22-0419.1

Denise Charlton

From: Maria Ackerman <opra+request-35958-019def32@requests.opramachine.com>
Sent: Monday, October 10, 2022 12:13 PM
To: Megan Phillips
Subject: OPRA request - 77 Madison Street, Gillette

Dear Long Hill Township,

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:

Please send copies of all open and closed permits for 77 Madison St, Gillette.

Yours faithfully,

Maria Ackerman

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-35958-019def32@requests.opramachine.com

Is municipalclerk@longhillnj.gov the wrong address for OPRA requests to Long Hill Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=long_hill_township

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/77_madison_street_gillette

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.

See Attached

10/13/22

TOWNSHIP OF LONG HILL

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued April 14, 1997
Control #
Permit # 9882

IDENTIFICATION

Block 70 Lot 24
Work Site Location 77 Madison Ave.
Gillette, NJ 07933
Owner in Fee/Occupant Robert Provini
Address same

Tele. ( ) 647-0620
Contractor Pro Tank
Address Box 161
Liberty Corner, NJ

Tele. ( ) 580-0852 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Removal of
~~Abandon~~ in-ground oil tank/sandfill

☐ **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 _____ , 19_____ 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 (_____ 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 _____.

M C Bahry
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

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

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

77 Madison Ave.

TOWNSHIP OF LONG HILL

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/14/96
Control #
Permit # 9882

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

Block 70 Lot 24
Work Site Location 77 Madison Ave Millers
Owner in Fee Robert Provini
Address Same
Tele. ( ) 647 0028
Contractor PRO TANK
Box 161
Liberty Corner, NJ 07938
908-580-0852
Address
Tele. ( )
Lic. No. 0013455
Federal Emp. No. _____ or Social Security No. 146 42 6332

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U / family Proposed U / family
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 500 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11-13-96
Approved by: D.R. Crowell

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 12-10-97
Approved by: D.R. Crowell

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

_____ SIGNATURE

D. TECHNICAL SITE DATA

Description of Work: TANK REMOVAL
Water Supply Source
Method of Valve Supervision: REMOVE 550 gal
Local Alarm Supervision: 01 / TANK TO
Central Supervision
Proprietary Supervision
Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER TANK REMOVAL	1	40.00

Inspection required before removing tank from site or backfilling hole.

Paid [ ] Check # _____ Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ 40.00

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Date Issued 12/3/99
Control #
Permit # 99-149

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION

Block 70 Lot 24
Work Site Location 77 Madison Avenue
Gillette, NJ 07933
Owner in Fee/Occupant Mildred Provini
Address same

Tele. (908) 647-0628
Contractor BBJ INC
Address 1996 Washington Valley Rod Box 338
Martinsville, NJ 08836
Tele. (732) 356-1512 Fax (_____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No. NA
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-4
Maximum Live Load 40 PSF
Construction Classification 5B
Maximum Occupancy Load
Description of Work/Use:

REmodel 1st fl. Bathroom

☒ **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 _____ , 19_____ 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 (_____ 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 _____.

m P Balady
CONSTRUCTION OFFICIAL

Fee $_____
Paid [ ] Check No. _____
Collected by: _____

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

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued 5.14.99
Control #
Permit # 99-149
Date Issued 12.3.99

IDENTIFICATION

Block 70 Lot 24
Work Site Location 77 Madison Ave
Gillette, NJ 07933
Owner in Fee
Address 77 Madison Ave
Gillette, NJ 07933
Tel. (908) 647. 0625

Contractor BBT Inc.
Address
MARTINSVILLE. NJ.
Tel. ( )
License No.
Federal Employee No.

ACTION

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

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 16,500.
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

Remodel 1st FLOOR BATHROOM

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

DESCRIPTION OF WORK/USE:

Remodel 1st Floor BATHROOM. plumbing, Elec.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: Mildred G Fiorini
OWNER/AGENT

- ☒ OWNER
- ☐ AGENT

U.C.C. F270
(rev. 3/96)

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 70 Lot 24
Work Site Location 77 Madison Ave

Owner in Fee
Address 77 Madison Ave
Gillette NJ 07933
Tel. (908) 647-0628

Contractor BBJ Inc
Address 1996 Washington Valley Rd
PO Box 338 Martinsville 08836
Tel. (732) 356 1512
License No.
Federal Employee No. 222 459 440

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R4 Previous R-4 Current

FINAL COST OF CONSTRUCTION: $ 1500.00
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

DESCRIPTION OF WORK/USE:

remodel bathroom

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: Mildred Provini
OWNER/AGENT

- ☒ OWNER
- ☐ AGENT

U.C.C. F270
(rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____
_____
Owner in Fee _____
Address _____
_____
Tele. (____) _____
Contractor ASPEN ELECTRIC, INC.
Address 4 TIMBERLINE DRIVE
BRIDGEWATER, NJ 08807
Tele. (____) 908-575-8832
Lic. No. LIC. NO. 7534
Federal Emp. No. FED. ID #22-3213281 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other BATT
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 11/6/19
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] TCO [ ] CA
Date: 8.4.20
Approved By: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
1		Fixtures (1)	
1		Receptacles (2)	
14		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	_____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	_____	Other	

	Administrative Surcharge	$ 32.00
Paid [ ] Check # _____	Minimum Fee	$ 20.00
	DCA Training Fee	$ _____
Collected by: _____	TOTAL FEE	$ 52.00

U.C.C. Form F-120B

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

PLUMBING SUBCODE TECHNICAL SECTION

10-11

Date Received
Date Issued 5.14.99
Control #
Permit # 99-149

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

Block 70 Lot 24
Work Site Location 77 MADISON AVE
Gillette NJ 07933
Owner in Fee Milared Provini
Address 77 Madison Ave
Gillette NJ 07933
Tele. (908) 647 - 0628
Contractor John Elmi Plumbing & Heating
Address 11 Mine Road
Bernardsville NJ 07924
Tele. (908) 221 - 0600 Fax ( )
Lic. No. 4162
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 3/4" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 7-2-99
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8/4/99
Approved by: CMO

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			6/16/99 CMO	
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 this application and perform the work listed on this application.

