Building

MITCH, JOHN

From: Antonio M. <opra+request-31206-465d0889@requests.opramachine.com>
Sent: Thursday, April 21, 2022 8:45 AM
To: MITCH, JOHN
Subject: OPRA request - Construction permits issued

Dear Woodbridge Township, Attached is all the Tank Permits related to C. Cueto ranging from 2019-2022

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: Attached are the 5 permits requested containing all paperwork for Tank Removals

I am requesting all construction permit/application and related below listed documents applied by and/or issued to in 2019,2020,2021 and 2022 to a "C. Cueto" or "christian cueto" of 809 Featherbed Lane Clark Nj 07066 Tel: 732-770-5909 DEP license #520086

That name is not for the "Name of Owner in fee" but instead it is for the "principal contractor" located in line 4 of the construction permit applications.

In addition i would like to clarify the specific records I am requesting for each permit, as listed below:

OPRA Tracking #: 13716
Received Date: 4-21-22
Est'd. Ready Date: 4-29-22
Completed By: ~~J Cognanello~~
Date Completed: 4.28.2022

- Construction Permit Application

- Certification in Lieu of oath

- Construction Permit

- Fire Protection Subcode application and Permit (if one was applied for and issued)

- Copies of professional licences submittted to your agency by applicant issued by NJ DEP

- Any communication/paperwork submitted by contractor or subcontractor requesting inspections and submitting proof of proper disposal of removed tank,

- any and all other records available attached to said permit

Yours faithfully,

AM

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-31206-465d0889@requests.opramachine.com

Is john.mitch@twp.woodbridge.nj.us the wrong address for OPRA requests to Woodbridge Township? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=woodbridge_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

https://opramachine.com/help/officers

View this OPRA request & responses online:

https://opramachine.com/request/construction_permits_issued

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 018-1509

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 93 Avalon Dr Colonia.
2. Name of Owner in Fee: _____
   Tel. (_____) _____ e-mail _____
   Address _____ (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: C. Cueto Tel. (732) 770 5709.
   Address 809 Feltherbed Ct e-mail _____
   Clark NJ 07066
   License No. OR, if new home, Builder Reg. No. Deck 520086 Exp. Date 4/30/19.
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (_____) _____
5. Architect or Engineer C. Cueto Contact _____
   Address _____ e-mail _____
   Tel. (732) 770 5709 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun C Cueto / S. Bonaccorso
   Tel. (732) 770 5709 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	70		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	AG	4/F	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 70.00		

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 TANK
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		5/7 dm							
☐ Electrical									
☐ Plumbing									
☒ Fire Protection					5/7/18	BL (auto)			
☐ Elevator									
TOTAL COST	1700								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)* TANK
1. State Specific Use: U Remove
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: *Total Units* *Income-restricted*

	Total Units	Income-restricted
Gained, Rental		
Gained, Sale		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)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 Heather Hill LA
CLARK NJ 07066

Telephone (732) 770 5909

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. 10/2005)

BLOCK _____ LOT _____ ADDRESS (SITE-ZONE) _____ PERMT NO. _____

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				X					
☐ Planning Board				X					
☐ Zoning Board			X						
☐ Sewer Authority			X						
☐ Water Authority			X						
☐ Police Department			X						
☐ Health Department			X						
☐ Soil Conservation			X						
☐ N.J. Department of Community Affairs	X	X							
☐ N.J. Department of Transportation	X	X							
☐ N.J. Department of Environmental Protection	X	X							
☐ Utility Dig No.			X						
☐			X						
☐			X						

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

Name of Code & Edition		Name of Code & Edition	
Building		Energy	Other
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection	2015 IFC	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	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)

018-1509

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

TOWNSHIP OF WOODBRIDGE
CODE ENFORCEMENT AGENCY
BUILDING DEPARTMENT
1 MAIN ST. • WOODBRIDGE, NJ 07095
732-634-4500

Date Received 5/8/18
Control #
Date Issued
Permit # 018-1509

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

Block ______ Lot ______ Qualification Code ______
Work Site Location 93 Avalon Dr Colonia

