 07-0122

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

Block 151 Lot 42 Qualification Code

Work Site Location 20 Graham Ave Metuchen

Owner in Fee Mr. + Mrs. Lunt

Address 20 Graham Ave Metuchen

Tel [redacted]

Contractor Electric Unlimited Inc

Address 1 Oak Lunt Dr. Bedford NJ 07718

Tel (732) 787-6800 FAX (732) 787-1818

Contractor License No. 9666A

Federal Emp. No. 22-3041134

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ $2000.00

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 Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
22		Lighting Fixtures	
44		Receptacles	
32		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
104		TOTAL NUMBERS	$ 150.—
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	3	KW Elec. Dryer/Receptacle	
1	2	KW Dishwasher	30.—
		HP Garbage Disposal	
1	6	KW Central A/C Unit	
1	3/4HP	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	100	AMP Subpanels	35.—
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 2.15

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 2/14/07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 11-13-07

Approved by: R Mulholland

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough		4-24	ORM	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO		7-11-07	RM	
Other				
Service				
Final				
Barrier-Free		11-13-07	RM	

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. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BOROUGH OF METUCHEN
CONSTRUCTION CODE OFFICE
500 MAIN STREET
METUCHEN, NEW JERSEY 08840
(732) 632-8515

FIRE SUBCODE TECHNICAL SECTION

Date Received 1/25/07
Date Issued 3/12/07
Control #
Permit # 07-0127

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

Block 151 Lot 42 Qualification Code
Work Site Location 20 Graham Ave Metuchen
Owner in Fee Mr. + Mrs Lunt
Address 20 Graham ave Metuchen NJ
Tel [redacted]
Contractor Coastal Development
Address 11 Ralph Place Jackson NJ 08527
Tel (732) 367-6559 FAX (732) 367-6541
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present R-5 Proposed R-5
Constr. Class: Present VB Proposed VB
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity
Total Cost of Fire Protection Work $ 700.00

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: ADDITION
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected	6	
[X] CO Detectors/110v	11	
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		55
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		

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 2/13/07
Approved by:
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7/11/07
Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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 Rough (BSBD)			4/24/07	JZ

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

* fireplace will be an update

1. White-Inspector copy 2. Canary-Applicant copy

UCC/F-140 (REV. 1/04)
Professional Printing

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UPDATE

Date Received 01/25/07
Control #

Date Issued 03/12/07
Permit # 07-0182

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

Block 151 Lot 42 Qualification Code _____

Work Site Location 20 Graham Ave Metuchen

Owner in Fee: Mercy & Steve Hunt

Tel. [redacted] e-mail _____

Address 20 Graham Ave
street municipality zip code

Contractor: Coastal Development Tel. (732) 367-6559

Address 11 Ralph Place Jackson e-mail _____

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): 13VH04828000

Federal Emp. ID No. 36-4523438 FAX: (732) 367-6541

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

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: _____

Total Cost of Fire Protection Work $ 1500.00

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Lennox MPD4540 Fireplace (Direct Vent)

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 _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		5
TOTAL FEE $		30

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 7/13/07

Approved by: [signature]

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 7/16/07

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) 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 Rough			7/16/07	RC

BOROUGH OF METUCHEN
CONSTRUCTION CODE OFFICE
500 MAIN STREET
METUCHEN, NEW JERSEY 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE SUBCODE TECHNICAL SECTION

Update

Date Received 6/29/07
Date Issued 7/10/07
Control #
Permit # 07-0122

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

Block 151 Lot 42 Qualification Code

Work Site Location 20 Cranham Ave Metuchen

Owner in Fee: Murray + Staci Hunt

Tel. [redacted] e-mail

Address 20 Cranham Ave (street) Metuchen (municipality) (zip code)

Contractor: Coastal Dorsh Development Tel. (732) 367-6559

Address 11 Ralph Place Jackson e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No

Fire Protection Equipment, Div of Fire Safety Installer No

Fire Alarm Contractor No Exp. Date

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Firte 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

