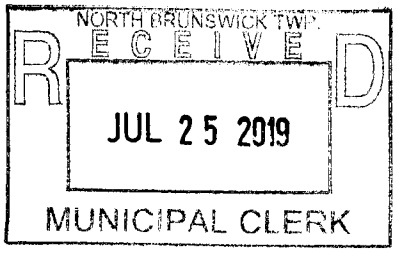
Lisa Russo OPRA due 8-5-19 2

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

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

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 OPRA due 8-5-19 2

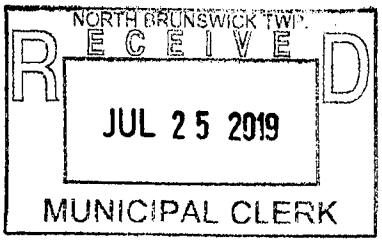
From: ADRIANA ONDARZA [opra+request-6549-f396ee23@requests.opramachine.com]
Sent: Wednesday, July 24, 2019 3:53 PM
To: Lisa Russo
Subject: OPRA request - Construction Information

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

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

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.

---

open 2012053 WH

DP 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 08902
Telephone: (732) 417-0099
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

8/28/2012
Date

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

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

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 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 City No Brunswick State NJ Zip Code 08902

Phone 732-545-9217 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:

[X] 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 [X] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW: [X] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ 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 _____

CLOSED

BLOCK 17.02 LOT 160.52 QUALIFICATION CODE _____ ADDRESS (SITE) 22 Hemlock Lane PERMIT NO. 010475

C-1617

52598

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 22 Hemlock Lane
2. Name of Owner in Fee: Eugene Kelly Tel. (732) 545-9257
   Address 22 Hemlock Lane (street) No. Brunswick (municipality) 1880 (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	$ 46?		
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	2?		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 48?		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

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

OPTIONAL (for office use only)

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 10700050

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 7/4/01

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			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

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

NORTH BRUNSWICK TOWNSHIP
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

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

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 17.02 Lot 160.52 Qual
Work Site Location 22 HEMLOCK LANE
ROOF
Owner in Fee/Occupant KELLY, EUGENE
Address 22 HEMLOCK LANE
NORTH BRUNSWICK, NJ 08902-
Telephone (732)545-9257
Contractor H O M E O W N E R
Address

Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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:

ROOF

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

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

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

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

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

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

Fee $ 0
Paid [X] Check No. 3822
Collected by: BC

NORTH BRUNSWICK TOWNSHIP
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

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

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION 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-
Telephone (732)545-9257

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOF

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 $ 2,000

Tom Paun
Construction Official

5/11/01
Date

PAYMENTS (Office Use Only)

Building	46
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	48
Check No.	3822
Cash	
Collected By	Cappa

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

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 City No Brunswick State NJ Zip Code 08902

Phone 732-545-9217 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:
[X] 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 [X] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW: [X] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ 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 _____

COPY

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 Supression/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

QTY.	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 _____

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. HO-

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

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5-21-01
Approved By: TP

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final		5-21-01		TP
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

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

Paid [ ] Check 3822	Administrative Surcharge	$ 0
Collected by: Copse	Minimum Fee	$ 0
	TOTAL FEE	$ 46
	DCA Training Fee	$ 2

U.C.C. F110 (rev. 3/96)

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. HO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ROOF

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
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

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

Paid [ ] Check # 3822
Collected by: Coppola

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 46
DCA Training Fee	$ 2

U.C.C. F110 (rev. 3/96)

BLOCK 17.2 LOT 60 5.52 QUALIFICATION CODE _____ ADDRESS (SITE) 22 Hemlock Lane PERMIT NO. 050885

19225

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed 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)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work	850.00								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	125.00				5/27/2005	JP/M			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
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

U.C.C. 5100-1 (rev. 3/98)

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.

(X) Check if contractor.

