Terri Mazzarella

From: Elaina Lambert
Sent: Thursday, July 16, 2020 9:42 AM
To: Terri Mazzarella
Subject: 105 Broadway

As of today, there are no open permits pertaining to 105 Broadway.

Elaina Lambert
Construction Dept.

BLOCK 117 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 15-456

Called 5/27/15

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 105 Broadway, Clark, NJ 07066
2. Name of Owner in Fee: Regina Reilly
   Tel. [redacted] e-mail _____
   Address Same as above (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Vivint Solar Tel. (732) 654-5330
   Address 2400 Main St. Ext., Units 6 & 7 e-mail _____
   Sayreville, N.J. 08872
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 03-31-16
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH06589300
   Federal Emp. ID No. 80-0756438 FAX: _____
5. Architect or Engineer Scott E. Wyssling, P.E. Contact Scott Wyssling
   Address _____ e-mail scott.wyssling@vivintsolar.com
   Tel. (801) 234-7050 FAX: _____
6. Responsible Person in Charge once Work has Begun Bruce Trupo
   Tel. (732) 654-5330 FAX: (732) 707-3134

POSTED

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
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	$		

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	884.00				5/26/15	MK			
☒ Electrical	21,216.00				5-26-15	JM			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	22,100.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: Single Family Home
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

CONSTRUCTION PERMIT (6)

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/24/93
Control #
Permit # 93-534

IDENTIFICATION Block ~~#15~~ 117 Lot ~~341 & Part of 340~~

Work Site Location 105 BROADWAY
CLARK, N.J. 07066

Owner in Fee MR & MRS COSPITO
Address SAME

Tele. [redacted]

Contractor LEE'S DECKING INC.
Address 1615 VILLAGE DR.
AVENEL, N.J. 07001

Tele. (908) 381-1566
Lic. No. or Bldrs. Reg. No. 07287 Exp. Date OCT. 31, 94
Federal Emp. No. 22-3017397
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK: (ADDITION & RE-ROOF)

See the Print.

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 $ 15,700

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

(see reverse side)

PAYMENTS (Office Use Only)	
Building	147
Plumbing	
Electrical	43
Fire Protection	25
Other	
Other	
DCA Training Fee	
Cert. of Occ.	c/o 11 25
Other	
Total	# 251
Check No.	
Cash	
Collected By:	

251
25
276

TOWNSHIP OF CLARK
430 WESTFIELD AVE.
CLARK, N. J. 07066

Date Issued 08/20/15
Control #
Permit # 15-456

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 117 Lot 6 Qual
Work Site Location 105 BROADWAY

Owner in Fee/Occupant REILLY
Address 105 BROADWAY
CLARK, NJ 07066-
Telephone ( ) -
Contractor VIVINT SOLAR
Address 2400 MAIN STREET, UNITS 6 & 7
SAYREVILLE,, NJ 08872-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH06589300
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SOLAR ROOFTOP PANELS

[ ] 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.

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

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

Fee $ 0
Paid [X] Check No. 1866
Collected by: AB

Construction Official

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 5/27/15

Permit # 15-456

IDENTIFICATION Block 117 Lot 6 Qualification Code

Work Site Location 105 Broadway, Clark, NJ 07066

Owner in Fee Regina Reilly

Address

Tel. [redacted]

Contractor Vivint Solar

Address 2400 Main St. Units 6 & 7
Sayreville, N.J. 08872

Tel. (732) 654-5330

Lic. No. or Bldrs. Reg. No. 13VH06589300

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Installation of Solar Rooftop Panels

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 $ 27,300.00

Construction Official

5/26/15
Date

PAYMENTS (Office Use Only)

Building	75
Electrical	185
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	42
Cert. of Occupancy	
Other	
Total	302
Check No.	
Cash	
Collected by	

(see reverse side)

NJ-2 NYC SOUTH

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 # 5/27/15

Date Issued / Permit # 15-452

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

Block 117 Lot 6 Qualification Code

Work Site Location 105 Broadway, Clark, NJ 07066

Owner in Fee: Regina Reilly

Tel [redacted] e-mail

Address Same as above
street municipality zip code

Contractor: Vivint Solar Developer, LLC Tel. (732) 654-5330

Address 2400 Main St. Ext., Units 6 & 7 e-mail

Sayreville, N.J., 08872

Contractor License No. or Builder Registration No. 13VH06589300 Exp. Date [redacted]3-31-16

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

Federal Emp. ID No. 80-0756438 FAX: (732) 707-3134

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: 5/26/15
Approved by: [signature]

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

INSPECTIONS — Dates (Month/Day)

Type:	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			7/29/15	[signature]
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) $ 804.00

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: [signature]

Print name here: Bruce Trupo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

-Support for a photovoltaic (PV) system (solar system)

COMPLETED

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 PV Support
- [ ] Demolition

FEE (Office Use Only)

$ 75

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 75

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

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

NJ-2 NYC SOUTH

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/27/15
Control #
Date Issued
Permit # 15-456