Seal

[ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	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	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
1	~~Other~~ Vent	

Administrative Surcharge	$	
Minimum Fee	$	4.8
DCA Training Fee	$	
TOTAL FEE	$	

UCC/PRO F-130 (REV3/96)
Professional Printing
(609) 468-7933

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

77 Madison Ave

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5.14.99
Date Issued
Control #
Permit # 99-149

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

Block 70 Lot 24
Work Site Location 77 Madison Avenue
Gillette, NJ 07933
Owner in Fee Mildred Provini
Address 77 Madison Ave
Gillette
Tele. (908) 647 - 9628
Contractor BBJ, Inc
Address 1906 Washington Valley Rd (PO Box 338)
Martinsville NJ 08836
Tele. (732) 356 1512 Fax (732) 356-7441
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222 459 440

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remodel first floor bath

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/09	mcb
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8/99
Approved by: mcb

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame			6/17/99	A.A.
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8/5/99	A.A.
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration 8.5x3=
[ ] 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)
$

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 26.00

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class Present R-4 Proposed R-4
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3,000
3. Total (1+ 2) $ 3,000

U.C.C. F110
(rev. 3/96)

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

Long Hill Township
915 Valley Rd.
Gillette NJ 07933
908-647-8000

CERTIFICATE

IDENTIFICATION

Block: 11204 Lot : 24 Qualification Code:

Work Site Location: 77 MADISON ST
LONG HILL TOWNSHIP

Owner in Fee: PROVINI, ROBERT J & MILDRED A

Address: 77 MADISON ST
GILLETTE NJ 07933

Telephone: 908 647-0628

Agent/Contractor: PROVINI, ROBERT J & MILDRED A

Address: 77 MADISON ST
GILLETTE NJ 07933

Telephone: 908 647-0628

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

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
kitchen addition

Update Desc. of Wk/Use:

[ ] **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.

[X] **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 will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-I**

This serves notice that based on written certification, NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scop

[ ] Partial or limited time period(_____ years); see fil

[ ] **CERTIFICATE OF CONTINUED OC**

This serves notice that based on a general inspection are no imminent hazards and the building is approved

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equ maintained in accordance with the New Jersey Unifor use until

Jerry Hoffman
Jerry Hoffman Construction Official

Pai

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

(File In Duplicate)

TOWNSHIP OF PASSAIC, CONSTRUCTION ENFORCING AGENCY
1802 Long Hill Road, Millington, New Jersey 07946

Date .....

Location: 77 MADISON AVE. Block 72A Lot 24
Owner: ROT. PROVINI Add. SAME Tel. 647-0628
Arch. OWNER Add. Tel.
Type of Improvement: ADDITION TO KITCHEN Total Cost $ 8,000

( ) New Construction (X) Additions ( ) Alterations ( ) Repair / Replacement
( ) Demolition ( ) Moving / Relocation ( ) Pool ( ) Fireplace / Stoves
( ) Mechanical ( ) Miscellaneous

Proposed Use of Building:

Type of Work to be Performed:
(✓) Building Subcode (✓) Plumbing Subcode ( ) Fire Subcode (✓) Electrical Subcode

Type of Frame Type of Heating System A.C. Size
Type of Water Supply Type of Sewage Disposal
Bldg. Dimensions No. of Stories Total Bldg. Sq. Ft.
Volume Cubic Ft. Lot Size % of Lot Covered
Zone Use Group Fire Grade No. of Occupants per Floor Live Load
Contractor Add. Tel. Lic.
Plbg. Add. Tel. Lic.
Elec. Add. Tel. Lic.
Others Add. Tel. Lic.

BUILDING SUBCODE

Volume Cubic Feet 0 x Fee
Construction Cost 8 x .5 Fee $40.00
State Surcharge x Fee
~~Certificate of Occupancy~~ Fee

Total Building Subcode Fee $40.00

Approved R Giannotta Date 11/16/82

PLUMBING SUBCODE

Fixtures	No. 2	Fee 10
Stacks	No. 1	Fee 5
Spec. Type Fixtures	No.	Fee
Leader & Area Drains	No.	Fee
Storm Drains	No.	Fee
Other		Fee

$

FIRE SUBCODE

Furnaces	Type	Fuel	No.	Fee	
Water Heaters	Type	Fuel	No.	Fee	
Stoves	Type	Fuel	No.	Fee	
Smoke Alarms	Type		No.	Fee	

Other

Total Fire Subcode Fee

Approved Date

ELECTRICAL SUBCODE

PER 3RD PARTY INSPECTION
(Application Attached)

Electrical Fee 30.00

Administrative Fee -

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

National Headquarters
900 Haddon Ave., Collingswood, N.J. 08108

App. No. 5677 RL72A 224

APPLICATION FOR ELECTRICAL INSPECTION

PLEASE PRINT OR TYPE (CLEAR APPLICATIONS HELP GET THE JOB DONE)

THIS SECTION TO BE COMPLETED BY APPLICANT — DATE:

City, Town or Township: Passaic — County: Morris — State: New Jersey

Location: Lot: 24 — Block: 72 A — Street Address: 77 Madison Ave
(If Located in Rural Area – Please Attach Directions)

Owner: Robert Pound — Pole No. ____

Occupied As: Residence — Permit No. ____ (If Applicable)

Occupant ____ — Building – New ☐ Old ☐ — Work – New ☐ Additional ☑

App. for – Rough Wiring ☐ Fixtures ☐ or — Ready for Inspection ____ 19 ____

Fee Remitted – $ ____ — By Check ☐ Money Order ☐ — Make Payable to Agency

LIST ALL EQUIPMENT AND WIRING

Number of Rough Wiring Outlets	
Switches	4
Lighting	9
Receptacles	12

Number of Fixtures

Miscellaneous Equipment

Elect. Heat: 500 | 750 | 1000 | 1250 | 1500 | 1750 | 2000 | 2250 | 2500 | 2750 | 3000

