



CERTIFICATE

Date Issued 08/24/2006
Control # _____
Permit # 05-095

IDENTIFICATION

Block 57 Lot 1 Qualifier

Home Warranty No. _____

Work Site Location 66 UNION AVE

Type of Warranty Plan: ☐ State ☐ Private

Use Group U

Owner in Fee/Occupant BURDETTE

Maximum Live Load _____

Address _____

Construction Classification _____

Maximum Occupancy Load _____

Tel. _____

Description of Work/Use:

Contractor: _____

Address: _____

REMOVAL OF ABOVE GROUND TANK

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____ Fax: _____

☐ 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 of Compliance, the following conditions must be met not later than _____ or the owner will be subject to fine or order to vacate: _____

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period 0 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 potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fee _____

Paid ☐ Check No. _____

Collected by _____

CONSTRUCTION OFFICIAL _____



CERTIFICATE

Date Issued 12/11/2006
Control # _____
Permit # 06-119

IDENTIFICATION

Block 57 Lot 1 Qualifier

Work Site Location 66 UNION AVE

Owner in Fee/Occupant LANTIER

Address _____

Tel. _____

Contractor: _____

Address: _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____ Fax: _____

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group R-5

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use:

REPLACEMENT OF ROOF, SIDING & FRONT DOOR

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☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period 0 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 potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fee _____

Paid ☐ Check No. _____

Collected by _____

CONSTRUCTION OFFICIAL _____



CERTIFICATE

Date Issued 07/12/2011
Control # _____
Permit # 11-119

IDENTIFICATION

Block 57 Lot 1 Qualifier _____

Work Site Location 66 UNION AVE

Owner in Fee/Occupant FREDDIE MAC

Address _____

Tel. _____

Contractor: _____

Address: _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____ Fax: _____

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group R-5

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use:

REPLACE SERVICE ELECTRIC, CABLE & METER PAN

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☐ Total removal of lead-based paint hazards in scope of work

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☐ **CERTIFICATE OF COMPLIANCE**

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Fee _____

Paid ☐ Check No. _____

Collected by _____

CONSTRUCTION OFFICIAL _____



CERTIFICATE

Date Issued 01/23/2012
Control # _____
Permit # 12-009

IDENTIFICATION

Block 57 Lot 1 Qualifier _____

Work Site Location 66 UNION AVE

Owner in Fee/Occupant GOKBERK

Address _____

Tel. _____

Contractor: _____

Address: _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____ Fax: _____

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group R-5

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use:

**RETURN SERVICE FROM HOUSE TO CURD. UPGRADE
WATER SERVICE TO COPPER**

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5:17**

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Fee _____

Paid ☐ Check No. _____

Collected by _____

CONSTRUCTION OFFICIAL _____