

Darlene Abreu

22 - 0352

From: Theresa Lopez
Sent: Wednesday, December 28, 2022 3:33 PM
To: Darlene Abreu
Subject: FW: OPRA request - All open and closed permits: 431 Baker Pl Perth Amboy, NJ 08861

Hi Darlene,

Merry Christmas! See OPRA below.

Thanks!

Due on:
1/9/23

-----Original Message-----

From: Carlo Flores [mailto:opra+request-38597-5e95d80f@requests.opramachine.com]
Sent: Wednesday, December 28, 2022 1:58 PM
To: Victoria Ann Kupsch <victoria@perthamboynj.org>
Subject: OPRA request - All open and closed permits: 431 Baker Pl Perth Amboy, NJ 08861

Dear Perth Amboy City,

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:

All open and closed permits: 431 Baker Pl Perth Amboy, NJ 08861

Yours faithfully,

Carlo Flores

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-38597-5e95d80f@requests.opramachine.com

Is victoria@perthamboynj.org the wrong address for OPRA requests to Perth Amboy City? If so, please contact us using this form:

https://link.edgepilot.com/s/ebf4468c/gQ0y0xcw60OunDMI6sQBsa?u=https://opramachine.com/change_request/new?body=perth_amboy_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

https://link.edgepilot.com/s/369413fd/Bnw9NDn_oE6T3Fe3bKQw_w?u=https://opramachine.com/help/officers

View this OPRA request & responses online:

https://link.edgepilot.com/s/45cc283b/twHk9knuD0OMAvPCiooSHg?u=https://opramachine.com/request/all_open_and_closed_permits_431

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



CONSTRUCTION PERMIT

Date Issued 11/22/2017
Control # C-46561
Permit # 17-1005

IDENTIFICATION Block: 181 Lot: 10 Qualifier _____
Work Site Location: 431 BAKER PL. Perth Amboy City, NJ Contractor A. CROSSER ELECTRICAL INC
Address 345 ROOSEVELT LA KENILWORTH NJ
Owner in Fee 431 BAKER REALTY LLC
33 FERRY ST SOUTH RIVER NJ 08882 Telephone: (908) 590-2709
Telephone: (732) 485-5305 Lic. No. or Bldrs. Reg. No. 34EB01011500
Federal Employee. No. _____

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:

REINTRODUCE POWER TO PROPERTY 100 AMP SERVICE

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 \$1,000

PAYMENTS (Office Use Only)

Building _____ \$0
Electrical _____ \$0
Plumbing _____ \$0
Fire Protection _____ \$0
Elevator Devices _____ \$0
Other _____ \$0.00
DCA Training Fee _____ \$2
CO Fee _____
Other _____ \$65
Total _____ \$67
Check No. _____ 1024/26
Cash _____ \$0
Credit _____ \$0
Collected By Maria Wesson-Pineiro

Construction Official _____

Date _____

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

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.



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 181 Lot 10 Qualification Code _____
Work Site Location: 431 BAKER PL, Perth Amboy City, NJ
Owner in Fee: 431 BAKER REALTY LLC
Address 33 FERRY ST, SOUTH RIVER NJ 08882
Tel. (732) 485-5305 Email _____
Contractor: A. CROSSER ELECTRICAL INC
Address 345 ROOSEVELT LA, KENILWORTH NJ Email _____
Tel. (908) 590-2709 Fax _____
Lic No. 34EB01011500 Exp. Date 3/31/2018
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS
Use Group _____ Present _____ Proposed R-5
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$1,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial _____
☐ No Plan Required
☐ Partial/Underslab Approved
Partial Underslab Utilities Approved
Date: _____ by: _____
☐ Electrical Plans Approved
Date: _____ by: _____
Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
SUBCODE APPROVAL for PERMIT
Date: _____ Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: _____ Approved by: _____
Barrier-Free
Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____
Date of Grounding and Bonding _____
Certification _____

Date Received 11/15/2017
Date Issued 11/22/2017
Control # C-46561
Permit # 17-1005

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name
☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

DESCRIPTION OF WORK REINTRODUCE POWER TO PROPERTY 100 AMP SERVICE			FEE (Office Use Only)
QTY.	SIZE	ITEMS	
_____	_____	Lighting Fixtures	
_____	_____	Receptacles	
_____	_____	Switches	
_____	_____	Detectors	
_____	_____	Light Poles	
_____	_____	Motors - Fract. HP	
_____	_____	Emergency & Exit Lights	
_____	_____	Communication Points	
_____	_____	Alarm Devices/F.A.C. Panel	
_____	_____	TOTAL NUMBERS	
_____	_____	Pool Permit/with UW Lights	
_____	_____	Storable Pool/Spa/Hot Tub	
_____	_____	KW Elec. Range/Receptical	
_____	_____	KW Oven/Surface Unit	
_____	_____	KW Elec. Water Heater	
_____	_____	KW Elec. Dryer/Recepticle	
_____	_____	KW Dishwasher	
_____	_____	HP Garbage Disposal	
_____	_____	KW Central A/C Unit	
_____	_____	HP/KW Space Heater/Air	
_____	_____	KW Baseboard Heat	
_____	_____	HP Motors 1/+ HP	
_____	_____	KW Transformer/Generator	
1	100	AMP Service	
_____	_____	AMP Subpanels	
_____	_____	AMP Motor Control Center	
_____	_____	KW Elec. Sign/Outline Light	