Amp. Service ____ Surface Unit ____ Dishwasher ✓ Range ✓

Water Heater ____ Air Conditioner ____ Dryer ____ Pump ____

Oven ____ Garbage Disposal ____ Wiring and Controls for ____ Burner ____

Amp. Receptacles ____ Fractional H.P. Vent Fans ____

Other Equipment: ____

MOTORS H.P. Mark Number of Each Size		1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100			

Applicant's Signature: Robert D Brown — License # ____ Permit # ____

T/A ____

Applicant's Address: 77 Madison Ave — Name of Utility ____

& Phone No. 647-0628 — Office to be Notified ____

City: Gillette — State: N.J. — Zip Code: 07933

SPACE BELOW FOR AGENCY'S USE ONLY

Date Received ____ Date Inspected ____

Rough Wiring Outlets	K.W. Surface Unit	K.W. Oven
Outlets	K.W. Range	H.P. Garbage Disposal
Receptacles	K.W. Water Heater	K.W. Dishwasher
Fixtures	H.P. Air Conditioner	K.W. Dryer
Amp. Service Equipment	Burner, Wiring & Controls for	Amp. Receptacle
Amp. Service Conductors	H.P. Pump	Frac. H.P. Vent Fans

MOTORS H.P. Mark Number of Each Size		1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100			

500 | 750 | 1000 | 1250 | 1500 | 1750 | 2000 | 2250 | 2500 | 2750 | 3000

Others . . . . . Add. . . . . Tel. . . . . Lic. . . . . .

BUILDING SUBCODE

Volume Cubic Feet . . . . . x . . . . . Fee . . . . . .
Construction Cost . . . . 8 . . . x . 5 . . . Fee . $40.00 . . . . .
State Surcharge . . . . . x . . . . . Fee . . . . . .
~~Certificate of Occupancy~~ . . . . . Fee . . . . . .

Total Building Subcode Fee . . . . . $40.00 . . . . .

Approved R Giannotta . . . Date . . 11/16/82 . . . . . .

PLUMBING SUBCODE

Fixtures	No. . 2 . . .	Fee . . . 10 . . . . .
Stacks	No. . . 1 . . .	Fee . . . . 5 . . . . .
Spec. Type Fixtures	No.	Fee . . . . .
Leader & Area Drains	No.	Fee . . . . .
Storm Drains	No.	Fee . . . . .
Other		Fee . . . . .

Total Plumbing Subcode Fee . . . . . $15.00 . . . . .

Approved J. Dell RAC. . . Date . . . . . 11/16/82 . . .

FIRE SUBCODE

Furnaces	Type	Fuel	No.	Fee . . . . .
Water Heaters	Type	Fuel	No.	Fee . . . . .
Stoves	Type	Fuel	No.	Fee . . . . .
Smoke Alarms	Type	No.	Fee	
Other				

Total Fire Subcode Fee . . . . . .

Approved . . . . . Date . . . . . .

ELECTRICAL SUBCODE

PER 3RD PARTY INSPECTION
(Application Attached)

Electrical Fee . . . . 30.00 . . . . .

Administrative Fee . . . . . -

Total Electrical Subcode Fee . . . . 30.00 . . . . .

Approved . . . M.O.I.A. . . . Date . . 11/16/82 . . . . . .

BUILDING SUBCODE FEE . . . . . $40.00 . . . . .
PLUMBING SUBCODE FEE . . . . . 15.00 . . . . .
FIRE SUBCODE FEE . . . . . .
ELECTRICAL SUBCODE FEE . . . . . 30.00 . . . . .
TOTAL FEE . . . . . 85.00 . . . . .
C.O. (MH) 10.00 } 95.00

The undersigned agrees to conform to all applicable laws of this jurisdiction.

Robert T. Brown . . . . . .
Signature of Applicant

NOTE: Sewer Connection Permit or Sewage Disposal Permit shall be obtained and Validated below prior to submitting this application for Construction Permit.

Type . . . . . Permit No. . . . . By . . . . . Date . . . . . .

Remarks: . . . . . .

Construction Permit No. . 5377 . . . Issued . . . 11/16/82 . . . . . Per . Leo P. Giannotta . . . . . .

Long Hill Township
915 VALLEY ROAD
GILLETTE, NJ 07933

Date Issued 11/5/2015
Control Number 16198
Permit Number 15-0593
Permit Issue Date 10/21/2015
Certificate Number 15-0593

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 77 MADISON ST Gillette, NJ 07933 Block: 11204 Lot: 24 Qual:

Owner in Fee: PROVINI, ROBERT J

Owner Address: 77 MADISON ST GILLETTE NJ 07933

Telephone:

Contractor PROVINI, ROBERT J

Address 77 MADISON ST GILLETTE NJ 07933

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT WATER HEATER HWH

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Gregory Smyrnk
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/5/2015

U.C.C. F260 (rev. 08/05)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 15-0593

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

Block 11204 Lot 24 Qualification Code

Work Site Location 77 Madison St.
Gillette 07933

Owner in Fee: Robert Provini

Tel. (908) 647-0628 e-mail

Address same
street municipality zip code

Contractor: 1 800 Heaters Inc Tel. (732) 970-8074

Address 2 Gourmet Lane, Unit G & H e-mail
Edison, NJ 08837

Contractor License No. 12352 Exp. Date 6/30/2017

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300

Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1646.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/19/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/5/15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11/4	

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: L Gerardo

Print name here: Leonard Gerardo

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: **Replacement Hot Water Heater**

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 45
TOTAL FEE	$

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 11204 LOT 24 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 77 Madison St

