

Lisa Russo

OPRA due 8-5-19

2

From: ADRIANA ONDARZA [opra+request-6549-f396ee23@requests.opramachine.com]
Sent: Wednesday, July 24, 2019 3:53 PM
To: Lisa Russo
Subject: OPRA request - Construction Information

Dear North Brunswick 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.

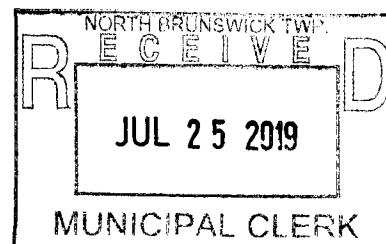
Records requested:

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.

22 Hemlock Lane,
Block: 17.02 Lot: 160.52

Yours faithfully,

ADRIANA ONDARZA



Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-6549-f396ee23@requests.opramachine.com

Is lrusso@northbrunswicknj.gov the wrong address for OPRA requests to North Brunswick Township? If so, please contact us using this form:

[https://opramachine.com/change_request/new?body=north brunswick township](https://opramachine.com/change_request/new?body=north%20brunswick%20township)

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 39](https://opramachine.com/request/construction%20information%2039)

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.

Lisa Russo

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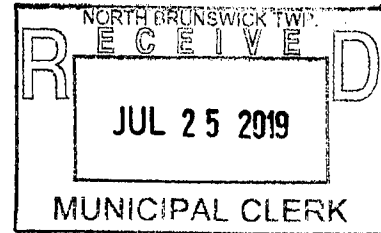
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open 20121053 WH

DB
 7.25.19



CONSTRUCTION PERMIT

Date Issued 8/28/2012
Control # 32946
Permit # 20121053

IDENTIFICATION Block: 17.02 Lot: 160.52 Qualifier _____
Work Site Location: 22 HEMLOCK LANE NORTH BRUNSWICK NJ Contractor 1 800 HEATERS INC
Address 2 GOURMET LANE UNIT G EDISON NJ 08837
Owner in Fee SINGH AMRIK
22 HEMLOCK LANE NORTH BRUNSWICK NJ Telephone: (732) 417-0099
08902 Lic. No. or Bldrs. Reg. No. _____
Telephone: (732) 993-1666 Federal Employee. No. 20-4463685

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:

WATER HEATER

** Still open*

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 \$1,099

Construction Official _____ Date 8/28/2012

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$58
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$60
Check No.	11589
Cash	\$0
Credit	\$0
Collected By	DB

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- ☐ A complete copy of released plans must be kept on the job site.
- If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ☐ UPDATE, ☐ PROTOTYPE, or ☐ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT #

SITE and OWNER DATA:

BLOCK 17.02 LOT 160.52 WORKSITE ADDRESS 22 Hemlock Lane
 Owner in Fee Eugene Kelly
 Address 22 Hemlock Lane City North Brunswick State NJ Zip Code 08902
 Phone 732-545-9257 Fax _____
 N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
 Control # _____
 Issued _____
 Permit # _____

BUILDING SUBCODE

Contractor Self
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 License # _____ Expires _____
 Federal Employment # _____

BUILDING CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 CONST. CLASS: Present _____ Proposed _____
 New Bldg.: # of Stories _____ Height _____ Ft.
 Area: Largest Floor _____ Sq. Ft. / All Floors _____ Sq. Ft.
 Volume _____ Cu. Ft. / Total Land Disturbed _____ Sq. Ft.

TECHNICAL SITE DATA:

Description:

Re Roofing

TYPE OF WORK:

- ☐ New Building ☐ Addition
☐ Alteration:
☒ Roofing ☐ Pool
☐ Siding ☐ Asbestos Abatement
☐ Fence, Height _____ ☐ Lead Hazard Abatement
☐ Sign, Sq. Ft. _____ ☐ Other _____
☐ Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ 2000.⁰⁰

SIGNATURE Eugene Kelly ☐ Agent ☒ Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW: ☒ No Plans Required

☐ All ☐ Footing ☐ Foundation ☐ Frame ☐ Other _____

SIGNATURE HP DATE 5-7-01

PLUMBING SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 License # _____ Expires _____
 Federal Employment # _____

PLUMBING CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
 Water Service Size _____ ☐ Public Water ☐ Private Well

TECHNICAL SITE DATA:

QTY. FIXTURE/EQUIPMENT QTY. FIXTURE/EQUIPMENT

☐ Water Closet	☐ Gas Piping
☐ Urinal/Bidet	☐ Steam Boiler
☐ Bath Tub	☐ Hot Water Boiler
☐ Lavatory	☐ Sewer Pump
☐ Shower	☐ Interceptor/Separator
☐ Floor Drain	☐ Backflow Preventer
☐ Sink	☐ Greasetrap
☐ Dishwasher	☐ Sewer Connection
☐ Drinking Fountain	☐ Water Service Connection
☐ Washing Machine	☐ Stacks
☐ Hose Bibb	☐ Other _____
☐ Water Heater	☐ Other _____
☐ Fuel Oil Piping	☐ Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ _____

SIGNATURE

☐ Licensed Plumber (Affix Seal) ☐ Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW:

