Permits Open: 2016-284
2016-284+A
2016-007
2014-067
2014-067+A
2013-046

100 BLOCK 1902 LOT 33 QUALIFICATION CODE Roof ADDRESS (SITE) 24 Gerdes PERMIT NO. 2017-788

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 24 Gerdes Ave
2. Name of Owner in Fee: Abbie Zelazko
   Tel. (973) 710-2157 e-mail
   Address (street)
3. Ownership in Fee: Public ____ Private ✓ (municipality) (zip code)
4. Principal Contractor: Tel. ( )
   Address e-mail
   License No. OR, if new home, Builder Reg. No. C. GENARDI CONTRACT.
   Home Improvement Contractor Registration No. or Exemption Reason (Applicant) P.O. BOX 261
   Federal Emp. ID No. CLIFTON NJ 07014
5. Architect or Engineer (Contact) 973-772-8451
   Address (e-mail)
   Tel. ( ) FAX: FED. ID. # 223568733
6. Responsible Person in Charge once Work has Begun NJ # 13VH00201200
   Tel. ( ) FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 95		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	11		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	80		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories
2. Height of Structure ft.
3. Area — Largest Floor sq. ft.
4. New Building Area sq. ft.
5. Volume of New Structure cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed. sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	6,000								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	6,000	FOR OFFICE USE ONLY (Optional)							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units / Income-restricted
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental
B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
C. MIXED USE -List secondary use(s):
D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name C. GENARDI CONTRACT.

Address P.O. BOX 261
CLIFTON NJ 07011

Telephone 973-772-8451

Signature FED. ID. # 223588733
NJ # 13VH00201200

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 10/2/2017
Control Number C-17-0919
Permit Number 2017-788
Permit Issue Date 9/19/2017
Certificate Number 2017-788

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 24 GERDES AVENUE VERONA, NJ 07044 Block: 1902 Lot: 33 Qual:

Owner in Fee: ZELAZKO, AGGIE

Owner Address: 24 GERDES AVENUE VERONA NJ 07044

Telephone:

Contractor C. GENARDI CONTRACT.

Address PO BOX 261 CLIFTON NJ 07011

Telephone: (973) 772-8451 Fax:

License Number or Builders Registration Number: 13VH00201200 Federal Emp. Number: 223568733

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOF TEAR OFF

Certificate Comments:

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/26/2017 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/19/17

Permit # 2017-788

C. GENARDI CONTRACT.

IDENTIFICATION Block 1902 Lot 33 Qualification Cd.

Work Site Location 74 Gerdes Ave

Owner in Fee Abbie Belazka

Address Same

Tel. (973) 710-2157

Contractor P.O. BOX 261

Address CLIFTON NJ 07011

973-772-8451

Tel. (____) FED. ID. # 223568733

Lic. No. or Bldrs. Reg. No. NJ # 13VH00201200

Is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Remove roof House. Install Ice Shield. Tarpaper 30 Year Onf Timberline Shingles & Install Vent Mushroom.

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 $ 6,000

Construction Official

9/19/17
Date

PAYMENTS (Office Use Only)

Building NS

Electrical ____

Plumbing ____

Fire Protection ____

Elevator Devices ____

Other ____

DCA State Permit Fee 11

Cert. of Occupancy ____

Other ____

Total 810

Check No. 2935

Cash ____

Collected by KS

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

(see reverse side)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/19/12

Permit # 2017-788

IDENTIFICATION Block 1902 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave

Owner in Fee Abbie Belazko

Address Same

Tel. (973) 710-2157

C. GENARDI CONTRACT.

Contractor P.O BOX 261

Address CLIFTON NJ 07011

973-772-8451

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. FED. ID. # 223588733

NJ # 13VH00201200

Is hereby granted permission to perform the following work:

[V] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK: Remove roof House. Install ice & H2O. Tar Paper + 30 Year Orf timberline Shingles & Install Ventilation.

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 $ 6000

Construction Official

9/19/12

Date

PAYMENTS (Office Use Only)

Building NS

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee 11

Cert. of Occupancy _____

Other _____

Total 86

Check No. 2935

Cash _____

Collected by KS

U.C.C. F170 (rev. 01/04)

(see reverse side)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/19/17
Control #
Date Issued
Permit # 2017-788

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

Block 1902 Lot 33 Qualification Code
Work Site Location 24 Gerdes Ave

Owner in Fee: Nickie Zelazko
Tel. (973) 710-2157 e-mail
Address Same (street, municipality, zip code)

Contractor: C. GENARDI CONTRACT.
Address P.O. BOX 261
CLIFTON NJ 07011
Tel. 973-772-8451
e-mail
Contractor License No. or Builder Registration No. FED. ID. # 223568733 Exp. Date
Home Improvement Contractor Registration No. or Exempt NJ # 13VH00201200
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:
Print name here: Corey Genardi - Pres.
C. Genardi Contr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove Roof Install Ice Shield & Tar Paper & 30yr Grf Timberline. & Install Ventilation

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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			10/2/17	
Barrier-Free				

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) $ 6,000

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

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)

$	
	175
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	175

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/19/17
Control #
Date Issued
Permit # 2017-788

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

Block 1402 Lot 33 Qualification Code
Work Site Location 34 Gerdes Ave

Owner in Fee: Abbie Zelazko
Tel. (973) 710-2157 e-mail
Address Same (street, municipality, zip code)

Contractor: C. GENARDI CONTRACT.
Address P.O. BOX 261
CLIFTON NJ 07011
e-mail 973-772-8451
Contractor License No. or Builder Registration No. FED. ID. # 223568733 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) NJ # 13VH00201200
Federal Emp. ID No. FAX: ( )

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:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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				
Barrier-Free				

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) $ 6,000.00

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

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: Corey Genardi - Pres.

D. TECHNICAL SITE DATA C. Genardi Contr.

DESCRIPTION OF WORK
Remove Roof Install Ice Shield & Tar Paper & Boy Bar Cont Timberline. & Install Ventilation

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)
$ 175
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 175

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 9/19/17

Date Issued Permit # 2017-788

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

Block 1902 Lot 33 Qualification Code

Work Site Location 84 Gerdes Ave

Owner in Fee: Abbie Zelazko

Tel. (973) 710-2157 e-mail

Address Same (street, municipality)

Contractor: C. GENARDI CONTRACT. P.O. BOX 261

Address CLIFTON NJ 07011 (zip code)

Tel. 973-772-8451 e-mail

Contractor License No. or Builder Registration No. FED. ID. # 223568733 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) NJ # 13VH00201200

Federal Emp. ID No. FAX: ( )

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

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] OA

Date

Approved by:

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

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) $ 6,000

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

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: [signature]

Print name here: Corey Genardi - Pres

D. TECHNICAL SITE DATA C. Genardi Contr.

DESCRIPTION OF WORK House

Remove Roof Install Ice Shield & Thatcher & 30yr Grat Timberline & Install Ventilation

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)

	$
	95
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 10
TOTAL FEE	$ 105

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

C GENARDI CONTRACTING INC
Corey Genardi
P O BOX 261
Clifton NJ 07011

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/16/2017 TO 03/31/2018
VALID

13VH00201200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

IMPORTANT NOTICE TO HOMEOWNERS AND CONTRACTORS
FOR THE INSTALLATION OF
SMOKE AND CARBON MONOXIDE DETECTORS

Effective April 7, 2003, the New Jersey Uniform Construction Code (NJUCC) requires that smoke detectors and carbon monoxide detectors be installed in all residences if **a permit for any type of construction** is secured. The following items explain the permit implications for repairs and alterations, additions and new construction and how they relate to the Rehabilitation Code.

NJUCC 5:23-6.4 thru 6.6 (Rehabilitation Sub-Code Repairs, Renovations, & Alterations):

Any type of permit for an existing residence requires that smoke detector(s) and carbon monoxide detector(s) be installed in the vicinity (10' or less) of any bedroom. This would include such permits as roofs, siding, baths, kitchens, etc. **A separate permit or inspection for these items is not required**; rather it is the contractor's or homeowner's responsibility that they be installed. These items can be battery operated.

NJUCC 5:23-6.32(f)1. (Rehabilitation Sub-Code, Additions over 25% & Reconstructions):

If the square footage of an addition to a residence is more than 25% of the floor area of the largest floor of the existing building or if the work is deemed a reconstruction, then smoke detectors complying with the building sub-code (one in each bedroom, one outside of the bedroom and one on each level of the building that are hard wired with battery back-up) must be installed throughout the addition and the building. In addition, a carbon monoxide detector must be installed as in the section above. **A fire permit and inspection is required.**

NJUCC 5:23-6:32(f)2. (Rehabilitation Sub-Code, Addition between 5% and 25%):

If the square footage of an addition to a residence is between 5% and 25% of the floor area of the largest floor of the existing building, hardwired interconnected smoke detectors with battery back-up must be installed in each story of the dwelling, including basements. A carbon monoxide detector is required as above. **A fire permit and inspection is required.**

New Construction: The same requirements as for additions over 25% apply to all new construction.

OWNER CERTIFICATION:
(Applicant must complete this form and submit with permit application)

I HEREBY ACKNOWLEDGE RECEIPT OF ABOVE "NOTICE" OF SMOKE DETECTOR AND CARBON MONOXIDE DETECTOR REQUIREMENTS. ADDITIONALLY, I ACKNOWLEDGE THAT I MAY BE SUBJECT TO PENALTY OR SUMMONS FOR FAILING TO INSTALL AND MAINTAIN THE REQUIRED SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS.

_____
SIGNATURE (PROPERTY OWNER)

**
_____
SIGNATURE (AGENT/CONTRACTOR)
** AGENT/CONTRACTOR ACKNOWLEDGES THAT THE PROPERTY OWNER WILL RECEIVE THIS NOTICE BY VERBAL OR WRITTEN COMMUNICATION.

