



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 47 HOMESTEAD

2. Name of Owner in Fee: C.A.P.C.
Tel. 973-841-2674 e-mail _____
Address 108 CHURCH ST NEW BRUNSWICK
street municipality zip code

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: SANTOS CONTRACTORS CORP. Tel. 908 241 5500
Address 221 CHESTNUT ST ROSELLE NJ 07203 e-mail 2000SANTOS@LIVE.COM

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason | 13VH07106100

5. Federal Emp. ID No. _____ FAX: _____

6. Architect or Engineer M.B.A. Contact THOMAS
Address 115 PARK ST MONTCLAIR e-mail _____
Tel. 973-866-1341 FAX: _____

7. Responsible Person in Charge once Work has Begun JOHN SANTOS
Tel. 973 418 2508 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>108,134</u>		
2. Electrical	\$ <u>82,175</u>		
3. Plumbing	\$ <u>499.00</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ <u>190,808</u>		
7. Less 20% for State Plan Review	\$ <u>38,162</u>		
8. Subtotal	\$ <u>152,646</u>		
9. State Permit Surcharge Fee	\$ <u>33</u>		
10. Subtotal	\$ <u>152,679</u>		
11. Cert. of Occupancy	\$ <u>130</u>		
12. Other	\$ <u>562.00</u>		
13. TOTAL	\$ <u>153,371</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 29 2

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area 89,701 sq. ft.

5. Volume of New Structure 89,701 cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load 40 psf

8. If Industrialized Building: State Approved ☒ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☒ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☒ Plumbing
- ☒ Fire Protection
- ☐ Elevator

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Rejection	Re-viewer
<u>70,000</u>		<u>4/13/15</u>		<u>3-17-17</u>	<u>Donk</u>			
<u>5,500</u>				<u>04/16/18</u>	<u>WHL (acty)</u>			
<u>5,000</u>				<u>4-13-15</u>				
<u>1,500</u>		<u>4/14/15</u>		<u>3/17/17</u>				
<u>82,000</u>								

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use) - Use List Link -

1. State Specific Use: R-5
2. Use Group, Proposed: R-5
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

- DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

4/10/15

2018 R-6

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	AT	4/10/15							
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☒ Sewer User Fee:									
☐									

ZONING PERMIT

015-297

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building 2009 IRC	Energy
Electrical 2011 NEC	Barrier Free
Plumbing 2009 N.S.P.C.	Flood Hazard
Fire Protection 2009 IRC	As Built Elevation Cert.
Mechanical	Other

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

U.C.C. F100-3 (rev. 12/07)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f) 1. ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

D. () I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name JOHN SANTOS
Address 221 CHESTNUT ST
ROSELLE 07203
Telephone 973 485 2508
Signature _____

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBIDGE, NJ 07095
732 6344500

3/24/17

Control Number: 1085166

Application Date: 04/10/15

CONSTRUCTION PERMIT

017-930

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 866 Lot : 3 Qualifier :
Work Site Location: 47 HOMESTEAD AVE AVENEL

Contractor: SANTOS CONTRACTORS CORP.

Owner In Fee: C.A.P.C.

Address: 221 CHESTNUT STREET

Address: 108 CHURCH STREET

ROSELLE NJ, 07203

NEW BRUNSWICK NJ, 08816

Telephone: (908) 241-5500

Telephone: (973) 841-2674

Lic. No. / Bldrs. Reg. No.:

Use Group(s): R-5

Federal Emp. No.:

3/23 9.23 LSK/HM

is hereby granted permission to perform the following work :

[X] BUILDING [X] PLUMBING [] DEMOLITION
[X] ELECTRICAL [X] FIRE PROTECTION [] OTHER
[] ELEVATOR DEVICES [] MECHANICAL
[] ASBESTOS ABATEMENT [] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

2nd Floor Addition

ESTIMATED COST OF WORK:

Cost of Construction: \$82,000.00
Cost of Alteration: \$0.00
Cost of Demolition: \$0.00

Total Cost: \$82,000.00

PAYMENTS	(Office Use Only)
Building	\$134.00
Electrical	\$108.00
Plumbing	\$175.00
Fire Protection	\$82.00
Elevator Devices	
Mechanical	
VolFee (DCA)	\$33.00
AltFee (DCA)	
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	\$30.00
CCO Fee	
Minimum Fee	
Total	\$562.00
All Fees Waived	No

Amount to be Paid: \$562.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

THOMAS J. KELLY

Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:



BUILDING 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 866 Lot 3 Work Site Location 47 HOMESTEAD AVE Qualification Code

Owner in Fee: C.A.P.C. Lendel
Tel. (973) 841-2674 e-mail
Address 108 CHURCH ST NEW BRUNSWICK

Contractor: SANTOS CONTRACTORS Tel. 908-241-5500
Address 221 CHESTNUT ST e-mail 2000 SANTOS@ROSELIE 07203 LIVE.COM

Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 136407106100
Federal Emp. ID No. 45-2332827 FAX: (908) 241-5501

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Dates (Month/Day)	Failure	Approval	Initial
☐ No. Plans Required								
☐ All								
☐ Footings/Foundations								
☒ Structural/Framework	3/17/17							
☐ Exterior								
☐ Interior								
Joint Plan Review Required:								
☒ Elec.								
☒ Plumb.								
☒ Fire								
☐ Elevator								
☐ Barrier-Free								
☐ Insulation								
☐ Finishes-Base Layer								
☐ Finishes-Final								
☐ Energy								
☐ Mechanical								
☒ Geo. Shave Area								
☐ Other								
☐ Final								
☐ Barrier-Free								
Approved by: G. Goch								
SUBCODE APPROVAL FOR CERTIFICATE								
☒ CCO								
☐ CCO								
☐ CA								
Date: 10/31/17								
Approved by: G. Goch								

B. BUILDING CHARACTERISTICS

Use Group	Present R5	Proposed R5	Constr. Class	Present R5	Proposed R5
No. of Stories	2	2	If Industrialized Building:	State Approved	HUD
Height of Structure	29	29	Est. Cost of Bldg. Work:		
Area — Largest Floor	701	701	1. New Bldg.	\$	
New Bldg. Area/All Floors	701	701	2. Rehabilitation	\$	
Volume of New Structure	4000	4000	3. Total (1+2)	\$	70,000.00
Max. Live Load	4000	4000			
Max. Occupancy Load	200	200			

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

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

Date Received Control # 3/24/17

Date Issued Permit # 017-930

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: Santos
Print name here: Santos

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SECOND FLOOR ADDITION

TYPE OF WORK:

☐ New Building			
☒ Addition	15		
☐ Rehabilitation			
☒ Roofing			
☒ Siding			
☐ Fence			
☐ Sign			
☐ Pool			
☐ Retaining Wall			
☐ Abestos Abatement Subchapter 8			
☐ Lead Haz. Abatement NJAC 5:17			
☐ Radon Remediation			
☐ Other			
☐ Demolition			

FEE (Office Use Only)

Administrative Surcharge	\$	
Minimum Fee	\$	197.00
State Permit Surcharge Fee	\$	
TOTAL FEE	\$	



ELECTRICAL 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 866 Lot 3 Qualification Code _____
Work Site Location 47 HOMESTEAD