Owner in Fee Robert Provini

Verifying Individual **Leonard Gerardo** Company **1 800 Heaters Inc**

Address **2 Gourmet Lane, Unit G & H** (Street) **Edison** (City) **NJ** (State) **08837** (Zip Code)

Tel: (**732**) **970-8074** Fax: (**732**) **417-0695**

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney: **Size** 8" x 8"

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[X] Chimney-Interior
[ ] Chimney-Exterior
[X] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	water heater	Oil / (Gas) / Other:	40,000
Appliance 2:	boiler- existing	Oil / (Gas) / Other:	150,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

L Gerardo
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

Long Hill Township
915 VALLEY ROAD
GILLETTE, NJ 07933

Date Issued 8/3/2021
Control Number 20794
Permit Number 21-0300
Permit Issue Date 6/16/2021
Certificate Number

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 77 MADISON ST Long Hill Township, NJ Block: 11204 Lot: 24 Qual:
Owner in Fee: PROVINI, ROBERT J
Owner Address: 77 MADISON ST GILLETTE NJ 07933
Telephone:
Contractor JOHN TUCCIARONE ENT LLC
Address 3 BRADY RD WARREN NJ 07980
Telephone: (732) 764-0224 Fax: (732) 764-0225 Federal Emp. Number: 223647895
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GENERATOR

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/3/2021

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 6/16/2021
Control # 20794
Permit # 21-0300

IDENTIFICATION Block: 11204 Lot: 24 Qualifier
Work Site Location: 77 MADISON ST Long Hill Township, NJ
Owner in Fee PROVINI, ROBERT J
77 MADISON ST GILLETTE NJ 07933
Telephone:

Contractor JOHN TUCCIARONE ENT LLC
Address 3 BRADY RD WARREN NJ 07980
Telephone: (732) 764-0224
Lic. No. or Bldrs. Reg. No. 0700 9129 13VH000949200
Federal Employee. No. 223647895

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
GENERATOR

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $14,200

Construction Official 6/16/2021 Date

U.C.C. F170
equiv (rev 1/04)

PAYMENTS (Office Use Only)

Building	$0
Electrical	$100
Plumbing	$80
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$27
CO Fee	
Other	$0
Total	$207
Check No.	4075
Cash	$0
Credit	$0
Collected By	Kelly Burns

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

MECHANICAL INSPECTOR
TECHNICAL SECTION

77

Date Received
Control # 6-16-21

Date Issued
Permit # 21-0300

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

Block # 11204 Lot # 24 Qualification Code _____

Work Site Location 77 Madison St
Gilette NJ. 07933

Owner in Fee: Provini, Robert

Tel. (908) 647 0628. e-mail _____

Address 77 Madison Street, Gilette, NJ 07933
street municipality zip code

Contractor: John Tucciarone Ent LLC Tel. (732) 764 0224

Address 3 Brady Rd e-mail _____
Warren NJ 07059-7037

Contractor License No. or Builder Registration No. 9129 Exp. Date _____

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

Federal Emp. ID No. # 22-3614895 FAX: (732) 764 0225

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Estimated Cost of Mechanical Work $ # 13,000.00

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: John Tucciarone

Print name here: Tucciarone, John F.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

installation of whole house generator
18KW.

1" x 20'

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/10/21
Approved by: _____

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 7/19/21
Approved by: _____

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping			7/1/21	
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other _____	7/12/21		7/19	

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other generator	

Administrative Surcharge $ _____
Minimum Fee $ 80.00
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

Bubble test at Final
OR Retest
Paint Pipe

U.C.C. F145 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 6-15-21
Date Issued
Permit # 21-0300

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

Block 1264 Lot 24 Qualification Code

Work Site Location 77 Madison St Gillette, NJ

Owner in Fee: Provini, Robert J.

Tel. 908 647 0628 e-mail

Address 77 Madison St (street) Gillette (municipality) 07933 (zip code)

Contractor: Plesh Electric LLC Tel. (908) 547-0534

Address 217 Bloomsbury Road e-mail info@pleshelectric.com

Asbury, NJ 08802

Contractor License No. 14149 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 463695153 FAX: (908) 663-2588

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elec.

SUBCODE APPROVAL for PERMIT

Date 7/8/21

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	7/8/21		7/8/21	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
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: Anthony Plesh

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
18kw generator + 100 amp TS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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/+ HP	
1	18	KW Transformer/Generator	50
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	100	Transfer Switch	100

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

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

TOWNSHIP OF PASSAIC

Morris County, New Jersey

No. 3842

Application for Certificate of Occupancy

Date .....

Occupancy Permit No.
or
Building Permit No. 3842

Owner
Name of Applicant .....
Occupant

Present Address .....

Location of Property .....

House No. .....

Lot No. .....

Street .....

Block .....

Use for which Certificate of Occupancy is requested

.....

For Non-Residential Uses Please Answer Following Questions:

Nature of Business: .....

Product or Service: .....

Machinery Used: .....

Total Horsepower of Machinery: .....

Area of Bldg: ..... Area to be Occupied: .....

No. of Floors: ..... No. of Employees: .....

Hrs. per day ..... Days per Week: .....

Present or previous use: .....

Signed .....
Owner/Applicant

DO NOT WRITE IN THIS SPACE-FOR OFFICE USE

Temporary Certificate of Occupancy: (valid for 30 days only)

Conditions:

Issued .....19.....Fee .....

Signed .....
Building Inspector

Extended to .....19.....Fee .....

Signed .....
Building Inspector

Extended to .....19.....Fee .....

Signed .....
Building Inspector

Permanent Certificate of Occupancy:

Issued .....19.....Fee .....

Signed .....
Building Inspector

The following final approvals and signatures must be obtained if they apply to your premises.

