



South Orange Village
76 South Orange Ave, Suite 302
South Orange, NJ 07079
(973) 378-7715

CERTIFICATE

Date Issued:

Control # 00000254

Permit # 92243

IDENTIFICATION

Block: 1402 Lot: 1 Qual: _____
Work Site Location: 463 TWIN OAK RD
Owner in Fee: BRAFF,MR
Address: _____
Telephone: _____
Agent/Contractor: _____
Address: _____
Telephone: _____
Lic. No./Bldrs. Reg. No.: _____ Federal Emp ID: _____
Social Security No.: _____

Home Warranty No.: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work Use: ENLARGE KITCHEN & DINING ROOM

CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

ANTHONY GRENCI Construction Official

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 _____



South Orange Village
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CERTIFICATE

Date Issued: 10/13/2009

Control # 00017375

Permit # 20080900

IDENTIFICATION

Block: 1402 Lot: 1 Qual: _____
Work Site Location: 463 TWIN OAK DRIVE
Owner in Fee: BRAFF
Address: 463 TWIN OAK DRIVE
SOUTH ORANGE, NJ, 07079
Telephone: _____
Agent/Contractor: AMC REMODELING INC
Address: 3210 CHESTERWOOD WAY
SOMERSET, NJ 08873
Telephone: (732) 356-6550
Lic. No./Bldrs. Reg. No.: 13VH00582100 Federal Emp ID: 22-3649674
Social Security No.: _____

Home Warranty No.: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work Use: Alterations/REMODEL (2) BATHS & MASTER BEDROOM

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ANTHONY GRENCI Construction Official

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

Partial or limited time period (years); see file

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CERTIFICATE

Date Issued: 09/11/2015
Control # 00021943
Permit # 20141153

IDENTIFICATION

Block: 1402 Lot: 1 Qual: _____
Work Site Location: 463 TWIN OAK RD
Owner in Fee: BRAFF, ELAINE A.
Address: 463 TWIN OAK ROAD
SOUTH ORANGE, NJ, 07079
Telephone: _____
Agent/Contractor: AIR GROUP, LLC
Address: 1 PRINCE ROAD
WHIPPANY, NJ 07981
Telephone: (800) 545-1020
Lic. No./Bldrs. Reg. No.: 13VH00668000 Federal Emp ID: 22-3620908
Social Security No.: _____

Home Warranty No.: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work Use: Alterations/AIR HANDLER & CONDENSER
REPLACEMENT

CERTIFICATE OF OCCUPANCY

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ANTHONY GRENCI Construction Official

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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.

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CERTIFICATE

IDENTIFICATION

Date Issued: 05/02/2016

Control # 00027647

Permit # 20160296

Block: 1402 Lot: 1 Qual: _____
Work Site Location: 463 TWIN OAK RD
Owner in Fee: ALLISON, THOMAS & LINDSAY
Address: 463 TWIN OAK ROAD
SOUTH ORANGE, NJ, 07079
Telephone: (908) 227-9726
Agent/Contractor: STIVALE BUILDERS
Address: 31 LAKEVIEW PLACE
VERONA, NJ 07044
Telephone: (973) 239-9112
Lic. No./Bldrs. Reg. No.: 13VH00397900 Federal Emp ID: 68-0643866
Social Security No.: _____

Home Warranty No.: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work Use: REMOVE SMALL AREA OF DECK AND
CONSTRUCT NEW STAIR ONTO EXISTING PATIO

CERTIFICATE OF OCCUPANCY

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X CERTIFICATE OF APPROVAL

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TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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ANTHONY GRENCI Construction Official

CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

Partial or limited time period (years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

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CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____



South Orange Village
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CERTIFICATE

Date Issued: 10/05/2018
Control # 00031038
Permit # 20180623

IDENTIFICATION

Block: 1402 Lot: 1 Qual: _____
Work Site Location: 463 TWIN OAK RD
Owner in Fee: ALLISON, THOMAS & LINDSAY
Address: 463 TWIN OAK ROAD
SOUTH ORANGE, N.J. 07079
Telephone: (908) 227-9726
Agent/Contractor: DESIGN RIGHT KITCHENS LLC
Address: 271 RT 46 WEST, #208
FAIRFIELD, NJ 07004
Telephone: (862) 702-3285
Lic. No./Bldrs. Reg. No.: 13VH09550500 Federal Emp ID: 814267205
Social Security No.: _____

Home Warranty No.: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work Use: KITCHEN RENOVATION

CERTIFICATE OF OCCUPANCY

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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

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South Orange Village
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CERTIFICATE

Date Issued: 07/31/2018
Control # 00031179
Permit # 20180670

IDENTIFICATION

Block: 1402 Lot: 1 Qual: _____
Work Site Location: 463 TWIN OAK RD
Owner in Fee: ALLISON, THOMAS & LINDSAY
Address: 463 TWIN OAK ROAD
SOUTH ORANGE, N.J. 07079
Telephone: (908) 227-9726
Agent/Contractor: AIR GROUP, LLC
Address: 1 Prince Road
Whippany, NJ 07981
Telephone: (973) 887-5099
Lic. No./Bldrs. Reg. No.: 13VH00668000 Federal Emp ID: _____
Social Security No.: _____

Home Warranty No.: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work Use: REPLACE A/C AND AIR HANDLER

CERTIFICATE OF OCCUPANCY

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CERTIFICATE

Date Issued: 12/14/2020
Control # 00034024
Permit # 20200947

IDENTIFICATION

Block: 1402 Lot: 1 Qual: _____
Work Site Location: 463 TWIN OAK RD
Owner in Fee: ALLISON, THOMAS & LINDSAY
Address: 463 TWIN OAK ROAD
SOUTH ORANGE, N.J. 07079
Telephone: (908) 227-9726
Agent/Contractor: WELTMAN HOME SERVICES INC
Address: 80 Industrial Rd
Berkeley Heights, NJ 07922
Telephone: (908) 665-8118
Lic. No./Bldrs. Reg. No.: 13VH04948800 Federal Emp ID: 22-2365968
Social Security No.: _____

Home Warranty No.: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work Use: 175k HOT WATER BOILER AND BACKFLOW
PREVENTER REPLACEMENTS

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