Owner in Fee: C.A.P.C.
Tel. (973)-841-2674 e-mail _____

Address 108 CHURCH ST NEW BRUNSWICK zip code 9334-1131
Contractor: Reston Electric LLC Tel. (973) 9334-1131

Address 91 Smith Ave e-mail _____
Hoboken NJ 07420

Contractor License No. 16049A Exp. Date 03/31/2018
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 27-1603229 FAX: () _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present R-5 Proposed R-5
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 5,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Initial	Type	Failure	Approval	Initial
[] No Plans Required		<u>Rough</u>	<u>not ready</u>	<u>ready</u>	<u>EW</u>
[] Partial - Under slab Utilities Approved		Barrier-Free			
Date: _____		Trench			
[] Electric Plans Approved		Temp. Serv.			
Date: <u>04/16/18</u>		Constr. Serv.			
Joint Plan Review Required		TCO			
[] Bldg. [] Plumb. [] Fire [] Elev		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>04/16/18</u>		Final			
Approved by: <u>Wm. J. J. J.</u>		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date: <u>04/16/18</u>		Annual Pool Inspection			
Approved by: <u>Wm. J. J. J.</u>		Date of Grounding and Bonding			
		Certification			

Date Received 3/24/17
Control # _____
Date Issued 017-930
Permit # _____

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 sign/Contractor sign and seal here: _____

Print name here: Michael Struble
Licensed Elec. Contractor [] Cert'd Landscape Irrigation Contr. [] Exempt Applicant []

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

2nd FL. ADDITION

QTY.	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
14		Receptacles	
7		Switches	
7		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	

2011 NEC IN EFFECT

TOTAL NUMBERS	FEE (Office Use Only)
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 1/4 HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	
<u>HVAC</u>	
<u>90</u>	

Administrative Surcharge \$	
Minimum Fee \$	<u>108.00</u>
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>35.00</u>



FIRE PROTECTION 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 866 Lot 3 Qualification Code _____
Work Site Location 47 HOMESTEAD

Owner in Fee: C. A. P. C.
Tel. (973) 841-2674 e-mail _____
Address 108 CHURCH ST NEW BRUNSWICK
Contractor: Pastina Electric LLC Tel. (201) 934-1131
Address 54 Santa Ave e-mail _____
Haskell NJ 07420

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. 160494 Exp. Date 03/31/2018
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 27-1603229 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5 Fuel Storage Tank:
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible
Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New OR [] Existing
OR [] Conversion OR [] Replacement Location of Panel: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System:
Other _____ [] New OR [] Existing
Location: _____ Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ 1,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[] No Plans Required	Alarm System				
[] Partial/Under-slab/Utilities Approved	Suppression Sys.				
Date: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: <u>03/17/17</u>	Pre-Eng. System				
Joint Plan Review Required	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL FOR PERMIT		TCO			
Date: <u>03/17/17</u>	Flam/Combust. Tanks				
Approved by: _____	Fireplace Venting				
SUBCODE APPROVAL FOR CERTIFICATE		Final			
[] CO [] LCC [] CA	Other				
Date: <u>03/17/17</u>					
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's Signature/Contractor's Signature
[X] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

7 Smoke Detector
20 FL. Addition
Water Supply Source _____

Method of Alarm/Suppression System Supervision

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks	_____
Alarm Systems	_____
[] System	_____
[] 110v Interconnected	_____
[] CO Detectors/110v	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>7</u>
Supervisory Devices (i.e., tampers, low/high air)	_____
Signaling Devices (i.e., horn/strobes, bells)	_____
Other Devices	<u>7</u>
TOTAL	<u>36</u>
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	_____
FM200 Suppression	_____
Other _____	_____
Other Systems	_____
Kitchen Hood Exhaust System	_____
Smoke Control System	_____
Fuel-Fired Appliances [] Gas [] Oil [] Solid	<u>1</u>
Fireplace Venting/Metal Chimney	_____
Other _____	_____

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

Date Received 3/24/17
Control # _____

Date Issued 017-930
Permit # _____



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 866 Lot 3 Qualification Code _____
Work Site Location 47 HOMESTEAD

Owner in Fee: C.A.P.C

Tel. (973) 841-2674 e-mail _____

Address 108 CHURCH ST NEW BRUNSWICK zip code _____

Contractor: EVARISTO SILVA Tel. (862) 754-1192

Address 200 W. WEBSTER AVE, ROSSELLE PARK, NJ 07020

Contractor License No. 10-146 Exp. Date 06/15

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

Federal Emp. ID No. 146704012 FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 5000.00

JOB SUMMARY (Office Use Only)		DATES (Month/Day)	
PLAN REVIEW	INSPECTIONS	Failure	Approval
☐ No Plans Required	Type:		Initial
Joint Plan Review Required:	Slab		
☐ Building ☐ Electric	Rough		
☐ Fire ☐ Elevator	Water		
☒ Plumbing Plans Approved	Sewer		
Date: <u>4/13/17</u>	Fixtures		
Approved by: <u>[Signature]</u>	Gas Equipment		
	Gas Piping		
	LPG Gas Tank		
	Fuel Oil Piping		
	Solar		
	TCO		
SUBCODE APPROVAL			
☐ CO ☐ CCO ☐ C			
Date: <u>4/13/17</u>			
Approved by: <u>[Signature]</u>			

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 Plumbing Contractor ☐ Exempt Applicant

Date Received
Control #

3/24/17

Date Issued
Permit #

017-930

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	\$ 40
1	Urinal/Bidet	15
1	Bath Tub	15
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	45
	LPG Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	60
1	Other HVAC	
	Other	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 175

9737324152

CAPC

02:40:37 p.m.

11-14-2017

2 / 2



TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732 6344500

PLEASE SIGN BELOW AND RETURN
TO THE BUILDING DEPT.
ATTN: MARGARET
FAX-732-726-2369

Permit #: 20170930
Date Issued: 03/24/2017

Control #: 1085166

Date Application Received: 11/2/2017

**APPLICATION FOR CERTIFICATE
IDENTIFICATION**

Work Site Location: 47 HOMESTEAD AVE

Block: 866

Lot: 3

Qual:

Owner In Fee: C.A.P.C.

Address: 108 CHURCH STREET

NEW BRUNSWICK NJ 08816

Agent: SANTOS CONTRACTORS CORP.

Address: 221 CHESTNUT STREET
ROSELLE NJ 07203

Telephone: 908 241-5500

Telephone: 973 841-2674

Lic. No. / Bldr. Reg. No.:

Final Cost of Construction: _____

Federal Emp. No.:

(Include value of any structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF COMPLIANCE

USE GROUP _____ Previous R-5 Current

Describe below any substantive deviation in dimension, layout or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

Description Of Work/Use: 2nd Floor Addition

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary certificate of Occupancy will be completed by the date on the certificate.

Signed: _____

C.A.P.C.

