City of Linden
Union County, New Jersey

Office of the City Clerk
City Hall - 301 North Wood Avenue
Linden, New Jersey 07036
(908) 474-8452
Fax: (908) 474-8451

Joseph C. Bodek, RMC, RPPO
City Clerk

Jennifer Honan
Deputy City Clerk

March 31, 2020

Ms. Susan E. Payne
Opra+request-10317-2ce090b9@requests.opramachine.com

Re: OPRA Request – #2020-265

Dear Ms. Payne:

The City of Linden received your Open Public Records Act (OPRA) request on March 13, 2020. Please find your response attached.

You requested the following: See attached

The records are being provided to you as per your request with redactions in accordance with N.J.S.A. 47:1A-1(24) "Privacy Interest and N.J.S.A. 47:1A-1.1(16) Personal Identifying Information.

If you feel that your request for access to a government record has been improperly denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision of the City of Linden to deny access. I have attached information, from the Government Records Council regarding the process to file a complaint.

Sincerely,

Jennifer Honan
Deputy Custodian of Records

New Jersey Government Records Council ("GRC")

What to do if your request for a record has been denied

The New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 *et seq.*) permits a person who believes that he or she has been unlawfully denied access to a public record either to file a complaint with the GRC or to file suit in Superior Court to challenge the decision and compel disclosure. This poster describes the procedures for taking such actions.

To file a complaint with the GRC:

- Visit the GRC's website at www.nj.gov/grc for information and to register your complaint. In the alternative, you may contact the GRC by telephone at 1-866-850-0511 or by e-mail at government.records@dca.nj.gov.
- When you file the written complaint, the GRC will offer both you and the public agency non-adversarial, impartial mediation. If mediation is not accepted or is not successful, the GRC will investigate the complaint.
- In some cases, the GRC can award attorney's fees to a complainant or impose a fine against a records custodian.
- There is no fee to file a complaint with the GRC.

To file a complaint in Superior Court:

- A requestor may start a summary (expedited) lawsuit in the Superior Court. A written complaint and order to show cause must be filed with the court.
- The court requires a filing fee, and you must serve the lawsuit papers on the appropriate parties.
- The court will schedule a hearing to resolve the dispute.
- If you disagree with the court's decision, you may appeal the decision to the Appellate Division of the Superior Court.
- If you are successful, you may be entitled to reasonable attorney's fees.
- You may wish to consult with an attorney to learn about initiating and pursuing a summary lawsuit in the Superior Court.
- Filing suit in Superior Court may result in a faster resolution, because the courts adjudicate cases every day, whereas the GRC only meets once a month.

Government Records Council, P.O. Box 819, Trenton, New Jersey 08625-0819

BLOCK 582 LOT 50 QUALIFICATION CODE CABO ADDRESS (SITE) 231 Irene St. PERMIT NO. 00-0327

City of Linden
Construction Code Department
(908) 474-8460

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 231 Irene St.
2. Name of Owner in Fee: Westbridge Development Tel. [redacted]
   Address 629 No Wood Ave. (street) Linden (municipality) NJ. 07036 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Westbridge Development Tel. (908) 925-6441
   Address 629 No Wood Ave Linden N.J. 07036
   License No. OR, if new home, Builder Reg. No. 027995 Exp. Date 4-30-00
   Federal Employee No. [redacted] FAX [redacted]
5. Architect or Engineer August C. Lozano Tel. [redacted]
   Address 500 Grand Ave Englewood NJ 07631
6. Responsible Person in Charge of Work Johnny Anthony
   Tel. [redacted] FAX [redacted]

V. FEE SUMMARY (for office use only)

0327

			Update	Update
1.	Building	$		
2.	Electrical		446	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	30' mean ft.	
3. Area — Largest Floor	1432 sq. ft.	
4. New Building Area	2864 sq. ft.	
5. Volume of New Structure	23000 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	1500 sq. ft.	
8. Flood Hazard Zone	9	
9. Base Flood Elevation	9 ft.	
10. Wetlands yes	✓	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

5.

50

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☒ Fire Protection					3/1/00	MA			
6.	☐ Plumbing									
7.	☒ Electrical					3/1/00	[illegible]			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

RECEIVED FEB 25 2000 CONSTR. CODE DEPT.

III. DO YOU WANT: (optional)

1. ☒ [redacted]

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☒ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS LN 10401367

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name Westbridge Development Inc.
Address 629 No Broad St.
Linden, N.J. 07036
Telephone [redacted]
Signature Anthony Perrino

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 05/15/20(
Control #
Permit # 00-0322

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 582 Lot 50 Qual
Work Site Location 231 IRENE ST

Owner in Fee/Occupant WESTBRIDGE DEVELOPMENT INC.
Address 629 NORTH WOOD AVENUE
LINDEN, NJ 07036-
Telephone [redacted]
Contractor WESTBRIDGE DEVELOPMENT
Address 629 NORTH WOOD AVENUE
LINDEN, NJ 07036-
Telephone [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No. 148446
Type of Warranty Plan: [X] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

NEW 2 FAMILY WITH PLUMBING, ELECTRIC & SMOKES
PLANS FOLDED

[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
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

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

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

CONSTRUCTION OFFICIAL
U.C.C. P260 (rev. 3/96)

Fee $ 100
Paid [X] Check No. 1037
Collected by: KM

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 05/15/20(
Control #
Permit # 00-0322

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 582 Lot 50 Qual
Work Site Location 231 IRENE ST

Owner in Fee/Occupant WESTBRIDGE DEVELOPMENT INC.
Address 629 NORTH WOOD AVENUE
LINDEN, NJ 07036-
Telephone [redacted]
Contractor WESTBRIDGE DEVELOPMENT
Address 629 NORTH WOOD AVENUE
LINDEN, NJ 07036-
Telephone [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No. 148446
Type of Warranty Plan: [X] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

NEW 2 FAMILY WITH PLUMBING, ELECTRIC & SMOKES
PLANS FOLDED

[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.

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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.

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[ ] Partial or limited time period (___ years); see file

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

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

Fee $ 100
Paid [X] Check No. 1037
Collected by: KM

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 03/14/2
Control #
Permit # 00-0322

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 582 Lot 50 Qual

Work Site Location 231 IRENE ST

Owner in Fee WESTBRIDGE DEVELOPMENT INC.
Address 629 NORTH WOOD AVENUE
LINDEN, NJ 07036-
Telephone [redacted]

Contractor WESTBRIDGE DEVELOPMENT
Address 629 NORTH WOOD AVENUE
LINDEN, NJ 07036-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW 2 FAMILY WITH PLUMBING, ELECTRIC & SMOKES
PLANS FOLDED

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 134,401

Construction Official

03/14/2000
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	613
Electrical	446
Plumbing	430
Fire Protection	75
Elevator Devices	0
Other	
DCA Training Fee	65
Cert. of Occupancy	100
Other	
Total	1,729
Check No.	1037
Cash	
Collected By	KM

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Update Issued 03/14/2
Control #
Permit # 00-0322+A
Permit Issued 03/14/2

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 582 Lot 50 Qual

Work Site Location 231 IRENE ST

Owner in Fee WESTBRIDGE DEVELOPMENT INC.
Address 629 NORTH WOOD AVENUE
LINDEN, NJ 07036-
Telephone [redacted]

Contractor ABSOLUTE CONSTRUCTION INC.
Address 115 E. 11TH AVE.
ROSELLE, NJ 07203-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HEATING & AIR CONDITIONING

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	120
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	120
Check No.	1037
Cash	
Collected By	KM

Estimated Cost of Work $ 6,800

Construction Official

03/14/2000
Date

U.C.C. F190 (rev. 3/96)

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Update Issued 11/16/2000
Control #
Permit # 00-0322+B
Permit Issued 03/14/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 582 Lot 50 Qual

Work Site Location 231 IRENE ST

Owner in Fee WESTBRIDGE DEVELOPMENT INC.
Address 629 NORTH WOOD AVENUE
LINDEN, NJ 07036-
Telephone [redacted]

Contractor PIEGARO'S HEATING & A/C
Address 99 MARY STREET
BELLEVILLE, NJ 07109-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR ON HEATING & A/C

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

Estimated Cost of Work $ 6,250

R.C. Niemann (Acting C.O.)
Construction Official

11/16/2000
Date

U.C.C. F190 (rev. 3/96)

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8460

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2-25-2000
Date Issued 3/7/2000
Control #
Permit # 00-0322

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

Block 562 Lot ~~58~~ 50
Work Site Location 231 Fifteen St.

Owner in Fee Westbridge Dev.
Address 629 North Wood Ave
Linden NJ 07036
Tele. [redacted]
Contractor Westbridge Dev
Address 629 N. Wood Ave
Linden
Tele: [redacted] Fax [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

X Anthony Mosuna
Signature

Price Full Price

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New 2 Family
~~Footings + Foundation~~
only

RECEIVED FEB 25 2000 CONSTR. CODE DEPT.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3-2-00	JC
[X] Footing		
[X] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [X] Fire [ ] Elevator
SUBCODE APPROVAL: FH ok 3/2/00
[X] CO [ ] CCO [ ] CA
Date: 5/15/01
Approved by: MV

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	8/17/00		9/22/00	N
Foundation			9/22/00	N
Slab			9/22/00	N
Frame			11/10/01	N
Barrier-Free				
Insulation			✓ 1-17-01	
Finishes				
Energy				
Mechanical				
TCO Garage slab			11/01/00	N
Other				
Final			5/15/01	N
Barrier-Free				

TYPE OF WORK:
[X] 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)

	$	613.00/cc
C.O.		100.00/cc
Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	65.00
TOTAL FEE	$	778.00/cc

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		R-3
Constr. Class		
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 $ 20,000
3. Total (1+ 2) $

U.C.C. F110 (rev. 3/98)

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

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8461

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2-25-2000
Date Issued 3/7/2000
Control #
Permit # 00-0322

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

Block 582 Lot 58
Work Site Location 231 IRENE ST
LINDEN NJ 07036
Owner in Fee/Occupant WEST BLVDE DEVELOPMENT ~~CORP~~ INC
Address 629 N. WOOD AVE
LINDEN NJ 07036
Tele. [redacted]
Contractor DAN-EL ELECTRIC CO. INC
Address 418 STANLEY PL
HAWTHORN NJ 07065
Tele. [redacted] Fax ( )
Lic. No. [redacted]
Federal Emp. No. [redacted]

RECEIVED FEB 25 2000 CONSTR. CODE DEPT.

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other Orig. Pool
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 5000.-

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: 3/1/00
Approved by: [signature]

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5/30/00
Approved by: MOH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			12/4/a	S
Temp. Serv.				
Constr. Serv.				
TCO				
Other Progress setback			(Stop)	Z
Service			12/21/a	Z
Final			4/20/01	Z

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)
20		Lighting Fixtures	
82		Receptacles	
42		Switches	
17		Detectors SMOKE	
2		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
156		TOTAL NUMBERS	$ 181
		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	
2	1	KW Dishwasher	30
		HP Garbage Disposal	
2	2.5	KW Central A/C Unit	30
2	.5	HP/KW Space Heater/Air Handler	30
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	75
2	100	AMP Subpanels	100
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	446

UCC F120
(rev 3/98)

1 White = Inspector Copy
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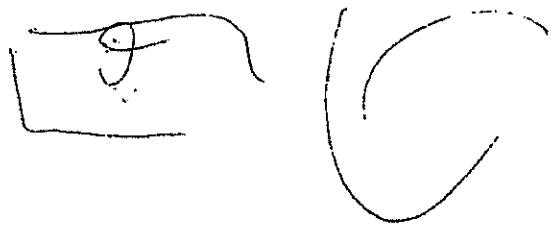
4 Gold = Applicant Copy

5/26/01

① countertop GPI ② jump water meter
③ Left cold jumper



CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 298-3801

FIRE SUBCODE TECHNICAL SECTION

Date Received 2-25-2000
Date Issued 3/7/2000
Control #
Permit # 00-0322

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

Block 582 Lot 50
Work Site Location 231 IRENE ST
LINDEN NJ 07036
Owner in Fee WEST RIDGE DEVELOPMENT INC
Address 629 N. WOOD AVE
LINDEN NJ 07034
Tele [redacted]
Contractor DAN-EL ELECTRIC CO. INC
Address 418 STANLEY TC
ROSELLE NJ 07203
Tele. [redacted] Fax ( )
Lic. No. [redacted]
Federal Emp. [redacted]

FEB 25 2000 CONSTR. CODE

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 $ [redacted] INC. IN ELEC. PERMIT

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 3/2/00
Approved by: [redacted]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/22/01
Approved by: [redacted]

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.

[redacted]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		75.00
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	12	
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		
Other _____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 75.00

U.C.C. F140
(rev. 3/98)

P-9258

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11-13-09
Date Issued
Control #
Permit # 00-0322 + B

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

Block 582 Lot 50
Work Site Location 231 Reeve St. Linden, NJ 07036
Owner in Fee Westbridge Development group
Address 629 N. Wood Ave. Linden NJ 07036
Tele: [redacted]
Contractor PIECARO'S HEATING + AIR CONDITIONING
Address 99 MARY STREET BELLEVILLE N.J 07109
Tele: [redacted] Fax ( ) [redacted]
Lic. No. [redacted]
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 6,250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required OK File
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11-13-09
Approved by: KB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-5-10
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer		See		
Fixtures				
Gas Equipment		Rev		
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.

Frank Piecaro
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	
	Other HEATING + A/C	
	Other	
	Other	

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

change of Contractor
(See Permit #000322+A) No Fee

UCC F130
(rev. 3/96)

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

C

UND GND o/c
9-20-00

5-8-01
FIN FL o/c

Rough Roj 1-4-01
1ST FL W.P. VENT ROJ
ROUGH PLMG NOT DONE.
CAST TEST 2ND FL W.C.
WATER RISE W.C.

1ST FL.

1-05-01 Full Rough Plmg & HTR.
Gas Pipe Good To Go.
2-20-01 Sewer (2) H2O o/c
5-7-01 Finish Roj - (1) Wsh. Breaker (2) Support (3) Latter

P-8714

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-9-2000
Date Issued 3/14/2000
Control #
Permit # 00-0322 + A

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

Block 582 Lot 50
Work Site Location 231 Irene St.
Linden, NJ 07730
Owner in Fee West Bridge Development, Inc
Address 629 N. Wood Ave.
Linden, NJ 07730
Tele. [redacted]
Contractor Absolute Construction
Address 45 E 11th St.
Roselle NJ 07203
Tele. [redacted] Fax [redacted]
Lic. No. Electrician 6/30/01
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ ~~3200~~ 6800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire HTS [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3-7-2000
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures	1	D		
Gas Equipment	1			
Gas Piping	V			
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. (See Permit #00-0322+B)

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 30 HTS.	
	Sewer Connection 30 AC	
	Water Service Connection	
	Stacks	
2	Other drain for A/C + duct work.	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 120.00

2 - HVAC Systems.
Subject connected Drains

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

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

C

P-8713

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-9-2000
Date Issued 3-14-2000
Control #
Permit # 00-0322

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

Block 562 Lot 50
Work Site Location 231 Ireane St.
Cinden NJ 07036
Owner in Fee West Bridge Development, Inc
Address 629 N. Wood Ave.
Cinden NJ 07036
Tele. [redacted]
Contractor Roadback Plumbing
Address 622 Coolidge St.
Cinden, NJ 07036
Tele. [redacted] Fax ( )
Lic. No. [redacted] Expires 6/30/01
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed 2 family
Building Sewer Size 4 Public Sewer ____ Private Septic ____
Water Service Size 1 Public Water ____ Private Well ____
Est. Cost of Plumbing Work $ 9200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[+] Plumbing Plans Approved
Date: 3-29-00
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-2-01
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water		See		
Sewer				
Fixtures		Rai		
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) $
4	Water Closet	40 00
	Urinal/Bidet	
2	Bath Tub	20 00
4	Lavatory	40 00
2	Shower	20 00
	Floor Drain	
2	Sink	20 00
2	Dishwasher	20 00
	Drinking Fountain	
2	Washing Machine	20 00
2	Hose Bibb	20 00
2	Water Heater	20 00
	Fuel Oil Piping	
8	Gas Piping	80 00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	30 00
2	Water Service Connection	60 00
3	Stacks	30 00
	Other	
1	Other U.T.R.	10 00
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	~~10 00~~
TOTAL FEE	$	~~440~~

Dig # 000 621 942 430 00

UCCF130 (rev. 3/96)

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

2

UND GND: 0"C
9-20-00

5-8-01
FIN. #L
0"C

ROUGH INSP 1-4-01
1ST FL W.P. VENT INSP
ROUGH PLMB. NOT DONE
GAS TEST 2ND FL. N.G.
WATER PIPE N.G.