Owner in Fee: ______
Tel. ______ e-mail ______
Address ______
Contractor: C. Cueto (street) (municipality) Tel. 732 7705909 (zip code)
Address 809 Featherbed LA Clark 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. Dep # 520086 Exp. Date 4/30/19.
Home Improvement Contractor Registration No. or Exemption Reason ______
Federal Emp. ID No. ______ FAX: ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ______ Proposed ______
Constr. Class: Present ______ Proposed ______
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [✓] Oil [ ] Electric [ ] Solar [ ] Other ______
Location: ______
Total Cost of Fire Protection Work $ 1700

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

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 5/2/18 Approved by: [signature] (acting)
[ ] Fire Protection Plans Approved
Date: ______ Approved by: ______
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5/7/18
Approved by: [signature] (acting)
SUBCODE APPROVAL of CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

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

(Dates (Month/Day))

Tank Was Removed By ADS Under Permit # 2018-2197
This Permit Is Void!

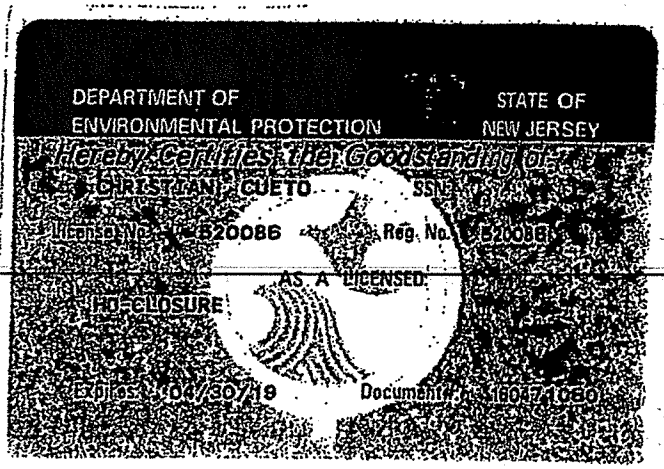
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor sign here: [signature]
Print name here: Christian Cueto
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Remove 550 gal oil tank.
Water Supply Source
Method of Alarm/Suppression System Supervision ______

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	$ 70
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy


DEPARTMENT OF
ENVIRONMENTAL PROTECTION
STATE OF
NEW JERSEY
Hereby Certifies that Goodstanding of
CHRISTIAN CUETO
SSN:
License No.: 620086
Reg. No.: 620086
AS A LICENSED:
HD-CLOSURE
Expires: 04/30/19
Document#:

TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732 6344500

5/8/18

Control Number: 1103343

Application Date: 05/08/18

CONSTRUCTION PERMIT

018-1509

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 476.06 Lot : 19 Qualifier :
Work Site Location: 93 AVALON DR973 COLONIA

Owner In Fee:
Address: 93 AVALON DR
COLONIA NJ, 07067

Telephone:

Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ, 07066
Telephone: (732) 770-5909

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Tank Removal - 550 GAL.

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$1,700.00
Total Cost:	$1,700.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$70.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$70.00
All Fees Waived	No

Amount to be Paid: $70.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

THOMAS J. KELLY
Construction Official

5-8-18
Date

CK#6294
dm

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note: can we cause a failure here?

July 30, 2018

Attention Township of Woodbridge:

I am writing as the homeowner of 93 Avalon Dr., Colonia NJ in reference to permits taken out on my home.

The first one, permit #20181509 can be discarded for that company will no longer be providing the service. Tank Removal (C. Cueto)

The second one, permit # 20182197 needs to be adjusted to show just the removal of the oil tank from the ground. There will be no installation of a new oil tank. Buyer will be switching to gas. Tank Removal (ADS Environmental)

Thank you for your understanding.

