CONSTRUCTION PERMIT

Date Issued 12/30/15
Control # C-15-00913
Permit # 16-012

IDENTIFICATION Block: 166 Lot: 60 Qualifier
Work Site Location: 227 LAWRENCE AVE. Highland Park Borough, NJ
Owner in Fee: STRAUSS, ULRICH P. & ELAINE G.
227 LAWRENCE AVE. HIGHLAND PARK NJ 08904
Telephone:

Contractor: Qualified Tank Service
Address: 4475 SOUTH CLINTON AVENUE S. Plainfield NJ 07080
Telephone: (908) 245-0220
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [x] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
REMOVAL OF UNDERGROUND STORAGE TANK

PAYMENTS (Office Use Only)

Building	$65
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$65
Check No.	1250
Cash	$0
Credit	$0
Collected By	

Note: If constuction 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 $1,300

Construction Official

12/30/15
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 12/30/15
Control #

Date Issued
Permit # 16-012

BUILDING 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 1604 Lot 60 Qualification Code
Work Site Location 227 Lawrence Ave Highland Park NJ 08904
Owner in Fee: Elaine Strauss
Tel. (732) 501-4382 e-mail
Address 227 Lawrence Ave Highland Park NJ
street municipality zip code

Contractor: QUALIFIED TANK SERVICE Tel. ( )
Address 4475 SOUTH CLINTON AVE., SUITE 207 e-mail
SO. PLAINFIELD, NJ 07080
908-245-0220 FAX 908-245-0330
Contractor License No. or Builder Registration No. US 507477 Exp. Date 13VH06026000
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 27 4402045 FAX: ( )

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:
Print name here: Fedele Sisti

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEP# 16-01-14-1024-36

REMOVAL OF ONE (1)
550 GALLON UNDERGROUND
HEATING OIL STORAGE TANK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/30/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	[illegible]			
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1300

U.C.C. F110 (rev. 11/09)

State of New Jersey

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

BOB MARTIN
Commissioner

Unregulated Heating Oil Tank Program
Mail Code 401-05
P.O. Box 420
Trenton, NJ 08625-0420
Phone #: 609-633-0544
Fax #: 609-984-6004

April 28, 2016

Elaine Strauss
227 Lawrence Avenue
Highland Park, NJ 08904

Re: Area of Concern: One – 550 gallon #2 Heating Oil Underground Storage Tank System
Unrestricted Use - No Further Action Letter and Covenant Not to Sue
Block 166, Lot 60
227 Lawrence Avenue
Highland Park Borough, Middlesex County
Program Interest #:723690, Activity Number: CSP160001
Communications Center Number: 16-01-14-1024-36

Dear Ms. Strauss:

Pursuant to N.J.S.A. 58:10B-13.1 and N.J.A.C. 7:26C, the New Jersey Department of Environmental Protection (Department) makes a determination that no further action is necessary for the remediation of the area of concern specifically referenced above, except as noted below, so long as you did not withhold any information from the Department. This action is based upon information in the Department's case file and your final certified report dated April 13, 2016. In issuing this No Further Action Determination and Covenant Not to Sue, the Department has relied upon the certified representations and information provided to the Department.

By issuance of this No Further Action Determination, the Department acknowledges the completion of a Remedial Investigation and Remedial Action pursuant to the Technical Requirements for Site Remediation (N.J.A.C. 7:26E) for the area of concern specifically referenced above and no other areas.

NO FURTHER ACTION CONDITIONS

As a condition of this No Further Action Determination pursuant to N.J.S.A. 58:10B-12o, you and any other person who was liable for the cleanup and removal costs, and remains liable pursuant to the Spill Act, shall inform the Department in writing within 14 calendar days whenever your name or address changes. Any notices submitted pursuant to this paragraph shall reference the above case numbers and shall be sent to: Site Remediation Program, P.O. Box 420, Trenton, NJ 08625.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-17-03
Control #
Permit # 03-864

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

Block 166 Lot 60
Work Site Location 227 Lawrence Ave
Owner in Fee Elaine and Ulrich Strauss
Address 227 Lawrence Ave
Highland Park,
Tele. (732) 846-0370
Contractor John Arch Contracting
Address P.O. Box 871
E Brunswick
Tele. (732) 238-9917 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 154-58-8838

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required 12-11-03 JP
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
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) $ 5,190.00

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 30 year Timberline reroof on top of existing roof.

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
[ ] Demolition

FEE (Office Use Only)
$ 46-

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

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

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

BOROUGH OF HIGHLAND PARK
MIDDLESEX COUNTY, NEW JERSEY
221 SOUTH 5th AVENUE
HIGHLAND PARK, N.J. 08904

CERTIFICATE

Date Issued 9-25-92
Control #
Permit # 92-282-654

IDENTIFICATION

Block 166 Lot 60
Work Site Location 227 Lawrence Ave.
Highland Park, N.J.
Owner in Fee Ulrich Strauss
Address above

Tele. ( )
Contractor Karl Stangel
Address 116 Lincoln Ave
Highland Park, N.J.
Tele. ( ) 246-3268
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. 157-52-0707

Home Warranty No.
Use Group R3
Maximum Live Load
Description of Work/Use:

Remove and replace header for stringer, replace front stairs, treads, risers & stringers

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY**

☒ **CERTIFICATE OF APPROVAL**

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

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

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

CONSTRUCTION OFFICIAL Robert Nora, Interim ConstructionmOfficial

U.C.C. Form F-260A

1. White — Applicant 2. Green — Office Copy 3. Goldenrod — Tax Assessor

BOROUGH OF HIGHLAND PARK
MIDDLESEX COUNTY, NEW JERSEY
221 SOUTH 5th AVENUE
HIGHLAND PARK, N.J. 08904

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9-14-92
Control #
Permit # 92-292

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

Block 166 Lot 60
Work Site Location 227 Lawrence Ave

Owner in Fee Strauss
Address 227 Lawrence Ave
Highland Park, NJ
Tele. (908)
Contractor Karl P Stangel
Address 116 Lincoln Ave
Highland Park, New Jersey
Tele. (908) 296-3268
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 157-52-0707

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[X] Frame	9/9/92	RD
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/21/92
Approved By: B Nuce

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			9/16/92	

B. BUILDING CHARACTERISTICS

Use Group Present 1 Family Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 450.00
3. Total (1+2) $ 450.00

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.

Karl P. Stangel
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove and Replace Front stairs, Treads, risers and stringers. Remove and Replace Header for Stringers.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Other Stairs
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$ 18.-

Administrative Surcharge $
Paid [X] Check # 161 Minimum Fee $
Collected by: TOTAL FEE $

1. White — Applicant Copy
2. Green — Office Copy
3. White — Inspector's Copy

U.C.C. Form F-110A

BOROUGH OF HIGHLAND PARK
MIDDLESEX COUNTY, NEW JERSEY
221 SOUTH 5th AVENUE
HIGHLAND PARK, N.J. 08904

CERTIFICATE

Date Issued 10-6-94
Control #
Permit # 93-138

IDENTIFICATION

Block 166 Lot 60
Work Site Location 227 Lawrence Ave.
Highland park, N.J.
Owner in Fee Ulrich Strauss
Address above
Tele. (___) 846-0370
Contractor S. Heinsdorph
Address 68 Donaldson St.
Highland Park, N.J.
Tele. (___) 249-3008
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. 146-32-9525

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

First floor addition per plans

☒ **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.

☐ **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/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:

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

CONSTRUCTION OFFICIAL J. Heiss

U.C.C. Form F-260B

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

BOROUGH OF HIGHLAND PARK
MIDDLESEX COUNTY, NEW JERSEY
221 SOUTH 5th AVENUE
HIGHLAND PARK, N.J. 08904

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-26-93
Control #
Permit # 93-138

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

Block ~~133~~ 166 Lot ~~45~~ 60
Work Site Location 227 LAWRENCE AVE HIGHLAND PARK, NJ
Owner in Fee ULRICH STRAUSS
Address 227 LAWRENCE AVE HIGHLAND PARK, NJ
Tele. (908) 846 0370
Contractor STEVE HEINSDORF
Address 68 DONALDSON CT HIGHLAND PARK, NJ
Tele. (908) 249-3008
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. 146-32-9525

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 Stephen Heinsdorf

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
See plans.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/26/93	J.H.
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure 2,560 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 15,000
2. Alteration $ _____
3. Total (1+2) $ _____

