-----Original Message-----
From: Alena <opra+request-40858-731647c4@requests.opramachine.com>
Sent: Tuesday, March 14, 2023 3:39 PM
To: Deborah Zupan <dzupan@metuchen.com>
Subject: OPRA request - 212 University Ave - ALL Permits Open/Closed

CAUTION: This email originated from outside the Borough of Metuchen . Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Metuchen Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: for 212 University Avenue in Metuchen, NJ from 1980-present:
1. permits: open/closed
2. Violations
3. Certificates (CO, Smoke, approvals, denials) 4. Easements/Encroachments

Please provide records as soon as possible by emailing to me.

Yours faithfully,
Alena K.

Yours faithfully,

Alena

email

6/1/77 #41-393
00-0335
01-0594
03-0827

no open permits at this time.

A. Hallas 3/15/23

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

National Headquarters
1800 Davis Street, Camden, N.J. 08104

41-393 App. No. 0149

APPLICATION FOR ELECTRICAL INSPECTION

PLEASE PRINT OR TYPE (CLEAR APPLICATIONS HELP GET THE JOB DONE)

THIS SECTION TO BE COMPLETED BY APPLICANT — DATE: 6-1-77.

City, Town or Township: Metuchen — County: Middlesex. — State:
Street Location: No. 212 — Street: University Ave. — Pole No.
(If Located in Rural Area – Please Attach Directions)
Owner: Richard Schafer. — Owner's P.O. Address:
Occupied As: Dwelling — Building – New ☐ Old ☒
Occupant: owner. — Work – New ☐ Additional ☒

App. for – Rough Wiring ☐ Fixtures ☐ or Service - Increase — Ready for Inspection: Notify. — 19
Fee Remitted – $ 14.00 — By Check ☐ — Money Order ☐ — Make Payable to Agency

LIST ALL EQUIPMENT AND WIRING

Number of Rough Wiring Outlets	Miscellaneous Equipment
Switches	Elect. Heat (500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000)
Lighting	Amp. Service — Surface Unit — Dishwasher — Range
Receptacles 1	Water Heater — Air Conditioner — Dryer — Pump
Number of Fixtures	Oven — Garbage Disposal — Wiring and Controls for — Burner
	Amp. Receptacles — Fractional H.P. Vent Fans
	Other Equipment:

MOTORS H.P. Mark Number of Each Size (1/20 1/12 1/10 1/8 1/6 1/4 1/3 1/2 3/4 1 1½ 2 3 5 7½ 10 15 20 25 30 40 50 75 100)

Applicant's Signature: Albert J. Cain — License # 1896 — Permit # 1896
T/A
Name of Utility: PS E&G.
Applicant's Address: 238 Wood Ave.
Office to be Notified: N. Brons'
& Phone No. 549-1757
City: Iselin — State: N.J. — Zip Code: 08830

SPACE BELOW FOR AGENCY'S USE ONLY — 43119

Date Received: 6-6-77 — Date Inspected: 6-6-77

	Rough Wiring Outlets	K.W. Surface Unit	K.W. Oven
1	Outlets	K.W. Range	H.P. Garbage Disposal
1	Receptacles	K.W. Water Heater	K.W. Dishwasher
	Fixtures	H.P. Air Conditioner	K.W. Dryer
100	Amp. Service Equipment	Burner, Wiring & Controls for	Amp. Receptacle
	Amp. Service Conductors	H.P. Pump	Frac. H.P. Vent Fans

ELECTRICAL RECEIVED JUN 2 1977 EDISON OFFICE M.D.I.A.

MOTORS H.P. Mark Number of Each Size (1/20 1/12 1/10 1/8 1/6 1/4 1/3 1/2 3/4 1 1½ 2 3 5 7½ 10 15 20 25 30 40 50 75 100)

APPARATUS — Elect. Heat (500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000)

Corrected Location

CERTIFICATIONS
- ☐ Rough Wiring
- ☐ Fixture Approval
- ☒ Elec. Certificate
- ☐ Letter of Approval
- ☐ In-Plant Approval

Date Issued

PROGRESS: Inc. ☐ Lkd. ☐

VIOLATION: Work Comp. ☐ Inc. ☐

Other Side ☐

NOTIFIED	REPORT	CARD	NEW	OLD
Contractor				
Owner				
Occupant				
Agent				
Elec. Lt. Co.				

