



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 500 BEECH AVE Garwood Borough NJ

2. Name of Owner in Fee: MOLEEN, ANN J Tel. (732) 830-6443

Address 500 BEECH AVE GARWOOD NJ 07027

3. Ownership in Fee: ☐ Public ☒ Private Email _____

4. Principal Contractor: C. CUENTO & S. BONACCORSO Tel. (732) 770-5909

Address 808 FEATHERBED LANE CLARK NJ 07066

Email _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Em. ID No. _____ Fax _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ Fax _____

6. Responsible Person in Charge once Work has Begun _____

Tel. _____ Fax _____

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Approval	Rejection	Reviewer
☒ Building									
☐ Electrical									
☐ Plumbing									
☒ Fire Protection	1500		9/18/2018		9/19/2018				
☐ Elevator									
TOTAL COST	1500								

FOR OFFICE USE ONLY (Optional)

III. PLAN REVIEW (optional)

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

- DO YOU WANT:
1. ☐ Partial Releases ☐ Elevators/Escalators/Lifts/ Dumbwheels/Moving Walks ☐ Refrigeration Systems ☐ Smoke Control Systems in Open Wells ☐ Fire Alarm
2. ☐ Prototype Processing ☐ High Pressure Boiler ☐ Cross-Connections/ Backflow Preventers ☐ Underground Storage Tanks
- ☐ Pressure Vessel ☐ Sprinklers ☐ Hazardous Uses/Places of Assembly ☐ Swimming Pools, Spas and Hot Tubs ☐ LP Gas Tanks

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection	100	
5. Elevator Devices		
6. Subtotal	100	
7. Less 20% for State Plan Review		
8. Subtotal	100	
9. State Permit Surcharge Fee		
10. Subtotal	100	
11. Cert of Occupancy		
12. Other		
13. TOTAL	100	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

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 _____ sq. ft.

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands _____

yes _____ no _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

4. No. of dwelling units: _____

Before Construction All Units Income-restricted

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: U

3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: _____



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

Block 310 Lot 10 Qualification Code _____

Work Site Location: 500 BEECH AVE Garwood Borough, NJ

Owner in Fee: MOLEEN, ANN J

Address 500 BEECH AVE GARWOOD NJ 07027 Email _____

Tel. (732) 830-6443

Contractor: C. CUENTO & S. BONACCORSO Tel. (732) 770-5909

Address 809 FEATHERBED LANE CLARK NJ 07066 Email _____

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

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

Fire Alarm Contractor No. _____ Expiration Date: _____

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

Federal Employee No. _____ Fax: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U Fuel Type Flammable or Combustible

Constr. Class Present Proposed 550

Heating Systems: New or Modification to Existing Fire Alarm System: New or Existing

Type: Gas Oil Electric Solar Other

Location: _____ Fire Suppression/Standpipe System: New or Existing

Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

No Plan Required Alarm System _____

Partial Under-slab Utilities Approved Suppression Sys. _____

Date: _____ by: _____ Standpipe _____

Fire Protection Plans Approved Fire Pump _____

Date: _____ Pre-Eng. System _____

Approved by: _____ Mechanical _____

Joint Plan Review Required Smoke Control _____

Building Pumbing Electrical Elevator TCO _____

SUBCODE APPROVAL for PERMIT _____

Date: _____ Fire/Cumbrst Tank _____

Approved by: _____ Fireplace Venting _____

SUBCODE APPROVAL for CERTIFICATE _____

CO CCO CA _____

Date: _____ Other _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE 550 GAL UST.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

☐ System _____

☐ 110v Interconnected _____

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

Supervisory Devices (tamper, low/high air) _____

Signaling Devices (horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO2 Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fire Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee _____

TOTAL FEE \$100



CONSTRUCTION PERMIT

Date Issued 9/19/2018
Control # C-18-00293
Permit # 18-202

IDENTIFICATION Block: 310 Lot: 10 Qualifier _____
Work Site Location: 500 BEECH AVE Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Owner in Fee MOLEEN, ANN J Address 809 FEATHERBED LANE CLARK NJ 07066
500 BEECH AVE GARWOOD NJ 07027 Telephone: (732) 770-5909
Telephone: (732) 830-6443 Lic. No. or Bldrs. Reg. No. 520086
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE 550 GAL 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 \$1,500

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$100
Check No.	6394
Cash	\$0
Credit	\$0
Collected By	Regina Hryniewicz

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.

Garwood Borough
Township of Cranford
Borough of Garwood
8 Springfield Ave.
Cranford, NJ 07016

Date Issued 10/4/2018
Control Number C-18-00293
Permit Number 18-202
Permit Issue Date 9/19/2018
Certificate Number 18-202

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 500 BEECH AVE Garwood Borough, NJ Block: 310 Lot: 10 Qual: _____
Owner in Fee: MOLEEN, ANN J
Owner Address: 500 BEECH AVE GARWOOD NJ 07027
Telephone: (732) 830-6443
Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Telephone: (732) 770-5909 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. 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: REMOVE 550 GAL UST

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

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

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Date Printed: 10/4/2018

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

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

Page 1

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (*primary use*)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present:

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

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

B. NON-RESIDENTIAL (*primary use*)

1. State Specific Use: ✓

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____

Proposed _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name Christian Cusato
Address 809 Featherbed Ln
Clark NJ 07066
Telephone 732 770 5909
Signature [Signature]

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

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

Garwood Borough
Township of Cranford
Borough of Garwood
8 Springfield Ave.
Cranford, NJ 07016

Date Issued 7/16/2020
Control Number C-20-00072
Permit Number 20-053
Permit Issue Date 5/9/2020
Certificate Number 20-053

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 244 THIRD AVE Garwood Borough, NJ Block: 203 Lot: 30 Qual: _____
Owner in Fee: LEGG, WILLIAM JR
Owner Address: 244 THIRD AVE GARWOOD NJ 07027
Telephone: (908) 337-1462
Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Telephone: (732) 770-5909 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REMOVE 550 GAL UST - (x2)

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 NJACS:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Date Printed: 7/16/2020

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

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



FIRE PROTECTION SUBCODE
TECHNICAL
CAPANOD



Date Received
Control #
Date Issued
Permit #

20-053

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

Block 2041 3rd Ave Lot 6 Qualification Code 6

Work Site Location 6441 3rd Ave Camwood

Owner In Fee: B. Leary

Tel. 908 337-1412 e-mail

Address C. Leary

Contractor: 209 34th Ave Municipality Camwood Tel. 732 728 5505

Address Camwood NJ 07066 e-mail

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

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

Fire Alarm Contractor No. Dept 520028 Exp. Date 4/30/12

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

F. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fuel Storage Tank:

Constr. Class: Present Proposed Fuel Type: Flammable or Combustible

Heating System: New or Modification to Existing Fire Alarm System: New or Existing

or Conversion or Replacement Fire Suppressor/Standpipe System:

Fuel Type: Gas Oil Electric Solar Location of Panel:

Other Location of Main Control Valve:

Location:

Total Cost of Fire Protection Work \$ 1700.

JOB SUMMARY (Office Use Only) INSPECTIONS

PLAN REVIEW: 4/23/2012 Failure Failure Approval Initial

No Plans Required Alarm System

Partial - Underlaid Utilities Approved Suppression Sys.

Date: Approved by: Standpipe

Fire Protection Plans Approved Fire Pump

Date: Approved by: Pre-Eng. System

Joint Plan Review Required: Mechanical

Bldg. Elec. Plumb. Elev. Smoke Control

SUBCODE APPROVAL FOR PERMIT TCO

Date: Approved by: Flam/Combust Tanks

SUBCODE APPROVAL FOR CERTIFICATE Fireplace Venting

CO CCO CA Final

Approved by: Other 5/14/10

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: Christal Cicco

Print name here: Christal Cicco

D. TECHNICAL SITE DATA Identified Contractor Exempt Applicant

DESCRIPTION OF WORK: Removal of 2nd floor air

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

System

.110V Interconnected

CO Detectors/110V

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

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

Signaling Devices (i.e., horns/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances Gas Oil Solid

Fireplace Venting/Metal Chimney

Other

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

Administrative Surcharge \$ 200

Minimum Fee \$ 200

State Permit Surcharge Fee \$ 200

TOTAL FEES 200

Dependable Iron & Metal, Co.95 Rodgers St.
Avenel, NJ 07001**TANK RECEIPT**Date: 5-18-20

Contractor:

Name J.B. Ragonese

Address _____

Quantity	Description
2	550 Gal Tank

Origin:

Name LEGGAddress 244 3rd AveGarwood, NJPermit # 20-053

FOR RECYCLING PURPOSES ONLY

**JB RAGONESE
CONSTRUCTION**

Phone: (908) 789-1490
Fax: (908) 789-1356
josephragonese1@verizon.net

Cranford Building Dept
Springfield Ave
Cranford NJ

5/22/20

Re: permit # 20-053

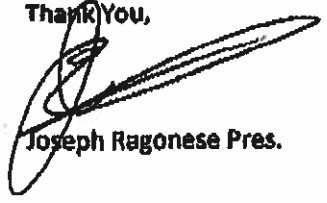
Enclosed please find the scrap ticket for 2- 550-gal heating oil tanks removed from 244 3rd Ave.

