

**CONSTRUCTION PERMIT APPLICATION**

OCT 07 2019

TOWN OF WESTFIELD

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

I. IDENTIFICATION

1. Proposed Work Site at: 671 Shadowlane Dr

2. Name: J. Weinberg

3. Ownership in Fee: Public Private municipality

4. Principal Contractor: C. Cuetto Tel. 212 770 5909

Address: 809 Shafterwood Ln e-mail _____

Clark NJ 07066

License No. OR, if new home, Builder Reg. No. 201520086 Exp. Date 4/30/2022

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer: C. Cuetto Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

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

Tel. 212 770 5909 FAX: _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☐ 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:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
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. ☐ LPG Gas Tanks
12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE**A. RESIDENTIAL (primary use)**

1. State Specific Use: U
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale 0
- Gained, Rental 0
- Lost, Sale 0
- Lost, Rental 0

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 _____

OFFICE DATE RECEIVED: _____

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

U.C.C. F100-3 (rev. 12/07)

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): 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): 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 Christopher Cuto
 Address 809 Hawthorne Ave
CLARK NJ 07066
 Telephone 732 770 5907
 Signature [Signature]

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

U.C.C. F100-2 (rev. 5/2007)

Westfield Town
959 NORTH AVENUE WEST
WESTFIELD, NJ 07090

Date Issued 11/7/2019
Control Number C-19-2138
Permit Number 19-1481
Permit Issue Date 10/22/2019
Certificate Number 19-1481

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 671 SHADOWLAWN DRIVE Westfield Town, Block: 2908 Lot: 1 Qual:
NJ 07090
Owner in Fee: J WEINBERG
Owner Address: 671 SHADOWLAWN DRIVE WESTFIELD NJ 07090
Telephone: PII
Contractor C.CUETO
Address 809 FEATHERBED LANE CLARK NJ 07066
Telephone: (732) 770-5909 Fax: _____
License Number or Builders Registration Number: 520086 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: TANK REMOVAL - 550 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: 11/7/2019

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



Permit #

10-22-19
1821-61

Q90# 520086 4/30/22

DESCRIPTION OF WORK:
Remove 550 gal air ch

Date 11/11

To Reorder Call: (908) 276-7710
TC Graphics Inc. Print • Mail

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

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 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 given.

☐ 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 the case 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. Utility services, including septic.
 4. 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.
- ☐ 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.



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 2908 Lot 671 Shadow/Aur Dr
Work Site Location

Owner in Fee: J Weinberg
Tel: [REDACTED] e-mail: [REDACTED]

Address 809 Fairbairn Rd municipality Camden Tel. (856) 728-5909
Contractor: Christina Cucco e-mail: [REDACTED]
Address 809 Fairbairn Rd e-mail: [REDACTED]

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 100#520086
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 4/30/22
Fire Alarm Contractor No. 100#520086 Exp. Date 4/30/22
Home Improvement Contractor Registration No. or Exemption Reason [REDACTED]
Federal Emp. ID No. [REDACTED] FAX: ()

B. FIRE PROTECTION CHARACTERISTICS

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

Heating System: ☐ New ☐ Modification to Existing ☐ New ☐ Existing
OR ☐ Conversion ☐ Replacement
Location of Panel: [REDACTED]

Fire Alarm System: ☐ New ☐ Existing
Fire Suppression/Standpipe System:
Fuel Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar
☐ Other [REDACTED]
Location of Main Control Valve: [REDACTED]

Location: [REDACTED]
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 - Underslab Utilities Approved	Suppression Sys.				
Date: <u>10/23/19</u>	Standpipe				
☐ Fire Protection Plans Approved	Fire Pump				
Date: <u>10/23/19</u>	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.	Smoke Control				
SUBCODE APPROVAL PERMIT	TCO				
Date: <u>10/23/19</u>	Flam/Combust Tanks				
Approved by: <u>[Signature]</u>	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE	Final				
☐ CO ☐ GAS	Other				
Date: <u>10/23/19</u>					
Approved by: <u>[Signature]</u>					

U.C.C. F140 (rev. 02/11) To Record Call: (908) 276-7710
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: Christina Cucco
Print name here: Christina Cucco

Certified Contractor ☒ Exempt Applicant ☐

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 500 gal oil tank
Water Supply Source [REDACTED]
Method of Alarm/Suppression System Supervision [REDACTED]

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., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump <u>[REDACTED]</u> GPM Type <u>[REDACTED]</u>		
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 \$		

Office of Mayor
Bonaccorso

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

FAX

To: Westfield Bldg
Fax: 908-789-4129
Phone:
Re: OIL TANK

From: Bonaccorso
Pages: 1
Date: 11/4/19
CC:

*671 Shadelow Farm
Westfield*
Fortune Metal Recycling
732-361-3355
900 Leesville Ave
Rahway NJ 07065
07065
Saul Hill

Ticket#	796706	By TScale	12:48:46 PM	10/31/2019
Gross	Tare	Net Lbs	Price	Amount
320 - #1 UNPREPARED per 100			(50-44.50)	
10,260.00	8,740.00	1,520.00	4.50	68.40
Manual WT				
Ant (Before Tax)				68.40
Sales Tax (0.00%)				0.00
Ant (After Tax)				68.40

Ticket Total 68.40
Rounded Off 0.00
Total 68.40

* CITY-EIGHT AND 50 / 100
Date: 10/31/2019
Tm #
Amount 68.50

nt Name: COPY***

Address: 904 HERRING RD
CLARK, NJ 07066

State of Insurance:

I hereby state that I'm the lawful owner of the material described herein, + 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 fireon removal
under Clean Air Act 40CFR 82, Subpart F

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 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