742-277-5047

[] Owner [] Agent

LOT: 866 BLOCK: 3

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'G'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE ASSIGNED ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:		2. SILL PLATES:		3. BEAM POCKETS:		4. COLUMNS:	
BOLTS		SIZE		BEARING/SHIMS		SIZED PER PLAN	
☐ 1	SPACING	☐ 1	GRADE, SPECIES	☐ 1	TERMITE PROTECTION OR CLEARANCE	☐ 1	ATTACHMENT/PLATES
☐ 2	SIZE	☐ 1	TREATMENT	☐ 1		☐ 1	SPACING/LOCATION
STRAPS		☐ 1	LAPS			☐ 1	PAINT/COATING
☐ 1	SPACING (PER MANUFACTURER'S SPECS)	☐ 1	SILL SEALER				
☐ 1	SIZE	☐ 1	PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)				
		☐ 1	TERMITE PROTECTION				

B. FLOOR FRAMING AND FLOORING

[illegible]

1. FLOORING, SHEATHING, OR DECKING:					5. STAIR ATTACHMENT:				
1 ST	2 ND	3 RD	4 TH	FLOOR	1 ST	2 ND	3 RD	4 TH	FLOOR
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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☐	☐	☐ </							

SPECIAL REQUIREMENTS					EDGE BLOCKING (IF REQUIRED)		
1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1
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11	1	1	1	1	1	1	1
12	1	1	1	1	1	1	1
13	1	1	1	1	1	1	1
14	1	1	1	1	1	1	1
15	1	1	1	1	1	1	1
16	1	1	1	1	1	1	1
17	1	1	1	1	1	1	1
18	1	1	1	1	1	1	1
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28	1	1	1	1	1	1	1
29	1	1	1	1	1	1	1
30	1	1	1	1	1	1	1
31	1	1	1	1	1	1	1
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37	1	1	1	1	1	1	1
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51	1	1	1	1	1	1	1
52	1	1	1	1	1	1	1
53	1	1	1	1	1	1	1
54	1	1	1	1	1	1	1
55	1	1	1	1	1	1	1
56	1	1	1	1	1	1	1
57	1	1	1	1	1	1	1
58	1	1	1	1	1	1	1
59	1	1	1	1	1	1	1
60	1	1	1	1	1	1	1
61	1	1	1	1	1	1	1
62	1	1	1	1	1	1	1
63	1	1	1	1			

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, M.J.A.C. 5.23

Responsible Person in Charge of Work: DM Santos Date: 2/7/18

Building Inspector Initials: [Signature] Date: 2/7/18

PERMIT # 0/7930

LOT: 866 BLOCK: 3

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1st	2nd	3rd	4th	FLOOR
☒	☒	☒	☒	SIZE
☒	☒	☒	☒	SPACE
☒	☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	☒	CUTTING, NOTCHING AND BORING
☒	☒	☒	☒	HEADER SIZES
☒	☒	☒	☒	JACK STUD BEARING
TOP PLATES				
☒	☒	☒	☒	NAILING
☒	☒	☒	☒	LAPS
☒	☒	☒	☒	RAFTER TIES
☒	☒	☒	☒	HURRICANE STRAPS (AS REQUIRED)

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

☒	LAYOUT PLANS
☒	TRUSS MEMBERS
☒	CONNECTION SCHEDULE
☒	PERMANENT BRACING DETAILS
☒	DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
☒	EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS

☒	LOCATION AS PER LAYOUT
☒	ALIGNMENT
☒	BEARING
☒	SPACING
☒	CONNECTIONS TO BEARING POINTS
☒	NO CONNECTION TO NON-BEARING POINTS
☒	DAMAGE AND DEFECTS
☒	ENGINEERED METHOD OF REPAIR

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

☒	MATERIAL
☒	PANEL SPAN, THICKNESS
☒	SPECIAL REQUIREMENTS
☒	GAPING
☒	LAYOUT
☒	CORNER BRACING (IF REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1st	2nd	3rd	4th	FLOOR
☒	☒	☒	☒	SIZE
☒	☒	☒	☒	SPACE
☒	☒	☒	☒	LAYOUT - SUPPORT BELOW PER CODE
☒	☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	☒	CUTTING, NOTCHING AND BORING
☒	☒	☒	☒	FIRE BLOCKING
☒	☒	☒	☒	HEADER SIZES
☒	☒	☒	☒	JACK STUD BEARING
TOP PLATES				
☒	☒	☒	☒	NAILING
☒	☒	☒	☒	LAPS
☒	☒	☒	☒	STRAPPING

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

(AS PER DESIGN):

☒	LAYOUT
☒	SIZE
☒	TYPE
☒	NAILING
☒	OVERLAP
☒	TERMINATION
☒	TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

☒	LAYOUT
☒	SIZE
☒	TYPE
☒	NAILING
☒	OVERLAP
☒	TERMINATION

3. INTERIOR NON-LOAD-BEARING WALLS:

1st	2nd	3rd	4th	FLOOR
☒	☒	☒	☒	SIZE
☒	☒	☒	☒	SPACE
☒	☒	☒	☒	SPECIES AND GRADE
☒	☒	☒	☒	CUTTING, NOTCHING AND BORING
☒	☒	☒	☒	FIRE BLOCKING
☒	☒	☒	☒	HEADER SIZES
☒	☒	☒	☒	TOP PLATE NAILING

4. SOLID SAWN ROOF FRAMING:

☒	LAYOUT
☒	SIZE
☒	GRADES, SPECIES
☒	SPACING
☒	SPAN
☒	BEARING
☒	FASTENING
☒	DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
☒	CUTTING, NOTCHING, AND BORING
☒	BRIDGING
☒	RIDGE SIZE
☒	HURRICANE TIES WHERE APPLICABLE

2. SHEATHING - ROOF:

☒	MATERIAL
☒	PANEL SPAN, THICKNESS
☒	SPECIAL REQUIREMENTS
☒	BLOCKING, EDGE (IF REQUIRED)
☒	GAPING
☒	LAYOUT
☒	CLIPS (IF REQUIRED)

☒	SHEATHING, FRT - ROOF
☒	FOUR FEET FROM FIREWALL
☒	NONCORROSIVE FASTENERS

Initialed, Resp. Person in Charge of Work: JOHN SANTOS
Building Inspector

HP Color LaserJet MFP M477fnw

Fax Confirmation

Feb-7-2018 2:51PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
1985	2/ 7/2018	2:50:07PM	Receive	9082415501	1:22	2	OK

Feb 07 18 03:01pSantos Contractors Corp9082415501p.1

PERMIT # 017930
LOT: 866 BLOCK: 3

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked "X". Building Inspector checks boxes marked "I". Responsible Person in Charge of Work signs, initials and date in space provided. Building Inspector initials and date in space provided.
NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

1. ANCHORAGE:

☐

BOOTS

☐

SPACING

☐

STRIPS

☐

SPACING (PER MANUFACTURER'S SPEC)

☐

SIZE

☐

SPACING

☐

STRIPS

☐

SPACING (PER MANUFACTURER'S SPEC)

☐

SIZE

2. SILL PLATES:

☐

SIZE

☐

GRADE, SPECIES

☐

TREATMENT

☐

LAYS

☐

SILL SEALER

☐

PROPER TREATMENT OVER FOUNDATION (CRACKS (LEAKING OF JOIST)

☐

TERMINATE PROTECTION

3. BEAM POCKETS:

☐

LEARNING/SHIMS

☐

TERMINATE PROTECTION OR CLEARANCE

4. COLUMNS:

☐

SPACED PER PLAN

☐

ATTACHMENT/PLATES

☐

SPACING/LOCATION

☐

PAINT/COATING

1. BOX OF JOIST, OR PERIMETER BAND JOIST:

☐

1"

