

Mimi Marlor

2022-030

From: Lauren Hendricks <opra+request-29019-ce3ae122@requests.opramachine.com>
Sent: Wednesday, January 26, 2022 11:19 AM
To: Mimi Marlor
Subject: OPRA request - 35 Pershing Avenue-permits, certificates, ordinances, easements/restrictions, violations

Dear Milltown Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested for 35 Pershing Avenue from 1980 to present:
permits (open and closed)
certificates/approvals
violations
ordinances
easements/restrictions
survey

Please email me the records. Your assistance is greatly appreciated

Yours faithfully,

Lauren Hendricks, paralegal

Please use [deliver records electronically via email to the below UNIQUE address for all replies to this request:](mailto:opra+request-29019-ce3ae122@requests.opramachine.com)
opra+request-29019-ce3ae122@requests.opramachine.com

Is mmarlor@milltownboro.com the wrong address for OPRA requests to Milltown Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=milltown_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
<https://opramachine.com/help/officers>

View this OPRA request & responses online:
https://opramachine.com/request/35_pershing_avenue_permits_certi

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

ALA 1/31/22

Property History

35 PERSHING AVE

Block/Lot 100/13
Owner WANG, CHRISTOPHER HONG & LIN, LIHU
35 PERSHING AVE
MILLTOWN, NJ 08850

Log of Actions, Letters and Contacts

Date Type Name

(None on File)

Summary

Construction Permits

Permit No.	Date	Description (May be Shortened)	Subcodes	Cert Date	Est Value
200800124	6/17/08	OIL TANK IN BASEMENT REMOVED			650
201000131	6/03/10	HVAC			2000

Planning/Zoning Applications

Applic No. Type Venue Date

(None on File)

Applic Approved Project Applicant

Construction Permit Inspections

Date Permit No. Type Subcode P/F By Result(May be Shortened)

(None on File)

Code Enforcement & Zoning Inspections

Insp# Date P/F Type Regis# Unit Inspr Zone Z-Type Board Action If Zoning-Related
Apprvl Type/Date Comment (May be Shortened)

(None on File)

Tickets Issued

Ticket No. Date Inspector Violation

(None on File)

Hearing Disposition Fine w Costs

Photos

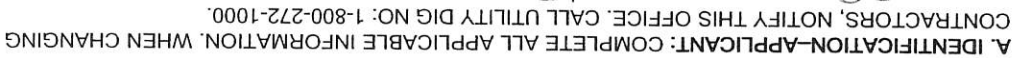
(None on File)

* oil tank was inspected 7/3/08 - No receipts were received for disposal of tank and any oil. These are needed to close permit - ~~11/11~~

Borough of Milltown

39 Washington Avenue
Milltown, NJ 08850
(732)828-2100 FAX (732)342-7105

1/31/22



Owner in Fee: Christopher H. Wang
Tel. (732) 3874490
Address 1840 L. E. Dr. B. 3rd Floor NJ 08816
Contractor: Pro Tank Services
Tel. (908) 851-0057
Address 1 Rahway River Parkway, Union, NJ 07083
e-mail

Contractor License No. or Builder Registration No.	0012283	Exp. Date	
Federal Employee No.	20-1140077	FAX: (908)	851-0313

PLAN REVIEW		Date	Initial	INSPECTIONS	Type:	Footing
☒	No Plans Required	6/10/18	H			
☐	All					

Dates (Month/Day)	Approval	Initial
Failure		
Failure		

[] All	_____	_____	_____	_____	_____
[] Footing	_____	_____	_____	_____	_____
[] Foundation	_____	_____	_____	_____	_____
[] Frame	_____	_____	_____	_____	_____
[] Other	_____	_____	_____	_____	_____

Joint Plan Review Required:

Barrier-free	_____
Insulation	_____
[] Elevator	_____
[] Fire []	_____
[] Elec. [] Plumb.	_____
[] Fire [] Elevator	_____
Barrier-free	_____
Insulation	_____
[] Elevator	_____
[] Fire []	_____
[] Elec. [] Plumb.	_____
[] Fire [] Elevator	_____

SUBCODE APPROVAL	[] CO	[] CCO	[] CA	Energy
				Finishes -Final

Date: _____
Approved by: _____

Mechanical _____
TCO _____
Other _____

Final	Barrier-Free	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Use Group	Constr. Class	No. of Stories	Height of Structure	Area - Largest Floor
Present	Present			
Proposed	Proposed			
1. New Bldg. \$ 2. Rehabilitation \$ 3. Total (1+2) \$ <u>650 -</u>				
Est. Cost of Bldg. Work:				

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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

275 Gallon

Oil Tank Basement

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.

