

Borough of Clayton

Municipal Building
Clayton, NJ 08312
(856)881-5385

FAX (856)881-9408

Permit No. **20090164**
Control No. **7322**
Block/Lot **1310/2**

Date **4/27/11**

Certificate of Approval

IDENTIFICATION

Block/Lot **1310/2**

Work Site Location **422 EAST ACADEMY ST**

Owner in Fee/Occupant

STEINBERG MARK P & LISA A
Address **422 EAST ACADEMY STREET**
CLAYTON NJ 08312,

Telephone _____

Contractor _____

Address _____

Telephone _____ FAX _____

Lic. No. or Bldgs. 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: _____

Jerry L. Myers

Jerry L. Myers, Construction Official

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

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

R-5

Use Group

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use: _____

DECK, ATTACHED TO HOUSE AT SIDE AND REAR/ 24'X11'

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 _____

Permit Fee \$ **65**

Paid ☐ Check No. **3784**

Collected by: _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 6/25/89
Control #
Permit # 2009-164

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

Block 1318 Lot 8 Qualification Code _____
Work Site Location 422 E. Academy St.

Owner in Fee: MARK P. STEINBERG

Tel. (856) 307-1509 e-mail _____

Address Same as above Clayton 08312
street municipality zip code

Contractor: N/A Tel. (____) _____
Address _____ e-mail _____

Contractor License No. or Builder Registration No. N/A Exp. Date _____
Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required	6-23-89	QPM	14 PMS	7-2
☒ All			Footing	QPM
☐ 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: <u>11-21-11</u>			TCO	
Approved by: <u>[Signature]</u>			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work: _____
Const. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
No. of Stories _____ 2. Rehabilitation \$ _____
Height of Structure _____ Ft. 3. Total (1+2) \$ 1800
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

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 Mark P. Steinberg

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Deck attached to house
24' x 11'

HAS OPEN PERMITS

06-354 (POOL)

06-371 (POOL)

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abate
- ☐ Lead Haz. Abate
- ☐ Radon Remediation
- ☒ Other DECK
- ☐ Demolition

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	<u>60</u>

DATE

JOB CONDITION / COMMENTS

7-2-09- DECK EXTENDS TO POOL

48" BARRIER REQUIRED

LEFT NOTE TO H.O. + AGAIN
ON 7-21-09

8-13-09 - SEE ABOVE - NOT TO CODE (HAD TALK W/HO
ON HOW TO ADDRESS

4-21-11 - NO CO-OPERATION

CONSTRUCTION PERMIT

Permit No. **20090164**
Block/Lot **1310/2**
Date Issued **6/25/2009**

Contractor OWNER
Address _____
Phone: _____
Lic. No. or Bldrs. Reg. No. _____
Fed. Emp. No. _____

MY ST
& LISA A
STREET

e following work:

- ☐ LEAD HAZARD ABATEMENT
☐ DEMOLITION
☐ OTHER
☐ Mechanical

DE AND REAR/ 24'X11'

(1) year of date of issuance, or
this permit is void.

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCA Training Fee	5
Cert. of Occupancy	0
Other	0
Total	\$65
Check No.	3784
Cash	65
Collected by	JFS

BOROUGH OF CLAYTON N.J.
ZONING PERMIT

DATE: 6/10/09

NO. 5865

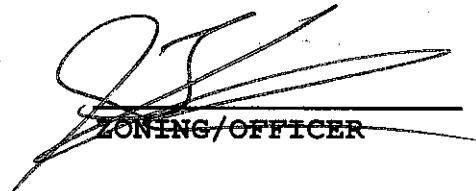
PERMISSION IS HEREBY GRANTED TO: Mark P Stenberg

FOR: Replace existing deck
see attached survey for location

PROPERTY LOCATION: 422 E. Academy St.

BLOCK 1310 LOT 2

FEE: \$25.00


ZONING OFFICER

Borough of Clayton

Municipal Building
Clayton, NJ 08312
(856)881-5385

FAX (856)881-9408

Permit No. **20140262**
Control No. **9249**
Block/Lot **1310/2**
Date **10/07/14**

Certificate of Approval

IDENTIFICATION

Block/Lot 1310/2

Work Site Location 422 EAST ACADEMY ST

Owner in Fee/Occupant STEINBERG MARK P & LISA A

Address 422 EAST ACADEMY STREET
CLAYTON NJ 08312

Telephone _____

Contractor _____

Address _____

Telephone _____ FAX _____

Lic. No. or Bids. Reg. No. _____

Federal Emp. No. _____

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John M. Eckler

John M. Eckler, Construction Official

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

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group _____

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use: _____

SEWER REPLACEMENT

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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 _____

Permit Fee \$ 56

Paid ☐ Check No. 4339

Collected by: JFS



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 1310 Lot 2 Qualification Code _____

Work Site Location - off of East Academy st. work site on property right side of home, replace Brokers' work done by home owner

Owner in Fee: Mark Steinberg

Tel. (856) 301-1509 e-mail _____

Address 422 East Academy St City Clifton NJ zip code 07012

Contractor: _____ Tel. () _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

B. PLUMBING CHARACTERISTICS

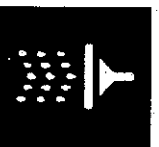
Use Group: Present Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 480 dollars

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Partial - Under-slab Utilities Approved	Rough				
Date: <u>9-30-14</u> Approved by: <u>[Signature]</u>	Water				
☐ Plumbing Plans Approved	Sewer				
Date: _____ Approved by: _____	Fixtures				
Joint Plan Review Required	Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.	Gas Piping				
SUBCODE APPROVAL for PERMIT					
Date: _____	LP Gas Tank				
Approved by: _____	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☐ CA	Solar				
Date: <u>9-30-14</u>	TCO				
Approved by: <u>[Signature]</u>	FINAL				



C. CERTIFICATION IN LIEU OF OATH

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

Applicant Sign / Contractor Sign AND Seal here: Mark Steinberg

Print name here: Mark Steinberg

☐ 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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

UCC/F-130
(rev. 11/09)
Professional Printing
(856) 468-7933

Administrative Surcharge \$ 35
Minimum Fee \$ 1
State Permit Surcharge Fee \$ 56
TOTAL FEE \$ 92

Permit No.	20140262	
Control No.	9249	
Block/Lot	1310/2	
Applic/Issued	9/29/14 /	9/29/14
	Applic'n	Issued

CONSTRUCTION PERMIT
422 EAST ACADEMY ST

ISA A	Contractor	OWNER
REET	Address	
	Phone	
	Bldr Reg#/Fed ID	/

perform the following work:

DEMOLITION	☐	OTHER
ASBESTOS ABATEMENT	☐	ONGOING -
LEAD HAZARD ABATEMENT		

PAYMENTS (Office use only) *

Building	\$0
Electrical	0
Plumbing	55
Fire Protection	0
Elevator Devices	0
Mechanical/Other	0
DCA Training Fee	1
Certificate of Occupancy	0
Other	0
Total	\$56
Check No.	4339
Cash	\$56
Collected by	JFS
Total Administrative Fee:	\$0

(1) year of issuance or if
months, this permit is void

[Handwritten signature]