☐ No Plans Required ☐ Plans Approved

SIGNATURE _____ DATE _____

BLOCK 17.02 LOT 160.52 QUALIFICATION CODE _____ ADDRESS (SITE) 22 Hemlock Lane

PERMIT NO. 010475



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 22 Hemlock Lane
2. Name of Owner in Fee: Eugene Kelly Tel. (732) 545-9257
Address 22 Hemlock Lane Ne. Bklyn. 1892
Street Municipality Zip Code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Self - 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 _____
Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>46.5</u>		
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	<u>2.5</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>48.5</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK

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

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

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 _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☒ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature Eugene Kelly Date 5/4/01

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

Date Issued 05/21/2001
Control #
Permit # 01-0475

IDENTIFICATION

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

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 ☒ Check No. 3822
Collected by: BC

Date Issued 5/11/01
Control # C-1617
Permit # 01-0475

IDENTIFICATION Block 17.02 Lot 160.52 Qual

Contractor HOMEOWNER
Address _____

Telephone ()

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. HO-

Check No. 3822
Cash _____
Collected By Cassan

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

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

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CHECK IF: ☐ UPDATE, ☐ PROTOTYPE, or ☐ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

SITE and OWNER DATA:

BLOCK 1702 LOT 160.52 WORKSITE ADDRESS 22 Hembell Lane
 Owner in Fee Eugene Kelly
 Address 22 Hembell Lane City North Brunswick State NJ Zip Code 08902
 Phone 732-345-9257 Fax _____
 N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
 Control # _____
 Issued _____
 Permit # _____

BUILDING SUBCODE

Contractor Self
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 License # _____ Expires _____
 Federal Employment # _____

BUILDING CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 CONST. CLASS: Present _____ Proposed _____
 New Bldg.: # of Stories _____ Height _____ Ft.
 Area: Largest Floor _____ Sq. Ft. / All Floors _____ Sq. Ft.
 Volume _____ Cu. Ft. / Total Land Disturbed _____ Sq. Ft.

TECHNICAL SITE DATA:

Description:

Re Roofing

TYPE OF WORK:

- ☐ New Building ☐ Addition
☐ Alteration:
☒ Roofing ☐ Pool
☐ Siding ☐ Asbestos Abatement
☐ Fence, Height _____ ☐ Lead Hazard Abatement
☐ Sign, Sq. Ft. _____ ☐ Other _____
☐ Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ 2000.00

SIGNATURE Eugene Kelly ☐ Agent ☒ Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW: ☒ No Plans Required

☐ All ☐ Footing ☐ Foundation ☐ Frame ☐ Other _____

SIGNATURE HP DATE 5-7-01

PLUMBING SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 License # _____ Expires _____
 Federal Employment # _____

PLUMBING CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
 Water Service Size _____ ☐ Public Water ☐ Private Well

TECHNICAL SITE DATA:

QTY. FIXTURE/EQUIPMENT QTY. FIXTURE/EQUIPMENT

☐ Water Closet	☐ Gas Piping
☐ Urinal/Bidet	☐ Steam Boiler
☐ Bath Tub	☐ Hot Water Boiler
☐ Lavatory	☐ Sewer Pump
☐ Shower	☐ Interceptor/Separator
☐ Floor Drain	☐ Backflow Preventer
☐ Sink	☐ Greasetrap
☐ Dishwasher	☐ Sewer Connection
☐ Drinking Fountain	☐ Water Service Connection
☐ Washing Machine	☐ Stacks
☐ Hose Bibb	☐ Other _____
☐ Water Heater	☐ Other _____
☐ Fuel Oil Piping	☐ Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ _____

SIGNATURE _____

☐ Licensed Plumber (Affix Seal) ☐ Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW:

☐ No Plans Required ☐ Plans Approved

SIGNATURE _____ DATE _____

FIRE SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 License # _____ Expires _____
 Federal Employment # _____

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 CONST. CLASS: Present _____ Proposed _____
 Heating System: ☐ New ☐ Existing ☐ HVAC: Location _____
 Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____
 Fire Alarm System: ☐ New ☐ Existing: Panel Location _____
 Fire Suppression/Standpipe System: ☐ New ☐ Existing
 Main Control Valve Location _____
 Method of Supervision _____
 Water Supply Source _____

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

STORAGE TANKS	CAPACITY	FUEL
☐ Flammable Liquid	_____	_____
☐ Combustible Liquid	_____	_____
☐ LPG	_____	_____
☐ LNG	_____	_____

QTY. _____
ALARM SYSTEMS: ☐ 110 v Interconnected ☐ System
 _____ Alarm Devices (i.e. smoke, heat, pulls, water/flow)
 _____ Supervisory Devices (i.e. tampers, low/high air)
 _____ Signaling Devices (i.e. horns/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
 _____ Halon Suppression
 _____ Other _____
 _____ Kitchen Hood Exhaust System
 _____ Smoke Control System
 _____ ☐ Gas or ☐ Oil Fired Appliances
 _____ Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ _____

