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: 380 Madison Hill Rd
2. Name of Owner in Fee: Mr. Senna
   Tel. [redacted] e-mail
   Address: SAME
   street municipality zip code
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: A. Lodato Construct, Inc. Tel. (973) 754-0250
   Address 135 Highview Dr. W. Paterson e-mail Lodatoconstruct
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01176900
   Federal Emp. ID No. ____ Fax (___) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. (___) ____ FAX (___) ____
6. Responsible Person in Charge once Work has Begun Arnold Lodato
   Tel. (973) 345-0250 FAX (973) 345-0251

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	

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	$8000				8/29/08	ML			
☒ Electrical	$2000				8-28-08	CW			
☒ Plumbing	$1000				8-28-08	dlk			
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS	$12,000								

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	Incom-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):

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. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued: 9-3-08

Permit # 08-767

IDENTIFICATION Block 52 Lot 14.01 Qualification Code

Work Site Location 380 Madison Hill Rd

Owner in Fee Mr. Senna

Address 380 Madison Hill Rd

Tel. [redacted]

Contractor A. LoDato Const.

Address 135 Highview Dr.
W. Paterson N.J.

Tel. (973) 754-0250

Lic. No. or Bldrs. Reg. No. 13VH01176900

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Remodel Kitchen, direct replacement of cabinets & tops

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 $ 12,000

Construction Official

Date 8/29/08

PAYMENTS (Office Use Only)

Building	194
Electrical	65
Plumbing	55
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	16
Cert. of Occupancy	
Other	
Total	330
Check No.	3172
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

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 9-3-08
Date Issued
Control #
Permit # 08-761

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 380 Madison Hill Rd

Owner in Fee: Mr Senna

Tel. ([redacted]) _____ e-mail _____

Address SAME
street municipality zip code

Contractor: Todd Resch Elec. Cont. Tel. (973) 857-6951

Address 42 Buena Vista Rd e-mail _____
Cedar Grove, N.J. 07009

Contractor License No. 11212 Exp. Date 3/30/09.

Federal Emp. ID No. 202599961 FAX: (973) 857-6952

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Electrical Work $ 2200

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 8-28
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date 12/10/08
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			9-16-08	CM
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

QTY	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
10		Receptacles	
7		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
27		TOTAL NUMBERS	$ 50
		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	
1	Dbwp	KW Dishwasher	15
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 65

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

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 4-3-08
Date Issued
Control #
Permit # 08-767

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 380 Madison Hill Rd

Owner in Fee: Mr. Senna

Tel. ([redacted]) e-mail _____

Address SAME (street) (municipality) (zip code)

Contractor: Nick Conte P&H, INC. Tel. (973) 661-1867

Address 15 Poplar Pl. e-mail _____
Nutley, NJ. 07110

Contractor License No. 8700 Exp. Date 6/09

Federal Emp. ID No. 223603913 FAX: (973) 661-1399

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work$ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-28-08
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-16-08
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9-16-08	[signature]
Water			9-16-08	[signature]
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
			12-16-08	[signature]

C. CERTIFICATION IN LIEU OF OATH

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

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

[✓] 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	
1	Sink SAME LOCATION	15.00
1	Dishwasher EXISTING	40.00
	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 _____	
	Garbage Disposal _____	
	Other _____	$55.00

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

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

1. White-Inspector copy
3. Pink- Office Copy
[illegible] Tag- Office copy

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 4-3-08
Date Issued
Control #
Permit # 08-767

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

Block 57 Lot 14.01 Qualification Code

Work Site Location 380 Madison Hill Rd

Owner in Fee: Mr. Senna

Tel. ([redacted]) e-mail

Address 3 Ames
street municipality zip code

Contractor: A. Lodato Construction Tel. (973) 754-0250

Address 135 Highview Dr e-mail
W. Paterson NJ,

Contractor License No. or Builder Registration No. 13VH01176900 Exp. Date 12/31/08

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remodel Kitchen, Direct replacement of owner supplied cabinets and tops

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	8/29/08	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation			9-16-08	CM
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12-16-08	CM
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] 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)
$ 194

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 194

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 $ ~~12,000~~ 8800
3. Total (1+ 2) $ ~~12,000~~ 8,800

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

BLOCK 52 LOT [redacted] ADDRESS (SITE) 380 Madison Hill Rd PERMIT NO. 01 - 347

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 380 Madison Hill Rd
2. Name of Owner in Fee: Gerard Serra Tel: [redacted]
   Address 380 Madison Hill Rd (street), Clark (municipality) NJ 07066 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Fras-Air Contracting, Inc. Tel: (908) 526-1155
   Address 249 North Main Street, Manville, NJ 08835
   License No. Or, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 222-13-6806 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (____) _____

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 (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	3200
8. ☒ Electrical	3200
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	6400

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
			6/25/01	CDD			
			6-26-01	CM			

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:

U.C.C. Form F-100B

PLUMBING SUBCODE TECHNICAL SECTION

F

Date Received 7-9-01
Date Issued
Control # 01-549
Permit #

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

Block 52 Lot 14.1
Work Site Location 380 Madison Hill Rd.

Owner in Fee E. Sena
Address Same
Tele. ( ) [redacted]
Contractor FRAS-AIR CONTRACTING
Address 249 NORTH MAIN STREET
MANVILLE, NEW JERSEY 08835
Tele. (908) 526-1155 Fax (908) 526-1155
Lic. No. 5034
Federal Emp. No. 222-13-6806

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 $ 3,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/25/01
Approved by: GDN

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/16/08
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
			12-16-08	

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

[X] 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	
1	Other Mc Drain	46
	Other	
	Other	

Rep Treatment

Administrative Surcharge	$ 46.00
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

OUT 018002

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

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

03/01

CONSTRUCTION PERMIT

Date Issued 7-9-01
Control # 01-549
Permit #

IDENTIFICATION Block 52 Lot 14.1

Work Site Location 380 Madison Hill Rd

Owner in Fee E. Sena

Address SAME

Tele. (____) [redacted]

Contractor FRAS - AIR CONTRACTING INC.

Address 249 NORTH MAIN STREET
MANVILLE, N.J. 08835

Tele. (____) 908 526-1155

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. 222-13-6806

or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER _____

[X] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Replace A/C

PAYMENTS (Office Use Only)	
Building	
Electrical	45
Plumbing	46
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5
Cert. of Occ.	
Other	
Total	96
Check No.	018002
Cash	
Collected By:	

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

Estimated Cost of Work $ 6,400

_____
CONSTRUCTION OFFICIAL

(See reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-9-01
Date Issued
Control #
Permit # 01-549

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

Block 52 Lot 14-1
Work Site Location 380 Madison Hill Rd.
Owner in Fee/Occupant C. Sena
Address same
Tele. ( ) [redacted]
Contractor FRAS-AIR CONTRACTING
Address 249 NORTH MAIN STREET
MANVILLE, NEW JERSEY 08835
Tele. (908) 526-1155 Fax ( )
Lic. No.
Federal Emp. No. 222-13-6806

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-26-01
Approved by: C. Medalli

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-16-08
Approved by: Medalli

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
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
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
1		KW Central A/C Unit Lennox HS32-048
1		HP/KW Space Heater/Air Handler
		KW Baseboard Heat Lennox CB31M-57
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

Replacement

ah# 018002

FEE (Office Use Only)	
	$
	45
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 45

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

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

BLOCK 12 LOT 17.01 QUALIFICATION CODE _____ ADDRESS (SITE) 380 MADISON HILL RD PERMIT NO. 77-1858

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 380 MADISON HILL RD
2. Name of Owner in Fee: GERARD SENIA Tel. [redacted]
   Address 380 MADISON HILL RD (street) CLARK. (municipality) 07066 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: HOME OWNER Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer NONE Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work HOME OWNER
   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. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 26 ft.	
3. Area — Largest Floor 1100 sq. ft.	
4. New Building Area — sq. ft.	
5. Volume of New Structure — cu. ft.	
6. Construction Classification Roofing & Siding	
7. Total Land Area Disturbed NONE sq. ft.	
8. Flood Hazard Zone NONE	
9. Base Flood Elevation NONE ft.	
10. Wetlands yes _____ no X	
11. Max. Live Load NONE	
12. Max. Occupancy Load NONE	

II. PROPOSED WORK

	Est. Cost	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
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration	3800.00								
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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	1
After Construction	1
Net Gain or Loss	0

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
(908) 388-3600

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7-2-99
Control #
Permit # 99-582

IDENTIFICATION Block 52 Lot 14.01

Work Site Location 380 MADISON HILLRD CLARK NJ. 07066

Owner in Fee GERARD SENIA

Address 380 MADISON HILLRD CLARK, NJ. 07066

Tele. [redacted]

Contractor HOME 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:

Roofing + 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 $ 3800.00

7-2-99
Date

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	92
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3
Cert. of Occ.	
Other	
Total	95
Check No.	5118
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
(908) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-24-11
Date Issued
Control #
Permit # 99-582

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

Block 52 Lot 14.01
Work Site Location 380 MADISON HILL RD CLARK NJ.

Owner in Fee GERARD SENN.
Address 380 MADISON HILL RD CLARK NJ.

Tele. [redacted]
Contractor HOME OWNER
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Roofing + Siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	7299	MK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7/4/00	MK
Barrier-Free				

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

FEE (Office Use Only)

$	
	46
	46
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 3
TOTAL FEE	$ 95

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 26 Ft.
Area — Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 3800.00
3. Total (1+ 2) $ 3800.00

dlt
5118

UCC/PROF-110 (REV 3/96)
Professional Printing
(609) 468-7933

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

PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work-site at: 380 MADISON HILL RD
2. Name of Owner in Fee: GERARD SENA [redacted]
   Address: 380 MADISON HILL RD CLARK 07066-2947
   street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: LOPATIN Tel.(800) 732-5877
   Address: 582 Park Avenue Freehold 07782-0000
   License No. EI2746 Exp. Date 0/00/
   Federal Emp. No. 22-1805251 Social Security No.
5. Architect or Engineer Tel.( )
   Address
6. Responsible Person
   In Charge of Work Tel.( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
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. Building Area—All Floors sq. ft.	
5. Volume of 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. 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	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

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

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:

F 100A/REV for PSE&G

CLARK

CONSTRUCTION PERMIT

Date Issued 11/12/93

Control #

Permit # 92-9193

PUBLIC SERVICE ELECTRIC & GAS COMPANY
IDENTIAL APPLIANCE CYCLING PROGRAM

ENTIFICATION Block 52 Lot 14 01

ork Site Location 380 MADISON HILL RD
CLARK NJ 07066-2947

Contractor LOPATIN
Address 582 Park Avenue
Freehold 07782-0000

wner in fee GERARD SENA
ldress 380 MADISON HILL RD
CLARK NJ 07066-2947

Tele. (800) 732-5877
Lic. No. or Bldrs. Reg No. EI2746 Exp. Date 0/00/00
Federal Emp. No. 22-1805251
or Social Security No.

ıle. ([redacted])

hereby granted permission to perform the following work:
) BUILDING ( ) PLUMBING ( ) OTHER
ELECTRICAL ( ) FIRE PROTECTION

SCRIPTION OF WORK:

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR
PUBLIC SERVICE ELECTRIC & GAS COMPANY'S
RESIDENTIAL APPLAINCE CYCLING PROGRAM ONLY

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

mated Cost of Work $ 110.00

WO# 53356

CONSTRUCTION OFFICIAL

INSPECTOR

: 170/REV for PSE&G

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	23.00
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

(see reverse side)

CLARK

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received

Date Issued 11/12/92

Control #

Permit # 92-9193

PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM

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

Block 52 Lot 14 01

Work Site Location 380 MADISON HILL RD
CLARK NJ 07066-2947

Owner in Fee GERARD SENA

Address 380 MADISON HILL RD
CLARK NJ 07066-2947

Tele. ([redacted]

Contractor LOPATIN

Address 582 Park Avenue
Freehold 07782-0000

Tele. (800 732-5877

Lic. No. EI2746

Federal Emp. No. 22-1805251 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 110.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

[ ] 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.

[ ] Licensed Electrical Contractor

Signature-Contractor Seal

D. TECHNICAL SITE DATA INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR PUBLIC SERVICE ELECTRIC & GAS COMPANY'S RESIDENTIAL APPLIANCE CYCLING PROGRAM ONLY.

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

Administrative Surcharge $ _____

Paid [ ] Check # _____ Minimum Fee $ _____

DCA Training Fee $ _____

Collected by: _____ TOTAL FEE $ 23.00

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