NAME OF OWNER ADDRESS OF PROPERTY BLOCK/LOT

OFFICE DATE RECEIVED: _____

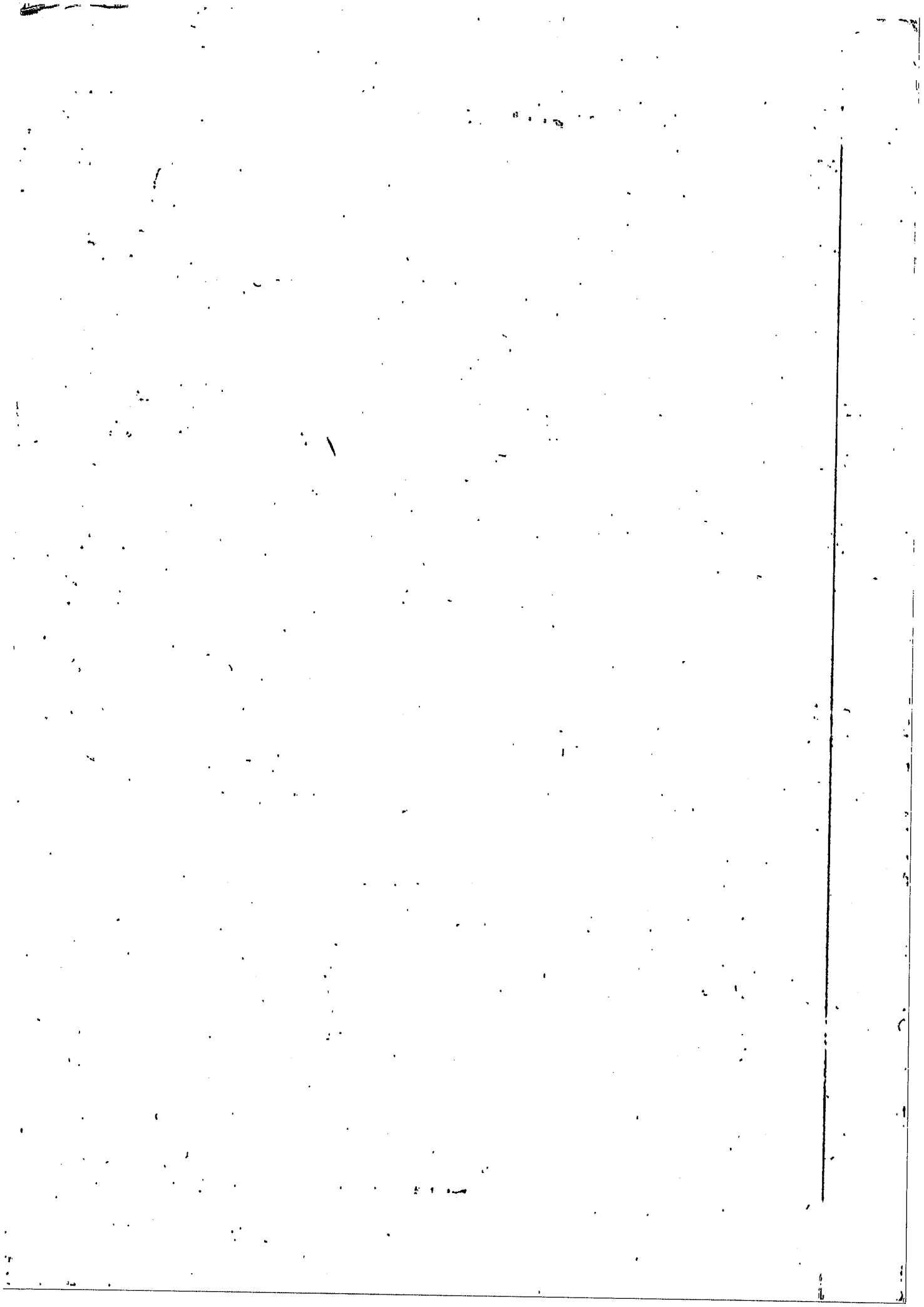
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				



BLOCK 100 LOT 33 QUALIFICATION CODE Tank Install ADDRESS (SITE) 24 Gerdes PERMIT NO 2013-029

C13-0014

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

F0008971395

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

Called 1/29/13

I. IDENTIFICATION

1. Proposed Work Site at: 24 Gerdes Av Verona
2. Name of Owner in Fee: Charles WEINSHENKER
   Tel. 973) 783-9850 e-mail
   Address SAME
   street municipality zip code
3. Ownership In Fee: Public Private
4. Principal Contractor: Hilltop Fuel Tel. (973) 227-2808
   Address 12 Spelman Rd e-mail
   FAIRFIELD
   License No. OR, If new home, Builder Reg. No. Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 223 052 827 000 Fax: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) Fax: ( )
6. Responsible Person In Charge once Work has Begun Douglas DOERFLEIN
   Tel. 973) 227 2-825 Fax: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	135		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	5		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 140		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories
2. Height of Structure ft.
3. Area — Largest Floor sq. ft.
4. New Building Area sq. ft.
5. Volume of New Structure cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved ___ HUD ___
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes ___ no ___

00094_062809 4901

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building									
☐ Electrical									
☒ Plumbing	2700				1-29-13	SH			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	2700								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change In Use Group, Indicate Present:

C. MIXED USE - List secondary use(s):

D. Construct. Classification: Present
   Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration System
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems In Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

U.C.C. F100-1 (rev. 12/07)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Douglas Doerflein Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name Kelleher Joel

Address 12 Spellman Rd

Fairfield

Telephone (973) 227 2825

Signature Doug Doerflein

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 3/19/2013
Control Number C-13-0094
Permit Number 2013-069
Permit Issue Date 2/1/2013
Certificate Number 2013-069

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 24 GERDES AVENUE VERONA, NJ 07044 Block: 100 Lot: 33 Qual:

Owner in Fee: WEINSHENKER, ANN BETTY

Owner Address: 24 GERDES AVENUE VERONA NJ 07044

Telephone: (973) 783-9850

Contractor Hilltop Fuel

Address 12 Spielman Road Fairfield NJ 07004

Telephone: (973) 227-2828 Fax:

License Number or Builders Registration Number: 13VH01751900 Federal Emp. Number: 223052827000

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK INSTALLATION 275 GALLON IN GARAGE

Certificate Comments:

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/20/2013

U.C.C. F260 (rev. 08/05)

C-13 0094

CONSTRUCTION PERMIT

Date Issued 1/1/13

Permit # 2013-069

IDENTIFICATION Block 100 Lot 33 Qualification Code

Work Site Location 24 GEDDES Ave Verona

Owner in Fee CHARLES WEINSHAKER

Address SAME

Tel. (973) 783-9850

Contractor HILLTOP FUEL

Address 12 SPEILMAN RD FAIRFIELD

Tel. (973) 227 2828

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [V] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

INSTALLATION OF A 275 TANK in garage

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 $ 2700

Construction Official

1/24/13
Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing 135
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 5
Cert. of Occupancy
Other
Total 140
Check No. 7084
Cash
Collected by KV

U.C.C. F170 (rev. 01/04)

(see reverse side)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

C-13-0094

CONSTRUCTION PERMIT

Date Issued 2/1/13

Permit # 2013-065

IDENTIFICATION Block 100 Lot 33 Qualification Code

Work Site Location 24 GRADES Ave Verona

Owner in Fee CHARLES WEINSHAKER

Address SAME

Tel. (973) 783-9850

Contractor HILLTOP FUEL

Address 12 SPECIMEN RD FAIRFIELD

Tel. (973) 227 4828

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [V] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

INSTALLATION OF A 275 TANK in garage

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 $ 2700

Construction Official

1/24/13
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	135
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	5
Cert. of Occupancy	
Other	
Total	140
Check No.	1084
Cash	
Collected by	KV

U.C.C. F170 (rev. 01/04)

(see reverse side)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

P-3 0094

CONSTRUCTION PERMIT

Date Issued 2/1/13

Permit # 2013-065

IDENTIFICATION Block 100 Lot 33 Qualification Code

Work Site Location 24 GOLLESS AVE
UPPER MONTCLAIR

Owner In Fee CHARLES LOCKWOOD

Address SAME

Tel. (973) 783-7850

Contractor HILLTOP FUEL

Address 12 SPRINGDALE RD
FAIRFIELD

Tel. (973) 227 4838

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INSTALLATION OF A 275 TANK
IN GARAGE

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 $ 2700

Construction Official

1/24/13
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	135
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	5
Cert. of Occupancy	
Other	
Total	140
Check No.	0424
Cash	
Collected by	KV

U.C.C. F170 (rev. 01/04)

(see reverse side)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

C-13-0094

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/1/13

Date Issued / Permit # 2013-0169

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

Block 100 Lot 33 Qualification Code _____

Work Site Location 24 Genoes Ave Verona

Owner in Fee: CHARLES WEINSHENKER

Tel. (973) 783-9850 e-mail _____

Address _____

Contractor: Hilltop Fuel (street) (municipality) Tel. (973) 227-2838 (zip code)

Address 12 Speedway Rds e-mail _____

Fountfield

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. 223002827000 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 $ 2700-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 2/4/13 Approved by: SH

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 2/7/13

Approved by: SH

SUBCODE APPROVAL for CERTIFICATE

[X] CO [ ] TCCO [ ] CA

Date: 3/19/13

Approved by: SH

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 am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of A 275 tank in garage

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	
40FT	Water Heater	
40FT	Fuel Oil Piping	60
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other 275 TANK	75

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 135

C13-0094

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/1/13

Date Issued / Permit # 2013-0691

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

Block 100 Lot 33 Qualification Code _____

Work Site Location 24 GENOES Ave Verona

Owner in Fee: CHARLES WEINSHENKER

Tel. (973) 783-9850 e-mail _____

Address _____

Contractor: Hilltop Fuel (street) (municipality) Tel. (973) 227-2828 (zip code)

Address 12 SPELLMAN RD e-mail _____

FAIRFIELD

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. 223 052 827 000 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 $ 2700-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 2/1/13 Approved by: [illegible]

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 2/1/13

Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] COO [ ] CA

Date: [illegible]

Approved by: [illegible]

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			2/4/13	OK

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: [signature]

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of A 275 tank in garage

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	
40FT	Fuel Oil Piping	60
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other 275 TANK	75

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	135

P-13-0094

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/1/13

Date Issued / Permit # 2013-0695

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

Block 130 Lot 33 Qualification Code

Work Site Location 241 Genesee Ave Lyndhurst

Owner in Fee: CHARLES WEINSHENKER

Tel. (973) 783-1850 e-mail

Address

Contractor: Hilton fuel (street) (municipality) Tel. (973) 227-2828 (zip code)

Address 12 Sheldon Rd e-mail

Friendly

Contractor License No. Exp. Date

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

Federal Emp. ID No. 223612877000 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 $ $700-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 2/7/13 Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 2/1/13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] COO [ ] 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			2/7/13	DK

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:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of 1,271 tank in garage

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	
40IT	Fuel Oil Piping	60
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other 1271 TANK	75

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 135

Hilltop Fuel

24 Gerdes Ave
Verona

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Hilltop Fuel Heating & AC, Inc.
Frank Mondsini III
12 Spielman Road
Fairfield NJ 07004

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/08/2012 TO 12/31/2013
VALID

13VH01751900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Hilltop Fuel Heating & AC, Inc.
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/08/2012 TO 12/31/2013
VALID
SIGNATURE
13VH01751900
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

C-13-0094

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Weinshenker BLOCK: 100 LOT: 33

WORKSITE ADDRESS: 24 Gerdes DATE: 1 | 28 | 13

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft.____ Cubic Ft.____ x 0.05 $____

State Permit Fee: Cubic Ft.____ x 0.00334 $____

Minimum Fee: $50.00 $____

ALTERATIONS/REPAIRS:

BUILDING FEE: $50 per first $1000 Est. Cost; $15 each additional $1000 or part thereof $____

STATE PERMIT FEE: $____ Est. Cost x $1.70 per $1000 of Alteration $____

ELECTRICAL FEE: Minimum Fee: $60.00 $____

PLUMBING FEE: Minimum Fee: $75 com /$60 res; $10 per fixture; $50 per special device $____

FIRE PROTECTION FEE: Minimum Fee: $50.00 $____

ELEVATOR FEE: $____

DEMOLITION FEE: $200 commercial / $100 1&2 family residential / $50 accessory structure $____

MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: $50.00 $____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $50.00 $____

TOTAL FEE: $____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING			1. 2.		
ELECTRIC			1. 2.		
PLUMBING			1. 2.	1-29-13	SH
FIRE			1. 2.		
ELEVATOR			1. 2.		