1ST FL

1-05-01 FULL ROUGH PLMB. & HTR.
GAS LINE GOOD TO GO.

2-20-01 SEWER (2) H20 O/C
5-7-01 FINAL INSP - ① VAC. BREAKER ② SUPPORT G
③ LATTICE

CUT-IN-CARD

MUNICIPALITY LINDEN

LOCATION 231 Tyrone St UTILITY CO P.S.E.&G.

BLK 582 LOT 58

OWNER Westbridge Dev. OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200A 2-100A meters

INSTALLED BY Dan-El Elec. LICENSE NO 8229

DATE 12/21/00 PERMIT # 00-0322 INSPECTOR

☐ CALLED IN / / Lic. No: 4631

UCC Form F-3508 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

HENRY J. KOPEC
Architect
407 Rosewood Terrace, Linden, New Jersey 07036 (908) 486-7648

September 22, 2000

Construction Code Official
Municipal Building
Wood Avenue
Linden, NJ 07036

Re: **Lots 51 & 52, Block 582 - Irene Street**
36" Minimum Footing Depth

This letter is certification that block and foundation, as laid out, will accommodate for final grade to be in compliance with minimum frost depth of 36".

Mr. Anthony Perina, of Westbridge Construction, has poured 20" thick concrete footings. When 24" depth earth fill is added to the top of the footings, the minimum frost of depth of 36"will be satisfied for all 4 sides of the building.

I have also instructed Mr. Perina to add additional course of block at the garage entry location, so when paving and concrete/slab is poured in the garage, the minimum 36" depth will also be satisfied.

If you have any questions, please give me call.

Sincerely,

Henry J. Kopec

c: A. Perina

New Jersey Natural Resources Conservation Program

SOMERSET - UNION CONSERVATION DISTRICT
Somerset County 4-H Center, Milltown Road
Bridgewater, New Jersey 08807
Telephone (908) 526-2701

FINAL REPORT OF COMPLIANCE

The requirements for permanent soil erosion and sediment control measures have been met at the following site/s in accordance with the N.J. Soil Erosion and Sediment Control Act, Chapter 251, P.L. 1975:

Project Name IRENE STREET HOUSES Application No. 99-30-64-21

Block 582 Lot 52 Address 231 IRENE STREET

Block _____ Lot _____ Address _____

Block _____ Lot _____ Address _____

Block _____ Lot _____ Address _____

Block _____ Lot _____ Address _____

Block _____ Lot _____ Address _____

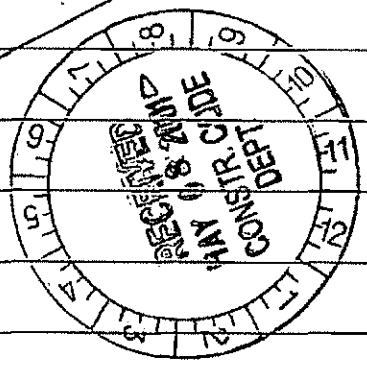
Block _____ Lot _____ Address _____

Block _____ Lot _____ Address _____

Block _____ Lot _____ Address _____

Block _____ Lot _____ Address _____

Block _____ Lot _____ Address _____



Municipality LINDEN

William H. Lobicowski
District Official

5-4-01
Date

THIS APPROVAL IS SUBJECT TO MUNICIPAL ENGINEER'S GRADING PLAN AND DRAINAGE APPROVAL.

Distribution:
Original – Construction Official
Pink – Owner or Builder
Yellow – File

SUSCD-29 (rev. 3/00)

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 1999

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form.

Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION

	FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME: West Bridge Development	POLICY NUMBER: [redacted]
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER: 629 N Wood Ave	COMPANY NAIC NUMBER:
OTHER DESCRIPTION (Lot and Block Numbers, etc.): LOT 50 Block 592	
CITY: Linden	STATE: NJ — ZIP CODE: 07036

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
340467	3	—	3/2/94	AE	~~10~~ 9.0

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): ☐ NGVD '29 ☐ Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: 10.0 feet NGVD (or other FIRM datum–see Section B, Item 7). TIDAL ESTUARY

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 3
2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of 8.0 feet NGVD (or other FIRM datum–see Section B, Item 7). Garage Floor (lowest level)

(b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of ____ feet NGVD (or other FIRM datum–see Section B, Item 7).

(c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is ____ feet above ☐ or below ☐ (check one) the highest grade adjacent to the building.

(d). FIRM Zone AO. The floor used as the reference level from the selected diagram is 10.0 feet above ☐ or below ☐ (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown

3. Indicate the elevation datum system used in determining the above reference level elevations: ☐ NGVD '29 ☐ Other (describe under Comments on Page 2). *(NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)*
4. Elevation reference mark used appears on FIRM: ☑ Yes ☐ No (See Instructions on Page 4)
5. The reference level elevation is based on: ☐ actual construction ☒ construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: 9.0 feet NGVD (or other FIRM datum-see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: ____ feet NGVD (or other FIRM datum–see Section B, Item 7).
2. Date of the start of construction or substantial improvement ____

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE),V1–V30,VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

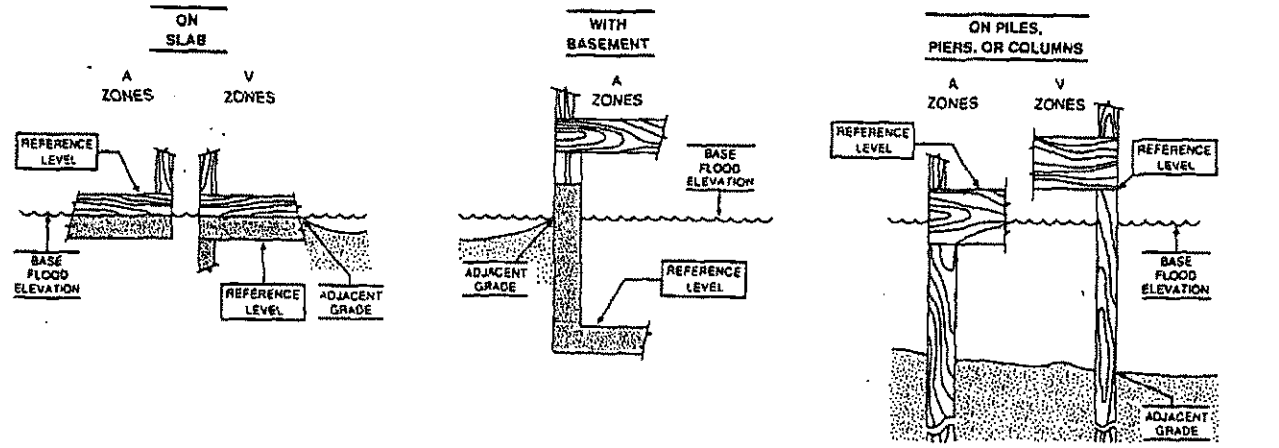
Reference level diagrams 6, 7 and 8 - Distinguishing Features–If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	LICENSE NUMBER (or Affix Seal)	
August C. Lozano,	17498	
TITLE	COMPANY NAME	
President,	August C. Lozano, P.E., Inc.	
ADDRESS	CITY	STATE ZIP
500 Grand Avenue,	Englewood,	New Jersey, 07631
SIGNATURE	DATE	PHONE
	10-12-99	[redacted]

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

New Jersey Natural Resources Conservation Program

SOMERSET - UNION CONSERVATION DISTRICT
Somerset County 4-H Center, Milltown Road
Bridgewater, New Jersey 08807
Telephone (908) 526-2701

FINAL REPORT OF COMPLIANCE

The requirements for permanent soil erosion and sediment control measures have been met at the following site/s in accordance with the N.J. Soil Erosion and Sediment Control Act, Chapter 251, P.L. 1975:

Project Name IRENE STREET HOUSES Application No. 90-30-6421

Block 582 Lot 50 Address 231 IRENE STREET

Block____ Lot____ Address____

Block____ Lot____ Address____

Block____ Lot____ Address____

Block____ Lot____ Address____

Block____ Lot____ Address____

Block____ Lot____ Address____

Block____ Lot____ Address____

Block____ Lot____ Address____

Block____ Lot____ Address____

Block____ Lot____ Address____

RECEIVED
MAY 21 2001
CONSTR. CODE DEPT.

Municipality LINDEN

WILLIAM H. LOSICOWSKI
District Official

5-4-01
Date

THIS APPROVAL IS SUBJECT TO MUNICIPAL ENGINEER'S GRADING PLAN AND DRAINAGE APPROVAL.

Distribution:
Original – Construction Official
Pink – Owner or Builder
Yellow – File

SUSCD-29 (rev. 3/00)

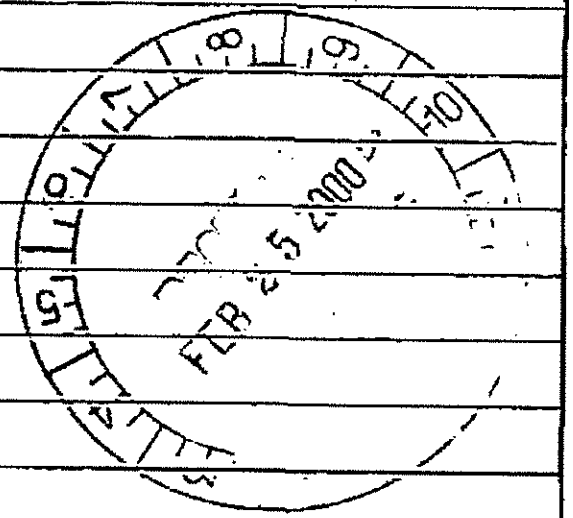
IN ACCORDANCE WITH HOUSE NUMBER APPLICATION

Date ..... **CITY OF LINDEN** No. .....

ENGINEERING DEPARTMENT

ASSIGNS HOUSE NUMBERS AS FOLLOWS:

WARD	BLOCK	LOT NO.	STREET	HOUSE NO.	OWNER
			ok		
			ok		



Requested by .....

Issued by .....

JOHN A. ZIEMIAN, City Engineer

THE NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP).

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt a floodplain management ordinance containing certain minimum requirements intended to reduce future flood losses. One such requirement is that the community "obtain the elevation of the lowest floor (including basement) of all new and substantially improved structures, and maintain a record of all such information." The Elevation Certificate is one way for a community to comply with this requirement.

The Elevation Certificate is also required to properly rate post-FIRM structures, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), for flood insurance in FIRM Zones A1-A30, AE, AO, AH, A (with Base Flood Elevations [BFE's]), V1-V30, VE, and V (with BFE's). In addition, the Elevation Certificate is also needed for pre-FIRM structures being rated under post-FIRM flood insurance rules.

Use of this certificate does not in any way alter the flood insurance purchase requirement. The Elevation Certificate is only used to provide information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper flood insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Only a LOMA or LOMR from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal requirement for a lending institution to require the purchase of flood insurance. Note that the lending institution may still require flood insurance.

This certificate is only used to certify the elevation of the reference level of a building. If a non-residential building is being floodproofed, then a Floodproofing Certificate must be completed in addition to certifying the building's elevation. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements.

INSTRUCTIONS FOR COMPLETING THE ELEVATION CERTIFICATE

The Elevation Certificate is to be completed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE's), V1-V30, VE, and V (with BFE's) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information may also complete this form. For Zones AO and A (without BFE's), a building official, a property owner, or an owner's representative may also provide the information on this certification.

SECTION A Property Information

The Elevation Certificate identifies the building, its owner and its location. Provide the building owner's name(s), the building's complete street address, and lot and block number. If the property address is a rural route or PO box number, provide a legal description or an abbreviated location description based on distance from a reference point.

SECTION B Flood Insurance Rate Map Information

In order to properly complete the Elevation Certificate, it is necessary to locate the building on the appropriate FIRM, and record the appropriate information. To obtain a FIRM, contact the community or call 1-800-333-1363.

The Elevation Certificate may be completed based on either the FIRM in effect at the time of the certification *or* the FIRM in effect when construction of the building was started.

Items 1 - 6. Using the FIRM Index and the appropriate FIRM panel for the community, record the community number, panel (or page) number, suffix, and Index date. From the appropriate FIRM panel, locate the property and record the zone and the BFE (or flood depth number) at the building site. BFE's are shown on a FIRM for Zones A1-A30, AE, AH, V1-V30, and VE; flood depth numbers are shown for Zone AO.

Item 7. Record the vertical datum system to which the elevations on the applicable FIRM are referenced. The datum is specified in the upper right corner of the title block of the FIRM.

Item 8. In A or V Zones where BFE's are not provided on the FIRM, the community may have established BFE's based on data from other sources. For subdivisions and other development greater than 50 lots or 5 acres, establishment of BFE's is required by community floodplain management ordinance. When this is the case, complete this item.

SECTION C Building Elevation Information

Item 1. The Elevation Certificate uses a building's reference level as the point for measuring its elevation. Pages 5 and 6 of this Elevation Certificate package contain a series of eight diagrams of various building types that are to be used to help determine the reference level. Choose the diagram that best represents this building, record the diagram number, and use the indicated reference level to measure the elevation as requested in Items 2a-d.

Item 2. Depending on the property location's FIRM Zone, complete Item 2a, 2b, 2c, or 2d. Use the reference level shown in the appropriate building diagram as the point of measurement. As shown in the diagram on the back of the Certificate, for all A Zones, the elevation should be measured at the top of the reference level floor. For all V Zones, the elevation should be measured at the bottom of the lowest horizontal structural member of the reference level floor. Reporting of elevations in Items 2a and 2b should be to the nearest tenth of a foot, or alternatively, unless prohibited by state or local ordinance, the reference level elevation may be "rounded down" to the nearest whole foot (**"rounding up" is prohibited**).

Item 2(a). For structures located in FIRM Zones A1-A30, AE, AH, and A (with BFE's), record the elevation (to the nearest tenth of a foot) of the top of the floor identified as the reference level in the applicable diagram.

Item 2(b). For structures located in FIRM Zones V1-V30, VE, and V (with BFE's), record the elevation (to the nearest tenth of a foot) of the bottom of the lowest horizontal structural member of the floor identified as the reference level in the applicable diagram .

Item 2(c). For structures located in FIRM Zone A (without BFE's), record the height (to the nearest tenth of a foot) of the top of the floor indicated as the reference level (from the applicable diagram) above or below the highest adjacent grade immediately next to the building.

Item 2(d). For structures located in FIRM Zone AO, the FIRM will show the base flood depth. For locations in FIRM Zone AO record the height (to the nearest tenth of a foot) of the top of the floor identified as the reference level (from the applicable diagram) above or below the highest adjacent grade immediately next to the building. For post-FIRM buildings, the community's floodplain management ordinance requires that this value equal or exceed the base flood depth provided on the FIRM. For those few communities where this base flood depth is not available, the community will need to determine if the lowest floor is elevated in accordance with their floodplain management ordinance.

Item 3. Record the vertical datum system used in identifying the reference level elevations for all buildings. If the datum used in measuring the elevations is different than that used on the FIRM, then convert the elevations in Items 2a-d to the datum used on the FIRM, and show the conversion equation under the Comments section on Page 2.

Item 4. Indicate if the elevation reference mark used appears on the FIRM. Reference marks other than those shown on the FIRM may be used for elevation determinations. In areas experiencing ground subsidence, the most recently adjusted reference mark elevations must be used for reference level elevation determinations.

Item 5. Indicate if the reference level used in making the elevation measurement is based on actual construction or construction drawings. Construction drawings should only be used if the building does not yet have the reference level floor in place, in which case the Elevation Certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be needed once construction is complete.

Item 6. Record the elevation measurement of the lowest grade adjacent to the building (to the nearest tenth of a foot). Adjacent grade is defined as the elevation of the ground, sidewalk, patio, deck support, or basement entryway immediately next to the structure. This measurement should be to the nearest tenth of a foot if this Certificate is being used to support a request for a LOMA/LOMR.

SECTION D Community Information

Completion of this section may be required by the community in order to meet the minimum floodplain management requirements of the NFIP. Otherwise, completion of this section is not required.

Item 1. The community's floodplain management ordinance requires elevation of the building's "lowest floor" above the BFE. For the vast majority of building types, the reference level and the lowest floor will be the same. If the community determines that there is a discrepancy, record the elevation of the lowest floor.

Item 2. Enter date. These terms are defined by local ordinance.

SECTION E Certification

Complete as indicated. The Elevation Certificate may only be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE's), V1-V30, VE, and V (with BFE's) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information may also sign this certification. In the case of Zones AO and A (without BFE's), a building official, a property owner, or an owner's representative may sign this certification.

Certification is normally to the information provided in Sections B and C. If the certifier is unable to certify to the selection of reference level diagram 6, 7 or 8 (Section C, Item 1), e.g., because of difficulty in obtaining construction or building use information needed to determine the Distinguishing Feature(s), the certifier must list the Feature(s) excluded from the certification under Comments on Page 2. The diagram number used for the Reference level must still be entered in Section C, Item 1.