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [X] Check # 951 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

1. White — Applicant Copy
2. Green — Office Copy
3. White — Inspector's Copy

U.C.C. Form F-110A

BOROUGH OF HIGHLAND PARK
MIDDLESEX COUNTY, NEW JERSEY
221 SOUTH 5th AVENUE
HIGHLAND PARK, N.J. 08904

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5-12-93
Date Issued 5-26-93
Control #
Permit # 93-138

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

Block ~~133~~ 166 Lot ~~26~~ 60
Work Site Location 227 LAWRENCE AVE
HIGHLAND PARK, NJ 08904
Owner in Fee ULRICH/STRAUSS
Address 227 LAWRENCE AVE
HIGHLAND PARK, NJ 08904
Tele. (908) 846 0370
Contractor R CARUSO & SONS ELEC. CONT.
Address 1441 JOSEPH ST
NO. BRUNS. NJ
Tele. (908) 846 4346
Lic. No. 1544
Federal Emp. No. ______ or Social Security No. 148 16 5628

NEW KITCHEN & BATHROOM (1ST FLOOR)

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 2400

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved w/n
Date: 5/13/93
Approved by: M. O'HALLORAN

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
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.

D Caruso
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
18		Fixtures (1)	
12		Receptacles (2)	
8		Switches (3)	
38+4		Total 1 + 2 + 3 = 42	50.
	2.4 Kw	Range	25.
	Kw	Oven(s)	
	2.4 Kw	Surface Unit	25.
	1/2 hp	Dishwasher	25.
	1/3 hp	Garbage Disposal	25.
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
4		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	

Paid [X] Check # 931
Collected by: ______

Administrative Surcharge $ 20.
Minimum Fee $ ______
DCA Training Fee $ ______
TOTAL FEE $ 170.

U.C.C. Form F-120B

BOROUGH OF HIGHLAND PARK
MIDDLESEX COUNTY, NEW JERSEY
221 SOUTH 5th AVENUE
HIGHLAND PARK, N.J. 08904

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5-12-93
Date Issued 5-26-93
Control #
Permit # 93-158

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

Block 166 Lot 60
Work Site Location 227 LAWRENCE AVE
HIGHLAND PARK, N.J. 08904
Owner in Fee ULRICH STRAUSS
Address 227 LAWRENCE AVE
HIGHLAND PARK, NJ 08904
Tele. (908) 846 0370
Contractor Mariana & Sons P & H Co. Robert Mariana
Address 452 Cedar Drive
Lanoka Harbor NJ 08734
Tele. (908) 238-6296
Lic. No. 10444426
Federal Emp. No. 22-2161792 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 4500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5/19/93
Approved by: C.H.

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	4
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	12
1	Shower	12
	Floor Drain	
1	Sink	12
1	Dishwasher	12
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other Vent	12

Administrative Surcharge $
Paid [X] Check # 95 Minimum Fee $
Collected by: TOTAL $ 87.—

1. White — Applicant Copy
2. Green — Office Copy
3. White — Inspector's Copy

U.C.C. Form F-130A

BOROUGH OF HIGHLAND PARK
MIDDLESEX COUNTY, NEW JERSEY
221 SOUTH 5th AVENUE
HIGHLAND PARK, N.J. 08904

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5-12-93
Date Issued 5-26-93
Control #
Permit # 93-138

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

Block [redacted] 166 Lot [redacted] 60
Work Site Location 227 LAWRENCE
HIGHLAND PARK, NJ 08404
Owner in Fee ULRICH STRAUSS
Address 227 LAWRENCE AVE
HIGHLAND PARK, NJ 08904
Tele. (908) 846 0370
Contractor R CARUSO + SONS ELEC. CONT.
Address 1441 JOSEPH ST
NO. BRUNS, NJ 08902
Tele. (908) 846 4346
Lic. No. 1544
Federal Emp. No. _____ or Social Security No. 148 16 5628

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 5/28/93
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS:

Type:	Failure	Dates (Month/Day) 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.