SUBCODE	ADDITIONAL COMMENTS
BUILDING	
ELECTRICAL	
PLUMBING	
FIRE	

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

BLOCK 100 LOT 33 QUALIFICATION CODE A1C ADDRESS (SITE) 24 Gerdes PERMIT NO. 2012-337

[redacted]

CONSTRUCTION PERMIT APPLICATION

F0008971396

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 24 GERDES AVE VERONA
2. Name of Owner in Fee: ANNE WEINSHENKER
   Tel. (973) 239-5887 e-mail
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: HILLTOP FUEL Tel. (973) 227 2828
   Address 12 SPELLMAN RD e-mail
   FAIRFIELD
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 223252827000 FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun DOUGLAS DOERFLEIN
   Tel. (973) 227 2828 FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 60		
2. Electrical	60		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	6		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 126		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories
2. Height of Structure ft.
3. Area — Largest Floor sq. ft.
4. New Building Area sq. ft.
5. Volume of New Structure cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved HUD
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes no

4901

00094_062809

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	3754								
☒ Electrical	P				5/8/12	RD			
☒ Plumbing	P				5/8/12	SLP			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	3754								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):
D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

U.C.C. F100-1 (rev. 12/07)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name Hilltop Fuel

Address 12 Speedwell Ave
Fanwood

Telephone (973) 227 2828

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 3/28/2013
Control Number C-12-0493
Permit Number 2012-337
Permit Issue Date 5/15/2012
Certificate Number 2012-337

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 24 GERDES AVENUE VERONA, NJ 07044 Block: 100 Lot: 33 Qual:

Owner in Fee: WEINSHENKER, ANN BETTY

Owner Address: 24 GERDES AVENUE VERONA NJ 07044

Telephone: (973) 239-5887

Contractor Hilltop Fuel

Address 12 Spielman Road Fairfield NJ 07004

Telephone: (973) 227-2828 Fax:

License Number or Builders Registration Number: 13VH01751900 Federal Emp. Number: 223052827000

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT A/C UNIT Condenser & A Coil

Certificate Comments:

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 4/2/2013

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 5/15/12

Permit # 2012-337

IDENTIFICATION Block 100 Lot 33 Qualification Code

Work Site Location 24 GERDES Ave VERONA

Owner in Fee ANNE EUEINSHENKER

Address SAME

Tel. (973) 239-5887

Contractor Hilltop Fuel

Address 12 Speelman RD FAIRFIELD

Tel. (973) 227-2828

Lic. No. or Bldrs. Reg. No:

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replacement of A/C Condenser + A Coil

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 $ 3750

Construction Official

Date 5/14/12

PAYMENTS (Office Use Only)

Building	
Electrical	60
Plumbing	60
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	6
Cert. of Occupancy	
Other	
Total	126
Check No.	64467
Cash	
Collected by	KV

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

Date Issued 5/15/12

Permit # 2012-337

IDENTIFICATION Block 100 Lot 33 Qualification Code

Work Site Location 24 GERDES Ave VERONA

Owner in Fee ANNE QUEINSHENKER

Address SAME

Tel. (973) 239-5887

Contractor HILLTOP FUEL

Address 12 SPELLMAN RD FAIRFIELD

Tel. (973) 2972888

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replacement of A/C Condenser + A Coil

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 $ 3750

Construction Official

Date 5/14/12

PAYMENTS (Office Use Only)

Building	
Electrical	60
Plumbing	60
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	6
Cert. of Occupancy	
Other	
Total	126
Check No.	10467
Cash	
Collected by	KV

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

Date Issued 5/15/12

Permit # 2012-337

IDENTIFICATION Block 100 Lot 33 Qualification Code

Work Site Location 24 GERDES Ave VERONA

Owner in Fee ANNE BUEINSHENKER

Address SAME

Tel. (773) 239-5887

Contractor ALLTEMPTEC

Address 12 SPELLMAN RD HAWTHORNE

Tel. (973) 2972828

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replacement of A/C Condenser + A Coil

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 $ 3754.50

Construction Official

Date 5/14/12

PAYMENTS (Office Use Only)	
Building	
Electrical	60
Plumbing	60
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	6
Cert. of Occupancy	
Other	
Total	126
Check No.	16417
Cash	
Collected by	KV

(see reverse side)

U C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/15/12

Date Issued / Permit # 2012-337

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

Block 100 Lot 33 Qualification Code

Work Site Location ~~Ave~~ 24 GERDES Ave Verona

Owner In Fee ANN WEINSHAFER

Address SAME

Tel (973) 239-5887

Contractor MJR Electrical Contractor

Address 81 Highview Drive

West Paterson NJ 07424

Tel (973) 977-8469 FAX (973) 977-8469

Contractor License No. 15471

Federal Emp. No. 135628549/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100 —

NEEDS 30 AMP FUSE ON C/B

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5/14/12

Approved by: (RV)

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 3/28/13

Approved by: (RV)

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	3/19/13		3/28/13	(RV)
Barrier-Free				

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

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)
		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	6.6	KW Central A/C Unit	60
		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 $ 60

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 20-12-337

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

Block 100 Lot 33 Qualification Code

Work Site Location 24 GERDES Ave Verona

Owner In Fee ANN WEINSHAKER

Address SAME

Tel (973) 239-5889

Contractor MJR Electrical Contractor

Address 81 Highview Drive West Paterson NJ 07424

Tel (973) 977-8469 FAX (973) 977-8469

Contractor License No. 15471

Federal Emp. No. 139628549/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] 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	
1	6.6	KW Central A/C Unit	60
		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 $ 60

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5/14/12

Approved by: RV

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

Structure
20-12-337

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

Block 100 Lot 33 Qualification Code ____

Work Site Location ~~Ann~~ 24 GERDES Ave Verona

Owner in Fee ANN WEINSHAKER

Address SAME

Tel (973) 239-5889

Contractor MJR Electrical Contractor

Address 81 Hickory Drive

West Paterson NJ 07424

Tel (973) 977-8469 FAX (973) 977-8469

Contractor License No. 15471

Federal Emp. No. 136628543/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 100 —

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

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	6.6	KW Central A/C Unit	60
		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 $ 60

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5/14/12

Approved by: RJ

SUBCODE APPROVAL

[ ] 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 ____

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5/15/12
Control #
Date Issued
Permit # 2012-337

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

Block 100 Lot 33 Qualification Code
Work Site Location 24 Gerdes Ave Verona
Owner in Fee: ANN WEINSTEINKER
Tel. (973) 239-5887 e-mail
Address
Contractor: Scott A URQUHART (street / municipality) Tel. (973 472 3523 (zip code)
Address 19 PEARL STREET e-mail
PASSAIC NJ 07055
Contractor License No. 8096 Exp. Date 6/30/2013
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 154603384 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 $ ~~3754~~ 3754

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Understab Utilities Approved
Date 5-15-12 Approved by: SH
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5-15-12
Approved by: SH
SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] TCO [ ] CA
Date: 3.14.13
Approved by: SH

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 am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Scott A Urquhart
Print name here: SCOTT A URQUHART
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
20 FT OF A/C Refrigerant Lines
1 new 3TON Condenser & "A" Coil

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	
1	Other 3 TON A/C Condensate Lines	60

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/15/12

Date Issued / Permit # 5/16/12 D12-337

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

Block 100 Lot 33 Qualification Code

Work Site Location 84 GERDES Ave Verona

Owner in Fee: ANN WEINSHENKER

Tel. (973) 239-5887 e-mail

Address

Contractor: Scott A URQUHART (street / municipality) Tel. (973 472 3523 (zip code)

Address 19 PEARL STREET e-mail

PASSAIC NJ 07055

Contractor License No. 8096 Exp. Date 6/30/2013

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

Federal Emp. ID No. 154603384 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 $ ~~585~~ 3754

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: Scott A Urquhart

Print name here: SCOTT A URQUHART

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 20 FT OF A/C Refrigerant Lines 1 new 3TON Condenser & "A" Coil

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	
1	Other 3 TON A/C Condensate Lines	100
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date 5-8-12 Approved by: JH

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-15-12

Approved by: JH

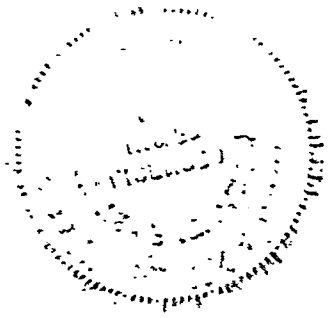
SUBCODE APPROVAL for CERTIFICATE

[ ] 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				



Date Received 5/15/12
Control #

PLUMBING SUBCODE
TECHNICAL SECTION

Date Issued
Permit # 2012-337

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

Block 100 Lot 23 Qualification Code ____

Work Site Location 84 Geddes Ave
Verona

Owner in Fee: ANN WEINSHENKER

Tel. (973) 239-5887 e-mail

Address ____ (street, municipality, zip code)

Contractor: SCOTT A URQUHART Tel. (973) 472 3523

Address 19 PEARL STREET e-mail
PASSAIC NJ 07055

Contractor License No. 8096 Exp. Date 6/30/2013

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

Federal Emp. ID No. 154603384 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 $ 2754

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 5-8-12 Approved by: [signature]
[ ] Plumbing Plans Approved
Date: ____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-8-12
Approved by: [signature]

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

(Dates (Month/Day))

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: [signature]

Print name here: SCOTT A URQUHART

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
20 FT OF A/C Refrigerant Lines
Drain 3TON Condenser & A Coil

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	
1	Other 3 TON A/C Condensing Line	100

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 100

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

IMPORTANT NOTICE TO HOMEOWNERS AND CONTRACTORS FOR THE INSTALLATION OF SMOKE AND CARBON MONOXIDE DETECTORS

Effective April 7, 2003, the New Jersey Uniform Construction Code (NJUCC) requires that smoke detectors and carbon monoxide detectors be installed in all residences if **a permit for any type of construction** is secured. The following items explain the permit implications for repairs and alterations, additions and new construction and how they relate to the Rehabilitation Code.

NJUCC 5:23-6.4 thru 6.6 (Rehabilitation Sub-Code Repairs, Renovations, & Alterations):

Any type of permit for an existing residence requires that smoke detector(s) and carbon monoxide detector(s) be installed in the vicinity (10' or less) of any bedroom. This would include such permits as roofs, siding, baths, kitchens, etc. **A separate permit or inspection for these items is not required**; rather it is the contractor's or homeowner's responsibility that they be installed. These items can be battery operated.

NJUCC 5:23-6:32(f)1. (Rehabilitation Sub-Code, Additions over 25% & Reconstructions):

If the square footage of an addition to a residence is more than 25% of the floor area of the largest floor of the existing building or if the work is deemed a reconstruction, then smoke detectors complying with the building sub-code (one in each bedroom, one outside of the bedroom and one on each level of the building that are hard wired with battery back-up) must be installed throughout the addition and the building. In addition, a carbon monoxide detector must be installed as in the section above. **A fire permit and inspection is required.**

NJUCC 5:23-6:32(f)2. (Rehabilitation Sub-Code, Addition between 5% and 25%):

If the square footage of an addition to a residence is between 5% and 25% of the floor area of the largest floor of the existing building, hardwired interconnected smoke detectors with battery back-up must be installed in each story of the dwelling, including basements. A carbon monoxide detector is required as above. **A fire permit and inspection is required.**

New Construction: The same requirements as for additions over 25% apply to all new construction.