INSTRUCTIONS

The following 8 diagrams contain descriptions of various types of buildings. Compare the features of your building with those shown in the diagrams and select the diagram most applicable. Indicate the diagram number on the Elevation Certificate (Section C, Item 1) and complete the Certificate. The reference level floor is that level of the building used for underwriting purposes.

NOTE: In all A Zones, the reference level is the top of the lowest floor; in V Zones the reference level is the bottom of the lowest horizontal structural member (see diagram on page 2). Agents should refer to the Flood Insurance Manual for instruction on lowest floor definition.

DIAGRAM NUMBER 1

ALL SINGLE AND MULTIPLE FLOOR BUILDINGS (OTHER THAN SPLIT LEVEL), INCLUDING MANUFACTURED (MOBILE) HOUSING AND HIGH RISE BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSE, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The first floor is *not* below ground level (grade) on *all* sides*. This includes "walkout" basements, where at least one side is at or above grade. (Not illustrated)

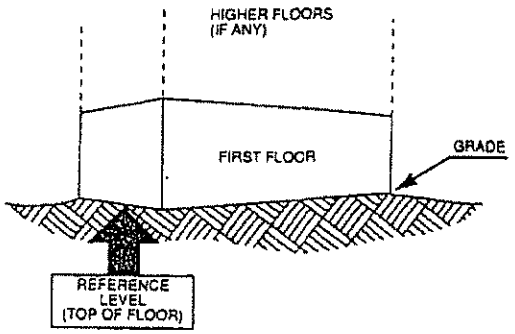


DIAGRAM NUMBER 2

ALL SINGLE AND MULTIPLE FLOOR BUILDINGS (OTHER THAN SPLIT LEVEL), INCLUDING MANUFACTURED (MOBILE) HOUSING AND HIGH RISE BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The first floor *or* basement (including an underground garage*) is below ground level (grade) on *all* sides*.

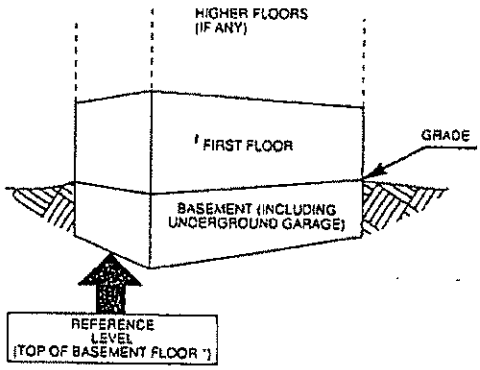


DIAGRAM NUMBER 3

ALL SPLIT LEVEL BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The lower level is *not* below ground level (grade) on *all* sides*. This includes "walkout" basements, where at least one side is at or above grade.

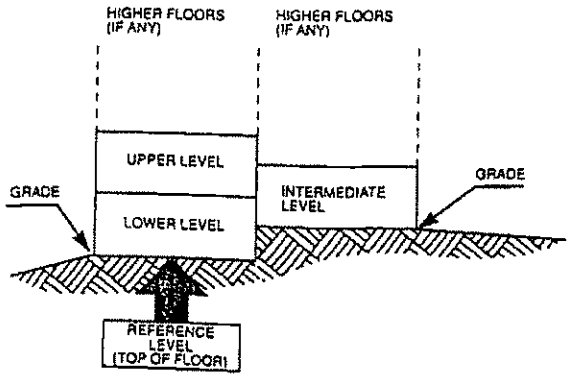
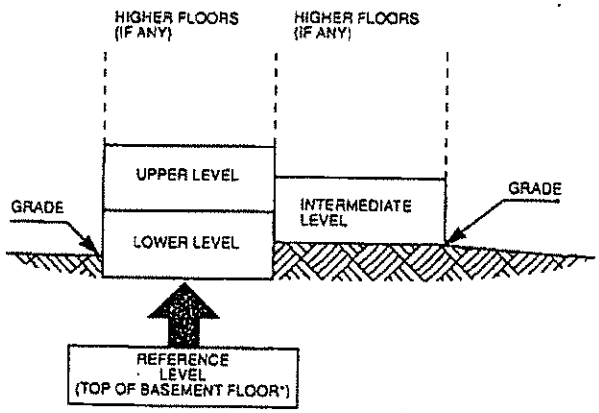


DIAGRAM NUMBER 4

ALL SPLIT LEVEL BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The lower level *(or* intermediate level) is below ground level (grade) on *all* sides*.



** Under the National Flood Insurance Program's risk classification and insurance coverage, a floor that is below ground level (grade) on all sides is considered a basement even though the floor is used for living purposes, or as an office, garage, workshop, etc.*

Note: In all A Zones, the reference level is the top of the lowest floor; in V Zones the reference level is the bottom of the lowest horizontal structural member (see diagram on page 2). Agents should refer to the Flood Insurance Manual for instruction on lowest floor definition.

DIAGRAM NUMBER 5

ALL BUILDINGS, INCLUDING MANUFACTURED (MOBILE) HOMES ELEVATED ON PIERS, POSTS, COLUMNS, SHEAR WALLS, WITH OR WITHOUT PARKING AREA BELOW ELEVATED FLOOR.

Distinguishing Feature - For all zones, the area below the elevated floor is open, with no obstruction to the flow of flood waters (open wood lattice work or readily removable insect screening is permissible).

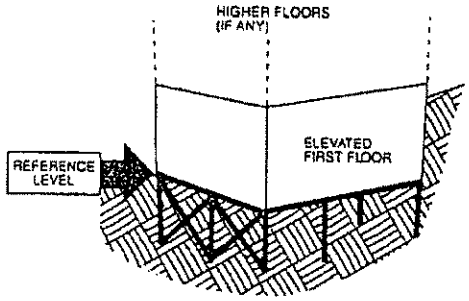


DIAGRAM NUMBER 6

ALL BUILDINGS, INCLUDING MANUFACTURED (MOBILE) HOMES ELEVATED ON PIERS, POSTS, COLUMNS, SHEAR WALLS, WITH OR WITHOUT PARKING AREA BELOW ELEVATED FLOOR.

Distinguishing Feature - For V Zones only, the area below the elevated floor is enclosed, either partially or fully, by solid breakaway walls.** When enclosed area is greater than 300 square feet or contains equipment servicing the building, use Diagram Number 7; this will result in a higher insurance rate. The enclosed area can be used for parking, building access or limited storage.

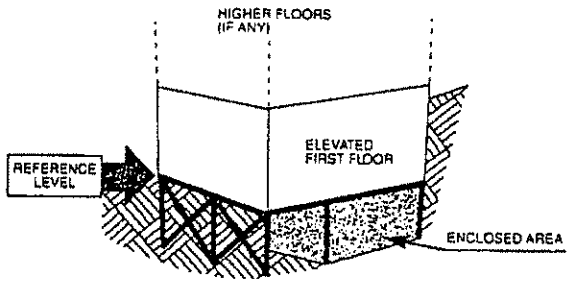


DIAGRAM NUMBER 7

ALL BUILDINGS, INCLUDING MANUFACTURED (MOBILE) HOMES ELEVATED ON PIERS, POSTS, COLUMNS, SHEAR WALLS, SOLID NON-BREAKAWAY WALLS, WITH OR WITHOUT PARKING AREA BELOW ELEVATED FLOOR.

Distinguishing Feature - For all zones, the area below the elevated floor is enclosed, either partially or fully, by solid non-breakaway walls, or contains equipment servicing the building. For V Zones only, the area is enclosed, either partially or fully, by solid breakaway walls** having an enclosed area greater than 300 square feet. For A Zones only, with an area enclosed by solid walls having proper openings,*** and used only for parking, building access, or limited storage, use Diagram Number 8 to determine the reference level.

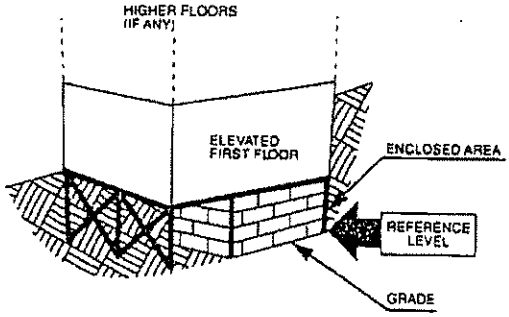
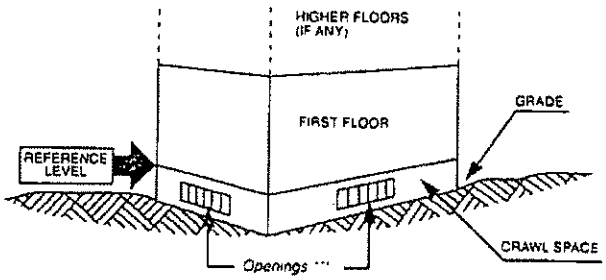


DIAGRAM NUMBER 8

ALL BUILDINGS CONSTRUCTED ABOVE AN UNFINISHED SPACE, INCLUDING CRAWL SPACE.

Distinguishing Feature - For A Zones only, the area below the first floor is enclosed by solid or partial perimeter walls, is unfinished, and contains no equipment servicing the structure. The area can be used for parking, building access, or limited storage.



* *Under the National Flood Insurance Program's risk classification and insurance coverage, a floor that is below ground level (grade) on all sides is considered a basement even though the floor is used for living purposes, or as an office, garage, workshop, etc.*

** *Solid breakaway walls are walls that are not an integral part of the structural support of a building and are intended through their design and construction to collapse under specific lateral loading forces, without causing damage to the elevated portion of the building or supporting foundation. An area so enclosed is not secure against forceable entry.*

*** *If the area below the lowest floor is fully enclosed, then a minimum of two openings are required with a total net area of at least one square inch for every square foot of area enclosed with the bottom of the openings no more than one foot above grade. Alternatively, certification may be provided by a registered professional engineer or architect that the design will allow equalization of hydrostatic flood forces on exterior walls. If neither of these criteria are met, then the reference level is the lowest grade adjacent to the structure.*

*U.S. Government Printing Office: 1997 — 517-821/83622

Benchmark Used

From NGVD 29
From FIRM MAP
From City Reference

(FGO FEMA MAP

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 1999

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form.

Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME: Westbridge Development	POLICY NUMBER: [redacted]
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER: 629 N Wood Ave	COMPANY NAIC NUMBER:
OTHER DESCRIPTION (Lot and Block Numbers, etc.): Lot 50 Block 582	
CITY: Linden	STATE: NJ — ZIP CODE: 07036

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
340467	3	—	3/2/94	AE	9.0

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): ☐ NGVD '29 ☐ Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: 10.0 feet NGVD (or other FIRM datum–see Section B, Item 7). TIDAL ESTUARY

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level # 3 .
2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of 8.0 feet NGVD (or other FIRM datum–see Section B, Item 7). garage FLOOR (lower level)
(b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of ☐☐☐.☐ feet NGVD (or other FIRM datum–see Section B, Item 7).
(c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is ☐☐☐.☐ feet above ☐ or below ☐ (check one) the highest grade adjacent to the building.
(d). FIRM Zone AO. The floor used as the reference level from the selected diagram is ☐☐.☐ feet above ☐ or below ☐ (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: ☐ NGVD '29 ☐ Other (describe under Comments on Page 2). *(NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)*
4. Elevation reference mark used appears on FIRM: ☑ Yes ☐ No (See Instructions on Page 4)
5. The reference level elevation is based on: ☐ actual construction ☒ construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: ☐☐☐☐.☐ feet NGVD (or other FIRM datum-see Section B, Item 6).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: ☐☐☐☐.☐ feet NGVD (or other FIRM datum–see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____ .

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE),V1–V30,VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

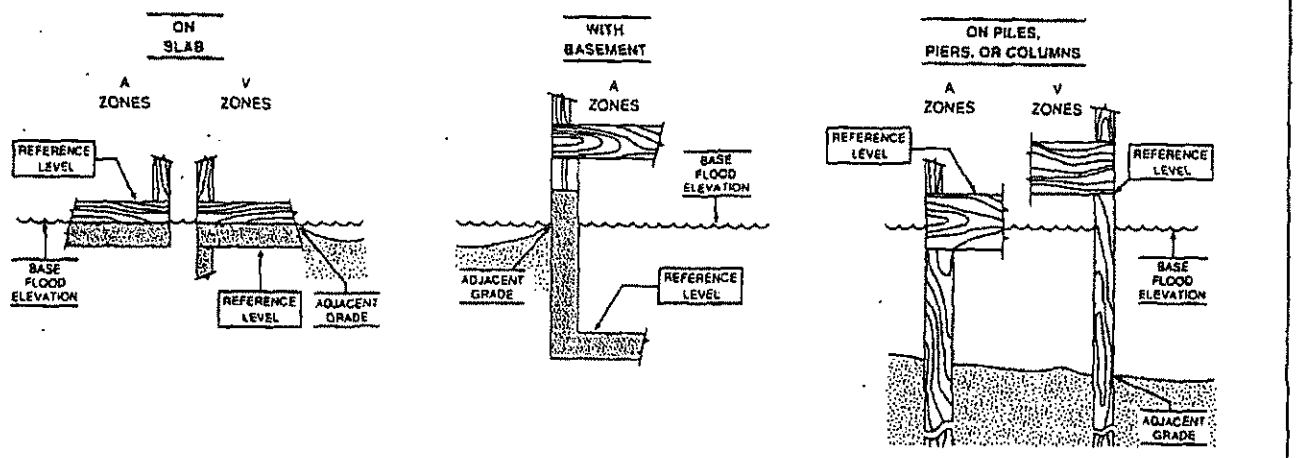
Reference level diagrams 6, 7 and 8 - Distinguishing Features–If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	LICENSE NUMBER (or Affix Seal)	
August C. Lozano,	17498	
TITLE	COMPANY NAME	
President,	August C. Lozano, P.E., Inc.	
ADDRESS	CITY	STATE ZIP
500 Grand Avenue,	Englewood,	New Jersey, 07631
SIGNATURE	DATE	PHONE
	10-12-99	[redacted]

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

THE NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP).

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt a floodplain management ordinance containing certain minimum requirements intended to reduce future flood losses. One such requirement is that the community "obtain the elevation of the lowest floor (including basement) of all new and substantially improved structures, and maintain a record of all such information." The Elevation Certificate is one way for a community to comply with this requirement.

The Elevation Certificate is also required to properly rate post-FIRM structures, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), for flood insurance in FIRM Zones A1-A30, AE, AO, AH, A (with Base Flood Elevations (BFE's)), V1-V30, VE, and V (with BFE's). In addition, the Elevation Certificate is also needed for pre-FIRM structures being rated under post-FIRM flood insurance rules.

Use of this certificate does not in any way alter the flood insurance purchase requirement. The Elevation Certificate is only used to provide information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper flood insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Only a LOMA or LOMR from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal requirement for a lending institution to require the purchase of flood insurance. Note that the lending institution may still require flood insurance.

This certificate is only used to certify the elevation of the reference level of a building. If a non-residential building is being floodproofed, then a Floodproofing Certificate must be completed in addition to certifying the building's elevation. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements.

INSTRUCTIONS FOR COMPLETING THE ELEVATION CERTIFICATE

The Elevation Certificate is to be completed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE's), V1-V30, VE, and V (with BFE's) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information may also complete this form. For Zones AO and A (without BFE's), a building official, a property owner, or an owner's representative may also provide the information on this certification.

SECTION A Property Information

The Elevation Certificate identifies the building, its owner and its location. Provide the building owner's name(s), the building's complete street address, and lot and block number. If the property address is a rural route or PO box number, provide a legal description or an abbreviated location description based on distance from a reference point.

SECTION B Flood Insurance Rate Map Information

In order to properly complete the Elevation Certificate, it is necessary to locate the building on the appropriate FIRM, and record the appropriate information. To obtain a FIRM, contact the community or call 1-800-333-1363.

The Elevation Certificate may be completed based on either the FIRM in effect at the time of the certification *or* the FIRM in effect when construction of the building was started.

Items 1 - 6. Using the FIRM Index and the appropriate FIRM panel for the community, record the community number, panel (or page) number, suffix, and index date. From the appropriate FIRM panel, locate the property and record the zone and the BFE (or flood depth number) at the building site. BFE's are shown on a FIRM for Zones A1-A30, AE, AH, V1-V30, and VE; flood depth numbers are shown for Zone AO.

Item 7. Record the vertical datum system to which the elevations on the applicable FIRM are referenced. The datum is specified in the upper right corner of the title block of the FIRM.

