



CONSTRUCTION PERMIT APPLICATION RECEIVED

OCT 21 2021

TOWN OF WESTFIELD

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

I. IDENTIFICATION

1. Proposed Work Site at: 411 Edgewood Ave

2. Name of Owner in Fee: J. Gabriel

3. Ownership in Fee: Public Private municipality zip code

4. Principal Contractor: C. Cueto Tel. (732) 770 5909

Address 809 Featherhall LA e-mail Cueto NJ 07066

License No. OR, if new home, Builder Reg. No. Dep # 5200086 Exp. Date 4/30/22

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

Federal Emp. ID No. C. Cueto FAX: ()

5. Architect or Engineer: C. Cueto Contact C. Cueto / S. Bonaccorso

Address 809 Featherhall LA e-mail Cueto NJ 07066

Tel. () FAX: ()

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

Tel. 732-770-5909 FAX: ()

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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		HUD
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes	no

(office use only)

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
☐ Prototype Processing

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

- ☐ 1. Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
☐ 2. High Pressure Boilers
☐ 3. Pressure Vessels
☐ 4. Refrigeration Systems
☐ 5. Cross-Connections/Backflow Preventers
☐ 6. Hazardous Uses/Places of Assembly
☐ 7. Sprinklers/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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

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

U.C.C. F100-3

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): i.x. 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): 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): 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 Cueto

Address 809 Heatherbed Ln

Clark NJ 07066

Telephone 732-220-5509

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.

U.C.C. F100-2



Westfield Town
959 NORTH AVENUE WEST
WESTFIELD, NJ 07090

Date Issued 12/10/2021
Control Number C-10-21-2362
Permit Number 21-1729
Permit Issue Date 10/26/2021
Certificate Number 21-1729

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 411 EDGEWOOD AVE Westfield, NJ 07090 Block: 901 Lot: 16 Qual: _____
Owner in Fee: GABRIEL, JONATHAN & TELESKO, K
Owner Address: 411 EDGEWOOD AVE WESTFIELD NJ 07090
Telephone: PII
Contractor C CUETO
Address 809 FEATHERBED LN CLARK NJ 07066
Telephone: (732) 770-5909 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: 520086

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: TANK REMOVAL - 550 UST (FRONT RIGHT OF HOUSE)

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: 12/10/2021

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

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



CONSTRUCTION PERMIT

Date Issued 10/26/21
Control # C-10-21-2862
Permit # 21-1729

IDENTIFICATION Block: 901 Lot: 16 Qualifier _____
Work Site Location: 411 EDGEWOOD AVE Westfield, NJ 07090 Contractor C CUETO
Address 809 FEATHERBED LN CLARK NJ 07066
Owner in Fee GABRIEL, JONATHAN & TELESKO, K
411 EDGEWOOD AVE WESTFIELD NJ 07090 Telephone: (732) 770-5909
Lic. No. or Bldrs. Reg. No. 520086
Telephone: PII 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:

TANK REMOVAL 550 UST (FRONT RIGHT OF HOUSE)

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 \$1,900

[Signature]
Construction Official

10/20/21
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	\$125
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$125
Check No.	<u>7144</u>
Cash	\$0
Credit	\$0
Collected By	<u>LA</u>

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



Date Received
Control #
Date Issued
Permit #

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: Christian Cunto
Print name here: Christian Cunto

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

DESCRIPTION OF WORK:
Water Supply Source Range 550 Gal
Method of Alarm/Suppression System Supervision Sound 7/100 out etc.

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

FEE (Office Use Only)
\$ 25

Number
FEE (Office Use Only)
\$

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

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

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

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

Block 90411 Edgebrook Ave Lot 10 Qualification Code _____
Work Site Location

Owner in Fee: St. Gabriel mail _____
Tel _____

Address _____ municipality _____ Tel. _____ zip code _____
Contractor: Christian Cunto Address 809 Featherbed Ln e-mail _____
Address Cumil NJ 07066

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. Depot 320086 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 _____
Constr. Class: Present _____ Proposed _____

Heating System: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement
OR [] Gas [] Oil [] Electric [] Solar
[] Other

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

Location: _____
Total Cost of Fire Protection Work \$ 1900

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

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

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

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: _____

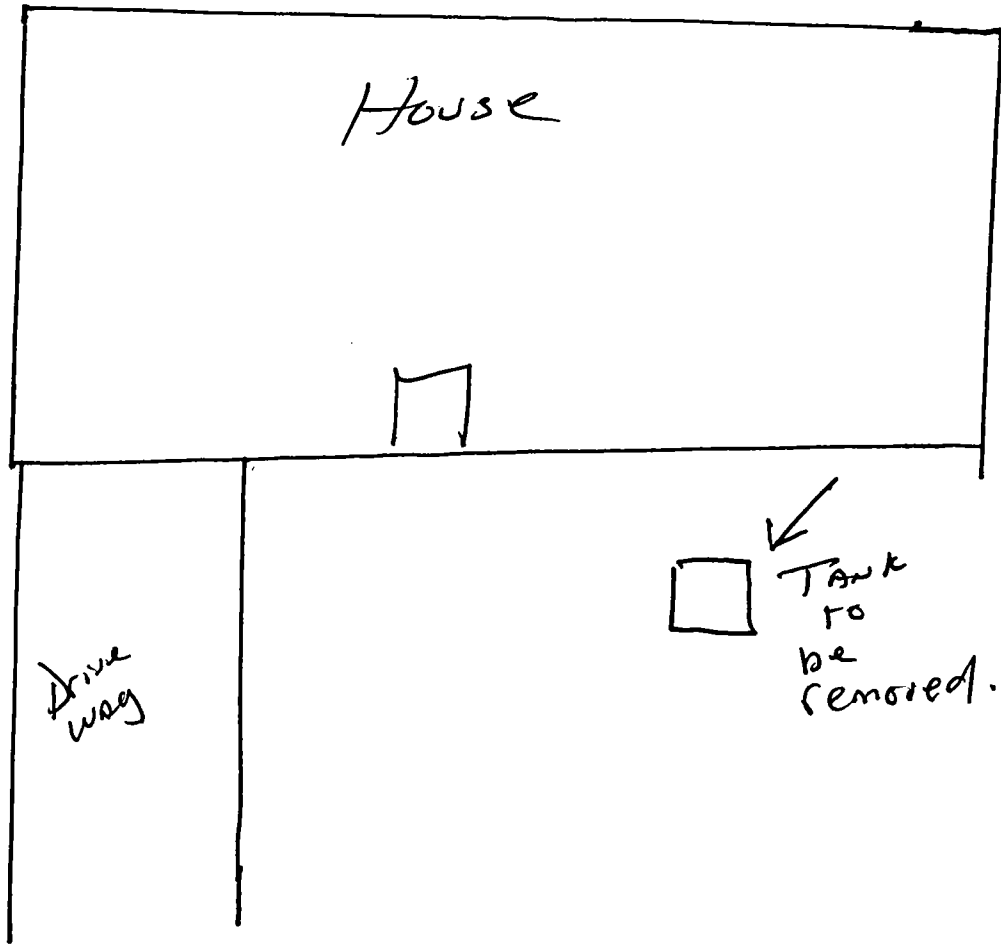
Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____

Location of Main Control Valve: _____



411 Edgewood ave.