

177-91 353-91
264-91 95-198 expired
+ zoning 00-0059
17-0087
20-0621
22-0244
23-0184 open
A. Hallis 3/28/23
20 pages

From: Lauren Hendricks <opra+request-41028-a916c30a@requests.opramachine.com>

Sent: Tuesday, March 21, 2023 2:08 PM

To: Deborah Zupan <dzupan@metuchen.com>

Subject: OPRA request - 21 Renninger Road

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: from 1975-present

1. All permits (open/closed)
2. Easements/Encroachments
3. Violation Notices
4. Survey

Please email me these records once they are available.

Thank you

Yours faithfully,

Lauren Hendricks

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-41028-a916c30a@requests.opramachine.com

Is dzupan@metuchen.com the wrong address for OPRA requests to Metuchen Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=metuchen_borough

BOROUGH OF METUCHEN

Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(201) 632-8515



Date Received
Date Issued 5-23-91
Control #
Permit # 177-91

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

Block 74 Lot 29
Work Site Location 21 Remington

Owner in Fee HANS NORD
Address

Tele. () BARRY ELECT
Contractor 50 LLOYD ST.
Address EDISON, N.J. 08817

Tele. () 985-3495
Lic. No. 4524

Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[] Reinspection [] Resale [] Meter Set
[] Pole/Pad # [] Temporary [] Other 100 Amp Service
Building Occupied as 1 Family Utility Co.
Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[] No Plans Required
Joint Plan Review Required: Type: Failure Failure Approval Initial

[] Bldg. [] Plumb. [] Fire Temporary
[] Elec. Plans Approved Constr. Serv.
Date: 5-23-91 TCO
Approved by: [Signature] Other
SUBCODE APPROVAL: Final
[] CO [] CDO [] CA Temp. Cut-in-Card Date Issued
Date: 6-4-91 Final Cut-in-Card Date Issued 6-4-91
Approved by: [Signature] Line Dept.

C. CERTIFICATION IN LIEU OF OATH

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

[X] Licensed Electrical Contractor [] Exempt Applicant Signature-Contractor Seal U.C.C. Form F-120A

D. TECHNICAL SITE DATA

NO. SIZE ITEM

		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

FEE (Office Use Only)

Paid [X] Check # 2176 Administrative Surcharge \$ 20.00
Collected by: SH Minimum Fee \$ 45.00
TOTAL FEE \$

BOROUGH OF METUCHEN

Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(201) 632-8515

IDENTIFICATION

Block 74 Lot 29
Work Site Location 21 Remminger Road
Metuchen, N.J. 08840
Owner in Fee Hans Nord & Joyce Harris-Nord
Address 21 Remminger road
Metuchen, N.J. 08840
Tele. ()
Contractor Kitchen Studio, Inc.
Address Box 622
Lebanon, N. J. 08833
Tele. (908) 236-7233
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2855254
or Social Security No.



CERTIFICATE

Date Issued 1-29-92
Control #
Permit # 264-91

Home Warranty No. n/a
Use Group R3A
Maximum Live Load
Description of Work/Use:

addition

Type of Warranty Plan: [] State [x] Private
Construction Classification 5B
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY

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

☐ CERTIFICATE OF APPROVAL

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

Fee \$ paid 25.00
Paid [x] Check No. 5164
Collected by: sh

CONSTRUCTION OFFICIAL

[Signature]

BOROUGH OF METUCHEN

Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(201) 632-8515



FIRE
SUBCODE
TECHNICAL SECTION



Date Received 7-14-91
Date Issued 7-26-91
Control #
Permit # 264-91

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

Block 74 Lot 99
Work Site Location 21 Reuninger Rd

Owner in Fee Metuchen, N.J.
Address 443 Wood & Joyce Harris Ave

Tele. () [REDACTED]
Contractor HITCHEN STUDIO, INC.