SIGNATURE _____ ☐ Agent ☐ Owner

OFFICE USE ONLY:**SUBCODE PLAN REVIEW:**

☐ No Plans Required ☐ Plans Approved

SIGNATURE _____ DATE _____

ELECTRICAL SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 License # _____ Expires _____
 Federal Employment # _____

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
☐ Pole Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as _____ Utility Co. _____

TECHNICAL SITE DATA:

QTY.	SIZE	ITEMS
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors - Fractional HP
_____		Emergency & Exit Lights
_____		Communications Points
_____		Alarm Devices/F.A.C. Panel
_____		TOTAL QUANTITY
_____		Pool/with Under Water Lights
_____		Storable Pool/Spa/Hot Tub
_____		KW Elec. Range/Receptacle
_____		KW Oven/Surface Unit
_____		KW Electric Water heater
_____		KW Electric Dryer/Receptacle
_____		KW Dishwasher
_____		HP Garbage Disposal
_____		KW Central Air Conditioning 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 Electric Sign/Outline Light
_____		Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ _____

SIGNATURE _____

☐ Licensed Electrician (Affix Seal) ☐ Exempt Applicant

OFFICE USE ONLY:**SUBCODE PLAN REVIEW:**

☐ No Plans Required ☐ Plans Approved

SIGNATURE _____ DATE _____

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/11/01
Control # C-1617
Permit # 01-0475

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

ROOF

NORTH BRUNSWICK, NJ 08902-

Contractor _____

Tele. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HQ-

PLAN REVIEW			INSPECTIONS		Dates (Month/Day)		
	Date	Initial	Type	Failure	Failure	Approval	Initial
☐ No Plans Req.	_____	_____	Footing	_____	_____	_____	_____
☐ All	_____	_____	Foundation	_____	_____	_____	_____
☐ Footing	_____	_____	Slab	_____	_____	_____	_____
☐ Foundation	_____	_____	Frame	_____	_____	_____	_____
☐ Frame	_____	_____	BarrierFree	_____	_____	_____	_____
☐ Other _____	_____	_____	Insulation	_____	_____	_____	_____
Joint Plan Review Required:			Finishes	_____	_____	_____	_____
☐ Elect	☐ Plumb	☐ Fire	Energy	_____	_____	_____	_____
SUBCODE APPROVAL ☐ Elev			Mechanical	_____	_____	_____	_____
☐ CD	☐ CCO	☒ CA	TCO	_____	_____	_____	_____
Date:	5-21-01		Other _____	_____	_____	_____	_____
Approved By:	JP		Final _____	_____	_____	_____	_____
_____			BarrierFree	_____	_____	_____	_____

[] New Building	\$	0
[] Addition		0
[X] Alteration		0
[X] Roofing		46
[] Siding		0
[] Fence _____ Height (exceeds 6')		0
[] Sign _____ Sq. Ft.		0
[] Pool		0
[] Asbestos Abatement Subchapter 8		0
[] Lead Haz. Abatement NJAC 5:17		0
[] Other _____		0
Other _____		0
[] Demolition		0

Use Group	Present <u> R-3 </u>	Proposed <u> R-3 </u>	Est. Cost of Bldg. Work:
Constr. Class	Present <u> </u>	Proposed <u> </u>	1. New Bldg. \$ <u> 0 </u>
No. of Stories	<u> </u>	<u> 0 </u>	2. Alteration \$ <u> 2,000 </u>
Height of Structure	<u> </u>	<u> 0 </u> Ft.	3. Total (1+2) \$ <u> 2,000 </u>
Area Largest Floor	<u> </u>	<u> 0 </u> Sq. Ft.	
New Bldg. Area/All Floors	<u> </u>	<u> 0 </u> Sq. Ft.	Industrialized Building:
Volume of New Structure	<u> </u>	<u> 0 </u> Cu. Ft.	☐ State Approved
Total Land Area Disturbed	<u> </u>	<u> 0 </u> Sq. Ft.	☐ HUD

	Administrative Surcharge	\$	0
Paid [] Check	3822 Minimum Fee	\$	0
Collected by: <i>Coppe</i>	TOTAL FEE	\$	46
	DCA Training Fee	\$	2

NORTH BRUNSWICK TOWNSHIP
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/11/01
Control # C-1617
Permit # 01-0475

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

Block 17.02 Lot 160.52 Qual _____

Work Site Location 22 HEMLOCK LANE

ROOF

Owner in Fee KELLY, EUGENE

Address 22 HEMLOCK LANE

NORTH BRUNSWICK, NJ 08902-

Tele. (732)545-9257

Contractor _____

Address _____

Tele. () _____ Fax () _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. HQ-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.	_____	_____	Type	Failure Failure Approval Initial
☐ All	_____	_____	Footings	_____
☐ Footing	_____	_____	Foundation	_____
☐ Foundation	_____	_____	Slab	_____
☐ Frame	_____	_____	Frame	_____
☐ Other _____	_____	_____	BarrierFree	_____
Joint Plan Review Required:	_____	_____	Insulation	_____
☐ Elect ☐ Plumb ☐ Fire	_____	_____	Finishes	_____
SUBCODE APPROVAL ☐ Elev	_____	_____	Energy	_____
☐ CO ☐ CCO ☐ CA	_____	_____	Mechanical	_____
Date: _____	_____	_____	TCO	_____
Approved By: _____	_____	_____	Other	_____
_____	_____	_____	Final	_____
_____	_____	_____	BarrierFree	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 0
Height of Structure 0 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. \$ 0
2. Alteration \$ 2,000
3. Total (1+2) \$ 2,000

