BLOCK 198 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 112 Park Ave. PERMIT NO. 19-0763

C.19.00923

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

JUL 25 2019

1. Proposed Work Site at: 112 Park Ave
2. Name of Owner in Fee: Scodee Properties LLC
   Tel. (908) 397-3576. e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Christian Cueto Tel. (732) 770 5909.
   Address 809 Featherbed Ln e-mail _____
   Clark NJ 07066
   License No. OR, if new home, Builder Reg. No. Dep# 520086 Exp. Date 4/30/19.
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer C. Cueto. Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun C. Cueto / S Bonaccorso
   Tel. (732) 770 5909 FAX: (____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. 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 ____		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☑ Fire Protection					8-1-19	S			
☐ Elevator									
TOTAL COST	$0								

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 _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Cueto

Address 809 Featherbed Ln

Cinnaminson NJ 08066

Telephone 732 770 5909

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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

Date Issued 10/31/2019
Control Number C-19-00993
Permit Number 19-0763
Permit Issue Date 8/7/2019
Certificate Number 19-0763

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 112 PARK DR Cranford, NJ 07016 Block: 198 Lot: 1 Qual:

Owner in Fee: SCODEE PROPERTIES LLC

Owner Address: 1221 DENMARK ROAD PLAINFIELD NJ 07062

Telephone: (908) 397-3576

Contractor TSES Inc. a/k/a Tank Solutions

Address 180 Market Street Kenilworth NJ 07033

Telephone: (908) 964-2717 Fax: (908) 964-4244

License Number or Builders Registration Number: Federal Emp. Number: 222291151

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 275 TANK IN BASEMENT

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/31/2019

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Change of Contractor

RECEIVED
SEP 17 2019

Date Received
Control # 9-18-19

Date Issued
Permit # 19-0763+A

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

Block 198 Lot 1 Qualification Code

Work Site Location 112 Park Dr. Cranford 07016

Owner in Fee: Scedee Properties LLC

Tel. 908 543-4025 e-mail

Address 1221 Denmark Road Plainfield 07062

Contractor: TSES Inc AKA Tank Solutions Tel. 908 964-2717

Address 180 Market St Kenilworth 07033 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. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-339-1131 FAX: 908 964-4244

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Home Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Remove

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location: Basement

Total Cost of Fire Protection Work $ 1475 00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity 275 #2 H/O

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Theodore P. Stack

Print name here: Theodore P. Stack

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 1-275 AST

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date 9-17-19 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [ ] CA

Date: 9-25

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9-25-19	
Other				

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-29-19
Control # 8/4/19
Date Issued
Permit # 19-0763

JUL 25 2019

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

Block 198 Lot 1 Qualification Code _____

Work Site Location 112 Park Ave.

Owner in Fee: Scudera Properties LLC

Tel. (908) 397-3576 e-mail _____

Address _____ street municipality zip code

Contractor: C. Cueto Tel. 732 7285909

Address 809 Featherbed Ln e-mail _____
Clark NJ 07066

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

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

Fire Alarm Contractor No. Dec#520086 Exp. Date 4/30/19

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. Dec#520086 4/30/20 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 800-

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[✓] Fire Protection Plans Approved
Date: 8-1-19 Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final		8-14-19 Cancelled		
Other				

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: Christian Cueto

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove 275 Gal Indoor tank.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	1	100
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, 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		
CO_2 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-

Tank Solutions
Oil Tank Experts

180-188 Market Street, Kenilworth, NJ 07033
(908) 964-2717 | (908) 964-4244
info@oiltanksolutions.com | www.oiltanksolutions.com

DATE: OCTOBER 14, 2019

Send to: Fire Inspector – Town Cranford	From: LUCY ROY
Fax Number : 908-276-4872	
Send to:	
Fax Number:	Number of Pages, Including Cover: 4

☐ URGENT ☐ REPLY ASAP ☐ PLEASE COMMENT ☐ PLEASE REVIEW ☐ FOR YOUR INFORMATION

RE: **AST REMOVAL – 112 PARK DRIVE - CRANFORD**
PERMIT # 2019-0763
MANIFEST AND SCRAP TO CLOSE TOWN PERMIT

TANK SOLUTIONS
180 Market Street
Kenilworth, NJ 07033

TANK CONTENT DISPOSAL TRACKING FORM

Homeowner:	Scott Pyfer
Address:	112 Park Drive Cranford NJ 07016
Date of Removal:	9/25/2019
Permit Number:	19-0763
Volume (Gallons):	30 Gallons W/S
Disposal Contractor:	Lorco Petroleum
Manifest	15350
Pickup Date:	10/10/2019

