THE BOROUGH OF ROSELLE PARK

N E W J E R S E Y

110 EAST WESTFIELD AVENUE, ROSELLE PARK, NJ 07204
WWW.ROSELLEPARK.NET

ANDREW J. CASAIS, RMC, QPA
CHIEF ADMINISTRATIVE OFFICER,
BOROUGH CLERK & PURCHASING AGENT
(908) 245-6222
acasais@rosellepark.net

April 20, 2022

Attn: Antonio M

Sent via Email (opra+req8est-31059-06d27871@requests.orpamachine.com)

Re: OPRA Request Received 4-18-2022

Dear Antonio M,

Please be advised that my office received your request for public records pursuant to the New Jersey Open Public Records Act (NJ-OPRA), *N.J.S.A. 47:1A-1 et seq.*

Upon review of files kept and maintained by the Borough of Roselle Park, thirty-five (35) pages were found to exist pursuant to your request for: At this point, in order to clarify my request I would to obtain the following records for permit 19-052 only: 1) Construction Permit Application 2) Certification in Lieu of Oath 3) Construction Permit 4) Fire Protection Subcode application and Permit (if one was applied for and issued) 5) Copies of professional licenses submitted to you agency by application issued by NJ DEP 5) Any communication/paperwork submitted by contractor or subcontractor requesting inspections and submitting proof of proper disposal of removed tank 6) any and all other records available attached to said permit."

You will find that certain information is redacted and not publicly disclosed. NJ-OPRA and, more generally, New Jersey State law provides for specific exemptions that require certain information to be withheld from public disclosure. These specific exemptions are outlined in *N.J.S.A. 47:1A-1.1.* **In the case of your request, each redacted item is being withheld as it is personally identifying information which may include unlisted telephone numbers, social security numbers, or personal e-mail addresses.** Other than the redactions outlined herein, all other information has been provided in accordance with the law.

Please be advised that the records hereinafter provided, if any, represent the full and complete response to your captioned request by the Borough of Roselle Park. Any records requested that have not been provided herein have not been found to exist.

Regards,

Andrew J. Casais, RMC, QPA
Chief Administrative Officer,
Borough Clerk & Qualified Purchasing Agent

CC: OPRA File

OCK 314 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 302 W. Westfield PERMIT NO. 19-052

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

Proposed Work Site at: 302 W. Westfield ave

Name of Owner in Fee: Lignos LLC

Tel. [redacted] e-mail _____

Address _____ (street) (municipality) (zip code)

Ownership in Fee: Public _____ Private ✓

Principal Contractor: C. Cueto Tel. [redacted]

Address 809 Featherbed Ln e-mail _____

Clark NJ 07066

License No. OR, if new home, Builder Reg. No. Dep# 5200826 Exp. Date 4/30/19

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

Federal Emp. ID No. _____ FAX: ( ) _____

Architect or Engineer C. Cueto Contact _____

Address _____ e-mail _____

Tel. ( ) _____ FAX: ( ) _____

Responsible Person in Charge once Work has Begun C. Cueto / S. Bonaccorso

Tel. [redacted] 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 ____

I. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

II. 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		JC	1/30/19		1/30/19	AK			
☐ Elevator									
TOTAL COST	1700								

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

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 pemit 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
Clayton NJ 08065

Telephone [redacted]

Signature Christian Cueto

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.

BOROUGH OF ROSELLE PARK
110 E. WESTFIELD AVENUE
908-245-2721

Date Issued 02/07/19
Control #
Permit # 19-052

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 314 Lot 5 Qual

Work Site Location 302 WESTFIELD, WEST
TANK REMOVAL 550 GAL UST

Owner in Fee/Occupant LIGNOS, NICK

Address 302 W. WESTFIELD AVE.
ROSELLE PARK, NJ 07204-

Telephone [redacted]

Contractor C. CUETO/SAM BONACCORSO & SON

Address 809 FEATHERBED LANE
CLARK, NJ 07066-

Telephone [redacted] x ( ) -

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 73-2770599

Home Warranty No.

