Date Issued 9-30-01
Control #
Permit # 00-129

CERTIFICATE

IDENTIFICATION

Block 32 Lot 16.01
Work Site Location 83 PLANT STREET
OGDENSBURG, N.J. 07439
Owner in Fee/Occupant HOWARD & SUE ELLEN HOUGHTALING
Address Same
Tele. [redacted] Redacted phone #
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:
ENCLOSED PORCH OFF SIDE OF HOUSE
+ ELECTRIC 36x82

☐ 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 _____.

Fee $ 132.00
Paid [X] Check No. 4232
Collected by: B.K

CONSTRUCTION OFFICIAL

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

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

Date Issued 9-30-01
Control #
Permit # 00-129

CERTIFICATE

IDENTIFICATION

Block 32 Lot 16.01
Work Site Location 83 PLANT STREET
OGDENSBURG, N.J. 07439
Owner in Fee/Occupant HOWARD & SUE ELLEN HOUGHTALING
Address Same
Tele. [redacted] Redacted Phone #
Contractor SELF
Address
Tele. (____) ____ Fax (____) ____
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:
ENCLOSED PORCH OFF SIDE OF HOUSE
W ELECTRIC 36X82

☐ 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 _____.

CONSTRUCTION OFFICIAL

Fee $ 132.00
Paid [X] Check No. 4232
Collected by: B.K

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

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

83 Plant

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 01-129

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

Block 30 Lot 16.01
Work Site Location 83 Plant St. Oradensburg NJ 07734
Owner in Fee Mildred & Ellen Houghtaling
Address [redacted] Redacted Address
Tele. Redacted phone #
Contractor
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Enclosed porch off side of house. ~~N/A~~ electric on plumbing.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9-27-00	SDA
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date:
Approved by: 9-8-01 SDA

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing 3@24 + 16" PIER				RK
Foundation				
Slab				
Frame	11-11-00		11-22-00	SDA
Barrier-Free				
Insulation			1-6-01	SDA
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9-8-01	SDA
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
RIDGE BEAM GUSSET PLTS. [ ] Demolition

FEE (Office Use Only)

$	
	73
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 73

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-4
Constr. Class Present _____ Proposed 5-B
No. of Stories 1
Height of Structure 15' Ft.
Area — Largest Floor 32 Sq. Ft.
New Bldg. Area/All Floors 32 Sq. Ft.
Volume of New Structure 384.0 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 5500
3. Total (1+ 2) $ 5500

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

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

83 Plant

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 00-129

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

Block 130 Lot 16.01
Work Site Location 83 Plant St. Ogdensburg NJ 07439
Owner In Fee Mildred & Ellen Houghtaling
Address [redacted] Redacted Address
Tele. [redacted] Redacted phone #
Contractor
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Enclosed porch off side of house. ~~No~~ electric or plumbing.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9.7.00	SDA
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date:
Approved by: 9-8-01 SDA

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing 3@24 + 16" PIER				RK
Foundation				
Slab				
Frame	11-11-00		11-22-00	SDA
Barrier-Free				
Insulation			4-6-01	SDA
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9.8.01	SDA
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

RIDGE BEAM GUSSET PLTS

FEE (Office Use Only)

$ 73

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 73

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R.A.
Constr. Class Present _____ Proposed 5-B
No. of Stories 1
Height of Structure 15' Ft.
Area — Largest Floor 32 Sq. Ft.
New Bldg. Area/All Floors Attached Sq. Ft.
Volume of New Structure 3840 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 5500
3. Total (1+ 2) $ 5500

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

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

Department

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10-10-00
Date Issued
Control #
Permit # 00-129

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 23 Pine St.
Cranford NJ 07431
Owner in Fee/Occupant Wunsch & Suettiger Haughton
Address [redacted] Redacted Address
Tele. [redacted] Redacted phone #
Contractor Self
Address _____
Tele. ( ) _____ Fax ( ) _____
Lic. No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 560

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10/31/00
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Types:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

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

[signature] Scott Haughton
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
4		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		ceiling fan w/light	
8		TOTAL NUMBERS non-outdoor	$ 29-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	4-
Minimum Fee	$	24-
DCA Training Fee	$	
TOTAL FEE	$	33

U.C.C. F120
(rev 3/96)

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

E Denspark

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10 [illegible]
Date Issued
Control #
Permit # 00-129

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 23 [illegible] St.
[illegible] NJ 07431
Owner in Fee/Occupant M[illegible]rd & Suetlien [illegible]
Address [redacted] Redacted Address
Tele. ([redacted] Redacted Phone #
Contractor Self
Address ______
Tele. ( ) ______ Fax ( ) ______
Lic. No. ______
Federal Emp. No. ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 560

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/13/00
Approved by: [illegible]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
4		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		Ceiling Fan w/light	
8		TOTAL NUMBERS	$ 29-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		....	
		....	

Administrative Surcharge	$ 4-
Minimum Fee	$ 29-
DCA Training Fee	$
TOTAL FEE	$ 33

U.C.C. F120
(rev 3/96)

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

Date Issued 7/98/0
Control #
Permit # 04-79

CERTIFICATE

IDENTIFICATION

Block 32 Lot 16.01
Work Site Location 93 Plant St. Ogdensburg NJJ.
Owner in Fee/Occupant Sue Ellen/Minard Houghtaling
Address [redacted] Redacted Address
Tele. [redacted] Redacted phone #
Contr[redacted] Applied Service
Address Lafayette N.J. 07848
Tele. (973) 579-3397 . Fax (____) ____
Lic. No. or Bldrs. Reg. No. US01006
Federal Emp. No. ____

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

Remove 550 Gal
underground oil tank

☐ 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 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 ____.

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

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 12/99)

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

Date Issued 7/26/0
Control #
Permit # 04-79

CERTIFICATE

IDENTIFICATION

Block 22 Lot 16.01
Work Site Location 93 Plant St.
Ogdensburg NjJ.
Owner in Fee/Occupant Sue Ellen/Minard Houghtaling
Address
[redacted] Redacted Address
Tele Redacted Phone#
Contractor Applied Service
Address
Lafayette N.J. 07840
Tele. (973) 579-3397 . Fax ( )
Lic. No. or Bldrs. Reg. No. US01006
Federal Emp. No.

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

Remove 550 Gal
underground oil tank

☐ **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 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 _____.

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. F260
(rev. 12/99)

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

83 OR 95?

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/6/04
Date Issued
Control #
Permit # 04-79

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

Block 32 Lot 10.01
Work Site Location 63 Plant Street
Ogdensburg NJ 07439
Owner in Fee Sue Ellen Noughtaling
Address [redacted] Redacted Address
Tele. ([redacted] Redacted phone #
Contractor Applied Service
Address PO BOX 415
Lafayette NJ 07848
Tele. (973) 579-3397 Fax (973) 579-6172
Lic. No. or Bldrs. Reg. No. 490100 6
Federal Emp. No. 22-3498823

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

Remove 550 gal UST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other D EMO C-2704-SM		

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by: 7-27-04 SM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7-27-04 SM	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[X] Demolition

FEE (Office Use Only)

$	
	46

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 46

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
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. Total (1+2) $ 595.00

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

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

83 OR 95?

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/6/04
Date Issued
Control #
Permit # 04-79

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

Block 32 Lot 10.01
Work Site Location 93 Plant Street
Ogdensburg NJ 07439
Owner in Fee Sire Ellen Naughtaling
Address [redacted] Redacted Address
Tele. [redacted] Redacted phone #
Contractor Applied Service
Address PO Box 415
Lafayette NJ 07848
Tele. (973) 579-3397 Fax (973) 579-6172
Lic. No. or Bldrs. Reg. No. 45100 6
Federal Emp. No. 22 3498823

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

Remove 550 gal UST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other D EMO C-2204-584		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL:		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by: 7-27-04 SDA		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7-27-04	SDA
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[X] Demolition

FEE (Office Use Only)
$ 46

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 46

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
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. Total (1+ 2) $ 595.00

FIRE SUBCODE TECHNICAL SECTION

Date Received 7/6/04
Date Issued
Control #
Permit # 04-78

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

Block 32 Lot 116.01
Work Site Location 83 Planet Street
Ogdensburg, NJ 07439
Owner in Fee Sue Ellen Noughtaling
Address [redacted] Redacted Address
Tele. Redacted phone#
Contractor Applied Service
Address PO Box 445
Lafayette NJ
Tele. (973) 579-3397 Fax (973) 579-6172
Lic. No. 11501026
Federal Emp. No. 22 3498823

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 950.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 6/28/04
Approved by: K. Kent

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/9/04
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other 275 AST oil tank			7/9/04	

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: Install of 275 AST in Bsmt
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [~~]~~ Combustible Liquid
[ ] LPG [ ] LNG Capacity 275 Fuel 2
Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		33
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 33

UCC F140
(rev. 3/96)

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FIRE SUBCODE TECHNICAL SECTION