Administrative Surcharge	\$65
Minimum Fee	
State Permit Surcharge Fee	\$2
TOTAL FEE	\$67



CONSTRUCTION PERMIT

Date Issued 11/30/2017
Control # C-46374
Permit # 17-1014

IDENTIFICATION Block: 181 Lot: 10 Qualifier _____
Work Site Location: 431 BAKER PL. Perth Amboy City, NJ Contractor LJR DRYWALL, LLC
Address 819 MORRIS AVE. LAKEWOOD NJ 08701
Owner in Fee MACPHERSON, JAIME Telephone: (732) 300-4945
431 BAKER PL. PERTH AMBOY NJ 08861 Lic. No. or Bldrs. Reg. No. _____
Telephone: (732) 310-0747 Federal Employee No. _____

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:

REHAB. ROOFING, WINDOWS, ELECTRICAL, PLUMBING AND FIRE FIXTURES

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 \$12,900

PAYMENTS (Office Use Only)

Building	\$127
Electrical	\$0
Plumbing	\$0
Fire Protection	\$75
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$25
CO Fee	
Other	\$304
Total	\$531
Check No.	1029/30
Cash	\$0
Credit	\$0
Collected By	Maria Wesson-Pineiro

Construction Official _____

Date _____

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

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.



Date Received	10/13/2017
Control #	C-46374
Date Issued	11/30/2017
Permit #	17-1014

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

D. TECHNICAL SITE DATA

REHAB, ROOFING, WINDOWS, ELECTRICAL, PLUMBING AND
FIRE FIXTURES

☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement
☐ Lead Haz Abatement
☐ Radon Remediation
☐ Other
☐ Demolition

TOTAL FEE

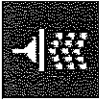
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Total Land Area Disturbed

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



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 181 Lot 10 Qualification Code _____

Work Site Location: 431 BAKER PL. Perth Amboy City, NJ

Owner in Fee: MACPHERSON, JAIME

Address 431 BAKER PL. PERTH AMBOY NJ 08861

Email _____

Tel. (732) 310-0747

Contractor: APOLLO SEWER & PLUMBING

Address 110 W. FRONT STREET KEYPORT NJ 07735

Email _____

Tel. (732) 439-1536 Fax _____

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$4,500

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	
☐ No Plan Required			
☐ Partial Underslab Utilities Approved			
Date: _____ by: _____			
☐ Plumbing Plans Approved			
Date: _____			
Approved by: _____			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C.F130 (rev. 11/09)

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

Date Received 10/13/2017
Control # C-46374
Date Issued 11/30/2017
Permit # 17-1014

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REHAB, ROOFING, WINDOWS, ELECTRICAL, PLUMBING AND FIRE
FIXTURES

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____

☐ Private Septic
☐ Private Well

Administrative Surcharge	\$30
Minimum Fee	_____
State Permit Surcharge Fee	\$9
TOTAL FEE	\$39



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 181 Lot 10 Qualification Code _____
Work Site Location: 431 BAKER PL, Perth Amboy City, NJ
Owner in Fee: MACHPERSON, JAIME
Address 431 BAKER PL, PERTH AMBOY NJ 08861
Tel. (732) 310-0747 Email _____
Contractor: JGOROPYR
Address 415 STATE ROUTE 18 EAST BRUNSWICK NJ 08816
Tel. (732) 485-5305 Fax _____
Lic No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. _____
B. ELECTRICAL CHARACTERISTICS
Use Group _____ Present _____ Proposed R-5
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$2,500

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial _____
☐ No Plan Required _____
☐ Partial/Underslab Approved _____
Partial Underslab Utilities Approved _____
Date: _____ by: _____
☐ Electrical Plans Approved _____
Date: _____ by: _____
Joint Plan Review Required _____
☐ Building ☐ Plumbing _____
☐ Fire ☐ Elevator _____
SUBCODE APPROVAL for PERMIT _____
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE _____
☐ CO ☐ CCO ☐ CA _____
Date: _____
Approved by: _____