OWNER CERTIFICATION:

(Applicant must complete this form and submit with permit application)

I HEREBY ACKNOWLEDGE RECEIPT OF ABOVE "NOTICE" OF SMOKE DETECTOR AND CARBON MONOXIDE DETECTOR REQUIREMENTS. ADDITIONALLY I ACKNOWLEDGE THAT I MAY BE SUBJECT TO PENALTY OR SUMMONS FOR FAILING TO INSTALL AND MAINTAIN THE REQUIRED SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS.

SIGNATURE (PROPERTY OWNER)

** SIGNATURE (AGENT/CONTRACTOR)

** AGENT/CONTRACTOR ACKNOWLEDGES THAT THE PROPERTY OWNER WILL RECEIVE THIS NOTICE BY VERBAL OR WRITTEN COMMUNICATION.

WEINSTEINER	24 GEROES AVENUE	100/33
NAME OF OWNER	ADDRESS OF PROPERTY	BLOCK/LOT

WEINSHANKER
24 GENDES Ave
VERONA

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Hilltop Fuel Heating & AC, Inc.
Frank Mondsini III
12 Spielman Road
Fairfield NJ 07004

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/21/2011 TO 12/31/2012
VALID

13VH01751900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Hilltop Fuel Heating & AC, Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

10/21/2011 TO 12/31/2012

VALID

SIGNATURE

DIRECTOR

13VH01751900

License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Weinshenker BLOCK: 100 LOT: 33

WORKSITE ADDRESS: 24 Gerdes DATE: 5/7/12

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft.____ Cubic Ft.____ x 0.05 $____

State Permit Fee: Cubic Ft.____ x 0.00334 $____

Minimum Fee: $50.00 $____

ALTERATIONS/REPAIRS:

BUILDING FEE: $50 per first $1000 Est. Cost; $15 each additional $1000 or part thereof $____

STATE PERMIT FEE: $____ Est. Cost x $1.70 per $1000 of Alteration $____

ELECTRICAL FEE: Minimum Fee: $60.00 $____

PLUMBING FEE: Minimum Fee: $75 com /$60 res; $10 per fixture; $50 per special device $____

FIRE PROTECTION FEE: Minimum Fee: $50.00 $____

ELEVATOR FEE: $____

DEMOLITION FEE: $200 commercial / $100 1&2 family residential / $50 accessory structure $____

MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: $50.00 $____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $50.00 $____

TOTAL FEE: $____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. Same location as before 2.	5/8/12	
ENGINEERING			1. 2.		
BUILDING			1. 2. Replacement - Bldg Card not reqd		
ELECTRIC	5/8/12		1. NEED LICENSED ELEC CONT FOR A/C CONDENSER / LEFT MESSAGE 2.	5/14/12	(RD)
PLUMBING			1. 2.	5/8/12	SH
FIRE			1. 2.		
ELEVATOR			1. 2.		

SUBCODE	ADDITIONAL COMMENTS
BUILDING	
ELECTRICAL	
PLUMBING	
FIRE	

ROSANA 917-327-6366
GOMES

OWNER
ANN BETTY
WEINSMECKER

- DOUG - MANAGER

HILLTOP FUEL
HEATING & AIR CONDITIONING, INC.

90 BROUGHTON AVENUE
BLOOMFIELD, NEW JERSEY 07003
973-748-2345 • Toll Free 1-888-OIL-MANN

SERVICE WORK ORDER

Time Received
Work Order #
PO #
Supplier
Contract Call
Annual Tune-up
Non-Contract Call
Night ☐ Weekend ☐ Holiday Call ☐
Diagnostic Charge
Bill From Office
C.O.D. Service
Paid On Credit Card
Check #
System Operational
See Notes Below
Return Call Needed
*Danger—Run At Own Risk
Disabled Unit For Safety
Boiler Make
Burner Make
Nozzle
Filter
Pump Type
System Type
Hot Water Source & Size
CO^2 Dr-Of
Dr-lb Net Stack
Smoke Eff%
In Tank
Tank Location:

Recommendations:

TIME START
TIME FINISH
TOTAL TIME

☐ Non-Contract Billable Call

Date 6/15/05
Customer Name
Address 24 Gerdes Ave
Town/City Verona Zip
Phone
Reason for Call Install condenser/coil
Technician Freddy Pick up Truck # 21
Additional Technician(s) 3754 50
Description of Work Performed: Installed new 3 ton condensor/coil. 50 foot line set, 50 feet t-stat wire. whip

Description of Parts Used (List Parts used Only)	Qty.	Price
3 ton condensor	1	
3 ton coil	1	
50 foot line set	1	
whip	1	
50 feet of t-stat wire	1	
cement pad for condensor	1	

Paid check
2901

Job Total ☛ $ 3754 . 50

X
CUSTOMER SIGNATURE
FILL OUT WORK ORDER COMPLETELY

Put in folder when appy. for permit

HILLTOP FUEL, HEATING & AIR CONDITIONING, INC.

12 SPIELMAN ROAD
FAIRFIELD, NEW JERSEY 07004
973-227-2828 • Toll Free 1-888-OIL-MANN

SERVICE WORK ORDER

Time Received _____
Work Order # _____
PO # _____
Supplier _____
Contract Call _____
Annual Tune-up _____
Non-Contract Call _____
Night ☐ Weekend ☐ Holiday Call ☐
Diagnostic Charge _____
Bill From Office _____
C.O.D. Service _____
Paid On Credit Card _____
Check # _____
System Operational _____
See Notes Below _____
*Return Call Needed _____
**Danger—Run At Own Risk _____
Disabled Unit For Safety _____
Boiler Make _____
Burner Make _____
Nozzle _____
Filter _____
Pump Type _____
System Type _____
Hot Water Source & Size _____
CO^2 _____ Dr-Of _____
Dr-lb _____ Net Stack _____
Smoke _____ Eff% _____
In Tank _____
Tank Location: _____

Recommendations: _____

TIME START 2:45
TIME FINISH _____
TOTAL TIME _____

☐ Non-Contract Billable Call

Date 6-13-11

Customer Name _____

Address 24 - GORDON Ave

Town/City Verona Zip _____

Phone _____

Reason for Call NO H/C

Technician TOM /Tech 2 _____ Truck # 35

Description of Work Performed: Cooling was ok
Water Leak was the coil
Checked & cleaned out
condensate Pump
secured drain line and discharge
Hose
Ran Water Through Pump ok

Description of Parts Used (List Parts used Only)	Qty.	Price
Job Total ☛	$	

X _____
CUSTOMER SIGNATURE

All fuel oil related warranties only apply to Hilltop Automatic Fuel Delivery Customers.
Plumbing calls including water related heating problems are not covered by contract.

FILL OUT WORK ORDER COMPLETELY

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

BLOCK 100 LOT 33 QUALIFICATION CODE Half Bath to Full Bath / Kitchen Electric Add Shower ADDRESS (SITE) 24 Gerdes PERMIT NO. 2016-284

C-16-0254

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

5/2/16 KS called 4M

I. IDENTIFICATION

1. Proposed Work Site at: 24 Gerdes Ave
2. Name of Owner in Fee: Aggie Zelazko
   Tel. (973) 710 2157 e-mail AZ07@live.com
   Address 24 Gerdes Ave (street) Verone (municipality) NJ 07044 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Homeowner Tel. (____) _____
   Address _____ e-mail ~~AZ07~~@LIVE.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (____) _____ FAX: (____) _____

5/31/16 KS called + 4M

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 160	20 ~~21~~	
2. Electrical	155		
3. Plumbing	90		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	12	1	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 317	21	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☒ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

11/7/2016 KS called

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval Dates Rejection	Re-viewer
☒ Building	1000			4.11.16	5.2.16		5.31.16	
☒ Electrical	3000				T.App=11/2			
☒ Plumbing	2500				4/3/16	SG		
☐ Fire Protection								
☐ Elevator								
TOTAL COST	6500							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (X) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. (X) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 4/4/16

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

C-16-0254+A

PERMIT UPDATE

Date Update Issued 2/4/2020
Permit # 2016-284+A
Date Permit Issued

IDENTIFICATION Block 1902 Lot 100 Qualification Code 33

Work Site Location 24 Gerdes

Owner in Fee Angie Zelaska

Address 24 Gerdes

Tel. (973) 710-2157

Contractor homeowner

Address

Tel. ( )

Lic. No. or Bldrs. Reg. 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:

take down current closet & wall
install beam, 1/2 wall and closet

Estimated Cost of Work $ 500.00

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.

Construction Official

5/31/16
Date

PAYMENTS (Office Use Only)

Building	20
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
State Permit Surcharge Fee	1
Cert. of Occupancy	
Other	
Total	21
Check No.	4193
Cash	
Collected by	KS

U.C.C. F190 (rev. 1/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

C-16-0254+A

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 2/4/2020

Date Issued
Permit # 2016-254+A

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

Block 100 Lot 33 Qualification Code _____

Work Site Location 24 Gerdes

Owner in Fee: Aggie Zelazko

Tel. (973) 710 2157 e-mail AZ07@live.com

Address _____ (street / municipality / zip code)

Contractor: Aggie Zelazko Tel. (____) _____

Address homeowner e-mail _____

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

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

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[X] No Plans Required 5-31-16 MM

[ ] All

[ ] Footings/Foundations

[ ] Structural/Framework

[ ] Exterior

[X] Interior 5-31-16 MM

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 5-31-16

Approved by: MM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	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				
Barrier-Free				

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) $ 500

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: Aggie Zelazko

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

demo wall and closet
install beam, 1/2 wall & closet

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 beam; 1/2 wall & closet
- [X] Demolition

FEE (Office Use Only)