Item 8. In A or V Zones where BFE's are not provided on the FIRM, the community may have established BFE's based on data from other sources. For subdivisions and other development greater than 50 lots or 5 acres, establishment of BFE's is required by community floodplain management ordinance. When this is the case, complete this item.

SECTION C Building Elevation Information

Item 1. The Elevation Certificate uses a building's reference level as the point for measuring its elevation. Pages 5 and 6 of this Elevation Certificate package contain a series of eight diagrams of various building types that are to be used to help determine the reference level. Choose the diagram that best represents this building, record the diagram number, and use the indicated reference level to measure the elevation as requested in Items 2a-d.

Item 2. Depending on the property location's FIRM Zone, complete Item 2a, 2b, 2c, or 2d. Use the reference level shown in the appropriate building diagram as the point of measurement. As shown in the diagram on the back of the Certificate, for all A Zones, the elevation should be measured at the top of the reference level floor. For all V Zones, the elevation should be measured at the bottom of the lowest horizontal structural member of the reference level floor. Reporting of elevations in Items 2a and 2b should be to the nearest tenth of a foot, or alternatively, unless prohibited by state or local ordinance, the reference level elevation may be "rounded down" to the nearest whole foot (**"rounding up" is prohibited**).

Item 2(a). For structures located in FIRM Zones A1-A30, AE, AH, and A (with BFE's), record the elevation (to the nearest tenth of a foot) of the top of the floor identified as the reference level in the applicable diagram.

Item 2(b). For structures located in FIRM Zones V1-V30, VE, and V (with BFE's), record the elevation (to the nearest tenth of a foot) of the bottom of the lowest horizontal structural member of the floor identified as the reference level in the applicable diagram .

Item 2(c). For structures located in FIRM Zone A (without BFE's), record the height (to the nearest tenth of a foot) of the top of the floor indicated as the reference level (from the applicable diagram) above or below the highest adjacent grade immediately next to the building.

Item 2(d). For structures located in FIRM Zone AO, the FIRM will show the base flood depth. For locations in FIRM Zone AO record the height (to the nearest tenth of a foot) of the top of the floor identified as the reference level (from the applicable diagram) above or below the highest adjacent grade immediately next to the building. For post-FIRM buildings, the community's floodplain management ordinance requires that this value equal or exceed the base flood depth provided on the FIRM. For those few communities where this base flood depth is not available, the community will need to determine if the lowest floor is elevated in accordance with their floodplain management ordinance.

Item 3. Record the vertical datum system used in identifying the reference level elevations for all buildings. If the datum used in measuring the elevations is different than that used on the FIRM, then convert the elevations in Items 2a-d to the datum used on the FIRM, and show the conversion equation under the Comments section on Page 2.

Item 4. Indicate if the elevation reference mark used appears on the FIRM. Reference marks other than those shown on the FIRM may be used for elevation determinations. In areas experiencing ground subsidence, the most recently adjusted reference mark elevations must be used for reference level elevation determinations.

Item 5. Indicate if the reference level used in making the elevation measurement is based on actual construction or construction drawings. Construction drawings should only be used if the building does not yet have the reference level floor in place, in which case the Elevation Certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be needed once construction is complete.

Item 6. Record the elevation measurement of the lowest grade adjacent to the building (to the nearest tenth of a foot). Adjacent grade is defined as the elevation of the ground, sidewalk, patio, deck support, or basement entryway immediately next to the structure. This measurement should be to the nearest tenth of a foot if this Certificate is being used to support a request for a LOMA/LOMR.

SECTION D Community Information

Completion of this section may be required by the community in order to meet the minimum floodplain management requirements of the NFIP. Otherwise, completion of this section is not required.

Item 1. The community's floodplain management ordinance requires elevation of the building's "lowest floor" above the BFE. For the vast majority of building types, the reference level and the lowest floor will be the same. If the community determines that there is a discrepancy, record the elevation of the lowest floor.

Item 2. Enter date. These terms are defined by local ordinance.

SECTION E Certification

Complete as indicated. The Elevation Certificate may only be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE's), V1-V30, VE, and V (with BFE's) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information may also sign this certification. In the case of Zones AO and A (without BFE's), a building official, a property owner, or an owner's representative may sign this certification.

Certification is normally to the information provided in Sections B and C. If the certifier is unable to certify to the selection of reference level diagram 6, 7 or 8 (Section C, Item 1), e.g., because of difficulty in obtaining construction or building use information needed to determine the Distinguishing Feature(s), the certifier must list the Feature(s) excluded from the certification under Comments on Page 2. The diagram number used for the Reference level must still be entered in Section C, Item 1.

INSTRUCTIONS

The following 8 diagrams contain descriptions of various types of buildings. Compare the features of your building with those shown in the diagrams and select the diagram most applicable. Indicate the diagram number on the Elevation Certificate (Section C, Item 1) and complete the Certificate. The reference level floor is that level of the building used for underwriting purposes.

NOTE: In all A Zones, the reference level is the top of the lowest floor; in V Zones the reference level is the bottom of the lowest horizontal structural member (see diagram on page 2). Agents should refer to the Flood Insurance Manual for instruction on lowest floor definition.

DIAGRAM NUMBER 1

ALL SINGLE AND MULTIPLE FLOOR BUILDINGS (OTHER THAN SPLIT LEVEL), INCLUDING MANUFACTURED (MOBILE) HOUSING AND HIGH RISE BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSE, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The first floor is *not* below ground level (grade) on *all* sides*. This includes "walkout" basements, where at least one side is at or above grade. (Not illustrated)

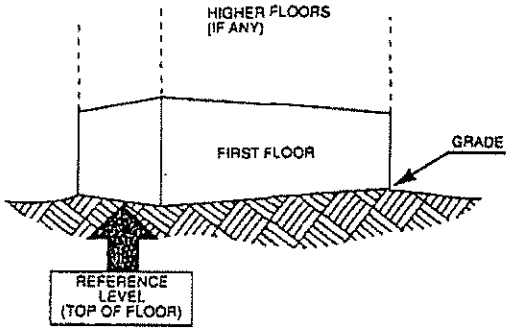


DIAGRAM NUMBER 2

ALL SINGLE AND MULTIPLE FLOOR BUILDINGS (OTHER THAN SPLIT LEVEL), INCLUDING MANUFACTURED (MOBILE) HOUSING AND HIGH RISE BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The first floor *or* basement (including an underground garage*) is below ground level (grade) on *all* sides*.

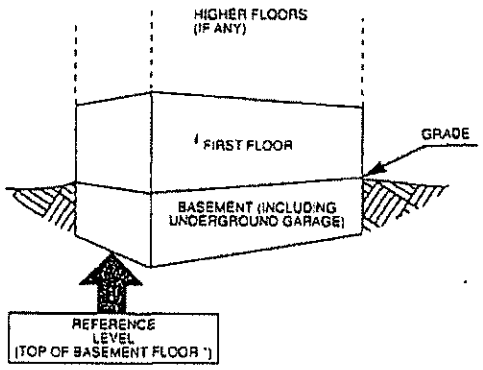


DIAGRAM NUMBER 3

ALL SPLIT LEVEL BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The lower level is *not* below ground level (grade) on *all* sides*. This includes "walkout" basements, where at least one side is at or above grade.

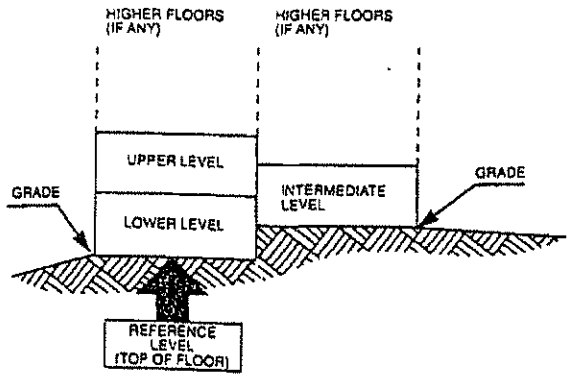
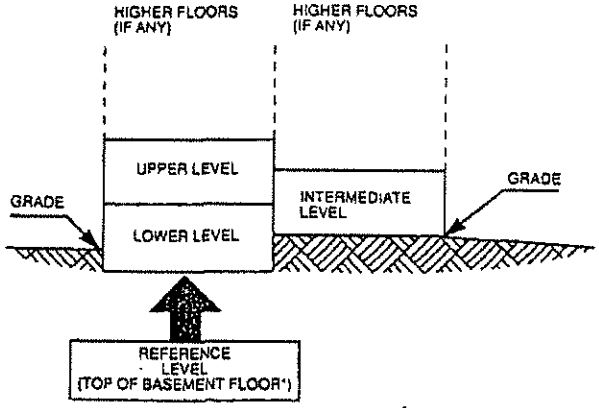


DIAGRAM NUMBER 4

ALL SPLIT LEVEL BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The lower level *(or* intermediate level) is below ground level (grade) on *all* sides*.



** Under the National Flood Insurance Program's risk classification and insurance coverage, a floor that is below ground level (grade) on all sides is considered a basement even though the floor is used for living purposes, or as an office, garage, workshop, etc.*

Note: In all A Zones, the reference level is the top of the lowest floor; in V Zones the reference level is the bottom of the lowest horizontal structural member (see diagram on page 2). Agents should refer to the Flood Insurance Manual for instruction on lowest floor definition.

DIAGRAM NUMBER 5

ALL BUILDINGS, INCLUDING MANUFACTURED (MOBILE) HOMES ELEVATED ON PIERS, POSTS, COLUMNS, SHEAR WALLS, WITH OR WITHOUT PARKING AREA BELOW ELEVATED FLOOR.

Distinguishing Feature - For all zones, the area below the elevated floor is open, with no obstruction to the flow of flood waters (open wood lattice work or readily removable insect screening is permissible).

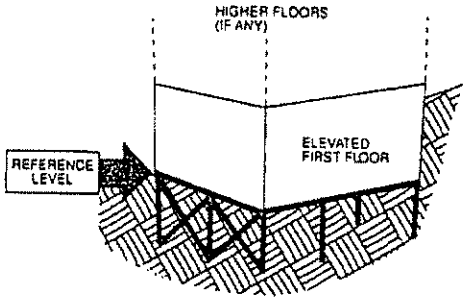


DIAGRAM NUMBER 6

ALL BUILDINGS, INCLUDING MANUFACTURED (MOBILE) HOMES ELEVATED ON PIERS, POSTS, COLUMNS, SHEAR WALLS, WITH OR WITHOUT PARKING AREA BELOW ELEVATED FLOOR.

Distinguishing Feature - For V Zones only, the area below the elevated floor is enclosed, either partially or fully, by solid breakaway walls.** When enclosed area is greater than 300 square feet or contains equipment servicing the building, use Diagram Number 7; this will result in a higher insurance rate. The enclosed area can be used for parking, building access or limited storage.

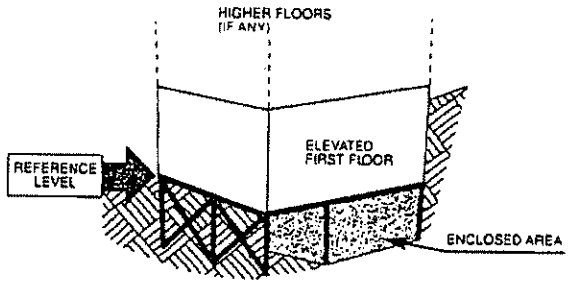


DIAGRAM NUMBER 7

ALL BUILDINGS, INCLUDING MANUFACTURED (MOBILE) HOMES ELEVATED ON PIERS, POSTS, COLUMNS, SHEAR WALLS, SOLID NON-BREAKAWAY WALLS, WITH OR WITHOUT PARKING AREA BELOW ELEVATED FLOOR.

Distinguishing Feature - For all zones, the area below the elevated floor is enclosed, either partially or fully, by solid non-breakaway walls, or contains equipment servicing the building. For V Zones only, the area is enclosed, either partially or fully, by solid breakaway walls** having an enclosed area greater than 300 square feet. For A Zones only, with an area enclosed by solid walls having proper openings,*** and used only for parking, building access, or limited storage, use Diagram Number 8 to determine the reference level.

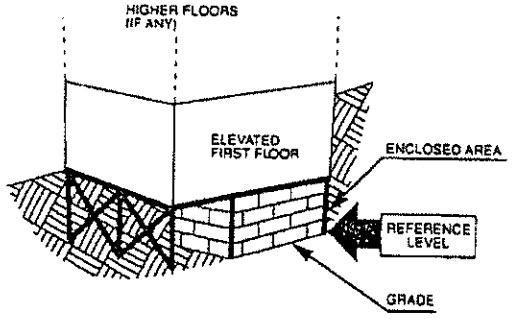
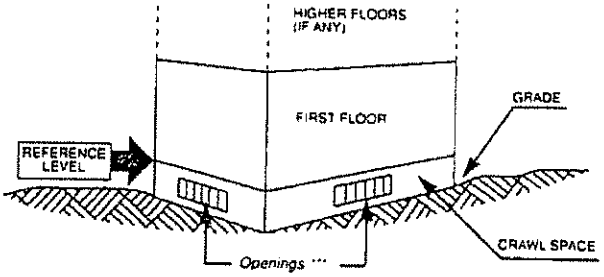


DIAGRAM NUMBER 8

ALL BUILDINGS CONSTRUCTED ABOVE AN UNFINISHED SPACE, INCLUDING CRAWL SPACE.

Distinguishing Feature - For A Zones only, the area below the first floor is enclosed by solid or partial perimeter walls, is unfinished, and contains no equipment servicing the structure. The area can be used for parking, building access, or limited storage.



* *Under the National Flood Insurance Program's risk classification and insurance coverage, a floor that is below ground level (grade) on all sides is considered a basement even though the floor is used for living purposes, or as an office, garage, workshop, etc.*

** *Solid breakaway walls are walls that are not an integral part of the structural support of a building and are intended through their design and construction to collapse under specific lateral loading forces, without causing damage to the elevated portion of the building or supporting foundation. An area so enclosed is not secure against forceable entry.*

*** *If the area below the lowest floor is fully enclosed, then a minimum of two openings are required with a total net area of at least one square inch for every square foot of area enclosed with the bottom of the openings no more than one foot above grade. Alternatively, certification may be provided by a registered professional engineer or architect that the design will allow equalization of hydrostatic flood forces on exterior walls. If neither of these criteria are met, then the reference level is the lowest grade adjacent to the structure.*

*U.S. Government Printing Office: 1997 — 517-821/83522

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program
This is to certify that

WESTBRIDGE DEVELOPMENT GROUP INC

is a registered builder under the New Home Warranty and Builder Registration Act, (N.J.S.A. 46:3B-1 et. seq.)

REGISTERED BUILDER

(This registration expires on the date stamped.)

Director

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program
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REGISTERED BUILDER

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[redacted]

Director

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DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
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REGISTERED BUILDER

(This registration expires on the date stamped.)

[redacted]

Director

INSTRUCTIONS

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NOTE: In all A Zones, the reference level is the top of the lowest floor; in V Zones the reference level is the bottom of the lowest horizontal structural member (see diagram on page 2). Agents should refer to the Flood Insurance Manual for instruction on lowest floor definition.

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ALL SINGLE AND MULTIPLE FLOOR BUILDINGS (OTHER THAN SPLIT LEVEL), INCLUDING MANUFACTURED (MOBILE) HOUSING AND HIGH RISE BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSE, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The first floor is *not* below ground level (grade) on *all* sides*. This includes "walkout" basements, where at least one side is at or above grade. (Not illustrated)

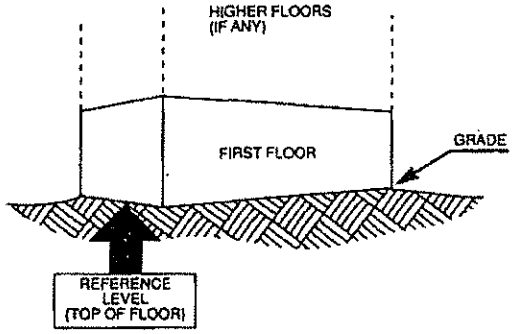

DIAGRAM NUMBER 2

ALL SINGLE AND MULTIPLE FLOOR BUILDINGS (OTHER THAN SPLIT LEVEL), INCLUDING MANUFACTURED (MOBILE) HOUSING AND HIGH RISE BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

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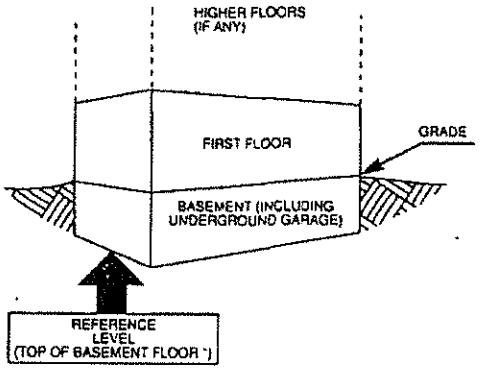


DIAGRAM NUMBER 3

ALL SPLIT LEVEL BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The lower level is *not* below ground level (grade) on *all* sides*. This includes "walkout" basements, where at least one side is at or above grade.