Agent Name Radiation Data/ Thomas Hatton

Address 132 Landing Rd.
Landing NJ 07850

Telephone (973) 770-3046

Signature Thomas S 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			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

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


RECEIVED
MAY 26 2005

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 :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]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 Date 7/21/05
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:

PAYMENTS (Office Use Only)

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 :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]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

PAYMENTS (Office Use Only)

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**

0508857

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 6/3/05

THOMAS PAUN 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 #

05085

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 22 Hemlock Lane
North Brunswick, NJ 08902

Owner in Fee Josephine Marques

Address same

Tel. (732-514-1207

Contractor Radiation Data

Address 132 Lorraine Rd
Landing, NJ 07850

Tel. (973) 514-1207

Lic. No. or Bldrs. Reg. No. MIB90016

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) [X] OTHER Radon

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".

U.C.C. F170-2 (rev. 1/04)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

050885

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. Dempsey
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
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/27/05
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
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.

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	25
		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	

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

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

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

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. : 6028 Federal 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

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

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

Temp Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issue _____

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.

_____ [ ] Licened Electrical Contractor

Applicant's Signature/Contractor's seal and Signature [ ] Exempt Applicant

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
1.00		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

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

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

BUILDING 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 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. MIB90016

Federal Emp. No. 22-2469105

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 E. Hatton
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Radon Remediation=see enclosed diagram

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	5/27/05	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ Ft.

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ 850.00
3. Total (1+ 2) $ 850.00

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
- [X] Other Radon

[ ] Demolition

FEE (Office Use Only)

$ _____

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

U.C.C. F110
(rev. 3/96)

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

TOWNSHIP OF NORTH BRUNSWICK | **BUILDING SUBCODE TECHNICAL SECTION** | Date Received 06/02/2005 | Control # 19225 | Date Issued 07/21/2005 | Permit # 20050885

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	
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 Building.	0.00
2. Alteration	850.00
3. Demolition	0.00
4. Total (1+2+3)	$850.00

C.CERTIFICATION IN LIEU OF OATH

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

Signature

D.TECHNICAL SITE DATA

DESCRIPTION OF WORK

RADON SYSTEM

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	$43.00
DCA Training Fee	$1.00
Total Fee	$44.00

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____

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

U.C.C.F110(rev. 3/96)

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

TOWNSHIP OF NORTH BRUNSWICK | **BUILDING SUBCODE TECHNICAL SECTION** | Date Received 06/02/2005 | Date Issued 07/21/2005
Control # 19225 | Permit # 20050885

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	
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 Building.	0.00
2. Alteration	850.00
3. Demolition	0.00
4. Total (1+2+3)	$850.00

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____
_____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
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
[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	$43.00
DCA Training Fee	$1.00
Total Fee	$44.00

U.C.C.F110(rev. 3/96)