Date Received 7/6/04
Date Issued
Control #
Permit # 04-78

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

Block 32 Lot 116.01
Work Site Location 83 Planet Street
Ogdensburg, N.J. 07439
Owner in Fee Sue Ellen Houghtaling
Address [redacted] Redacted Address
Tele. ([redacted] Redacted phone#
Contractor Applied Service
Address PO Box 445
Lafayette NJ
Tele. (973) 579-3397 Fax (973) 579-6172
Lic. No. 13501006
Federal Emp. No. 22-3498823

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 950.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 6/28/04
Approved by: K. Kennedy

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/9/04
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other 275 AST Oil Tank			7/9/04	

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:
Install of 275 AST in Bsmt
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [~~]~~ Combustible Liquid
[ ] LPG [ ] LNG Capacity 275 Fuel 2
Alarm Systems [ ] 110v Interconnected NUMBER
[ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		33
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 33

U.C.C. F140
(rev. 3/95)

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PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7
Date Issued 7/16/04
Control #
Permit # 04-78

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

Block 32 Lot 16.01
Work Site Location 83 Planet Street
Cedarbrg. N.J 07439
Owner in Fee Sue Ellen Houghtaling
Address [redacted] Redacted Address
Tele. [redacted] Redacted phone #
Contractor Applied Service
Address PO Box 445, Lafayette NJ 07848
Tele. (973 579-3477 Fax (973 579-6172
Lic. No. 9506006
Federal Emp. No. 223498823

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 $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/29/04
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/9/04
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Fuel oil line			7/16/04	[signature]

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's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA (List of all 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	46
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$46

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PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY

Date Received 7
Date Issued 7/16/04
Control #
Permit # 04-78

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

Block 32 Lot 16.01
Work Site Location 83 Planet Street
Oadensburg N.J 07439
Owner in Fee Sue Ellen Houghtaling
Address [redacted] Redacted Address
Tele. [redacted] Redacted Phone #
Contractor Applied Service
Address PO Box 445, Lafayette NJ 07848
Tele. (973 579-3317 Fax (973 579-6172
Lic. No. 45050006
Federal Emp. No. 223498823

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 $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/29/04
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/9/04
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Fuel oil pipe			7/16/04	[signature]

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's Seal

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List of all 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	46
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 46

U.C.C. F130 (rev 3/96)

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CERTIFICATE OF INSPECTION PERMITTING OCCUPANCY

Borough of Ogdensburg General Ordinance
Chapter 8-1.11

DATE: MARCH 17, 2004
CERTIFICATE: CCO# 04-10

BLOCK 32 LOT 16.01

ADDRESS: 93 PLANT STREET, OGDENSBURG, NJ 07439

OWNER(S): MINARD & SUE ELLEN HOUGHTALING NEW OWNER(S): MINARD, SUE ELLEN RAMONA HOUGHTALING

XXX CERTIFICATE OF INSPECTION PERMITTING OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there is No imminent hazards and the building is approved for continued occupancy.**

_____ TEMPORARY CERTIFICATE OF OCCUPANCY
If this is a Temporary Certificate of Inspection Permitting Occupancy the following conditions must be met no later than_____, _____, or the owner will be subject to a fine or order to vacate.**

_____ CERTIFICATE OF OCCUPANCY FOR CHANGE OF TITLE ONLY. NO OCCUPANCY ALLOWED UNTIL PROPER INSPECTION HAS BEEN MADE AND PAID FOR. Per attached letter

---

***** *SMOKE AND CARBON MONOXIDE DETECTORS HAVE BEEN INSTALLED PROPERLY AND ARE FUNCTIONING PROPERLY* *****

Fee: $35.00
CHECK # 335
Collected By: RJB

Kevin Kervatt, Construction Official

CERTIFICATE OF INSPECTION PERMITTING OCCUPANCY

Borough of Ogdensburg General Ordinance
Chapter 8-1.11

DATE: MARCH 17, 2004
CERTIFICATE: CCO# 04-10

BLOCK 32 LOT 16.01

ADDRESS: 93 PLANT STREET, OGDENSBURG, NJ 07439

OWNER(S): MINARD & SUE ELLEN HOUGHTALING NEW OWNER(S): MINARD, SUE ELLEN RAMONA HOUGHTALING

XXX CERTIFICATE OF INSPECTION PERMITTING OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there is No imminent hazards and the building is approved for continued occupancy.**

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***** *SMOKE AND CARBON MONOXIDE DETECTORS HAVE BEEN INSTALLED PROPERLY AND ARE FUNCTIONING PROPERLY* *****

Fee: $35.00
CHECK # 335
Collected By: RJB

Kevin Kervatt, Construction Official