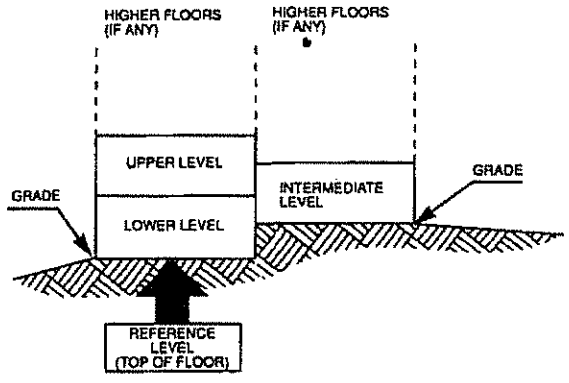
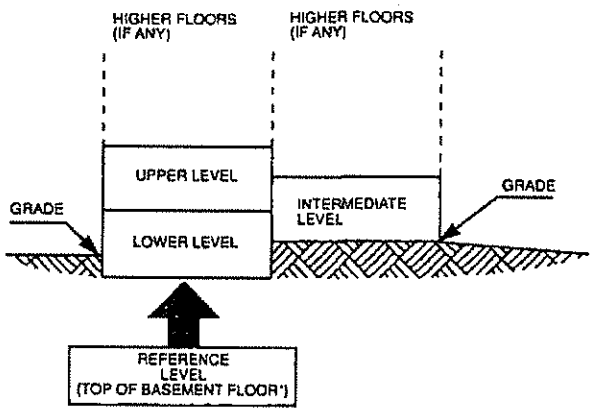


DIAGRAM NUMBER 4

ALL SPLIT LEVEL BUILDINGS, EITHER DETACHED OR ROW TYPE (E.G., TOWNHOUSES, ETC.); WITH OR WITHOUT ATTACHED GARAGE.

Distinguishing Feature - The lower level *(or* intermediate level) is below ground level (grade) on *all* sides*.



** Under the National Flood Insurance Program's risk classification and insurance coverage, a floor that is below ground level (grade) on all sides is considered a basement even though the floor is used for living purposes, or as an office, garage, workshop, etc.*

City of Linden

Union County, New Jersey
CONSTRUCTION CODE DEPARTMENT
ROOM 5, CITY HALL - 301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

FRANK GADOMSKI
Plumbing Sub-Code Official
(908) 474-8412

March 3, 2000

Thomas Caverly, Construction Official
City of Linden, New Jersey

Re: 221 & 231 Irene Street
Linden, New Jersey

Dear Mr. Caverly:

In reference to 221 Irene Street, we need an application for plumbing & HVAC. The HVAC application should be accompanied with detailed drawings.

In reference to 231 Irene Street, we need an HVAC application with detailed drawings. Also, on 231 we need a technical section that is filled out in its entirety by a licensed plumber. Application submitted with License #0275995 is an invalid plumbing license number.

However, I have no objections to any other permits being issued.

Sincerely yours,

Frank Gadomski
Plumbing Sub-Code Official

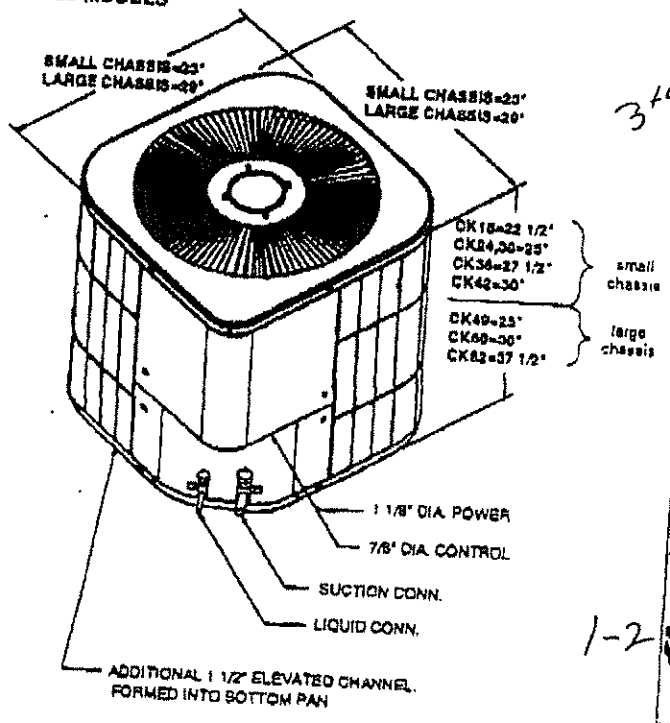
FG:lw

cc: Westbridge Development, Owner
Joseph Kondracki, Plumber

Physical Data

Model	Condenser Fan Dia. In.	Condenser Fan RPM	Liquid Connection	Suction Connection	Type	Approx. Shipping Wt.
CK18-1	18	1060	3/8	3/4	Sweat	125
CK24-1	18	1060	3/8	3/4	Sweat	135
CK30-1	18	1060	3/8	3/4	Sweat	140
CK36-1/3	18	1060	3/8	3/4	Sweat	150
CK42-1	18	1060	3/8	7/8	Sweat	160
CK48-1/3	22	1060	3/8	7/8	Sweat	176
CK60-1/3/4	22	1060	3/8	7/8	Sweat	208
CK62-1	22	1060	3/8	7/8	Sweat	258

DIMENSIONAL DATA
CK18-62 MODELS



Performance Ratings

Condenser Model	Evaporator Model	Total BTUH	Sensible BTUH	SEER	SRN/ SELs
CK18-1	AW18-XX	16400	12200	10.00	9.0 (4)
	AW24-XX	17000	12700	10.00	
	A18-XX	17000	12700	10.00	
	U18/UC18+EEP	17000	12700	10.00	
	A24-XX	17400	13200	10.00	
	U28/UC28+EEP	17400	12700	10.00	
	H24F+EEP	17400	13200	10.00	
	U31+EEP	18000	13100	10.50	
	A32-XX	18000	13500	10.50	
	AV18-30-XX	18000	13500	11.00	
	H36FA/U32/UC32+EEP	18000	13500	10.50	
CK24-1	AW24-XX	22600	16800	10.00	
	AW30-XX/A24-XX	23000	17200	10.00	
	U28/UC28+EEP	23000	17200	10.00	
	H24F+EEP	23000	17200	10.00	
	U31+EEP	24000	18400	10.50	
	U36/UC36/H36F+EEP	24000	18400	10.50	
	H36FA/U32/UC32+EEP	24000	18400	10.50	
	A32-XX	24000	18400	10.50	
	AV18-30-XX	24000	18400	11.00	
	AW30-XX	27000	20000	10.00	9.0 (4)
	U29/UC29+EEP	27000	20000	10.00	
	A30-XX	27200	20500	10.00	
	U30+EEP	27200	20500	10.00	
	A36-XX	28000	21200	10.00	
	U31+EEP	28000	21200	10.00	
	U32/UC32/H36F+EEP	28800	21800	10.00	
	A32-XX	29000	21800	10.00	
	AV36-60-XX	29000	21800	10.50	
	U42/UC42/H48F+EEP	29000	22100	11.00	
		29000	22100	10.50	
CK36-1/3	U35/UC35+EEP	33000	24000	10.00	8.0 (5)
	U36/UC36/H36F+EEP	34000	25200	10.00	
	A38-XX	34000	25200	10.00	
	H49F+EEP	35000	26800	10.50	
	A42-XX	35000	26800	10.50	
	U42/UC42/H49F+EEP	35000	26800	10.50	
	AV36-60-XX	36000	27000	11.00	
CK42-1	U42/UC42+EEP	39800	27300	10.00	8.4
	A42-XX	40000	28000	10.00	
	H49F+EEP	40000	28000	10.00	
	U47/UC47+EEP	40000	28000	10.00	
	A48-XX	40000	29600	10.00	
	U49/UC49+EEP	40400	28200	10.00	
	A49-XX	41000	30400	10.50	
	U60/UC60/H60F+EEP	41000	30400	10.50	
	AV36-60-XX	42000	31200	11.00	
	H49F+EEP	44000	33000	10.00	8.4
	U47/UC47+EEP	44000	33000	10.00	
	H60F+EEP	45000	34200	10.00	
	A48-XX	45000	34200	10.00	
	U49/UC49+EEP	45000	34200	10.00	
	U59/UC59/U60/UC60+EEP	46000	35000	10.50	
	A49-XX	46000	35000	10.50	
	H61F+EEP	47000	36000	10.50	
CK60-1/3/4	A60-XX	56000	40300	10.00	8.4
	U60/UC60/H60F+EEP	55000	39800	10.00	
	H61FA/U61/UC61+EEP	56000	38500	10.50	
	U62/UC62+EEP	56000	38500	10.50	
	A61-XX	57000	42000	10.50	
	AV36-60-XX	57000	42000	10.70	
CK62-1	A60-XX	56000	45000	10.00	8.4
	U59/UC59+EEP	58000	42000	10.00	
	U60/UC60+EEP	58000	42000	10.00	
	U61/UC61+EEP	60000	43000	10.00	
	U62/UC62+EEP	60000	43000	10.00	
	H61F+EEP	60000	43000	10.00	
	A61-XX	62000	45000	10.00	
	AV36-60-XX	62000	45000	10.50	

Electrical Data

Model	Volts	PH	Wire Ampacity	*maximum Overcurrent Protection	Maximum Volts	Minimum Volts	Compressor RLA	Compressor LRA	Cond.Fan FLA	Cond.Fan HP
CK18-1	208/230	1	12.6	20	253	197	9.0	45	1.3	1/6
CK24-1	208/230	1	16.4	25	253	197	12.1	57	1.3	1/6
CK30-1	208/230	1	18.7	30	253	197	14.7	71	1.3	1/6
CK36-1	208/230	1	22.9	40	253	197	17.3	94	1.3	1/6
CK36-3	200/230	3	14.9	25	253	197	10.9	78	1.3	1/6
CK42-1	208/230	1	26.6	45	253	197	20.5	102	1.3	1/6
CK48-1	208/230	1	26.6	45	253	197	20.0	110	1.6	1/4
CK48-3	200/230	3	17.6	30	253	197	12.8	78	1.6	1/4
CK60-1	208/230	1	37.1	60	253	197	28.2	135	1.6	1/4
CK60-3	200/230	3	22.6	35	253	197	16.7	150	1.6	1/4
CK60-4	460	3	12.1	20	506	414	8.3	73	1.6	1/4
CK62-1	208/230	1	40.6	70	253	197	30.6	147	2.3	1/3

y use fuses or HACR type Circuit Breakers of the same size as noted.

1.) Note: XX Of A Model Designate Electric Heat Quantity.
2.) EEP - Order From Service Dept. Part No. 813707-38. The Goodman Gas Furnace contains the EEP cooling time delay.
3.) When matching the outdoor unit to the indoor unit, use the piston supplied with the outdoor unit or that specified on the piston kit chart supplied with the indoor unit.
4.) SRN 7.6 with use of Sound Blanket accessory CSB-01.
5.) SRN 7.6 with use of Sound Blanket accessory CSB-01 for CK36-1 and CK36-3 only.

NOTE: SPECIFICATIONS AND PERFORMANCE DATA LISTED HEREIN ARE SUBJECT TO CHANGE

Performance Data

Model No. GMPN	Input* Nat. & L.P. BTUH	Output BTUH	DOE** AFUE	Temp. Rise Range
040-3	40,000	36,000	92.6	25-55
060-3	60,000	54,000	92.6	35-65
080-4	80,000	72,000	92.6	35-65
100-4	100,000	90,000	92.6	40-70
[redacted]	[redacted]	[redacted]	[redacted]	35-65

1-2

* For altitudes above 2,000 ft. reduce ratings 4% for each 1,000 ft above sea level

**DOE AFUE based upon Isolated Combustion System (ICS)

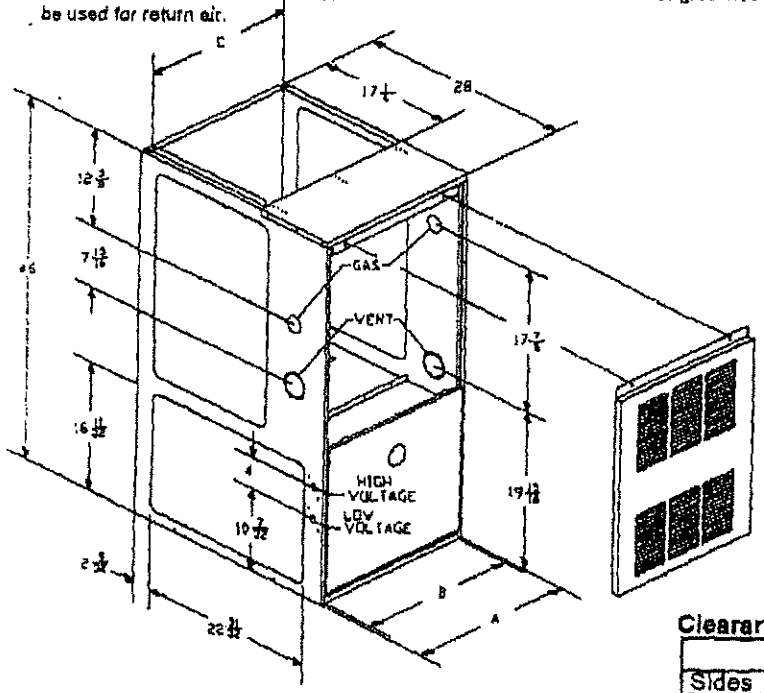
BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER

Specification Data

Model No. GMPN	Blower				Vent*	Filter**	Electrical		Ship
	Motor H.P.	Speeds	Dia	Width	Dia. In.	Size In.	FLA	Max. Fuse	Wt.
040-3	1/3	4	10	6	2	199 In² / 400 In²	5.2	15	170
060-3	1/3	4	10	6	2	240 In² / 480 In²	5.2	15	180
080-4	1/2	3	10	8	2	320 In² / 640 In²	7.8	15	205
100-4	1/2	3	10	10	3	363 In² / 727 In²	7.8	15	225
120-5	3/4	3	10	6(2)	3	480 In² / 960 In²	9.6	15	265

* Schedule 40 PVC pipe, DWV

** Filter dimensions for bottom application. All models require 18" x 25" filter(s) for side air installations. Permanent air filters recommended. Where max. air flow is 1600 CFM or greater, both sides or the bottom must be used for return air.



Dimensions (inches)

Model No. GMPN	A	B	C
040-3	14	12 1/2	12 1/2
060-3	14	12 1/2	12 1/2
080-4	17 1/2	16	16
100-4	21	19 1/2	19 1/2
120-5	24 1/2	23	23

COMBUSTIBLE FLOOR BASE FOR DOWNFLOW APPLICATION	
GMPN040-3	SBM14
GMPN060-3	SBM14
GMPN080-4	SBM17
GMPN100-4	SBM21
GMPN120-5	SBM24

Clearances from Combustible Materials (all models)

Sides	Rear	Top	Front*	Vent	Top Horiz	Top Upflow
1"	0"	1"	3"	0"	8"	1"

* Accessibility clearance shall take precedence where greater

Model Identification

G	M	P	N	060	3
Gas Furnace	Multi	Position	Condensing	Input(MBTU) (Nom)	Tons Cooling (Nom)

PERFORMANCE RATINGS

Model No.	NAT GAS Input*+ BTUH	Heating Capacity BTUH	DOE** AFUE	Temp. Rise Range
GMP050-3	45,000	36,000	80.0	25-55
GMP075-3	75,000	60,000	80.0	35-65
GMP075-4	75,000	60,000	80.0	25-55
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
GMP100-4	100,000	80,000	80.0	35-65
GMP100-5	100,000	80,000	80.0	35-65
GMP125-4	125,000	100,000	80.0	45-75
GMP125-5	125,000	100,000	80.0	45-75
GMP150-5	150,000	120,000	80.0	35-65

* For altitudes above 2,000 feet reduce input rating 4% for each 1,000 feet above sea level.

** DOE AFUE is based upon Isolated Combustion System (ICS).

+L.P. 20m/cell NORMAL INPUT

BEFORE PURCHASING THIS APPLIANCE, READ IMPORTANT ENERGY COST AND EFFICIENCY INFORMATION AVAILABLE FROM YOUR RETAILER.