D Caruso
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source 6-4"
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks	( ) Capacity _____	Fuel _____
Combustible Liquid Storage Tanks	55 ( ) Capacity _____	Fuel _____
L.P.G. Storage Tanks	( ) Capacity _____	Fuel _____
L.N.G. Storage Tanks	5 ( ) Capacity _____	Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	_____	_____
Dry Sprinkler Heads	_____	
TOTAL	_____	
Smoke Detectors	4 one on each level.	
Heat Detectors	8 hard-wired inter-connected w/	
TOTAL	battery backup	32.00
Stand Pipes	0 as required	_____
Kitchen Hood Exhaust Systems	by fire code.	_____
Pre-Engineered Systems		
CO_2 Suppression	_____	_____
Halon Suppression	_____	_____
Foam Suppression	_____	_____
Dry Chemical	_____	_____
Wet Chemical	_____	_____
Gas or Oil Fired Appliance	_____	_____
OTHER _____	_____	_____

Paid [X] Check # 931
Collected by: [signature]

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

U.C.C. Form F-140B

BOROUGH OF HIGHLAND PARK
MIDDLESEX COUNTY, NEW JERSEY
221 SOUTH 5th AVENUE
HIGHLAND PARK, N.J. 08904

CERTIFICATE

Date Issued 10-6-94
Control #
Permit # 93-138

IDENTIFICATION

Block 166 Lot 60
Work Site Location 227 Lawrence Ave.
Highland park, N.J.
Owner in Fee Ulrich Strauss
Address above
Tele. (____) 846-0370
Contractor S. Heinsdorph
Address 68 Donaldson St.
Highland Park, N.J.
Tele. (____) 249-3008
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. 146-32-9525

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

First floor addition per plans

☒ **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.

☐ **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/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:

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

CONSTRUCTION OFFICIAL J. Heiss

U.C.C. Form F-260B

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

Date Issued 10/1/01
Control #
Permit # 01-84

CERTIFICATE

IDENTIFICATION

Block 166 Lot 60
Work Site Location 227 Lawrence Street
Highland Park, NJ 08904
Owner in Fee/Occupant Strauss
Address same as above

Tele. (732) 846-0370
Contractor Tom Hague & Son Inc.
Address 60 Pine Drive, PO Box 291
Roosevelt, NJ
Tele. (609) 448-5424 Fax (609) 448-7775
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22 2694641

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

Install 4 mini a/c wall units

☐ **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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3-15-01
Control #
Permit # 01-84

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

Block 166 Lot 60
Work Site Location 227 LAWRENCE ST
Highland Park NJ
Owner in Fee STRAUSS
Address SAME AS ABOVE

Tele. ( )
Contractor TOM HAGUE & SON INC.
Address 60 PINE RD P.O Box 241
ROOSEVELT NJ 08555
Tele. (609) 448-5124 Fax (609) 448-7775
Lic. No.
Federal Emp. No. 22 2649641

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 $ 8500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6-20-01
Approved by: Tom Brown

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DCA
Date: 4-17-01
Approved by: Tom Brown

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
			4-17-01	TH

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.

Tom Hague
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	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap (25 EACH)	
	Sewer Connection	
	Water Service Connection	
	Stacks	
x4	Other HVAC - Mini Split	100
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	100

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 01-84

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

Block 166 Lot 40
Work Site Location 227 LAWRENCE AVE
HAMILTON SQUARE, NJ
Owner in Fee/Occupant STATE
Address 227 LAWRENCE AVE
HAMILTON SQUARE, NJ
Tele. ( )
Contractor JK ELECTRIC
Address P.O. BOX 671
EDISON, NJ 08818
Tele. (201) 277-0076 Fax ( )
Lic. No. 13910
Federal Emp. No. 150 164 507,000

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		
Date:		
Approved by:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			4/19/01	
Final				

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

SUBCODE APPROVAL
[ ] CO [ ] COO [ ] 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.

Applicant's Signature, Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] 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	
		Communications 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 Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
5		.....	
		.....	