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

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,

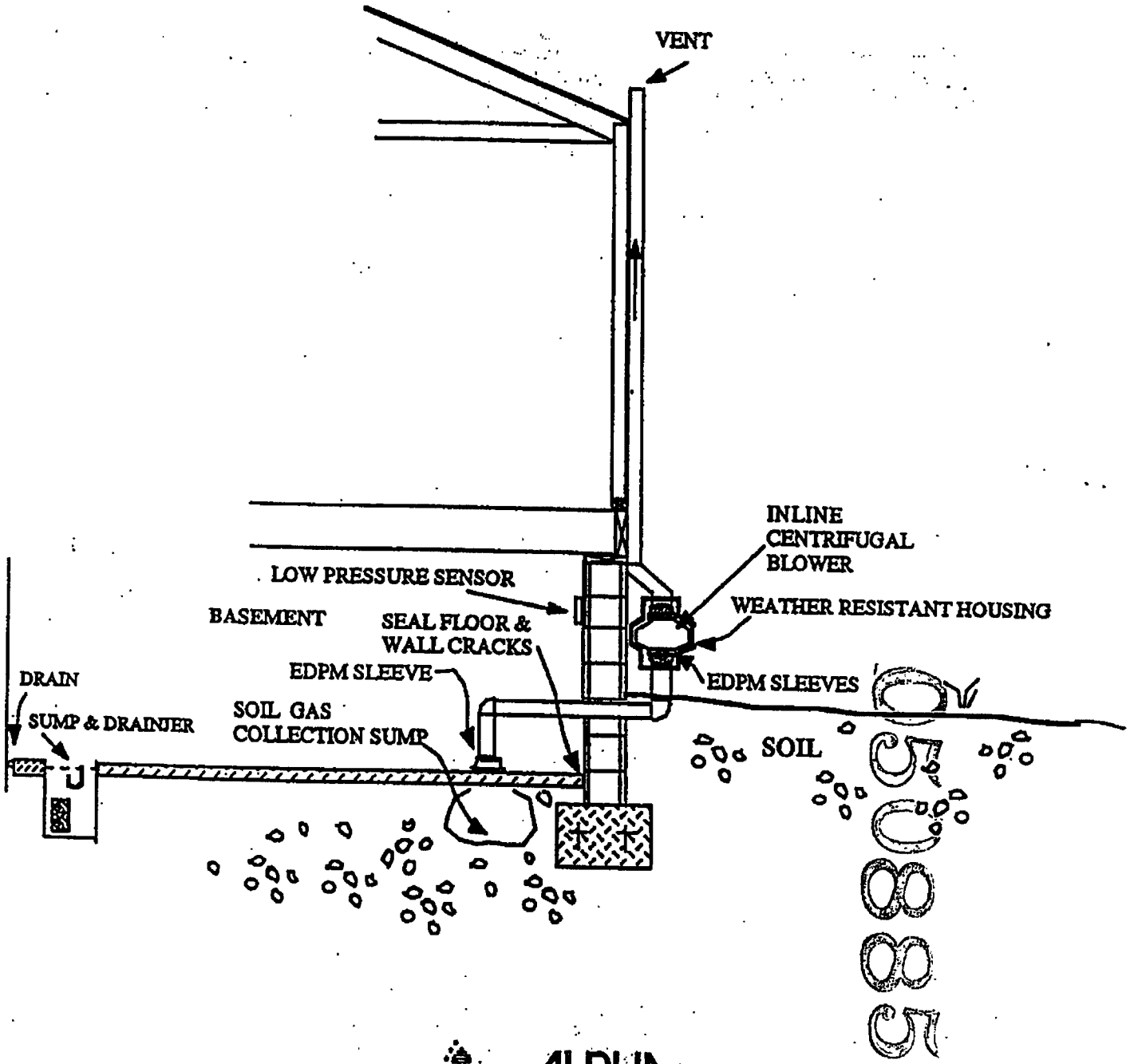
Jen Dickson
Office Manager

encl.

050885

P.O. Box 900 Rocky Hill, NJ 08553 (609) 466-4300 Fax (609) 466-4302 www.radon-test.com
Alpha Concepts Office 132 Landing Road Landing, NJ 07850 (973) 770-3046 Fax (973) 770-1566

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

LDS NOB-B 10313356

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.:

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 OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Thomas Paun

THOMAS PAUN Construction Official

Fees: $0.00
Paid[X]Check No.: 30136
Collected by: mw

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK | **BUILDING SUBCODE TECHNICAL SECTION** | Date Received 06/02/2005 | Control # 19225 | Date Issued 07/21/2005 | Permit # 20050885

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		
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 Building.	0.00
2. Alteration	850.00
3. Demolition	0.00
4. Total (1+2+3)	$850.00

C.CERTIFICATION IN LIEU OF OATH

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

Signature

D.TECHNICAL SITE DATA

DESCRIPTION OF WORK

RADON SYSTEM

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	$43.00
DCA Training Fee	$1.00
Total Fee	$44.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ]No Plans Required		
[ ][ ] All		
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2/19/10
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates(Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2.19.10	MB
Barrier-Free				

U.C.C.F110(rev. 3/96)

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies

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. : 6028 Federal 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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2.19.10
Approved by: AM

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			2.19.10	AM

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

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

[ ] Licened Electrical Contractor
[ ] Exempt Applicant

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
1.00		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

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

Applicant When submitting this form to your local construction Code enforcement Office, please provide one original plus three photocopies