Garwood.

Also be advised that there is no liquid disposal manifest because tanks were cut and cleaned approx. ten years ago.

If you have any questions please call, cell 908 482 5427

Thank You,



Joseph Ragonese Pres.

CONSTRUCTION PERMIT

Date Issued 5/9/2020
Control # C-20-00072
Permit # 20-053

IDENTIFICATION Block: 203 Lot: 30 Qualifier _____
Work Site Location: 244 THIRD AVE Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Owner in Fee LEGG, WILLIAM JR Address 809 FEATHERBED LANE CLARK NJ 07086
244 THIRD AVE GARWOOD NJ 07027 Telephone: (732) 770-5808
Telephone: (908) 337-1482 Lic. No. or Bids. Reg. No. 520086
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE 550 GAL UST (x2)

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 \$3,000

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$200
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$200
Check No.	6791
Cash	\$0
Credit	\$0
Collected By	Tracy Wenskosi

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) 428-8401



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block _____ Qualification Code _____

Work Site Location 444 3rd Ave Newark

Owner in Fee: B Leary

Tel 908 337-1412 e-mail _____

Address _____ Tel. 732 783 505

Contractor: C. Leary Tel. 732 783 505

Address C. Leary e-mail _____

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

Fire Alarm Contractor No. DEPT 52008 Exp. Date 4/30/02

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

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

Location: _____

Total Cost of Fire Protection Work \$ 1700

Location of Panel: _____

Fire Alarm System: [] New or [] Existing

Fire Suppression/Standpipe System: [] New or [] Existing

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

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: C. Leary

Print name here: C. Leary

DESIGNATION OF WORK: Alarmage 52008

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

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

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

Signaling Devices (i.e., horns/strobes, bells)

Other Devices _____

TOTAL

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

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

Fireplace Venting/Metal Chimney

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

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

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEES \$

99100-1-0

BLOCK 206 LOT 39 ADDRESS (SITE) 68-10 Second Ave PERMIT NO. 21-123

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

USE Garwood PERMIT

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

I. IDENTIFICATION

1. Proposed Work Site at: 68-10 Second Ave Garwood

2. Name of Owner in Fee: B. Dressler Tel. (908) 809-9106 e-mail _____

Address _____

3. Ownership in Fee: Public Private Leasehold Joint

4. Principal Contractor: C. Cusato Tel. (908) 222-7205905
Address 689 Greenwich e-mail _____

License No. OR, if new home, Builder Reg. No. 520086 Exp. Date 1/30/02
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

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

5. Architect or Engineer: C. Cusato Contact _____
Address _____ e-mail _____
Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun: S. Barancoski C. Cusato
Tel. (____) 908-712-7205 FAX: (____) _____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Reconstruction

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

IIb. SUBCODES
(Check all that apply)

Est. Cost	Plans Rejected by	Date Rejected	Rejection Date	Approval Date	Re-viewer	Re-Approval	Rejection	Re-viewer
	☐ Building							
	☐ Electrical							
	☐ Plumbing							
	☐ Fire Protection							
	☐ Elevator							
TOTAL COST								

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	4. ☐ Refrigeration Systems
2. ☐ Dumbbells/Moving Walks	5. ☐ Cross-Connections/Backflow Preventers
3. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Placards of Assembly
7. ☐ Pressure Vessels	8. ☐ Smoke Control Systems in Open Wells
9. ☐ Sprinklers/Standpipes	10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPG Gas Tanks	12. ☐ Fire Alarm

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. State Permit Surcharge Fee	\$	
9. Subtotal	\$	
10. Cert. of Occupancy	\$	
11. Other	\$	
12. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	(office use only)
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 _____	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (ordinary 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

Gainful Sale _____
Leased, Rental _____
Lost, Rental _____

B. NON-RESIDENTIAL (ordinary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 48:3B-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

ACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY ASSUMING THIS RESPONSIBILITY.

As required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

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

I will perform or supervise the following work:

C.2. ☐ Fire Protection

I will perform the following work:

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 Featherbed Ln
Clark NJ 07066
Telephone 732 720 5509
Signature [Signature]

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

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

Garwood Borough
Township of Cranford
Borough of Garwood
8 Springfield Ave.
Cranford, NJ 07016

Date Issued 8/13/2021
Control Number C-21-00166
Permit Number 21-123
Permit Issue Date 7/29/2021
Certificate Number 21-123

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 68-70 SECOND AVE Garwood Borough, NJ Block: 206 Lot: 39 Qual:
Owner In Fee: DREJKA, WILLIAM S & MICHELE L
Owner Address: 175 OAKWOOD RD W WATCHUNG NJ 07069
Telephone: (908) 209-9106
Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Telephone: (732) 770-5909 Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REMOVAL OF PREVIOUSLY FILLED UST

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

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

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Date Printed: 8/13/2021

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

Fee: \$0.00

Check Number:

Collected By:

Page 1

Office of Mayor
Bonaccorso

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

FAX

SAC Bonaccorso

To: <i>Cranford</i>	From:
Fax: <i>908 276-4872</i>	Pages:
Phone: <i>732 770 5909</i>	Date:
Re: <i>68 2nd Ave Garwood</i>	CC:

68 2nd Ave 21-123

Garwood

Fortune Metal Recycling

Scrap

T.Y.

Sand Filled

732-381-3355

900 Leesville Ave

Rahway NJ 07065

07065

Tick#	957962	By TScale	11:54:07 AM	8/12/2021
Gross	Tare	Net Lbs	Price	Amount
320 - #1 UNREPAIRED per 100			(SO-\$12.25)	
10,200.00	8,740.00	1,460.00	12.25	178.85
Manual WT				
Amt (Before Tax)				178.85
Sales Tax (0.00%)				0.00
Amt (After Tax)				\$178.85

Ticket Total 178.85
Rounded Off -0.10
Total 178.75

* ONE HUNDRED SEVENTY-EIGHT AND 75 / 100

Date	Mode	Trn #	Amount
8/11/2021	Cash		178.75

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 herein, that I have a right to sell same, that all REDEMPTION material is in fact valid REDEMPTION material and that for payment received in full, hereby acknowledged,

Fortune Metal Recycling

Customer acknowledges from removal under Clean Air Act 40CFR 82, Subpart P

x

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



FIRE PROTECTION SUBCODE
TECHNICAL SECTION



Date Received
Control #
Date Issued
Pilot #

7/29/21
21-123

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. UTILITY DIG NO: 1-800-272-1000.
Block 206 68 2nd St 6th St Wood
Work Site Location 6th St Wood
Qualification Code 68000

Owner in Fee: B. Dieck
Tel. 908 209-9706 e-mail _____

Address _____ Municipality _____ Tel. 732 785509
Contractor 889 Featherhead e-mail _____
Address CLARK NJ 07066

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

Fire Alarm Contractor No. 1205520086 Exp. Date 4/20/22

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

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

Heating System: ☐ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing
OR ☐ Conversion or ☐ Replacement Location of Panel: _____
Fire Suppression/Standpipe System: _____

Fuel Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar
Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 1700

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 Chaston Crest
sign here: _____

Print name here: _____
[☒ Certified Contractor] [☐ Exempt Applicant]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 550 Sq Ft Stand Pipe
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____
Alarm Systems _____
☐ System _____
☐ 110v Interconnected _____
☐ CO Detectors/110v _____
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., tamper, low/high air) _____
Signaling Devices (i.e., horn/strobes, bells) _____
Other Devices _____

TOTAL _____
Suppression Systems _____
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
FM/200 Suppression _____
Other _____
Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____
Fireplace Venting/Metal Chimney _____
Other _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.
1. Worksheet Copy 2. Copy to Applicant Copy 3. Print Office Copy 4. White Tag Office Copy

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

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 100



CONSTRUCTION PERMIT

Date Issued 7/28/2021
Control # C-21-00168
Permit # 21-123

IDENTIFICATION Block: 208 Lot: 39 Qualifier _____
Work Site Location: 88-70 SECOND AVE. Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Owner in Fee DREJKA, WILLIAM S & MICHELE L.
175 OAKWOOD RD W. WATCHUNG NJ 07069 Telephone: (732) 770-5909
Telephone: (908) 208-9108 Lic. No. or Bldrs. Reg. No. 520086
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVAL OF PREVIOUSLY FILLED 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

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.	7081
Cash	\$0
Credit	\$0
Collected By	Sarah Ritter

Construction Official _____

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 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) 428-8401