Regards,

8/1/2018

8/7/18

TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732 6344500

Permit Number: 20182197
Update Number:
Control Number: 1104230
Application Date: 07/05/18
Permit Date: 7/5/2018
Expiration Date: 07/05/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 476.06 Lot : 19 Qualifier :
Work Site Location: 93 AVALON DR COLONIA

Owner In Fee:
Address: 93 AVALON DR
COLONIA NJ, 07067
Telephone:

Use Group(s): R-5

Contractor: ADS ENVIROMENTAL
Address: 160 Broad Street
Phillipsburg NJ, 08865
Telephone: (908) 213-9400
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 22-3543702

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Alterations - 1000 gal ust. removal & 275 gal ast. install

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$3,350.00
Cost of Demolition:	$0.00
Total Cost:	$3,350.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$140.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$6.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$146.00
All Fees Waived	No

Amount to be Paid: **$146.00**
Check Number: 33407
Check amount: $146.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

THOMAS J. KELLY
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: dm
Receipt No:
Total Cash Amount:
Total Check Amount: $146.00
Total CC Amount:
Grand Total: $146.00

9/11/18

Note:

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

W3 od bridge

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 55 Beech St Fords NJ.
2. Name of Owner in Fee: _____
   Tel. (_____) _____ e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: C. Cueto Tel. (732) 770 5909
   Address 509 Featherbed LA e-mail _____
   CLARK NJ 07066
   License No. OR, if new home, Builder Reg. No. Pending 5200186 Exp. Date 4/30/19
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (_____) _____
5. Architect or Engineer C. Cueto Contact _____
   Address 509 Featherbed LA Clark e-mail _____
   Tel. (732) 770 5909 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	70		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	N/A		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 70		

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 Tank
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☒ Fire Protection					1-11-19				
☐ Elevator									
TOTAL COST	7000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)* Tank

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

B. NON-RESIDENTIAL *(primary use)*

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

U.C.C. F100-1 (rev. 8/08)

BLOCK _____ LOT _____ ADDRESS (SITE-ZONE) _____ PERMT NO. 19-0090

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection	2015 IFC	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(e)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 _____

Address _____

_____

Telephone (____) _____

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. 10/2009)

TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732 6344500

1-11-19

Control Number: 1106816
Application Date: 01/11/19
19-0090

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 164 Lot : 584 Qualifier :
Work Site Location: 55 BEECH ST FORDS

Owner In Fee:
Address: 55 BEECH ST
FORDS NJ, 08863
Telephone:

Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ, 07066
Telephone: (732) 770-5909
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Tank Removal: 550 Gallon

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$1,700.00
Total Cost:	$1,700.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$70.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$70.00
All Fees Waived	No

Amount to be Paid: $70.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

[signature] 1/11/19

THOMAS J. KELLY Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

0472

Note:

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

19-0080

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

TOWNSHIP OF WOODBRIDGE
CODE ENFORCEMENT AGENCY
BUILDING DEPARTMENT
1 MAIN ST. • WOODBRIDGE, NJ 07095
732-634-4500

Date Received / Control # 1-11-19
Date Issued / Permit # 19-0080

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 55 Beech St Fords

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____

Contractor: C. Cueto (street) (municipality) Tel. 732 7705909

Address 509 Festherbeel CA e-mail _____
CLARK NJ 07066 (zip code)

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

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

Fire Alarm Contractor No. De04520086 Exp. Date 4/30/19

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 0 Proposed DEMO

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 1700.

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: Christian Cueto

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

DESCRIPTION OF WORK

Water Supply Source Remove 550 gal Steel Filled oil tk.

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ 10.00
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 1-11-19 Approved by: [signature]
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-11-19
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/15/19
Approved by: RK (acting)

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			Attached Letter	
Standpipe	See			
Fire Pump		7/12/19		
Pre-Eng. System	dated			
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks (over)	7/1/19		7/12/19	RK
Fireplace Venting				
Final			7/12/19	RK
Other _____				

White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

7/1/19 tank removed 1/10/19 2018-4064
sweep to be performed for 2nd tank

Dear Bob,

In reference to subject of filing permit for oil tank removal at 55 Beech Street in Fords. Before purchasing the house and in behalf of the children of the deaceased owners I had a friend in the construction business come to the property to estimate the work cost in updating the house as an investment opportunity. In October my cousin gave me a company that did oil tank removal of which the price was lower than the other estimate so I hired him (Tomko). Tomko filed for the permit and did the oil tank removal and closed the permit upon completion in October / November. In January my friend but not my site worker opened another permit (Kurt Metz) not aware that I had already done the work with Tomko. I wasn't made aware that a second permit had been opened. Thank you for your understanding in this matter. Any questions that you may have you can contact me at (201) 370-4955.