DATES (Month/Day)
Failure _____ Approval _____ Initial _____
Type: Rough _____ Barrier-Free _____
Trench _____ Temp. Serv. _____
Constr. Serv. _____ TCO _____
Other _____ Service _____
Final _____ 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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name
☐ Licensed Elec Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		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	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$274
Minimum Fee _____
State Permit Surcharge Fee \$5
TOTAL FEE \$279



FIRE 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 181 Lot 10 Qualification Code _____

Work Site Location: 431 BAKER PL, Perth Amboy City, NJ

Owner in Fee: MACPHERSON, JAIME
Address 431 BAKER PL, PERTH AMBOY NJ 08861 Email _____
Tel. (732) 310-0747
Contractor: A. CROSSER ELECTRICAL INC Tel. (908) 590-2709
Address 345 ROOSEVELT LA, KENILWORTH NJ Email _____
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Expiration Date: _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. _____ Fax: _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present _____ Proposed _____ R-5 _____ Fuel Type ☐ Flammable or ☐ Combustible
Constr. Class Present _____ Proposed _____ Capacity _____
Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement
Location of Panel: _____
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____
Fire Suppression/Standpipe System: ☐ New or ☐ Existing
Location of Main Control Valve: _____
Location: _____

Total Cost of Fire Protection Work \$700

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval
☐ No Plan Required			Alarm System		
☐ Partial Underslab Utilities Approved			Suppression Sys.		
Date: _____ by: _____			Standpipe		
☐ Fire Protection Plans Approved			Fire Pump		
Date: _____			Pre-Eng. System		
Approved by: _____			Mechanical		
Joint Plan Review Required			Smoke Control		
☐ Building ☐ Plumbing			TCO		
☐ Electrical ☐ Elevator			Flam/Cumbust Tank		
SUBCODE APPROVAL for PERMIT			Fireplace Venting		
Date: _____			Final		
Approved by: _____			Other		
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☐ CA					
Date: _____					
Approved by: _____					

Date Received 10/13/2017
Control # C-46374
Date Issued 11/30/2017
Permit # 17-1014

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 Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
REHAB, ROOFING, WINDOWS, ELECTRICAL, PLUMBING AND FIRE
FIXTURES
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (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		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other R-5 detection _____ 7		\$75

Administrative Surcharge
Minimum Fee \$75
State Permit Surcharge Fee \$1
TOTAL FEE \$76



CONSTRUCTION PERMIT

Date Issued 11/30/2017
Control # C-46574
Permit # 17-1014+A

IDENTIFICATION Block: 181 Lot: 10 Qualifier _____
Work Site Location: 431 BAKER PL. Perth Amboy City, NJ Contractor APOLLO SEWER & PLUMBING
Address 110 W. FRONT STREET KEYPORT NJ 07735
Owner in Fee 431 BAKER REALTY LLC Telephone: (732) 439-1536
431 BAKER PL. PERTH AMBOY NJ 08861 Lic. No. or Bldrs. Reg. No. _____
Telephone: (732) 310-0747 Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW 40 GAL NON GAS WATER HEATER, REPLACE WASTE PIPES AND INSTALL NEW TUB,
TOILET, SINK IN 2ND FLR BATHROOM

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 \$4,800

PAYMENTS (Office Use Only)

Building _____ \$0
Electrical _____ \$0
Plumbing _____ \$0
Fire Protection _____ \$0
Elevator Devices _____ \$0
Other _____ \$0.00
DCA Training Fee _____ \$9
CO Fee _____
Other _____ \$60
Total _____ \$69
Check No. _____ 1029/30
Cash _____ \$0
Credit _____ \$0
Collected By Maria Wesson-Pineiro

Construction Official _____

Date _____

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

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.



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 181 Lot 10 Qualification Code

Work Site Location: 431 BAKER PL. Perth Amboy City, NJ

Owner in Fee: 431 BAKER REALTY LLC

Address 431 BAKER PL. PERTH AMBOY NJ 08861

Tel. (732) 310-0747 Email

Contractor: JGOR OPYR

Address 415 STATE ROUTE 18 EAST BRUNSWICK NJ 08816

Tel. (732) 485-5305 Fax

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

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Estimated Cost of Plumbing Work \$4,800

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	
☐ No Plan Required			
☐ Partial Underslab Utilities Approved			
Date: by:			
☐ Plumbing Plans Approved			
Date:			
Approved by:			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date:			
Approved by:			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date:			
Approved by:			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C.F130 (rev. 11/09)

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

Date Received 11/17/2017
Control # C-46574
Date Issued 11/30/2017
Permit # 17-1014+A

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW 40 GAL NON GAS WATER HEATER, REPLACE WASTE PIPES AND
INSTALL NEW TUB, TOILET, SINK IN 2ND FLR BATHROOM

