Otero Jennifer #21-126

From: Pogorzelski, Carmela
Sent: Monday, April 12, 2021 8:28 AM
To: Clerk Office
Subject: Fwd: OPRA request - Codes

Sent from my iPad

Begin forwarded message:

From: Mr Radwan <opra+request-21634-88ea0587@requests.opramachine.com>
Date: April 9, 2021 at 4:19:44 PM EDT
To: "Pogorzelski, Carmela" <pogorzelskic@carteret.net>
Subject: OPRA request - Codes

Dear Carteret Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

All permit(s) and submitted applications for 102 Lincoln Avenue.

All variances from planning board zoning board for 102 Lincoln Ave from 3/3/2020 to 4/10/2021

Yours faithfully,

Mr Radwan

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-21634-88ea0587@requests.opramachine.com

Is pogorzelskic@carteret.net the wrong address for OPRA requests to Carteret Borough? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dcarteret_borough&c=E,1,BjlvJze8e3b48ScIjh_EGIOByTIMuB3lp9bqt0mi3PRJsPdo7bsIDvtyZ8q-TqOIATPoqt2tu2SMnyrNNjP3xeTsLd6aeJAVEWFgY8osxtqw_oG1ge4,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c

H-21-0212

Certificate of Habitability

102 LINCOLN AVE, Unit 1ST FL

Block/Lot 6002/15

New Tenant
WHITSETT, TAQUERA
102 LINCOLN AVE 1ST FL
CARTERET, NJ, 07008

Owner
102 LINCOLN AVE-CARTERET LLC
319 CARTERET AVE
CARTERET, NJ 07008

This certificate shall verify that the above location has been visually inspected and approved in accordance with the rules and regulations of the Borough of CARTERET and with respect to the life hazards, carbon monoxide detectors, smoke detectors and fire extinguishers.

Deborah Bialowarczuk
Code Enforcement

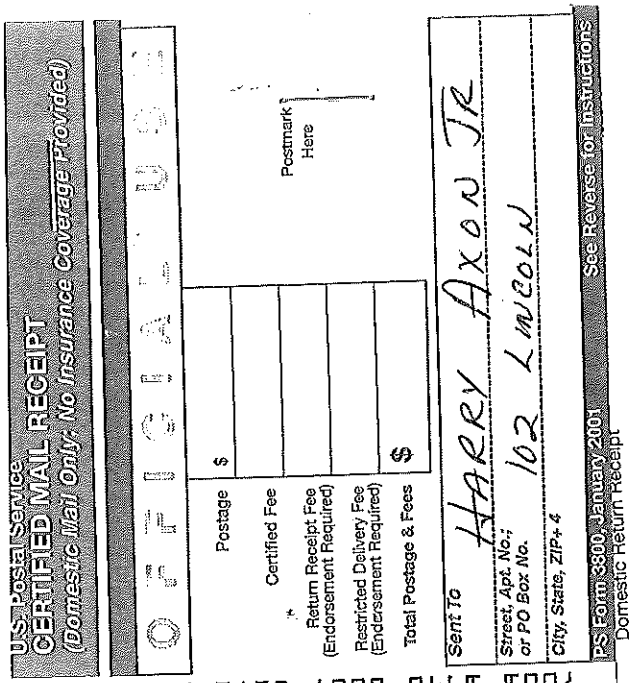
Issued
Insp No. 28383, 3/22/21
Insp Pd

Carteret Borough
Borough Hall
Carteret NJ 07008
(732)541-3810 FAX(732)969-2429

Cut Here

Deliver to...

WHITSETT, TAQUERA
102 LINCOLN AVE 1ST FL
CARTERET, NJ, 07008



ugh of Carteret

CONSTRUCTION OFFICE

61 COOKE AVENUE
ERET, NEW JERSEY 07008
Tel: (732) 541-3810
Fax: (732) 969-2429

ALLEGATED

TION NOTICE

Re: 102 LINCOLN AVE
CARTERET NJ 07008
Block: 126 Lot: 15

he code official inspected the above
ined that there are violations of the
e violations listed below shall be
ndicated. Failure to obey this order
ult in issuance of a summons
resulting in a mandatory court appearance and possible penalty assessment in compliance with this code.