LORCO PETROLEUM SERVICES
450 South Front Street
ELIZABETH, NJ 07202
(908) 820-8800

INVOICE

15350

TRANSPORTER	DATE 19
GENERATOR	TRUCK NO
BILL TO	

MANIFEST # OR BILL OF LADING	ANALYTICAL
1	SED.% / WATER% / TOTAL BSW
2	
3	PCB'S
4	HALOGENS
5	FLASH
6	CHROMIUM
LORCO TANK NO / LORCO YARD PERSONNEL INITIALS / LAB TECH INITIALS	CADMIUM
	LEAD
	ARSENIC
	PH. WATER / A/F
ANTIFREEZE - _____ °F	LEAD A/F _____ PPM

REJECTION NOTE:

PRODUCT	GALLONS	PRICE	AMOUNT
OIL			
ANTIFREEZE			
DISPOSAL			
FLAMMABLE			
LAB FEE			
TOTAL			

LORCO FACILITIES SIGNATURE

CUSTOMER SIGNATURE

WEIGHMASTER CERTIFICATE
TRUCK SCALE

SIMS METAL MANAGEMENT

SIMS METAL MANAGEMENT

Ticket #: THJGML

SHIP DATE: 09/25/19

Purchased From: 104119
T. SLACK ENVIRONMENTAL
180 MARKET STREET
KENILWORTH, NJ 07033

EMO - Noble St/NWK, NJ
8-18 Noble Street
Newark, NJ 07114

Veh # TK THJGML ID # SLACK

SHPMNT#	COMMODITY	GROSS	TARE	NET	ADJ	REASON	PD WT	CBK	FRT	PRICE	TOTAL AMT
THJGML	#1 HMS Unprepared	54760b	48180b	6580	0		6580	0.00		80.0000GT	235.00
TOTALS				6580	0		6580	0.00			235.00

ALL WEIGHTS ARE REPORTED IN POUNDS UNLESS OTHERWISE INDICATED. ALL NON-POUND WEIGHTS ARE ASSUMED TO BE MANUAL WEIGHTS

WEIGHMASTER SIGNATURE _____
(Jonathan G.)

a=SCALE 1 b=SCALE 2 c=SCALE 3 d=SCALE 4 m=MANUAL WEIGHT

GRS Date 09/25/19	GROSS TONS
GRS Time 15:08	2.9375
TRE Date 09/25/19	
TRE Time 15:44	

Nichols, Drew

**** Total Paid at 09/25/19 3:48pm via ATM Receipt No. 121833 $235.00 ****

In accordance with the Clean Air Act and other applicable laws, seller must sign the Scrap Acceptance Agreement form provided at the scale at least one time every 2 years, which applies to any recyclables in the transaction which may contain or have contained refrigerants or other potential Hazardous Materials.

FOR SALVAGE VEHICLE SALES: I hereby certify, under penalty of perjury that any vehicle sold has been cleared for dismantling with the Department of Motor Vehicles.

HOLD HARMLESS AGREEMENT: Seller will indemnify and hold buyer harmless for damages, demands and liabilities, including reasonable attorney's fees, resulting from the breach of any warranty hereunder and driver agrees to be responsible for damage to vehicle during unloading.

BILL OF SALE: I warrant that I am the owner (or owner's representative) of the material described hereon and have the right to sell same, that it contains no Hazardous Material as defined in the Scrap Acceptance Agreement or otherwise by any federal or state law and that for payment hereby received, I sell and convey title to Sims Metal Management.