$ 20

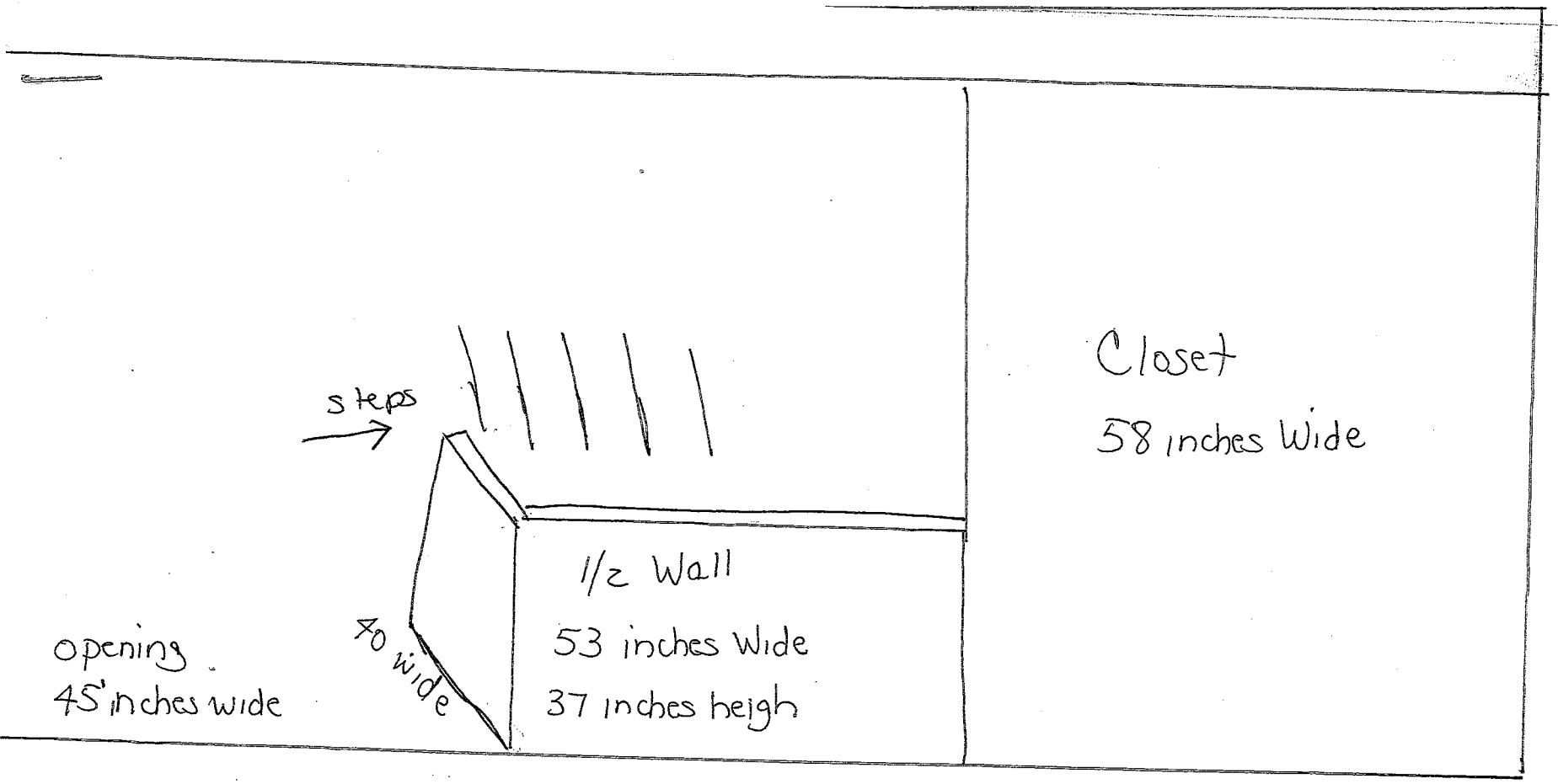
Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 20

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



24 Gerdes
Aggie Zdeszko
azd7@live.com
973-710-2157

Revised

install beam (12 x 4 x 156)

install 1/2 wall around steps landing - front & side

1/2 wall has 1/2 inch sheetrock on each side

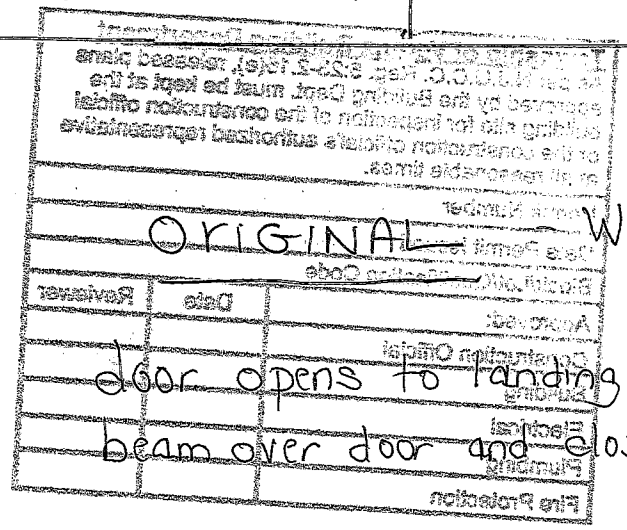
Coat closet

62 wide

Linen closet

62 wide

door (32 inches Wide)



Wall that separates hall and steps

door opens to landing by steps that lead to basement

beam over door and closet is load bearing

24 Gerdes
Aggie Zelazko
azo7@live.com
973-710-2157

Township of Vernon Building Department

As per N.J.U.C.C. Reg. 5:23-2.16(e), released plans approved by the Building Dept. must be kept at the building site for inspection of the construction official or the construction official's authorized representative at all reasonable times.

Permit Number 2016-284+A

Date Permit Issued 2/4/2020

Block/Lot/Qualification Code

Approved:	Date	Reviewer
Construction Official	5/31/16	
Building	5-31-16	
Electrical		
Plumbing		
Fire Protection		

C-16-0254+A

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Zelazko BLOCK: 10D LOT: 33

WORKSITE ADDRESS: 24 Gerdes DATE: 5/26/16

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft._____ Cubic Ft._____ x 0.05 $_____

State Permit Fee: Cubic Ft._____ x 0.00371 $_____

Minimum Fee: $60.00 $_____

ALTERATIONS/REPAIRS:

BUILDING FEE: $20 per $1000 Est. Cost $_____

STATE PERMIT FEE: $_____ Est. Cost x $1.90 per $1000 of Alteration $_____

ELECTRICAL FEE: Minimum Fee: $60.00 $_____

PLUMBING FEE: Minimum Fee: $75 com /$60 res; $15 per fixture; $75 per special device $_____

FIRE PROTECTION FEE: Minimum Fee: $60.00 $_____

ELEVATOR FEE: $_____

DEMOLITION FEE: $300 commercial / $100 1&2 family residential / $50 accessory structure $_____

MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: $60.00 $_____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $75.00 $_____

TOTAL FEE: $_____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING			1. 2.	5-31-16	
ELECTRIC			1. 2.		
PLUMBING			1. 2.		
FIRE			1. 2.		
HEALTH			1. 2.		

C16-0254

1902

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 5/3/16

Permit # 2016-254

IDENTIFICATION—Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave
Verona NJ 07044

Owner in Fee Aggie Zglazko

Address 24 Gerdes Ave
Verona NJ 07044

Tel. (973) 700 2157

Contractor Homeowner

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

expand 1/2 bathroom to include shower 1st Floor. Half Bath to Full Bath
Kitchen - ~~new cabinets & floors~~ & lights. + service - Bath Alteration

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 $ 6500

Construction Official

5/2/16
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	155
Plumbing	90
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	12
Cert. of Occupancy	
Other	
Total	317
Check No.	4097
Cash	
Collected by	KS

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

C-16-0259

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 5/3/16

Date Issued Permit # 2016-284

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

Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave Verona NJ. 07044

Owner in Fee: Aggie Zelako

Tel. (973) 718-2157 e-mail

Address 24 Gerdes Ave (street) Verona (municipality) 07044 (zip code)

Contractor: Chris DeLeon Tel. (973) 525 2508

Address 719 E. Passaic Ave e-mail Plumb4fun@Gmail.com

Bloomfield NJ. 07003

Contractor License No. 12958 Exp. Date 06-17

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

Federal Emp. ID No. 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 $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 4/7/16 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/7/16
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	5/27/16	5/31	6/7/16	
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 am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Chris DeLeon

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

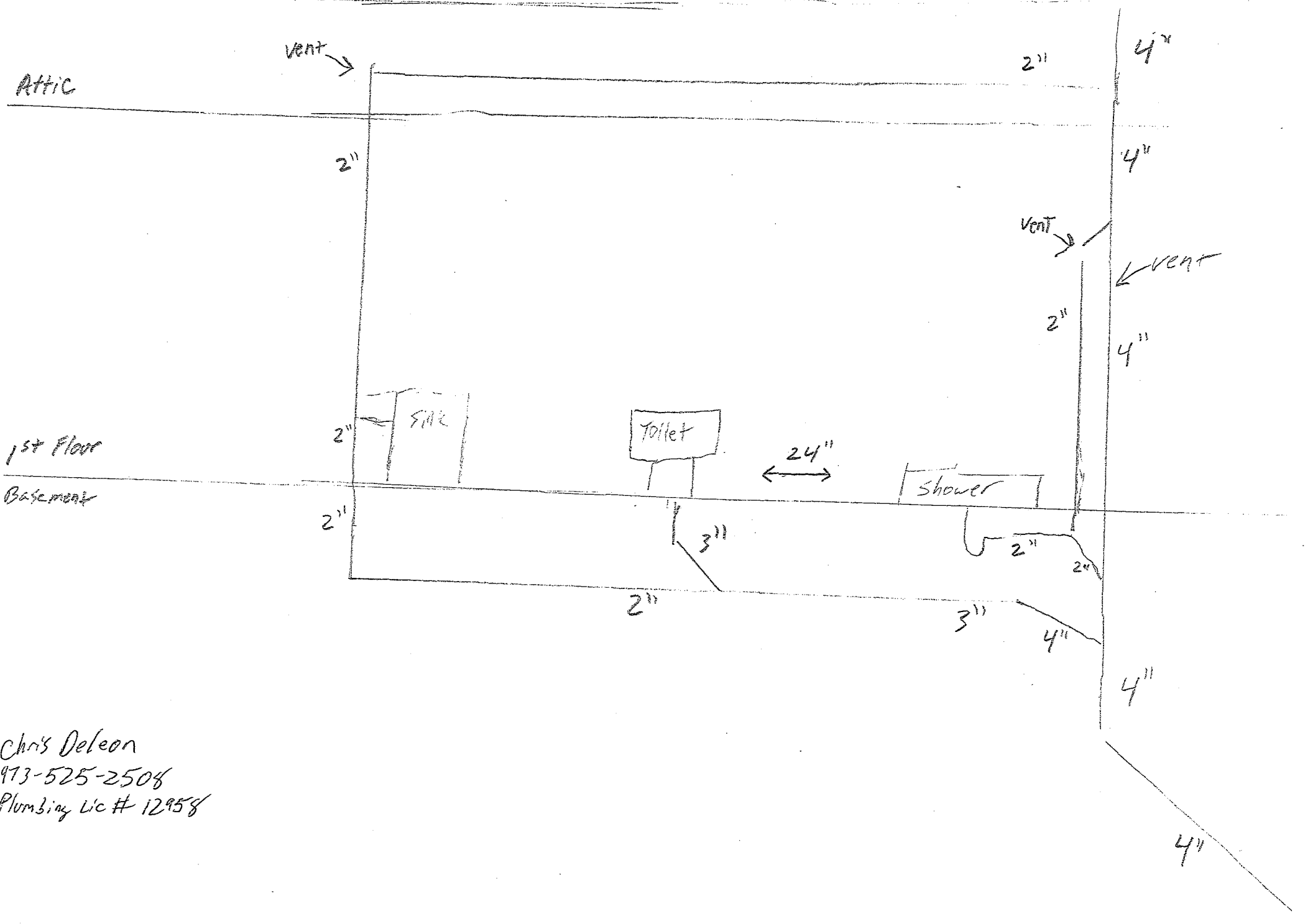
DESCRIPTION OF WORK
add shower to existing 1/2 bath, move plumbing ~~frame~~ new wall and doorway

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 60
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	15
1	Shower	15
	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	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 90

Attic 973-110-6151

24 Gerdes Ave, Verona NJ.



Chris Deleon
973-525-2508
Plumbing Lic # 12958

C-16-0254

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/3/16

Date Issued / Permit # 2016-284

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

Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave Verona, NJ 07044

Owner in Fee: Aggie Zelazko

Tel. (973) 710 2157 e-mail AZ07@live.com

Address 24 Gerdes Ave (street) Verona (municipality) NJ 07044 (zip code)