Inspection Date: 08/12/02
Violations to be Abated by: 09/16/02

PM-304.2 Exterior painting

All wood and metal surfaces, including but not limited to, window frames, doors, door frames, cornices, porches and trim shall be maintained in good condition. Peeling, flaking and chipped paint shall be eliminated and surfaces repainted.

Rear stairs of dwelling painting on garage.

PM-304.11 Stairways, decks, porches and balconies

Every exterior stairway, deck, porch and balcony, and all appurtenances attached thereto, shall be maintained structurally sound and in good repair, with proper anchorage and capable of supporting the imposed loads.

02-1036

BOROUGH OF CARTERET
61 COOKE AVE
(732) 541-3810

Date Issued / /
Control # C126-15
Permit # 9-17-02

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 126 Lot 15 Qual

Work Site Location 102 LINCOLN

Owner in Fee AXON, HARRY
Address 102 LINCOLN
CARTERET, NJ 07008-
Telephone (732)541-1317

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DECK

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 450

Construction Official

9/10/02
Date

PAYMENTS (Office Use Only)

Building	40
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	25
Other	
Total	65
Check No.	
Cash	65
Collected By	

U.C.C. P170 (rev. 3/96)

10/28/08

BOROUGH OF CARTERET
61 COOKE AVE
(732) 541-3810

Date Issued / /
Control # C-126
Permit # 08-1066

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 126 Lot 15 Qual

Work Site Location 102 LINCOLN AVENUE
CARTERET, NJ 07008
Owner in Fee AXON, HARRY
Address 102 LINCOLN
CARTERET, NJ 07008-
Telephone (732)541-1317

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOF

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 7,250

Construction Official

10/27/08
Date

PAYMENTS (Office Use Only)

Building	145
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	10
Cert. of Occupancy	0
Other	
Total	155
Check No.	3265
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

Borough Of Carteret
61 Cooke Ave
Carteret NJ 07008
(732)541-3810 FAX (732)969-2429

Permit No. **20200356**
Control No. 89041058
Block/Lot 6002/15
Date 1/14/21

Certificate of Occupancy

IDENTIFICATION

Block/Lot 6002/15
Work Site Location 102 LINCOLN AVE

Owner in Fee/Occupant 102 LINCOLN AVE - CARTERET NJ
Address 319 CARTERET AVE
CARTERET, NJ 07008

Telephone
Contractor
Address

Telephone FAX
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:
Renovation to a existing two family home

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 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

[signature]
Joseph Hoff Construction Official
Piscataway Township

Permit Fee $ 1,429
Paid [ ] Check No. 1010
Collected by: MC

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

Borough Of Carteret
61 Cooke Ave
Carteret NJ 07008
(732)541-3810 FAX *(732)969-2429*

Permit No. **20200356 A**
Control No. **89041238**
Block/Lot 6002/15
Date 1/14/21

Certificate of Occupancy

IDENTIFICATION

Block/Lot 6002/15
Work Site Location 102 LINCOLN AVE

Owner in Fee/Occupant 102 LINCOLN AVE - CARTERET NJ
Address 319 CARTERET AVE
CARTERET, NJ 07008

Telephone
Contractor Matt Magner Hvac
Address 21 CANAAN CT.
PORT READING, NJ 07064

Telephone (732)366-4213 FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No.

