# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 12/1/03
Date Issued 12/4/03
Control #
Permit # 03-0985

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

Block 153.1 Lot 6
Work Site Location 263 ROSE ST
METUCHEN
Owner in Fee CHARLES VINCENT
Address SAME

Tele. (___) [redacted]
Contractor PETRO FUEL
Address 1245 WESTFIELD AVE
CLARK NJ 07066
Tele. (___) 732-882-6568
Lic. No.
Federal Emp. No. [redacted] or Social Security No.

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
**Est. Cost of Elec. Work $** 100.00

Expired 5/10/05

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12-1-03
Approved by: MeDoole

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temporary | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |

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.

Bruce Bonder
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| 1 | | OIL TO OIL FURNACE REPLACEMENT | 30 00 |

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

GARDEN STATE COPY

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

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

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/1/03
Date Issued 12/4/03
Control #
Permit # 03-0985

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

Block 153.1 Lot 6

Work Site Location 263 ROSE ST
METUCHEN

Owner in Fee CHARLES VINCENT

Address SAME

Tele. ( ): [redacted]

Contractor PETRO FUEL

Address 1245 WESTFIELD AVE
CLARK NJ 07066

Tele. ( ) 732-882-6568 Fax ( )

Lic. No.

Federal Emp. No. [redacted]

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3400.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 12.2.03

Approved by: DR

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature / Contractor's Seal

( ) Licensed Plumbing Contractor ( ) Exempt Applicant

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

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

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

# FIRE SUBCODE TECHNICAL SECTION

Date Received 12/1/03
Date Issued 12/4/03
Control #
Permit # 03-0985

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

Block 153.1 Lot 12

Work Site Location 263 ROSE ST
METUCHEN

Owner in Fee CHARLES VINCENT

Address SAME

Tele. ( ) [redacted]

Contractor PETRO FUEL

Address 1245 WESTFIELD AVE
CLARK NJ 0#07066

Tele. ( ) 732-882-6568 Fax ( )

Lic. No.

Federal Emp. No. [redacted]

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [X] Existing [ ] HVAC

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

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 100.00

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve:

**JOB SUMMARY (Office Use Only)** CERTIFICATION ON FILE

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 12/1/03

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**

REPLACE OIL TO OIL WARM AIR FURNACE

**Water Supply Source** _____

**Method of Alarm/Suppression System Supervision** _____

**Storage Tanks**

Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____

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

| | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices _____ | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| Halon Suppression | | |
| Other _____ | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Gas [ ] or Oil [X] Fired Appliances | 1 | 15 |
| Other FURNACE | | |

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

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

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 12-8-03
Date Issued 2/18/04
Control #
Permit # 04-0106

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

Block 153.1 Lot 6 (C101A)
Work Site Location 263 Rose St. Mefuchen
Owner in Fee/Occupant Charles Vincent
Address Same as above
Tele. ( [redacted]
Contractor ELECTRICAL CONCEPTS INC.
Address 60 EAST MOUNTAIN RD HILLSBOROUGH, NJ 08844
Tele. (908) 369-1600 Fax (908) 369-8909
Lic. No. 13173
Federal Emp. No. 22-3396177

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12-8-03
Approved by: [signature]

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Temp. Cut-in-Card Date Issued | | | | |
| Final Cut-in-Card Date Issued | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

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

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | ..... | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| 1 | | Furnace replacement | 30.00 |
| | | ..... | |

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

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

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

# FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-8-03
Date Issued 2/18/04
Control #
Permit # 04-0106

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

Block 153.1 Lot 6 (C10TA)
Work Site Location 263 Rose St.

Owner in Fee Charles Vincent
Address 263 Rose St.
Metuchen, N.J. 08840
Tele. ([redacted]
Contractor PAC Plumb Heat & A/C
Address 545 Port Richmond Ave.
S.I. N.Y. 10302
Tele. (718) 720-4980 Fax (718) 720-6764
Lic. No. 6588
Federal Emp. No. [redacted]

**B. FIRE PROTECTION CHARACTERISTICS**

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

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

**JOB SUMMARY (Office Use Only)** Certificates on file

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 2/3/04
Approved by: _____

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

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| 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.

Signature

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:** furnace Replacement.