Contractor: homeowner Tel. ( )

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	5-2-16	

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 5-2-16

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			5-31-16	
Truss Sys./Bracing				
Barrier-Free				
Insulation			5-31-16	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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 $ 1000
3. Total (1+2) $

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: Aggie Zelazko

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New shower area
sheetrock in bathroom for
installation of tiles

TYPE OF WORK:

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

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

C16-0254

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 5/3/16

Date Issued / Permit # 20160284

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

Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave, Verona NJ 07044

Owner in Fee: Aggie Zelazko

Tel. (973) 710-2157 e-mail

Address 24 Gerdes Ave (street) Verona (municipality) NJ 07044 (zip code)

Contractor: MJR Electrical Contractor Tel. (973) 977-8469

Address 81 Highview Drive e-mail

Woodland Park NJ 07424

Contractor License No. 15471 Exp. Date 3/18

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

Federal Emp. ID No. 139628579000 ~~FAX~~ cell (973) 715-6035

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000.00

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: Michael Rg

Print name here: Michael Rgusso

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Bath + Kitchen reno new Service

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
7		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
20		TOTAL NUMBERS	$ 60
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	2	KW Elec. Range/Receptacle	15
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	2	KW Dishwasher	15
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	65
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] 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: 7 Apr 16

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			17 May 16	EW
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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 155

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received C-13-1098
Control #
Date Issued 2/4/14
Permit # 2014-067

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

Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave
Verona NJ 07044

Owner in Fee: Aggie Zelazko

Tel. (973) 710-2157 e-mail

Address 24 Gerdes Ave (street) Verona (municipality) 07044 (zip code)

Contractor: homeowner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000.00

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: 2-04-14
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			31 May 16	
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 sign/Contractor sign and seal here:

Print name here: Aggie Zelazko

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Porch Conversion

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	$ 60
		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 $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 60

U.C.C. F120 (rev. 11/09)

C-13-1098+A

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received 2/4/14
Control #
Date Issued
Permit # 2014-067+A

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

Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave
Verona NJ 07044

Owner in Fee: Zelaz KD

Tel. (973) 710-2157 e-mail

Address

Contractor: 3L ~~Electric~~ O'Dell ELECTRIC Tel. (973) 699-0326
(street / municipality / zip code)

Address 3L Edison Ave Roseland e-mail
NJ 07439

Contractor License No. 16799 Exp. Date

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

Federal Emp. ID No. 156823659 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400.00

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: 1-28-14
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 sign/Contractor sign and seal here:

Print name here: O'Dell

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
SUB PANEL

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	
1	60	AMP Subpanels	tbd
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09)

C16-0254

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Zelazko BLOCK: 100 LOT: 33

WORKSITE ADDRESS: 24 Gordes DATE: 4/5/16

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft._____ Cubic Ft._____ x 0.05 $_____

State Permit Fee: Cubic Ft._____ x 0.00371 $_____

Minimum Fee: $60.00 $_____

ALTERATIONS/REPAIRS:

BUILDING FEE: $20 per $1000 Est. Cost $_____

STATE PERMIT FEE: $_____ Est. Cost x $1.90 per $1000 of Alteration $_____

ELECTRICAL FEE: Minimum Fee: $60.00 $_____

PLUMBING FEE: Minimum Fee: $75 com /$60 res; $15 per fixture; $75 per special device $_____

FIRE PROTECTION FEE: Minimum Fee: $60.00 $_____

ELEVATOR FEE: $_____

DEMOLITION FEE: $300 commercial / $100 1&2 family residential / $50 accessory structure $_____

MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: $60.00 $_____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $75.00 $_____

TOTAL FEE: $_____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING	4-11-16 4-15-16		1. WHN - VOICEMAIL TO OWNER 4.11.16 - supply EMAIL OR FAX # 2.	5.2.16	
ELECTRIC			1. 2.	7 April 16	
PLUMBING			1. Needs plumbing riser told H/O at counter 4/4/16 2. Called contractor spoke to Plumber 4/6/16	4/7/16	
FIRE			1. 2.		
HEALTH			1. 2.		

Bill Noss

From: Bill Noss
Sent: Friday, April 15, 2016 6:57 AM
To: 'az07@live.com'
Cc: Thomas Jacobsen
Subject: 24 Gerdes Ave-plan review
Attachments: AR-M355N_20160415_064727.pdf

Dear Ms. Zclazko:

Please see attached plan review comments for the above noted address. Should you have any questions please feel free to contact me at 973-857-4834.

Sincerely,

Bill Noss
Building Subcode Official
Verona, New Jersey

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Building Plan Review

Control Number:	C-16-0254	Permit Number:		Tube Number:	
Application Date:	4/5/2016	Permit Issue Date:			
Received Date:	4/5/2016	Result:	Fail	Result Date:	4/11/2016

Work Site Location:	24 GERDES AVENUE VERONA, NJ 07044		
	Block: 100	Lot: 33	Qualifier:
Owner:	ZELAZKO, AGGIE		
Owner Address:	24 GERDES AVENUE VERONA NJ 07044		
Telephone:	(973) 710-2157		
Agent:	ZELAZKO, AGGIE		
Agent Address:	24 GERDES AVENUE VERONA NJ 07044		
Telephone:	(973) 710-2157		
Contractor:	ZELAZKO, AGGIE		
Contractor Address:	24 GERDES AVENUE VERONA NJ 07044		
Telephone:	(973) 710-2157		
Engineer:			
Engineer Address:			
Telephone:			
Architect:			
Architect Address:			
Telephone:			

Plan Review Comments:
1. Verify door wall being removed is non-bearing. Do an exploratory hole in ceiling and submit photos to building department or call for exploratory building department inspection.
2. Indicate existing window, now in shower, height above finished floor, a guard may possibly be required across window.
3. Note height of impervious wall finish in shower.
4.Note pocket door size.
5. Note new pocket door wall construction (eg 2x4 @ 16" o/c, 1/2" gyp bd both facing sides).
6. Note wall board type in shower area (eg cement composite board, "Hardi-Backer type, etc).
7. Note shower enclosure type (glass, shower rod, etc).
8. Dimension existing windows from shower, a guard may possibly be required across window.

Plan Review Subcode Notes

Control # C-16-0254

Aggie Zelazko

24 Gerdes Ave

973-710-2157 or az07@live.com

Responses to "Plan Comments"

1. Wall is NOT load bearing – pictures will be sent to building dept. asap
2. Bottom window sill is 60 inches from floor
3. Height of impervious wall will be 93 inches from shower pan
4. Pocket door width is 32 inches
5. Wall construction around pocket door will be 2 x 4 @ 16, using ½ inch sheetrock
6. Shower area will be constructed with cement board
7. Shower enclosure will be glass
8. The window in the bathroom is 38 inches away from the shower door

fax 973 857-5134

Bill Noss

From: Bill Noss
Sent: Monday, May 02, 2016 11:45 AM
To: 'az07@live.com'
Cc: Thomas Jacobsen
Subject: 24 Gerdes - comments.

Dear MS. Zelazks:

Your response to my plan review comments, April 15, 2016, indicates your proposing to install a "glass" shower enclosure. As a reminder, such enclosure must be "tempered" glass. Your plans are "released" for construction, but please wait until you are contacted by the Verona Building Department for issuance of your building permit. Please call me if you have any questions at: 973-857-4834, M-F, 8:30 to 9:30 and 12:30 to 1:30.

Sincerely,

Bill Noss
Building Subcode Official
Verona, New Jersey

BLOCK 100 LOT 33 Tank Removal QUALIFICATION CODE _____ ADDRESS (SITE) 24 Gerdes Ave PERMIT NO. 2013-046

P13-0058

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 24 Gerdes Ave, Verona
2. Name of Owner in Fee: Anne Weinshenker
   Tel. (973) 820-6830 e-mail _____
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: AIM TANK SERVICES
   Address 166 RYERSON AVE, WAYNE, NJ 07470
   (973) 633-5275
   FID.# 222650740
   HAZ WASTE # 50023
   email
   NJDEP CERTIFICATION #US00621
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 75		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☑ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	1700				1/18/13				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1700								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restri*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name AIM TANK SERVICES

Address 166 RYERSON AVE
WAYNE, NJ 07470
(973) 633-5275
FID # 222650740
HAZ WASTE # 50023
NJDEP CERTIFICATION
#US00621

Telephone ( ) _____

Signature Joseph Solan

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Verona Fire Prevention Bureau

880 Bloomfield Avenue
Verona, New Jersey 07044
(973) 857-4761 – Fax (973) 857-5272

Norman Russell
Fire Official

email: nrussell@veronanj.org

TANK ABANDONNMENT

NAME ---AM-Sug---

ADDRESS---94 Gardes Ave---

PHONE ---633-5275---

DATE OF INSPECTION---

INSPECTION RESULTS PASS--- FAIL---

FILL---PULL---PETROFILL---

SIZE OF TANK 275--- 550--- 1000--- OTHER---

COMPANY DOING JOB---

~~550~~
275

2/12/13

Passed

C13-0058

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1/18/13

Permit # 2013-046

IDENTIFICATION Block 100 Lot 33

Work Site Location 24 Gerdes Ave Verona

Owner in Fee Anne Weinshenker

Address Same

Tel. (973) 820-6830

Contractor AIM TANK SERVICES

Address 25 RYERSON AVE WAYNE, NJ 07470

Tel. (973) 633-5275

Lic. No. or Bldrs. Reg. No. FID # 222650740 HAZ WASTE # 50023 NJDEP CERTIFICATION #U300621

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Removal of (1) one 550 Gallon UST

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

Estimated Cost of Work $ 1,700.00

Construction Official

1/18/13
Date

PAYMENTS (Office Use Only)

Building	75
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	/
Cert. of Occupancy	
Other	
Total	75
Check No.	# 19563
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

C13-0058

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/18/13

Date Issued / Permit # 2013-046

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

Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave Verona

Owner in Fee: Anne Weinshenker

Tel. (973) 820-6830 e-mail

Address Same (street) (municipality) (code)

Contractor: AIM TANK SERVICES
166 RYERSON AVE
WAYNE, NJ 07470
(973) 633-5275
FID # 222650740
HAZ WASTE # 50023
NJDEP CERTIFICATION #US00621

Tel.

Address e-mail

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

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

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.

Signature Joseph Solari

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of (1) one 550 Gallon UST

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	1/18/13	SR
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 1/18/13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2/13/13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	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			2/18/13	DR
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
- [X] Demolition Tank Removal

FEE (Office Use Only)

$ 75

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 75

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

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1,700.00

U.C.C. F110

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

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Weinshenker BLOCK: 100 LOT: 33

WORKSITE ADDRESS: 24 Gerdes DATE: 1/17/13

rec'd by mail

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft._____ Cubic Ft._____ x 0.05 $_____

State Permit Fee: Cubic Ft._____ x 0.00334 $_____

Minimum Fee: $50.00 $_____

ALTERATIONS/REPAIRS:

BUILDING FEE: $50 per first $1000 Est. Cost; $15 each additional $1000 or part thereof $_____

STATE PERMIT FEE: $_____ Est. Cost x $1.70 per $1000 of Alteration $_____

ELECTRICAL FEE: Minimum Fee: $60.00 $_____

PLUMBING FEE: Minimum Fee: $75 com /$60 res; $10 per fixture; $50 per special device $_____

FIRE PROTECTION FEE: Minimum Fee: $50.00 $_____

ELEVATOR FEE: $_____

DEMOLITION FEE: $200 commercial / $100 1&2 family residential / $50 accessory structure $_____

MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: $50.00 $_____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $50.00 $_____

TOTAL FEE: $_____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING			1. 2.	1/18/13	SL
ELECTRIC			1. 2.		
PLUMBING			1. 2.		
FIRE			1. 2.		
ELEVATOR			1. 2.		