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

Block 117 Lot 6 Qualification Code

Work Site Location 105 Broadway, Clark, NJ 07066

Owner in Fee: Regina Reilly

Tel. [redacted] e-mail

Address

Contractor: Vivint Solar Developer LLC (street / municipality) Tel. (732) 654-5330 (zip code)

Address 2400 Main St. Extension, Suite 6&7 e-mail NJ2OATeam@vivintsolar.com
Sayerville, NJ 08872

Contractor License No. 34EB01108500 Exp. Date 3-31-18

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

Federal Emp. ID No. 80-0756438 FAX: (732) 707-3134

05/SOd

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Single Family Utility Co. PSEG

Est. Cost of Elec. Work $ 21,216.00

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: 5-26-15
Approved by: Medallis

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [X] CA
Date: 7-28-15
Approved by: Medallis

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				

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: Bruce Scott

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of a 4.42 KW PV System (per CAD drawing)

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors For HP	
		Emergency Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
17		Optimizers	
		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	
1	3000	Invertor D/C	25
1	60	A/C Disconnect	75
		AMP Service	
~~1~~	~~60~~	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	4.42	kW Array P.V. System	25

COMPLETED

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 1.88
TOTAL FEE	$

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

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

NJ-2 NYC SOUTH

BLOCK ~~15~~ 117 LOT ~~241~~ 6 QUALIF /CODE _____ ADDRESS (SITE) 105 BROADWAY RD. PERMIT NO. 10-50

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 105 BROADWAY RD. CLARK N.J.
2. Name of Owner in Fee: GENE RILEY
   Tel [redacted] e-mail _____
   Address: 105 (street) BROADWAY RD (municipality) CLARK N.J. 07066 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SPAIONE CONT LLC Tel. (732) 388-2460
   Address 54 IVY ST. CLARK NJ. e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00101100
   Federal Emp. ID No. 20-0573619 Fax (732) 382-2405
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX (____) _____
6. Responsible Person in Charge once Work has Begun FRANK SPAIONE
   Tel (732) 388-2460 FAX (732) 382-2405

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
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	$		

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 Distrubed	sq. ft.	
10.	Flood Hazard Zone		
11.	Base Flood Elevation	ft.	
12.	Wetlands yes ____ no ____		

IIa. PROPOSED WORK:

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☑ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☑ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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	Rejection	Re-viewer
☑ Building					6/30/10	MK			
☑ Electrical					6-29-10	Cozz			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

RECEIVED JUN 25 2010

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *Total Units* *Income-restricte*
   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. DO YOU WANT: (optional)

1. ☐ Partial Releases

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Undergroound Storage Tanks

TOWNSHIP OF CLARK
430 WESTFIELD AVE.
CLARK, N. J. 07066

Date Issued 10/28/10
Control #
Permit # 10-503

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 117 Lot 6 Qual
Work Site Location 105 BROADWAY

Owner in Fee/Occupant REILLY
Address 105 BROADWAY
CLARK, NJ 07066-
Telephone ( ) -
Contractor SPALLONE CONT. LLC
Address 54 IVY STREET
CLARK, NJ 07066-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH0010100
Federal Emp. No. 20-0573619

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE EXISTING GARAGE, DECK & SIDING

[X] CERTIFICATE OF OCCUPANCY

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

[ ] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

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

M. Kholde

Construction Official

Fee $ 75
Paid [X] Check No. 5611
Collected by: AB

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

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued: 7-1-10

Permit # 10-503

IDENTIFICATION Block 117 ~~19~~ Lot ~~34~~ 16 Qualification Code

Work Site Location 105 BROADWAY RD. CLARK N.J. 07066

Owner in Fee GENE RIELY

Address 105 BROADWAY RD. CLARK N.J. 07066

Tel. ([redacted]

Contractor SPAllONE CONT. LLC

Address 54 IVY ST. CLARK N.J. 07066

Tel. (732) 388-2460

Lic. No. or Bldrs. Reg. No. 13VH00101OO

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: REPLACE EXSISTING GARAGE, DECK, AND 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 $ 51,500.

M. Chirdo
Construction Official

6/30/10
Date

Addit abt.

PAYMENTS (Office Use Only)	
Building	109 (501) 392
Electrical	75
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	11 (35) 24
Cert. of Occupancy	X
Other	
Total	686
(Check No.)	5611
Cash	
Collected by	g

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

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

PROFESSIONAL PRINTING (856) 468-7933

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued
Control # 8/4/10
Permit #
Date Permit Issued 6-50

IDENTIFICATION Block 117 Lot 6
Work Site Location 105 BROADWAY
CLARK NJ. 07066
Owner in Fee GENE BIELY
Address 105 BROADWAY
CLARK NJ. 07066
Tel. ( ) _____

Contractor SPALLONE CONT LLC.
Address 54 IVY ST.
CLARK NJ. 07066
Tel. (732) 388-2460
Lic. No. or Bldrs. Reg. No. 13VH00101100
Fed. Emp. No. 20-0573619

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: ELECTRIC TO GARAGE

Estimated Cost of Work $ 300.00

Construction Official

8/4/10
Date

PAYMENTS (Office Use Only)

Building	
Electrical	75
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	
Other	
Total	76
Check No.	
Cash	
Collected by	

UCC/PRO 190 (REV 3/96)
Professional Printing
(856) 468-7933

1. WHITE-INSPECTOR COPY 2. CANARY-OFFICE COPY 3. PINK-OFFICE COPY 4. GOLD- APPLICANT COPY

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/4/10
Date Issued
Control #
Permit # 10-503

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

Block 117 Lot 6 Qualification Code
Work Site Location 105 BROADWAY RD. CLARK N.J.

