

PERMIT NO. 21-1427

CONSTRUCTION PERMIT APPLICATION

Oct 25 2021

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical	\$		
3. Plumbing	\$		
4. Fire Protection	\$		
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$		
13. TOTAL	\$		

CA 11-22-22

\$100

VI. BUILDING/SITE CHARACTERISTICS		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands: yes	no	

DO YOU WANT:

1. ☐ Elevators/Escalators/Lifts/	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
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VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (*primary use*)

1. State Specific Use:

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present:

4. No. of dwelling units: Total Units *Income-restricted*

Gained, Sale	_____
Gained, Rental	_____
Lost, Sale	_____
Lost, Rental	_____

B. NON-RESIDENTIAL (*primary use*)

1. State Specific Use:

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present:

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

D. Construct, Classification: Present _____

Proposed _____

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(f)1.ix:
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. 5:23-2.15(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 Christian Cusato
Address 809 Featherbed ca
CLARK NJ 07066
Telephone 732 220 5509
Signature [Signature]

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

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



Cranford Township
Township of Cranford
Building Department
8 Springfield Ave.
Cranford, NJ 07016

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 11/22/2021
Control Number C-21-01896
Permit Number 21-1427
Permit Issue Date 11/2/2021
Certificate Number 21-1427

Identification

Work Site Location: 1 BLUFF ST Cranford, NJ 07016 Block: 498 Lot: 6 Qual: _____
Owner in Fee: ORAVETZ: THOMAS & ANN
Owner Address: 1 BLUFF ST CRANFORD NJ 07016
Telephone: (908) 403-7937
Contractor C. CUENTO SAL BONACCORSO & SONS
Address 809 FEATHERBED LANE CLARK NJ 07066-
Telephone: (732) 770-5909 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REMOVAL OF 550 GAL AST

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 11/22/2021

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____

21-1480 B498
C 6

275 16 Blue St
Scrap Tix
Sent Allied

732-381-3355
900 Leesville Ave
Rahway NJ 07065

07065

Tick# 988385

By TScale

1:04:36 PM

11/2021

Gross

Tare

Net Lbs

Price

Amount

300 - Light Iron per 100

9,580.00

8,620.00

960.00

(SC=\$9.00)

86.40

Amt(Before Tax)

86.40

Sales Tax (0.00%)

0.00

Amt(After Tax)

\$86.40

Tricket Total

86.40

Rounded Off

0.10

Total

86.50

* EIGHTY-SIX AND 50 / 100

Date

11/10/2021

Mo

11

2021

Cash

86.50

Print Name: ROBERT COVINO JR

CUSTOMER COPY

Address: 684 BROOKSIDE RD

City/ST/Zip: RAHWAY/NJ/07065

State of issuance:

I hereby state that I'm the lawful owner of the material described herein, that I have a right to sell same, that all REDEMPTION material is in fact valid REDEMPTION material and that for payment received in full, hereby acknowledged, Fortune Metal Recycling

FAX

Office of Mayor Bonaccorso

TOWNSHIP OF CLARK
430 Westfield Avenue
Clark, NJ 07066
Phone: (732) 388-3600
Fax: (732) 388-0256

Re:

Fax:

Pages:

CC:

FROM:

SAC Bonaccorso

Cranford

Customer acknowledges freon removal under Clean Air Act 40CFR 82, Subpart F

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 428-8401



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NOT 25 2021



Date Received
Control #
Date Issued
Permit #

11-2-21
21-1422

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

Block 498 Lot 10310 PE ST Qualification Code _____

Owner in Fee: T. O. Novetz
Tel. 908 403-7937 e-mail _____

Address _____ Municipality _____ Tel. _____ Zip Code _____
Contractor: C. Cusato Municipality _____ Tel. _____ Zip Code _____
Address: 889 704th Ave CA e-mail _____
Clark NJ 07011

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

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

Fire Alarm Contractor No. Budget 5200 86 Exp. Date 4/30/22

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible
Capacity _____

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____
[] Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 1900