Sincerely

Sworn to and subscribed
before me this
12 day of JULY, 2019

VICTOR A. MARRERO
Notary Public of New Jersey
I.D. #2366573
Commission Expires 11/7/2019

BLOCK 164 LOT 584 QUALIFICATION CODE _____ ADDRESS (SITE) 55 Beech St Fords PERMIT NO. 18-4064

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 55 Beech St Fords
2. Name of Owner in Fee: _____
   Tel. ( ) _____ e-mail _____
   Address 555 Beech St (street) Fords (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Tomko & Son Tel. (732) 4338414
   Address 398 Oak St e-mail _____
   Perth Amboy
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 222735871 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Tom
   Tel. (732 4338414 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	70		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	N/C		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 70.00		

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 Tank
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building		11/15/18							
☐ Electrical									
☐ Plumbing									
☒ Fire Protection	1600.00			12-19-18					
☐ Elevator									
TOTAL COST	1,600.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)* Tank
1. State Specific Use: U Removal
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

U.C.C. F100-1 (rev. 8/08)

BLOCK _____ LOT _____ ADDRESS (SITE-ZONE) _____ PERMT NO. _____

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			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection	2015 IFC	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(e)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 Tom Kogulec

Address 348 @ AL ST
Ruth Bldg

Telephone (732) 4538414

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. 10/2005)

18-4064 ✓

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/24/18
Control #

Date Issued 19-4064
Permit #

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

Block 164 Lot 5 84 Qualification Code

Work Site Location 55 Beech St Fords

Owner in Fee:

Tel. e-mail

Address 55 Beech St Fords
street municipality zip code

Contractor: Tomko Oil Svc Tel. ( )

Address 348 Oak St e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-3738871 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present C Proposed R2/R3

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1600.00

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Remove 550 UST

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		1 Family
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 12-19-18

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] TCO [ ] CA

Date: 6/10/19

Approved by: B. McCoy

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks			1/10/19	PK
Fireplace Venting				
Final			6/7/19	PK
Other				

Administrative Surcharge $

Minimum Fee $ 70.00

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F140 (rev. 10/06)

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

12/24/18

TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732 6344500

Control Number: 1106631
Application Date: 12/20/18

19:4064

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 164 Lot : 584 Qualifier :
Work Site Location: 55 BEECH ST FORDS

Owner In Fee:
Address: 55 BEECH ST
FORDS NJ, 08863

Telephone:

Use Group(s): U

Contractor: Tomko Oil Service
Address: 348 Oak Street
Perth Amboy NJ, 08861
Telephone: (732) 433-8414

Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 22-2738871

12/21 11:15

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Tank Removal : 550 Gal. UST

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$1,600.00
Total Cost:	$1,600.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$70.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$70.00
All Fees Waived	No

Amount to be Paid: **$70.00**

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

THOMAS J. KELLY — 12-21-18
Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: ~~Final inspections are required before final payment is to be made to contractor.~~
:: An approved set of plans must be kept at the worksite at all times.

Note:

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

TOMKO OIL SERVICES INC
348 OAK ST
Perth Amboy, NJ 08861

Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
Is hereby approved to perform the following services:

CATHODIC PROTECTION SPECIALIST
CLOSURE
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION
TANK TESTING

12/31/2018
EXPIRATION DATE

U8744817
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

18-4064

55 Beech St
Fords

DATE RECEIVED 6-27-19

DEPENDABLE IRON & METAL CO., INC.
P.O. BOX 1012 • RAHWAY, N.J. 07065

SCALE RECEIVING TICKET NO. **110952**

CORNER OF RODGERS ST. & LEESVILLE AVE. • RAHWAY, N.J. (732) 382-7715

VENDOR NAME			VENDOR NUMBER	INVENTORY CODE		
PRODUCT DESCRIPTION	Fuel					
PRODUCT NUMBER						
GROSS LBS.	11220					
TARE LBS.	10580					
NET LBS.	640					
DEDUCTIONS						
GROSS TONS						
UNIT PRICE		PER		PER		PER
$ AMOUNT	26	TERMS*		TERMS*		TERMS*
SELLERS' SIGNATURE FOR CASH RECEIVED						