Owner in Fee: GENE RILEY
Tel. [redacted] e-mail
Address 105 BROADWAY RD. CLARK N.J.
street municipality zip code
Contractor: SAUNDERS Electric INC Tel. 732) 382-3352
Address 44 CUTLER PL
CLARK NJ, 07066
Contractor License No. 10090 Exp. Date 3/2012
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.
Estimated Cost of Electrical Work $ $300.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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	
1	20A	GARAGE LINE (TRENCH)	75

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8-3-10
Approved by: C Medallis

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA
Date: 10-18-10
Approved by: C Medallis

INSPECTIONS

Type:	Failure	Failure Date	Approval Date	Initial
Rough		8-26		CM
Barrier-Free				
Trench		8-3-10		CM
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

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

UCC/F-120
Professional Printing
(856) 468-7933

06/08

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

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-1-10
Date Issued
Control #
Permit # 10-503

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

Block ~~15~~ 117 Lot ~~34~~ 6 Qualification Code
Work Site Location 105 BROADWAY RD. CLARK N.J.

Owner in Fee: GENE RILEY
Tel [redacted] e-mail
Address 105 BROADWAY RD. CLARK N.J.
street municipality zip code

Contractor: SPAllONE CONT. L.L.C. Tel. (732) 388-2460
Address 54 IVY ST.
CLARK N.J 07066

Contractor License No. or Builder Registration No. 13VH00101100 Exp. Date
Federal Emp. ID No. 20-0573619 FAX: (732) 382-2405

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE EXSISTING GARAGE, DECK, AND INSTALL NEW SIDING.

POSTED

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] All — Date 6/30/10 Initial MM
[✓] Footing
[✓] Foundation
[✓] Frame
[ ] Other
Joint Plan Review Required
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 10/19/10
Approved by: MM Clarke

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing			7/22/10	MM
Footing Bonding				
Foundation			7/27/10	MF
Slab			7/27/10	MF
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy — Sheathing			8/10/10	MF
Mechanical				
TCO				
Other Backfill			7/27/10	MF
Final			10/19/10	MM
Barrier-Free				

TYPE OF WORK

[✓] New Building
[✓] Addition
[✓] Rehabilitation
[ ] Roofing
[✓] Siding — D. RAtteri
[ ] Fence — Height (exceeds 6')
[ ] Sign — Sq. Ft.
[ ] Pool — CV
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$	
	109
	~~392~~
	24
	75
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 11
TOTAL FEE	$ 611

B. BUILDING CHARACTERISTICS

	Present	Proposed	
Use Group:			
Constr. Class			
No. of Stories		1	
Height of Structure		18'	Ft.
Area — Largest Floor		260	Sq. Ft.
New Bldg. Area/All Floors		260	Sq. Ft.
Volume of New Structure		~~2600~~ 3120	Cu. Ft.
Total Land Area Disturbed		260	Sq. Ft.

Est. Cost of Bldg. Work

1. New Bldg. $ 37,000
2. Rehabilitation $ $14,000
3. Total (1+2) $ 51,000

UCC/F-110
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-1-10
Date Issued
Control # 10-503
Permit #

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

Block 117 Lot 6 Qualification Code
Work Site Location 105 BROADWAY RD.
CLARK N.J. 07066
Owner in Fee: GENE RIELY
Tel. [redacted] e-mail
Address 105 BROADWAY RD. CLARK 07066
street municipality zip code
Contractor: Saunders Electric Inc Tel. (908) 382-3352
Address 44 Cutler Place
Clark, NJ, 07066
Contractor License No. 10090 Exp. Date 3/2012
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Sylo Pool Utility Co. PSEG
Estimated Cost of Electrical Work $ #500.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixture	
3		Receptacles	
2		Switches Garage Detr	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
8		TOTAL NUMBERS	$ 75
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-29-10
Approved by: C Medallis

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA
Date: 10-18-10
Approved by: C Medallis

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

UCC/F-120
Professional Printing
(856) 468-7933

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

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

Applicant: When submitting this form to your Local Construction Code Enforceme please provide one original plus three parts

06/08

BLOCK 117 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 105 Broadway, Clark NJ 07066 PERMIT NO. 10-495

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

POSTED

1. Proposed Work Site at:
2. Name of Owner in Fee: Jean Reilly.
   Tel. [redacted] e-mail
   Address 105 Broadway, Clark NJ 07066
   (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Avalanche Mechanical 732 339 0220
   Address 1871 Woodbridge Ave Edison NJ 08817 e-mail
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04096600
   Federal Emp. ID No. 203687361 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address N/A 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	$		
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	$		

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

Called 6/24/10

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☒ Plumbing
- ☒ Fire Protection
- ☐ Elevator

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
				6-24-10	CM			
				6/24/10	mk			
				6/24/10	FO			

TOTAL COST 1550

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL *(primary use)*

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

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

D. Construction Classification:

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/29/10
Control #

Date Issued
Permit # 10-495

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

Block 117 Lot 6 Qualification Code

Work Site Location 105 Broadway.
Clark NJ 07066

Owner in Fee: Jean Reilly.