Est. Cost of Fire Protection Work $ Per original Permit Form

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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 [X] Gas or [ ] Oil	2	70
Fireplace Venting/Metal Chimney		
Other		

Furnace + Cook Top

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 70—

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 7/3/07

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 7/10/07

Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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				

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

UCC/F-140 (REV. 07/05)
Professional Printing
(856) 468-7933

BERKELEY TOWNSHIP
P.O. Box 'B'
Bayville, New Jersey 08721

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1/25/07
Date Issued 03/12/07
Control #
Permit # 07-0122

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

Block 151 Lot 42
Work Site Location 20 Cranham Ave Manchester
Owner in Fee Mr. & Mrs Hunt
Address 20 Graham Ave Manchester
Tele. [redacted]
Contractor HASKELL PLUMBING
Address 1619A BRENNANS DR.
MANAHAWKIN N.J. 08050
Tele. (732) 269-1978 Fax (609) 698-1910
Lic. No. 7471
Federal Emp. No. 223497925

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size 1½" Public Water ✓ Private Well ____
Est. Cost of Plumbing Work $ 9000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 2/22/07
Approved by: DD

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 2/11/07
Approved by: AH

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			4/26/07	AH
Water SEP			4/27/07	AH
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4/26/07	AH
Solar				
TCO ____				
FINAL			7/11/07	AH

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

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10.00
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	10.00
	Floor Drain	
4	Sink	40.00
1	Dishwasher	10.00
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	10.00
	Water Heater	
	Fuel Oil Piping	
3	Gas Piping	108
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water Service Connection	
2	Stacks	20
	Other ____	
	Other ____	
	Other ____	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	2.00
TOTAL FEE	$	208.00

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BERKELEY TOWNSHIP
P.O. Box 'B'
Bayville, New Jersey 08721

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/29/07
Date Issued 7/10/07
Control #
Permit # 07-0122 Update

UPDATE

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

Block 151 Lot 4.12
Work Site Location 20 Graham Ave Matawan
Owner in Fee Myrtyl + Steve Hunt
Address 20 Graham Ave Matawan
Tele. [redacted]
Contractor HASKELL PLUMBING
Address 1619A BRADLEY DR. MANAHAWKIN NJ. 08050
Tele. (732) 269-7978 FAX 609 698-1910
Lic. No. 7471
Federal Emp. No. 223497925 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ Carried on ORIGINAL permit

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7/3/07
Approved by: Cynthia Asco

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 7/11/07

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
FINAL			7/4/07	AH

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 Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	70.00
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 30.00
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B

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

PERMIT #Z 07-018
RECEIVED 1/25/07
CK.# or CASH 3043

BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. (732) 632-8540 •

Metuchen, N.J. 08840

Zoning Permit

Please submit for any building (or land) expansion, modification or change of use, including signs and fences. Submit with a copy of survey indicating improvement. *$25.00 Fee.*

Please Print

Block	151	Lot(s)	42	Zone	R-7

Site Location (Street Address)

20 Graham Ave

Applicant (Full Legal Name)	Coastal Development S.A. Corp.
Address	11 Ralph Place Jackson NJ 08527
Phone	732-367-6559
Owner (full legal Name)	Steven + Merrill Hunt
Address	20 Graham Ave Metuchen
Phone	[redacted]

Present or Previous Use of Building and \ or Land

Single Family Dwelling

Proposed Use or Alteration of Building and \ or Land

Same

Non-Residential Use Data

	Present	Proposed
Total Floor Area (Bldg)		
Area to be Occupied		
Off-Street Parking Spaces		
Number of Employees		
Days\Hours of Operation		

Applicant's Signature [signature] Date 1/22/07

Office use only:

Permit #Z07-018

This is to certify that any ☐ existing ☒ proposed use of the building and/or land on the subject property is a:

☒ Use complying with the Land Development Ordinance

☐ Use permitted by variance approved on....

☐ Valid non-conforming use as established by:

☐ Finding the Zoning Board of Adjustment on...

☐ Zoning Officer, on the basis of evidence supplied by the Applicant as specified on the reverse hereof.

☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

PLANNING BOARD

Type of Approval	*Ordinance Reference*
☐ Site plan	
☐ Minor Subdivision	
☐ Major Subdivision	Pond subd.
☐ Bulk Variance	
☐ Conditional Uses	

ZONING BOARD OF ADJUSTMENT

Type of Approval	*Ordinance Reference*
☐ Use Variance	
☐ Bulk Variance	
☐ Site Plan	
☐ Minor Subdivision	
☐ Major Subdivision	
☐ Conditional Use	

Zoning Permit is: ☒ Approved ☐ Denied

Comments:

1.0 Proposed addition shall meet the bulk requirements of section 110-64 of the MLDO.

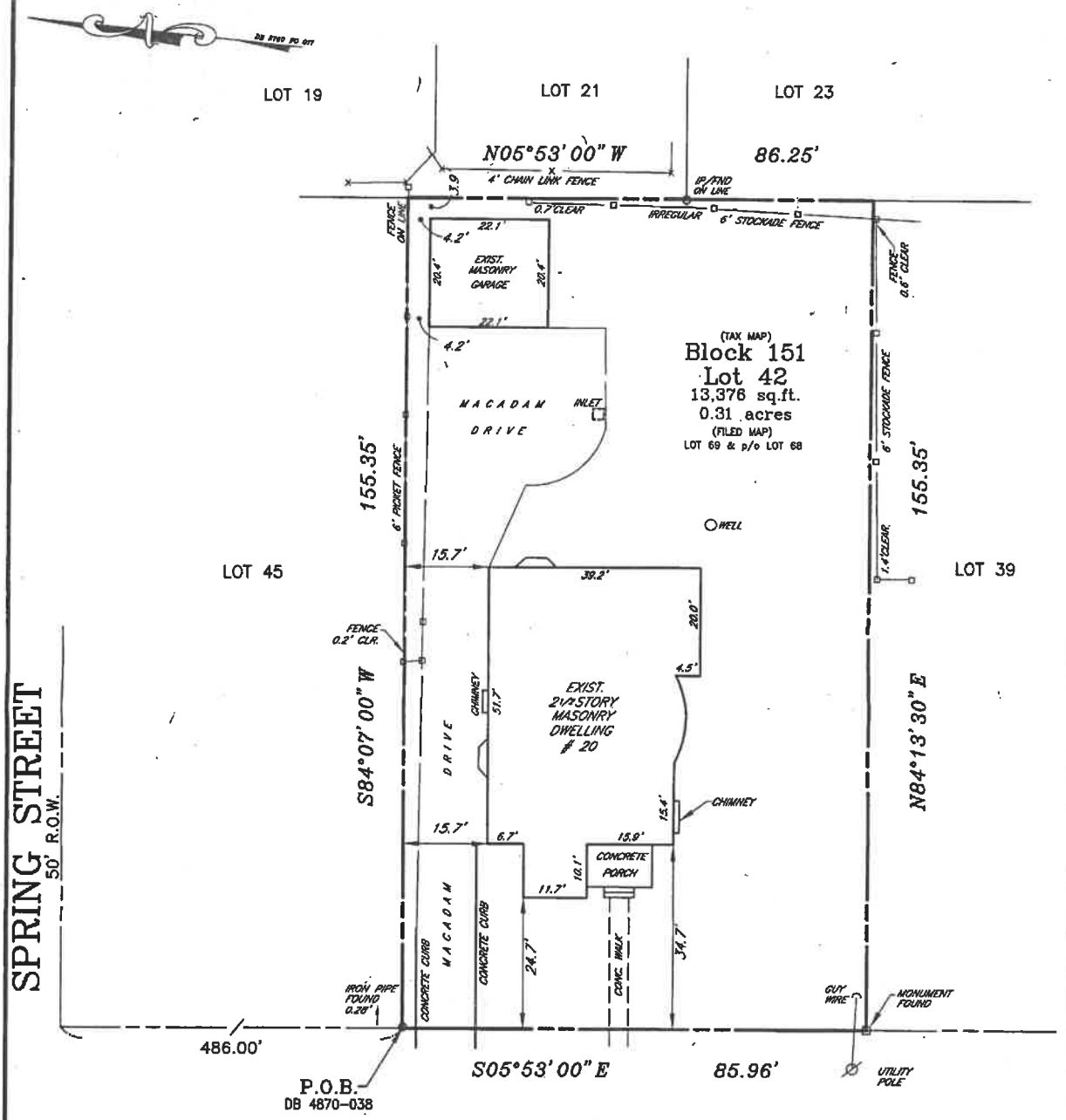
2.0 Applicant shall submit final as-buit with grading prior to the issuance of a CO.