*TERMS: C = CASH CK = CHECK P = PAYABLE O = OPEN

GRAND TOTAL 26

PRODUCT 68 PRINTED IN U.S.A. A

TOMKO OIL SERVICE, INC.
348 Oak Street
PERTH AMBOY, NJ 08861
(732) 826-7737

NAME _____ DATE 6-27-19

ADDRESS 55 Beech St
Fords

SOLD BY ____ ☐ CASH ☐ CHARGE ☐ C.O.D. ☐ ON ACCT. ☐ MDSE. RETD ☐ ____

QTY.	DESCRIPTION	AMOUNT
	Pumped 30 gallons old fuel from tank	

RECEIVED BY

TAX

TOTAL

TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732-6344500

CERTIFICATE

Date Issued: 06/12/2019
Control #: 1106631
Permit #: 20184064

IDENTIFICATION

Block: 164 Lot : 584 Qual:

Work Site : 55 BEECH ST
FORDS

Owner in Fee:
Address: 55 BEECH ST
FORDS NJ 08863

Telephone:
Agent/Contractor: Tomko Oil Service
Address: 348 Oak Street
Perth Amboy, NJ 08861
Telephone: 732 433-8414

Lic. No./ Bldrs. Reg.No.:
Federal Emp. No. 22-2738871
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Tank Removal : 550 Gal. UST

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT**

This serves notice that based on a written certification, lead abatement was performed 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 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.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained and is approved for use until

THOMAS J. KELLY, Construction Official

Fees $0.00
Paid [X] Check No
Collected by db

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Woodbridge

BLOCK ______ LOT ______ QUALIFICATION CODE ______ ADDRESS (SITE) ______ PERMIT NO. 20-427

Checked Enclosed #6710

CONSTRUCTION PERMIT APPLICATION

New Jersey Uniform Construction Code

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

I. IDENTIFICATION

1. Proposed Work Site at: 103 Jordan Rd.
2. Name of Owner in Fee: ______
   Tel. ( ) ______ e-mail ______
   Address ______ (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: C. Cueto Tel. (732) 7705909.
   Address 809 Featherbed LA, Clark NJ 07066 e-mail ______
   License No. OR, if new home, Builder Reg. No. Dept# 520086 Exp. Date 4/30/22
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
   Federal Emp. ID No. ______ FAX: ( )
5. Architect or Engineer C. Cueto Contact ______
   Address ______ e-mail ______
   Tel. ( ) ______ FAX: ( )
6. Responsible Person in Charge once Work has Begun C. Cueto / S Bonaccorso
   Tel. (732) 7705909 FAX: ( )

V. FEE SUMMARY (for office use only)

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

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 ______

Single family

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☒ Fire Protection					3-9-20				
☐ Elevator									
TOTAL COST	2600								

(FOR OFFICE USE ONLY (Optional))

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: Tank Removal
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: ______
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present ______ Proposed ______

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

U.C.C. F100-1 (rev. 8/08)

BLOCK _____ LOT _____ ADDRESS (SITE-ZONE) _____ PERMT NO. _____

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		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection	2018 IFC	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	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(e)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 Jefferson Ave
Guttenberg NJ 07093

Telephone (732) 920 5709

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. 10/2003)

20-627

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

TOWNSHIP OF WOODBRIDGE
CODE ENFORCEMENT AGENCY
BUILDING DEPARTMENT
1 MAIN ST. • WOODBRIDGE, NJ 07095
732-634-4500

Date Received 3/10/20
Control # 20-627
Date Issued
Permit #

C/A 3/20/20

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

Block ____ Lot ____ Qualification Code ____
Work Site Location 103 Jordan Rd. COLONIA
Owner in Fee: ____
Tel. 908 ____ e-mail ____
Address ____
Contractor: C. Cuesto (street) municipality Tel. 732 708 9099 (zip code)
Address 809 Featherbed LA e-mail ____
CLARK NJ 07066
Fire Protection Equipment, NJ Div of Fire Safety Permit No. ____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. ____
Fire Alarm Contractor No. 13HA 520086 Exp. Date 4/30/20
Home Improvement Contractor Registration No. or Exemption Reason ____
Federal Emp. ID No. ____ FAX: ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 0 Proposed Diner
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 2600.