Tel. [redacted] e-mail

Address
street municipality zip code

Contractor: Dayboal Electric Inc. Tel. ( )

Address 10 Shaulks Crossing RD e-mail Suite 51 (285).
Plainsboro NJ

Contractor License No. 34E10161360 Exp. Date

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

Federal Emp. ID No 261425848 FAX: (732) 3399173

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 6-24-10
Approved by: E Medallis

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-18-10
Approved by: E Medallis

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

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

DESCRIPTION OF WORK
Replace Furnace and A/C unit Reconnect wire.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	45AMP	A/C condenser.	75
1	15AM	gas Furnace-	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/29/10
Control #

Date Issued
Permit # 10-495

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

Block 117 Lot 6 Qualification Code

Work Site Location 105 Broadway, Clark NJ 07066.

Owner in Fee: Jean Reilly.

Tel. ([redacted] e-mail

Address 105 Broadway Clark NJ 07066 (Postal)
street municipality zip code

Contractor: Avalanche Mechanical Inc Tel. (732) 339-0220

Address 1871 Woodbridge Ave e-mail Edison NJ 08817

Contractor License No. [redacted] Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 20368736

Federal Emp. ID No. 13VH04096600 FAX: (732) 339-9173

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 450 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 6/29/10

Approved by: J.M. Khanka

SUBCODE APPROVAL

[ ] 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			10/6/10 MK	

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 Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Reconnect New Furnace and condensate Drain.

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 Furnace	
1	Other Condensate Drain.	

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

U.C.C. F130 (rev. 10/06)
Reorder from OCS Printing
609-390-1400

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/29/10
Control # 10-495
Date Issued
Permit #

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

Block 117 Lot 6 Qualification Code

Work Site Location 105 Broadway. Clark NJ. 07066

Owner in Fee: Jean Reilly

Tel. [redacted] e-mail

Address 105 Broadway Clark NJ 07066.
street municipality zip code

Contractor: Avalanche Mechanical Inc. Tel.

Address 1871 Woodbridge ave Edison NJ 08817. e-mail

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04096600

Federal Emp. ID No. 20368736 FAX: (732) 339 9173

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [X] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*

Total Cost of Fire Protection Work $ 300

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reconnect New gas furnace.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		75
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 4/29/10

Approved by:

SUBCODE APPROVAL

[ ] CO [X] CCO [ ] CA

Date: 10/26/10

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10/26/10	
Other				

U.C.C. F140 (rev. 10/06)

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

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 117 LOT 6 PERMIT # _____

WORK SITE ADDRESS 105 Broadway : Clark NJ 07066

Applicant Sean Reilly

Certifying Individual Leonard Eberny Company Avalanche Mechanical,

Address 1871 Woodbridge ave Edison NJ 08817
Street City State Zip Code

Tel. [redacted]

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [X] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____ _____
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____
Signature Date

Direct Vent Appliance:

No certification required:

Leonard Eberny 06/20/2010
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

BLOCK 117 LOT 6 QUALIF /CODE _____ ADDRESS (SITE) _____ PERMIT NO. 06-111

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 105 Broadway Av
2. Name of Owner in Fee: Laila Hull Tel. [redacted]
   Address: 105 Broadway Av (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: DP Contractors Tel. 732 766-2268
   Address 99 west Pine st Colonia 07067
   License No. OR, if new home, Builder Reg. No. 13VH01894400 Exp. Date _____
   Federal Employee No. _____ Fax ( )
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work Paul Longo
   Tel. 732 766-2268 Fax ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
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	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use o
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		

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd by	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☑ b. Alteration roof					4/27/06	MK			
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat.Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Form
4. No of dwelling units: *All Units* *resti*
   Before Construction
   After Construction
   Net Gain or loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, indicate Form

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open
9. ☐ Underground Storage Tanks

UCC/F-100 (REV. 12/03)

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600

CONSTRUCTION PERMIT

Date Issued: 11/28/06

Permit # 06-1114

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 105 Broadway. AV

Owner in Fee Laila Hull

Address 105 Broadway Av.

Tel [redacted]

Contractor DP Contractors

Address 99 west Pine st Colonia 07067

Tel. (732) 726-2268

Lic. No. or Bldrs. Reg. No. 13VH01844400

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 ice shield 15# felt paper, 30 year shingle.