Zoning Officers Signature [signature] Date 12-13-07

If the information given is not accurate and current, this permit will be null and void.

C:\msoffice\templates\zoning permit

PLAN OF SURVEY
STEVEN J. & MERRILL B. LUNT
SITUATED IN
BOROUGH OF METUCHEN, MIDDLESEX COUNTY, NEW JERSEY
BLOCK 151 LOT 42



GRAHAM AVENUE
51' R.O.W.

THIS CERTIFICATION IS MADE ONLY TO ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

I HEREBY CERTIFY THIS SURVEY TO:

STEVEN J. LUNT & MERRILL B. LUNT, h/w

REFERENCES: DEED BOOK 4870 PAGE 038

MAP ENTITLED "100 BUILDING LOTS PROPERTY OF DAVID G. THOMAS..." FILED 7/30/1881 AS MAP #141 FILE #141

"A written Waiver and Direction Not to Set Corner Markers has been obtained from the ultimate user pursuant to P.L.2003, c.14(C45:8-36.3) and N.J.A.C. 13:40-5.2 (d)."

CONTROL LAYOUTS, INC.
LAND SURVEYORS
CERTIFICATE OF AUTHORIZATION #24GA28001900
271 CLEVELAND AVENUE HIGHLAND PARK, N.J. 08904 P.O. BOX 4319
PHONE (732) 846-9100 FAX (732) 937-5793

DATE: 11/14/07

FILE NO. 2091-07	DATE: 11/13/07	SCALE: 1"=20'	WJB	TDH

WILLIAM J. BUTTLER ◆ NEW JERSEY PROFESSIONAL LAND SURVEYOR #19451

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/29/16
Control #
Date Issued 3/2/16
Permit # 16-0104

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

Block 151 Lot 42 Qualification Code

Work Site Location 20 Graham Ave
Metuchen NJ 08840

Owner in Fee: Merrill Lunt

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: 1 800 Heaters Inc Tel. (732) 970-8074

Address 2 Gourmet Lane, Unit G & H e-mail
Edison, NJ 08837

Contractor License No. 12352 Exp. Date 6/30/2017

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300

Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695

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 $ 425 (Warranty replacement)

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 3/1/16 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/1/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO [ ] CA
Date: 3/22/16
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			3/22/16	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: L Gerardo

Print name here: Leonard Gerardo

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: **Replacement Hot Water Heater**

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	
1	Water Heater	50
	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	$

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 10/25/21
Control #
Permit # 21-0542

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 151 Lot 42 Qual
Work Site Location 20 GRAHAM AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant LUNT, MERRIL & STEVE
Address 20 GRAHAM AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor TANK SOLUTIONS
Address 180 MARKET STREET
KENILWORTH, NJ 07033-
Telephone (908)964-2717 Fax ( ) -
Lic. No. or Bldrs. Reg. No. US00334
Federal Emp. No. -

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

REMOVAL OF AN UNDERGROUND 550 GALLON OIL TANK

[ ] 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 _____, ____.