Industrialized Building:
☐ State Approved
☐ HUD

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

ROOF

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration
☒ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Administrative Surcharge \$ _____
Paid ☐ Check 3822 Minimum Fee \$ _____
Collected by: Casper TOTAL FEE \$ _____
DCA Training Fee \$ _____

BLOCK 17.2 LOT 60 5.52 QUALIFICATION CODE _____ADDRESS (SITE) 22 Hemlock Lane

PERMIT NO.

050885

CONSTRUCTION PERMIT
APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 22 Hemlock Lane, North Brunswick, NJ 08902
2. Name of Owner in Fee: Josephine Marques Tel. (732) 514-1207
Address same street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Radiation Data Tel. (973) 770-3046
Address 132 Landing Rd, Landing, NJ 07850
License No. OR, if new home, Builder Reg. No. MIB90016 Exp. Date 5/06
Federal Employee No. 22-2469105 FAX: (_____)
5. Architect or Engineer Thomas E. Hatton Tel. (973) 770-3046
Address 132 Landing Rd, Landing, NJ 07850
6. Responsible Person in Charge of Work same
Tel. (_____) FAX (_____)

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>43</u>	Update	Update
2. Electrical	<u>18</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ <u>5.</u>		
7. Less 20% for Admin			
State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>1.</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>67.</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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	Rejection	Re-viewer
1. ☒ Minor Work	850.00								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	125.00								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. B									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	975.00								

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:

LDS NB 10604641

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☒ Check if contractor.

Agent Name Radiation Data/Thomas Hatton
Address 132 Landing Rd.
Landing, NJ 07850
Telephone (973) 470-3046
Signature Thomas Hatton

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

OFFICE DATE RECEIVED: _____

050885

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

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

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

X. CERTIFICATES ISSUED (office use only)

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





TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20050885
Permit Date: 07/21/2005
Update Number:
Control Number: 19225
Application Date: 06/02/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 17.2	Lot : 60 5.52	Qual :			
Work site Location:	22 HEMLOCK LANE North Brunswick		Contractor:	RADIATION DATA	
Owner In Fee:	MARQUES-OSTI JOSEFINA		Address:	PO BOX 900	
Address:	22 HEMLOCK LANE			ROCKY HILL NJ 08553	
	NORTH BRUNSWICK NJ 08902		Telephone:	(609) - 466-4300	
Telephone:	(732) - 514-1207		Lic. No. / Bldrs. Reg. No.:	MIB90016	
Use Group(s):	R-5		Federal Emp. No.:	22-2469105	

is hereby granted permission to perform the following work :

PAYMENTS (Office Use Only)

- | | | |
|--|--|-------------------------------------|
| ☒ BUILDING | ☐ PLUMBING | ☐ DEMOLITION |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

RADON SYSTEM

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	975.00
Cost of Demolition:	0.00
Total Cost:	\$975.00

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

THOMAS PAUN
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

Building	\$43.00
Electrical	\$23.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$67.00
All Fees Waived :	No

Amount to be Paid: \$67.00
Check Number: 30136
Check amount: \$67.00

Collected by: mw
Receipt No:
Total Cash Amount
Total Check Amount \$67.00
Total CC Amount
Grand Total \$67.00



TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN RD - PO BOX 6019
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 19225
Application Date: 06/02/2005

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 17.2	Lot : 60 5.52	Qual :			
Work site Location:	22 HEMLOCK LANE North Brunswick			Contractor:	RADIATION DATA
Owner In Fee:	MARQUES-OSTI JOSEFINA			Address:	PO BOX 900
Address:	22 HEMLOCK LANE				ROCKY HILL NJ 08553
	NORTH BRUNSWICK NJ 08902			Telephone:	(609) - 466-4300
Telephone:	(732) - 514-1207			Lic. No. / Bldrs. Reg. No.:	MIB90016
Use Group(s):	R-5			Federal Emp. No.:	22-2469105

is hereby granted permission to perform the following work :

PAYMENTS (Office Use Only)

- | | | |
|--|--|-------------------------------------|
| ☒ BUILDING | ☐ PLUMBING | ☐ DEMOLITION |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

RADON SYSTEM

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Alteration: 975.00
Cost of Demolition: 0.00

Total Cost: \$975.00

Building	\$43.00
Electrical	\$23.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$67.00
All Fees Waived :	No

Amount to be Paid: \$67.00

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

Thomas Paun
THOMAS PAUN

6/3/05
Date

Construction Official

- :: Failure to obtain all required inspections may result in administrative action.
- :: Final inspections are required before final payment is to be made to contractor.
- :: An approved set of plans must be kept at the worksite at all times

Note:



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____
Work Site Location 22 Hemlock Lane 08902 050833 139 Landing Rd
North Brunswick, NJ 08902 139 Landing Rd
Owner in Fee Josephine Marques 07850
Address same Tel. (973) 514-1207
Lic. No. or Bldrs. Reg. No. MIB90016
Tel. (732) 514-1207

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Radon Remediation

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 \$ 850.00

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

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

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
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 _____ Lot _____
Work Site Location 22 Hemlock Lane
North Brunswick, NJ 08902
Owner in Fee/Occupant Josephine Marques
Address same
Tele. (732) 514-1207
Contractor Fred J. Jemsey
Address 10 New St. Denville, NJ 07834
Tele. (973) 627-8361 Fax () _____
Lic. No. 6028
Federal Emp. No. 151-44-5779

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Required				Type:	Failure	Approval	Initial
Joint Plan Review Required:				Rough	_____	_____	_____
[] Building	[] Plumbing			Temp. Serv.	_____	_____	_____
[] Fire	[] Elevator			Constr. Serv.	_____	_____	_____
[] Elec. Plans Approved				TCO	_____	_____	_____
Date: <u>5/27/95</u>				Other	_____	_____	_____
Approved by: <u>[Signature]</u>				Service	_____	_____	_____
				Final	_____	_____	_____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

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 [Signature] Contractor's Seal and Signature _____

[X] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	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

FEE (Office Use Only)

25

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 06/02/2005

Date Issued 07/21/2005

TOWNSHIP OF NORTH BRUNSWICK

Control # 19225

Permit # 20050885

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

Block : 17.2 Lot : 60 5.52 Qualifier :

Work Site Location 22HEMLOCK LANE
 Owner in Fee/Occupant MARQUES-OSTI JOSEFINA
 Address : 22 HEMLOCK LANE
NORTH BRUNSWICK NJ 08902
 Telephone : (732)-514-1207
 Contractor FRED DEMPSEY
 Address : 10 NEW ST.
DENVILLE NJ 07834
 Telephone : (973)-6278361

Fax :

License No. : 6028Federal Emp. No. 151445779**B.ELECTRICAL CHARACTERISTICS**

Use Group Present R-5 Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as _____ Utility Co. _____
 1. New Building \$0.00 2. Alteration \$125.00
 3. Demolition \$0.00 Est.Cost of Elec.Work (1+2+3) \$125.00

Job Summary(Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates(Month/Day)		
☐ No Plans Required			Type:	Failure	Failure	Approval
Joint Plan Review Required			Rough	_____	_____	_____
☐ Building ☐ Plumbing			Temp.Serv	_____	_____	_____
☐ Fire ☐ Elevator			Constr.Serv	_____	_____	_____
☐ Elec.Plans Approved			TCO	_____	_____	_____
Date: _____			Other	_____	_____	_____
Approved by: _____			Service	_____	_____	_____
			Final	_____	_____	_____
SUBCODE APPROVAL			Temp Cut-in-Card Date Issued	_____		
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issue	_____		
Date: _____						
Approved by: _____						

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

☐ Licensd Electrical Contractor☐ Exempt Applicant**D.TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel

1.00TOTAL NUMBER 1

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 Htr./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

FEE (Office Use Only)\$25.00

Administrative Surcharge	<u>\$5.00</u>
Minimum Fee	
DCA Training Fee	
TOTAL FEE	<u>\$23.00</u>



BUILDING SUBCODE TECHNICAL SECTION

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 22 Hemlock Lane
North Brunswick, NJ 08902
Owner in Fee Josephine Marques
Address same
Tele. (732) 514-1207
Contractor Radiation Data
Address 132 Landing Rd.
Landing, NJ 07850
Tele. (973) 770-3046 Fax (_____) _____
Lic. No. or Bldrs. Reg. No. MTB90016
Federal Emp. No. 22-2469105

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		
				Type:	Failure	Failure	Approval	Initial
☒	No Plans Required	<u>5/27/05</u>	<u>HP</u>	Footing	_____	_____	_____	_____
☐	All	_____	_____	Foundation	_____	_____	_____	_____
☐	Footing	_____	_____	Slab	_____	_____	_____	_____
☐	Foundation	_____	_____	Frame	_____	_____	_____	_____
☐	Frame	_____	_____	Barrier-Free	_____	_____	_____	_____
☐	Other	_____	_____	Insulation	_____	_____	_____	_____
Joint Plan Review Required:				Finishes	_____	_____	_____	_____
☐	Elec.	☐	Plumb.	Energy	_____	_____	_____	_____
☐	Fire	☐	Elevator	Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL				TCO	_____	_____	_____	_____
☐	CO	☐	CCO	Other	_____	_____	_____	_____
☐	CA			Final	_____	_____	_____	_____
Date: _____				Barrier-Free	_____	_____	_____	_____
Approved by: _____								

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 \$ 850.00
3. Total (1+ 2) \$ 850.00



Date Received
Date Issued
Control #
Permit #

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.