☐

3"

☐

4"

☐

FLOOR

☐

SIZE

☐

GRADE, SPECIES

☐

SINGLE OR DOUBLE

☐

PER ENGINEERED PER PLAN

☐

FACTURER'S SPEC

☐

CANTILEVERS AS PER DESIGN

☐

1"

☐

3"

☐

4"

☐

FLOOR

☐

SIZE

☐

GRADE, SPECIES

☐

SINGLE OR DOUBLE

☐

PER ENGINEERED PER PLAN

☐

FACTURER'S SPEC

☐

CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

☐

1"

☐

3"

☐

4"

☐

FLOOR

☐

SIZE

☐

GRADE, SPECIES

☐

LOCATION AND HITATION TO THE PLAN

☐

NAILING

☐

ATTACHMENT SCHEDULE

☐

BEARING

☐

LAYING

3. FLOOR JOIST:

☐

1"

☐

3"

☐

4"

☐

FLOOR

☐

SIZE

☐

GRADE, SPECIES

☐

PER ENGINEERED COMPONENTS AS SPECIFIED

☐

BEARING

☐

NAILING

☐

BRIDGING

☐

CUTTING AND NOTCHING (AS PER CODE)

☐

POINT LOADS - SUPPORTED AS PER PLAN

☐

SPAWN/HEADERS

☐

1 LEADERS

☐

FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

☐

1"

☐

3"

☐

4"

☐

FLOOR

☐

SIZE

☐

GRADE, SPECIES

☐

PANEL, SPAN, THICKNESS

☐

1"

☐

3"

☐

4"

☐

FLOOR

☐

SIZE

☐

GRADE, SPECIES

☐

PANEL, SPAN, THICKNESS

5. STAIR ATTACHMENT:

☐

1"

☐

3"

☐

4"

☐

FLOOR

☐

SIZE

☐

GRADE, SPECIES

☐

ATTACHMENT

☐

NAILING

☐

1"

☐

3"

☐

4"

☐

FLOOR

☐

SIZE

☐

GRADE, SPECIES

☐

ATTACHMENT

☐

NAILING

SPECIAL REQUIREMENTS

☐

EDGE BLOCKING (IF REQUIRED)

☐

GAMING

☐

LAYOUT

UCC 7200 (1-01-0001)

I hereby certify that I reviewed this building using the checklist and I conformed to the record plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:27.
Responsible Person in Charge of Work: Phil Santos Date: 2/7/18
Building Inspector Initials: _____ Date: _____



TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732-6344500

CERTIFICATE

IDENTIFICATION

Block: 866 Lot: 3 Qual:

Work Site: 47 HOMESTEAD AVE

AVENEL

Owner in Fee: C.A.P.C.

Address: 108 CHURCH STREET

NEW BRUNSWICK NJ 08816

Telephone: 973 841-2674

Agent/Contractor: SANTOS CONTRACTORS CORP.

Address: 221 CHESTNUT STREET

ROSELLE, NJ 07203

Telephone: 908 241-5500

Lic. No./ Bldrs. Reg. No.: Federal Emp. No.

Social Security No.:

[X] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed and is approved for occupancy.

[] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed 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.

THOMAS J. KELLY, Construction Official

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Home Warranty No:

Type of Warranty Plan: [] State [] Private

Use Group: R-5

Maximum Live Load: 40

Construction Classification: 5 B

Maximum Occupancy Load: 200 GR

Certificate Exp Date:

Description of Work/Use:

2nd Floor Addition

Update Desc. of Wk/Use:

[] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT

This serves notice that based on a written certification, lead abatement was performed 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 and is approved for use until

Fees \$30.00

Paid [X] Check No 2389

Collected by dm



ELECTRICAL 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 866 Lot 3 Qualification Code _____
Work Site Location 47 HOMESTEAD

Owner in Fee: C.A.P.C.

Tel. (973)-841-2674 e-mail _____

Address 108 CHURCH ST NEW BRUNSWICK

Contractor: Reston Electric LLC Tel. (973) 934-1131 zip code _____

Address 94 Smith Ave e-mail _____

Contractor License No. 16049A Exp. Date 03/31/2018

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

Federal Emp. ID No. 27-1603238 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R.5 Proposed R.5

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 5,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
No. Plans Required	Type	Failure	Approval	Initial	
[] No Plans Required	Rough				
[] Partial - Underslab Utilities Approved	Barrier-Free				
Date: _____	Trench				
[X] Electric Plans Approved	Temp. Serv.				
Date: <u>04/16/18</u>	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other				
SUBCODE APPROVAL FOR PERMIT	Service				
Date: <u>04/16/18</u>	Final				
Approved by: <u>WM McNeil (att)</u>	Barrier-Free				
SUBCODE APPROVAL FOR CERTIFICATE	Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	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 sign/Contractor sign and seal here: _____

Print name here: Michael Struble

[X] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 22 FL. ADDITION

QTY.	SIZE	ITEMS	FEES (Office Use Only)
8		Lighting Fixtures	
14		Receptacles	
7		Switches	
7		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
38		TOTAL NUMBERS	\$ 73.00
		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	
1	90	HVAC	35.00

Administrative Surcharge \$	
Minimum Fee \$	108.00
State Permit Surcharge Fee \$	
TOTAL FEE \$	



ELECTRICAL 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 866 Lot 3 Qualification Code _____
Work Site Location 47 HOMESTEAD

Owner in Fee: C. A. P. C.

Tel. (973)-841-2674 e-mail _____

Address 108 CHURCH ST NEW BRUNSWICK zip code 934-1131

Contractor: Reston Electric LLC Tel. (973) 934-1131

Address 94 Smith Ave e-mail _____

Hickory Dr 07420

Contractor License No. 16499 A Exp. Date 03/31/2018

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

Federal Emp. ID No. 27-1603224 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present N.S Proposed N.S

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 5,500.00

JOB SUMMARY (Office Use Only)		INSECTIONS		Dates (Month/Day)	
PLAN REVIEW	INSPECTIONS	Type	Rough	Barrier-Free	Initial
[] No Plans Required	[] Partial - Underslab Utilities Approved	Trench	Temp. Serv.	Barrier-Free	
Date: _____	Approved by: _____	Temp. Serv.	Constr. Serv.	Barrier-Free	
[] Electric Plans Approved	Date: <u>04/16/18</u> Approved by: <u>WMD</u>	Other	TCO	Barrier-Free	
Joint Plan Review Required	[] Bldg. [] Plumb. [] Fire [] Elev.	Service	Final	Barrier-Free	
SUBCODE APPROVAL FOR PERMIT	Date: <u>04/16/18</u>	Barrier-Free			
Approved by: <u>WMD</u>	Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL FOR CERTIFICATE	Final Cut-in-Card Date Issued				
[] CO [] CCO [] CA	Annual Pool Inspection				
Date: _____	Date of Grounding and Bonding				
Approved by: _____	Certification				

Date Received
Control # 3124117

Date Issued
Permit # 617-9130

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 sign/Contractor sign and seal here: _____

Print name here: Michael Strubbe

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

2nd Fl. Addition

QTY. SIZE ITEMS FEE (Office Use Only)

8 Lighting Fixtures

14 Receptacles

7 Switches

7 Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

2011 NEC IN EFFECT

\$ 73.00

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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

\$ 35.00

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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 866 Lot 3 Qualification Code HOMESTFAD

Work Site Location

Owner in Fee: C.A.P.C.

