CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 5/25/07

Permit # 07-242

IDENTIFICATION Block 13 Lot 34 Qualification Code

Work Site Location 31 SOUTH FIRST AVE
HIGHLAND PARK, NJ 08904

Owner in Fee KARAGJOZI

Address

Tel. ( )

Contractor

Address SAME
"

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Porch

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 $ 2,500

Construction Official

5/23/07
Date

PAYMENTS (Office Use Only)

Building	84
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	3
Cert. of Occupancy	
Other	
Total	87
Check No.	1082
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

CONSTRUCTION PERMIT ~~PERMIT~~ UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9-2-08

Permit # 07242

IDENTIFICATION Block 13 Lot 34 Qualification Code

Work Site Location 31 South 1st Ave
Highland Park NJ 08904

Owner in Fee Michael Karagjozi
Address 20 windmere Path
Robbinsville NJ 08690
Tel. (732) 995-5852

Contractor Home owner
Address

Tel. ( )
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Adding closet to Deck

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 $ 4000.00

Construction Official

8/27/08
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1
Cert. of Occupancy	
Other	
Total	61
Check No.	#1600
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

"Update"

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 9-2-08

Date Issued
Permit # 07-242

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

Block 13 Lot 34 Qualification Code

Work Site Location 31 South 1st Ave

Highland Park NJ 08904

Owner in Fee: Michael Karagjozi

Tel. (732) 995-5852 e-mail MKaragjozi@ATT.Net

Address 20 windmere Path Robbinsville NJ 08690
street municipality zip code

Contractor: Home owner Tel. ( )

Address 20 windmere Path Robbinsville e-mail MKaragjozi@ATT.Net

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
[ ] No Plans Required		
[✓] All	8/27/08	MK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/14/08
Approved by: MK

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			11/14/08	MK
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) $

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.

Michael Karagjozi
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Adding Closet to New Deck.

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

FEE (Office Use Only)

$	
	60
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	60

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 5/25/07

Date Issued
Permit # 07-242

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

Block 13 Lot 34 Qualification Code

Work Site Location 31 SOUTH FIRST AVE
HIGHLAND PARK, NJ 08904

Owner in Fee KARAGJOZI

Address 31 SO. 1ST AVE
Highland Park NJ 08904

Tel. (732) 995-5852

Contractor Home owner

Address 31 SOUTH FIRST AVE
HIGHLAND PARK, NJ 08904

Tel. (____) FAX (____)

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 5/23/07 — AM
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing			9/5/07	PM
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
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 $ 2,500
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

RENOVATION OF EXISTING PORCH

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
- [X] Other PORCH
- [ ] Demolition

FEE (Office Use Only)

$	
	84

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 84

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

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

ZONING PERMIT APPLICATION

The **Borough *of* Highland Park – Zoning Dept.**
221 South 5th Avenue, Highland Park, NJ 08904
Phone: (732) 819-3793 (732) 777-6017

RECEIVED MAY 14 2007 By

RECEIVED MAY 14 2007 By

FOR OFFICE USE ONLY
Paid: 20.00
Check # _____ or Cash
Date: 5-14-07
Collected By: RAV
Receipt: _____

Instructions:
1. Complete information requested below (type or print).
2. **Attach a survey, drawn to scale with dimensions, showing the property as it exists & indicating proposed changes/additions.**
3. **Attach Sign/Awning Form (if applicable), including sketches and photographs.**
4. Sign & return the completed application to the Zoning Office with the appropriate fee: **$20 for residential; $25 for Two Family, $30 for Multi Family, $35 for Commercial.** Make checks payable to the "Borough of Highland Park"

1. **Subject Property**
Address: 31 SOUTH FIRST AVE Block: 13 Lot: 34 Zone: RA

2. **Applicant**
Name: _____ Address: _____ Phone: _____

3. **Owner**
Name: MIKE KARAGJOZI Address: 31 SOUTH FIRST AVE Phone: (732) 995-5852

4. **Indicate PRESENT use of property:**
☒ **Residential:** X One Family ___ Two Family ___ Multi-Family
☐ **Commercial:** ___ Retail ___ Office ___ Other _____

5. **Indicate PROPOSED use of property:**
☒ **Residential:** X One Family ___ Two Family ___ Multi-Family
☐ **Commercial:** ___ Retail ___ Office ___ Other _____

6. **Describe proposed construction, alteration, additions, intended use or any other changes:**
RENOVATION OF EXISTING PORCH

7. Will a **Change of Tenancy** be involved with this application?
☐ Yes ☒ No If yes, please describe: _____

8. To the best of your knowledge, have **Development Restrictions** been placed on the property?
☐ Yes ☒ No If yes, please describe: _____

9. Do you own, or have you formerly owned, **Property Adjacent** to the subject property?
☐ Yes ☒ No If yes, please describe: _____

10. ☐ Check here if a **Sign or Awning** is proposed. Attach completed Sign/Awning Application Form.

CERTIFICATION: I (We) hereby certify that the statements contained herein are true & accurate.

_____ _____
Signature of Applicant ***date***

Michael Karagjozi 5-14-07
Signature of Owner ***date***

Based on information submitted & requirements of the Borough's Land Use Ordinance, this application is:

☑ Approved: [✓] Building Permit Required [ ] Fire Inspection Required [ ] Business License Required

☐ Referred to the Zoning Board of Adjustment **COMMENTS:** OK to repair front porch the same size as indicated on drawing

☐ Referred to the Planning Board

Tim Cyl 5/23/2007
Signature of Zoning Officer ***date***