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 $ 3900.00

Construction Official _____ Date 11/27/06

PAYMENTS (Office Use Only)
Building 50
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 5
Cert. of Occupancy _____
Other 55
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

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

PROFESSIONAL PRINTING (856) 468-7933

TOWNSHIP OF CLARK
~~430~~ WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/28/06
Date Issued
Control #
Permit # 06-1114

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 105 Broadway Av

Owner in Fee: LAILA HULL

Tel [redacted] (732) e-mail _____

Address 105 BROADWAY AV. (street) (municipality) (zip code)

Contractor: DP Contractors Tel. (732) 766-2268

Address 99 west Pine st Colonia e-mail _____
07067

Contractor License No. or Builder Registration No. 13VH01844800 Exp. Date _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[V] No Plans Required	11/27/06	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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			12/27/07	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove Roof
ice shield
15 # paper.
Ridge vent
30 year shingle

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

FEE (Office Use Only)
$ 50.

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 5.
TOTAL FEE $ 55

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

UCC/F-110 (REV. 08/05)
Professional Printing
(856) 468-7933

Closed 3-22-05

BLOCK 117 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 105 Broadway PERMIT NO. 05-226

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 105 Broadway
2. Name of Owner in Fee: Laila Hull Tel. [redacted]
   Address 105 (street) Broadway (municipality) Clark 07066 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ANCO ENVIRONMENTAL SVC Tel. (908) 464-3511
   Address P. O. BOX 188 BERKELEY HTS., NJ 07922-0188
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223095838 FAX: (908) 464-8979
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Mark Annis
   Tel. (908) 464-9200 FAX: (908) 464 8979

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
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	$		

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

OPTIONAL (for office use only)

		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.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing					3/21/05	FWH			
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition	1,200.00								
	TOTAL COSTS	1,200.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

4. No. of dwelling units:	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 5/23/05
Control #
Permit # 05-226

IDENTIFICATION

Block 117 Lot 6
Work Site Location 105 Broadway
Clark, NJ 07066
Owner in Fee/Occupant Laila Hull
Address Same
Tele. ([redacted]
Contractor ANCO Environmental
Address P. O. Box 188
Berkeley Hgights, NJ 07922
Tele. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

Home Warranty No. _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group R3
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Remove 550 Gallon #2 Fuel Oil
UST and associated piping.

☒ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 20____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

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

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

CONSTRUCTION OFFICIAL M Khoda

UCC/PRO F-260 (REV 3/96)
Professional Printing
(856) 468-7933

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

CONSTRUCTION PERMIT

Date Issued 3/28/05

Permit # 05-226

IDENTIFICATION Block 117 Lot 6 Qualification Code

Work Site Location 105 BROADWAY CLARK NJ 07066

Owner in Fee Laila Hall

Address 105 BROADWAY CLARK NJ 07066

Tel. [redacted]

Contractor ANCO ENVIRONMENTAL SVC

Address P. O. BOX 188 BERKELEY HTS., NJ 07922-0188

Tel. (908) 464-3511

Lic. No. or Bldrs. Reg. No. 223095838

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [X] DEMOLITION

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

DESCRIPTION OF WORK: REMOVE 550 GALLON #2 FUEL OIL UST AND ASSOCIATED PIPING.

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 $ 1,200.00

Construction Official

3/22/5 Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection 70

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total 70

Check No. 0830

Cash

Collected by

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

(see reverse side)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/28/05
Date Issued
Control #
Permit # 05-226

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

Block _____ Lot _____
Work Site Location 105 BROADWAY
CLARK, NJ. 07066
Owner in Fee MS. Laila Hull
Address 105 BROADWAY
CLARK, NJ. 07066
Tele [redacted]
Contractor ANCO ENVIRONMENTAL SVC
Address P.O. BOX 188
BERKELEY HTS, NJ 07922-0188
Tele. (908) 464-9200
Lic. No. _____
Federal Emp. No. 222095838 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 1200.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 3/30/05
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 3/30/05
Approved by:

INSPECTIONS:

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other TANK		4/12/05		

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.

Mark Annis SR
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks	( ) Capacity		Fuel	
Combustible Liquid Storage Tanks	[X] Capacity	550	Fuel	oil
L.P.G. Storage Tanks	( ) Capacity		Fuel	
L.N.G. Storage Tanks	( ) Capacity		Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER TANK		75.00

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

U.C.C. Form F-140B

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

BLOCK 117 LOT 6 QUALIF /CODE _____ ADDRESS (SITE) 105 BROADWAY PERMIT NO. 02-53

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 105 BROADWAY
2. Name of Owner in Fee: ANN COSPITO Tel. [redacted]
   Address: 105 BROADWAY (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: DAN JANDERSIT Tel. (732) 754-4817
   Address 109 COUNTRY CLUB LANE
   Scotch Plains N.J 07076
   License No. OR, if new home, Builder Reg. No. 00135702512 Exp. Date
   Federal Employee No. _____ Fax ( )
5. Architect or Engineer n/a Tel. ( )
   Address _____
6. Responsible Person in Charge of Work DAN Jandersit
   Tel. 732 754-4817 Fax ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor Work	
2. ☐ New Building	
3. ☒ Addition	
4. ☒ Alteration	
5. ☐ Fire Protection	
6. ☑ Plumbing	
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	1500

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			6/25/12				
			6/25/12				
			6-25-12				

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:

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 4/8/05
Control #
Permit # 02-551

IDENTIFICATION

Block 117 Lot 6
Work Site Location 105 Broadway
Clark, N.J.
Owner in Fee/Occupant Ann Cospito
Address same
Tele. [redacted]
Contractor Dan Jandersit
Address 109 Country Club Lane
Scotch Plains, N. J.
Tele. (732) 754-4817 Fax (_____)
Lic. No. or Bldrs. Reg. No. 00135702512
Federal Emp. No. _____

Home Warranty No. _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Convert illegal use of 2-family residence into a one-family residence. Remove appliances & sink. Replace front door with window. One electric meter removed.