BLOCK 100 LOT 33 QUALIFICATION CODE Siding ADDRESS (SITE) 24 Gordes PERMIT NO 2016-007

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 24 Gordes ave Verona NJ 07044
2. Name of Owner in Fee: Angie Zelazko
   Tel. (973) 710 2457 e-mail
   Address 24 Gordes ave (street) Verona (municipality) NJ. 07044 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: New American Cont. Tel. (862) 226 9288
   Address Loc 1 Rt 46 east e-mail
   Parsippany NJ.
   License No. OR, if new home, Builder Reg. No. 13VH02021200 Exp. Date 3/31/16
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 450530864 FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Brae
   Tel. (862) 226 9288 FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	33		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 108		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	18,000								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	18,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date Jan 4, 16

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X Check if contractor.

Agent Name New America Const.

Address 2001 Rt 46 east Parsippany NJ.

Telephone 8622269278

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1/14/16

Permit # 2016-007

IDENTIFICATION Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes ave
Verona NJ 07044

Owner in Fee Aggie Zelazko

Address 24 Gerdes ave
Verona NJ 07044

Tel. (973) 710 2157

Contractor Bruce Chaun.

Address 2001 Rt 46 parsippany NJ

Tel. (862) 226 9288

Lic. No. or Bldrs. Reg. No. 13VH02021200

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Install vinyl siding

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 $ 18000.00

Thomas P. Jacobus
Construction Official

1/14/16
Date

PAYMENTS (Office Use Only)

Building	75
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	33
Cert. of Occupancy	
Other	
Total	108
Check No.	
Cash	✓
Collected by	KS

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/4/16

Date Issued / Permit # 2016-007

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

Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes ave Verona NJ 07044

Owner in Fee: Agsit Zelazko

Tel. (973) 760 2157 e-mail

Address 24 Gerdes ave Verona NJ 07044
street municipality zip code

Contractor: Bruce Chavez Tel. (862) 226 9218

Address 209 Rt 46 Parsippany RD e-mail
Parsippany NJ

Contractor License No. or Builder Registration No. 13VH02000 Exp. Date 3/16

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

Federal Emp. ID No. 450530864 FAX: ( )

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:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5-31-16
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		5-31-16		
Barrier-Free				

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) $ 18,000.00

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.

Sign here:

Print name here: Bruce Chavez

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New vinyl siding.

TYPE OF WORK:

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

$ NS

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

License Information

Accurate as of June 22, 2015 12:48 PM

Return to Search Results

Name: NEW AMERICA CONSTRUCTION CO.

Address: Parsippany,NJ

Profession/License Type: Home Improvement Contractors,Home Improvement Contractor

License No: 13VH02021200

License Status: Active

Status Change Reason: Reinstatement

Issue Date: 2/14/2006

Expiration Date: 3/31/2016

For Contractors needing information regarding registration contact the New Jersey Home Improvement Contractors registration section (973) 424-8150 prompt #2. For consumers requiring information concerning Contractor complaints contact the New Jersey Home Improvement Contractors complaints section (973) 424-8180 prompt #6.

BLOCK 100 LOT 33 QUALIFICATION CODE (Convert Porch Kitchen Renovation) ADDRESS (SITE) 24 Gerdes Ave PERMIT NO. 2014-067

C-13-1098

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 24 Gerdes Ave
2. Name of Owner in Fee: Aggie Zelazko
   Tel. (973) 710-2157 e-mail
   Address 24 Gerdes Ave (street) Verona (municipality) 07044 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Homeowner Tel. ( )
   Address e-mail
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun
   Tel. ( ) FAX: ( )

11/9/14 KV called + L/M

V. FEE SUMMARY (for office use only)

		Update A	Update
1. Building	$ 95		
2. Electrical	65	100	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	9	1	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 169	61	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☑ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	4000				1/26/14				
☒ Electrical	1000				~~1-23-14~~ 12-24-13				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	5000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):
D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Glen 12/12

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applica Last we spoke, you had 3 house were the 1 stop but no drawings

I hereby certify that I am the owner in fee of the prope

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private r pancy. This dwelling is to be occupied by residential use. I attest that all construction subcontractors under my supervision, in a new home is not covered under the New H that such fact shall be disclosed to any pe certificate of occupancy.

I UNDERSTAND THAT IN MARKING BO THE WORK DONE ON SAID PROPERTY ANY WORK PERFORMED, AND FOR T OTHERWISE CONTRACT OR WITH W AND KNOWINGLY ASSUMING THIS RI

B. ( ) I further certify the following as required

I personally prepared the plans submitte tion, or repair to an existing single famil on Page 1; or, 3) a new structure that single family residence that is owned a

C. (✓) I further certify that I will perform or su
C.1. (✓) Building C.2. (

I further certify that I will perform the followir
C.3. (✓) Electrical C.4. (

D. ( ) I agree to advise all contractors on th sion of Taxation and to comply with all New

I further certify the following as required by the Uniform Construction Code, N.J.A.C. county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 12-3-13

Called 12/13/13 Left Message Need (2) H/O signed record left 2nd Message 12/16/13 being approved. Please Call me, Aggie 973 710-2157 12/16/13.

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

C-13-1098

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Zelazko BLOCK: 100 LOT: 33

WORKSITE ADDRESS: 24 Gerdes DATE: 12/3/13

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft._____ Cubic Ft._____ x 0.05 $_____

State Permit Fee: Cubic Ft._____ x 0.00334 $_____

Minimum Fee: $50.00 $_____

ALTERATIONS/REPAIRS:

BUILDING FEE: $50 per first $1000 Est. Cost: .15 each additional $1000 or part thereof $_____

STATE PERMIT FEE: $_____ Est. Cost x $1.70 per $1000 of Alteration $_____

ELECTRICAL FEE: Minimum Fee: $60.00 $_____

PLUMBING FEE: Minimum Fee: $75 com /$60 res; $10 per fixture; $50 per special device $_____

FIRE PROTECTION FEE: Minimum Fee: $50.00 $_____

ELEVATOR FEE: $_____

DEMOLITION FEE: $200 commercial / $100 1&2 family residential / $50 accessory structure $_____

MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: $50.00 $_____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $50.00 $_____

TOTAL FEE: $_____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING	12/4/13 called H/O		1. See comments reverse side 2. H/O drawing not adequate.	1/20/14	
ELECTRIC			1. Must Comply with 20.52 : 72 2. Waiting for new electrical card	1-28-14	
PLUMBING			1. by Electrician in lieu of H/O 2. * Received 1/24/14		
FIRE			1. 2.		
ELEVATOR			1. 2.		

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

O'Dell Electrical Contractor
Chad O'Dell
32 Edison Avenue
Ogdensburg NJ 07439

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/16/2012 TO 03/31/2015
VALID

34EB01679900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

C-13-1098

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/4/14

Permit # 2014-067

IDENTIFICATION Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave Verona NJ 07044

Contractor Homeowner

Owner in Fee Aggie Zelazko

Address 24 Gerdes Ave Verona NJ

Address

Tel. (973) 710-2157

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Convert Screen Porch to Room + Kitchen Renovation

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 $ 5000

Construction Official

1/29/14
Date

PAYMENTS (Office Use Only)

Building	95
Electrical	Cod
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	9
Cert. of Occupancy	
Other	
Total	1104
Check No.	#3606
Cash	
Collected by	(W)

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12-3-2013
Control #
Date Issued 2/4/14
Permit # 2014 067

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

Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave
Verona NJ 07044

Owner in Fee: Aggie Zelazko

Tel. (973) 710-2157 e-mail

Address 24 Gerdes Ave Verona NJ 07044
street municipality zip code

Contractor: home owner Tel. ( )

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	1/28/14	AL
[ ] Footings/Foundations		
[ ] Structural/Framework		
[✓] Exterior		
[✓] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 1/28/14
Approved by: A. Lalle

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 1
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors 1368 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 $ 4000.00
3. Total (1+ 2) $ 4000.00

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.

Sign here:

Print name here: Aggie Zelazko

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INCLOSE SCREENED Porch. NEW WINDOWS + PATIO DOOR.
REMOVE WALL (NON BEARING) BETWEEN KITCHEN + INCLOSED PORCH.
NEW WIRING IN BOTH KITCHEN + LIVEROOM.
LIGHTING, PLUGS.
INSTALL NEW KITCHEN.
DRYWALL + INSULATE WALLS + CEILING.
REPAIR SIDING AROUND INCLOSED PORCH

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)
$
95

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 5
TOTAL FEE $ 95

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

3-13-1098+A

PERMIT UPDATE

Date Update Issued 2/4/14
Permit #
Date Permit Issued 2014-067+A

IDENTIFICATION Block 100 Lot 33 Qualification Code

Work Site Location 24 Gerdes Ave
Verona NJ 07044

Owner in Fee Aggie Zdlazlo

Address same

Tel. (973) 710-2157

Contractor Chad Oldell

Address 32 Edison Ave
Ogdensburg, NJ 07439

Tel. (973) 699-0326

Lic. No. or Bldrs. Reg. No. 16799

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
60 amp sub panel

Estimated Cost of Work $ 400.00

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.