[ ] State [ ] Private

Use Group U-

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

TANK REMOVAL 550 GALLON UST

[ ] 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 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

[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.

[ ] 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 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 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 _____, ____.

Fee $ 0
Paid [X] Check No. 6485
Collected by: SC

Construction Official

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/30/19
Control # 410046
Date Issued 2/1/19
Permit # 19-052

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

Block 314 Lot 5 Qualification Code _____

Work Site Location 302 W. Westfield Ave

Owner in Fee: LiGNOS LLC

Tel. [redacted] e-mail _____

Address _____ street municipality

Contractor: C. Cueto Tel. [redacted]

Address 809 Feathered CA 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. Dept #520086 Exp. Date 4/30/19

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ 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 $ 1700—

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: Christian Cueto

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

DESCRIPTION OF WORK:
Water Supply Source Remove 550 Sal coil tank.
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	1	
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 _____		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: 1/31/19 Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/30/19
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			2/7/19	
Other _____				

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

Administrative Surcharge $ PG Ck #6485
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ $100.00

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

Sludge Oil Only

EPA Approved NJD982789840 — 302 W. Westfield Ave Roselle Park — DEPE Approved #33925

Charlie's Oil Recovery Service, Inc.

Waste Oil - Waste Water Removal

Charlie LoRello, Owner — P.O. Box 438, Lakehurst, NJ 08733 [redacted]

2-7-19

TO: 302 W. Westfield Ave Roselle Park

DESCRIPTION	AMOUNT
Non-Sal	
Heated	
#2 Fuel/Water	
500 gals	
Charge	
SUB TOTAL	575
TAX	
TOTAL	575

MANIFEST # 264129

WASTE # N/A

302 W. Westfield Ave
Roselle Park. Scrap Tix

Fortune Metal Recycling

[redacted]
900 Leesville Ave
Rahway NJ 07065

07065

Tick# 725633 By TScale 12:25:44 PM 2/7/2019

Gross	Tare	Net Lbs	Price	Amount
320 - #1 UNPREPARED per 100			(SC=$6.50)	
9,320.00	8,580.00	740.00	6.50	48.10
Manual WT				
Amt (Before Tax)				48.10
Sales Tax (0.00%)				0.00
Amt (After Tax)				$48.10
			Ticket Total	48.10
			Rounded Off	-0.10
			Total	48.00

* FORTY-EIGHT AND XX / 100

Date	Mode	Trn #	Amount
2/7/2019	Cash		48.00

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 heron, 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

X

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

Office of Mayor Bonaccorso

TOWNSHIP OF CLARK
430 Westfield Avenue
Clark, NJ 07066
[redacted]
Fax: 732-388-0256

FAX

To: Roselle Park Bldg	From: Bonaccorso
Fax: [redacted]	Pages: 2
Phone:	Date: 2/7/19
Re: Oil tank	cc:

See attached

BOROUGH OF ROSELLE PARK
110 E. WESTFIELD AVENUE
908-245-2721

Date Issued 2/1/19
Control # C314-5
Permit # 19-052

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 314 Lot 5 Qual

Work Site Location 302 WESTFIELD, WEST
TANK REMOVAL 550 GAL UST
Owner in Fee LIGNOS, NICK
Address 302 W. WESTFIELD AVE.
ROSELLE PARK, NJ 07204-
Telephone [redacted]

Contractor C. CUETO/SAM BONACCORSO & SON 4100416
Address 809 FEATHERBED LANE
CLARK, NJ 07066-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 73-2770599

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TANK REMOVAL 550 GALLON UST

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 $ 1,700

Construction Official

1/31/19
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	100
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	100
Check No.	6485
Cash	
Collected By	JC

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

BOROUGH OF ROSELLE PARK
110 E. WESTFIELD AVENUE
908-245-2721

UCC NEW JERSEY
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 01/30/19
Date Issued / /
Control # C314-5
Permit #