Tel. (973) 841-2674 e-mail

Address 108 CHURCH ST NEW BRUNSWICK zip code

Contractor: EVARISTO SILVA Tel. (862) 754-1192 municipality

Address 200 W. WEBSTER AVE, ROSELLE PARK, NJ 07020

Contractor License No. 10-146 Exp. Date 06/15

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

Federal Emp. ID No. 146704012 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present RS Proposed RS

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☒ Plumbing Plans Approved

Date: 4/13/15

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 4/13/15

Approved by: [Signature]

DATES (Month/Day)

Failure Failure Approval Initial

Type: Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPG Gas Tank

Fuel Oil Piping

Solar

TCO

4/13/15 4/13/15

4/13/15 4/13/15

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 Plumbing Contractor ☐ Exempt Applicant

Date Received
Control #

3/24/17

Date Issued
Permit #

017-930

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

NO. FIXTURE/EQUIPMENT

1 Water Closet

1 Urinal/Bidet

1 Bath Tub

1 Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LPG Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other HVAC

Other

FEE (Office Use Only)

\$ 40

15

15

45

60

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 175



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 866 Lot 3 Qualification Code _____
Work Site Location 47 HOMER ST F.A.D.

Owner in Fee: C. A. P. C.

Tel. (973) 841-2674 e-mail _____

Address 108 CHURCH ST. DEER PARK, NJ 07020

Contractor: EVARISTO SILVA Tel. (862) 754-1192 zip code _____

Address 200 W. WEBSTER AVE, RAMAPLECK, NJ 07020

Contractor License No. 10-146 Exp. Date 06/10

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

Federal Emp. ID No. 146704012 FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group Present RS Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 5000.00

JOB SUMMARY (Office Use Only)		DATES (Month/Day)	
PLAN REVIEW	INSPECTIONS	Failure	Approval
☐ No Plans Required	Type: _____	_____	Initial
Joint Plan Review Required:	Slab _____	_____	_____
☐ Building ☐ Electric	Rough _____	_____	_____
☐ Fire ☐ Elevator	Water _____	_____	_____
☒ Plumbing Plans Approved	Sewer _____	_____	_____
Date: <u>4/13/15</u>	Fixtures _____	_____	_____
Approved by: <u>[Signature]</u>	Gas Equipment _____	_____	_____
SUBCODE APPROVAL	Gas Piping _____	_____	_____
☐ CO ☐ CCO ☐ CA	LPGas Tank _____	_____	_____
Date: _____	Fuel Oil Piping _____	_____	_____
Approved by: _____	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.

Applicant's Signature/Contractor's Seal and Signature
[Signature] Licensed Plumbing Contractor | | Exempt Applicant

Date Received 3/24/17
Control # _____
Date Issued 017-930
Permit # _____

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>1</u>	Water Closet	\$ <u>40</u>
<u>1</u>	Urinal/Bidet	<u>15</u>
<u>1</u>	Bath Tub	<u>15</u>
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
<u>1</u>	Fuel Oil Piping	<u>45</u>
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
<u>1</u>	Stacks	<u>60</u>
	Other <u>110 H.C.</u>	
	Other _____	
	Administrative Surcharge	\$ <u>175</u>
	Minimum Fee	\$ _____
	State Permit Surcharge Fee	\$ _____
	TOTAL FEE	\$ _____



FIRE PROTECTION 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 866 Lot 3 Qualification Code _____

Work Site Location 47 HOMESTEAD

Owner in Fee: C. A. P. C.

Tel. (973) 841-2674 e-mail _____

Address 108 CHURCH ST NEW BRUNSWICK

Contractor: Prestine Electric LLC Tel. (973) 934-1131

Address 54 Smith Ave e-mail _____

Haskell NJ 07420

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. 160494 Exp. Date 03/31/2018

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

Federal Emp. ID No. 27-1603229 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5 Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

Location: _____ [] New or [] Existing

Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 1,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Dates (Month/Day)	Type	Failure
[] No Plans Required	Failure	Alarm System	Initial
[] Partial/Underlab Utilities Approved	Approval	Suppression Sys.	Approval
Date: _____	_____	Standpipe	_____
Approved by: _____	_____	Fire Pump	_____
[] Fire Protection Plans Approved	_____	Pre-Eng. System	_____
Date: _____	_____	Mechanical	_____
Joint-Plan Review Required	_____	Smoke Control	_____
[] Bldg. [] Elec. [] Plumb. [] Elev.	_____	TCO	_____
SUBCODE APPROVAL FOR PERMIT		Flam/Combust Tanks	_____
Date: _____	_____	Fireplace Venting	_____
Approved by: _____	_____	Final	_____
SUBCODE APPROVAL FOR CERTIFICATE		Other	_____
[] CO [] CCO [] CA	_____		_____
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's Signature/Contractor's Signature _____

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 7 SMOKE DETECTOR

20 FL. ADDITION + REROOF

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
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	<u>7</u>	<u>36.00</u>
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		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [] Gas [] Oil [] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge \$ 46
Minimum Fee \$ 82.00
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

Date Received 3/24/17
Control # _____

Date Issued 01/17/2018
Permit # _____



FIRE PROTECTION 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 866 Lot 3 Qualification Code _____
Work Site Location 47 HOMESTEAD

Owner in Fee: C. H. P. C.
Tel. (973) 841-2674 e-mail _____
Address 108 CHURCH ST NEW BRUNSWICK street municipality zip code
Contractor: Reston Electric LLC Tel. (908) 934-131
Address 54 Santa Ana e-mail _____
Haskell NJ 07420

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. 16484 Exp. Date 03/31/2018
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 27-1603229 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R5 Proposed R5 Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible Capacity _____
Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing OR [] Conversion OR [] Replacement Location of Panel: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: [] New OR [] Existing Other _____
Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 1500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
[] Partial - Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL FOR PERMIT		TCO			
Date: _____ Approved by: _____	Flam/Combust Tanks				
SUBCODE APPROVAL FOR CERTIFICATE		Fireplace Venting			
[] CO [] CCO [] CA	Final				
Date: _____ Approved by: _____	Other				

C. CERTIFICATION IN LIEU OF OATH

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

[X] Certified Contractor

Applicant's Signature _____
[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

7 SMOKE DETECTOR
20 FL ADDITION
Water Supply Source

Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



BUILDING 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 866 Lot 3 Qualification Code _____
Work Site Location 47 HOMESTEAD

Owner in Fee: C. A. P. C.
Tel. (973) 841-2674 e-mail _____
Address 108 CHURCH ST NEW BRUNSWICK zip code _____
Contractor: SANTOS CONTRACTORS Tel. 908) 241-5500
Address 221 CHESTNUT ST e-mail 2000.SANTOS@LIVE.COM
ROSEVILLE 07203

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13KH07106100
Federal Emp. ID No. 45-2332827 FAX: 908) 241-5501