Thomas S. Hutton
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Radon Remediation=see enclosed diagram

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 Radon
☐ Demolition

FEE (Office Use Only)

\$ _____

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

U.C.C. F110
(rev. 3/98)

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

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

Block : 17.2 Lot : 60 5.52 Qualifier :
 Work Site Location : 22 HEMLOCK LANE

Owner Details

Name : MARQUES-OSTI JOSEFINA
 Address : 22 HEMLOCK LANE
NORTH BRUNSWICK NJ 08902
 Telephone : 732 - 514-1207

Contractor Details

Contractor : RADIATION DATA
 Address : PO BOX 900
ROCKY HILL NJ 08553
 Telephone : (609)-4664300
 Fax :
 Lic No. or Bldrs Reg. No. : MIB90016
 Federal Emp. No: 222469105

B. BUILDING CHARACTERISTICS

Use Group Present : R-5 Proposed :
 Constr. Class Present : Proposed :

No. of Stories	0		Est. Cost of Bldg. work:	
Height of Structure	0	Ft.	1. New Building.	0.00
Area - Largest Floor	0	Sq. Ft.	2. Alteration	850.00
New Bldg. Area/All Floors	0	Sq. Ft.	3. Demolition	0.00
Volume of New Structure	0	Cu. Ft.	4. Total (1+2+3)	\$850.00
Total Land Area Disturbed	0	Sq. Ft.		

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates(Month/Day)				
			Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required	_____	_____	Footing	_____	_____	_____	_____	
☐ ☐ All	_____	_____	Foundation	_____	_____	_____	_____	
☐ Footing	_____	_____	Slab	_____	_____	_____	_____	
☐ Foundation	_____	_____	Frame	_____	_____	_____	_____	
☐ Frame	_____	_____	Barrier-Free	_____	_____	_____	_____	
☐ Other	_____	_____	Insulation	_____	_____	_____	_____	
Joint Plan Review Required:			Finishes	_____	_____	_____	_____	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elev.			Energy	_____	_____	_____	_____	
SUBCODE APPROVAL			Mechanical	_____	_____	_____	_____	
☐ CO ☐ CCO ☐ CA			TCO	_____	_____	_____	_____	
Date: _____			Other	_____	_____	_____	_____	
Approved by: _____			Final	_____	_____	_____	_____	
			Barrier-Free	_____	_____	_____	_____	

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**

RADON SYSTEM

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 1
☐ Other 2
☐ Other 3
☐ Demolition

FEE (Office Use Only)

\$24.00

Administrative Surcharge

Minimum Fee	<u>\$43.00</u>
DCA Training Fee	<u>\$1.00</u>
Total Fee	<u>\$44.00</u>

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

Block : 17.2 Lot : 60.5.52 Qualifier :
 Work Site Location : 22 HEMLOCK LANE

Owner Details

Name : MARQUES-OSTI JOSEFINA
 Address : 22 HEMLOCK LANE
NORTH BRUNSWICK, NJ 08902
 Telephone : 732 - 514-1207

Contractor Details

Contractor : RADIATION DATA
 Address : PO BOX 900
ROCKY HILL, NJ 08553
 Telephone : (609)-4664300
 Fax :
 Lic No. or Bldrs Reg. No. : MIB90016
 Federal Emp. No: 222469105

B. BUILDING CHARACTERISTICS

Use Group Present : R-5 Proposed :
 Constr. Class Present : Proposed :

No. of Stories	0		Est. Cost of Bldg. work:	
Height of Structure	0	Ft.	1. New Building.	0.00
Area - Largest Floor	0	Sq. Ft.	2. Alteration	850.00
New Bldg. Area/All Floors	0	Sq. Ft.	3. Demolition	0.00
Volume of New Structure	0	Cu. Ft.	4. Total (1+2+3)	\$850.00
Total Land Area Disturbed	0	Sq. Ft.		

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates(Month/Day)				
			Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required	_____	_____	Footings	_____	_____	_____	_____	
☐ ☐ All	_____	_____	Foundation	_____	_____	_____	_____	
☐ Footings	_____	_____	Slab	_____	_____	_____	_____	
☐ Foundation	_____	_____	Frame	_____	_____	_____	_____	
☐ Frame	_____	_____	Barrier-Free	_____	_____	_____	_____	
☐ Other	_____	_____	Insulation	_____	_____	_____	_____	
Joint Plan Review Required:			Finishes	_____	_____	_____	_____	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elev.			Energy	_____	_____	_____	_____	
SUBCODE APPROVAL			Mechanical	_____	_____	_____	_____	
☐ CO ☐ CCO ☐ CA			TCO	_____	_____	_____	_____	
Date: _____			Other	_____	_____	_____	_____	
Approved by: _____			Final	_____	_____	_____	_____	
			Barrier-Free	_____	_____	_____	_____	

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**

RADON SYSTEM

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 1
☐ Other 2
☐ Other 3
☐ Demolition

FEE (Office Use Only)

\$24.00

Administrative Surcharge

Minimum Fee	\$43.00
DCA Training Fee	\$1.00
Total Fee	\$44.00



RADIATION DATA

(609) 466-4300

June 13, 2005

North Brunswick Twp. Bldg. Dept.
710 Herman Road
North Brunswick, NJ 08902

Dear Gentlemen:

The enclosed check is to pay for the permits submitted to install a radon mitigation system. Please return a copy of the permits to our office as soon as possible.