**FIRE PROTECTION SUBCODE
TECHNICAL SECTION**



Date Received _____
Control # _____
Date Issued _____
Permit # _____

7/29/21
21-123

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block 200668 Lot 34 Qualification Code _____
Work Site Location 3rd Ave Garwood

Owner in Fee: B. Dieika
Tel 908 209-9706 e-mail _____

Address _____
Contractor Steel 809 Southfield Rd Tel 732 770-565
Address CLARK NJ 07066 e-mail _____

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

Fire Alarm Contractor No. 180th 520086 Exp Date 4/15/22

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

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

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

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

Location: _____
Total Cost of Fire Protection Work \$ 1700

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☒ No Plans Required	Alarm System				
☐ Partial Under-slab Utilities Approved	Suppression Sys.				
Date: <u>7/29/21</u> Approved by: <u>[Signature]</u>	Standpipe				
☐ Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required	Mechanical				
☐ Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT	ICO				
Date: <u>7/29/21</u> Approved by: <u>[Signature]</u>	Flam/Combust Tanks				
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting				
☐ CO [] CCO [] CA	Final				
Date: _____	Other				
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor [Signature]
sign here: _____

Print name here: Christina C. [Signature]
D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: Remove 550 sq ft steel 3.11.16
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____
Alarm Systems _____
[] System _____
[] 110v Interconnected _____
[] CO Detectors/110v _____
Alarm Devices (i.e., smoke, heat, pulls, waterflow) _____
Supervisory Devices (i.e., tampers, low/high air) _____
Signaling Devices (i.e., horns/strobes, bells) _____
Other Devices _____

TOTAL _____
Suppression Systems _____
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO 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 _____

U.C.C. F-140 (rev. 02/11)
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEES \$ 100

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.*

**CHRISTIAN CUETO
33 LASATTA AVE**

Englishtown NJ 07728

Document #: 190229250

DEPARTMENT OF
ENVIRONMENTAL PROTECTION

STATE OF
NEW JERSEY

Hereby Certifies the Goodstanding of:
CHRISTIAN CUETO SSN: -

License No. **B20088**

Reg No. **B20088**

AS A LICENSED:

HO-CLOSURE

Expires: **04/30/22**

Document#: **190229250**



USE Const Garwood
APPLIC

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

I. IDENTIFICATION

1. Proposed Work Site at: 116 ANCHOR PL, Garwood Borough NJ
2. Name of Owner in Fee: KNIJAZUK, MICHAEL & DONNA Tel. (908) 358-4907
Address 44 ELIZABETH AVE, CRANFORD NJ 07016
3. Ownership in Fee: ☐ Public ☒ Private Email _____
4. Principal Contractor: C. CUENITO & S. BONACCORSO Tel. (732) 770-5909
Address 809 FEATHERBED LANE, CLARK NJ 07066
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax _____
6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax _____

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)

- ☒ Building
☐ Electrical
☐ Plumbing
☒ Fire Protection
☐ Elevator

TOTAL COST 1700

FOR OFFICE USE ONLY (Optional)

III. PLAN REVIEW (optional)

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

- DO YOU WANT:
1. ☐ Partial Releases ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
☐ Prototype Processing ☐ High Pressure Boiler ☐ Refrigeration Systems ☐ Smoke Control Systems in Open Wells ☐ Fire Alarm
☐ Pressure Vessel ☐ Sprinklers ☐ Cross-Connections/ Backflow Preventers ☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs ☐ LP Gas Tanks

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	100	
7. Less 20% for State Plan Review		
8. Subtotal	10	
9. State Permit Surcharge Fee		
10. Subtotal	100	
11. Cert of Occupancy		
12. Other		
13. TOTAL	100	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)
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 _____ sq. ft.
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands _____
yes _____ no _____

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units: _____ All Units _____ Income-
Before Construction _____ restricted
After Construction _____
Net Gain or Loss _____
B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____
C. MIXED USE - List secondary use(s): _____
D. Construction Classification: _____



CONSTRUCTION PERMIT

Date Issued 5/1/2020
Control # C-20-00076
Permit # 20-049

IDENTIFICATION Block: 209 Lot: 10 Qualifier _____
Work Site Location: 116 ANCHOR PL. Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Owner in Fee KNIAZUK, MICHAEL & DONNA Telephone: (732) 770-5909
44 ELIZABETH AVE. CRANFORD NJ 07016 Lic. No. or Bldrs. Reg. No. 520086
Telephone: (908) 358-4907 Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE 1,000 GAL 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 _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$100
Check No.	6795
Cash	\$0
Credit	\$0
Collected By	Tracy Wenskoski

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.

209/10

SAL BONACCORSO

809 Featherbed Lane, Clark, New Jersey 07066

LANDSCAPE CONTRACTOR

Oil Tank Services

Top Soil • Mulch • Stone

732-770-5909

Cranford Building Dept ^{Date}

m-bawks@Cranfordnj.org.

Scrap Tix

116 Anchor Pl

Garwood.

TANK WAS Scrapped.

At Jourtune Metal

Rahway NJ.

700 Leesville Rd.

Tax

TOTAL

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



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

GARMWOOD



Date Received
Control #
Date Issued
Permit #

5112020

20-049

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.
Block 20-116 Lot Anchor Pl Qualification Code Certwood
Work Site Location Certwood

Owner in Fee: M. K. 122K.
Tel. 908 358-4207 e-mail _____

Address C. Cueto municipality Clark Tel. 732 7705509
Contractor: Bob Garmwood e-mail _____
Address C. Cueto

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

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Alarm Contractor No. Dep # 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 _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable ☐ Combustible
Capacity _____

Heating System: ☐ New OR ☐ Modification to Existing Fire Alarm System: ☐ New OR ☐ Existing
OR ☐ Conversion OR ☐ Replacement

Fuel Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____ Location of Panel: _____
Fire Suppression/Standpipe System: ☐ New OR ☐ Existing
Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 1700 pm

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
☐ No Plans Required	Alarm System				
☐ Partial - Underlab Utilities Approved	Suppression Sys.				
☒ Fire Protection Plans Approved	Standpipe				
Date: <u>4-25-2020</u> Approved by: <u>[Signature]</u>	Fire Pump				
Joint Plan Review Required:	Pre-Eng. System				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Mechanical				
SUBCODE APPROVAL for PERMIT	Smoke Control				
Date: _____	TCO				
Approved by: _____	Flam/Combust Tanks				
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting				
☐ CO ☐ CCO ☐ CA	Final				
Date: _____	Other				
Approved by: _____					

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

D. TECHNICAL SITE DATA ☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: Home Inspection
Water Supply Source City
Method of Alarm/Suppression System Supervision As per

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulse, waterflow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horns/strobes, bells)		
Other Devices		
TOTAL		

Suppression Systems	GPM Type	
Fire Pump		
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 FEES	

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 Leatherhead LA

CLARK NJ 07066

Telephone 732 370 5909

Signature [Signature]

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

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

Garwood Borough
Township of Cranford
Borough of Garwood
8 Springfield Ave.
Cranford, NJ 07016

Date Issued 5/19/2022
Control Number C-22-00092
Permit Number 22-069
Permit Issue Date 4/20/2022
Certificate Number 22-069

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 506 LOCUST AVE Garwood Borough, NJ Block: 309 Lot: 16 Qual: _____
Owner in Fee: DONOFRIO, GREGORY
Owner Address: 506 LOCUST AVE GARWOOD NJ 07027
Telephone: (908) 858-4387
Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Telephone: (732) 770-5909 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REMOVE 550 GAL UST

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

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

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

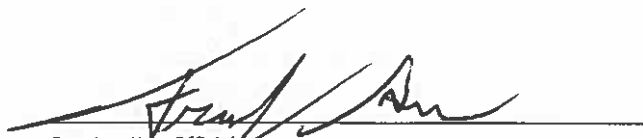
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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


Construction Official
Date Printed: 5/19/2022

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

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



0445

612 E. Jersey St. Elizabeth, NJ 07206 / Tel: (908) 351-0313 / Fax: (908) 351-3951 / E-mail: tombro612@aol.com

Date: 5/13/22

GENERATOR / LOCATION		ACCOUNT # 7032		BILL TO (IF DIFFERENT FROM LOCATION)	
NAME SAL B.				NAME	
INFORMATION / ATTENTION LINE 506 LOCUST AVE.		ACCOUNT APPROVAL CODE		INFORMATION / ATTENTION LINE	
DELIVERY ADDRESS GARWOOD NJ.				DELIVERY ADDRESS	
CITY STATE ZIP				CITY STATE ZIP	
PHONE NUMBER		PURCHASE ORDER NUMBER		PHONE NUMBER	
START TIME		FINISH TIME		PURCHASE ORDER NUMBER	
MANIFEST NUMBER					
SHIPPING INFORMATION					
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.					
NO.	TYPE	QTY.	UNIT	US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	
				NA 1270, PETROLEUM OIL, CLASS III, PG II	
SERVICE SECTION					
DESCRIPTION	WASTE CODE	QUANTITY	UNIT OF MEASURE	PRICE	TAX
VAC TRUCK & OPERATOR 2 hrs. Min.	293				
SERVICE CHARGE					190
SLUDGE DISPOSAL					
OILY WATER DISPOSAL 105 10 inches	105	80	gallons		80
1/2 FUEL OIL					
DRUMS OF SOLIDS					
REMOVE / INSTALL TANK					
PERMIT & TRAVEL FEE					
ENTER & CLEAN TANK					
LABOR					
					TOTAL 270