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings/Foundations			Footings Bonding				
☒ Structural/Framework	<u>3/17/17</u>	<u>PA</u>	Foundation				
☒ Exterior			Slab				
☒ Interior			Frame				
Joint Plan Review Required:			Truss Sys./Bracing				
☒ Elec. ☒ Plumb. ☒ Fire ☐ Elevator			Barrier-Free				
SUBCODE APPROVAL FOR PERMIT			Insulation				
Date: <u>3/17/17</u>			Finishes-Base Layer				
Approved by: <u>PA</u>			Finishes-Final				
SUBCODE APPROVAL FOR CERTIFICATE			Energy				
☒ TCO ☐ CCO ☐ ICA			Mechanical				
Date: _____			TCO				
Approved by: _____			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5 Constr. Class Present R5 Proposed R5
No. of Stories 2 If Industrialized Building: State Approved _____ HUD _____
Height of Structure 29 ft.
Area — Largest Floor 29 sq. ft.
New Bldg. Area/All Floors 29 sq. ft.
Volume of New Structure 29 cu. ft.
Max. Live Load 400 psf
Max. Occupancy Load 200 psf

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

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

Date Received
Control #

3/24/17

Date Issued
Permit #

017-930

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

SANTOS

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SECOND FLOOR ADDITION

TYPE OF WORK:

- ☐ New Building
☒ Addition
☐ Rehabilitation
☒ Roofing
☒ Siding
☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
☐ 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)

\$ 134
33
30

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

197



BUILDING 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 866 Lot 3 Qualification Code _____
Work Site Location 47 HOMESTEAD

Owner in Fee: C. A. P. C.
Tel. (973) 841-2674 e-mail _____
Address 108 CHURCH ST NEW BRUNSWICK
Contractor: SANTOS CONTRACTORS Tel. (908) 241-5500
Address 221 CHESTNUT ST e-mail 2000 SANTOS@LIVE.COM
ROSELIE 07203

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07106100
Federal Emp. ID No. 45-2332827 FAX: (908) 241-5501

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Initial	Type:	Failure
☐ All		Footings	Approval
☐ Footings/Foundations		Footings Bonding	Initial
☒ Structural/Framework	<u>3/17/17</u>	Foundation	
☐ Exterior		Slab	
☐ Interior		Frame	
Joint Plan Review Required:			
☒ Elec.	☒ Plumb.	☒ Fire	☐ Elevator
Barrier-Free			
Insulation			
Finishes-Base Layer			
Finishes-Final			
Energy			
Mechanical			
TCO			
Other			
Final			
Barrier-Free			
SUBCODE APPROVAL for PERMIT			
Date: <u>3/17/17</u>			
Approved by: <u>[Signature]</u>			
SUBCODE APPROVAL for CERTIFICATE			
Date: <u>3/17/17</u>			
Approved by: <u>[Signature]</u>			

B. BUILDING CHARACTERISTICS

Use Group	Present <u>R-5</u>	Proposed <u>R-5</u>	Constr. Class	Present <u>R-5</u>	Proposed <u>R-5</u>
No. of Stories	<u>8</u>	<u>29</u>	If Industrialized Building:	State Approved	HUD
Height of Structure	<u>29</u> ft.	<u>29</u> ft.	Est. Cost of Bldg. Work:		
Area — Largest Floor	<u>291</u> sq. ft.	<u>291</u> sq. ft.	1. New Bldg.	\$	
New Bldg. Area/All Floors	<u>291</u> sq. ft.	<u>291</u> sq. ft.	2. Rehabilitation	\$	
Volume of New Structure	<u>8912</u> cu. ft.	<u>8912</u> cu. ft.	3. Total (1+2)	\$	<u>70,000.00</u>
Max. Live Load	<u>4000</u>	<u>4000</u>			
Max. Occupancy Load	<u>14</u>	<u>20060011</u>			

Date Received
Control # 3/24/17

Date Issued
Permit # 017-930

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: SANTOS

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SECOND FLOOR ADDITION

FEE (Office Use Only)

\$

134

15

33

30

197

197

197

197

197

197

197

Township of Woodbridge Zoning Permit

Application #: 28121 Permit No: 20150297.000 Issue Date: 04/10/2015
Construction Control Number: 1085166
Block: 866 Lot: 3 Qualifier:
Work Site: 47 HOMESTEAD AVE AVENEL Zone: R-6
Owner: C.A.P.C. Agent: SANTOS CONTRACTORS CORP.
Address: 108 CHURCH STREET Address: 221 CHESTNUT STREET
City/State/Zip: NEW BRUNSWICK NJ 08816 City/State/Zip: ROSELLE NJ 07203
Telephone: 973 8412674 Telephone: 908 2415500
Fax: () - - - - - Fax: () - - - - -
Email: Email:
Tenant:

Amount Due: 25.00
Check #:
Amount collected: \$25.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

**CONSTRUCT 2ND STORY OVER EXISTING 1ST STORY FOOTPRINT
(SINGLE FAMILY DWELLING)**

Which is a:

- ☒ Use permitted by Zoning Ordinance, Article - 111 Section - 150-29
- ☐ Use permitted by variance approved on _____, # _____ subject to any special conditions attached to the grant thereof.
- ☐ Valid nonconforming use as established by () findings of the Zoning Board of Adjustment or by () the undersigned zoning officer or by () Planning Board on the basis of evidence supplied by applicant. Conditions, if any:
- ☐ There is a nonconforming structure on the premises by reason of insufficient
- ☐ Other:

Anthony Tortorello
Anthony Tortorello

Zoning Official

4/10/15
Date

This is NOT a Construction Permit

Township of Woodbridge Zoning Permit

Application #:	28121	Permit No:	20150297.000	Issue Date:	04/10/2015
Construction Control Number:	1085166				
Block:	866	Lot:	3	Qualifier:	
Work Site:	47 HOMESTEAD AVE AVENEL	Zone:	R-6		
Owner:	C.A.P.C.	Agent:	SANTOS CONTRACTORS CORP.		
Address:	108 CHURCH STREET	Address:	221 CHESTNUT STREET		
City/State/Zip:	NEW BRUNSWICK NJ 08816	City/State/Zip:	ROSELLE NJ 07203		
Telephone:	973 8412674	Telephone:	908 2415500		
Fax:	()- -	Fax:	()- -		
Email:		Email:			
Tenant:					

Amount Due:	25.00
Check #:	
Amount collected:	\$25.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

**CONSTRUCT 2ND STORY OVER EXISTING 1ST STORY FOOTPRINT
(SINGLE FAMILY DWELLING)**

Which is a:

- ☒ Use permitted by Zoning Ordinance, Article - 111 Section - 150-29
- ☐ Use permitted by variance approved on _____, # _____ subject to any special conditions attached to the grant thereof.
- ☐ Valid nonconforming use as established by () findings of the Zoning Board of Adjustment or by () the undersigned zoning officer or by () Planning Board on the basis of evidence supplied by applicant. Conditions, if any:
- ☐ There is a nonconforming structure on the premises by reason of insufficient
- ☐ Other:

Anthony Tortorello

Anthony Tortorello

Zoning Official

4/10/15

Date

This is NOT a Construction Permit



Township of Woodbridge

John E. McCormac, CPA, Mayor

Department of Planning and Development
Bureau of Code Enforcement
One Main Street • Woodbridge, New Jersey 07095
Tel: (732) 602-6003 • Fax: (732) 726-2330



Woodbridge - Ten Towns, One Community

APPLICATION FOR ZONING PERMIT

OFFICE USE ONLY

DATE PAID _____ FEE _____ CHECK NO. _____ CASH _____ INITIALS _____
ZONE R-6 APPROVED FOR Constant 2nd story area Kristal 4-story Footprint
PERMITTED BY ZONING ORDINANCE C1.3 S-29
as per

DATE 4/7/15 TELEPHONE NO. 973-418-2508

1. APPLICANT/ PROPERTY OWNER C.A.P.C.

*ADDRESS OF APPLICANT IF DIFFERENT THAN WORK SITE:

108 CHURCH ST NEW BRUNSWICK

2. WORK SITE ADDRESS 47 HOMESTEAD
AVENEL

3. BLOCK 866 LOT(S) 3

4. SUPPLY CURRENT SURVEY, PICTURE OF PROPERTY AND INDICATE DIMENSIONS AND LOCATION ON PROPERTY; ALSO INDICATE PROPOSED USE.