FEE PAID
FEE 14-00 Cash
CHECK # 378
INV. #
pg 944

(Temp.) Cut-in Card #
(Final) Cut-in Card # 634350

Inspector's Signature

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/1/00
Date Issued 5/3/00
Control #
Permit # 00-0335

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

Block 51.06 Lot 44

Work Site Location 212 UNIVERSITY AVE, METUCHEN

Owner in Fee MR & MRS G. BAIN

Address 212 UNIVERSITY AVE
METUCHEN, NJ 08840

Tele. ([redacted])

Contractor HOMEOWNER

Address

Tele. ( ) Fax ( )

Lic. No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

Heating Systems [ ] New [ ] Existing [ ] HVAC

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

[ ] Other

Location:

Total Cost of Fire Protection Work $

Fire Alarm System

New [ ] Existing [ ]

Location of Panel:

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve:

JOB SUMMARY (Office Use Only) CERTIFICATION IN FILE

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 5/1/2000

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 10/17/2000

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.

X Signature Mary E Bain

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

UCC/PRO F-140 (REV3/96)
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(856) 468-7933

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
X CHANGING HEATING SYSTEM

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	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 [✓] or Oil [ ] Fired Appliances	1	15
Other		

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5/1/00
Date Issued 5/3/00
Control #
Permit # 00-0330

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

Block 51.10 Lot 44
Work Site Location 212 UNIVERSITY AVE METUCHEN, NJ 08840
Owner in Fee/Occupant MR & MRS G. BAIN
Address 212 UNIVERSITY AVE METUCHEN, NJ 08840
Tele. [redacted]
Contractor HOMEOWNER
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: 5-1-00
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-18-00
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/17	CA

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

[ ] 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	
		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		FURNACE replacement	30.00

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

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Professional Printing
(609) 468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5/1/00
Date Issued 5/3/00
Control #
Permit # 00-0335

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

Block 51.16 Lot 44
Work Site Location 212 UNIVERSITY AVE
METUCHEN, NJ 08840
Owner in Fee MR & MRS G. BAIN
Address 212 UNIVERSITY AVE
METUCHEN, NJ 08840
Tele. [redacted]
Contractor HOMEOWNER
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 $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 5/1/00
Approved by: DR

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 10/1/00
Approved by: DR

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			10-1-00	DR
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	$
	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	
1	Other FURNACE replacement	30-00
	Other	
	Other	

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

UCC/PRO F-130 (REV3/96)
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(609) 468-7933

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3 Pink = Office Copy
4 Gold = [illegible]

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 2-22-02
Control #
Permit # 01-0594

IDENTIFICATION

Block 51.6 Lot 44
Work Site Location 212 University Avenue
Metuchen, NJ 08840
Owner in Fee/Occupant Bain
Address 212 University 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:

Remove Chimney

☐ **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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9/20/01
Control #
Permit # 01-0594

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

Block 51.6 Lot 44
Work Site Location 212 UNIVERSITY AVE
Owner in Fee MR & MRS G. BAIN
Address 212 UNIVERSITY AVE
METUCHEN, NJ 08840
Tele. ([redacted]
Contractor NONE
Address
Tele. (_____) Fax (_____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature Mary E. Bain

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TAKING DONE OUR CHIMNEY WITH NO REPLACEMENT.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[✓] No Plans Required 9/19/01 ✓
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/5/02
Approved by: BH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2/5/02	BH
Barrier-Free				

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 _____
[X] Demolition

FEE (Office Use Only)
$ 46

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

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. $ 0
2. Alteration $ 0
3. Total (1+ 2) $ 0

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(856)468-7933

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-17-03
Control #
Permit # 03-0827

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

Block 51.06 Lot 44
Work Site Location 212 UNIVERSITY AVE METUCHEN, NJ 08840
Owner in Fee MR & MRS G. BAIN
Address 212 UNIVERSITY AVE METUCHEN, NJ 08840
Tele. [redacted]
Contractor HOMEOWNER
Address
Tele. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature Mary E. Bain

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Roof for House

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	10/16/03	M
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/29/05
Approved by: 10/3/05

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9/29/05	CA
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] 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	$ 1
DCA Training Fee	$
TOTAL FEE	$ 47

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 $ 500.00
3. Total (1+ 2) $ 500.00

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

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