Francis Milanes
TOMASSO BROS INC REP. (PRINT NAME)


TOMASSO BROS INC REP. (SIGNATURE)

GENERATOR / CUSTOMER (PRINT NAME)

GENERATOR / CUSTOMER (SIGNATURE)

**SMALL
QUANTITY
GENERATOR
CERTIFICATION**

I certify that my hazardous waste streams total less than 220 pounds (100 Kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS

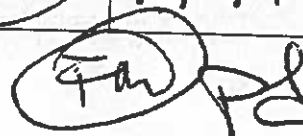
PAYMENT RECEIVED SECTION

CASH ☐

TOTAL RECEIVED

CHECK
NUMBER

1744



Generator certifies that the waste is _____. In accordance the N.J.A.C. 7:26-12 et seq. Tomasso Bros INC. has the required permits to accept the above described waste.

In accordance with 40 CFR § 43(5), Tomasso Bros INC. has notified the US EPA of its location and used oil management activities.

EPA ID # NJR 986660488

NJDEP # 0037004

309-16
22-069

Office of Mayor Bonaccorso

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

FAX

TO: <i>Champion</i>	FROM: <i>SAC Bonaccorso</i>
Fax: <i>908 276 4872</i>	Pages: <i>2</i>
Re: <i>506 Locust Ave Main Post</i> <i>335 Myrtle Ave Scrap Tix</i>	CC:

Garwood

Scrap Tix

335 Myrtle Ave

506 Locust Ave

Fortune Metal Recycling

732-381-3355

500 Leesville Ave

Rahway NJ 07065

07065

TICKET# 1043652	By TScale	3:48:10 PM	5/13/2022
Gross	Net Lbs	Price	Amount
320 - #1 UNPREPARED per 100		(50-\$11.50)	
10,160.00	6,460.00	11.50	195.50
Amt (Before Tax)			195.50
Sales Tax (0.00*)			0.00
Amt (After Tax)			\$195.50
	Ticket Total		195.50

* ONE HUNDRED NINETY-FIVE AND 50 / 100

Date	Mode	Trn #	Amount
5/13/2022	Cash		195.50

Print Name: ROBERT COVINO JR

CUSTOMER COPY

Address: 684 BROOKSIDE RD

City/ST/Zip: RAHWAY NJ 07065

State of Insurance:

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

Fortune Metal Recycling

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



CONSTRUCTION PERMIT

Date Issued 4/20/2022
Control # C-22-00092
Permit # 22-069

IDENTIFICATION Block: 309 Lot: 16 Qualifier _____
Work Site Location: 506 LOCUST AVE Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Owner in Fee DONOFRIO, GREGORY Address 809 FEATHERBED LANE CLARK NJ 07066
506 LOCUST AVE GARWOOD NJ 07027 Telephone: (732) 770-5909
Telephone: (908) 858-4387 Lic. No. or Bldrs. Reg. No. 520086
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE 550 GAL 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 \$1,901

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$100
Check No.	7258
Cash	\$0
Credit	\$0
Collected By	Martha Banks

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.

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



TECHNICAL SECTION



Control # 4-20-22
Date Issued 22-069
Permit #

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

Block 301 Lot 10
Work Site Location: 506 West Ave, Newark, NJ

Owner in Fee: Donatello
Tel. 908 858-4387 e-mail

Address: 809 Southfield Rd, Newark, NJ 07102
City: Newark State: NJ Zip: 07102
Tel. 732 785-2209

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

Fire Alarm Contractor No. 2208520086 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
Fuel Storage Tank: Fuel Type: [] Flammable or [] Combustible Capacity

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

Fuel Type: [] Gas [] Oil [] Electric [] Solar
OR [] Other
Location of Panel: Fire Suppression/Standpipe System: [] New or [] Existing

Location: Location of Main Control Valve:
Total Cost of Fire Protection Work \$ 1400-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Partial Under-slab Utilities Approved

Date: 4/15/22 Approved by: [Signature]
[] Fire Protection Plans Approved

Date: Approved by: [Signature]

Joint/Plan Review Required:
[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL FOR PERMIT
Date: 4/15/22
Approved by: [Signature]

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

Other: []
Approved by: [Signature]

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

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: [Signature]

Print name here: Christina Leticia

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

DESCRIPTION OF WORK: New Tank
Water Supply Source: Newark 5505000000
Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks
Alarm Systems [] System [] 110v Interconnected [] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horns/strobes, bells)

Other Devices
TOTAL

Suppression Systems
Fire Pump GPM Type
Dry Pipe/Alarm Valves

Pre-action Valves
Sprinkler Heads (Dry and Wet)

Standpipes
Pre-engineered Systems
Wet Chemical

Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression

Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid
Fireplace Venting/Metal Chimney

Other

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$

TOTAL FEES \$

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

4 White-Tao-Office Copy



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



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

C-21-00155

BLOCK 402 LOT 3 QUAL Getwood LESS (SITE) 443 Myrtle Ave. PERMIT NO. 21-108

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

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: 443 Myrtle Ave Garwood
2. Name of Owner in Fee: Matera
Tel. (908) 358-2782 e-mail _____
Address _____
3. Ownership in Fee: Public Private Jointly Other
4. Principal Contractor: C. Cuta Tel. (732) 7265909
Address 209 Scotchdale e-mail _____
License No. OR, if new home, Builder Reg. No. None 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. Cuta Contact: _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun: C. Cuta / S. Baracorda
Tel. (732) 7705909 FAX: (_____) _____

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

IIIB. SUBCODES
(Check all that apply)
☐ Building
☐ Electrical
☐ Plumbing
☒ Fire Protection
☐ Elevator

Est. Cost	Plans Rcvd by	Date Rcvd	Rejection Date	Approval Date	Re-viewer	Re-Approval	Rejection	Re-viewer
TOTAL COST <u>1790</u>								

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
2. ☐ Dumbwaiters/Moving Walks
3. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Scaffolding/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks
12. ☐ Fire Alarm

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		

4416-21

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

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-qualified
Gained, Sale _____
Lost, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present
C. MIXED USE - List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 48:3B-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.

required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.i:

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

I will or supervise the following work:

2. ☐ Fire Protection

3. ☐ Electrical

4. ☐ Plumbing

I further certify that 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 Cuscu

Address 809 Featherbed Ln

CLARK NJ 07066

Telephone 732-770-5909

Signature Christian Cuscu

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.

Garwood Borough
Township of Cranford
Borough of Garwood
8 Springfield Ave.
Cranford, NJ 07016

Date Issued 8/16/2021
Control Number C-21-00155
Permit Number 21-108
Permit Issue Date 7/14/2021
Certificate Number 21-108

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 443 MYRTLE AVE Garwood Borough, NJ Block: 407 Lot: 3 Qual: _____
Owner in Fee: MATERIA, JAMES
Owner Address: 443 MYRTLE AVE GARWOOD NJ 07027
Telephone: (908) 358-2732
Contractor: C. CUENTO & S. BONACCORSO
Address: 809 FEATHERBED LANE CLARK NJ 07066
Telephone: (732) 770-5909 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REMOVE 550 GAL UST

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 NJACS:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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


Construction Official
Date Printed: 8/16/2021

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

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

Page 1

From:

08/17/2021 12:28

#350 P.001/001

Office of Mayor
Bonaccorso

TOWNSHIP OF CLARK
430 Westfield Avenue
Clark, NJ 07066
Phone: 732-388-3600
Fax: 732-388-0266

FAX

To: *Cranford*

Fax: *908-276-4872*

Pages: *SAL Bonaccorso*

Phone:

Date: *8/16/21*

Re:

cc:

4/13 Myrtle ave
Garwood
Scrap
TSX
Sold Filled
Fortune Metal Recycling
732-381-3355
900 Leesville Ave
Rahway NJ 07065
07065

Tick#	951362	By TScale	1:29:17 PM	7/22/2021
Gross	Tare	Net Lbs	Price	Amount
320 - #1 UNPREPARED per 100			(SC-\$13.00)	
9,600.00	8,720.00	880.00	13.00	114.40
Manual WT				
Am (Before Tax)				114.40
Sales Tax (0.00%)				0.00
Am (After Tax)				\$114.40
Ticket Total				114.40
Rounded Off				0.10
Total				114.50