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS

[] No Plans Required Type: _____ Failure _____ Approval _____ Initial _____
[] Partial - Underslab Utilities Approved Alarm System _____
Suppression Sys. _____

Date: _____ Approved by: _____ Standpipe _____
Fire Pump _____

Date: 11-2-21 Approved by: [Signature] Pre-Eng. System _____
Joint Plan Review Required: _____ Mechanical _____

[] Bldg. [] Elec. [] Plumb. [] Elev. Smoke Control _____
SUBCODE APPROVAL for PERMIT TCO _____

Date: _____ Approved by: _____ Flam/Combust Tanks _____
SUBCODE APPROVAL for CERTIFICATE Fireplace Venting _____

[] CO [] CCO Final _____
Date: 11-4-21 Other _____

Approved by: [Signature] 11-4-21

Applicant, When submitting this permit to your local Construction Code Enforcement Office, please provide one original plus three photocopies.

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

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor sign here: [Signature]
Print name here: Christina Cusato

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: Remove SGA 521
Send filed air etc
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, puls, waterflow) _____

Supervisory Devices (i.e., tamper, 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 _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ \$100

U.C.C. F140 (rev 02/11)



Date Issued 11/2/2021
Control # C-21-01896
Permit # 21-1427

IDENTIFICATION Block: 498 Lot: 6
Work Site Location: 1 BLUEFF ST Cranford, NJ 07016
Owner in Fee ORAVETZ, THOMAS & ANN
1 BLUEFF ST CRANFORD NJ 07016
Telephone: (908) 403-7937
Contractor C. CUENTO SAL BONACCORSO & SONS
Address 809 FEATHERBED LANE CLARK NJ 07066
Lic. No. or Bids. Reg. No. 520086
Federal Employee No.

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

REMOVAL OF 550 GAL AST

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 \$1,901

Construction Official

U.C.C. #170
equival (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 N.J.A.C. 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.

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 428-8401



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

11-2-21
21-1427

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

Block 410 Lot 8 Qualification Code _____

Work Site Location 1 Bluff St

Owner in Fee: T. O'Connell

Tel. 908 403-7737 e-mail _____

Address _____ municipality _____

Contractor: Chas. Taylor Tel. _____ zip code _____

Address 809 7th & 4th St. (N) e-mail _____

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

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

Fire Alarm Contractor No. 14045 5200 86 Exp. Date 4/30/12

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Costr. Class: Present _____ Proposed _____

Feating System: ☐ New ☒ Modification to Existing

or ☐ Conversion or ☐ Replacement

Fuel Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ 1900

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Fire Protection Plans Approved

Date: 11-2-21 Approved by: (Signature)

Joint Plan Review Required: ☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

INSPECTIONS

Type: _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

DATES (Month/Day)

Failure _____

Approval _____

Initial _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 4100

Flammable/Combustible Tanks

Alarm Systems _____

☐ System _____

☐ 110v Interconnected _____

☐ CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative

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Wet Chemical _____

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CO₂ Suppression _____

Foam Suppression _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

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Dry Chemical _____

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Other Systems

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Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative

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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 _____

Other Systems

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 4100

Flammable/Combustible Tanks

Alarm Systems _____

☐ System _____

☐ 110v Interconnected _____

☐ CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NJDEP

Licensing Programs
Mail Code 401-04E
PO BOX 420
Trenton, NJ 08625-0420

*Please detach your license and carry it with
you for identification purposes.*

CHRISTIAN CUETO
33 LASATTA AVE

Englishtown NJ 07726

Document #: 190229250

DEPARTMENT OF
ENVIRONMENTAL PROTECTION



STATE OF
NEW JERSEY

Hereby Certifies the Goodstanding of:
CHRISTIAN CUETO SSN: -

License No. 520086 Reg No. 520088

AS A LICENSED:

HO-CLOSURE

Expires: 04/30/22 Document#: 190229250