Address 8522- LEBRON, N.J. 08833

Tele. (908) 236-7233
Lic. No. 22-2855254 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Const. Class. Present Proposed
Heating Systems ☐ New ☒ Existing
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other
Location:

Total Est. Cost of Fire Prot. Work \$ 0 [] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:	
Joint Plan Review Required:	Type:	Failure	Dates (Month/Day)
		Failure	Approval
		Initial	
☐ Bldg. ☐ Plumb. ☐ Elec.	Suppression Test		
☒ Fire Plans Approved	Fire Alarm Test		
Date: <u>7/16/91</u>	Smoke Test		
Approved by: <u>[Signature]</u>	Mechanical		
SUBCODE APPROVAL:	TCO		
☒ CO ☐ CA	Other		
Date: <u>9/12/91</u>	Other		
Approved by: <u>[Signature]</u>	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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Smoke Detectors
Heat Detectors
TOTAL

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
OTHER

Paid ☒ Check # 5164 Administrative Surcharge \$ 25.00
Collected by SAH Minimum Fee \$ 25.00
TOTAL FEE \$ 25.00

BOROUGH OF METUCHEN

Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(201) 632-8515



Date Received 7-16-91
Date Issued 7-26-91
Control #
Permit # 264-91

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

Block 74 Lot 29
Work Site Location 21 Remington Rd.
Owner in Fee Haus No. 1 & 2 Joyce Harris-Haus
Address 3 A N E

Tele. ()
Contractor MACRID ELECTRIC
Address 2001 80th St.
44MPTON, NJ.
Tele. (908) 735-6218
Lic. No. 4365
Federal Emp. No. or Social Security No. 135-34-6145

B. ELECTRICAL CHARACTERISTICS

[] Reinspection [] Resale [] Meter Set
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
[x] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Rough	8-8-91 WJ
[] Bldg. [] Plumb. [] Fire	Temporary	
[] Elec. Plans Approved	Constr. Serv.	
Date: 7-18-91	TCO	
Approved by: [Signature]	Other	
SUBCODE APPROVAL:	Service	
[x] CO [] CO [] CA	Final	9-12-91 WJ
Date: 9-13-91	Temp. Cut-in-Card Date Issued	
Approved by: [Signature]	Final Cut-in-Card Date Issued	
	Line Dept.	

C. CERTIFICATION IN LIEU OF OATH

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

[x] Licensed Electrical Contractor [] Exempt Applicant
Signature-Contractor Seal
P.C.C. Form F-120A

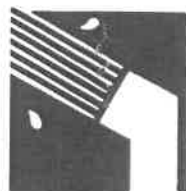
D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

Paid [x] Check # 5164 Minimum Fee \$ 20
Collected by: [Signature] TOTAL FEE \$ 400

(201) 632-8515



Permit # 264-91

Date: 7/11/14

☒ Licensed Plumbing Contractor [] Exempt Applicant

U.C.C. Form F-130A

Other

Collected by:

5764 Minimum Fee

3

PRO 104

BOROUGH OF METUCHEN
Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(201) 632-8515



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

Block 74 Lot 29
Work Site Location 81 RENNING RD. METUCHEN, NJ 08840
Owner in Fee TRANS & VANCE ROAD
Address TRANS & VANCE ROAD

Tele. (201) 995-9203
Contractor WALTON PLUMBING & HEATING
Address 328 ARLING RD. CLIFTON, NJ 08848
L.C. No. 2043
Federal Emp. No. 22258-1546 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 1000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:	
☒ No Plans Required	Type:	Dates (Month/Day)	
Joint Plan Review Required:	Slab	Failure	Approval
☐ Bldg. ☐ Elec. ☐ Fire	Rough		
☐ Plumb. Plans Approved	Water		
Date: <u>8-29-91</u>	Sewer		
Approved by: <u>cfh</u>	Fixtures		
	Gas Equipment		
	Gas Final		
	Solar		
	TCO		
SUBCODE APPROVAL:			
☐ CO ☐ CCO <u>cfh</u>			
Approved by: <u>cfh</u>			
Date: <u>9-17-91</u>			