* ONE HUNDRED FOURTEEN AND 50 / 100

Date	Mode	Pin #	Amount
7/22/2021	Cash		114.50

Print Name: ROBERT COVINO JR

CUSTOMER COPY

Address: 684 BROOKSIDE RD

City/ST/Zip: RAHWAY/NJ/07065

State of issuance:

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

Fortune Metal Recycling

X

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



7-14-21
801-108

Block	407	Lot	3	Qualification Code	
Work Site Location	443		MMTLE Ave	Grasswood	

Address _____
 Contractor: C. C. Cresto _____
 Tel. 732 770 5909 _____
 Fax _____

Fire Alarm Contractor No. Dec 25 2008 Eq. Date 4/30/22
Home Improvement Contractor Registration No. or Exemption Reason If applicable: _____

Unit Group: _____	Proposed _____	Capacity _____
Constr. Class: _____	Present _____	Fire Alarm System: { } New 3a { } Existing
Heating System: { } New 3a { } _____	Modification to Existing _____	

Total Cost of Fire Protection Work \$ <u>1.00</u>	
JOB SUMMARY (Office Use Only)	INSPECTIONS
	Dates (Month:Day)

Fire Protection Plans Approved _____
 Date 7-14-21 Approved by: [Signature]
 Fire Pump _____
 Pre-Eng. System _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CPT [] CR	FIGHT COMPLAINTS
	Fireplace Venting
	Escalator

Approved by: [Signature] _____

Affiant: When submitting this form to your Local Construction Code Enforcement Office

Sign here: 
Print name here: Christa Ceto
☒ Certified Contractor ☐ Exempt Applicant

Alarm Systems

System
110v interconnected
CO Detectors 110v
Alarm Devices (i.e., smoke, heat, pull,
etc.)

Supervisory Devices (i.e., tamper, down/in and)	_____	_____	_____
Signaling Devices (i.e., horns/strobes, bells)	_____	_____	_____
Other Devices _____	_____	_____	_____
TOTAL	_____	_____	_____
Suppression Systems	_____	_____	_____
Fire Pump	_____	_____	_____
GPM Type	_____	_____	_____

Pre-action Valves	_____
Sprinkler Heads (Dry and Wet)	_____
Standpipes	_____
Pre-engineered Systems	_____
Wet Chemical	_____

CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems	_____	_____

Smoke Control System _____
 Fuel-Fired Appliances () Gas () Oil () Solid _____
 Fireplace Venting/Metal Chimney _____
 Other _____

Administrative Surcharge \$ _____

UCC/F-140
(rev. 11/09)
Professional Purchasing
(556) 465-7533

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____



CONSTRUCTION PERMIT

Date Issued 7/14/2021
Control # C-21-00155
Permit # 21-108

IDENTIFICATION Block: 407 Lot: 3 Qualifier _____
Work Site Location: 443 MYRTLE AVE Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07086
Owner in Fee MATERIA, JAMES
443 MYRTLE AVE GARWOOD NJ 07027 Telephone: (732) 770-5909
Telephone: (908) 358-2732 Lic. No. or Bldrs. Reg. No. 520088
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE 550 GAL 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 \$1,701

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$100
Check No.	7071
Cash	\$0
Credit	\$0
Collected By	Martha Banks

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 for air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

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



**FIRE
SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

7-14-21
21-108

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

Block 407 Lot 3 Qualification Code
Work Site Location 443 Maple Ave Garwood

Owner or Fee AAA Inc E-mail
Tel (908) 358-2732 E-mail

Address 443 Maple Ave Zip Code 732 770 5905

Contractor C. C. & T. O. Tel 732 770 5905
443 Maple Ave

Fire Protection Equipment, NJ Div. of Fire Safety Inspect. No. 1000

Fire Alarm Contractor No. 1000 Ex. Date 4/10/22

Home Improvement Contractor Registration No. or Exemption Reason (if applicable)
Federal Emp. ID No. 1000 Fax 1000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Construction Class: Present Proposed
Heating System: New or Modification to Existing
Conversion or Replacement
Fuel Type: Gas Oil Electric Solar
Location of Main Control Valve

Location: 1000
Total Cost of Fire Protection Work 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type: <u>Alarm System</u>	Failure <u>Approval</u> Initial
☐ Partial-Understand Utilities Approved	<u>Suppression Sys</u>	
Date <u>7/14/21</u> Approved by <u>[Signature]</u>	<u>Fire Pump</u>	
Date <u>7/14/21</u> Approved by <u>[Signature]</u>	<u>Pre-Eng. System</u>	
Joint Plan Review Required: <u>None</u>	<u>Mechanical</u>	
☐ Blog ☐ Elec. ☐ Plumb ☐ Elec.	<u>Smoke Control</u>	
SUBCODE APPROVAL for PERMIT	<u>TOD</u>	
Date <u>7/14/21</u> Approved by <u>[Signature]</u>	<u>Flame/Control Tanks</u>	
SUBCODE APPROVAL for CERTIFICATE	<u>Fireplace Venting</u>	
Date: <u>7/14/21</u> ☐ CO ☐ CCG ☐ CA	<u>Final</u>	
Approved by: <u>[Signature]</u>	<u>Other</u>	

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here [Signature]
Print name here Christopher Costa
Certified Contractor ☐ Exempt Applicant ☐

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Remove 550 gal air cyl
Water Supply Source Send 7.11111
Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

System 110V Interconnected
CO Detectors 110V
Alarm Devices (i.e., smoke, heat, pull, water/flood)

Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn, strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other

UCC/F-140 (rev. 11/09)
Professional Printing
(856) 468-7933

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NJDEP**

**Licensing Programs
Mail Code 401-04B
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 07728

Document #: 190229250

DEPARTMENT OF
ENVIRONMENTAL PROTECTION

STATE OF
NEW JERSEY

Hereby Certifies the Goodstanding of:
CHRISTIAN CUETO SSN: -

License No. **520088** Reg No. **520088**

AS A LICENSED:

HO-CLOSURE

Expires: **04/30/22**

Document#: **190229250**

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 Crote

Address 809 Featherbed LA

Clark NJ 07066

Telephone 201 770 5909

Signature [Signature]

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

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



CONSTRUCTION PERMIT

Date Issued 4/20/2022
Control # C-22-00093
Permit # 22-070

IDENTIFICATION Block: 408 Lot: 9 Qualifier _____
Work Site Location: 335 MYRTLE AVE Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Owner in Fee COPPOLA, MICHAEL - GOSSMAN, JANICE
335 MYRTLE AVE GARWOOD NJ 07027 Telephone: (732) 770-5909
Lic. No. or Bldrs. Reg. No. 520086
Telephone: (908) 967-9010 Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE 550 GAL 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 \$1,901

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$100
Check No.	7259
Cash	\$0
Credit	\$0
Collected By	Martha Banks

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.

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



FIRE PROTECTION SUBCODE
TECHNICAL SECTION



Date Received _____
Control # 4-20-22
Date Issued 2-2-070
Permit #

A. IDENTIFICATION--APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.
Block 48 Lot 335 Myrtle Ave Qualification Code Garwood
Work Site Location

Owner in Fee: M Coppola
Tel: 908 967-9010 e-mail

Address: 809 1st Ave
Contractor: 809 1st Ave
Address: 809 1st Ave
Tel: 732 728-9705
e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. 4488 20082 Exp. Date 4/30/12
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Const. Class: Present _____ Proposed _____
Heating System: [] New or [] Modification to Existing
Fuel Type: [] Gas [] Oil [] Electric [] Solar
Location of Panel: [] New or [] Existing
Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 1400

JOB SUMMARY (Office Use Only)

INSPECTIONS

Dates (Month/Day)

Initial

PLAN REVIEW
[] No Plans Required
[] Partial Under-slab Utilities Approved
Date: 4/15/12 Approved by: _____
[] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[] Bldg. [] Elec. [] Plumb. [] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/15/12
APPROVED for CERTIFICATE
[] CO [] ECO [] CA
Date: 4/15/12 Approved by: _____
Other: _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor sign here: _____
Print name here: Christian Pech

D. TECHNICAL SITE DATA

[] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: 1st floor 50' x 50' garage
Water Supply Source: 50' x 50' garage
Method of Alarm/Suppression System Supervision

Fammable/Combustible Tanks

NUMBER

FEE (Office Use Only)

Alarm Systems
[] System
[] 110v Interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
Other Devices

SUPPRESSION SYSTEMS

Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other _____

Other Systems

Kitchen Hood Exhaust System
Smoke Control System
Fuel-Fired Appliances [] Gas [] Oil [] Solid
Fireplace Venting/Metal Chimney
Other _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEES \$ _____



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



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

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 CONSTRUCTION, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY ASSUMING THIS RESPONSIBILITY.