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 1000 Sqf
Water Supply Source city
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ ____
Minimum Fee $ X
State Permit Surcharge Fee $ 100.00
TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 3-20 Approved by: [signature]
[ ] Fire Protection Plans Approved
Date: ____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 3-20-20
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [X] CA
Date: 3-20-20
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3-20-20	
Other ____				

White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

3/10/20

TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732 6344500

Control Number: 1112078
Application Date: 03/09/20

20-627

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 505.02 Lot: 18 Qualifier:
Work Site Location: 103 JORDAN RD COLONIA

Owner In Fee: REICHARDT,
Address: 103 JORDAN RD
COLONIA NJ, 07067

Telephone:

Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ, 07066

Telephone: (732) 770-5909

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [X] DEMOLITION
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Tank Removal: 1000 Gallon

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$2,600.00
Total Cost:	$2,600.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$100.00
All Fees Waived	No

Amount to be Paid: **$100.00**

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

THOMAS J. KELLY — 3-10-20 Date
Construction Official

DC # 4770

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

Office of Mayor Bonaccorso

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

FAX

To: Woodbridge Bldg	From: SAO
Fax: 732-726-2369	Pages: 1
Phone:	Date: 3/13/2020
Re: Oil tank	cc:

Column 8
103 Jordan Rd.
Scrap Tax

Fortuna Metal Recycling
732-381-3355
900 Edgarville Ave
Railway NJ 07065

Ticket 825541 By TScale 1:51:43 PM 3/11/2020
Grade Tare Net Lbs Price Amount
320 - #1 UNPREPARED per 100 (SC=$6.00)
9,520.00 8,620.00 900.00 6.00 54.00
Manual WT
Amt (Before Tax) 54.00
Sales Tax (0.00%) 0.00
Amt (After Tax) $54.00

Ticket Total 54.00
* FIFTY-FOUR AND XX / 100

Date Mode Trn # Amount
3/11/2020 Cash 54.00
Print Name: ROBERT COVINO JR

CUSTOMER COPY

Address: 684 BROOKSIDE RD
City/ST/Zip: RAHWAY/NJ/07065

State of issuance:

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

Fortune Metal Recycling

X

tomer acknowledges freon removal
r Clean Air Act 40CFR 82, Subpart F

20-0627

TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732-6344500

CERTIFICATE

IDENTIFICATION

Date Issued: 04/16/2020
Control #: 1112078
Permit #: 20200627

Block: 505.02 Lot: 18 Qual: _____
Work Site Location: 103 JORDAN RD
COLONIA
Owner in Fee: _____
Address: 103 JORDAN RD
COLONIA NJ 07067
Telephone: _____
Agent/Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: 732 770-5909
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Tank Removal: 1000 Gallon

Update Desc. of Wk/Use:

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **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.

[ ] **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

THOMAS J. KELLY, Construction Official

Fees: $0.00
Paid [X] Check No: 6770
Collected by: dc

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Let's protect our earth

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NJDEP
Licensing Programs
Mail Code 401-04E
PO BOX 420
Trenton, NJ 08625-0420

Please detach your license and carry it with you for identification purposes.

DEPARTMENT OF ENVIRONMENTAL PROTECTION — STATE OF NEW JERSEY

Hereby Certifies the Goodstanding of:

CHRISTIAN CUETO SSN:

License No. 520086 Reg No. 520086

AS A LICENSED:

HD-CLOSURE

Expires: 04/30/22 Document#: 190229250

CHRISTIAN CUETO
33 LASATTA AVE

Englishtown NJ 07726

Document #: 190229250

CK _____ LOT _____ QUALIF/CODE _____ ADDRESS (SITE) VOID _____ PERMIT NO. 21-1003

VNSHIP OF CLARK
/ESTFIELD AVENUE
IK, NJ 07066-1704
428-8401

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION VOID

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

I. IDENTIFICATION

1. Proposed Work Site at: 171 Oxford Rd Colonia
2. Name of Owner in Fee: _____
   Tel. ( ) _____ e-mail _____
   Address _____ (street)
3. Ownership in Fee: Public _____ Private ✓ (municipality) _____ (zip code)
4. Principal Contractor: C. Cueto Tel. (732) 770 5909
   Address 809 Featherbed Ln e-mail _____
   Clark NJ 07066
   License No. OR, if new home, Builder Reg. No. 13VH 520086 Exp. Date 4/30/22
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer C. Cueto Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun C. Cueto / S Bonaccorso
   Tel. (732) 770 5909 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	100		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	N/C		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 100.00		