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

Block 314 Lot 5 Qual
Work Site Location 302 WESTFIELD, WEST
TANK REMOVAL 550 GAL UST
Owner in Fee LIGNOS, NICK
Address 302 W. WESTFIELD AVE.
ROSELLE PARK, NJ 07204-
Tel [redacted]
Contractor C. CUETO/SAM BONACCORSO & SON
Address 809 FEATHERBED LANE
CLARK, NJ 07066-
Tel. [redacted] Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 73-2770599

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present U- Proposed U
Constr Class - Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,700

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Util Appr
Date: Appr by:
[ ] Fire Plans Approved
Date: Appr by:
Joint Plan Review Required:
[ ] Build [ ] Elect [ ] Plumb
SUBCODE APPR - PERM [ ] Elev
Date: Appr by:
SUBCODE APPR - CERTIF
[ ] CO [ ] CCO [ ] CA
Date: Appr by:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Fl/Comb Tnk				
Firepl Vnt				
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.

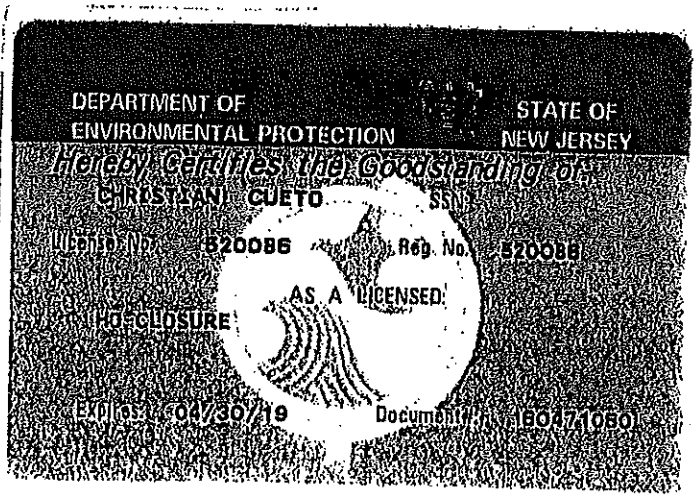
Signature/Contractor Seal

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK REMOVAL		100
Other		0
Other		0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 100
DCA State Permit Fee $ 0


DEPARTMENT OF
ENVIRONMENTAL PROTECTION
STATE OF
NEW JERSEY
Hereby Certifies the Good Standing of:
CHRISTIAN CUETO
SS#:
License No: 520086
Reg. No: 520086
AS A LICENSED
HOS CLOSURE
Expires: 04/30/19
Document #: 80471060

CK 307 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 337 W Clay PERMIT NO. 19-468

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

Proposed Work Site at: 337 W Clay Ave (337-339 W. Clay)

Name of Owner in Fee: J Tittel. Jon Vincent M Maccarone DC

Tel. ([redacted]) e-mail _____

Address _____ (street) (municipality) (zip code)

Ownership in Fee: Public _____ Private ✓

Principal Contractor: C Cueto Tel. [redacted]

Address 809 Featherbed Ln e-mail _____

Clark NJ 07066

License No. OR, if new home, Builder Reg. No. Dca# 520086 Exp. Date 4/30/22

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

Federal Emp. ID No. _____ FAX: ( ) _____

Architect or Engineer C. Cueto Contact _____

Address _____ e-mail _____

Tel. ( ) _____ FAX: ( ) _____

Responsible Person in Charge once Work has Begun C Cueto / S Bonaccorso

Tel. [redacted] 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 ____

PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

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		DC	12/4/19		12/11/19	MV			
☐ Elevator	1700								
TOTAL COST	✓								

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 _____

. PLAN REVIEW (optional)

O YOU WANT:

☐ Partial Releases

☐ 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
Clark NJ 07066

Telephone [redacted]

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.

Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 7/15/2020
Control Number C-19-599
Permit Number 19-468
Permit Issue Date 12/10/2019
Certificate Number 19-468

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 337-339 W. CLAY AVE. ROSELLE PARK, NJ 07204 Block: 307 Lot: 4 Qual:
Owner In Fee: JAN VINCENT M MANAGEMENT LLC
Owner Address: 11 ROMORE PL CRANFORD NJ 07016
Telephone: [redacted]
Contractor C. CUETO/SAM BONACCORSO & SON
Address 809 FEATHERBED LANE CLARK NJ 07066-
Telephone: [redacted] Fax: / - Federal Emp. Number: 73-2770599
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: - TANK REMOVAL 550 SAND FILLED OIL TANK

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:

Fee: $0.00
Check Number:
Collected By:

Construction Official
Date Printed: 7/15/2020

U.C.C. F280 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 12-11-19
Control # C-19-599
Permit # 19-468

IDENTIFICATION Block: 307 Lot: 4 Qualifier 809140
Work Site Location: 337-339 W. CLAY AVE. ROSELLE PARK, NJ 07204
Owner in Fee: JAN VINCENT M MANAGEMENT LLC
11 ROMORE PL CRANFORD NJ 07016
Telephone: [redacted]

Contractor: C. CUETO/SAM BONACCORSO & SON
Address: 809 FEATHERBED LANE CLARK NJ 07066-
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. DEP #520086
Federal Employee. No. 73-2770599

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:
TANK REMOVAL 550 SAND FILLED OIL TANK

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.	6074
Cash	$0
Credit	$0
Collected By	MS

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 $1,700

Construction Official [signature] Date 12/11/19

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.

Let's protect our earth

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.

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:

HO-CLOSURE

Expires: 04/30/22 Document#: 190229250

CHRISTIAN CUETO
33 LASATTA AVE

Englishtown NJ 07726

Document #: 190229250

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12/10/19
Control # C19-599
Date Issued 12/11/19
Permit # 809140 19-468
Fee # 809140

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

Block 307 Lot 9 Qualification Code
Work Site Location 339 W. Clay Ave 337-339 W Clay
Owner in Fee: J. Tittel
Tel. [redacted] e-mail
Address street municipality
Contractor: C. Cueto Tel. [redacted]
Address 809 Featherbed Ln e-mail
Clayton NJ 08016
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Dept 520080 Exp. Date 4/30/19
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 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 $ 1700

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor sign here:
Print name here: Claston Cueto
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 550 Gal Sand Filled oil Tank
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		
Fireplace Venting/Metal Chimney		
Other		
		Paid Check 0711
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: 12/10/19 Approved by: AV
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12/10/19
Approved by: AV
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1/8/2020
Approved by: AV

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			1/8/2020	AV
Other				

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

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

Office of Mayor
Bonaccorso

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

FAX

To: Roselle Park
Fax: 908-298-9418
Phone:
Re:
cc:

From: [redacted]
Pages:
Date: 7/14/20

SAL BONACCORSO
809 Featherbed Lane, Clark, New Jersey 07066
LANDSCAPE CONTRACTOR
Oil Tank Services
Top Soil • Mulch • Stone
[redacted]

Date 7/14/20

Roselle Park Bldg Dept.

When we removed the tank at 339 West Clay Avenue in January the tank was taken to Fortune Metal Recycling at 900 Leesville Ave, Rahway, NJ 07065. thank you.
Sal Bonaccorso

CK 1016 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 444 Henry PERMIT NO. 19-469

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

Proposed Work Site at: 444 Henry St Roselle Park

Name of Owner in Fee: J. Fahey

Tel. ([redacted] e-mail _____

Address _____ (street)

Ownership in Fee: Public _____ Private ✓ (municipality) (zip code) [redacted]

Principal Contractor: C. Cueto Tel. [redacted]

Address 809 Featherbed LA e-mail _____

Clark NJ 07066

License No. OR, if new home, Builder Reg. No. Deo # 520086 Exp. Date 4/30/22

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

Federal Emp. ID No. _____ FAX: ( ) _____

Architect or Engineer C. Cueto Contact _____

Address _____ e-mail _____

Tel. ( ) _____ FAX: ( ) _____

Responsible Person in Charge once Work has Begun C. Cueto / S. Bonaccorso

Tel. [redacted] 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 _____

PROPOSED WORK

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

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		AC	12/10/19		1/7/19	✓			
☐ Elevator									
TOTAL COST	~~1200.~~ 2400								

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 _____

I. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ 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.lx:

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 pemit 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

Clark NJ 07066

Telephone [redacted]

Signature Christian Cueto

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.

Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 12/19/2019
Control Number C-19-600
Permit Number 19-469
Permit Issue Date 12/10/2019
Certificate Number 19-469

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 444 HENRY ST ROSELLE PARK, NJ 07204 Block: 1016 Lot: 2 Qual:

Owner In Fee: FAHEY, JOHN E, JR & JANET

Owner Address: 444 HENRY ST ROSELLE PARK NJ 07204

Telephone: [redacted]

Contractor C. CUETO/SAM BONACCORSO & SON

Address 809 FEATHERBED LANE CLARK NJ 07066-

Telephone: [redacted] Fax: / -

License Number or Builders Registration Number: Federal Emp. Number: 73-2770599

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: - TANK REMOVAL 1,000 SAND FILLED OIL TANK

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: 12/19/2019

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

Control # C-19-600

Date Issued 12-11-19

Permit # 19-469

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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

Block 1010 Lot 2 Qualification Code

Work Site Location 444 Henry St.

Owner in Fee: J. Fahey

Tel. [redacted] e-mail

Address street municipality

Contractor: C. Cueto Tel. [redacted]

Address 809 Featherbed LA e-mail

Cuack NJ 08066

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

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

Fire Alarm Contractor No. DCA# 520086 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

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 $ 2400.

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

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

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

C. CERTIFICATION IN LIEU OF OATH reg # 809141

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

Applicant/Contractor sign here: C. Cueto

Print name here: Christian Cueto [✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 1,000 Sand Filled Oil Tank.

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		
Fireplace Venting/Metal Chimney		
Other		

Paid / Check # 6710

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: 12/10/19 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/10/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12/18/19
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/18/19	
Other				

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

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

444 Henry St
Roselle Park

Fortune Metal Recycling

Scrap Tix
Sand Filled

[redacted]
900 Leesville Ave
Rahway NJ 07065

07065

Tick# 806940	By TScale	12:35:10 PM	12/18/2019	
Gross	Tare	Net Lbs	Price	Amount
320 - #1 UNPREPARED per 100			(SC=$6.00)	
10,020.00	8,760.00	1,260.00	6.00	75.60
Manual WT				
Amt (Before Tax)				75.60
Sales Tax (0.00%)				0.00
Amt (After Tax)				$75.60
		Ticket Total		75.60
		Rounded Off		-0.10
		Total		75.50

* SEVENTY-FIVE AND 50 / 100

Date	Mode	Trn #	Amount
12/18/2019	Cash		75.50

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 heron, 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

X

er acknowledges freon removal
. Clean Air Act 40CFR 82, Subpart F

FAX

Office of Mayor
Bonaccorso

TOWNSHIP OF CLARK
430 Westfield Avenue
Clark, NJ 07066
Fax: [redacted]

To: Roselle Park Bldg
Fax: 905-298-9718
Phone:
Re: Oil Tank

From: Sgt
Pages: 1
Date: 12/19/2019
cc:

From:

12/20/2019 09:33 #243

CONSTRUCTION PERMIT

Date Issued 12-11-19
Control # C-19-600
Permit # 19-469

IDENTIFICATION Block: 1016 Lot: 2 Qualifier 809141
Work Site Location: 444 HENRY ST ROSELLE PARK, NJ 07204

Owner in Fee FAHEY, JOHN E, JR & JANET
444 HENRY ST ROSELLE PARK NJ 07204

Telephone: [redacted]

Contractor C. CUETO/SAM BONACCORSO & SON
Address 809 FEATHERBED LANE CLARK NJ 07066-

Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. DEP #520086
Federal Employee. No. 73-2770599

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:
TANK REMOVAL 1,000 SAND FILLED OIL TANK

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.	6770
Cash	$0
Credit	$0
Collected By	MB

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 $2,400

Construction Official

12/11/19
Date

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 busines 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.

Let's protect our wealth

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.