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

| | | FEE (Office Use Only) |
|---|---|---|
| **Storage Tanks** | | |
| Type: [ ] Flammable Liquid [ ] Combustible Liquid | | |
| [ ] LPG [ ] LNG Capacity ____ Fuel ____ | | |
| **Alarm Systems** [ ] 110v Interconnected **NUMBER** | | |
| [ ] System | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices _____ | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| Halon Suppression | | |
| Other _____ | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Gas [X] or Oil [ ] Fired Appliances | 1 | 35- |
| Other _____ | | |

Need Permit for Tank Removal on Abandonment

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ 35- |

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

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

# PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-8-03
Date Issued 2/18/04
Control #
Permit # 04-0106

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

Block 153.1 Lot 6 (C 101A)
Work Site Location 263 Rose St.

Owner in Fee Charles Vincent
Address 263 Rose St.
Metuchen N.J. 08840
Tele. ( [redacted]
Contractor PAC Plumb Heat & A/C
Address 545 Port Richmond Ave.
S.I. N.Y. 10302
Tele. (718) 720-4098 Fax (718) 720-6764
Lic. No. 16588
Federal Emp. No. [redacted]

**B. PLUMBING CHARACTERISTICS**

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 2,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12.9.03
Approved by: DR

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

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] 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 | |
| 1 | Gas Piping | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other Furnace | |
| | Other | |
| | Other | |

| | | |
|---|---|---|
| Administrative Surcharge | $ | |
| Minimum Fee | $ | |
| DCA Training Fee | $ | 46. |
| TOTAL FEE | $ | |

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

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

# CERTIFICATE

Date Issued 4/29/04
Control #
Permit # 04-0154

**IDENTIFICATION**

Block 153.1 Lot 6
Work Site Location 263 Rose Street
Metuchen, NJ 08840
Owner in Fee/Occupant Charles Vincent
Address 263 Rose Street
Metuchen, NJ 08840
Tele. ( [redacted] ) [redacted]
Contractor Pro Tank Services
Address 1 Rahway River Parkway
Union, NJ 07083
Tele. ( 908 ) 851-0057 Fax (____ )
Lic. No. or Bldrs. Reg. No. 0013455
Federal Emp. No. 22-2204846

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

275 Gallon Oil Tank Removal
from basement

☐ **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.

XX **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 20____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period ( _____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

James Tagg
CONSTRUCTION OFFICIAL

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

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

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

# FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/8/04
Date Issued 3/10/04
Control #
Permit # 04-0154

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

Block 153.1 Lot 6
Work Site Location 263 Rose Street Metuchen 08840
Owner in Fee Charles Vincent
Address Same
Tele. ( [redacted] )
Contractor PRO TANK SERVICES
Address 1 RAHWAY RIVER PKY UNION NJ 07083 908-851-0057
Tele. ( ) Fax ( )
Lic. No. 0013455
Federal Emp. No. 22-2204846

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present U Proposed U
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 400.00

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: 3/18/04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/1/04
Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:** Remove 275 gallon oil tank in basement.
**Water Supply Source**
**Method of Alarm/Suppression System Supervision**

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

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

| | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump GPM Type | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| Halon Suppression | | |
| Other | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Gas [ ] or Oil [ ] Fired Appliances | | |
| Other Demo | X | |

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

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

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

# PRO TANK SERVICES

**1 Rahway River Parkway**
**Union, NJ 07083**
**908-851-0057 Fax 908-851-0313**
**A COMPLETE ENVIRONMENTAL COMPANY**


March 30, 2004

Mr. Jim Gyug
Borough of Metuchen
P. O. Box 592
Metuchen, NJ 08840

Dear Mr. Gyug:

Reference is made to permit number 04-0154 B# 153.1 L# 6 for Charles Vincent at 263 Rose Street, Metuchen.

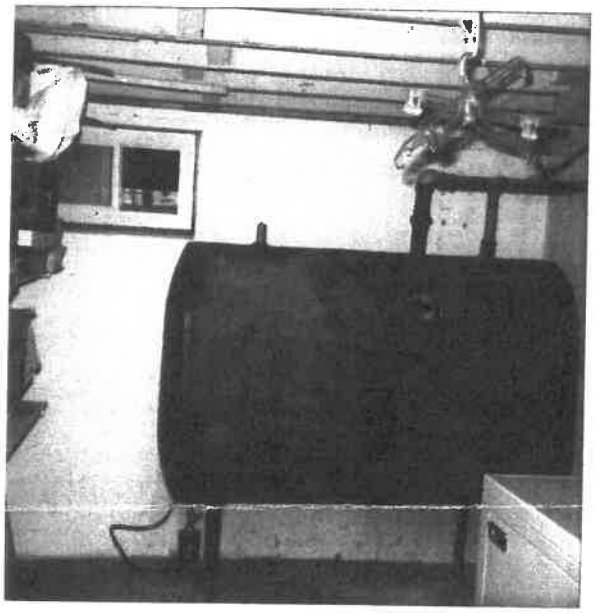
On March 16, 2004, Pro Tank Services properly cleaned and removed a 275-gallon oil tank located in the basement at the above address.