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

UPDATE 2 FURNACES
2 HOT WATER HEATER

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 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

Joseph Hoff Construction Official
Piscataway Township

U.C.C. F260
(rev. 3/86)

Permit Fee $ 582
Paid [ ] Check No. 1010
Collected by: MC

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

~~TOWNSHIP OF WOODBRIDGE~~
~~CODE ENFORCEMENT AGENCY~~
~~BUILDING DEPARTMENT~~
~~1 MAIN ST. • WOODBRIDGE, NJ 07095~~
~~732-634-4500~~

Date Received
Control #
Date Issued
Permit # 20-03564-FP

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

Block 6002 Lot 15 Qualification Code

Work Site Location 102 Lincoln Ave
Carteret NJ 07008

Owner in Fee: Carteret NJ LLC

Tel. e-mail

Address 319 Carteret Ave Carteret 07008

Contractor: Matt Mosner HVAC LLC Tel. 732 366-4210
(street, municipality, zip code)

Address 179 Main St e-mail mjmheating.cooling
Woodbridge NJ 07095 @gmail.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH05298300

Federal Emp. ID No. 27-0562600 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Attic & Basement

Total Cost of Fire Protection Work $ 1,800

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Matt Mosner

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install (2) Furnaces & Hot Water Heater
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	2	60
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		120
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date 9-2-20 Approved by: QQ

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-2-20
Approved by: QQ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

Electrical Fire Alarms

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 20-0356
Date Issued
Permit #

94

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 102 Lincoln Ave. Cartaret

Owner in Fee: 102 Lincoln Ave. Cartaret NJ, LLC

Tel. [redacted] e-mail _____

Address 319 Cartaret Ave Cartaret 07008
street municipality zip code

Contractor: Sofdan Electric Tel. (____) _____

Address 1276 Shetland DR. e-mail _____
Union NJ 07083

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. 14022 Exp. Date 3/31/21

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

Federal Emp. ID No. 22-3501912 FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 750

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Alfredo Madeira

Print name here: Alfredo Madeira

D. TECHNICAL SITE DATA

X Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	10	500
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	10	
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		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date _____ Approved by: _____
[X] Fire Protection Plans Approved
Date 9.2.20 Approved by: CDC
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9.2.20
Approved by: CDC
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
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				
Flam/Combust. Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MECHANICAL INSPECTOR
TECHNICAL SECTION

~~TOWNSHIP OF WOODBRIDGE~~
~~CODE ENFORCEMENT AGENCY~~
~~BUILDING DEPARTMENT~~
~~1 MAIN ST. - WOODBRIDGE, NJ 07095~~
~~732-634-4500~~

Date Received
Control #

Date Issued
Permit # 20-03564A

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

Block 6002 Lot 15 Qualification Code

Work Site Location 102 Lincoln Ave. Carteret NJ 07008

Owner in Fee: 102 Lincoln Ave - Carteret NJ LLC

Tel. [redacted] e-mail

Address 319 Carteret Ave. Carteret NJ 07008
(street / municipality / zip code)

Contractor: Matt Magner HVAC LLC Tel. 732 [illegible] 4213

Address 179 Main St e-mail mjm heating.cooling@gmail.com
Woodbridge NJ 07095

Contractor License No. or Builder Registration No. 19HC00891800 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH05298300

Federal Emp. ID No. 27-0562600 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 10,000

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: Matt Magner

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of (2) Furnaces, coils, & condensers w/ Ductwork

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
2	Hot Air Furnace	90
	Oil Tank	
	LPG Tank	
	Fireplace	
2	Other A/C	90
	Administrative Surcharge $	180
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	

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: 9/2/20
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

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

DATES

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 89041058
Date Issued
Permit # 20-035

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 102 Lincoln Ave. Garfield

Owner in Fee: 102 Lincoln Ave. Garfield NJ, LLC

Tel. [redacted] e-mail _____

Address 319 Garfield Ave. Garfield 07008
street municipality zip code

Contractor: Sofdan Electric Tel. (973) 277-5484

Address 1276 Shetland DR. Union NJ 07083
street municipality zip code e-mail _____

Contractor License No. 14022 Exp. Date 3/31/21

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

Federal Emp. ID No. 22-3561912 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 13,000.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Alfredo Madeira

Print name here: Alfredo Madeira

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
23		Lighting Fixtures	
48		Receptacles	
29		Switches	
10		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
112		TOTAL NUMBERS	$ 230
		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	
2	1.5	KW Dishwasher	50
		HP Garbage Disposal	
2		KW Central A/C Unit	50
2		HP/KW Space Heater/Air Handler	50
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	75
1	100	AMP Subpanels	75
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	60 Amp	Subpanel	75

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 605
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Electric Plans Approved
Date: 8-20-20 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8-20-20
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type	Dates (Month/Day) Failure	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				

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

92

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 20-0356

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 102 Lincoln Ave

Owner in Fee: 102 Lincoln Ave LLC.