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

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/6/15
Date Issued
Control #
Permit # 15-136

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

Block ______ Lot ______ Qualification Code ______

Work Site Location 227 Lawrence Ave
Highland Park

Owner in Fee: Elaine Strauss

Tel. (732) 501-4392 e-mail

Address 227 Lawrence Ave (street) Highland Park (municipality) 08904 (zip code)

Contractor W.W. DANLEY ELECTRIC Tel. 732-254-1076

Address 21 Milltown Rd
East Brunswick e-mail NJ

Contractor License No. 5098 Exp. Date 2015

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

Federal Emp. ID No. 201765961 FAX: 732-651-8377

B.ELECTRICAL CHARACTERISTICS

Use Group: Present ✓ Proposed ______

[ ] Pole/Pad # ______ [ ] Temporary [✓] Other AC unit

Building Occupied as Dwelling Utility Co. PSE&G

Estimated Cost of Electrical Work $ 475.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: WALTER DANLEY

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Central A/C (2nd Floor)

QTY.	SIZE	ITEMS
		Lighting Fixture
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Rang/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
1	2 ton	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

FEE (Office Use Only)

$ ______

Administrative Surcharge $ ______
Minimum Fee $ 60
State Permit Surcharge Fee $ ______
TOTAL FEE $ ______

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 [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1/23/15

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
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				

UCC/F-120 (rev. 11/09) Professional Printing (856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/6/15
Control #
Date Issued
Permit # 15-136

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 227 Lawrence Ave
Highland Park

Owner in Fee: Elaine Straurs

Tel. (732) 846-0370 e-mail _____

Address 227 Lawrence Ave Highland Park 08904
street municipality zip code

Contractor: Hanco Air Cond Inc. Tel. (732) 254-4112

Address 52 Maple St
South River e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04159800

Federal Emp. ID No. 222-373-353 FAX: (732) 254-0584

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 $ 450.00

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: 1/21/15
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
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				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Sign / Contractor Sign AND Seal here: Lawrence Osowski

Print name here: Lawrence Osowski

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

DESCRIPTION OF WORK
Replace Central A/C for 2nd floor

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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Garbage Disposal A/C Lines	
1	Other Condensate Lines	140

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

UCC/F-130
(rev. 11/09)
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Control #

Date Issued 6-20-16
Permit # 16-353

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

Block 1606 Lot 60 Qualification Code

Work Site Location 227 LAWRENCE AVE

Owner in Fee ELAINE STRASS

Address 227 LAWRENCE AVE, HIGHLAND PARK, NJ

Tel ( )

Contractor TONY SZEMERCSA ELEC CONTR

Address 313 SO. 2ND AVE HIGHLAND PARK, NJ

Tel (732) 745 2221 FAX ( )

Contractor License No. 8731

Federal Emp. No. 144-46-1816

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8500

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.

TONY SZEMERCSA

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
18		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
43		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	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 10.00
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6/14/16 PAT

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10/18/16

Approved by: PAT

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	X 6/28/16			PV
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/18/16	PV
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

X 6/28/16 NOT READY

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 7/9/24

Date Issued / Permit # 24-302

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

Block 803 Lot 60 Qualification Code

Work Site Location 227 Lawrence Avenue Highland Park

Owner in Fee: Paul Waite

Tel. (646) 264-2127 e-mail

Address 227 Lawrence Avenue (street) Highland Park (municipality) 08904 (zip code)

Contractor: **Edison Heating & Cooling** Tel. (**732**) **372-7161**

Address **191 Vineyard Road** e-mail
Edison, NJ 08817

Contractor License No. **19HC00468700** Exp. Date 6/30/26

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

Federal Emp. ID No. **27-2084715** FAX: (**732**) **243-9546**

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Residential Utility Co.

Est. Cost of Elec. Work $ 500

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. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/24/24
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of Ductless Split System

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	
		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	
1	12K	(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 $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

6/13/24 SE

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MECHANICAL INSPECTOR
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 7/9/24

Date Issued / Permit # 24-302

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

Block 803 Lot 60 Qualification Code

Work Site Location 227 Lawrence Avenue Highland Park

Owner in Fee: Paul Wintle

Tel. (0260) 2104-2127 e-mail

Address 227 Lawrence Avenue Highland Park 08904
street municipality zip code

Contractor: Edison Heating & Cooling Tel. (732) 372-7161

Address 191 Vineyard Road e-mail

Edison, NJ 08817

Contractor License No. or Builder Registration No. 19HC00468700 Exp. Date 6/30/2026

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

Federal Emp. ID No. 27-2084715 FAX: (732) 243-9546

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 $ 5170

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: 6/13/24
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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.

Sign here:

Print name here: Michael Iarrapino

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement of Ductless Split System

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 condenser	130

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

6/13/24 SF

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

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