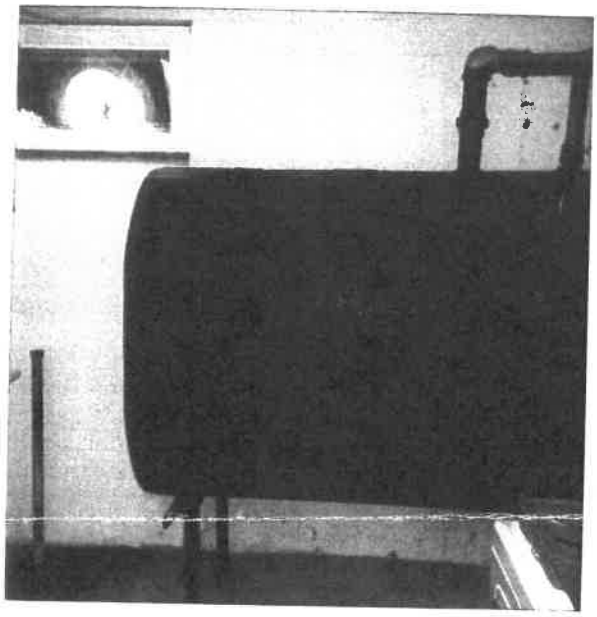
Attached please find a copy of the oil manifest, tank receipt and photos. Should you need additional information please call me.