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:

HO-CLOSURE

Expires: 04/30/22 Document#: 190229250

CHRISTIAN CUETO
33 LASATTA AVE

Englishtown NJ 07726

Document #: 190229250

K 123 LOT 7.01 QUALIF/CODE _____ ADDRESS (SITE) 536 Oakwood Ave. PERMIT NO. 21-021

~~NSHIP OF CLARK~~
~~ESTFIELD AVENUE~~
~~, NJ 07066-1704~~
~~28-8401~~

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 536 Oakwood Ave Roselle Park
2. Name of Owner in Fee: E. Tromp
   Tel. [redacted] e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: C Cueto Tel. [redacted]
   Address 809 Featherbed LA e-mail _____
   OAK NJ 07066
   License No. OR, if new home, Builder Reg. No. Dep#520086 Exp. Date 4/30/22
   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. ( ) _____ 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	1700	✓	1/19/21		1/19/21	✓			
☐ Elevator									
TOTAL COST	1700								

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
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 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 Cueto

Address 869 Featherbed Ln
Cinnaminson NJ 08077

Telephone [redacted]

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.

Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 1/21/2021
Control Number C-21-40
Permit Number 21-021
Permit Issue Date 1/19/2021
Certificate Number 21-021

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 536 OAKWOOD AVE ROSELLE PARK, NJ 07204 Block: 123 Lot: 7.01 Qual:

Owner in Fee: TROMP, MICHAEL & ERICA

Owner Address: 536 OAKWOOD AVE ROSELLE PARK NJ 07204

Telephone: [redacted]

Contractor C. CUETO/SAM BONACCORSO & SON

Address 809 FEATHERBED LANE CLARK NJ 07066-

Telephone: [redacted] Fax: / - Federal Emp. Number: 73-2770599

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: - TANK REMOVAL 550 GAL SAND FILLED OIL TANK

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: 1/21/2021

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

Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 1/21/2021
Control Number C-21-40
Permit Number 21-021
Permit Issue Date 1/19/2021
Certificate Number 21-021

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 536 OAKWOOD AVE ROSELLE PARK, NJ 07204 Block: 123 Lot: 7.01 Qual:

Owner in Fee: TROMP, MICHAEL & ERICA

Owner Address: 536 OAKWOOD AVE ROSELLE PARK NJ 07204

Telephone: [redacted]

Contractor C. CUETO/SAM BONACCORSO & SON

Address 809 FEATHERBED LANE CLARK NJ 07066-

Telephone: [redacted] Fax: / - Federal Emp. Number: 73-2770599

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: - TANK REMOVAL 550 GAL SAND FILLED OIL TANK

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: 1/21/2021

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

CONSTRUCTION PERMIT

Date Issued 1/19/21
Control # C-21-40
Permit # 21-0521

IDENTIFICATION Block: 123 Lot: 7.01 Qualifier
Work Site Location: 536 OAKWOOD AVE ROSELLE PARK, NJ 07204
Contractor C. CUETO/SAM BONACCORSO & SON 191259
Address 809 FEATHERBED LANE CLARK NJ 07066-

Owner in Fee TROMP, MICHAEL & ERICA
536 OAKWOOD AVE ROSELLE PARK NJ 07204
Telephone: [redacted]

Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. DEP #520086
Federal Employee. No. 73-2770599

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:
TANK REMOVAL 550 GAL SAND FILLED OIL TANK

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 $1,700

Construction Official

Date 1/19/21

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.	6961
Cash	$0
Credit	$0
Collected By	JC

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.

~~TOWNSHIP OF CLARK~~
~~430 WESTFIELD AVENUE~~
~~CLARK, NEW JERSEY 07066-1704~~
~~(732) 388-8401~~

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/7/21
Control # C2-40 191259
Date Issued 1/19/21
Permit # 21-521

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

Block 123 Lot 7.01 Qualification Code
Work Site Location 531 Oakwood Ave
Owner in Fee: E Tromp
Tel: [redacted] e-mail
Address
Contractor: C Coveto municipality Tel. [redacted]
Address 809 Featherbed LA e-mail
Clark NJ 0866
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. ~~DCA~~ S20086 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
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 $ 1700.