Fee $ 0
Paid [X] Check No. 7434
Collected by: JC

Construction Official

U.C.C. F260 (rev. 3/96)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/26/21 2
Control #
Date Issued 9/1/21
Permit # 21-0542

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

Block 151 Lot 42 Qualification Code

Work Site Location 20 Graham Ave
Metuchen, NJ 08840

Owner in Fee: Merrill & Steven Lunt

Tel. [redacted] e-mail [redacted]

Address 20 Graham Ave Metuchen 08840
(street) (municipality) (zip code)

Contractor: TSES, Inc dba Tank Solutions Tel. (908) 964-2717

Address 180 Market Street e-mail info@oiltanksolutions.com
Kenilworth, NJ 07033

Fire Protection Equipment, NJ Div of Fire Safety Permit No. US00334

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222291151 FAX: (908) 964-4244

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present HOME Proposed

Constr. Class: Present Proposed

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

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

Location: Front Yard

Total Cost of Fire Protection Work $ 1,500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity 550 #2HOIL

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:

Print name here: Theodore P Slack

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source REMOVAL 550 GALLON UST
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		200
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	0	
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 [X] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Location Now: Front Yard

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 8/26/21 Approved by: BL
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/26/21
Approved by: B. MATTHEW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/25/21
Approved by: B. MATTHEW

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			9/22/21	BL
Final 550 UST				
Other Removal				

U.C.C. F140 (rev. 02/11) Internet version

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

NEED Copy of Weight Bill $

Tank Solutions
Oil Tank Experts

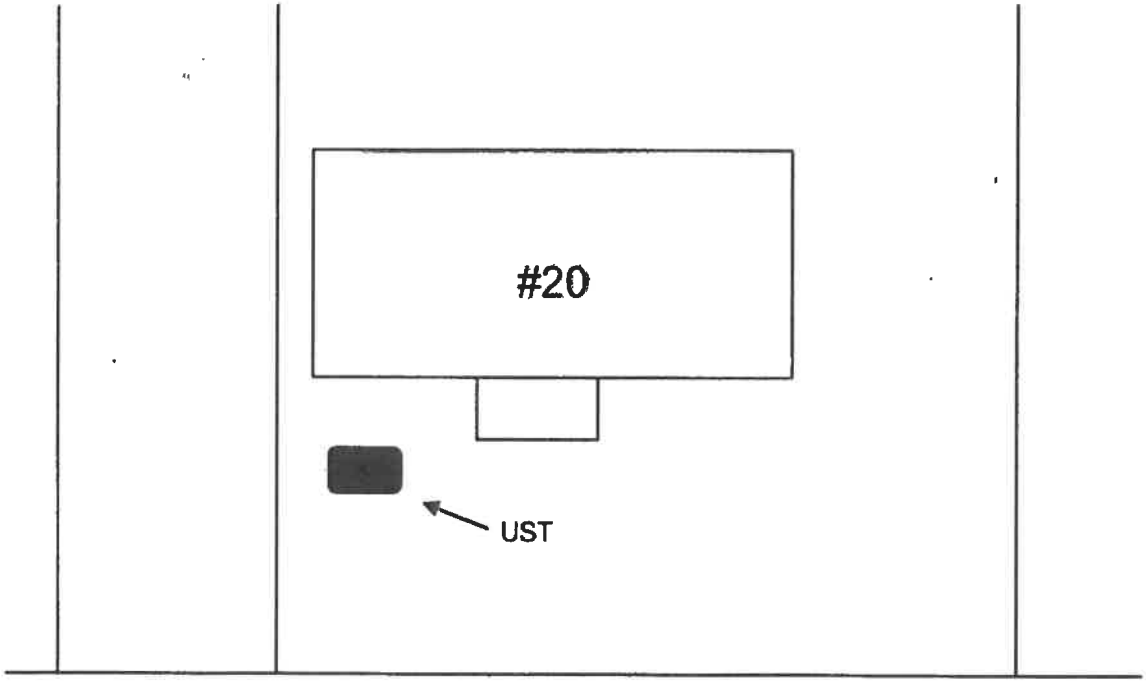
180 Market St., Kenilworth, NJ 07033
Tel: (908) 964-2717 Fax: (908) 964-4244
E-mail: info@oiltanksolutions.com
www.oiltanksolutions.com
NJDEP License # US00334
NJ Business Registration # 0106912

Name of Owner: Merrill Lunt

Site Address: 20 Graham Ave Metuchen, NJ 08840

Block: 151 Lot: 42

Remove (1) Underground Storage Tank – Front Yard



20 Graham Ave Metuchen, NJ 08840