Sanitary Sewerage Disposal System approved

.....
Sanitary Inspector – Date

Connection to Public Sanitary Sewer System approved

.....
Plumbing Inspector– Date

Plumbing Installation Approval

.....
Plumbing Inspector–Date

Electrical Installation Approval received and recorded

.....
Building Inspector–Date

1/5/78

Gas or Oil Burner Installation Approved

.....
Fire Inspector–Date

Installation of Driveway Approved

.....
Road Superintendent–Date

Installation of Driveway off County Road

.....
County Road Supervisor–Date

Subdivision Improvements Accepted by Township

.....
Township Clerk–Date

State Dept. of Labor and Watershed Approvals received and filed.

.....
Building Inspector–Date

Site Plan Approval Received and Recorded.

.....
Building Inspector–Date

TOWNSHIP OF PASSAIC
Morris County, New Jersey

BUILDING PERMIT APPLICATION

IMPORTANT – Complete ALL items. Mark boxes where applicable.

1. LOCATION | Number and street: 77 MADISON AVE GILLETTE | BLOCK: 72-A | LOT: 24

A. TYPE OF IMPROVEMENT
- 1 [ ] New building
- 2 [✓] Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3 [ ] Alteration (See 2 above)
- 4 [ ] Repair, replacement
- 5 [ ] Moving (Relocation)
- 6 [ ] Swimming Pool
- 7 [ ] Other–Specify

B. OWNERSHIP
- 8 [✓] Private (individual, corporation)
- 9 [ ] Public (Federal, State, or local government)

C. COST (To be computed by Bldg. Insp.)

10. 78 X 18	1404.00
11. TOTAL COST	1404.00

D. PROPOSED USE –

Residential
- 12 [ ] One family
- 13 [ ] Two or more family – Enter number of units
- 14 [ ] Transient hotel, motel, or dormitory – Enter number of units
- 15 [ ] Garage
- 16 [ ] Carport
- 17 [✓] Other – Specify DINNING Room (ADD'N.)

Nonresidential
- 18 [ ] Amusement, recreational
- 19 [ ] Church, other religious
- 20 [ ] Industrial
- 21 [ ] Parking garage
- 22 [ ] Service station, repair garage
- 23 [ ] Hospital, institutional
- 24 [ ] Office, bank, professional
- 25 [ ] Public utility
- 26 [ ] School, library, other educational
- 27 [ ] Stores, mercantile
- 28 [ ] Tanks, towers
- 29 [ ] Other – Specify

III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E–L.

E. PRINCIPAL TYPE OF FRAME
- 30 [ ] Masonry (wall bearing)
- 31 [✓] Wood frame
- 32 [ ] Structural steel
- 33 [ ] Reinforced concrete
- 34 [ ] Other – Specify

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 [ ] Yes 45 [✓] No

Will there be an elevator?
46 [ ] Yes 47 [✓] No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area	
1st Floor	78
2nd Floor	
Grade Level	
50. Total land area, sq. ft.	78

F. PRINCIPAL TYPE OF HEATING FUEL
- 35 [ ] Gas
- 36 [✓] Oil
- 37 [ ] Electricity
- 38 [ ] Coal
- 39 [ ] Other – Specify

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	1
52. Outdoors	1

G. TYPE OF SEWAGE DISPOSAL
- 40 [✓] Public or private company
- 41 [ ] Individual (septic tank, etc.)

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	3
54. Number of bathrooms – Full	1
54. Number of bathrooms – Partial	

H. TYPE OF WATER SUPPLY
- 42 [✓] Public or private company
- 43 [ ] Individual (well, cistern)

IV. IDENTIFICATION – To be completed by all applicants

1. Owner	NAME: CARMINE M. MELITO	PHONE: 247-3062
	ADDRESS: 77 MADISON AVE GILLETTE N.J.	
2. Contractor	NAME: SAME	PHONE
	ADDRESS	
3. Architect	NAME: SAME	PHONE
	ADDRESS	

The following permits must be obtained with Inspector's signature on this application before a building permit will be issued if they pertain to your building.

Plans for Sanitary Sewerage Disposal System have been filed and approved.

Sanitary Inspector––Date

Plans for Plumbing Installation have been filed and approved.

Plumbing Inspector––Date

Sanitary Sewer System Connection fee paid.

Township Clerk––Date

Permit obtained for Installation of Gas or Oil Burner.

Fire Inspector––Date

Permit obtained for Installation of Driveway.

Road Foreman––Date

Permit obtained for Installation of Driveway off Country Road.

Building Inspector––Date

Requirements of Subdivision Ordinance complied with.

Township Clerk––Date

The owner of this building and the undersigned agree to conform to all applicable laws of The Township of Passaic.

Signature of applicant	Address	Application date
Carmine M. Melito	77 Madison Ave Gillette	6-6-73

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by	Permit fee $	Date permit issued	Permit number
Rocco P Buonnotta	15.00	6/6/73	3842

TOWNSHIP OF PASSAIC
Morris County, New Jersey
BUILDING PERMIT APPLICATION

IMPORTANT — Applicant to complete all items in sections: I, II, III, IV. If applicant is not the owner of the property, the owner is required to complete section V.

LOCATION OF BUILDING

At (location) 77 (No.) MADISON Street AVENUE GILLETTE Area — Zoning District R-3

Block No. 72 A Lot No. 24 Lot Size 75 x 305

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT
1. ☐ New building
2. ☐ Addition (if residential, enter number of new housing units added, if any, in Part D, 13)
3. ☒ Alteration (See 2 above)
4. ☐ Repair, replacement
5. ☐ Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
6. ☐ Moving (relocation)
7. ☐ Other-specify

B. OWNERSHIP
8. ☒ Private (individual, corporation, nonprofit institution, etc.)
9. ☐ Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential
12. ☒ One family
13. ☐ Two or more family — Enter number of units
14. ☐ Transient hotel, motel, or dormitory — Enter number of units
15. ☐ Garage
16. ☐ Carport
17. ☐ Other — Specify DORMER EXPANSION