Work required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

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

Work to be performed or supervised by the following work:

☐ Fire Protection

Other 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

Address

Telephone

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.

Garwood Borough
Township of Cranford
Borough of Garwood
8 Springfield Ave.
Cranford, NJ 07016

Date Issued 11/22/2022
Control Number C-21-00250
Permit Number 21-177
Permit Issue Date 11/2/2021
Certificate Number 21-177

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 310 SPRUCE AVE Garwood Borough, NJ Block: 408 Lot: 19 Qual: _____
Owner in Fee: REBRYN REALTY LLC
Owner Address: P.O. BOX 2503 WESTFIELD NJ 07091
Telephone: _____
Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Telephone: (732) 770-5909 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REMOVE 275 GAL 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
Date Printed: 11/22/2022

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

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

Office of Mayor Bonaccorso

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

FAX

NO MAifest Tank was pumped
& Dry at removal.

TO: Cranford.

FROM: SAC Bonaccorso

Fax: 908 276 4872

Pages: 1

Re: 310 Spruce Ave
Garwood

CC:

SAC Bonaccorso
732 7705909.

Fortune Metal Recycling

732-381-3355

900 Leesville Ave

Rahway NJ 07065

07065

275
Indoor
Tank.

Scrap
Tix
310
Spruce Ave
Garwood.

Tick#	1023353	By TScale	12:00:11 PM	Price	Amount
Gross		Tare	Net Lbs		

320 - #1 UNPREPARED per 100				(SC-\$15.00)	
-----------------------------	--	--	--	--------------	--

9,180.00	8,440.00	740.00	15.00		111.00
----------	----------	--------	-------	--	--------

Amt (Before Tax)					111.00
------------------	--	--	--	--	--------

Sales Tax (0.00%)					0.00
-------------------	--	--	--	--	------

Amt (After Tax)					\$111.00
-----------------	--	--	--	--	----------

Ticket Total					111.00
--------------	--	--	--	--	--------

* ONE HUNDRED ELEVEN AND XX / 100					
-----------------------------------	--	--	--	--	--

Date	Mode	Txn #	Amount
3/18/2022	Cash		111.00

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 herein, that I
--

have a right to sell same, that all

REDEMPTION material is in fact valid

REDEMPTION material and that for payment
--

received in full, hereby acknowledged,
--

Fortune Metal Recycling

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
Phone: (732) 388-3600
Fax: (732) 388-0256

FAX

NO MAiest Tank WAS Pumped
& Dry at removal.

TO: Cranford	FROM: SAC Bonaccorso
Fax: 908 276 4872	Pages: 1
Re: 310 Spruce Ave Garwood	CC:

SAC Bonaccorso
732 770 5909

Fortune Metal Recycling

732-381-3355

900 Leesville Ave
Rahway NJ 07065

07065

275
Indoor
Tank.

Scrap
Tix
310
Spruce Ave
Garwood.

Tick#	1023353	By TScale	12:00:11 PM	Price	Amount
Gross	Tare	Net Lbs			
320 - #1 UNPREPARED per 100 (SC-\$15.00)					
9,180.00	8,440.00	740.00	15.00	111.00	111.00
Amt (Before Tax)					
Sales Tax (0.00%)					
Amt (After Tax)					
				\$111.00	111.00
Ticket Total					
* ONE HUNDRED ELEVEN AND XX / 100					
Date	Mode	Trn #	Amount		
3/18/2022	Cash		111.00		

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 herein, that I
have a right to sell same, that all
REDEMPTION material is in fact valid
REDEMPTION material and that for payment
received in full, hereby acknowledged,

Fortune Metal Recycling

X

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

Permit # 21-177

408/19

14:00:17

11-14-2022

1 / 1

Office of Mayor Bonaccorso

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

FAX

TO:

Cranford.

FROM:

Sal Bonaccorso.

Fax:

908 276-4872

Pages:

Re:

310 Spruce Ave
Garwood.

CC:

SAL BONACCORSO

809 Featherbed Lane, Clark, New Jersey 07066

LANDSCAPE CONTRACTOR

Oil Tank Services

Top Soil • Mulch • Stone

732-770-5909

Date

11/14/22

310 Spruce Ave

Garwood.

Remove 275 gal
Indoor Air Qth.

Scrapped Tank

Fortune Metal

Rahway NJ

900 Leesville Ave.

NO OIL in TANK

TANK WAS dry.

Tax

TOTAL

Sal Bonaccorso.



CONSTRUCTION PERMIT

Date Issued 11/2/2021
Control # C-21-00250
Permit # 21-177

IDENTIFICATION Block: 408 Lot: 19 Qualifier _____
Work Site Location: 310 SPRUCE AVE Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Owner in Fee REBRYN REALTY LLC
P.O. BOX 2503 WESTFIELD NJ 07091 Telephone: (732) 770-5909
Lic. No. or Bldrs. Reg. No. 520086
Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE 275 GAL 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 \$1,001

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.	7148
Cash	\$0
Credit	\$0
Collected By	Martha Banks

Construction Official _____

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 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.

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



TECHNICAL SECTION



Control #
Date Issued
Permit #

11-2-21
21-177

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.
Block 408 Lot 310 Sprinkler 6 Qualification Code BAW004
Work Site Location 310 Sprinkler 6

Owner in Fee: K. Stauden

Tel: _____ e-mail: _____

Address _____

Contractor: C. C. C. Co.

Address 609 State Street

municipality

Tel: 732-796-5901

e-mail: _____

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

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

Fire Alarm Contractor No. 1104520086

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 _____

Fuel Storage Tank:

Fuel Type: ☐ Flammable or ☐ Combustible

Heating System: ☐ New or ☐ Modification to Existing

OR ☐ Conversion or ☐ Replacement

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve: _____

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

To, at Cost of Fire Protection Work \$ 1,000

JOB SUMMARY (Office Use Only)

INSPECTIONS

Dates (Month/Day)

Initial

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: 4/22/22 Approved by: [Signature]

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant/Contractor sign here: [Signature]

Print name here: Christina Caste

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remodel 275

Water Supply Source Under Tank

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

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

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

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

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

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 FEES \$ 1,100

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



**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

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 CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY ASSUMING THIS RESPONSIBILITY.

I am certifying the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.b:

I have prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair of 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 residence that is owned and occupied by myself and located on the property listed on Page 1.

I further certify that I will perform or supervise the following work:

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 Christina Cuedo

Address 809 Featherbed Ln

CLARK NJ 07066

Telephone 732-770-5909

Signature [Signature]

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

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

Garwood Borough
Township of Cranford
Borough of Garwood
8 Springfield Ave.
Cranford, NJ 07016

Date Issued 6/3/2021
Control Number C-21-00097
Permit Number 21-077
Permit Issue Date 5/20/2021
Certificate Number 21-077

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 420 BEECH AVE Garwood Borough, NJ Block: 411 Lot: 21 Qual: _____
Owner in Fee: KOVACS, CHRISTINA & LAPRETA, JOSEPH
Owner Address: 420 BEECH AVE GARWOOD NJ 07027
Telephone: (201) 787-0296
Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Telephone: (732) 770-5909 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REMOVAL OF PREVIOUSLY FILLED UST

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

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

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

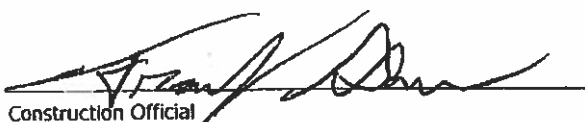
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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


Construction Official

Date Printed: 6/3/2021

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

430 Westfield Ave.
Clark, NJ 07066
Tel. 732-388-3600
Fax 732-388-3839

Township of Clark

New Jersey

Fax

To: Cranford

Fax: 908 276-4872

Phone:

Re:

☐ Urgent ☐ For Review ☐ PI

* Comments:

Scrap Tix

420 Beech Ave
Garwood.

*Scrap
Tix*

*420 Beech Ave
Garwood.*

Fortune Metal Recycling

732-381-3355
900 Leesville Ave
Rahway NJ 07065
07065

*No manifest
Stand filled
all day
5/26/2021*

Ticket#	By TScale	12:56:21 PM	Price	Amount
Gross	Tare	Net Lbs		
320 - #1 UNPREPARED per 100			(80-#12.50)	105.00
9,500.00	8,660.00	840.00	12.50	105.00
Manual WT				105.00
Amt (Before Tax)				0.00
Sales Tax (0.00%)				\$105.00
Amt (After Tax)				105.00

Ticket Total

* ONE HUNDRED FIVE AND XX / 100

Date	Mode	Trn #	Amount
5/26/2021	Cash		105.00

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 herein, that I
have a right to sell same, that all
REDEMPTION material is in fact valid
REDEMPTION material and that for payment
received in full, hereby acknowledged,

Fortune Metal Recycling

X

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



FIRE SUBCODE TECHNICAL SECTION



Date Received 5-20-2021
Control #
Date Issued
Permit # 21-077

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

Block 411 420 Beach Ave Cheswood Qualification Code

Owner In Fee: C. Hovas Tel. 801 787-0294 E-mail

Address C. Cuy to 809 Featherbed Ct Chateau NJ 07066 E-mail

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

Fire Alarm Contractor No. Deot S20086 Ex. Date 4/20/22

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

Federal Emp. ID No.