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 550 Gal Steel Fuel oil tank
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		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		$100-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Undersiab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/19/21
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			1/19/21	
Other				

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

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

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

Let's protect our wealth

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. 520086

AS A LICENSED:

HO-CLOSURE

Expires: 04/30/22 Document#: 190229250

21-029
123/7.01

Office of Mayor Bonaccorso

TOWNSHIP OF CLARK
430 Westfield Avenue
Clark, NJ 07066
[redacted]
Fax: 732-388-0256

FAX

To: Roselle Park Bldg	From: [redacted]
Fax: 9-298-9718	Pages: 1
Phone:	Date: 1/22/21
Re: Oil Tank	cc:

536 Oakwood Ave
Roselle Park
Scrap T.Y.

Fortune Metal Recycling
[redacted]
900 Leesville Ave
Rahway NJ 07065
07065

Tick# 899842 By TScale 12:25: 1/20/2021

Gross	Tare	Net Lbs	Price	Amount
320 - #1 UNPREPARED per 100			(SC=$11.00)	
10,300.00	9,220.00	1,080.00	11.00	118.80

Manual WT

Amt(Before Tax)	118.80
Sales Tax (0.00%)	0.00
Amt(After Tax)	$118.80
Ticket Total	118.80
Rounded Off	-0.05
Total	118.75

* ONE HUNDRED EIGHTEEN AND 75 / 100

Date	Mode	Trn #	Amount
1/20/2021	Cash		118.75

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 heron, 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

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

(1105 LOT 28 QUALIF/CODE _____ ADDRESS (SITE) 455 Madison Ave. PERMIT NO. 22-094

ISHIP OF CLARK
:STFIELD AVENUE
NJ 07066-1704
28-8401

CONSTRUCTION PERMIT APPLICATION

Uniform Construction Code — New Jersey

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

IDENTIFICATION

. Proposed Work Site at: 455 Madison Ave

. Name of Owner in Fee: H. Mortola

Tel. ([redacted] e-mail _____

Address _____ (street) (municipality) (zip code)

. Ownership in Fee: Public _____ Private _____

. Principal Contractor: C. Cueto Tel. [redacted]

Address 609 Featherbed LA e-mail _____
CLARK NJ 07066

License No. OR, if new home, Builder Reg. No. Dept 520086 Exp. Date 4/30/22

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

Federal Emp. ID No. _____ FAX: ( ) _____

. Architect or Engineer C. Cueto Contact _____

Address _____ e-mail _____

Tel. ( ) _____ FAX: ( ) _____

. Responsible Person in Charge once Work has Begun C. Cueto | S Bourrecoso

Tel. [redacted] 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 ____

Ia. PROPOSED WORK

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

Ib. 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									
☐ Elevator									
TOTAL COST	1500				1/27/22				

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
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 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 Cueto

Address 809 Jug Handle Ln
Cape May NJ 08260

Telephone [redacted]

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.

CONSTRUCTION PERMIT

Date Issued 3/7/22
Control # C-22-89
Permit # 22-094

100078

IDENTIFICATION Block: 1105 Lot: 28 Qualifier
Work Site Location: 455 MADISON AVE Borough of Roselle Park, NJ 07204
Owner in Fee MORTOLA, HUMBERTT & ANA
455 MADISON AVE ROSELLE PARK NJ 07204
Telephone: [redacted]

Contractor C. CUETO/SAM BONACCORSO & SON
Address 809 FEATHERBED LANE CLARK NJ 07066-
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. DEP #520086
Federal Employee. No. 73-2770599

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 UNDERGROUND STORAGE TANK 550 GAL

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.	7221
Cash	$0
Credit	$0
Collected By	NC

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 $0

Construction Official

Date 3/7/22

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.

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.

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:

HO-CLOSURE

Expires: 04/30/22 Document#: 190229250

CHRISTIAN CUETO
33 LASATTA AVE

Englishtown NJ 07726

Document #: 190229250