5. CURRENT USE AND DIMENSIONS OF PRINCIPAL BUILDING AND ALL ACCESSORY BUILDINGS:

30/29

6. DESCRIBE IN DETAIL THE PROPOSED ACTIVITIES TO BE CONDUCTED OR THE PROPOSED CONSTRUCTION AT THE SUBJECT PROPERTY AND ANY ACCESSORY ACTIVITIES TO BE CONDUCTED IN ANY OF THE ACCESSORY BUILDINGS:

SECOND FL. ADDITION

Survey /
* Site plan
on plans

7. STATE WHETHER ANY OF THE ACTIVITIES DESCRIBED ABOVE ARE CONDUCTED AS A NON-CONFORMING USE: (IF SO, STATE FACTS SUPPORTING THIS CONTENTION):

8. HAS THE PREMISES BEEN THE SUBJECT OF ANY PRIOR APPLICATION TO THE ZONING/PLANNING BOARD _____ YES _____ NO

9. HOME IMPROVEMENT CONTRACTOR NAME SANTOS CONTRACTOR CORP
LICENSE NO. 13VH07106100 (IF APPLICABLE)

10. ALL DEBRIS INVOLVED WITH CONSTRUCTION IS REQUIRED TO BE RECYCLED. PLEASE
INDICATE WHAT IS TO BE RECYCLED WITH YOUR PROJECT WOOD

ADDRESS/NAME OF THE RECYCLING FACILITY: GALLUZZIO
BROTHERS

APPROXIMATE WEIGHT/MATERIAL TO BE RECYCLED: _____

20 YARD

ITEMS 11 THROUGH 14 ARE APPLICABLE TO ONLY
NON-RESIDENTIAL APPLICATIONS

11. ~~INDICATE WHETHER THE PROPOSED USE/CONSTRUCTION IS:~~

~~AN EXPANSION OF AN EXISTING BUSINESS/INDUSTRIAL/OFFICE USE IN
WOODBIDGE _____~~

~~A RELOCATION OF AN EXISTING BUSINESS/INDUSTRIAL/OFFICE USE IN
WOODBIDGE _____~~

~~A NEW BUSINESS/INDUSTRIAL USE LOCATION IN TOWN _____~~

12. ~~THE NUMBER OF EMPLOYEES THIS EXPANSION WILL BRING TO THE BUSINESS/INDUSTRY
LOCATING IN WOODBRIDGE _____~~

13. ~~INDICATE THE SIZE OF STRUCTURE TO HOUSE THE BUSINESS _____
NEW CONSTRUCTION OR TENANT FIT UP OF EXISTING SPACE _____~~

14. ~~CONTACT PERSON:~~

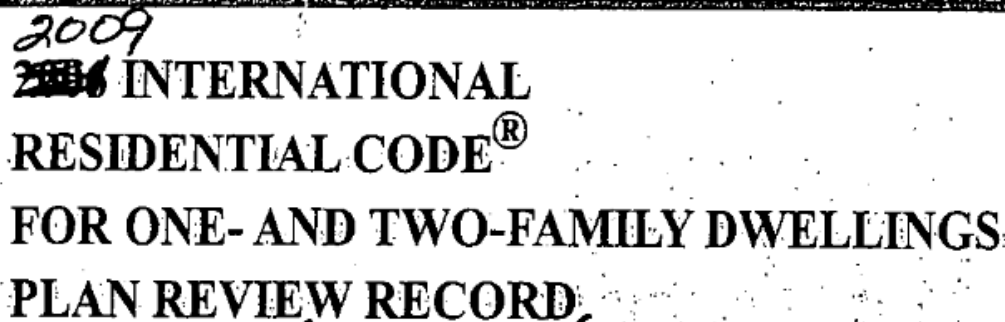
~~NAME _____~~

~~ADDRESS _____~~

~~TELEPHONE NUMBER _____~~

SANTA
(APPLICANT SIGNATURE)

[Signature]
(PROPERTY OWNER'S SIGNATURE)



Fee: _____

(City, County, Township, etc.)

:(Street:address)

BUILDING DESCRIPTION: _____

FAX: 732-726-2330

NUMERALS INDICATED IN PARENTHESIS ARE APPLICABLE CODE SECTIONS OF THE 2006 INTERNATIONAL RESIDENTIAL CODE. THE PLAN REVIEW ACCOMPLISHED AS INDICATED IN THIS RECORD IS LIMITED TO THOSE CODE SECTIONS SPECIFICALLY IDENTIFIED HEREIN. THIS RECORD REFERENCES COMMONLY APPLICABLE CODE SECTIONS WITH DUE REGARD FOR THE AMOUNT AND TYPE OF DETAILED INFORMATION WHICH IS TYPICALLY FOUND ON CONSTRUCTION DOCUMENTS FOR ONE AND TWO FAMILY DWELLINGS AND TOWNHOUSES. IT DOES NOT REFERENCE ALL CODE PROVISIONS WHICH MAY BE APPLICABLE TO SPECIFIC BUILDINGS. THIS RECORD IS DESIGNED TO BE USED ONLY BY THOSE WHO ARE KNOWLEDGEABLE AND CAPABLE OF EXERCISING COMPETENT JUDGEMENT IN EVALUATING CONSTRUCTION DOCUMENTS FOR CODE COMPLIANCE.

CORRECTION LIST

[illegible]

INTERNATIONAL CODE COUNCIL, INC.

PHONE 1-888-ICC-SAFE (422-7233) • WWW.ICCSAFE.ORG



THE STATE OF NEW JERSEY

DEPARTMENT OF LAW & PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

NJHome | Services A to Z | Departments/Agencies | FAQs



OAG Home

OAG Services from A - Z

OAG Contact

DIVISION OF CONSUMER AFFAIRS

Steve C. Lee
Acting Director

License Information

Accurate as of April 03, 2015 12:42 PM

[Return to Search Results](#)**Name:** SANTOS CONTRACTORS CORPORATION**Address:** Roselle, NJ**Profession/License Type:** Home Improvement Contractors, Home Improvement Contractor**License No:** 13VH07106100**License Status:** Active**Status Change Reason:** License Issuance**Issue Date:** 12/28/2012**Expiration Date:** 3/31/2016

For Contractors needing information regarding registration contact the New Jersey Home Improvement Contractors registration section (973) 424-8150 prompt #2. For consumers requiring information concerning Contractor complaints contact the New Jersey Home Improvement Contractors complaints section (973) 424-8150 prompt #6.