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present Proposed
Const. Class: Present Proposed
Heating System: Present Proposed
or Conversion or Replacement

Fuel Type: Gas Oil Electric Solar
Location of Main Control Valve:

Location: Total Cost of Fire Protection Work \$ 1700-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plans Required
☐ Partial-Underlaid Utilities Approved

Date: 6-20-21 Approved by: [Signature]
Date: 6-20-21 Approved by: [Signature]

Joint Plan Review Required: None
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT
Date: 5-20-21 Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE
Date: 5-20-21 Approved by: [Signature]

Other: 5-20-21

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here [Signature]
Print name here: Christina Curo
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Remove S20 Gas and
Water Supply Source Remove S20 Gas and
Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks
Alarm Systems
System
110V Interconnected
CO Detectors/110V
Alarm Devices (i.e., smoke, heat pull,
water flow)

Supervisory Devices (i.e., ramps, low/high air)
Signaling Devices (i.e., horns/strobes, bells)
Other Devices

TOTAL
Suppression Systems
Fire Pump GPM Type

Dry Pipe/Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)

Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical

CO₂ Suppression
Foam Suppression
FM200 Suppression

Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System

Fixed Fire Appliances ☐ Gas ☐ Oil ☐ Solid
Fireplace Venting/Metal Chimney

Other

UCC-FC-140
(rev. 11/09)
Professional Printing
(856) 468-7933
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEES \$



CONSTRUCTION PERMIT

Date Issued 5/20/2021
Control # C-21-00097
Permit # 21-077

IDENTIFICATION Block: 411 Lot: 21 Qualifier _____
Work Site Location: 420 BEECH AVE Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Owner in Fee KOVACS, CHRISTINA & LAPRETA, JOSEPH
420 BEECH AVE GARWOOD NJ 07027 Telephone: (732) 770-5909
Telephone: (201) 787-0296 Lic. No. or Bldrs. Reg. No. 620086
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVAL OF PREVIOUSLY FILLED 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 _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$100
Check No.	91
Cash	\$0
Credit	\$0
Collected By	Regina Hryniewicz

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



FIRE SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block 411 Lot Q1 Qualification Code
Work Site Location 480 Birch Ave Arwood

Owner in Fee: C. Koyas
Tel: 801 787-0226 e-mail:
Address: C. Koyas City: Arwood State: UT Zip: 84004

Contractor: C. Koyas City: Arwood State: UT Zip: 84004
Address: 809 Featherbed Ln City: Arwood State: UT Zip: 84004

Fire Protection Equipment: Nil Div. of Fire Safety Permit No. Nil
Fire Alarm Contractor No. Deatt 520086 Exp. Date 4/20/12
Home Improvement Contractor Registration No. or Exemption Reason if applicable: Nil

Federal Emp. ID No. Nil FAX: Nil

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present Proposed Nil Fuel Storage Tank: Nil
Constr. Class: Present Proposed Nil Fuel Type: Gas Oil Electric Solid
Heating System: Nil New Nil Modification to Existing Nil Fire Alarm System: Nil New Nil Existing Nil
Fire Suppression/Standpipe System: Nil Location of Panel: Nil Existing Nil

Location: Nil Location of Main Control Valve: Nil
Total Cost of Fire Protection Work \$ 700

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and I am authorized to make this application

Sign here: Christina Cervato
Print name here: Christina Cervato Certified Contractor 1 Exempt Applicant 1

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Remove 550 Gal. and 7.110 Gal. Oil
Water Supply Source Nil
Method of Alarm/Suppression System Supervision Nil

Flammable/Combustible Tanks
Alarm Systems
System
110V Interconnected
CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., lamps, low/high air)
Signaling Devices (i.e., horn/strobes/bells)
Other Devices
TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fuel-fired Appliances () Gas () Oil () Solid
Fireplace Venting/Metal Chimney
Other

UCC/F-140
(rev. 1/1/09)
Professional Printing
(866) 468-7933
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



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 07728

Document #: 190229250

DEPARTMENT OF
ENVIRONMENTAL PROTECTION

STATE OF
NEW JERSEY

Hereby Certifies the Goodstanding of:
CHRISTIAN CUETO **SSN:**

License No. 520088 Reg No. 520088

AS A LICENSED:

HO-CLOSURE

Expires: 04/30/22

Document#: 190229250

BLOCK 603 LOT 23 QUALIFICATION CODE

ADDRESS (SITE)

615 CENTER ST.

PERMIT NO.

11-191



CON
APPL

CARWOOD

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

I. IDENTIFICATION

1. Proposed Work Site at: 615 Center St Garwood.

2. Name of Owner in Fee: P. Fraser

Tel. (732) 680-1400 e-mail

Address _____ Municipality _____ Zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: C. Cueto Tel. (732) 720 5309.

Address 809 Featherbed Ln e-mail

Clear US 07066

License No. OR, if new home, Builder Reg. No. DR# 52008C Exp. Date 4/30/15

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

Federal Emp. ID No. FAX: ()

5. Architect or Engineer C. Cueto Contact

Address 809 Featherbed Ln e-mail

Tel. (732) 720 5309 FAX: ()

6. Responsible Person in Charge once Work has Begun C. Cueto / SAC Bonaville

Tel. () FAX: () Excavate

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

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

FOR OFFICE USE ONLY (Optional)

IIb. SUBCODES
(Check all that apply)

☐ Building

☐ Electrical

☐ Plumbing

☒ Fire Protection

☐ Elevator

TOTAL COST 1700-

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/

2. ☐ Dumbwaiters/Moving Walks

3. ☐ High Pressure Boilers

4. ☐ Pressure Vessels

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Fire Alarm

10. ☐ Underground Storage Tanks

11. ☐ Swimming Pools, Spas and Hot Tubs

12. ☐ LP Gas Tanks

V. FEE SUMMARY (for office use only)

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 \$ 100

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.

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 _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____ ft.

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

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 _____

Lost, Sale _____

Lost, Rental _____

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 _____

DATE 7/12/17

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 Steve Bonaccorso

Address 809 Featherbed Ln Easton

Clark NJ 07066

Telephone 732 770 5909

Signature Cueto [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.

Garwood Borough
Township of Cranford
Borough of Garwood
8 Springfield Ave.
Cranford, NJ 07016

Date Issued 7/12/2017
Control Number C-17-00155
Permit Number 17-107
Permit Issue Date 6/23/2017
Certificate Number 17-107

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 615 CENTER ST GARWOOD, NJ 07027 Block: 603 Lot: 23 Qual: _____
Owner in Fee: FRASER, D
Owner Address: 615 CENTER ST GARWOOD NJ 07027
Telephone: (732) 680-1400
Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Telephone: (732) 770-5909 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. 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: REMOVE 550 GAL UST (SAND FILLED)

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: _____

615

Fortune Metal Recycling

Center St

732-381-3355

GARWOOD

900 Leesville Ave

Rahway NJ 07065

07065

Scrap Tix

RECEIVED
JUL 11 2017
CRANFORD BUILDING

Tick#	573853	By TScale	2:53:38 PM	6/29/2017
Gross	Tare	Net Lbs	Price	Amount
300 - Light Iron per 100 (SC=\$4.50)				
10,060.00	8,420.00	1,640.00	4.50	73.80
Amt (Before Tax)				73.80
Sales Tax (0.00%)				0.00
Amt (After Tax)				\$73.80
Ticket Total				73.80
Rounded Off				-0.05
Total				73.75

* SEVENTY-THREE AND 75 / 100

Date	Mode	Trn #	Amount
6/29/2017	Cash		73.75

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 hereon, 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

615 Center St Garwood

550 gal Sand Filled Oil tank

100 Manifest Oil was
Removed before it was Sand Filled.
Oil was not removed by our
Company.

John
C. [Signature]
Ad. [Signature]

RECEIVED
JUL 11 2017
CRANFORD BUILDING



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Issued
Permit #

6-23-17
17-107

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

Block 1003 Lot 23 Qualification Code C15

Work Site Location 615 Locust St Camden

Owner in Fee: 11501

Tel. 714 650-1400 e-mail

Address 11501 municipality Camden

Contractor: 11501 Tel. 714 650-1400 e-mail

Address 11501 e-mail

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

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

Fire Alarm Contractor No. 11501 Exp. Date 4/30/19

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

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fuel Storage Tank:

Const. Class: Present Proposed Fuel Type: Flammable or Combustible

Heating System: New or Modification to Existing Fire Alarm System: New or Existing

Fuel Type: Gas Oil Electric Solar Location of Panel:

Location: Other Fire Suppression/Standpipe System:

Total Cost of Fire Protection Work \$ 1100 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 sign/Contractor sign and seal here: attest

Print name here: 11501

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove old sand unit

Water Supply Source Remove old sand unit

Method of Alarm/Suppression System Supervision Remove old sand unit

Flammable/Combustible Tanks

Alarm Systems

System

110v Interconnected

CO Detectors/110v

Alarm Devices (i.e., smoke, heat, etc.)