Tel. [redacted] e-mail _____

Address 102 Lincoln Ave Carteret N.J. 07008
street municipality zip code

Contractor: M. Luis Plumbing & Heating LLC Tel. 908 377-5624

Address 43 Pacific St e-mail _____
Newark N.J. 07105

Contractor License No. 5527 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 57 1146980 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present 2 family Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 9700.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Luis Manuel Luis

Print name here: MANUEL LUIS

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Boiler Monitor Heating for two bath rooms, two kitchen sinks, two H.W.H. two W.M. two D.W

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$ 30
	Urinal/Bidet	
2	Bath Tub	30
2	Lavatory	30
	Shower	
	Floor Drain	
2	Sink	30
2	Dishwasher	30
	Drinking Fountain	
2	Washing Machine	30
	Hose Bibb	
3	Water Heater	90
	Fuel Oil Piping	
2	Gas Piping	90
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	360
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Plumbing Plans Approved
Date: 9-2-20 Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-2-20
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				

U.C.C. F130 (rev. 10/17)

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Allegra Marketing, Print & Mail
609-390-1400

PLUMBING SUBCODE
TECHNICAL SECTION

~~TOWNSHIP OF WOODBRIDGE~~
~~CODE ENFORCEMENT AGENCY~~
~~BUILDING DEPARTMENT~~
~~1 MAIN ST. - WOODBRIDGE, NJ 07095~~
~~732-634-4500~~

Date Received
Control #

Date Issued
Permit # 20-03564

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

Block 6002 Lot 15 Qualification Code

Work Site Location 102 Lincoln Ave Carteret NJ 07008

Owner in Fee: Carteret NJ LLC

Tel. [redacted] e-mail

Address 319 Carteret Ave Carteret 07008
(street) (municipality) (zip code)

Contractor: Matt Magner HVAC LLC Tel. 732 366-4213

Address 179 Main St e-mail mjmheating.cooling@gmail.com
Woodbridge NJ 07095

Contractor License No. 19HC00819800 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH05298300

Federal Emp. ID No. 27-0562600 FAX:

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 $ 1,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Matt Magner

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install (2) condensate drain lines

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	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	
X	Other condensate drain	70

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

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: 7-2-20
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				

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 20-0356
Date Issued
Permit # 21041058

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

Block 6002 Lot 15 Qualification Code

Work Site Location 102 Lincoln Ave

Owner in Fee: 102 Lincoln Ave - Content NJ LLC

Tel. [redacted] e-mail WALDES2005@CYTIVA.COM

Address 319-321 Cairns Rd. Content NJ 07047
street municipality zip code

Contractor: TBD Self/own Tel. 7327135768

Address 319 Cairns Rd. Carteret NJ 07008 e-mail DAN.Reiman@aol.com

Contractor License No. or Builder Registration No. NIA Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 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: John Waldes

Print name here: John Waldes 732-555-1213

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Per PLANS, WIDEN interior DOOR ways - eliminate common area, construct 2nd floor entrance. Repair & replace PLASTER WALL as needed.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations 9-22-20
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 9-22-20
Approved by:

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

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

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [X] Roofing
- [X] 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)

$ 57
700
354

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

B. BUILDING CHARACTERISTICS R-2S

Use Group Present 2 family Proposed 5 min

No. of Stories 2

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure 2855 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. $ 5,020
2. Rehabilitation $ 10,000
3. Total (1+ 2) $ 0

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

BUILDING SUBCODE
TECHNICAL SECTION

~~TOWNSHIP OF WOODBRIDGE~~
~~CODE ENFORCEMENT AGENCY~~
~~BUILDING DEPARTMENT~~
~~1 MAIN ST. - WOODBRIDGE, NJ 07~~095
~~732-634-4500~~