Nonresidential
18. ☐ Amusement, recreational
19. ☐ Church, other religious
20. ☐ Industrial
21. ☐ Parking garage
22. ☐ Service station, repair garage
23. ☐ Hospital, institutional
24. ☐ Office, bank, professional
25. ☐ Public utility
26. ☐ School, library, other educational
27. ☐ Stores, mercantile
28. ☐ Tanks, towers
29. ☐ Other — Specify

C. COST (To be computed by Bldg. Insp.) (Omit cents)

10. $8000-

11. TOTAL COST OF IMPROVEMENT $8000-

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings and additions, complete Parts E — L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME
30. ☐ Masonry (wall bearing)
31. ☒ Wood frame
32. ☐ Structural steel
33. ☐ Reinforced concrete
34. ☐ Other — Specify

F. PRINCIPAL TYPE OF HEATING FUEL
35. ☐ Gas
36. ☒ Oil
37. ☐ Electricity
38. ☐ Coal
39. ☐ Other — Specify

G. TYPE OF SEWAGE DISPOSAL
40. ☒ Public or private company
41. ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY
42. ☒ Public or private company
43. ☐ Private (well, cistern)

I. TYPE OF MECHANICAL
Will there be central air conditioning?
44. ☐ Yes 45. ☒ No
Will there be an elevator?
46. ☐ Yes 47. ☒ No

J. DIMENSIONS
48. Number of stories: 2
49. Total square feet of floor area, all floors, based on exterior dimensions: 180
50. Total land area, sq. ft.: 0

K. NUMBER OF OFF-STREET PARKING SPACES
51. Enclosed: 1
52. Outdoors: 2

L. RESIDENTIAL BUILDINGS ONLY
53. Number of bedrooms: 4
54. Number of bathrooms. Full: 2 Partial:

IV. IDENTIFICATION — To be completed by all applicants

1. Owner or Lessee	Name CARMINE M MELITO	Tel. No.	647-3062
	Address 77 MADISON AVENUE GILLETTE	Zip Code	07933
2. Contractor	Name KELK BROS. INC.	Tel. No.	233-2360
	Address 1180 Maple Hill Rd. SCOTCH PLAINS	Zip Code	07076
3. Architect or Engineer	Name	Tel. No.	
	Address	Zip Code	

V. OWNERS AFFIDAVIT

I ..... am the owner of the property described in this building application and do hereby designate ..... as my agent to act on my behalf to obtain a permit for the construction/alteration described in this application. The statements made herein are accurate and made with my full knowledge and consent.

Date ..... 19 .... Signature of Owner

The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date
Carmine M Melito	77 Madison Ave Gillette	11/19/96

TOWNSHIP OF PASSAIC

Morris County, New Jersey

Application for Building Permit

No. 2197

Inspector's File No. 39

Name of Applicant FRANK R. SUTTON Owner

Address MADISON AVE. GILLETTE N. J.

Date of Application MARCH 3 1959

Location of Property MADISON AVE. GILLETTE

Tax Map Reference Lot 24 : Block 22 A

1. Plans prepared by owner or architect .....

2. Name and address of architect:

.....

.....

3. Plot plans are hereto attached YES

4. The building is to be used as ALTERATIONS (DWELLING)

5. Cost of building 800.00

6. Fee deposited herewith $ 5.00 W

.....
Applicant (full name) James L. Guadagno

Dated MARCH 3 ....19 59

This permit expires 12 months from the day of issue unless an additional 6 months' extension is granted by the Building Inspector.

Do Not Write Below This Line

	Dimensions	Square Frontage	Unit Cost	Cost
First Floor				
Second Floor				
Garage				
Outbuildings				
			Total Cost	

Plans for Sanitary Sewerage Disposal System have been filed and approved.

.....
Sanitary Inspector

Date .....

Plans for Plumbing Installation have been filed and approved.

.....
Plumbing Inspector

Date .....

Building Permit approved.

C. Frank Sterry
.....
Building Inspector

Date Mar. 3/59

Final approval for Sanitary Sewerage Disposal System granted.

.....
Sanitary Inspector

Date .....

Final approval for Plumbing Installations granted.

.....
Plumbing Inspector

Date .....

Connection to Sanitary Sewer System approved.

.....
Sewer Plant Operator

Date .....

Permit of Occupancy granted.

Temporary Occupancy

.....

Permanent Occupancy

C. Frank Sterry
.....
Building Inspector

Date June 11 - 1959

Expiration date of Building Permit extended to .....

.....
Building Inspector

TOWNSHIP OF PASSAIC

Morris County, New Jersey

No. 4171

Application for Certificate of Occupancy

Date .....

Occupancy Permit No.
or
Building Permit No. 4171

Owner
Name of Applicant .....
Occupant

Present Address .....

Location of Property .....

House No. .....

Lot No. .....

Street .....

Block .....

Use for which Certificate of Occupancy is requested

.....

For Non-Residential Uses Please Answer Following Questions:

Nature of Business: .....

Product or Service: .....

Machinery Used: .....

Total Horsepower of Machinery: .....

Area of Bldg: ..... Area to be Occupied: .....

No. of Floors: ..... No. of Employees: .....

Hrs. per day ..... Days per Week: .....

Present or previous use: .....

Signed .....
Owner/Applicant

DO NOT WRITE IN THIS SPACE-FOR OFFICE USE

Temporary Certificate of Occupancy: (valid for 30 days only)

Conditions:

Issued .....19.....Fee .....

Signed .....
Building Inspector

Extended to .....19.....Fee .....

Signed .....
Building Inspector

Extended to .....19.....Fee .....

Signed .....
Building Inspector

Permanent Certificate of Occupancy:

Issued .....19.....Fee .....

Signed .....
Building Inspector

The following final approvals and signatures must be obtained if they apply to your premises.