Supervisory Devices (i.e., tamper, low flow, etc.)

Signaling Devices (i.e., horns/strobes, bells)

Documentation Required

Approval

Oil Waste Manifest

Scrap Metal Receipt

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances Gas Oil Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 100



CONSTRUCTION PERMIT

Date Issued 6/23/2017
Control # C-17-00155
Permit # 17-107

IDENTIFICATION Block: 603 Lot: 23 Qualifier _____
Work Site Location: 615 CENTER ST GARWOOD NJ 07027 Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Owner in Fee FRASER D
615 CENTER ST GARWOOD NJ 07027 Telephone: (732) 770-5909
Telephone: (732) 680-1400 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE 550 GAL UST (SAND FILLED)

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 _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$100
Check No.	6069
Cash	\$0
Credit	\$0
Collected By	Regina Hryniewicz

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 003 Lot 23 Qualification Code 615

Work Site Location 615 Center St Garwood.

Owner in Fee: D Fraser.

Tel. (734) 680-1400 e-mail _____

Address San Municipality _____

Contractor: C. Curo Tel. (732) 778-5909

Address 809 Peachland Ln e-mail _____

CARL WJ 0066

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

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

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

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

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 of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 1700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Fire Protection Plans Approved

Date: 6-23-17 Approved by: [Signature]

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Christina Curo

D. TECHNICAL SITE DATA ☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source Remove 550G use Sand 2019

Method of Alarm/Suppression System Supervision Direct

Flammable/Combustible Tanks _____

Alarm Systems ☐ System _____

☐ 110V Interconnected _____

☐ CO Detectors/110V _____

Alarm Devices (i.e., _____)

water/flow) _____

Supervisory Devices (i.e., _____)

Signaling Devices (i.e., _____)

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Date Received 6/22/17

Control # 6-23-17

Date Issued 17-107

Permit # _____

Documentation Required

For Certification Of Approval

Oil Waste Manifest

Scrap Metal Receipt

NUMBER 1 FEE (Office Use Only) \$ 100

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 100



APPLICATION FOR CERTIFICATE

Permit #
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 615 Center St Block _____ Lot _____ Qualification Code _____
Garwood. Contractor C. Cuto
Owner in Fee D. Fraser. Address 809 Featherbed Rd
Address Same. Clark NJ 07066
Tel. 732 680 1400 Tel. 732 770 5909
License No. DEP# 520086 4/30/19
Federal Employee No. _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 1700

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

Remove 550 gal Sand Filled
OIL TANK

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

OWNER/AGENT

☐ OWNER

☒ AGENT

DEPARTMENT OF
ENVIRONMENTAL PROTECTION

STATE OF
NEW JERSEY

Hereby Certifies the Goodstanding of:
CHRISTIAN CUETO SSN:

License No. 520086

Reg No. 520086

PO-CLOSURE

AS A LICENSED:

Expires: 04/30/19

Document #: 1804740801

CONST GARWOOD
APPLIC

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

I. IDENTIFICATION

1. Proposed Work Site at: 328 Hickory Ave GARWOOD.

2. Name of Owner in Fee: A Dechellis

Tel. (908) 789-0952 e-mail

Address

3. Ownership in Fee: Public

Private

municipality

Tel. (212) 220 5509

e-mail

4. Principal Contractor: C. Cuto

509 Featherbed Ln

e-mail

Tel. (212) 220 5509

Address

CLARK NJ

License No. OR, if new home, Builder Reg. No.

Exp. Date

FAX: ()

MAY

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

Federal Emp. ID No.

C. Cuto

Contact

e-mail

CRANFORD

5. Architect or Engineer

C. Cuto

FAX: ()

e-mail

CRANFORD

Address

Tel. ()

FAX: ()

C. Cuto

5130 ACCORD

FAX: ()

CRANFORD

6. Responsible Person in Charge once Work has Begun

FAX: ()

e-mail

CRANFORD

CRANFORD

Tel. ()

FAX: ()

C. Cuto

e-mail

CRANFORD

CRANFORD

II. PROPOSED WORK

☐ Minor Work☐ Repair☐ Asbestos Abat. -Subch. 8

III. SUBCODES

(Check all that apply)

☐ Building☐ Electrical☐ Plumbing☐ Fire Protection☐ Elevator☐ TOTAL COST☐ TOTAL COST☐ TOTAL COST☐ TOTAL COST☐ TOTAL COST☐ TOTAL COST☐ TOTAL COST

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

1. ☐ Elevators/Escalators/Lifts/2. ☐ Dumbwaiters/Moving Walks3. ☐ High Pressure Boilers4. ☐ Refrigeration Systems5. ☐ Cross-Connections/Backflow Preventers6. ☐ Hazardous Uses/Places of Assembly7. ☐ Sprinklers/Standpipes8. ☐ Smoke Control Systems in Open Wells9. ☐ Fire Alarm

V. FEE SUMMARY (for office use only)

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

Number of Stories

Height of Structure

Area - Largest Floor

3. Area - New Building Area

5. Volume of New Structure

7. Max. Occupancy Load

8. If Industrialized Building: State Approved

9. Total Land Area Disturbed

10. Flood Hazard Zone

11. Base Flood Elevation

12. Wetlands

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

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

Gained, Sale

Gained, Rental

Lost, Sale

Lost, Rental

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present

Proposed

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, 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 732 770 5909

Signature [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.



**FIRE PROTECTION SUBCODE
TECHNICAL SECTION**



RECEIVED
MAY 9 2019

Date Received
Control #
Date Issued
Permit #
5-9-19
19-082

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANNORD BUILDING IN LIEU OF OATH
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block 328 Hickory Ave Lot Garwood Qualification Code 328
Work Site Location 328 Hickory Ave Garwood

Owner in Fee: A. DeCellello
Tel. 908 789-0952 e-mail _____

Address _____ Municipality _____ Tel. (732) 778-5909
Contractor: C. C. C. Co. e-mail _____
Address 809 Katherine Ln e-mail _____
CINCINNATI OH 45206

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. DEAF 52008C Exp. Date 5/30/22
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible
Capacity _____
Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement Location of Panel: _____
Fire Suppression/Standpipe System: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____ Location of Main Control Valve: _____
Location: _____
Total Cost of Fire Protection Work \$ 1700

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Alarm System				
[] Partial Under-slab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Joint Plan Review Required: _____	Pre-Eng. System				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Mechanical				
SUBCODE APPROVAL for PERMIT	Smoke Control				
Date: _____	TCO				
Approved by: _____	Flam/Combust Tanks				
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting				
[] CO [] CA	Final				
Date: <u>5/23/19</u>	Other				
Approved by: <u>[Signature]</u>					

I hereby certify that I am the Signature of legal and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
[] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Remove 550 gpd
Stand filled with 441

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tamper, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
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 \$ _____



CONSTRUCTION PERMIT

Date Issued 5/9/2019
Control # C-19-00113
Permit # 19-082

IDENTIFICATION Block: 612 Lot: 17 Qualifier _____
Work Site Location: 328 HICKORY AVE Garwood Borough, NJ Contractor C. CUENTO & S. BONACCORSO
Address 809 FEATHERBED LANE CLARK NJ 07066
Owner in Fee DECHELLIS, ARGENTINO & ANNA
328 HICKORY AVE GARWOOD NJ 07027 Telephone: (732) 770-5909
Telephone: (908) 709-0952 Lic. No. or Bldrs. Reg. No. 520086
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE 550 GAL 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 _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$100
Check No.	6552
Cash	\$0
Credit	\$0
Collected By	Regina Hryniewicz

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.



APPLICATION FOR CERTIFICATE

Permit #
Date Issued
Control #
Certificate Application Received
Certificate Issued

IDENTIFICATION

Work Site Location 328 Hickory Ave GARWOOD Block _____ Lot _____ Qualification Code _____
Contractor C. Cuetto
Owner in Fee A. Dechellis Address 809 Featherbed LA
Address Same. CHARK NJ 07066
Tel. 908 789-0952 Tel. 732 770 5909
License No. DP# 520081 4/30/22
Federal Employee No. _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 1700

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

Remove 550 ac Sand Filled TANK

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED

OWNER/AGENT

OWNER

✓ AGENT

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**