☒ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 20_____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

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

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

CONSTRUCTION OFFICIAL

UCC/PRO F-260 (REV 3/96)
Professional Printing
(856) 468-7933

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

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-25-02
Date Issued
Control # 02-557
Permit #

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

Block 117 Lot 6
Work Site Location 105 BROADWAY, CLARK NJ
Owner in Fee ANN COSPITO
Address ~~105~~ 105 BROADWAY
Tele. ([redacted]
Contractor DAN JANDERSIT
Address 109 COUNTRY CLUB LANE
SCOTCH PLAINS NJ 07076
Tele. (732) 754-4817 Fax (____)
Lic. No. or Bldrs. Reg. No. 0013570512
Federal Emp. No. n/a

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2 FAMILY TO 1 FAMILY CONVERSION
Remove appliances & SINK
CAP LINES. Replace 1 FRONT
DOOR with WINDOW.
Create walk thru from
APT 1 to APT 2

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[V] Frame	6/25/02	
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Foundation				
Slab				
Frame			7/18/02	
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2/17/03	
Barrier-Free				

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

[X] Demolition MINOR

FEE (Office Use Only)
$ 35

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ 35

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 1500
3. Total (1+ 2) $ _____

UCC/PRO F-110 (REV 3/96)
Professional Printing
(856)468-7933

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6-[illegible]
Date Issued
Control # 02-551
Permit #

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

Block 147 Lot 6
Work Site Location 105 BROADWAY, CLARK
Owner in Fee/Occupant ANN COSPITO
Address 105 BROADWAY, CLARK
Tele. [redacted]
Contractor DAN JANDERSIT # Saunders Electric
Address 109 COUNTRY CLUB LANE
South Plains N.J.
Tele. (732) 754-4817 Fax ( ) _____
Lic. No. 0013702512
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-25-02
Approved by: C. Medalis

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-23-02
Approved by: C. Medalis

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			7-23-02	CM
Final				

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

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures 2 FAM.	
		Receptacles TO 1	
2		Switches FAM.	
		Detectors CONVERSION	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 45.-
		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	
200		AMP Service	50.-
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		HOUSE HAS 2 METERS	
1		METER WILL BE REMOVED	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	95

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 6-25-02
Control # 02-557
Permit #

IDENTIFICATION Block 117 Lot 6

Work Site Location 105 BROADWAY

Owner in Fee ANN COSPITO
Address 105 BROADWAY
[redacted]

Contractor DAN VANDERSIT
Address 109 COUNTRY CLUB LN.
SCOTCH PLAINS NJ
Tele. (~~732~~) 908-389-0072
Lic. No. or Bldrs. Reg. No 0013570212
Federal Emp. No. N/A

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:

2 FAMILY TO 1 FAMILY CONVERSION
Remove kitchen appliances & SINK, CAP LINES
Remove DOOR & add window
MAKE OPENING IN WALL BETWEEN 2 APTS.

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 $ ~~4900~~ 4100

6/25/2
Date

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	35
Electrical	95
Plumbing	35
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4
Cert. of Occ.	35
Other	
Total	204
Check No.	3184
Cash	
Collected By:	

(see reverse side)

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

UCC/PRO170 (REV3/96)

PROFESSIONAL PRINTING (856) 468-7933

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6-25-01
Date Issued
Control #
Permit #

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

Block 117 Lot 6
Work Site Location 105 BROADWAY
CLARK NJ
Owner in Fee ANN COSPITO
Address SAME
Tele. [redacted]
Contractor DAN JANDERSIT
Address 109 COUNTRY CLUB LANE
Scotch Plains N.J
Tele. (722) 754-4817 Fax ( )
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/25/2
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO FINAL			2/17/5	

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other CAP H & C	
	Other Supply to	
	Other 2nd Floor K & CAP Drain	35

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	35

ck 3184

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

BLOCK 117 LOT 6 QUALIF /CODE _____ ADDRESS (SITE) 105 Broadway PERMIT NO. 04-832

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 105 Broadway Clark NJ
2. Name of Owner in Fee: Mrs. Hull Tel: [redacted]
   Address: 105 Broadway (street) Clark (municipality) NJ 07066 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Owner Tel. ( )
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ Fax ( )
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work Paula Hull
   T[redacted] Fax ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
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	$		

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		

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd by	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☑ b. Alteration Deck					8/6/04 MK	a			
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat.Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Form
4. No of dwelling units: *All Units* *Inc rest*
   Before Construction
   After Construction
   Net Gain or loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, indicate Form

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open
9. ☐ Underground Storage Tanks

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 9/30/04
Control #
Permit # 04-832

IDENTIFICATION

Block 117 Lot 6
Work Site Location 105 Broadway
Clark, NJ 07066
Owner in Fee/Occupant Mrs. Hull
Address Same
Tele. ([redacted]
Contractor Homeowner
Address
Tele. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

New Deck - 14' X 19'.