Sanitary Sewerage Disposal System approved

.....
Sanitary Inspector – Date

Connection to Public Sanitary Sewer System approved

.....
Plumbing Inspector– Date

Plumbing Installation Approval

.....
Plumbing Inspector–Date

Electrical Installation Approval received and recorded

.....
Building Inspector–Date

Gas or Oil Burner Installation Approved

.....
Fire Inspector–Date

Installation of Driveway Approved

.....
Road Superintendent–Date

Installation of Driveway off County Road

.....
County Road Supervisor–Date

Subdivision Improvements Accepted by Township

.....
Township Clerk–Date

State Dept. of Labor and Watershed Approvals received and filed.

.....
Building Inspector–Date

Site Plan Approval Received and Recorded.

.....
Building Inspector–Date

TOWNSHIP OF PASSAIC,
MORRIS COUNTY, NEW JERSEY

Application for Permit to Build Under Passaic Township Building Code

No. 707

Inspector's File No. .....

Made by Erich Lange ..... Owner

Address Valley Rd. Gillette N.J.

Date of Application March 29 1946

Location of Property Madison Ave Gillette N.J.

Tax Map Reference Lot 24 Block 72-A

1. Are plans prepared by owner or Architect? .....
2. State name and address of Architect if any

   .....

   .....
3. Plot plans are hereto attached.
4. Estimated cost of Building is $ $ 5,000.00
5. Permit from board of health for sewerage disposal, hereto attached.
6. The building is to be used as Dwelling
7. Fee deposited herewith $9.00

Erich Lange.
APPLICANT (full name)

Dated 194

I HEREBY APPROVE, the above application with plans accompanying same.

.....
INSPECTOR.

INSTRUCTIONS:

(a) Application for permits must be filed in duplicate.

(b) All applications for erection, construction or alteration of building costing over $250. shall be accompanied by plans and specifications.

(c) Applications for building costing less than $250. need not have plans accompanying same.

(d) Upon a separate sheet of the same size of application form shall be drawn a plot plan showing the premises where the proposed building is to be erected, altered or repaired, with location of the building on the same.

(e) Fee as follows:

1. For work in excess of $250. and not over $3,000.....$5.00

2. For work under $250., fee of $2.00

3. For each additional $1,000, in excess of $3,000, a fee of $2.00

4. For moving a building crossing a public road, $10.00, with certified check of $100.00 for cost of road repair, etc.

DO NOT WRITE ON THIS SIDE

BUILDING APPLICATION

No. of Application 707

Name Erich Lange

Address Madison Ave. Gillette N.J.

Block 72 A

Lot 24

Page

Date March 29 1946 194

Issued March 29 1946 194

Filed June 15 1946 194

with tax board

O. Frank Terry
Inspector.

[illegible] #39

DO NOT WRITE IN THIS SPACE

The cost of the Building will be figured on the basis of the following unit cost:

Dwelling:
First Floor .... $12.00 per sq. ft.
Second floor .... 6.00 per sq. ft.

Garages and Outbuildings .... 4.00 per sq. ft.

Porches, open .... 2.00 per sq. ft.

(Industrial................)
(Commercial...........) 7.00 per sq. ft.
(Retail Buildings..)

First floor and additional floors Will bear like value in the industrial, commercial and retail classifications.

Name Frank R. Sutton
Address Madison Ave. Gillette N.J.
Block 72-A
Lot 24
Page 12

BUILDING APPLICATION

No. of Application 2197

Date March 3, 1959 19........

Issued Occ. June 4 19 59

Filed April 6, 1959 19........

With Board of Assessors

O. Frank Terry.
Inspector

Instructions:

(a) Application for permits must be filed in triplicate.

(b) All applications for erection, construction or alteration of building costing over $250 shall be accompanied by plans and specifications

(c) Applications for building costing less than $250 need not have plans accompanying same.

(d) Upon a separate sheet of the same size of application form shall be drawn a plot plan showing the premises where the proposed building is to be erected, altered or repaired, with location of the building on the same.

(e) Fee as follows:

1. For work in excess of $250 and not over $3,000 .... $5.00

2. For work under $250, fee of 2.00

3. For each additional $1,000 in excess of $3,000 a fee of 2.00

4. For moving a building across a public road, $10.00 with certified check of $100.00 for cost of road repair, etc.

(f) Rough plumbing must be inspected and approved by the Plumbing Inspector before it is covered.

Applicant to check appropriate items.

TYPE	USE	STORIES	ROOMS	FOUNDATION	EXTERIOR	ROOF TYPE	ROOF MATERIAL	CELLAR	FLOORS	INTERIOR WALLS	LIGHTING	PLUMBING	MISCELLANEOUS DESCRIPTION
SINGLE	RESIDENCE			STONE	WOOD	GABLE	WOOD	NONE	WOOD	PLASTER	GAS	SEWER CONN.	PORCHES
DOUBLE	APARTMENT			CONCRETE	ASBESTOS	HIP	SLATE	PART	CONCRETE	WALLBOARD	OIL	CESSPOOL	BAYS
DUPLEX	STORE			BRICK	ASPHALT	FLAT	ASBESTOS	FULL	TILE	WOOD	ELECTRIC	BATHS	METAL SASH
SEMI DET.	OFFICE			PILING	STUCCO	MANSARD	ASPHALT	DIRT FLOOR	MARBLE	TILE		TOILETS	INSULATION
ROW	BARN				METAL	LEAN TO	METAL	IMPROVED FLOOR	DIRT	COMPO.		SINKS	SKYLIGHT
FACTORY	GARAGE				TILE		TILE		CINDER	GLASS		HEATERS	TANKS
APARTMENT	OUT BLDGS.			CONSTRUCTION	GLASS		TAR AND GRAVEL		COMP.		HEATING	NONE	STACKS
	INDUSTRY			WOOD	BRICK						STOVES		SPRINKLERS
	VACANT			BRICK							HOT AIR		
				STONE							RADIATION		
				CONCRETE							AIR COND.		
				STEEL									
				TILE									