SPECIFICATION DATA

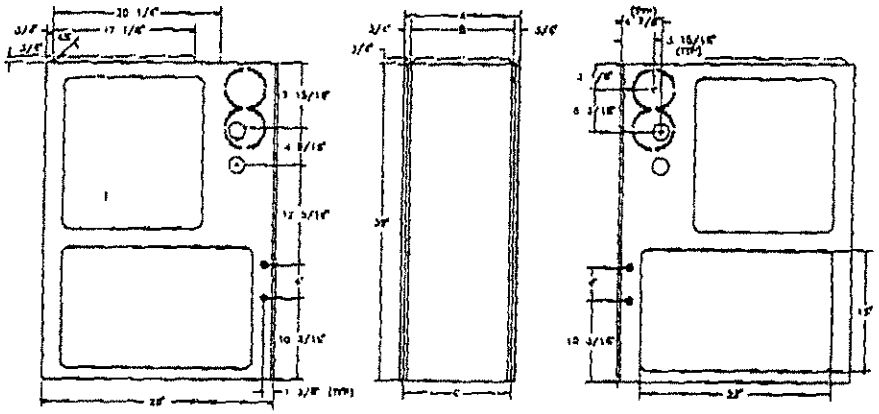
Electrical Characteristics 115/1/60 Gas Service Connection 1/2" FPT

Model GMP	BLOWER Motor HP	BLOWER Motor Speeds	Dia.	Width	Vent Dia. Metal	Filter*** Size In	Electrical FLA	Electrical Max	Ship Wt.
050-3	1/3	4	10	6	4	14 X 25	5.2	15	114
075-3	1/3	4	10	6	4	14 X 25	5.2	15	124
075-4	1/2	3	10	8	4	16 X 25	7.8	15	136
100-3	1/3	4	10	8	4	16 X 25	5.2	15	146
100-4	1/2	3	10	8	4	16 X 25	7.8	15	146
100-5	3/4	3	11	10	4	20 X 25	8.2	15	156
125-4	1/2	3	10	10	4	20 X 25	7.8	15	166
125-5	3/4	3	11	10	4	20 X 25	8.2	15	166
150-5	3/4	3	10	6(2)	4***	24 X 25	9.6	15	176

** Filter dimensions for bottom application. All models require 18" x 25" filter(s) for side air installations. Permanent air filters recommended. Both sides or bottom inlet(s) must be used for applications over 1800 c.f.m.

***GMP150-5 requires 5" diameter vent in downflow configuration.

DIMENSIONS



Clearances for Combustible Material (all models)

Sides	Rear	Top		Front*	Vent	
		Vert	Horiz		Single+	B-1
1"	0"	1"	8"	3"	5"	1"

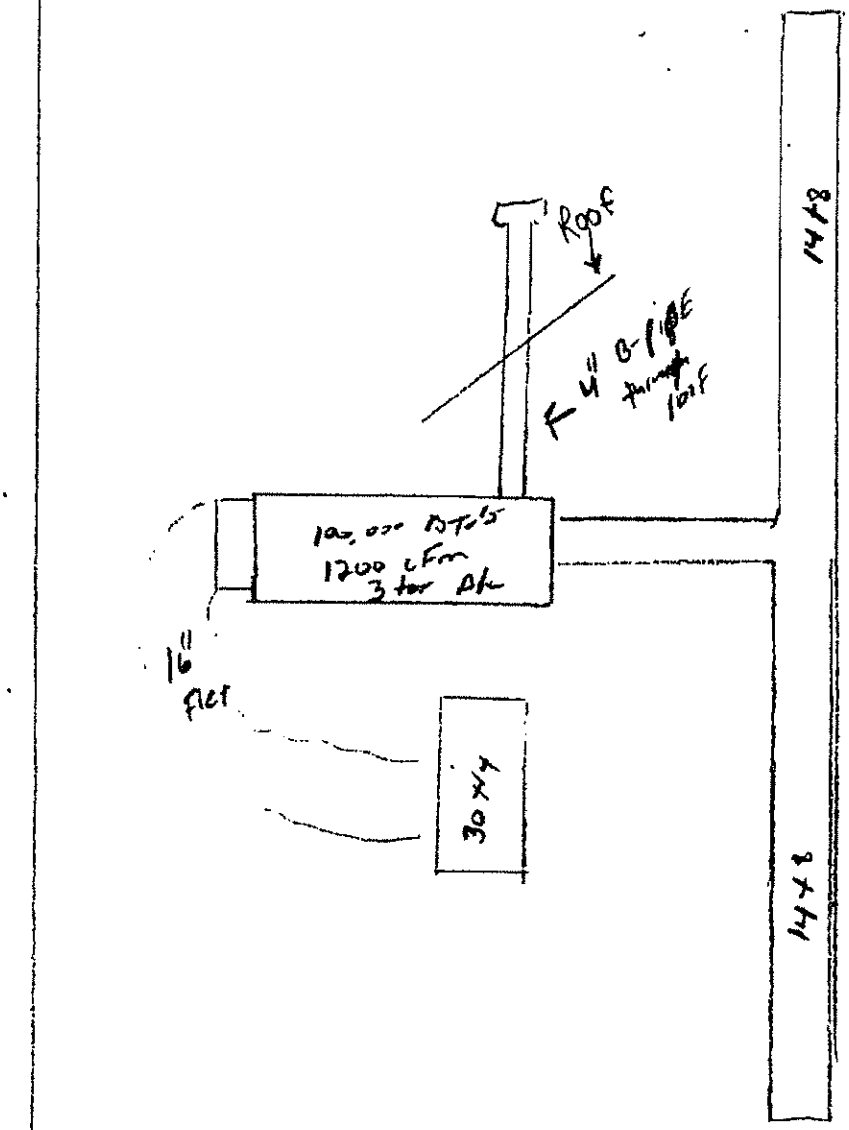
MODEL	A	B	C	DOWNFLOW COMBUSTIBLE FLOOR BASE KIT
050-3 & 075-3	14.0	12.5	12.5	SBM14
075-4 & 100-3 & -4	17.5	16.0	16.0	SBM17
100-5 & 125-4 & -5	21.0	19.5	19.5	SBM21
150-5	24.5	23.0	23.0	SBM24

+ Vent connector only

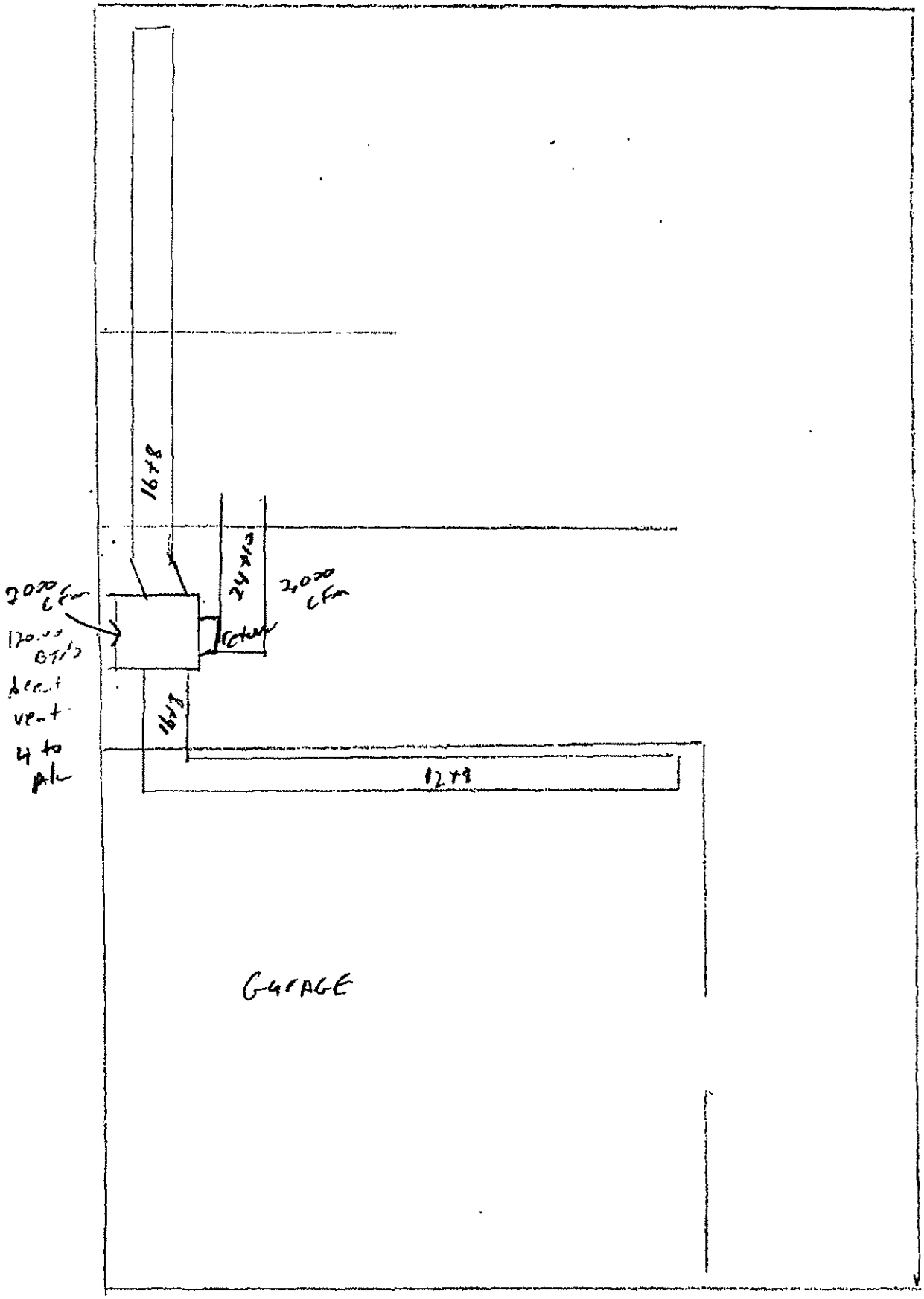
*Accessibility clearance shall take precedence where greater

Specifications and Performance Data are Subject to Change Without Notice.

3rd Floor


Roof
4" B-Vent through roof
14 x 8
120,000 BTU's
1200 cfm
3 ton AC
16" flat
30 x 4
14 x 8

1st Floor & 2nd floor.



582 / 50

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 231 Irene Street	Policy Number
CITY: Linden — STATE: New Jersey — ZIP CODE: 07036	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

|__| Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is |__|__| ft.(m) |__|__|in.(cm) |__| above or |__| below (check one) the highest adjacent grade. (Use natural grade, if available.)

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is |__|__| ft.(m) |__|__|in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? |__| Yes |__| No |__| Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS — CITY — STATE — ZIP CODE

SIGNATURE — DATE — TELEPHONE

COMMENTS

|__| Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. |X| The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. |__| A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. |X| The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
00-0322	3/7/00	5/15/01

G7. This permit has been issued for: |X| New Construction |__| Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: 10.2 ft.(m) Datum: NGVD1929

G9. BFE or (in Zone AO) depth of flooding at the building site is: 9.0 ft.(m) Datum: NGVD1929

LOCAL OFFICIAL'S NAME: JOHN A. ZIEMIAN — TITLE: CITY ENGINEER

COMMUNITY NAME: LINDEN CITY HALL, 301 N. WOOD AVE., LINDEN, NJ — TELEPHONE: 908-474-8470

SIGNATURE — DATE: November 19, 2001

COMMENTS

|__| Check here if attachments

MAY 7, 2001

FRANK GADOMSKI
CITY OF LINDEN
PLUMBING INSPECTOR
301 N. WOOD AVENUE
LINDEN, N.J. 07036

RE: 231 IRVING ST
LINDEN, N.J. 07036

DEAR MR. GADOMSKI,

THE GROUND FLOOR BAR SINK AT THE ABOVE REFERENCED PROPERTY IS NOT BEING INSTALLED BY KONDRACKI PLUMBING & HEATING. THE OWNER HAS BEEN MADE AWARE THAT THEY WILL BE RESPONSIBLE FOR HOOKING UP THE SAME.

Very truly yours,

Joseph Kondracki

1037

WESTBRIDGE DEVELOPMENT GROUP INC.
629 N. WOOD AVE.
LINDEN, NJ 07036

55-1005/212

DATE 3/9/00

PAY TO THE ORDER OF City of Linden $ 3281.00

Three Thousand Two Hundred Eighty One DOLLARS

UNITY BANK
628 North Wood Avenue
Linden, NJ 07036

RETURNED NSF UNLESS INDICATED
- ITEMS
- Uncollected Funds
- Account Closed
- Payment Stopped
- Refer To Maker
- Lack of Endorsemen
- Signature

FOR [redacted]

[redacted]

FIRST UNION NATIONAL BANK
SVC 751 - PHILADELPHIA
Date: Mar 21, 2000 Advice D-476662

Acct: [redacted]

A fee associated with this service will be reflected in your current account analysis statement. The listed items are enclosed. You may obtain payment from the maker.

SEQ #	ITEM AMOUNT
03984	3,281.00

CITY OF LINDEN
3RD FLOOR
301 N WOOD AVE
LINDEN NJ 07036

1 Item(s) charged totaling $3,281.00

Advice Total $3,281.00

[redacted]

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
PO Box 805
Trenton, NJ 08625-0805

Certificate of Participation

In the New Home Warranty Security Fund

Owner ☐ Check if for Common Elements*

1 ARASELIZ O CASIO & ARNOLD TAVAREZ
Name of Owner who will be first resident. *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

Registered Builder-Warrantor**

2 Westbrick Development
Name
629 N. Inwood Ave
Street and Number (Mailing Address)
Linden NJ 07036
City State Zip Code
Phone Number [redacted]
NJ Builder Registration Number [redacted]
Print Builder Name Anthony Perrino
Registered Builder's Signature
Where title is transferred, the seller must be the registered builder and warrantor.

New Dwelling Location

3 231 Ireve St
Street Name and Number
227 2 2
Building Number Unit Number Total Number of Units in Building
Linden 07036
City Zip Code
382 50
Block Number Lot Number
Linden Union
Municipality County

Commencement Date of Warranty

4 Commencement Date*** 5 15 2001
Month Day Year
****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5 a.
Selling Price**** $ ~~257,700.00~~ $124,950.00
Amount of Premium $ 398.59
(Rate .00319 x Selling Price)
*****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable.*
A premium payment is not required if this certificate is for common elements in a condominium development.

b.
☐ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:
Total Contract Price _____ For Office Use Only
Amount of Premium $ _____
(1.25 x Total Contract Price x Rate _____)

FHA Mortgage

6 ☐ Check if FHA Mortgage
FHA Case Number ☐☐☐–☐☐☐☐☐☐
☐ Check if VA Mortgage
VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8
☐ Single family detached (101)
☐ Townhouse (102)
☒ Two Family (103)
☐ Side by Side
☒ Top/Bottom
☐ Condominium - *three or four units in each building* (104)
☐ Condominium - *five or more units in each building* (105)

Construction Type (check one)

9
☐ Premanufactured (industrial or modular) (M)
☒ Conventional Construction (C)

Stories

10 Number of stories 2

Owner Type (check one)

11
☐ Condominium or Cooperative (C)
☐ Homeowners' Association - fee simple (H)
☒ No Homeowners' Association - fee simple (N)

PRED

12 PRED Registration or Exemption Number (R or E)
_____

Note to Owner:
Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, NJSA 46:3B-1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years.

Note: See reverse side for assignment of property.

VALIDATION STAMP
CATE
ER
18447 MAY 11 0
WARRANTY NUMBER

7685c rev.7/93

MUNICIPAL COPY

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: WESTBRIDGE DEVELOPMENT CORP
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 231 IRENE STREET
CITY: LINDEN, N.J. STATE: ZIP CODE: 07036
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): BLOCK 582 LOT 50, TAX MAP
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): RESIDENTIAL
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.## or ##.#####) HORIZONTAL DATUM: [ ] NAD 1927 [ ] NAD 1983 SOURCE: [ ] GPS (Type): [ ] USGS Quad Map [ ] Other:

For Insurance Company Use:
Policy Number
Company NAIC Number

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
LINDEN, 340467	UNION	N.J.