Date Received
Control #
Date Issued
Permit # 20-0356 A

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

Block 6002 Lot 15 Qualification Code

Work Site Location 102 Lincoln Ave
Carteret NJ 07008

Owner in Fee: Carteret NJ LLC

Tel. [redacted] e-mail

Address 319 Carteret Ave Carteret 07008
street municipality zip code

Contractor: Matt Magner HVAC LLC Tel. 732-366-4213

Address 179 Main St e-mail mjmheating.cooling
Woodbridge NJ 07095 @gmail.com

Contractor License No. or Builder Registration No. 19HC00819800 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH05298300

Federal Emp. ID No. 27-0562600 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: Matt Magner

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of (2) Furnaces, Coils & Condensers w/ ductwork

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	9-22-20	

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

SUBCODE APPROVAL for PERMIT
Date: 9-22-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 1-13-2021
Approved by: Joe Hess

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			~~9-22-20~~	~~JH~~
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy	DUCTWORK FINAL		JH	1-13-21
Mechanical				
TCO				
Other			1/13/21	JH
Final				
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
[X] Other Furnace Coil, Condenser w/ Ductwork
[ ] Demolition

FEE (Office Use Only)
$ 100

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) $ 10,000

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

Zoning Officer.
John P. DuPont

Borough of Carteret

Zoning Board of Adjustment
Planning Board
61 COOKE AVENUE
CARTERET, NEW JERSEY 07008
Tel: 732-541-3936
Fax: 732-969-2429

APPLICATION TO THE BOROUGH OF CARTERET

FOR OFFICIAL USE ONLY:

Date Application filed: _____ Docket No. _____
Fee Paid: Amount _____ Date: _____
Date file complete: _____ Time period expires: _____

SECTION 1 – APPEAL FROM DENIAL OF BUILDING PERMIT:

If this application has arisen as the result of the denial of a zoning permit, please secure a copy of the denial from the Zoning Officer giving reasons for denying the zoning permit and submit it with this application.

SECTION 2 –INFORMATION REGARDING THE APPLICANT:

A) The applicant's full legal name is 102 Lincoln Ave- CARTERET NJ LLC
(Federal ID# or Social Security # _____)

B) The applicant's mailing address is _____

APPLICATION PROPERTY ADDRESS 102 Lincoln Avenue, Carteret, NJ 07008

C) The applicant's telephone number is:

D) The applicant is a: CORPORATION: _____ PARTNERSHIP _____ INDIVIDUAL(S) _____
INDIVIDUAL(S) _____ OTHER SPECIFY ✓ LLC

E) **If the applicant is a corporation or a partnership, please attach a list of the names and addresses of persons having a 10% interest or more in the corporation or partnership.** (Form located on Page 7 of this application).

F) The relationship of the applicant to the property is question is:

OWNER _____ TENANT OF LESSEE _____ PURCHASER UNDER CONTRACT ✓
OTHER (Specify) _____

G) **If the applicant is not the owner of the property in question, the applicant must obtain and submit a copy of this application signed by the owner in the space provided in - SECTION 9**

SECTION 3 – INFORMATION REGARDING THE APPLICATION PROPERTY:

A) The street address of the Application Property is: 102 Lincoln Avenue
Carteret, NJ 07008

B) The location of the application property is approximately 0 feet from the intersection of Lincoln Avenue and St. Volodymyr Avenue.

C) The tax map Block is 6002; Lot is 15. (See tax bill or deed of call the tax office for this information).

D) The zone in which the application property is located R-25.

E) The dimensions of the application property are 50 X 100.

F) The size of the application property is 5,000 square feet.

G) The application property is located:

1. Within 200 feet of another municipality:	Yes ____	No ✓
2. Adjacent to an existing or proposed county road: If uncertain, call the Public Works Department)	Yes ____	No ✓
3. Adjacent to other county land:	Yes ____	No ✓
4. Adjacent to a State Highway:	Yes ____	No ✓

H) Have there been any previous hearings involving this property:
Board of Adjustment NO Planning Board NO

I) If the answer to (H) is YES, attach a copy of the written decision adopted by the applicable Board.