1955

DO NOT WRITE ON THIS SIDE — FOR OFFICIAL USE

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

PERMIT OR APPROVAL	DATE OBTAINED	PERMIT NO.	VALIDATED BY
SANITARY SEWERAGE DISPOSAL INSTALLATION			
PLUMBING INSTALLATION	11/10/76	1407	Ralph Marucca for RPG
SANITARY SEWER CONNECTION FEE			
GAS/OIL BURNER INSTALLATION			
DRIVEWAY OFF TWSP. ROAD			N/A
DRIVEWAY OFF COUNTY ROAD			
SUBDIVISION ORDINANCE CERTIFICATION			
SITE PLAN REVIEW			/

VII. ZONING EXAMINATION

ZONE R-3 USE RESIDENTIAL LOT AREA 22,875

FRONT YARD — REAR YARD — SIDE YARDS —

Notes:

VII. VALIDATION

Building Permit number 4171 Building Permit issued NOV. 19, 1976

Building Permit Fee $ 45.00

Approved by:

Rocco P Giannotta
Building Inspector

Building Permit extended to _____ 19___ Fee $ _____

per

BUILDING APPLICATION

Permit No. 4171

Name CARMINE MEZITO

Address 77 MADISON AVE

Block 72A

Lot 24

Page 12

Issued NOV. 19 1976

Filed DEC. 1 1976
(With Board of Assessors)

Extended to. . . . . 19. . .

C.O. Issued AUG 20 1977

Rocco P. GIANNOTTA
Building Inspector

Inspections:

Footings	—	19. . .
Backfill	—	19. . .
Rough Framing	DEC. 14	1976
Slabs & Floors		19. . .
Final	APR. 23	1977

Records:

Location Survey	19. . .
Fire Underwriters	19. . .
Final Survey	19. . .
Other:	

INSTRUCTIONS

1. Applications for permits must be filed in triplicate.
2. All applications for construction or alterations shall be accompanied by 2 complete sets of plans & specifications.
3. Every application for a new building or an addition to or alternation of a foundation shall be accompanied by an engineer's or surveyor's plot plan showing set-backs and elevations as required by Article I, Section 102.7 of the Building Code.
4. All other applicable permits and approvals shall be obtained and validated in Section VI of this application prior to submitting the application to the building inspector.

INSPECTIONS REQUIRED

Five (5) inspections shall be required for all new construction with 24 hour notice to the building inspector.

1. Footings, before pouring concrete.
2. Backfill of foundation, after water-proofing and footing drains are installed. (Location survey is required before framing begins.)
3. Rough framing, prior to interior wall covering or insulation but after rough plumbing and rough electrical has been inspected and approved.
4. Concrete floors or slabs, before the pouring of concrete.
5. Final, upon completion for occupancy permit.

NOTE:

The building or structure covered by this application is not to be occupied or used until a certificate of occupancy has been secured from the building inspector.

The cost of the Building will be figured on the basis of the following unit cost:

Dwellings:
1st. flr ..... $15.00 per sq. ft.
2nd. flr ..... 7.00 per sq. ft.
lower level,
fin. basement, ... 3.00 per sq. ft.

Encl. Porch ..... 8.00 per sq. ft.
Open Porches,
Garages and
Outbuildings ..... 6.00 per sq. ft.

Patios/Decks ..... 2.00 per sq. ft.

Industrial
Commercial
Retail Bldg. ..... 10.00 per sq. ft.

Offices—
Professional
Institutional ..... 12.00 per sq. ft.

FEES:
For cost up to $1,000 ..... $7.00

For each additional
$1,000 or fraction
thereof up to the
amount of $50,000 ..... $5.00

For each additional
$1,000 or fraction
thereof $2.00

Certificate of Occupancy:
For New Buildings $5.00

For additions or
alterations to
existing bldgs $3.00

Application for Certificate of Occupancy shall be filed, and the fee paid, at the time the building permit is issued.

DO NOT WRITE IN THIS SPACE

Name ..... Carmine Melito

Address ..... 77 Madison Ave. Gillette

Block 72A

Lot 24

Page 12

BUILDING APPLICATION

Permit No.. 3842

Issued ... June 6 ..... 19. 73

Filed ..... July 1 ..... 19. 73
(With Board of Assessors)

Extended to ..... 19....

Renewed ..... 19....

C.O. Issued .. DEC 15 ..... 19. 73

Rocco P. Giannotta
.....
Building Inspector

Inspections:
Footings .... JUN 9 ..... 19. 73
Backfill ..... - ..... 19....
Rough Framing .. AUG 2 ..... 19. 73
Slabs & Floors ..... - ..... 19....
Final ..... DEC 8 ..... 19. 73

Records:
Location Survey .. JAN 15 ..... 19. 73
Fire Underwriters . JUL 21 ..... 19. 73
Final Survey ..... - ..... 19....

INSTRUCTIONS:

1. Applications for permits must be filed in triplicate.

2. All applications for erection, construction or alteration of a building shall be accompanied by 2 complete sets of plans and specifications.

3. Every application for a new building or an addition to or alteration of a foundation shall be accompanied by an engineer's or surveyor's plot plan showing set-backs and elevations as required by Article I, Section 102.7. of the Building Code.

4. Applicant must obtain approval and signatures of all Inspectors as so stated on the front of this application before submitting this application to the Building Inspector for a Building Permit.

INSPECTIONS:

Five (5) inspections will be required for all new construction with 24 hours notice to the Building Inspector as follows:

(1) Footings, before pouring concrete.

(2) Backfill of Foundation, after waterproofing and footing drains installed. (Location Survey must be filed before framing begins.)

(3) Rough Framing, prior to interior wall cover or insulation but after rough plumbing and electrical have been inspected and approved.

(4) Concrete Floors and Slabs, before pouring of concrete.

(5) Final, upon completion for Occupancy Permit.

NOTE:

The building covered by this application is not to be occupied or used until a Certificate of Occupancy has been secured from the Building Inspector.