Very truly yours,

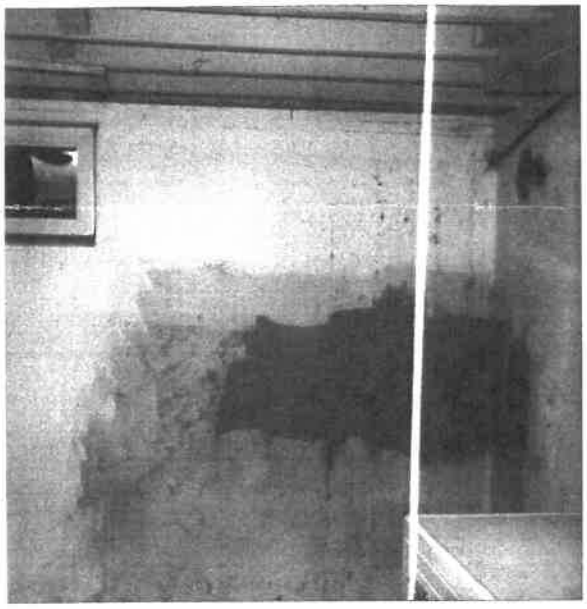
Wayne B. Prince
**PRO TANK SERVICES**

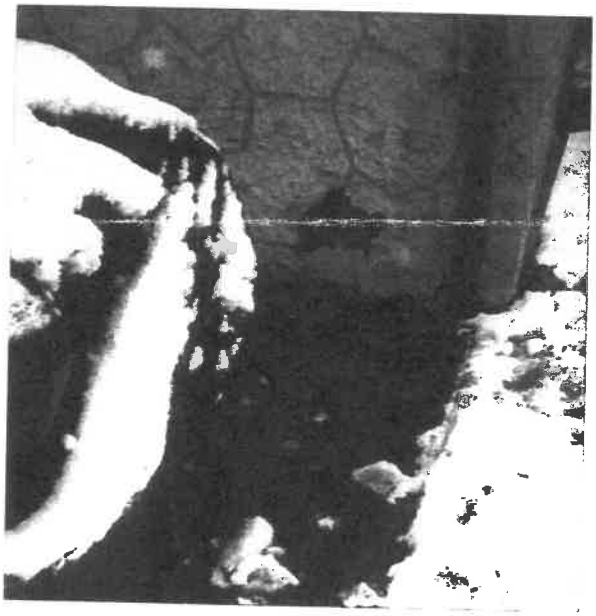
Attachments





Vincent, Charles





# PRO TANK SERVICES

1 Rahway River Parkway
Union, NJ 07083 908-851-0057

## *WASTE OIL MANIFEST*

***ALL ENVIRONMENTAL WASTE SERVICES***
309 Houses Corner Road, Sparta, NJ 07871
**888-437-8265**

**OIL MANIFEST#** 84467 **DATE:** March 23, 2004

| | ***NAME*** | ***PERMIT #*** | ***GALLON*** |
|---|---|---|---|
| 6. | Thomas Buck<br>5 Pardun Avenue<br>Milltown, NJ 08850 | 04-015 | 45 |
| 7. | Brian Briener<br>62 Irving Avenue<br>Livingston, NJ 07039 | 2004-0195 | 13 |
| 8. | Claude Falchier<br>28 North Crescent Drive<br>Maplewood, NJ 07040 | 2004-0201 | 300 |
| 9. | Tresha Cowell<br>149 Berwyn Street<br>Roselle Park, NJ 07204 | 04-019 | 20 |
| 10. | Charles Vincent<br>263 Rose Street<br>Metuchen, NJ 08840 | 04-0154 | 8 |

CASHIERS SYSTEM

* * CASH RECEIPTS TOTALS * *

Noble Street Metals
A Division of Hugo Neu Schnitzer East
NOBLE STREET
8-18 NOBLE STREET
NEWARK, NJ 07114
(973) 824-8900 ☐ FAX (973) 824-8077

RECEIPT #: 092865
RECEIPT DATE: 03/25/04

Purchased From:
PRO TANK SERVICES

NEWARK NJ

Veh # Tk TGMRUM I.D. # PRO TANK

| TICKET# | COMMODITY | GROSS | TARE | NET | ADJ REASON | # CARS | PRICE | UM | FRT EXT | TOTAL AMT |
|---|---|---|---|---|---|---|---|---|---|---|
| TGMRUM | UNPREP #1 HMS | 30170 | 26790 | 3380 | 0 | 0 | 105.0000 | GT | .00 | 158.00 |

VENDOR PROTOO TOTALS (POUNDS): 30170 26790 3380

TOTAL AMOUNT DUE SUPPLIER: 158.00

WEIGHMASTER SIGNATURE _____

CUSTOMER SIGNATURE KS C

GROSS TONS
1.5089

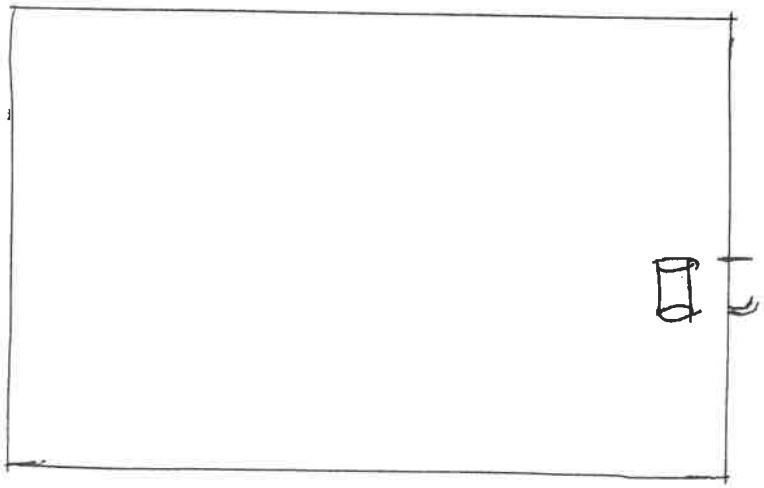
THIS IS TO CERTIFY THAT I DELIVERED THE ABOVE MATERIAL FOR THE NAMED SUPPLIER. This will also certify that I, on behalf of the above named supplier, am familiar with HNSE's list of unacceptable/prohibited materials, and that the above load does not contain any unacceptable/prohibited materials, including any Class I (chlorofluorocarbons) or Class II (hydrochlorofluorocarbons) refrigerants (FREON), which under the federal Clean Air Act must be reclaimed, not vented. NSMST-1C (Rev.3/99)

PRO TANK SERVICES
1 RAHWAY RIVER PKY
UNION NJ 07083
908-851-0057

3/04

#263

Remove 275 gallon oil tank in basement.