J) If applicable supply all deed restrictions, covenants, association by laws, existing and proposed must be submitted for review and must be written in easily understandable English in order to be approved.

SECTION 4 – INFORMATION ABOUT THE REQUESTED RELIEF:

A)"PROPOSAL" – Attach a statement entitled "PROPOSAL" setting forth the particulars of the proposed use of the application property, (If other than a single family residential) and a description of the proposed physical changes to the application property. (Include all physical improvements such as structures, additions, landscaping, etc.) ATTACHED: YES ✓ NO _____

B) "REASONS FOR RELIEF" – Attach a statement entitled "REASON FOR RELIEF" setting forth the facts relied upon to support the applicant's claim of right to relief.
ATTACHED: YES ✓ NO _____

C) NATURE OF APPLICATION: (Check appropriate items)

1. Interpretation of development ordinance or map: ✓
2. Appeal of action of administrative officer: _____
3. Variance "C" Variance _____
   "D" Use Variance _____
   "D" Non Use Variance _____
4. a. Subdivision _____
   b. Subdivision application to follow: _____
5. a. Site Plan _____
   b. Site Plan application to follow: _____
6. Waiver of lot to abut street requirement: _____
7. Exception to the official map: _____

D) The proposed use, building, or sub-division is contrary to: (List the specific Articles and Section of the ordinance from which a variance is sought, the requirement itself and the proposed variation. If additional space is needed, please attach a list to this application.)

Article _____ Section _____ Required _____ Proposed _____

Article _____ Section _____ Required _____ Proposed _____

Article _____ Section _____ Required _____ Proposed _____

Article _____ Section _____ Required _____ Proposed _____

SECTION 5 – INFORMATION ABOUT EXPERTS:

The following information is requested to enable the Board to facilitate the processing of this application:

A) Applicant's Attorney:
Name: James F. Clarkin III, Esq.
Address: 86 Washington Avenue
Milltown,. NJ 08850
Phone Number: 732-981-0808
FAX Number: 732-981-9797

B) Applicant's Engineer:
Name:
Address:
Phone Number:
FAX Number:

C) Applicant's Planner:
Name: Nicholas Graviano
Address: 101 Crawfords Corner Road
Holmdel, NJ 07733
Phone Number: 732-816-4151
FAX Number:

D) Applicant's Architect:
Name: Shore Point Architecture
Address: 108 South Main Street
Ocean Grove, NJ 07756
Phone Number: 732-774-6965
FAX Number:

E) Other Expert's:
Name:
Address:
Phone Number:
FAX Number:

SECTION 6 – INFORMATION ABOUT REQUIRED EXHIBITS:

A complete application requires the following submissions. Simple variance applications need not submit items _____, _____ and _____.
(List appropriate items)

Please check if item is submitted with this form:

A) ✓ Copies of this application.
B) ✓ Plot Plans (Site Plan).
C) _____ Copies of 200-foot radius map.
D) ✓ Copy of "Authorized" application form if applicant is not the Property's owner.
E) ✓ List of property owners within 200 feet of property.
F) ✓ Copy of owner's notice and newspaper notice.
G) ✓ List of others served, e.g. County, State, etc.
H, I, J) _____ List other required submission here, e.g. payment of taxes, payment of fee.

SECTION 7 – NOTICE

Applicant is responsible to publish and serve notice of this application in accordance with the Board's instruction number __11__; however, notice may not be effected until this application is certified as complete by the Zoning Officer.