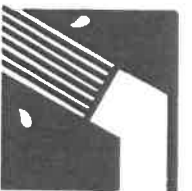
C. CERTIFICATION IN LIEU OF OATH

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

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor cfh
Seal _____

U.C.C. Form F-130A



Date Received 8/29/91
Date Issued 9-13-91
Control # _____
Permit # 264-91
Update

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	<u>15.00</u>
	Steam Boiler	
	Hot Water Boiler	<u>25.00</u>
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge \$ _____
Paid ☒ Check # 2088 Minimum Fee \$ 50.00
Collected by: SH TOTAL \$ 50.00

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
(201) 632-8515



FIRE
SUBCODE
TECHNICAL SECTION



Date Received 8/29/91
Date Issued 9-13-91
Control #
Permit # 264-91
Update

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

Block 74 Lot 29
Work Site Location Metuchen, N.J. 08840
Owner in Fee Metuchen, N.J. 08840
Address Metuchen, N.J. 08840

Contractor Metuchen Plumbing & Heating
Address 300 Metuchen Hill Rd.
Tel. (201) 995-2203
Lic. No. 1043
Federal Emp. No. 28-258-1040 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Const. 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: INSPECTIONS: _____
[] No Plans Required Type: _____ Failure _____ Approval _____ Initial _____
Joint Plan Review Required: _____
[] Bldg. [] Plumb. [] Elec. _____
[] Fire Plans Approved _____
Date: 8/25/91 _____
Approved by: [Signature] _____
SUBCODE APPROVAL: _____
[] CO [] CC [] CA _____
Date: 9/17/91 _____
Approved by: [Signature] _____
Other _____
Other _____
Other _____

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

Paid [X] Check # 2658 Administrative Surcharge \$ _____
Collected by [Signature] Minimum Fee \$ _____
TOTAL FEE \$ 25

C. CERTIFICATION IN LIEU OF OATH

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

[Signature]
SIGNATURE



Please submit for any change of use or building expansion or modification, including signs and fences. Submit page 1 with a copy of survey marked with improvement and a fee. \$25.00

BOROUGH OF METUCHEN MIDDLESEX COUNTY

(201) 632-8540 • P. O. BOX 592 • METUCHEN, NEW JERSEY 08840

ZONING PERMIT

(TYPE OR PRINT ONLY)

BLOCK: 74 LOT(s): 29 ZONE: B-2.

SITE LOCATION (STREET ADDRESS): 21 PENNINGER RD.

METUCHEN, N.J.

APPLICANT (FULL LEGAL NAME): THEY. KITCHEN STUDIO, INC

ADDRESS: Bx. 622, 26 CORESBURY RD., LEBANON, N.J., 08833

PHONE: 908-236-7233

OWNER (FULL LEGAL NAME): HANS & JOYCE HARRIS-NORD

ADDRESS: 21 PENNINGER RD.

PHONE: [REDACTED]

PRESENT OR PREVIOUS USE OF BUILDING AND/OR LAND: RESIDENCE

PROPOSED USE OR ALTERATION OF BUILDING AND/OR LAND: Living

NON-RESIDENTIAL USE DATE:

PRESENT

PROPOSED

Total Floor Area of Bldg.		 <u>+3658 FT.</u>
Area to be Occupied		
Off-Street Parking Spaces		
No. of Employees		
Days/Hours of Operation		

[Signature]

APPLICANT'S SIGNATURE

6/18/91

DATE

ZONING PERMIT

- 2 -

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

☒ Use complying with requirements of Land Development Ordinance.

☐ Use permitted by variance approved on _____

☐ Valid Non-Conforming use as established by:

☐ Finding of Board of Adjustment on _____

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

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

ORDINANCE REFERENCE

☐ Planning Board

☐ Site Plan

☐ Minor Subdivision

☐ Major Subdivision

☐ Conditional Use

☐ Bulk Variance

☐ Board of Adjustment

☐ Use Variance

☐ Bulk Variance

☐ Site Plan

☐ Minor Subdivision

☐ Major Subdivision

☐ Conditional Use

Zoning Permit is

☒ APPROVED

☐ DENIED



ZONING OFFICER

6-20-91

DATE

BOROUGH OF METUCHEN

Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(201) 632-8515



Date Received
Date Issued 10-2-91
Control #
Permit # 353-91

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

Block 74 Lot 29
Work Site Location Metuchen N.J. 08840
Owner in Fee 21 Remington Rd
Address Metuchen N.J. 08840
Tele. ()
Contractor J.M.K. Builders Inc.
Address 127 Litch Dr
Tele. (908) 730-8050
Lic. No. or Bids. Reg. No.
Federal Emp. No. 22-2548746 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
☐ No Plans Req.	Footing	
☐ All	Foundation	
☐ Footing	Slab	
☐ Foundation	Frame	
☐ Other	Insulation	
Joint Plan Review Required:	Finishes:	
☐ Elec. ☐ Plumb ☐ Fire	Energy	
SUBCODE APPROVAL	Mechanical	
☐ CO ☐ CC ☐ CA	TCO	
Date: 4/15/91	Other	
Approved By: [Signature]	Final	4/15/91

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$
2. Alteration \$
3. Total (1+2) \$ 3450

U.C.C. Form F-110A

1 White=Inspector Copy
3 Pink=Office Copy

2 Canary=Office Copy
4 Gold=Applicant Copy

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

Re Roof Gutters

(Office Use Only)

FEE

\$ 45

\$ 80

Paid by Check # 3087 Administrative Surcharge \$
Minimum Fee \$
Collected by: [Signature] TOTAL FEE \$ 65



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 5-2-95
Control #
Permit # 95-198

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

Block 29
Work Site Location 21 Reminger Road Lot 08840
Owner in Fee Mr + Mrs. H. Nord
Address Same
Tele. () Joseph Marshalek
Contractor 10 Kingdon Dr
Address Flanders N.S. - 02836
Tele. (241) 927-25109
Lic. No. 8707
Federal Emp. No. 22-2781855 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 65.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS			
Type:		Failure	Failure	Approval	Initial
[] No Plans Required					
Joint Plan Review Required:					
[] Bldg. [] Plumb.					
[] Fire [] Elevator					
[] Elec. Plans Approved					
Date: <u>1-24-95</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL					
[] CO [] CCO [] CA					
Date: _____					
Approved By: _____					

C. CERTIFICATION IN LIEU OF OATH

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

Joseph Marshalek
Signature—Contractor Seal

D. TECHNICAL SITE DATA

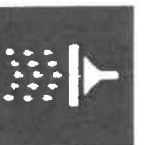
NO.	SIZE	ITEM
<u>1</u>		Fixtures (1)
<u>1</u>		Receptacles (2)
<u>1</u>		Switches (3)
		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp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

FEE (Office Use Only)

Paid ☒ Check # <u>1736</u>	Administrative Surcharge	\$
	Minimum Fee	\$
	DCA Training Fee	\$
Collected by: <u>[Signature]</u>	TOTAL FEE	\$ <u>25.00</u>



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received 11/28/00
Date Issued 2/11/00
Control #
Permit # 00-0059

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-273-1000.

Block 74 Lot 38

Work Site Location

Owner in Fee Metairie and 08840

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

Address

Tele.

Contractor

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

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrapp

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

FEE (Office Use Only)

\$

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

UCC/PRO F-130 (REV3/96)

Professional Printing

(856) 468-7933

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

1. White= Inspector Copy
3. Pink= Office Copy

2. Canary= Office Copy
4. White Tag

**UCC NEW JERSEY
CERTIFICATE**

Date Issued 03/08/17
Control #
Permit # 17-0087

**UCC NEW JERSEY
CERTIFICATE**

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

SIDING

[] 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:

[] 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. 18095
Collected by: JC



BUILDING SUBCODE TECHNICAL SECTION



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

Block 74 Lot 29 Qualification Code 08840
 Work Site Location 2 Browning Rd.
Metuchen
Amatolly Shop, 1
 Owner in Fee: _____
 Tel. _____ e-mail _____

Address MILLENNIUM HOME IMPROVEMENT
 Contractor: 604 FOREST AVE. Tel: (908) 229-6986
BROWNS MILLS NJ 08015 e-mail Annappila@aol.com

Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason 13VHD04928000
 Federal Emp. ID No. 270885994 FAX: (908) 755-0273

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Plans Required	Type	Failure	Failure	Approval
☒ All	<u>2/17/17</u>			
☐ Footings/Foundations				
☐ Structural/Framework				
☐ Exterior				
☐ Interior				
Joint Plan Review Required:				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				
SUBCODE APPROVAL for PERMIT				
Date: <u>2/17/17</u>				
Approved by: <u>[Signature]</u>				
SUBCODE APPROVAL for CERTIFICATE				
☐ CO ☐ CCO ☐ CA				
Date: <u>2/17/17</u>				
Approved by: <u>[Signature]</u>				
TCO				
Mechanical				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 15809

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
 Sign here: [Signature]
 Print name here: ROBERT LEWANDOWSKI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Siding (mvv)
3/4" Poly. Ins.
haul away job debris

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____

☐ Sign _____ Sq. Ft. _____

☐ Pool

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 595

Date Received 2/1/17
 Control # _____
 Date Issued 2/18/17
 Permit # 17-0087



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 74 Lot 23 Qualification Code _____

Work Site Location 21 Reminger Road

Owner in Fee: Metuchen N.J. 08840

Tel. Aratoly Spirit

Address 21 Reminger Road e-mail _____

Contractor: Geas Plumbing Heating LLC Tel. 732-371-6546

Address P.O. Box 1304 e-mail geasplumbing@aol.com

Contractor License No. 11038 Exp. Date 06/2021

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

Federal Emp. ID No. 02-0704356 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size _____ Public Water _____

Est. Cost of Plumbing Work \$ 1500.00 Private Septic _____

Est. Cost of Plumbing Work \$ 1500.00 Private Well _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☒ No Plans Required

☐ Partial - Under-slab Utilities Approved

Date: 10/10/20 Approved by: [Signature]

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/10/20

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ TCO ☐ CA

Date: 10/27/20 TCO [Signature] CA [Signature]

Approved by: [Signature]

Approved by: [Signature]

Approved by: [Signature]

Approved by: [Signature]

Approved by: [Signature]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here: George E. W. Sanders

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

IN STA 11 (1) 40 GALLONS H.W. HEATER

QTY. FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater 40 Gallons

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

10/21/2020
20-0621

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

FEE (Office Use Only) \$ _____

75

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

UCC NEW JERSEY
CERTIFICATE

Date Issued 05/11/22
Control #
Permit # 22-0244

IDENTIFICATION

Block 74 Lot 29 Qual
Work Site Location 21 RENNINGER RD.
METUCHEN, NJ 08840
Owner in Fee/Occupant SHEPHERD, ANATOLY & GAYLE
Address 21 RENNINGER ROAD
METUCHEN, NJ 08840-
Telephone
Contractor JOHN BURTON PLUMBING & HEATING
Address 104 NORCROSS AVENUE UNIT B
METUCHEN, NJ 08840-
Telephone (732) 494-0005 Fax () -
Lic. No. or Bldgs. Reg. No. 7573
Federal Emp. No. 22-2852406

☐ 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:

Home Warranty No. _____

☐ State ☐ Private

Use Group R-5

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

REPLACE BOILER

☐ 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
N.J.C.C. #260 (rev. 3/96)



Fee \$ 0

Paid ☒ Check No. 8810

Collected by: JC



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 74 Lot 39 Qualification Code _____
Work Site Location 21 Remington Road Metuchen, NJ 08840

Owner in Fee: Anatoly + Gayle Shapert

Tel. [REDACTED] e-mail _____

Address 21 Remington Rd. Metuchen 08840

Contractor: John Burton Plbg + Htg. Inc. Tel. 732 494.0005 e-mail johnburtonplumbing@gmail.com

Address 104 Norcross Ave Unit B Metuchen, NJ 08840 e-mail _____

Contractor License No. 7573 Exp. Date 6/23

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

Federal Emp. ID No. 22-2852406 FAX: 732 494.0857

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 875

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: ☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL PERMIT