☒ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 20____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

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

Fee $
Paid [ ] Check No.
Collected by:

M Khalla
CONSTRUCTION OFFICIAL

UCC/PRO F-260 (REV 3/96)
Professional Printing
(856) 468-7933

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

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued 8-26-04
Control #
Permit # 04-832
Date Permit Issued

IDENTIFICATION Block 117 Lot 6
Work Site Location 105 Broadway Clark NJ 07066
Owner in Fee Mrs. Hull
Address 105 Broadway Clark NJ 07066
Tel. [redacted]

Contractor owner
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. 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: Side rail - revised to shadowbox railing - 5/4 x 5'6" + 5/4 x 4' - Replace window to 6' Slider - outside light - Electrical - outside light - move outlet

Estimated Cost of Work $ 2000

Construction Official

8/26/04
Date

PAYMENTS (Office Use Only)

Building	
Electrical	36
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3
Cert. of Occupancy	
Other	
Total	39
Check No.	137
Cash	
Collected by	

UCC/PRO 190 (REV 3/96)
Professional Printing
(856) 468-7933

1. WHITE-INSPECTOR COPY 2. CANARY-OFFICE COPY 3. PINK-OFFICE COPY 4. GOLD-APPLICANT COPY

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

CONSTRUCTION PERMIT

Date Issued 8-13-04
Control #
Permit # 04-832

IDENTIFICATION Block 117 Lot 6.

Work Site Location 105 Broadway Clark NJ 07066

Owner in Fee Mr Hull

Address 105 Broadway Clark NJ 07066

Tele. [redacted]

Contractor Owner

Address

Tele. (____)

Lic. No. or Bldrs. Reg. No.

Federal Emp. 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:

14'x19' deck

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

Estimated Cost of Work $ 3500

Date 8/04 CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	63
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	05
Cert. of Occ.	35
Other	
Total	103
Check No.	133
Cash	
Collected By:	

(see reverse side)

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

UCC/PRO170 (REV3/96)

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued 9/3/04
Control #
Permit # 04-832
Date Permit Issued

IDENTIFICATION Block 117 Lot 6.
Work Site Location 105 Broadway Clark NJ
Owner in Fee ~~[redacted]~~ L. Hull
Address 105 Broadway Clark NJ
Tel. [redacted]

Contractor owner
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

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: Install outside light inside switch

Estimated Cost of Work $ 250

Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	45
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	45
Check No.	139
Cash	
Collected by	

UCC/PRO 190 (REV 3/96)
Professional Printing
(856) 468-7933

1. WHITE-INSPECTOR COPY 2. CANARY-OFFICE COPY 3. PINK-OFFICE COPY 4. GOLD- APPLICANT COPY

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-13-04
Date Issued
Control #
Permit # 04-832

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

Block 117 Lot 6 Qualification Code
Work Site Location 105 Broadway Clark NJ 07066
Owner in Fee Mr. Hull - Laila Hull
Address 105 Broadway Clark
Tel. [redacted]
Contractor OWNER
Address
Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Laila Hull
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 14'x19' deck

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing		
[ ] Foundation	8/20/04	MK
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			8/24/04	MK
Footing Bonding				
Foundation				
Slab				
Frame			8/30/04	MK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9/7/04	MK
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft. 4/0
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other Deck
[ ] Demolition

FEE (Office Use Only)

$	
	35
	63
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	98

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 3500

UCC/F-110 (REV. 7/03)
Professional Printing
(856) 468-7933

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

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

updated

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9/2/04
Date Issued
Control #
Permit # 04-832

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

Block 117 Lot 6 Qualification Code
Work Site Location 105 Broadway
Clark NJ
Owner in Fee L. Hill
Address 105 Broadway, Clark
Tel [redacted]
Contractor Owner
Address
Tel ( ) FAX ( )
Contractor License No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 250

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.

Laila Hill
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)
2		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3			
		TOTAL NUMBERS	$ 45
		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	

perk

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

Date: 9-20-04
Approved by: C. Medullis

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9-28-04
Approved by: C. Medullis

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

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 45

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

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

BLOCK 11 LOT 34 ADDRESS (SITE) 105 BROADWAY PERMIT NO. 93-534

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 105 BROADWAY CLARK, N.J. 07066
2. Name of Owner in Fee: MR & MRS COSPITO Tel. [redacted]
   Address 105 BROADWAY (street) CLARK (municipality), N.J. 07066 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: LEES DESIGNS INC. Tel. (908) 381-1566
   Address 1615 VILLAGE DR AVENEL, N.J. 07001
   License No. OR, if new home, Builder Reg. No. 02287 Exp. Date OCT. 31 94
   Federal Emp. No. 22-3017397 Social Security No. ____
5. Architect or Engineer CNM Tel. (908) 396-4633
   Address 220 LINDEN AVE, RAHWAY, N.J. 07065
6. Responsible Person In Charge of Work L. LOISSIS LEES DESIGNS INC. Tel. (908) 381-1566