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
3404670003	B	3-2-94		AE	9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
[ ] FIS Profile [✓] FIRM [ ] Community Determined [ ] Other (Describe):
B11. Indicate the elevation datum used for the BFE in B9: [✓] NGVD 1929 [ ] NAVD 1988 [ ] Other (Describe):
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [ ] Yes [✓] No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [ ] Construction Drawings* [ ] Building Under Construction* [X] Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
C2. Building Diagram Number 2 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum 1929 Conversion/Comments
Elevation reference mark used RM 21 Does the elevation reference mark used appear on the FIRM? [✓] Yes [ ] No

a) Top of bottom floor (including basement or enclosure)	CRAWL - 05.2	ft.(m)
b) Top of next higher floor	FIRST FLOOR - 10.2	ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)		ft.(m)
d) Attached garage (top of slab)	GARAGE - 06.7	ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building	10.2	ft.(m)
f) Lowest adjacent grade (LAG)	5.4	ft.(m)
g) Highest adjacent grade (HAG)	6.7	ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	6	
i) Total area of all permanent openings (flood vents) in C3h	6000 S.F.	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date: NJPLS #30093 5-16-01

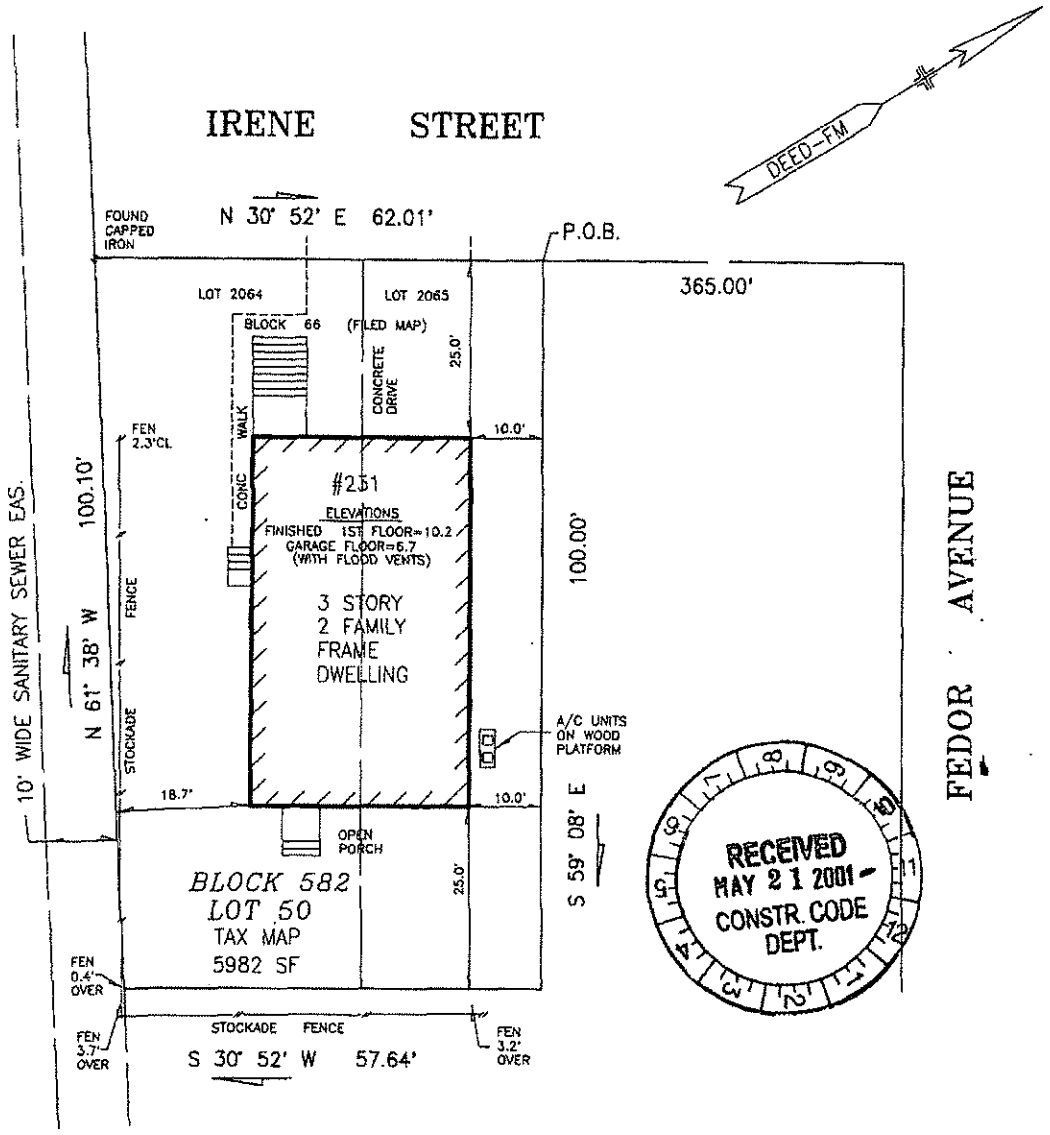
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: DOMINICK J. VENDITTO, III LICENSE NUMBER: NJPLS # 30093
TITLE: LAND SURVEYOR COMPANY NAME: SAME
ADDRESS: 626 FERNWOOD TERR CITY: LINDEN STATE: NJ ZIP CODE: 07036
SIGNATURE: DATE: 5-16-01 TELEPHONE: [redacted]

FEMA Form 81-31 AUG 98 SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS

RECEIVED
MAY 21 2001
CONSTR. CODE DEPT.



FILED MAP REFERENCFE: "JOHN FEDOR REALTY CO., INC. MAP NO.7 OF 187 LOTS SITUATED AT LINDEN", FILED IN THE UNION COUNTY REGISTERS OFFICE, AUG. 24, 1916 AS MAP #248-B

NOTES:
1) THIS SURVEY IS A REPRESENTATION OF CONDITIONS EXISTING ON THE PROPERTY EXCEPT SUCH EASEMENTS AND ENCROACHMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LAND OR NOT VISIBLE ON THE SURFACE OF THE LAND OR IN DOCUMENTATION SUPPLIED AT THE TIME OF THE SURVEY.
2) THIS SURVEY IS MADE ONLY TO THE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF DELINEATED PROPERTY BY NAMED PURCHASER.
3) NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE SURVEYOR FOR USE OF SURVEY FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, CONSTRUCTION, OR ANY OTHER PERSON NOT NAMED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.
4) PROPERTY CORNERS NOT SET IN ACCORDANCE WITH OWNERS REQUEST.

CERTIFIED TO:

ARASELIS TAVAREZ, ARNOLD TAVAREZ AND AMPARA RIVERA;
HUDSON CITY SAVINGS BANK, ITS SUCCESSORS AND/OR ASSIGNS;
CHICAGO TITLE INSURANCE COMPANY;
ADVANTAGE ABSTRACT, INC. (A-10015-2)
RONNIE LIEBOWITZ, ESQ.

MAY 14, 2001
SCALE: 1"=20'
JOB 11212
FB90-132

10182, 101828

SURVEY OF
231 IRENE STREET
CITY OF LINDEN
UNION COUNTY, NJ

DOMINICK J. VENDITTO, III
NJ LIC. PROFESSIONAL LAND SURVEYOR #30093
626 FERNWOOD TERRACE, LINDEN, NJ 07036
[redacted]

BLOCK 582 LOT 50 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-1762

City of Linden
Construction Code
Department
(908) 474-8460

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 231 Irene st
2. Name of Owner in Fee: Sully Tel. [redacted]
   Address 231 Irene st (street) Linden (municipality) N.J. 07036 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Lee Nowak Electric Tel. [redacted]
   Address 136 Berwood DR Linden, N.J.
   License No. OR, if new home, Builder Reg. No. 29479 Exp. Date _____
   Federal Employee No. [redacted] FAX [redacted]
5. Architect or Engineer _____ Tel. [redacted]
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Lee Nowak
   Tel. [redacted] FAX [redacted]

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
5. ☐ b. Alteration									
6. ☐ c. Renovation									
7. ☐ d. Reconstruction									
8. ☐ Fire Protection									
9. ☐ Plumbing									
10. ☑ Electrical					11/13/12				
11. ☐ Elevator Devices									
12. ☐ Asbestos Abat. Subch. 8									
13. ☐ Lead Hazard Abatement									
14. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 12/03)

NOV 15 2012 CONSTRUCTION CODE

Stolen vehicle

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓ Check if contractor.

Agent Name Lee Nowak Electric

Address 136 Deerwood Dr

Linden NJ 07036

Telephone [redacted]

Signature Lee Nowak

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

U.C.C. F100-2 (rev. 1/2004)

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig. No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
			Other

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy No.				
☐ Temporary Certificate of Compliance No.				
☐ Continued Certificate of Occupancy No.				
☐ Certificate of Compliance No.				
☐ Certificate of Occupancy No.				
☐ Certificate of Approval No.				
☐ Lead Abatement Clearance Certificate No.				

U.C.C. F100-3 (rev. 3/96)

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 02/20/13
Control #
Permit # 12-1762

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 582 Lot 50 Qual
Work Site Location 231 IRENE ST
HURRICANE SANDY
Owner in Fee/Occupant SALLY
Address 231 IRENE STREET
LINDEN, NJ 07036-
Telephone [redacted]
Contractor LEE NOWAK ELECTRICAL CORP.
Address 136 BERWOOD DRIVE
LINDEN, NJ 07036-
Telephone [redacted] Fax ( ) -
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

RECEPTACLES, SWITCHES & 2-100AMP. SERVICES
(HURRICANE SANDY)

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Construction Official

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

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

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 11/20/12
Control #
Permit # 12-1762

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 582 Lot 50 Qual

Work Site Location 231 IRENE ST
HURRICANE SANDY
Owner in Fee SALLY
Address 231 IRENE STREET
LINDEN, NJ 07036-
Telephone [redacted]

Contractor LEE NOWAK ELECTRICAL CORP.
Address 136 BERWOOD DRIVE
LINDEN, NJ 07036-
Telephone [redacted]
Lic. No. or Bldrs.. Reg. No. [redacted]
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RECEPTACLES, SWITCHES & 2-100AMP. SERVICES
(HURRICANE SANDY)

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 3,000

Construction Official

11/20/12
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

RECEIVED NOV 15 2012

Storm Related

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8461

CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/15/12
Control #
Date Issued 11/29/12
Permit # 12-1762

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

Block 582 Lot 50 Qualification Code

Work Site Location 231 Irene st Linden, N.J.

Owner in Fee Sally

Address 231 Irene st Linden N.J

Tel [redacted]

Contractor Lee Newark Electric

Address 136 Berwood Dr Linden, N.J. 07036

Tel [redacted] FAX [redacted]

Contractor License No. [redacted]

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 $ 3,000

C. CERTIFICATION IN LIEU OF OATH

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

Lee Newark

Applicants Signature/Contractors Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
20		Receptacles Change only	
11		Switches Change only	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Light	
		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	N/F
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
2	100A	AMP Service	120
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required Date 11/15/12 Initial

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 12/3/12

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			12/3/12	
Final			12/3/12	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 120

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

D & Jr Const
623 N. Wood

~~462-~~ 462-1730

Ramon De La Cruz

MUNICIPALITY LINDEN

CUT-IN-CARD

LOCATION 231 Irene St. UTILITY CO PSE&G

BLK 582 LOT 50

OWNER Selling OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200A 2 meters

INSTALLED BY Lee Nauhle LICENSE NO 7944

DATE 12/3/12 PERMIT # 12-1762 INSPECTOR

☐ CALLED IN / / Lic. No: 4631

UCC Form F-3608 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

MUNICIPALITY LINDEN

CUT-IN-CARD

LOCATION 231 Irene St. UTILITY CO PSE&G

BLK 582 LOT 50

OWNER Selling OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200A 2 meters

INSTALLED BY Lee Nauhle LICENSE NO 7944

DATE 12/3/12 PERMIT # 12-1762 INSPECTOR

☐ CALLED IN / / Lic. No: 4631

UCC Form F-3608 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Update Issued 12/14/12
Control #
Permit # 12-1762+A
Permit Issued 11/20/12

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 582 Lot 50 Qual

Work Site Location 231 IRENE ST
HURRICANE SANDY
Owner in Fee SALLY
Address 231 IRENE STREET
LINDEN, NJ 07036-
Telephone [redacted]

Contractor D & JR CONSTRUCTION
Address 623 NORTH WOOD AVENUE
LINDEN, NJ 07036-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SHEETROCK ON 1ST. FLOOR
INSULATION & SHEETROCK IN GARAGE
HURRICANE SANDY DAMAGE

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

Estimated Cost of Work $ 2,500

Construction Official

12/14/12
Date

U.C.C. F190 (rev. 3/96)

update

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8460

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/6/12
Control #
Date Issued 12/14/12
Permit # 12-1762 A

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

Block 582 Lot 50 Qualification Code

Work Site Location 231 IRENE St. Linden NJ 07036

Owner in Fee ANASELIA TAVAREZ ~~ANA Maria TAVAREZ~~

Address 231 IRENE St. Linden NJ. 07036 Sally

Tel. ( )

Contractor D & R CONSTRUCTION

Address 123 WOODLAWN AVE LINDEN NJ. 07036 NYK

Tel. [redacted] FAX ( )

Contractor License No. or Builder Registration No. [redacted]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 4' of Sheetrock in First Floor and Garage & INSULATION

RECEIVED
DEC - 6 2012
CONSTRUCTION CODE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	12-11-12	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1-3-13
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			1-3-13	
Barrier-Free				

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
[ ] Other Sheetrock
[ ] Demolition

FEE (Office Use Only)

$	N/C
	63
	4
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	67

B. BUILDING CHARACTERISTICS

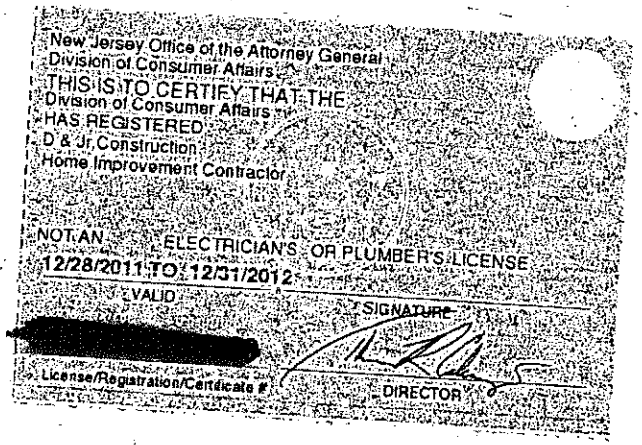
Use Group	Present ✓	Proposed
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure	4 Ft	Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 2500.00

STORM Sandy

U.C.C. F110 (rev. 07/03)

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


New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
D & Jr Construction
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

12/28/2011 TO 12/31/2012

VALID

SIGNATURE

[redacted]
License/Registration/Certificate #

DIRECTOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20000322
Update Number:
Control Number: 21584
Application Date: 03/14/2000
Permit Date: 03/14/2000

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 582 Lot: 50 Qualification Code:
Work Site Location: 231 IRENE ST LINDEN

Owner In Fee: WESTBRIDGE DEVELOPMENT INC.
Address: 231 IRENE STREET
LINDEN NJ 07036

Telephone: [redacted]

Use Group(s): R-3

Contractor: WESTBRIDGE DEVELOPMENT
Address: 629 NORTH WOOD AVENUE
LINDEN NJ 07036

Telephone: [redacted]

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
NEW 2 FAMILY WITH PLUMBING, ELECTRIC & SMOKES

PAYMENTS (Office Use Only)	
Building	$613.00
Electrical	$446.00
Plumbing	$430.00
Fire Protection	$75.00
Elevator Devices	
Mechanical	
VolFee (DCA)	$65.00
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$100.00
CCO Fee	
Minimum Fee	
Total	$1,729.00
All Fees Waived:	No

ESTIMATED COST OF WORK:

Cost of Construction:	134,400.00
Cost of Rehabilitation:	1.00
Cost of Demolition:	0.00
Total Cost:	$134,401.00

Amount to be Paid: **$1,729.00**
Check Number: 1037
Check amount: $1,729.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Frank Gadomski
Construction Official

Date

Collected by: KM
Receipt No: 1037
Total Cash Amount:
Total Check Amount: $1,729.00
Total CC Amount:
Grand Total: $1,729.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 03/14/2000
Control #: 21584

Date Issued: 03/14/2000
Permit #: 20000322

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location: 231 IRENE ST

Owner Details

Name: WESTBRIDGE DEVELOPMENT INC.
Address: 231 IRENE STREET
LINDEN NJ 07036
Telephone: [redacted]
E-mail:

Contractor Details

Contractor: WESTBRIDGE DEVELOPMENT
ATTN:
Address: 629 NORTH WOOD AVENUE
LINDEN NJ 07036
Telephone: [redacted] Fax:
E-mail:
Federal Emp. No: [redacted]
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-3		Proposed:	
Constr. Class	Present:		Proposed:	
No. of Stories	3		If Industrialized Building	
Height of Structure	30	Ft.	State Approved _____	HUD _____
Area - Largest Floor	1363	Sq. Ft.		
New Bldg. Area/All Floors	4087	Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure	40860	Cu. Ft.	1. New Building	120,000.00
Total Land Area Disturbed	1363	Sq. Ft.	2. Rehabilitation	1.00
Max. Live Load	0		3. Demolition	0.00
Max. Occupancy Load			4. Total (1+2+3)	$120,001.00

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
NEW 2 FAMILY WITH PLUMBING, ELECTRIC & SMOKES

TYPE OF WORK:

[X] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Pylon Sign 0 Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$613.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$65.00
TOTAL FEE	$678.00

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

City of Linden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 03/14/2000 Control #: 21584

Date Issued: 03/14/2000 Permit #: 20000322

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location: 231 IRENE ST

Owner in Fee: WESTBRIDGE DEVELOPMENT INC.