Date: 5/24/12 PC

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO 4/28/12

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Dates (Month/Day) _____

☐ Rough _____ Failure _____ Approval _____ Initial _____

☐ Barrier-Free _____

☐ Trench _____

☐ Temp. Serv. _____

☐ Constr. Serv. _____

☐ TCO _____

☐ Other _____

☐ Service _____

☐ Final _____

☐ Barrier-Free _____

☐ Temp. Cut-in-Card Date Issued _____

☐ Final Cut-in-Card Date Issued _____

☐ Annual Pool Inspection _____

☐ Date of Grounding and Bonding _____

☐ Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: _____

☐ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Boiler

QTY. _____ SIZE _____ ITEMS _____

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors—Fract. HP _____

Emergency & Exit Lights _____

Communications Points _____

Alarm Devices/F.A.C. Panel _____

TOTAL NUMBERS

Pool Permit/with UW Lights _____

Storable Pool/Spa/Hot Tub _____

KW Elec. Range/Receptacle _____

KW Oven/Surface Unit _____

KW Elec. Water Heater _____

KW Elec. Dryer/Receptacle _____

KW Dishwasher _____

HP Garbage Disposal _____

KW Central A/C Unit _____

HP/KW Space Heater/Air Handler _____

KW Baseboard Heat _____

HP Motors 1/+ HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

\$ _____

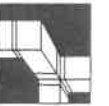
\$ _____

\$ _____

\$ _____



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 74 Lot 29 Qualification Code _____

Work Site Location 21 Renninger Road Metuchen, NJ 08840

Owner in Fee: Anatoliy & Gayle Shpirt

Tel. [REDACTED] e-mail _____

Address 21 Renninger Rd. Metuchen 08840

Contractor: John Burston Plm + Htg Inc state municipality Tel. 732 494 0005 ZIP code _____

Address 104 NORPOSS Ave LHTB Metuchen, NJ 08840 e-mail johnburstonplumbing@gmail.com

Contractor License No. 7573 Exp. Date 6/1/23

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-2852406 FAX: 732 494 0857

B. MECHANICAL CHARACTERISTICS

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

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 6200-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Mechanical Plans Approved

Date: 3/24/22 Approved by: [Signature]

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 3/29/22

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

Date: 4/1/22 CA [Signature]

Approved by: [Signature]

INSPECTIONS

Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

Water Heater _____

Appliance _____

Chimney/Vent _____

Piping _____

Tank _____

Cooling/AC _____

Generator _____

Fireplace _____

Chimney Cert. _____

Other _____

Other _____

Final _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here:

John Burston

D. TECHNICAL SITE DATA

☒ Licensed Contractor

☐ Exempt Applicant

DESCRIPTION OF WORK

Replace existing boiler

FIXTURE/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other

FEE (Office Use Only)

\$

75

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 74 Lot 29 Qualification Code _____
Work Site Location 21 RENNINGER ROAD, METUCHEN NJ 08840

Owner in Fee: ANATOLY & GAYLE SHPIRT

Tel. _____ e-mail _____

Address _____

Contractor: MARK JAMESON CONTRACTORS INC. Tel. (800) 992-1019 zip code _____

Address 3092 SHAFTO ROAD, UNIT 14 e-mail permits@jamesonchimney.c

TINTON FALLS NJ 07753

Contractor License No. 19MH00002800 Exp. Date 06/30/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223734336 FAX: (908) 241-0458

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 1,985

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: 3/14/2024 Approved by: [Signature]

Joint Plan Review Required: [Signature]

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL for PERMIT [Signature]

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

Date: ☐ CA ☐ CCO

Approved by: _____

INSPECTIONS

Type: _____

Water Heater

Appliance

Chimney/Vent

Piping

Tank

Cooling/AC

Generator

Fireplace

Chimney Cert.

Other

Other

Final

DATES

Failure Failure Approval Initial

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: MARK JAMESON

☒ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL 6" X 20' CHIMNEY LINING SYSTEM.

NO.

FIXTURE/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other

FEE (Office Use Only)

\$