CFC VERIFICATION: In partial consideration for Buyer's payment for Commodities, Customer hereby certifies and warrants that all refrigerants (including without limitation chlorofluorocarbons (CFCs), hydrochlorofluorocarbons (HCFCs), or non-exempt refrigerant substitutes (and other non-CFC replacement refrigerants), and all other Class I and II substances, as defined in § 608 of the federal Clean Air Act, as amended, and in 40 Code of Federal Regulations Part 82):

☐ that had not leaked previously, have been properly removed and recovered from those appliances or shipments of appliances (including without limitation motor vehicle air conditioners) delivered to Buyer under this Weighmaster Certificate (Shipment), by the following person:

Name: _____

Address: _____

Date of Removal: _____

or

☐ had leaked previously from this Shipment.
☐ This Shipment contained no Commodities ever containing refrigerants.
☐ Customer signed Buyer's Scrap Acceptance Agreement in the last two years. Presume checked if nothing checked.

CUSTOMER SIGNATURE X

PERMIT UPDATE

Date Update Issued 9/18/2019
Control # C-19-01227
Permit # 19-0763+A

IDENTIFICATION Block: 198 Lot: 1 Qualifier
Work Site Location: 112 PARK DR Cranford, NJ 07016
Owner in Fee: SCODEE PROPERTIES LLC
1221 DENMARK ROAD PLAINFIELD NJ 07062
Telephone: (908) 397-3576

Contractor: C. CUENTO SAL BONACCORSO & SONS
Address: 809 FEATHERBED LANE CLARK NJ 07066-
Telephone: (732) 770-5909
Lic. No. or Bldrs. 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:
CHANGE OF CONTRACTOR

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

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$75
Check No.	2558
Cash	$0
Credit	$0
Collected By	Regina Hrynkiewicz

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Change of Contractor

RECEIVED
SEP 17 2019

Date Received 9-18-19
Control # 19-0763+A
Date Issued

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

Block 1918 Lot 1 Qualification Code

Work Site Location 112 Park Dr. CRANFORD 07016

Owner in Fee: 3Codee Properties LLC

Tel. 908 543-4025 e-mail

Address 1221 Denmark Road Plainfield 07062

Contractor: TSES Inc AKA Tank Solutions Tel. 908 964-8717

Address 180 Market St Kenilworth 07033 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. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 908 964-4247

Federal Emp. ID No. 22-089-1151 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Home Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing Remove OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location: Basement

Total Cost of Fire Protection Work $ 1475 00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity 275 # 2410

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the Applicant/Owner of record and am authorized to make this application.

CRANFORD BUILDING

Applicant/Contractor sign here: Theodore P. Stack

Print name here: Theodore P. Stack

[+] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 1-275 AST

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[✓] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Fire Protection Plans Approved

Date: 9-17-19 Approved by:

Joint Plan Review Required:

[✓] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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CONSTRUCTION PERMIT

Date Issued 8/7/2019
Control # C-19-00993
Permit # 19-0763

IDENTIFICATION Block: 198 Lot: 1 Qualifier
Work Site Location: 112 PARK DR Cranford, NJ 07016

Owner in Fee: SCODEE PROPERTIES LLC
1221 DENMARK ROAD PLAINFIELD NJ 07062
Telephone: (908) 397-3576

Contractor: C. CUENTO SAL BONACCORSO & SONS
Address: 809 FEATHERBED LANE CLARK NJ 07066-
Telephone: (732) 770-5909
Lic. No. or Bldrs. Reg. No. 520086
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVAL OF 275 TANK IN BASEMENT

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 $800

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$100
Check No.	6608
Cash	$0
Credit	$0
Collected By	Tracy Wenskoski

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.

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7-29-
Control # 816/19
Date Issued
Permit # 19-0763

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

Block 148 Lot 1 Qualification Code

Work Site Location 112 Park Ave.

Owner in Fee: Scudera Properties LLC

Tel. (908) 397-3576 e-mail

Address

Contractor: C. Cueto (street) (municipality) Tel. 732 785-909 (zip code)

Address 809 Featherbed Ln e-mail

Plank NJ 07066

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

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

Fire Alarm Contractor No. NJ#520086 Exp. Date 4/30/19

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 223520658 4/30/19 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 800-

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 8-1-19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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.

Applicant sign/Contractor sign and seal here:

Print name here: Christian Cueto

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 275 Gal Indoor Tank.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	1	100
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other		
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		
CO_2 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-

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF NEW JERSEY

Hereby Certifies the Goodstanding of:

CHRISTIAN CUETO SSN: -

License No. 520086 Reg No. 520086

AS A LICENSED:

HD-CLOSURE

Expires: 04/30/22 Document#: 190229250