



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 567960
Date Issued 4/12/2005
Permit # 05-535

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

Block 1019 Lot 6 Qualification Code

Work Site Location 233 MONTICELLO ST
UNION TWP, NJ 07083

Owner In Fee: PAPRIKIC, TOMISLAV AND BILJANA

Tel. () e-mail

Address 520 JERSEY AVE, ELIZABETH, NJ 07208

Contractor: PAPRIKIC, TOMISLAV AND BILJANA Tel. ()

Address 520 JERSEY AVE e-mail

ELIZABETH, NJ 07208,

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

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

Federal Emp. ID No. FAX: ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
☐ All			Footings	
☐ Footings/Foundations			Footings Bonding	
☐ Structural/Framework			Foundation	
☐ Exterior			Slab	
☐ Interior			Frame	
Joint Plan Review Required:			Truss Sys./Bracing	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free	
SUBCODE APPROVAL for PERMIT			Insulation	
Date:			Finishes -Base Layer	
Approved by:			Finishes -Final	
SUBCODE APPROVAL for CERTIFICATE			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			TCO	
Approved by:			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD
Est. Cost of Bldg. Work:
1. New Bldg. \$ 0.00
2. Rehabilitation \$ 0.00
3. Total (1+ 2) \$ 0.00

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

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
BLDG - ABOVE GROUND POOL

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Retaining Wall 0 Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other
☐ Demolition

FEE (Office Use Only)

\$ 0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00

Administrative Surcharge \$ 0.00
Minimum Fee \$ 0.00
State Permit Surcharge Fee \$ 0.00
TOTAL FEE \$ 0.00

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



TOWNSHIP OF UNION
Code Enforcement Agency
1976 Morris Ave.
Union, New Jersey 07083

Date Received
Control #

Date Issued
Permit #

11/30/04
04-2578

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

Block 1019 Lot 6 Qualification Code _____
Work Site Location 233 MONTICELLO ST.
UNION N.J.
Owner in Fee COWAY
Address 233 MONTICELLO ST
UNION N.J.
Tel. _____
Contractor NO G. M. CONSTRUCTION INC.
Address 610 BLOOMFIELD AVE.
BLOOMFIELD N.J. 07003
Tel. (973) 743 4443 FAX (973) 743 0043
Contractor License No. or Builder Registration No. 031621
Federal Emp. No. 223790352

C. CERTIFICATION IN LIEU OF OATH

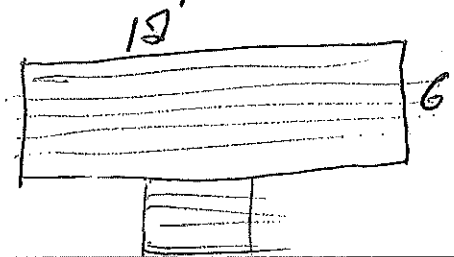
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Nick Manna
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PROPOSED NEW WOOD DECK
AS PER ARCHITECTS PLANS.



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 Deck
☐ Demolition

FEE (Office Use Only)

\$ _____

77

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required	_____	_____	Type:	Failure	Approval
☐ All	_____	_____	Footing	_____	_____
☒ Footing	_____	_____	Footing Bonding	_____	_____
☐ Foundation	_____	_____	Foundation	_____	_____
☒ Frame	_____	_____	Slab	_____	_____
☐ Other	_____	_____	Frame	_____	_____
			Truss Sys./Bracing	_____	_____
			Barrier-Free	_____	_____
Joint Plan Review Required:			Insulation	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer	_____	_____
			Finishes -Final	_____	_____
SUBCODE APPROVAL			Energy	_____	_____
☐ CO ☐ CCO ☐ CA			Mechanical	_____	_____
Date: _____			TCO	_____	_____
Approved by: _____			Other	_____	_____
			Final	_____	_____
			Barrier-Free	_____	_____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ 3200.00

CASH
one

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 77



MECHANICAL INSPECTION TECHNICAL SECTION



Open

Date Received 6/7/2022
Control # 00009454
Date Issued 3/3/2023
Permit # 23-365

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

Block 1019 Lot 6 Qualification Code _____
Work Site Location 233 MONTICELLO ST
UNION, NJ 07083

Owner In Fee: COWAN, MADELENE

Tel. _____ e-mail _____

Address 233 MONTICELLO ST, UNION, NJ 07083

Contractor: NORTHEAST ENERGY CONSERVATION Tel. (862) 200-6100

Address 16 CHAPIN ROAD, STE 910 PINEBROOK, NJ 07058
e-mail GREG-PLET@NECINJ.NET

Contractor License No. 13VH05562700 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason 20-345-9390

Federal Emp. ID No. _____ FAX: (973) 244-2405

B. MECHANICAL CHARACTERISTICS

Use Group Present: _____ Proposed: R-5

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

Type: ☐ Hydronic ☐ Hot Air

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

Estimated Cost of Mechanical Work \$ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES		
☐ No Plans Required		Type:	Failure	Failure	Approval	Initial
☐ Mechanical Plans Approved		Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.		Oil Piping	_____	_____	_____	_____
☐ Elev.		Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____	_____
Date: 06/09/2022		Hydronic Piping	_____	_____	_____	_____
Approved by: VF		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
☐ CA ☐ CCO		Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor
sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL CHIMNEY LINER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Heater	\$ 0.00
0	Fuel Oil Piping Connections	0.00
0	Gas Piping Connections	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Hot Air Furnace	0.00
0	Oil Tank	0.00
0	LPG Tank	0.00
0	Fireplace	0.00
0	Generator	0.00
1	Other	0.00

Administrative Surcharge \$ 65.00
Minimum Fee \$ 4.00
State Permit Surcharge Fee \$ 69.00
TOTAL FEE \$ _____