SECTION 8 – VERIFICATION AND AUTHORIZATION:

A) APPLICANT'S VERIFICATION

I hereby certify that the above statements made by me and the statements and information contained in the papers submitted in connection with the application are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Judith C Adler
Applicant's Signature

B) OWNER'S AUTHORIZATION

I hereby certify that I reside at 102 Lincoln Ave Carteret NJ. 07008
In the County of Middlesex And State of NJ
And that I am the owner of all that certain lot, piece or parcel of land known as Block 6002
Lot(s) 15 on the Tax Map of the Borough of Carteret, which property is the subject of the above application, and that said application is hereby authorized by me. Authorization is hereby granted to the Borough of Carteret, its agents, servants, employees and/or representatives to inspect all or any part of the above property, whether interior or exterior, at any reasonable hour of the day, at any time, or from time to time, with respect to any matters relating to this Application. This authorization shall also permit Borough representatives to visit the site to take photographs, and to make sketches and notes with respect to the subject property.

Marianne Dixon-Ryan
Owner's Signature

PROPOSAL

Applicant seeks an interpretation that the existing structure is a pre-existing, valid, non-conforming two-family use, and that said two-family use was not ever abandoned.

REASONS FOR RELIEF

The structure contains two separate residential dwelling units – one on the first floor, and one on the second floor. Each residential unit contains its own living area, kitchen, bedrooms, and bathroom.

For decades, there were two separate entrances to the structure. The entrance to the first-floor unit was, and is still today, located on Lincoln Avenue. The second-floor unit was accessed by an exterior stairway located in the rear yard. The second exterior entrance was removed years ago for two reasons. First, one extended family of three generations separately occupied each of the two residential units. The second reason for the removal was the continued use of the exterior stairway would have required extensive repairs.

Although the exterior stairway was removed, the actual exterior door on the second floor which provided the second access was never removed and still remains today. Applicant will reconstruct the exterior stairway and utilize this exterior doorway to provide access for the second unit. Applicant will also create a front entrance foyer to allow access to both units.

The continued use of the structure as two separate residential units is buttressed by the fact that two kitchens have always been in use; the second kitchen was never removed.

There is no evidence of any intent to abandon the two-family use.

The Borough has always treated this property as a two-family use, having granted numerous construction permits over several decades. Had this property not been a valid two family use, those construction permits would not have been granted.

DISCLOSURE OF STOCKHOLDERS / PARTNERS

A corporation or partnership applying to a Planning Board or a Board of Adjustment, or to the governing body of a Municipality, for permission to subdivide a parcel of land into six (6) or more lots, or applying for a variance to construct a multiple dwelling of twenty-five (25) or more family units, or for approval of a site to be used for commercial purposes, shall list the names and addresses of all stockholders or individual partners owning at least ten (10%) of its stock in any class, or at least ten (10%) percent of the interest in the partnership, as the case may be. If a corporation or a partnership owns ten (10%) or more of the corporation, or ten (10%) percent or greater in a partnership, which is subject to disclosures pursuant to N.J.S. 40:55D-48.1 and 48.2, that corporation or partnership must then list the names and addresses of it's stockholders holding ten (10%) percent or more of it's stock or ten (10%) percent or greater interest in the partnership, as the case may be, and this requirement must be followed by every corporate stockholder or partner in a partnership until the names and addresses of the non-corporate stockholders and individual partners exceeding the ten (10%) percent ownership criterion established in the above statute have been listed.

NAME OF STOCKHOLDER OR PARTNER: Tony Vargas

ADDRESS: _____

_____

PERCENTAGE OWNED: 50%

NAME OF STOCKHOLDER OR PARTNER: Daniel J. Roman

ADDRESS: _____

_____

PERCENTAGE OWNED: 50%

NAME OF STOCKHOLDER OR PARTNER: _____

ADDRESS: _____

_____

PERCENTAGE OWNED: _____

Clerk Office

From: Clerk Office
Sent: Tuesday, April 27, 2021 11:31 AM
To: 'opra+request-21634-88ea0587@requests.opramachine.com'
Subject: OPRA re: 102Lincoln

With regard to your OPRA request. we are going to require an extension. Your new due date is May 3, 2021.

Borough of Carteret
Clerks Office
61 Cooke Avenue
Carteret, NJ 07008
clerkoffice@carteret.net
Phone-(732)-541-3800
Fax-(732)-541-8925