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 147		
2. Electrical	43		
3. Plumbing			
4. Fire Protection	25		
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	11		
10. Subtotal	$		
11. Cert. of Occupancy	25		
12. Other			
13. TOTAL	$ 251		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1 1/2	
2. Height of Structure APPROX. 26 ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification 5B UNPROTECTED	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone ____	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Fire Grading ____	
12. Max. Live Load ____	
13. Max. Occupancy Load ____	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	10,000
5. ☒ Alteration	5000
6. ☑ Fire Protection	50
7. ☐ Plumbing	
8. ☒ Electrical	650
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	10,700

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
4. Addition		7/23/93		7/28/93	MK			
5. Alteration		7/23/93						
6. Fire Protection		7/23/93		9/29/93	KWO			
8. Electrical		7/23/93		9/21/93	MK			

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:

PERMIT UPDATE

Date Update Issued 7/1/94
Control #
Permit # 93-534
Date Permit Issued

IDENTIFICATION Block 117- Lot #6
Work Site Location 105-BROADWAY
CLARK, N.J. 07066
Owner in Fee VINCENT COSPITO
Address 105-BROADWAY, CLARK, NJ
Tele. ([redacted])

Contractor HOMEOWNER
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER OUTSIDE BASEMENT DOOR
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Estimated Cost of Work $ 600.00/ex

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	30
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	30
Check No.	347
Cash	
Collected By:	

U.C.C. Form F-190B

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

CERTIFICATE

Date Issued 1/30/96
Control #
Permit # 93-534

IDENTIFICATION

Block 117 Lot 6
Work Site Location 105 Broadway
Clark, N.J.
Owner in Fee Mr. & Mrs. Cospito
Address as above
Tele. (___) [redacted]
Contractor Lee's Designs Inc.
Address 1615 Village Dr.
Avenel, N.J.
Tele. (___) 381-1566
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-301-7397
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Addition & Roofing

☒ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

CONSTRUCTION OFFICIAL

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

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

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/24/93
Control #
Permit # 93-534

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

Block #15 117 Lot 341 & ~~Part of #340~~ 6
Work Site Location 105 BROADWAY
CLARK, N.J. 07066
Owner in Fee MR & MRS CASPITO
Address SAME
Tele. [redacted]
Contractor LEE'S DESIGNS INC
Address 1615 VILLAGE DR.
LINDEN, N.J.
Tele. (908) 381-1566
Lic. No. or Bldrs. Reg. No. 02287 EXP- OCT. 31 1994
Federal Emp. No. 22-3017397 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION & RE ROOF (HOME IMPROVEMENT)
2 ROOFS ON HOUSE MUST BE RIPPED OFF.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All		✓
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] C
Date: 8/30/93
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing			10/12/93	MK
Foundation				
Slab				
Frame			1/7/94	MK
Insulation			4/2/94	MK
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			4/30/96	MK

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed —
Constr. Class Present — Proposed —
No. of Stories 1 1/2
Height of Structure APPROX 26'-0" Ft.
Area—Largest Floor — Sq. Ft.
Total Bldg. Area/All Floors 1,809 Sq. Ft.
Volume of Structure — Cu. Ft.
Total Land Area Disturbed 224 Sq. Ft.
16 X 14 = 224 X 20 = 4480

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,700
2. Alteration $ 5,000
3. Total (1+2) $ 15,700

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

(Office Use Only)

FEE $ 147

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 147

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/24/93
Control #
Permit # 93-534

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

Block 15 117 Lot 34 ~~& PART OF 340~~ 6
Work Site Location 105 BROADWAY CLARK, N.J.

Owner in Fee MR & MRS COSPITO
Address 105 BROADWAY CLARK N.J.
Tele. [redacted]
Contractor LEES DESIGNS INC.
Address 1615 VILLAGE DR. AUENEL N.J.
Tele. (908) 381-7566
Lic. No. 02287
Federal Emp. No. 22-3017397 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 7/29/93
Approved by: J. Alvarez

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 8/3/93
Approved by: M. Otunba

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

J. Rizzo
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		25.00
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ ~~25.00~~
Collected by _____ TOTAL FEE $ 25.00

U.C.C. Form F-140A

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/24/93
Control #
Permit # 93-534

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

Block 117 Lot ~~34~~ 6
Work Site Location 105 BROADWAY
CLARK, N.J. 07066
Owner in Fee MR & MRS COSPITO
Address SAME
Tele. ([redacted]
Contractor CDB ELEC
Address 48 HEDGEWOOD RD
HOWELL NJ 07731
Tele. (908) 928-8881
Lic. No. 3984
Federal Emp. No. 22-2852256 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $450.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[X] Elec. Plans Approved
Date: 8/27/93
Approved by:

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

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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.

Charles P Bruche
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Fixtures (1)	
7		Receptacles (2)	
5		Switches (3)	35
15		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	1	Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
1	50	Other Subpanels	4

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

U.C.C. Form F-120A 1 White = Inspector 3 Pink