NAME: Marques
ADDRESS: 22 Hemlock
CHECK #: 30136
AMOUNT: \$67.00

Thanks you for your attention to this request.

Sincerely,

Jen Dickson
Office Manager

encl.

050808

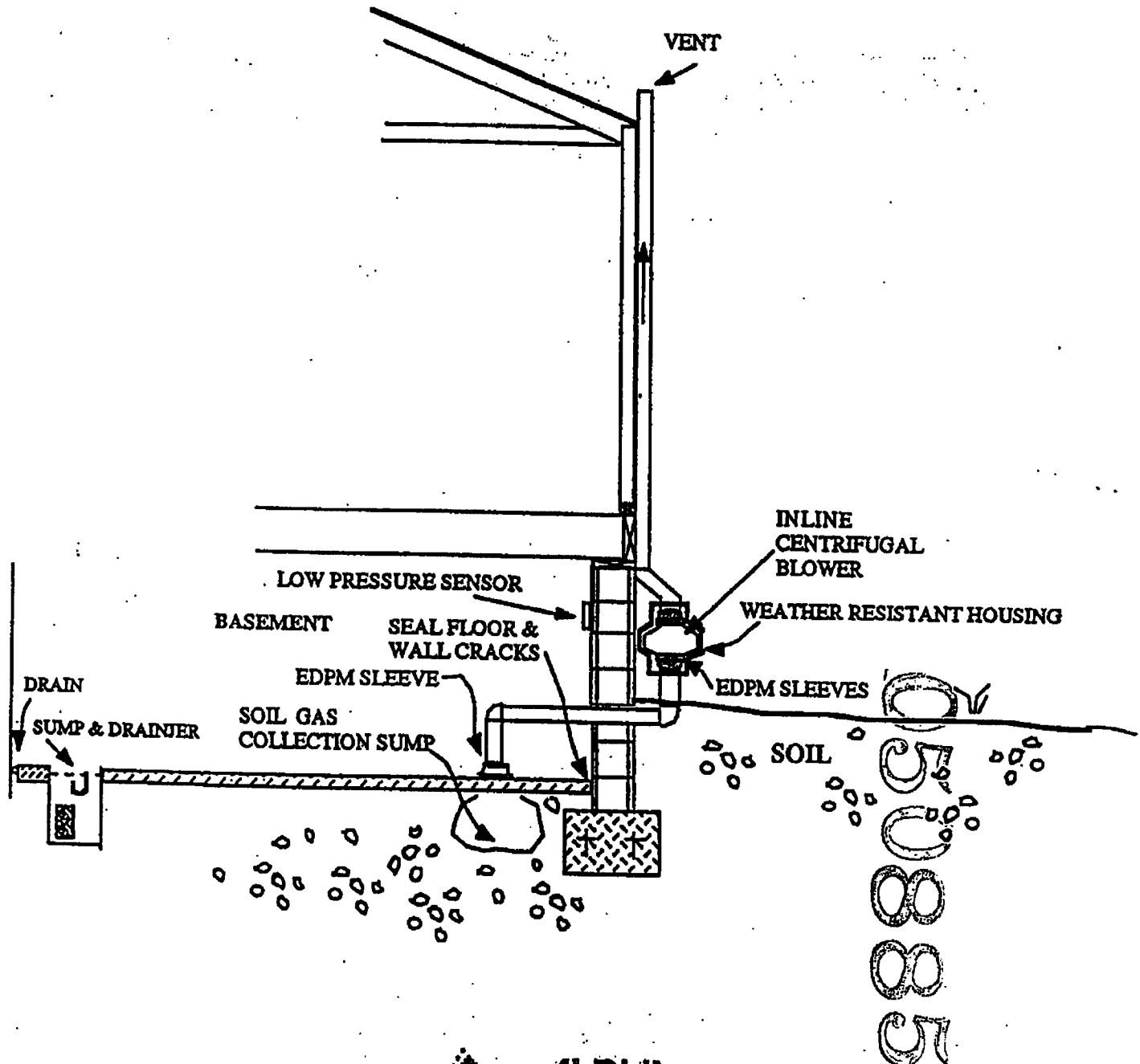
Enclosed for your office are:

Permit Application

Check # 30136

Permit Fee

SUB SLAB SUCTION



ALPHA CONCEPTS, INC.
 RADON TESTING AND REMEDIATION SERVICES
 P.O. BOX 119/HOPATCONG, NJ 07843/201-770-3046

**NORTH
BRUNSWICK,
TOWNSHIP OF
(BUILDING DEPT.)**

**PERMIT WITHOUT
A JACKET**



TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732-247-0922

CERTIFICATE IDENTIFICATION

Date Issued: 02/19/2010

Control #: 19225

Permit #: 20050885

Block: 17.2 Lot: 60 5.52 Qualification Code:

Work Site Location: 22 HEMLOCK LANE

North Brunswick

Owner in Fee: MARQUES-OSTI JOSEFINA

Address: 22 HEMLOCK LANE

NORTH BRUNSWICK NJ 08902

Telephone: 732 514-1207

Agent/Contractor: RADIATION DATA

Address: PO BOX 900

ROCKY HILL NJ 08553

Telephone: 609 466-4300

Lic. No./ Bldrs. Reg.No.: MIB90016

Federal Emp. No.: 22-2469105

Social Security No.: _____

☐ **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 will be subject to fine or order to vacate:

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use:
RADON SYSTEM

Update Desc. of Wk/Use: _____

☐ **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.