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam of Master Plumbers

HAS LICENSED

EVARISTO M. SILVA

Master Plumber

05/22/2013 TO 06/30/2015

VALID

SIGNATURE

36B101014600

License/Registration/Certificate #

ACTING DIRECTOR

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

Michael R. Struble
54 Smith Avenue
Haskell NJ 07420

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Contractor

02/27/2015 TO 03/31/2018

VALID

34E101604900

LICENSE/REGISTRATION/CERTIFICATION #

Michael R. Struble

Signature of Licensee/Registrant/Certificate Holder

Kevin C. L.

ACTING DIRECTOR



34E101604900

02/27/2015 TO 03/31/2018

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST

PLEASE NOTIFY:

Board of Exam. of Electrical Contra
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

mba
ARCHITECTS

07 May 2015

Building Department, Building / Fire Subcode Official
Office of Construction Code Enforcement
WOODBIDGE TOWNSHIP MUNICIPAL BUILDING
1 Main Street
Woodbridge, NJ 07095

Re: 47 Homestead Avenue, Avenel, NJ
Plan Review Comments

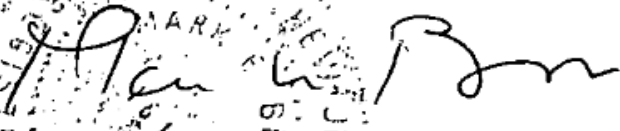
Sir:

The purpose of the letter is to respond to comments from a recent plan review.

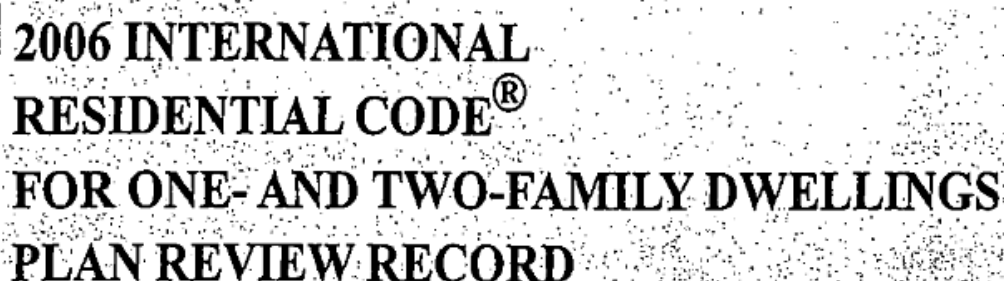
- 1) Framing Plan: A first floor framing plan will be provided
- 2) Headers: Window headers will be (2) 2X10 or greater
- 3) Egress Windows: Sheet A-101 note #25 will be changed to match Sheet T-001 Fire Protection note #6 which has the correct sizes for egress windows
- 4) Drawing Note Error (18" o.c.): Sheet A-101 note should read ".....2X4 wood stud at 16" o.c...."
- 5) Doors: All bedroom doors will be 2'-8"
- 6) Collar Ties: Collar ties will be installed at rafters 16" o.c.
- 7) Smoke Detectors: Entire property will have hard-wired smoke detectors per code
- 8) Smoke Detectors: Smoke detectors will be located per code; see Sheet T-001 Fire Protection note 4

The purpose of these modifications is to provide a safe and code compliant project.

Thank You,


Mark Bess, AIA
Principal

115 PARK STREET, MONTCLAIR, NEW JERSEY 07042
973-886-1341



Date: 4-13-15

Valuation: _____

Fee: \$250.00

JURISDICTION: 19th District Court

BUILDING LOCATION: 47 HOMESTEAD AVE
(City, County, Township, etc.)
(Street address)

BUILDING DESCRIPTION: ADD-A-LEURE

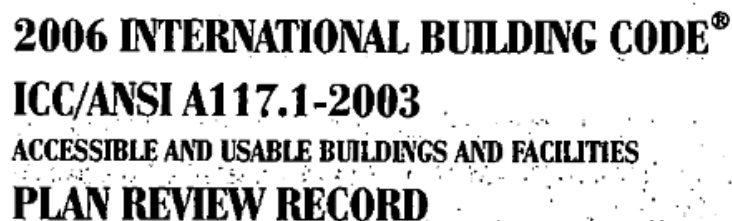
REVIEWED BY: 10-X X6428

Numerals indicated in parenthesis are applicable code sections of the 2006 *International Residential Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections with due regard for the amount and type of detailed information which is typically found on construction documents for one and two family dwellings and townhouses. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

[illegible]

INTERNATIONAL CODE COUNCIL - INC.
PHONE: 1-888-ICC-SAFE (422-7233) • WWW.ICCSAFE.ORG



Fee: _____

(City, County, Township, etc.)

(Street address)

BUILDING DESCRIPTION:

REVIEWED BY: _____

Numerals indicated in parenthesis are applicable code sections of the *International Building Code/2006 (IBC)* and *ICC/ANSI A117.1-2003 Accessible and Usable Buildings and Facilities (ICC A117.1)*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance. Federal, state and local accessibility laws and amendments are beyond the scope of this review.

CORRECTIONS LIST

[illegible]

INTERNATIONAL CODE COUNCIL, INC.
PHONE 1-888-ICC-SAFE • WWW.ICCSAFE.ORG



Generated by REScheck-Web Software

Compliance Certificate

Project

Energy Code: 2015 IECC
Location: Avenel, New Jersey
Construction Type: Single-family
Project Type: Addition
Climate Zone: 4 (5239 HDD)
Permit Date:
Permit Number:

**Must
CERTIFY
Insulation*

Construction Site:
47 Homestead Ave
Avenel, New Jersey 07001

Owner/Agent:
Christopher Giametta
Community Assets Preservation
Corp
421 Halsey St
Newark, New Jersey 07102
201-788-6586
cgiametta@njclrf.com

Designer/Contractor:

Compliance: Passes using UA trade-off

Compliance: 0.0% Better Than Code Maximum UA: 221 Your UA: 221 Maximum SHGC: 0.40 Your SHGC: 0.40

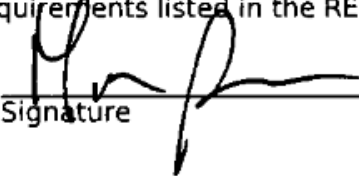
The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules.
It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

Envelope Assemblies

Assembly		Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
Wall: Wood Frame, 16in. o.c.	New Addition	(848)	(0.0)	(20.0)	(0.041)	(29)
Window: Vinyl Frame, 3 Pane w/ Low-E SHGC: 0.40	New Addition	147			0.350	51
Wall: Wood Frame, 16in. o.c.	Existing	848	13.0	0.0	0.082	62
Window: Vinyl Frame, 2 Pane w/ Low-E SHGC: 0.40	Existing	92			0.350	32
Ceiling: Steel Joist/Rafter, 16in. o.c., 2x8	New Addition	(693)	(0.0)	(49.0)	(0.020)	(14)
Floor: All-Wood Joist/Truss Over Uncond. Space	Existing	693	19.0	0.0	0.047	33

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2015 IECC requirements in REScheck Version 5.5.0 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Mark Bess, AIA, NCARB
Name - Title


Signature

03/21/2017
Date