Address: 231IRENE STREET
LINDEN NJ 07036

E-mail:

Telephone: [redacted]

Contractor: DAN-EL ELECTRIC
ATTN:

Address: 418 STANLEY PLACE
RAHWAY NJ 07065

E-mail:

Telephone: [redacted]

Fax:

DESCRIPTION OF WORK:
NEW 2 FAMILY WITH PLUMBING, ELECTRIC & SMOKES

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date:

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-3 Proposed

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

Building Occupied as Utility Co.

1. New Building $5,000.00 2. Rehabilitation $0.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $5,000.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
82		Receptacles	
42		Switches	
12		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 156	$181.00
		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	
2	5.00	KW Dishwasher	$30.00
		HP Garbage Disposal	
2	5.00	KW Central A/C Unit	$30.00
2	5.00	HP/KW Space Htr./Air Handler	$30.00
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	200.00	AMP Service	$75.00
2	100.00	AMP Subpanels	$100.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$446.00

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

City of Linden

FIRE SUBCODE TECHNICAL SECTION

Date Received 03/14/2000 Date Issued 03/14/2000
Control # 21584 Permit # 20000322

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location : 231 IRENE ST

Owner Details

Owner in Fee: WESTBRIDGE DEVELOPMENT INC.
Address: 231 IRENE STREET
LINDEN NJ 07036
Telephone: [redacted]
E-mail:

Contractor Details

Contractor: DAN-EL ELECTRIC
ATTN:
Address: 418 STANLEY PLACE
RAHWAY NJ 07065
Telephone: [redacted] Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.: Federal Emp. No.: [redacted]
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

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

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity 0 Fuel
1. New: $200.00 2. Rehabilitation: $0.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
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.

Sign here: _____ Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
NEW 2 FAMILY WITH PLUMBING, ELECTRIC & SMOKES

Water Supply Source
Method of Alarm/Suppression System Supervision

NUMBER

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.,horns/strobes,bells)
Other Devices:
TOTAL
Suppression Systems
Fire Pump __ GPM Type __
Dry Pipe/Alarm Valves
Pre-action Valves
Sprinkler Heads(Dry and Wet)
Standpipes
Pre-Engineered Systems
Wet Chemical
Dry Chemical
CO2 Suppression
Foam Suppression
FM200 Suppression
Other:
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fuel-Fired Appliances [ ]Gas [ ]Oil [ ] Solid
Fireplace Venting/Metal Chimney
Other:

FEE (Office Use Only)

Administrative Surcharge	
Mininimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$75.00

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

City of Linden

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 03/14/2000 Date Issued: 03/14/2000

Control #: 21584 Permit #: 20000322

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location: 231 IRENE ST

Owner in Fee : WESTBRIDGE DEVELOPMENT INC.

Address : 231 IRENE STREET
LINDEN NJ 07036

Email:

Telephone: [redacted]

Contractor: KONDRACKI PLUMBING & HEATING
ATTN:

Address: 127 COOLIDGE STREET
LINDEN NJ 07036

Telephone: [redacted]
Fax:

E-mail:

Contractor License No.: 6328 Expiration Date: Federal Emp. No.: [redacted]

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-3 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $9,200.00 2. Rehabilitation: $0.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $9,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

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

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
NEW 2 FAMILY WITH PLUMBING, ELECTRIC & SMOKES

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	$40.00
	Urinal/Bidet	
2	Bath Tub	$20.00
4	Lavatory	$40.00
2	Shower	$20.00
	Floor Drain	
2	Sink	$20.00
2	Dishwasher	$20.00
	Drinking Fountain	
2	Washing Machine	$20.00
2	Hose Bibb	$20.00
2	Water Heater	$20.00
	Fuel Oil Piping	
8	Gas Piping	$80.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
1	Sewer Connection	$30.00
2	Water Service Connection	$60.00
3	Stacks	$30.00
	Other 1: U.T.R.	$10.00
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$430.00

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908-4748463

CERTIFICATE
IDENTIFICATION

Date Issued: 05/15/2001
Control #: 21584
Permit #: 20000322

Block: 582 Lot :50

Work Site Location: 231 IRENE ST
LINDEN

Owner in Fee: WESTBRIDGE DEVELOPMENT INC.
Address: 231 IRENE STREET
LINDEN NJ 07036
Telephone: [redacted]

Agent/Contractor: WESTBRIDGE DEVELOPMENT
Address: 629 NORTH WOOD AVENUE
LINDEN NJ 07036
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-3
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
NEW 2 FAMILY WITH PLUMBING, ELECTRIC & SMOKES

Update Desc. of Wk/Use:
HEATING & AIR CONDITIONING, CHANGE OF CONTRACTOR ON HEATING & A/C

[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 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

Frank Gadomski Construction Official

Fees: $100.00
Paid[X]Check No.: 1037
Collected by: KM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20000322
Update Number: 1
Control Number: 21585
Application Date: 03/14/2000
Permit Date: 03/14/2000

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 582 Lot: 50 Qualification Code:
Work Site Location: 231 IRENE ST LINDEN

Owner In Fee: WESTBRIDGE DEVELOPMENT INC.
Address: 231 IRENE STREET
LINDEN NJ 07036

Telephone: [redacted]

Use Group(s): R-3

Contractor: ABSOLUTE CONSTRUCTION INC.
Address: 115 E. 11TH AVE.
ROSELLE NJ 07203

Telephone: [redacted]

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
HEATING & AIR CONDITIONING

ESTIMATED COST OF WORK:

Cost of Construction:	6,800.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$6,800.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$120.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$120.00
All Fees Waived:	No

Amount to be Paid:	**$120.00**
Check Number:	1037
Check amount:	$120.00

Frank Gadomski
Construction Official

Date

Collected by:	KM
Receipt No:	1037
Total Cash Amount:	
Total Check Amount:	$120.00
Total CC Amount:	
Grand Total:	$120.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 03/14/2000 Date Issued: 03/14/2000

Control #: 21585 Permit #: 20000322 - 1

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location: 231 IRENE ST

Owner in Fee : WESTBRIDGE DEVELOPMENT INC.

Address : 231 IRENE STREET
LINDEN NJ 07036

Email:

Telephone: [redacted]

Contractor: ABSOLUTE CONSTRUCTION INC.
ATTN:

Address: 115 E. 11TH AVE.
ROSELLE NJ 07203

Telephone: [redacted]
Fax:

E-mail:

Contractor License No.: 11217 Expiration Date: Federal Emp. No.: [redacted]

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-3 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $6,800.00 2. Rehabilitation: $0.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $6,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

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

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
HEATING & AIR CONDITIONING

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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1: HEAT	$60.00
	Other 2: A/C	$60.00
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$120.00

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20000322
Update Number: 2
Control Number: 23297
Application Date: 11/16/2000
Permit Date: 11/16/2000

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 582 Lot: 50 Qualification Code:
Work Site Location: 231 IRENE ST LINDEN

Owner In Fee: WESTBRIDGE DEVELOPMENT INC.
Address: 231 IRENE STREET
LINDEN NJ 07036
Telephone: [redacted]

Use Group(s): R-3

Contractor: PIEGARO'S HEATING & A/C
Address: 99 MARY STREET
BELLEVILLE NJ 07109
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR ON HEATING & A/C

ESTIMATED COST OF WORK:

Cost of Construction:	6,250.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$6,250.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

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

Amount to be Paid:

Frank Gadomski
Construction Official

Date

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 11/16/2000 Date Issued: 11/16/2000

Control #: 23297 Permit #: 20000322 - 2

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location: 231 IRENE ST

Owner in Fee : WESTBRIDGE DEVELOPMENT INC.

Address : 231 IRENE STREET
LINDEN NJ 07036

Email:

Telephone: [redacted]

Contractor: PIEGARO'S HEATING & A/C
ATTN:

Address: 99 MARY STREET
BELLEVILLE NJ 07109

Telephone: [redacted]
Fax:

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No. [redacted]

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-3 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $6,250.00 2. Rehabilitation: $0.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $6,250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

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

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR ON HEATING & A/C

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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	$30.00
State Permit Surcharge Fee	
TOTAL FEE	

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20061224
Update Number:
Control Number: 37763
Application Date: 11/16/2006
Permit Date: 11/16/2006

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 582 Lot: 50 Qualification Code:
Work Site Location: 231 IRENE ST LINDEN

Owner In Fee: ARASELIZ TAVAREZ
Address: 231 IRENE STREET
LINDEN NJ 07036
Telephone: [redacted]

Use Group(s): R-3

Contractor: BARRETT CONSTRUCTION
Address: 118 STAGE COACH ROAD
MILLSTONE TOWNSHIP NJ 08510
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
DECK, PATIO DOOR & POOL WITH ELECTRIC

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	14,077.00
Cost of Demolition:	0.00
Total Cost:	$14,077.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Frank Gadomski
Construction Official

Date

PAYMENTS (Office Use Only)

Building	$344.00
Electrical	$50.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$19.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$413.00
All Fees Waived:	No

Amount to be Paid:	**$413.00**
Check Number:	1545
Check amount:	$413.00

Collected by:	KM
Receipt No:	1545
Total Cash Amount:	
Total Check Amount:	$413.00
Total CC Amount:	
Grand Total:	$413.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 11/16/2006
Control #: 37763

Date Issued: 11/16/2006
Permit #: 20061224

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location: 231 IRENE ST

Owner Details

Name: ARASELIZ TAVAREZ

Address: 231 IRENE STREET
LINDEN NJ 07036

Telephone: [redacted]

E-mail:

Contractor Details

Contractor: BARRETT CONSTRUCTION
ATTN:

Address: 118 STAGE COACH ROAD
MILLSTONE TOWNSHIP NJ 08510

Telephone: [redacted] x: ( ) / - -

E-mail:

Federal Emp. No [redacted]

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-3	Proposed:		
Constr. Class	Present:	Proposed:		
No. of Stories			If Industrialized Building	
Height of Structure		Ft.	State Approved _____	HUD _____
Area - Largest Floor		Sq. Ft.		
New Bldg. Area/All Floors		Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure		Cu. Ft.	1. New Building	0.00
Total Land Area Disturbed		Sq. Ft.	2. Rehabilitation	13,777.00
Max. Live Load	0		3. Demolition	0.00
Max. Occupancy Load			4. Total (1+2+3)	$13,777.00

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
DECK, PATIO DOOR & POOL WITH ELECTRIC

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	$344.00
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (exceeds 6')	
[ ] Pylon Sign 0 Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1:	
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$19.00
TOTAL FEE	$363.00

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

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

City of Linden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 11/16/2006
Control #: 37763

Date Issued: 11/16/2006
Permit #: 20061224

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location: 231 IRENE ST

Owner in Fee: ARASELIZ TAVAREZ

Address: 231IRENE STREET
LINDEN NJ 07036

E-mail:

Telephone: [redacted]

Contractor: SUNRISE ELECTRIC
ATTN:

Address: 356 LINDEN AVENUE
ELIZABETH NJ 07202

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date:

DESCRIPTION OF WORK:
DECK, PATIO DOOR & POOL WITH ELECTRIC

Telephone [redacted]

Fax:

Federal Emp. No.: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-3 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $300.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $300.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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's Signature/Contractor's seal and Signature

Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
		TOTAL NUMBER
1		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 Htr./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
		KW Photovoltaic Systems
		Other 3:
		Other 4:
		Other 5:
		Other 6:
		Other 7:
		Other 8:
		Other 9:

FEE (Office Use Only)

Administrative Surcharge	
Minimum Fee	$25.00
State Permit Surcharge Fee	
TOTAL FEE	$50.00

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

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908-4748463

CERTIFICATE
IDENTIFICATION

Date Issued: 02/20/2013
Control #: 50223
Permit #: 20121762

Block: 582 Lot :50

Work Site Location: 231 IRENE ST
LINDEN

Owner in Fee: SALLY

Address: 231 IRENE STREET
LINDEN NJ 07036

Telephone: [redacted]

Agent/Contractor: LEE NOWAK ELECTRICAL CORP.

Address: 136 BERWOOD DRIVE
LINDEN NJ 07036

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-3

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use:
RECEPTACLES, SWITCHES & 2-100AMP. SERVICES

Update Desc. of Wk/Use:
SHEETROCK ON 1ST. FLOOR INSULATION & SHEETROCK IN GARAGE
HURRICANE SANDY DAMAGE

[ ] **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 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

Frank Gadomski Construction Official

Fees: $0.00

Paid[ ]Check No.: _____

Collected by: _____

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20121762
Update Number:
Control Number: 50223
Application Date: 11/20/2012
Permit Date: 11/20/2012

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 582 Lot: 50 Qualification Code:
Work Site Location: 231 IRENE ST LINDEN

Owner In Fee: SALLY
Address: 231 IRENE STREET
LINDEN NJ 07036

Telephone: [redacted]

Use Group(s): R-3

Contractor: LEE NOWAK ELECTRICAL CORP.
Address: 136 BERWOOD DRIVE
LINDEN NJ 07036

Telephone: [redacted]

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
RECEPTACLES, SWITCHES & 2-100AMP. SERVICES

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	3,000.00
Cost of Demolition:	0.00
Total Cost:	$3,000.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	Yes

Amount to be Paid:

Frank Gadomski
Construction Official

Date

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 11/20/2012
Control #: 50223

Date Issued: 11/20/2012
Permit #: 20121762

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location: 231 IRENE ST

Owner in Fee: SALLY

Address: 231IRENE STREET
LINDEN NJ 07036

E-mail:

Telephone: [redacted]

Contractor: LEE NOWAK ELECTRICAL CORP.
ATTN:

Address: 136 BERWOOD DRIVE
LINDEN NJ 07036

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 7944 Exp Date: 3/30/2021

Federal Emp. No.: [redacted]

DESCRIPTION OF WORK:
RECEPTACLES, SWITCHES & 2-100AMP. SERVICES

Telephone [redacted]

Fax:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-3 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00
2. Rehabilitation $3,000.00
3. Demolition $0.00
Est.Cost of Elec.Work (1+2+3) $3,000.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ]CO [ ]CCO [ ]CA
Date:
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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's Signature/Contractor's seal and Signature

Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
20		Receptacles	
11		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 31	
		Pool Permit/with UW Lights	$71.00
		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 Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
2	100.00	AMP Service	$120.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

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

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20121762
Update Number: 1
Control Number: 50395
Application Date: 12/14/2012
Permit Date: 12/14/2012

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 582 Lot: 50 Qualification Code:
Work Site Location: 231 IRENE ST LINDEN

Owner In Fee: SALLY
Address: 231 IRENE STREET
LINDEN NJ 07036

Telephone: [redacted]

Use Group(s): R-3

Contractor: D & JR CONSTRUCTION
Address: 623 NORTH WOOD AVENUE
LINDEN NJ 07036

Telephone: [redacted]

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
SHEETROCK ON 1ST. FLOOR INSULATION & SHEETROCK IN GARAGE HURRICANE SANDY DAMAGE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,500.00
Cost of Demolition:	0.00
Total Cost:	$2,500.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

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

Amount to be Paid:

Frank Gadomski
Construction Official

Date

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 12/14/2012 Control #: 50395

Date Issued: 12/14/2012 Permit #: 20121762 - 1

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

Block: 582 Lot: 50 Qualification Code:

Work Site Location: 231 IRENE ST

Owner Details

Name: SALLY

Address: 231 IRENE STREET
LINDEN NJ 07036

Telephone: [redacted]

E-mail:

Contractor Details

Contractor: D & JR CONSTRUCTION
ATTN:

Address: 623 NORTH WOOD AVENUE
LINDEN NJ 07036

Telephone: [redacted] x:

E-mail:

Federal Emp. No: [redacted]

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: [redacted]

B. BUILDING CHARACTERISTICS

Use Group	Present: R-3	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories		If Industrialized Building	
Height of Structure	Ft.	State Approved _____	HUD_____
Area - Largest Floor	Sq. Ft.		
New Bldg. Area/All Floors	Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure	Cu. Ft.	1. New Building	0.00
Total Land Area Disturbed	Sq. Ft.	2. Rehabilitation	2,500.00
Max. Live Load	0	3. Demolition	0.00
Max. Occupancy Load		4. Total (1+2+3)	$2,500.00

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
SHEETROCK ON 1ST. FLOOR INSULATION &
SHEETROCK IN GARAGE HURRICANE SANDY DAMAGE

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Pylon Sign 0 Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$63.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

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