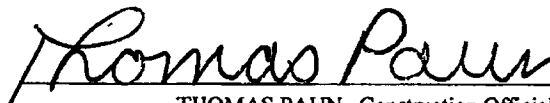
☐ **CERTIFICATE OF COMPLIANCE**

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 _____

Fees: \$0.00

Paid[☒] Check No.: 30136

Collected by: mw


THOMAS PAUN Construction Official

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

Block : 17.2 Lot : 60 5.52 Qualifier :
 Work Site Location : 22 HEMLOCK LANE

Owner Details

Name : MARQUES-OSTI JOSEFINA
 Address : 22 HEMLOCK LANE
NORTH BRUNSWICK NJ 08902
 Telephone : 732 - 514-1207

Contractor Details

Contractor : RADIATION DATA
 Address : PO BOX 900
ROCKY HILL NJ 08553
 Telephone : (609)-4664300
 Fax :
 Lic No. or Bldrs Reg. No. : MIB90016
 Federal Emp. No: 222469105

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**

RADON SYSTEM

B. BUILDING CHARACTERISTICS

Use Group Present : R-5 Proposed :
 Constr. Class Present : Proposed :

No. of Stories	0		Est. Cost of Bldg. work:	
Height of Structure	0	Ft.	1. New Building.	0.00
Area - Largest Floor	0	Sq. Ft.	2. Alteration	\$50.00
New Bldg. Area/All Floors	0	Sq. Ft.	3. Demolition	0.00
Volume of New Structure	0	Cu. Ft.	4. Total (1+2+3)	\$850.00
Total Land Area Disturbed	0	Sq. Ft.		

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS		Dates(Month/Day)		
[] No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
[] All	_____	_____	Footing	_____	_____	_____	_____
[] Footing	_____	_____	Foundation	_____	_____	_____	_____
[] Foundation	_____	_____	Slab	_____	_____	_____	_____
[] Frame	_____	_____	Frame	_____	_____	_____	_____
[] Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
[] Elec. [] Plumb. [] Fire [] Elev.			Finishes	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
[] CO [] CCO [] CA			Mechanical	_____	_____	_____	_____
Date: <u>2/19/10</u>			TCO	_____	_____	_____	_____
Approved by: <u>[Signature]</u>			Other	_____	_____	_____	_____
			Final	_____	_____	<u>2.19.10</u>	<u>MA</u>
			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 1
 [] Other 2
 [] Other 3
 [] Demolition

FEE (Office Use Only)\$24.00**Administrative Surcharge**

Minimum Fee	<u>\$43.00</u>
DCA Training Fee	<u>\$1.00</u>
Total Fee	<u>\$44.00</u>

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF NORTH BRUNSWICK

Date Received 06/02/2005

Date Issued 07/21/2005

Control # 19225

Permit # 20050885

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

Block : 17.2 Lot : 60.5.52 Qualifier :

Work Site Location 22HEMLOCK LANE
 Owner in Fee/Occupant MARQUES-OSTI JOSEFINA
 Address : 22 HEMLOCK LANE
NORTH BRUNSWICK NJ 08902
 Telephone : (732)-514-1207
 Contractor FRED DEMPSEY
 Address : 10 NEW ST.
DENVILLE NJ 07834
 Telephone : (973)-6278361

Fax :

License No. : 6028Federal Emp. No. 151445779**B.ELECTRICAL CHARACTERISTICS**

Use Group Present R-5 Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as _____ Utility Co. _____
 1. New Building \$0.00 2. Alteration \$125.00
 3. Demolition \$0.00 Est.Cost of Elec.Work (1+2+3) \$125.00

Job Summary(Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS		Dates(Month/Day)		
☐ No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required			Rough	_____	_____	_____	_____
☐ Building ☐ Plumbing			Temp.Serv	_____	_____	_____	_____
☐ Fire ☐ Elevator			Constr.Serv	_____	_____	_____	_____
☐ Elec.Plans Approved			TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved by: _____			Service	_____	_____	_____	_____
			Final	_____	_____	_____	_____
SUBCODE APPROVAL			Temp Cut-in-Card Date Issued	_____	_____	_____	_____
☐ CO ☐ CCO ☒ CA			Final Cut-in-Card Date Issue	_____	_____	_____	_____
Date: <u>2.19.10</u>							
Approved by: <u>AM</u>							

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

☐ Licensd Electrical Contractor☐ Exempt Applicant**D.TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
<u>1.00</u>		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBER 1

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 Htr./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

FEE (Office Use Only)\$25.00

Administrative Surcharge

\$5.00

Minimum Fee

DCA Training Fee

TOTAL FEE

\$23.00