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
1	Bath Tub	\$13
1	Lavatory	\$13
	Shower	
	Floor Drain	
1	Sink	\$13
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	\$13
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	\$60
Minimum Fee	
State Permit Surcharge Fee	\$9
TOTAL FEE	\$69



CONSTRUCTION PERMIT

Date Issued 3/2/2018
Control # C-47011
Permit # 17-1014+B

IDENTIFICATION Block: 181 Lot: 10 Qualifier _____
Work Site Location: 431 BAKER PL. Perth Amboy City, NJ Contractor 431 BAKER REALTY LLC
Address 33 FERRY ST. SOUTH RIVER NJ 08882
Owner in Fee 431 BAKER REALTY LLC
33 FERRY ST. SOUTH RIVER NJ 08882 Telephone: (732) 310-0747
Telephone: (732) 310-0747 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

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:

INSTALL A/C UNIT

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 \$200

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$65
Total	\$66
Check No.	1064/1065
Cash	\$0
Credit	\$0
Collected By	Darlene Abreu

Construction Official _____

Date _____

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

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.



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 181 Lot 10 Qualification Code _____
Work Site Location: 431 BAKER PL. Perth Amboy City, NJ
Owner in Fee: 431 BAKER REALTY LLC
Address 33 FERRY ST. SOUTH RIVER NJ 08882
Tel. (732) 310-0747 Email _____
Contractor: A. CROSSER ELECTRICAL INC
Address 345 ROOSEVELT LA. KENILWORTH NJ Email _____
Tel. (908) 590-2709 Fax _____
Lic No. 34E801011500 Exp. Date 3/31/2018
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed R-5
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$200

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS		Dates (Month/Day)
☐ No Plan Required			Type:	Failure	Approval
☐ Partial/Underslab Approved			Rough		
☐ Partial Underslab Utilities Approved			Barrier-Free		
Date: _____ by: _____			Trench		
☐ Electrical Plans Approved			Temp. Serv.		
Date: _____ by: _____			Constr. Serv.		
Joint Plan Review Required			TCO		
☐ Building ☐ Plumbing			Other		
☐ Fire ☐ Elevator			Service		
SUBCODE APPROVAL for PERMIT			Final		
Date: _____			Barrier-Free		
Approved by: _____			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 2/20/2018
Date Issued 3/2/2018
Control # C-47011
Permit # 17-1014-B

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL A/C UNIT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F. A. C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Over/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$65
Minimum Fee _____
State Permit Surcharge Fee \$1
TOTAL FEE \$66



CONSTRUCTION PERMIT

Date Issued 3/19/2018
Control # C-47099
Permit # 17-1014+C

IDENTIFICATION Block: 181 Lot: 10 Qualifier _____
Work Site Location: 431 BAKER PL. Perth Amboy City, NJ Contractor APOLLO SEWER AND PLUMBING
Address 110 W. FRONT STREET KEYPORT NJ 07735
Owner in Fee 431 BAKER REALTY, LLC Telephone: _____
33 FERRY STREET SOUTH RIVER NJ 08882 Lic. No. or Bldrs. Reg. No. _____
Telephone: (732) 310-0747 Federal Employee No. _____

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:

sink, dishwasher

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 \$500

PAYMENTS (Office Use Only)

Building _____ \$0
Electrical _____ \$0
Plumbing _____ \$0
Fire Protection _____ \$0
Elevator Devices _____ \$0
Other _____ \$0.00
DCA Training Fee _____ \$1
CO Fee _____
Other _____ \$65
Total _____ \$66
Check No. 1069/70
Cash _____ \$0
Credit _____ \$0
Collected By Maria Wesson-Pineiro

Construction Official _____

Date _____

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

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.

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

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



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 181 Lot 10 Qualification Code _____

Work Site Location: 431 BAKER PL. Perth Amboy City, NJ

Owner in Fee: 431 BAKER REALTY, LLC

Address 33 FERRY STREET SOUTH RIVER, NJ 08882

Tel. (732) 310-0747 Email _____

Contractor: IGOR OPYR

Address 415 STATE ROUTE 18 EAST BRUNSWICK NJ 08816

Tel. (732) 485-5305 Fax _____

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$500

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	
☐ No Plan Required			
☐ Partial Underslab Utilities Approved			
Date: _____ by: _____			
☐ Plumbing Plans Approved			
Date: _____			
Approved by: _____			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

INSPECTIONS	Type	Failure	Dates (Month/Day)	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. F130 (rev. 11/09)

Date Received 3/9/2018
Control # C-47099
Date Issued 3/19/2018
Permit # 17-1014+C

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge \$65
Minimum Fee
State Permit Surcharge Fee \$1
TOTAL FEE \$66

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