Rose Street

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

# BUILDING SUBCODE TECHNICAL SECTION

Date Received 5-11-07
Date Issued 5/24/07
Control #
Permit # 07-0344

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

Block 153.1 Lot 6 Qualification Code C101A
Work Site Location 263 Rose St Metuchen
Owner in Fee: Daniel + Christine Varela
Tel. ( 732 ) 603-6499 e-mail
Address 263 Rose Street (street) Metuchen (municipality), NJ 08840 (zip code)
Contractor: BHM CONSTRUCTION Tel. (732) 586-6343
Address 59 BERNARD ST e-mail
CARTERET NJ 07008
Contractor License No. or Builder Registration No. 13VH01695800 Exp. Date
Federal Emp. ID No. [redacted] FAX: ( ) 

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial
[X] No Plans Required 5/17/07
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/27/7
Approved by:

INSPECTIONS — Dates (Month/Day)

| Type: | 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 Rough | | | 6/26/07 | |
| Final | | | 6/27/7 | |
| 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 $ 6500
3. Total (1+ 2) $

**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 KITCHEN CABINETS
NEW TILE FLOOR
PATCH DRYWALL.

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

FEE (Office Use Only)
$ 130

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

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

UCC/F-110 (REV. 08/05)
Professional Printing
(856) 468-7933

UPDATE

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Permit # 07-0344

Date Received 6-11-07
Control #
Date Issued 6-20-07
Permit # 07-0344 Update

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

Block 153.1 Lot 6 Qualification Code
Work Site Location 263 Rose St Metuchen
Owner in Fee DANIEL & CHRISTINE VARELA
Address 263 ROSE ST. METUCHEN, NJ 08840
Tel ( [redacted]
Contractor BKM CONSTRUCTION
Address 59 BERNARD ST
CARTERET NJ
Tel ( 732 ) 586-6343 FAX ( )
Contractor License No. 12291A
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 $ 100 —

**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

[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 | |
| 6 | | Receptacles (Kitchen counter) | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS | $ 25.00 |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-11-07
Approved by: Ronald Mayk

SUBCODE APPROVAL
[ ] COI [ ] CCO [ ] CA
Date: 6-20-07
Approved by: Ronald Mayk

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | | | | |

6/20 RM

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 5-11-07
Date Issued 5/24/07
Control #
Permit # 07-0344

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

Block 153.1 Lot 6 Qualification Code C101A
Work Site Location 263 Rose St. Metuchen
Owner in Fee: Daniel + Christine Varela
Tel. (732) 603-6999 e-mail
Address 263 Rose Street (street) metuchen (municipality), NJ 08840 (zip code)
Contractor: BKM CONSTRUCTION Tel. (732) 580-6343
Address 59 BERNARD ST e-mail
CARTERET NJ 07008
Contractor License No. 12291A Exp. Date
Federal Emp. ID No. 156-70-0521 FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Electrical Work $ 1400

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5-15-07
Approved by: Ronald Mayer

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-2-07
Approved by: Ronald Mayer

| INSPECTIONS Type: | Failure | Failure | Approval | Initials |
|---|---|---|---|---|
| | | Dates (Month/Day) | | |
| Rough | | 5/30/07 | RM | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | 6/4/07 | RM | |
| Barrier-Free | | | | |
| Temp. Cut-in-Card Date Issued | | | | |
| Final Cut-in-Card Date Issued | | | | |
| Annual Pool Inspection | | | | |
| Date of Grounding and Bonding Certification | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 1 | | Lighting Fixtures | |
| | | Receptacles | |
| 3 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | $ 30.00 |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |
| | | | |

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

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

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933

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

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5-11-07
Date Issued 5/24/07
Control #
Permit # 07-0344

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

Block 153.1 Lot 6 Qualification Code C101A
Work Site Location 263 Rose St. Metuchen
Owner in Fee: Daniel + Christine Varela
Tel. (732) 603 6499 e-mail
Address 263 Rose Street (street) metuchen (municipality) NJ 08840 (zip code)
Contractor: Novacks Plumbing Tel. ( )
Address PO Box 117 Fords e-mail
Contractor License No. 11173 Exp. Date 06/07
Federal Emp. ID No. FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1200

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5/14/07
Approved by: AH

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2/3/07
Approved by: John ASCO

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | 5/31/07 | DL |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO FINAL | | | 6/27/07 | AH |

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's Seal and Signature
[X] 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 | |
| 1 | Sink | |
| 1 | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| | Garbage Disposal | |
| | Other | |

| | |
|---|---|
| Administrative Surcharge $ | |
| Minimum Fee $ | 30 |
| State Permit Surcharge Fee $ | |
| TOTAL FEE $ | |

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Professional Printing
(609) 468-7933

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