3. Total (1+2) \$ 650 -

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	0
TOTAL FEE \$	43

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	
☒ Demolition	

\$\$\$

FEE (Office Use Only)

43

7/3/08 NEED RECEIPTS YP

[REDACTED]

gives you
the way to

James A. ...

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

Block 100 Lot 13

Work Site Location 35 PERSHING AVENUE
MILTOWN NJ

Owner in Fee F. J. GROTT
35 PERSHING AVENUE
MILTOWN NJ

Address 35 PERSHING AVENUE
MILTOWN NJ

Tele. () 246-1367
Contractor MACARTHUR FUEL
1245 WESTFIELD AVENUE

Address 1245 WESTFIELD AVENUE
CLARK NJ

Tele. () 396-8100
Lic. No. _____
Federal Emp. No. 061130444

or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____

Heating Systems [] New [X] Existing
Type: [] Gas [X] Oil [] Electrical [] Solar

Location: _____
[] Other _____

Total Est. Cost of Fire Prot. Work \$100.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: [X] No Plans Required [] No Plans Required
Type: _____

INSPECTIONS: _____
Dates (Month/Day) _____
Type: _____

Suppression Test _____
Fire Alarm Test _____
Smoke Test _____

Mechanical _____
TCO _____
Other _____

Other _____
Other _____
Other _____

Approved by: _____
Date: 10/13/92

Approved by: _____
Date: 10/13/92

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

Donald J. Grott

FIRE PROTECTION
SUBCODE
TECHNICAL SECTION



Date Received 9-22-92
Date Issued 9-30-92
Control # 88-92
Permit # 88-92

D. TECHNICAL SITE DATA

Description of Work

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

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

Wet Sprinkler Heads _____

Dry Sprinkler Heads _____

TOTAL _____

Smoke Detectors _____

Heat Detectors _____

TOTAL _____

Stand Pipes _____

Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____

CO₂ Suppression _____

Halon Suppression _____

Foam Suppression _____

Dry Chemical _____

Wet Chemical _____

Gas or Oil Fired Appliance _____

OTHER REPLACE OIL FIRED STEAM _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
Collected by _____
TOTAL FEE \$ 25.00

FEE (Office Use Only)

2 Canary=Office Copy
4 Gold=Applicant Copy

1 White=Inspector Copy
3 Pink=Office Copy

U.C.C. Form F-140A

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING—

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block 100 Lot 13
Work Site Location 35 PERSHING AVENUE
MILLTOWN

Owner in Fee CARMEN GROTT
Address SAME

Tele. () 732-246-1367
Contractor Peter J. Grott Plumbing & Heating
Address 806 Cedar Washington Camp NJ 07065
Tele. () 908-9848
Lic. No. 150725495
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work \$ 3200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	☒ No Plans Required	Joint Plan Review Required:	☐ Bldg. ☐ Elec.	☐ Fire ☐ Elevator	☐ Plumb. Plans-Approved	Date: 3/30/99
APPROVED BY:	<i>[Signature]</i>	APPROVED BY:	<i>[Signature]</i>	SUBCODE APPROVAL:		
			☐ CO ☐ CC ☐ CA			
			Approved By: 3/30/99			
			Date: 3/30/99			
			Type: Slab			
			INSPECTIONS			
			Failure			
			Failure			
			Approval			
			Initial			
			Type: 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 Seal

[Signature]

PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

3/30/99
479-99

D. TECHNICAL SITE DATA (List all fixtures.)

NO. FIXTURE/EQUIPMENT

Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
Water Heater
Fuel Oil Piping
Gas Piping
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Water Cooled A/C
or Refrigeration Unit
Sewer Connection
Water Service Connection
Active Solar System
Other

REPLACE 1

\$

Administrative Surcharge \$
Minimum Fee \$
Paid [] Check # \$
DCA Training Fee \$
TOTAL \$
Collected by:

[Handwritten signature]

Fee \$ N/C
Paid [] Check No. N/C
Collected by: JHT

- ☐ **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 _____.

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: FURNACE / A/C Replacement

Date Issued 6/15/10
Control # 10-131
Permit # 10-131

CERTIFICATE



Borough of Milltown
39 Washington Avenue
Milltown, NJ 08850
732.828.2100 Fax 732.249.4568

IDENTIFICATION

Block 100 Lot 13
Work Site Location 35 Locum Dr
Owner in Fee/Occupant Milltown LLC
Address _____
Tele. (732) 387-4490
Contractor Homepro
Address _____
Tele. (_____) _____
Fax (_____) _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____

- ☐ **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: