THE TOWNSHIP OF EWING
Municipal Complex
2 Jake Garzio Drive
Ewing, NJ 08628

Phone: (609) 883-2900
Admin. Fax: (609) 538-0729
Clerk Fax: (609) 771-0480
Web Address: www.ewingnj.org

August 13, 2019

Adriana Ondarza
Opra+request-6536-ecabea87@requests.opramachine.com

Re: OPRA Request

Dear Ms. Ondarza:

The Ewing Township Clerk's Office received your OPRA Request on July 30, 2019. The official records Custodian, Kim Macellaro, received your OPRA Request on July 30, 2019. As such, the seven (7) business day deadline to respond to your request was August 8, 2019. We requested a seven (7) business day extension to fulfill this OPRA, which brought your recall date to Monday, August 19, 2019. I am satisfying your request today, August 13, 2019.

Your OPRA request sought access to the following:

> ***"41 Brae Burn Dr. – I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and/or septic tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank and/or septic tank location."***

Please see the Construction, Health and Assessor Department response.

This response is being provided to you with any necessary redactions according to N.J.S.A 47:1A-1.1. I am sending this response to you via email. There is no cost for this response.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Ewing Township Clerk's Office to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by email at grc@dca.state.nj.us, or at their website at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

If you should have any questions or need additional assistance, please do not hesitate to contact this office at (609)538-7609.

Respectfully,

Kim Macellaro, RMC
Ewing Municipal Clerk

THE TOWNSHIP OF EWING
Municipal Complex
2 Jake Garzio Drive
Ewing, NJ 08628

Phone: (609) 883-2900
Admin. Fax: (609) 538-0729
Clerk Fax: (609) 771-0480
Web Address: www.ewingnj.org

August 8, 2019

Adriana Ondarza
Opra+request-6536-ecabea87@requests.opramachine.com

Re: OPRA Request

Dear Ms. Ondarza:

The Ewing Township Clerk's Office received your OPRA Request on July 30, 2019. The official records Custodian, Kim Macellaro, received your OPRA Request on July 30, 2019. As such, the seven (7) business day deadline to respond to your request is August 8, 2019. We're requesting a seven (7) business day extension to fulfill this OPRA, which brings your new recall date to Monday, August 19, 2019.

Your OPRA request sought access to the following:

"41 Brae Burn Dr. – I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and/or septic tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank and/or septic tank location."

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Ewing Township Clerk's Office to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by email at grc@dca.state.nj.us, or at their website at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

If you should have any questions or need additional assistance, please do not hesitate to contact this office at (609)538-7609.

Respectfully,

Kim Macellaro

Kim Macellaro, RMC
Ewing Municipal Clerk

OPRA request - Construction Information

ADRIANA ONDARZA <opra+request-6536-ecabea87@requests.opramachine.com>

Wed 7/24/2019 1:45 PM

To: Kim Macellaro <kmacellaro@ewingnj.org>;

Recall 8/8/19 const./Health/Assessor 7/30/19

Dear Ewing Township,

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

I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and/or septic tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank and/or septic tank location.

41 Brae Burn Dr., Ewing
Block: 122.01 Lot: 1

Yours faithfully,

ADRIANA ONDARZA

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-6536-ecabea87@requests.opramachine.com

Is kmacellaro@ewingnj.org the wrong address for OPRA requests to Ewing Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=ewing_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/construction_information_31

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

OPRA AssignmentOPRA-Req-19-0403.3

bjones@ewingnj.org

Tue 8/13/2019 11:08 AM

To: Briana Jones <bjones@ewingnj.org>; Briana Jones <bjones@ewingnj.org>

OPRA-Req-19-0403
Date Received: 8/8/2019
Status: Received
Applicant: Adriana Ondarza
Information Requested: 41 Brae Burn Dr. - I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and/or septic tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank and/or septic tank location
OPRA-Req-19-0403.3
Date Assigned: 7/30/2019
Status: Completed
Date Completed: 8/6/2019

Directive: Health Response

Response: All Health Department records were reviewed. No pertinent information was found.

-J. A.

Spatial Data Logic 2019

1102 BLOCK 122-01 LOT 1 QUAL. UPDATED ON 120518

---------OWNER INFORMATION---------
US BANK TRUST % RESICAP
3630 PEACHTREE RD #1500
ATLANTA, GA 30326

DED AMT #OWN 01
BANK# 660 MORT# SS#

---------PROPERTY INFORMATION---------
PROP LOC: 41 BRAE BURN DR
PROPERTY CLASS 2 ACCOUNT#
BLDG DESC SFD
LAND/ACRE 89.80X79.02 IRRG PIE / .00
ADDITIONL LOTS 2

ZONE R-2 MAP 13 USER#1 SHER #2 WELL
BULT 1952 UNITS 01 BCLASS 16
VCS BBHT SFLA 01404

----------SALES INFORMATION----------

	DATE	BOOK	PAGE	PRICE	PCD	NU	4TYPE
CUR:	100317	06305	350	134949		12	
-1:	060706	05391	00244	1		Z	
-2:							

---VALUES---
LAND 49400
IMPR 110100
EXM1
EXM2
EXM3
EXM4
NET 159500

-----TENANT REBATE----

BASE YR	TAXES	FLAG
18	5171.08	N

--------TAXES--------

18	TOTAL	4906.98
19	HALF1	2453.49
19	TOTAL	5373.56
20	HALF1	2686.78

SPTAX CDS: F02
OLDID:

-------EXEMPT PROPERTY DATA-------
EPL CD STAT.
FACILITY
INIT FILE FUR FILE
ASMT CODE

NEXT ACCESS: BLK LOT QUAL
EN=CHANGE F1=NO ACTION F3=ASSMT HISTORY F5=RECORD CARD F7=MORE

BLK 122-01 LOT 1 01 OF 01 VCS BBHT

BLDG CLS= 16
TYPE+USE= ONE FAMILY
DESIGN = CAPE COD
STY HGHT= 1.5 STORY
ROOF TYP= GABLE
MATER= ASPH SHNGL
PITCH=
EXT FIN.= WOOD SHNGL

FOUNDATN= BLK/CONCRT

INT FIN.= DRYWALL

FLR FIN.= MIXED

HEAT SRC= OIL

HEAT SYS= HOTWTR BB 1404

ELECTRIC= ADEQUATE

AIR COND= NONE 1404

PLUMBING= 3FIX BATH 2

FIREPLCE= NONE

MISCELL.=

WRITEINS=

ROOM COUNT	B	1	2	3
LIV ROOM	0	1	0	0
DIN ROOM	0	0	0	0
BATHROOM	0	1	1	0
BEDROOM	0	2	2	0
KITCHEN	0	1	0	0
REC ROOM	1	0	0	0
DEN/OFF	0	0	0	0
TOTAL	1	5	3	0

EXP ATT=

DORMERS=

BASEMNT= TOTAL AREA 936
FIN BSMT 655

FULL ST= GROUND FLR 936
UPPER STYS

HALF ST= FINISHED 936

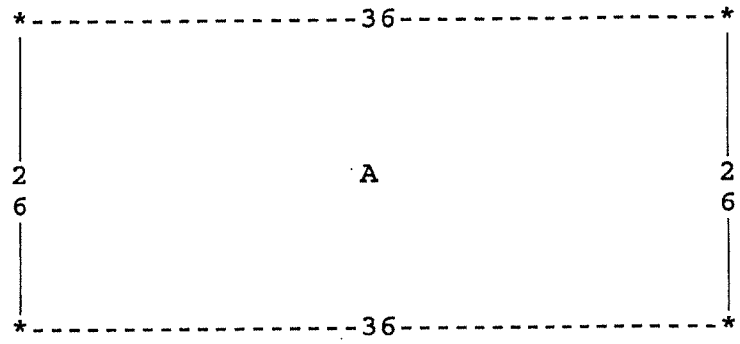
-CONDITION- ---YEARS---
INTER AVERA BUILT 1952
EXTER AVERA EFFECT 1985
LAYOT AVERA

-MKT INFLUENCE- NET COND 66%

BLK 122-01 LOT 1 01 OF 01 41 BRAE BURN DR

<=== FLOOR AREA ===> <==== HOUSE DRAWING ====>

SEQ	ITEM	BSMT	FRST	UPER	HLF	ATT
A	1.5S-B	936	936		936	



ATT.	ITEM	AREA	ATT.	ITEM	AREA

-------SQ. FOOT LIVING AREAS-------

1ST FLOOR = 936 LIV BSMNT = 0

UPPER FLR = 0 BUILT INS = 0

HLF STORY = 468 UNFIN AREA = 0

FIN ATTIC = 0

TOTAL LIVING AREA = 1404

BUILDING SUBCODE
TECHNICAL SECTION

permit is not issued yet

Date Received 7/26/2019
Control # C-19-01742
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 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DR Ewing Township, NJ

Owner in Fee: US BANK TRUST % RESICAP

Address 2711 N HASKELL AVE SUITE 1700 DALLAS TX 75204

Tel. (888) 577-6950 Email

Contractor: RESI PRO

Address 3630 PEACHTREE ROAD NE ATLANTA GA 30326

Email sbucher@resipro.com

Tel. (732) 991-5098 / Cell: (732) 691-5541 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. 46-3391878

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SELECTIVE DEMOLITION, OF UPSTAIRS STAIRWELL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☑ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence ____ Height (exceeds 6')
- ☐ Sign ____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall ____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1
TOTAL FEE	$1

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $200
3. Total (1+2) $200

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

PLUMBING SUBCODE
TECHNICAL SECTION

C/O&C

Date Received 7/3/2002
Control # 22003
Date Issued 7/9/2002
Permit # 20020946

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DRIVE EWING, NJ

Owner in Fee: E. LECHNER

Address 41 BRAE BURN DRIVE EWING NJ 08618

Email

Tel.

Contractor: P & L PLUMBING

Address 105 NEWFIELD AVENUE EDISON NJ 08837

Email

Tel. (732) 417-0099 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER HEATER

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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE $20

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 8/4/2004
Control # 27118
Date Issued 8/17/2004
Permit # 20041279

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DRIVE EWING, NJ

Owner in Fee: ELIZABETH LECHNER

Address 41 BRAE BURN DRIVE EWING NJ 08628

Email

Tel.

Contractor: ENERGY PLUS

Address 54 SOMERSET STREET HOPEWELL NJ 08525

Email

Tel. (609) 466-0015 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No. -2236927

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE OIL BOILER WITH EXACT REPLACEMENT.

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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6
TOTAL FEE	$91

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 8/4/2004
Date Issued 8/17/2004
Control # 27118
Permit # 20041279

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DRIVE EWING, NJ

Owner in Fee: ELIZABETH LECHNER

Address 41 BRAE BURN DRIVE EWING NJ 08628

Email

Tel. (

Contractor: ENERGY PLUS

Address 54 SOMERSET STREET HOPEWELL NJ 08525

Email

Tel. (609) 466-0015 Fax.

Lic No. Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. -2236927

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: ____ by: ____		
Electric Plans Approved		
Date: ____ by: ____		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
SUBCODE APPROVAL for PERMIT		
Date: ____ by: ____		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date:		
Approved by:		

INSPECTIONS

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE OIL BOILER WITH EXACT REPLACEMENT.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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 $6
TOTAL FEE $45

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

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

FIRE SUBCODE
TECHNICAL SECTION

C/O 8/4

Date Received 8/4/2004
Control # 27118
Date Issued 8/17/2004
Permit # 20041279

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DRIVE EWING, NJ

Owner in Fee: ELIZABETH LECHNER

Address 41 BRAE BURN DRIVE EWING NJ 08628 Email

Tel.

Contractor: ENERGY PLUS Tel. (609) 466-0015

Address 54 SOMERSET STREET HOPEWELL NJ 08525 Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. -2236927 Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work

Fuel Storage Tank:

Fuel Type ☐ *Flammable* *or* ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New *or* ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New *or* ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE OIL BOILER WITH EXACT REPLACEMENT.

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 (tampers, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6
TOTAL FEE	$56

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plan Required
Partial Underslab Utilities Approved
Date: by:
☐ Fire Protection Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: 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/Cumbust Tank				
Fireplace Venting				
Final				
Other				

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

BUILDING SUBCODE
TECHNICAL SECTION

closed

Date Received 8/4/2004
Control # 27120
Date Issued 8/11/2004
Permit # 20041235

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DRIVE EWING, NJ

Owner in Fee: E. LECHNER

Address 41 BRAE BURN DRIVE EWING NJ 08618

Tel. Email

Contractor: ENERGY PLUS

Address 54 SOMERSET STREET HOPEWELL NJ 08525

Email

Tel. (609) 466-0015 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. -2236927

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT OF 275 GALLON FUEL STORAGE IN THE BASEMENT.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence ____ Height (exceeds 6')
- ☐ Sign ____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall ____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4
TOTAL FEE	$54

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

Number of Stories

Height of Structure Ft.

Area - Largest Floor Sq. Ft.

New Blbg. Area / All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

closed

Date Received 8/4/2004
Control # 27120
Date Issued 8/11/2004
Permit # 20041235

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DRIVE EWING, NJ

Owner in Fee: E. LECHNER

Address 41 BRAE BURN DRIVE EWING NJ 08618

Email

Tel. Email

Contractor: ENERGY PLUS

Address 54 SOMERSET STREET HOPEWELL NJ 08525

Email

Tel. (609) 466-0015 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No. -2236927

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT OF 275 GALLON FUEL STORAGE IN THE BASEMENT.

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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4
TOTAL FEE	$24

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

FIRE SUBCODE
TECHNICAL SECTION

closed

Date Received 8/4/2004
Control # 27120
Date Issued 8/11/2004
Permit # 20041235

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DRIVE EWING, NJ

Owner in Fee: E. LECHNER

Address 41 BRAE BURN DRIVE EWING NJ 08618 Email

Tel. (

Contractor: ENERGY PLUS Tel. (609) 466-0015

Address 54 SOMERSET STREET HOPEWELL NJ 08525 Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. -2236927 Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New *or* ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New *or* ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT OF 275 GALLON FUEL STORAGE IN THE BASEMENT

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 (tampers, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4
TOTAL FEE	$4

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plan Required
Partial Underslab Utilities Approved
Date: by:
☐ Fire Protection Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: 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/Cumbust Tank				
Fireplace Venting				
Final				
Other				

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

BUILDING SUBCODE
TECHNICAL SECTION

open

Date Received 9/24/2007
Control # 35130
Date Issued 10/4/2007
Permit # 20071525

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DR EWING TOWNSHIP, NJ

Owner in Fee: LECHNER ELIZABETH J

Address 41 BRAE BURN DRIVE EWING NJ 08638

Tel. Email

Contractor: MAK CONSTRUCTION CORP

Address 11 HIGHBRIDGE ROAD TRENTON NJ 08620

Email

Tel. (609) 588-0228 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. 22-2949943

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Number 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.

If Industrial Building:
State Approved
HUD

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

roof

TYPE OF WORK

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

FEE (Office Use Only)

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $5
TOTAL FEE $85

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

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 4/25/2008
Control # 36430
Date Issued 5/15/2008
Permit # 20080702

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DR EWING TOWNSHIP, NJ

Owner in Fee: LECHNER ELIZABETH J

Address 41 BRAE BURN DRIVE EWING NJ 08638

Email

Tel.

Contractor: P & L PLUMBING

Address 300 COLUMBUS CIRCLE EDISON NJ 08837

Email

Tel. (732) 417-0099 Fax. (732) 417-0695

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No. 22-3591088

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
electric water heater

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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1
TOTAL FEE	$11

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 4/25/2008
Date Issued 5/15/2008
Control # 36430
Permit # 20080702

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DR EWING TOWNSHIP, NJ

Owner in Fee: LECHNER ELIZABETH J

Address 41 BRAE BURN DRIVE EWING NJ 08638

Email

Tel.

Contractor: VECTOR ELECTRICAL

Address 37 BLOSSOM HILL ROAD LEBANON NJ 08833

Email

Tel. (732) 803-3194 Fax.

Lic No. 9047 Exp. Date 3/31/2018

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 153-34-660

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
electric water heater

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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 $1
TOTAL FEE $37

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: ____ by: ____		
Electric Plans Approved		
Date: ____ by: ____		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
SUBCODE APPROVAL for PERMIT		
Date: ____ by: ____		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date:		
Approved by:		

INSPECTIONS

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

closed

Date Received 9/23/2016
Control # C-16-02481
Date Issued 10/20/2016
Permit # 16-01744

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DR Ewing Township, NJ

Owner in Fee: LECHNER JAMES A.

Address 41 BRAE BURN DRIVE EWING NJ 08638

Email

Tel. Email

Contractor: ADVANCE AIR TECH LLC

Address 861 BARRY AVENUE PERTH AMBOY NJ 08861

Email

Tel. (732) 829-0482 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 303 Expiration Date: 6/30/2020

Federal Employee No. 26-1224504

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT WATER HEATER,

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	
1	Water Heater	$13
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	
Minimum Fee	$50
State Permit Surcharge Fee	$2
TOTAL FEE	$52

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 9/23/2016
Date Issued 10/20/2016
Control # C-16-02481
Permit # 16-01744

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

Block 122.01 Lot 1 Qualification Code

Work Site Location: 41 BRAE BURN DR Ewing Township, NJ

Owner in Fee: LECHNER JAMES A.

Address 41 BRAE BURN DRIVE EWING NJ 08638

Email

Tel.

Contractor: DEL ROSSIO PLUMBING AND HEATING

Address 44 AMBOY ROAD MATAWAN NJ 07747

Email

Tel. (732) 740-6180 Fax. (732) 316-2014

Lic No. Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 226772536

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $300

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT WATER HEATER,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
1	4.5	KW Elec. Water Heater	$13
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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 $50
State Permit Surcharge Fee $1
TOTAL FEE $51

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: by:		
Electric Plans Approved		
Date: by:		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
SUBCODE APPROVAL for PERMIT		
Date: by:		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date:		
Approved by:		

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				

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

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

Ewing Township
Complaint Response Form

Date Created: 6/7/2019
Date Received: 6/7/2019
Time Received: 9:04:32 AM
Tracking Number:
CPT-19-00437

Complaint:

Municipality:	Ewing Township	Category:	Complaint
Department Origin:	CodeEnforcement	Complaint Type:	Complaint
User Origin:	Imelda Wollert	Status:	
Assigned to Department:	CodeEnforcement	Priority:	High
Assign to User:	Imelda Wollert	Method Received:	Phone
Private:	No		

Complaint Summary:

DOING WORK WITH NO PERMITS
NO PERMITS ON FILE

TOOK 3 DUMPSTERS OF TRASH OF DEBRIS AWAY

NO PROPERTY TRANSFER DONE

Complaint Result:

Responded to location, found high grass/yard clean up needed an a dumpster in drive with construction materials inside. I contacted Dumpster complany & they indicated that they would have one of the dumpster companys contact me. I received a call from a contractor who did not want to give his name or company, states no work requiring permits being done. He would see that the grass was cut & yard cleaned up..

States US Bank Trust still owns this property. I contacted US Bank Trust stated they no longer own this property. I then found That a resi-Pro management was now handling this property, I called them at 470-205-2224. I left a message for them to contact me.

Bill Rich detailed to cut/clean up property.
NO property transfer found.
NO action taken as of 6/24/2019

Location: **41 BRAE BURN DR**

Steet Address 1:	**41 BRAE BURN DR**				
Steet Address 2:					
City:	Ewing Township	State:	NJ	Zip:	-
Block:	122.01	Lot:	1	Qualifier:	

Owner:

Street Address 1:	US BANK TRUST % RESICAP				
Street Address 2:	3630 PEACHTREE RD #1500				
City:	ATLANTA	State:	GA	Zip:	30326 -
Telephone:		Cellphone:			
Email:					

Tenant:

Street Address 1:					
Street Address 2:					
City:		State:	NJ	Zip:	-

Ewing Township

Complaint Response Form

Date Created: 6/7/2019
Date Received: 6/7/2019
Time Received: 9:04:32 AM
Tracking Number: CPT-19-00437

Telephone: _____ Cellphone: _____
Email: _____

Complaint Submitted By:

First Name: _____ Last Name: _____
Street Address 1: _____
Street Address 2: _____
City: _____ State: NJ Zip: _____ - _____
Telephone: _____ Cellphone: _____

Complaint Notes: _____

OPRA

Briana Jones

Wed 8/7/2019 1:29 PM

To: Opra+request-6536-ecabea87@requests.opramachine.com <Opra+request-6536-ecabea87@requests.opramachine.com>

1 attachments (1 MB)

doc04864320190807130942.pdf;

Briana Jones |Keyboarding 2
Ewing Township Municipal Building
2 Jake Garzio Drive Ewing, NJ 08628
Office: 609-883-2900 x 7657
Fax: 609-771-0480
visit our website at: www.ewingnj.org

From: DoNotReply@ewingnj.org <donotreply@ewingnj.org>
Sent: Wednesday, August 7, 2019 1:07 PM
To: Briana Jones
Subject:

Please see attached document.