Construction Official

1/29/14
Date

PAYMENTS (Office Use Only)

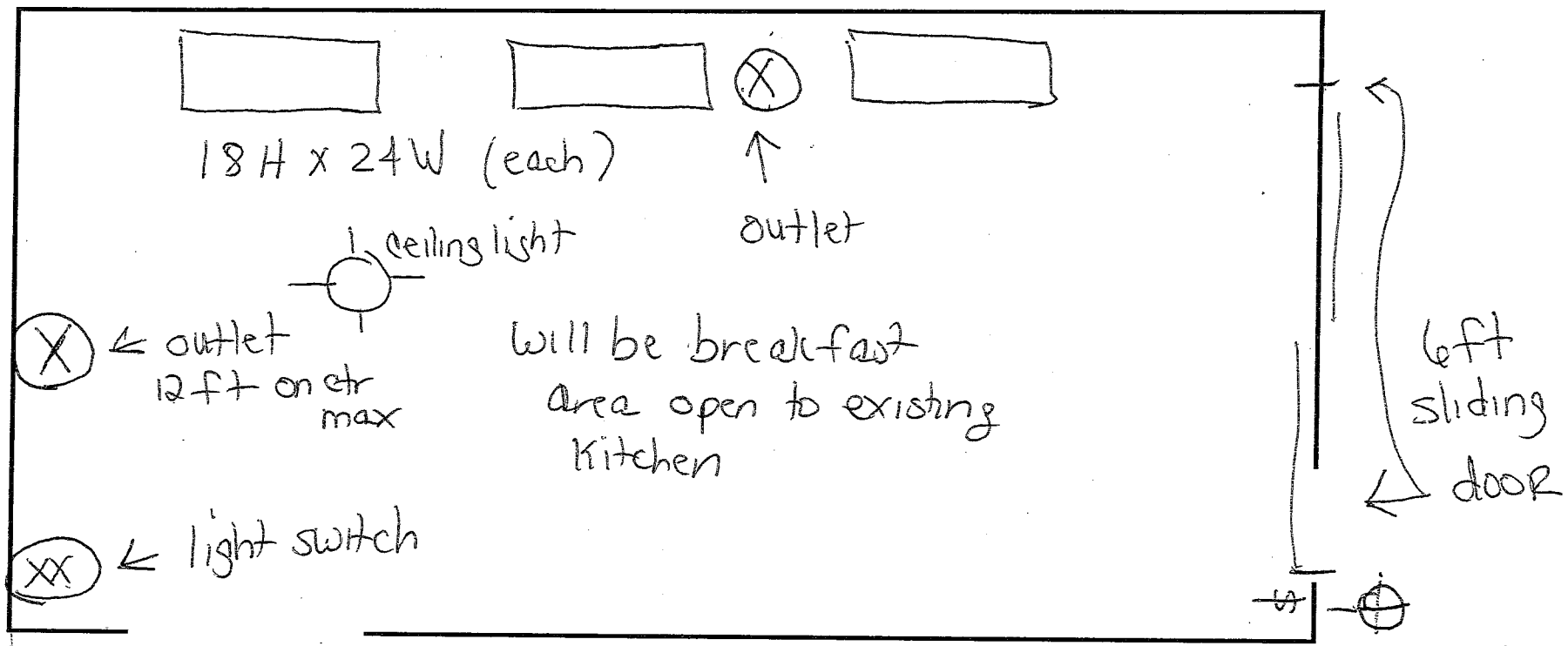
Building	
Electrical	60
Plumbing	
Fire Protection	
Elevator Devices	
Other	
State Permit Surcharge Fee	1
Cert. of Occupancy	
Other	
Total	61
Check No.	#3606
Cash	
Collected by	cas

U.C.C. F190 (rev. 1/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

will be heated by extending forced hot air into the area

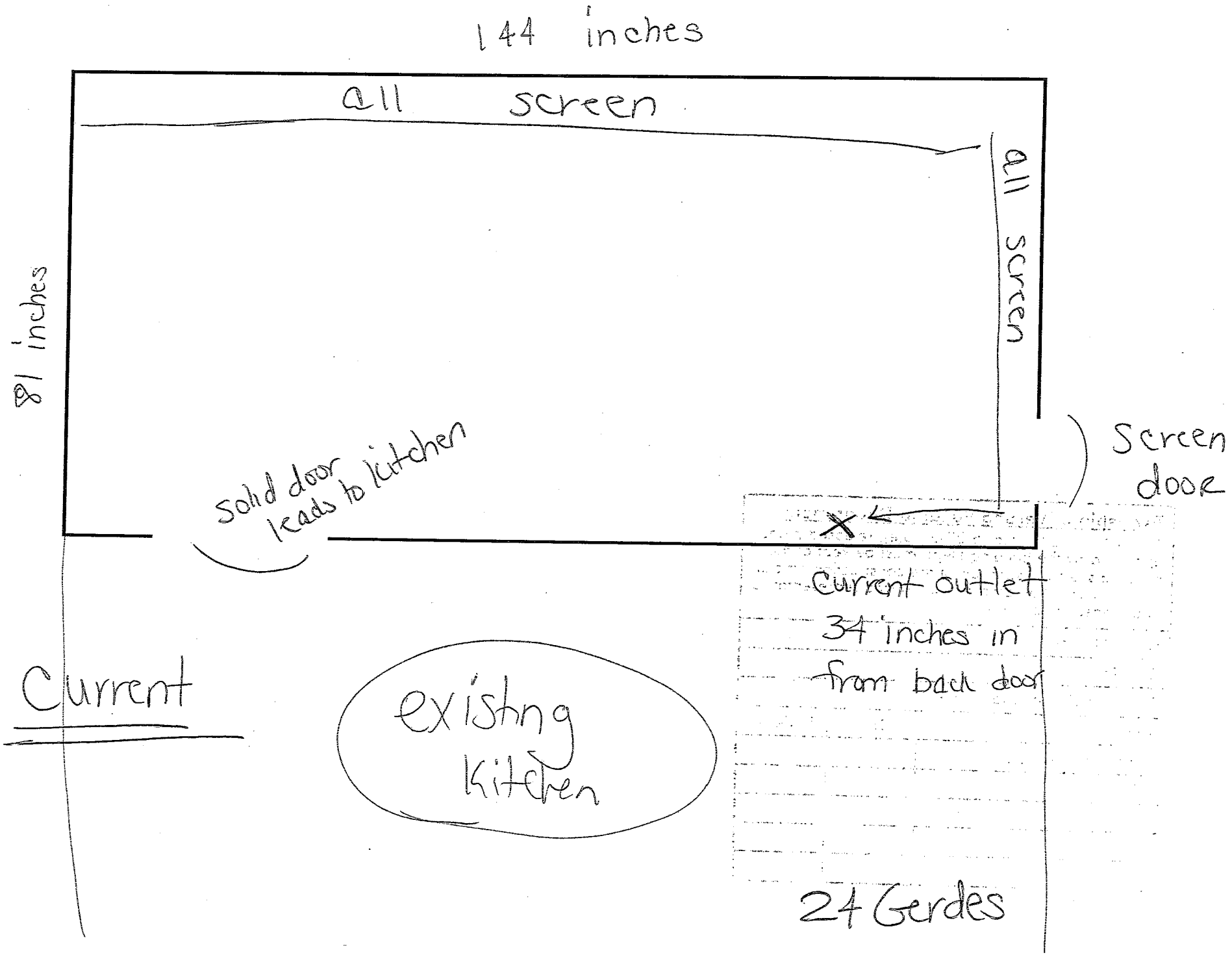
12/20/13



Remodel

add 2 outlets
add 1 wall switch
add 3 windows
add sliding door
add walls / insulation

24 Verde


144 inches
all screen
all screen
81 inches
Screen door
solid door leads to kitchen
Current outlet 34 inches in from back door
Current
existing kitchen
24 Gerdes

BLOCK 1403/101 LOT 15 QUALIFICATION CODE Replacement HVAC ADDRESS (SITE) 29 Gerdes PERMIT NO. 2016-709

C-16-0810

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections, I, II, III (optional), IV, and VII

10/11/16 KS called

I. IDENTIFICATION

1. Proposed Work Site at: 29 Gerdes Ave
2. Name of Owner in fee: Steve Ferrara Tel. (973) 857-1954
   Address 29 Gerdes Ave (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Air Group LLC Tel. (800) 545-1020
   Address One Prince Road, Whippany, NJ 07981
   License No. OR, if new home, Builder Reg. No. 13VH00668000 Exp. Date ____
   Federal Employee No. 223620908 FAX: (973) 887-9265
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person in Charge of Work Giancarlo
   Tel. (973) 986-5741 FAX (____) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 190		
2. Electrical	225.00		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	19		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 504		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____	
no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ Fire Protection	1000				10/11/16				
6. ☒ Plumbing	4500				10/6/16				
7. ☒ Electrical	4500				10/7/16				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	10,000								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction ____

After Construction ____

Net Gain or Loss ____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

L-16-0892

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10/6/16

Permit # 2016-709

IDENTIFICATION Block 10.11903 Lot 15 Qualification Code

Work Site Location 29 Berdes Verona

Contractor Air Group

Owner in Fee Ferrara

Address One Prince Rd Whippany NJ 07981

Address

Tel. (973) 857.1954

Tel. ( )

Lic. No. or Bldrs. Reg. No. 13KH00126800

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Replacement HVAC

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 $ 10,000

Construction Official

10/6/16

Date

PAYMENTS (Office Use Only)

Building	
Electrical	190
Plumbing	225
Fire Protection	70
Elevator Devices	
Other	
DCA State Permit Fee	19
Cert. of Occupancy	
Other	
Total	504
Check No.	# 10751
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Air Group, LLC
John Conforti
1 Prince Road
Whippany NJ 07981

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/25/2016 TO 03/31/2017
VALID

13VH00668000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Air Group, LLC
John Conforti
1 Prince Road
Whippany NJ 07981
FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor
02/25/2016 TO 03/31/2017
VALID
13VH00668000

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

COMFORT CONDITIONING CO
JOHN A CONFORTI
One Prince Road
WHIPPANY NJ 07981

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam of Electrical Contractors
HAS LICENSED
COMFORT CONDITIONING CO
Electrical Business Permit

03/11/2015 TO 03/31/2018
VALID

SIGNATURE

ACTING DIRECTOR

34EB00447400
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of Electrical Contra
P.O. Box 45006
Newark, NJ 07101

03/11/2015 TO 03/31/2018
VALID

34EB00447400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

COMFORT CONDITIONING CO

EXPIRATION DATE 2018

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 34EB 00447400 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW

Board of Exam. of Electrical Contractors
P.O. Box 45006
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

John C. Conforti
T/A Air Group LLC
23 Trafalgar Drive
Livingston, NJ 07039

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

06/29/2015 TO 06/30/2017
VALID

Signature of Licensee/Registrant/Certificate Holder

36BI01229700
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
John C. Conforti
Master Plumber

06/29/2015 TO 06/30/2017
VALID

SIGNATURE

ACTING DIRECTOR

36BI01229700

License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of Master Plumbers
P.O. Box 45003
Newark, NJ 07101

PLEASE DETACH HERE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

John C. Conforti
23 Trafalgar Dr.
Livingston NJ 07039

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

01/02/2015 TO 06/30/2016
VALID

Signature of Licensee/Registrant/Certificate Holder

19HC00195500
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam of HVACR Contractors
HAS LICENSED
John C Conforti
Master HVACR Contractor

01/02/2015 TO 06/30/2016
VALID

19HC00195500
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

John C. Conforti
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 19HC 00195500 . EXPIRATION DATE 2016
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW

Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

C-16-0690

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Ferrara BLOCK: 1903 LOT: 15

WORKSITE ADDRESS: 29 Gerdes DATE: 9/30/16

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft._____ Cubic Ft._____ x 0.05 $_____

State Permit Fee: Cubic Ft._____ x 0.00371 $_____

Minimum Fee: $60.00 $_____

ALTERATIONS/REPAIRS:

BUILDING FEE: $20 per $1000 Est. Cost $_____

STATE PERMIT FEE: $_____ Est. Cost x $1.90 per $1000 of Alteration $_____

ELECTRICAL FEE: Minimum Fee: $60.00 $_____

PLUMBING FEE: Minimum Fee: $75 com /$60 res; $15 per fixture; $75 per special device $_____

FIRE PROTECTION FEE: Minimum Fee: $60.00 $_____

ELEVATOR FEE: $_____

DEMOLITION FEE: $300 commercial / $100 1&2 family residential / $50 accessory structure $_____

MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: $60.00 $_____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $75.00 $_____

TOTAL FEE: $_____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING			1. 2.		
ELECTRIC			1. 2.	9 OCT 16	
PLUMBING			1. 2.	10/6/16	
FIRE			1. 2.	10-4-16	
HEALTH			1. 2.		