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 ____

VOID

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☒ Demolition Tank Removal
- ☐ 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	Resubmission Dates Rejection	Re-viewer
				6.9.21				
TOTAL COST 100								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: U
2. Use Group, Proposed: Tank Removal UST
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases

VOID

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

FIRE SUBCODE TECHNICAL SECTION

Date Received 6/9/21
Control #
Date Issued
Permit # 21-1603

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 171 Oxford Rd Colonia.

Owner in Fee: _____

Tel. ( ) _____ e-mail _____

Address _____ street municipality zip code

Contractor: C. Cueto Tel. (732) 7205909

Address 809 Featherbed Ln Clark 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 520086 Exp. Date 4/30/22

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ NASK DIMO

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 1700

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date 6-9-21 Approved by: [illegible]
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required: _____
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-9-21 Approved by: [illegible]

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

INSPECTIONS

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

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

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

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 _____

Print name here: Christian Cueto

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove 550 Gal Sand filled oil tk

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		+ or 100.
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 $	

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

TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732 6344500

01/21

Control Number: 1117445
Application Date: 06/09/21

CONSTRUCTION PERMIT

21-1603

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 506.06 Lot : 6 Qualifier :
Work Site Location: 171 OXFORD RD COLONIA

Owner In Fee:
Address: 171 OXFORD RD
COLONIA NJ, 07067
Telephone:

Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ, 07066
Telephone: (732) 770-5909

Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Tank Removal: 550 Gallon Previuosly Sandfilled Tank

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$1,700.00
Total Cost:	$1,700.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$100.00
All Fees Waived	No

Amount to be Paid: **$100.00**

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

THOMAS J. KELLY
Construction Official

6-9-21
Date

DP

7041

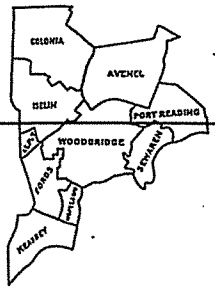
:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

Township of Woodbridge

John E. McCormac, Mayor

Department of Planning and Development
Bureau of Code Enforcement
One Main Street • Woodbridge, New Jersey 07095
Tel: (732) 602-6003 • Fax: (732) 726-2330



Woodbridge - Ten Towns, One Community

June 9, 2021,

MEMO TO: THOMAS J. KELLY
CONSTRUCTION OFFICIAL

RE: REFUND OF BUILDING PERMIT FEES

FOR: BUILDING PERMIT NO. 2021-1603 (TANK REMOVAL PERMIT)
SUBJECT PROPERTY: 171 OXFORD RD., COLONIA NJ

REQUESTOR: CONTRACTOR / C.CUETO

REASON FOR REFUND: NO TANK ON PROPERTY

TOTAL REFUND: $100.00

CHECK TO BE MAILED TO:

C.CUETO
809 FEATHERBED LANE
CLARK NJ,07066

ATTACH: LETTER FROM REQUESTOR
BUILDING PERMIT 2021-1603

RESOLUTION

WHEREAS, the Municipal Comptroller advises that the following person(s) are eligible for a refund from the Current Account as follows:

PAYABLE TO	DESCRIPTION	AMOUNT
C.CUETO 809 FEATHERBED LANE CLARK, NJ 07066	REFUND OF PERMIT FEES	$100.00

NOW, THEREFORE, BE IT RESOLVED THAT BY THE MUNICIPAL COUNCIL OF THE TOWNSHIP OF WOODBRIDGE, that the Municipal Comptroller be, and is hereby authorized to issue a check from Acct. # 248001521 as indicated above.

ADOPTED:

I hereby certify that the above is a true and exact copy of the Resolution adopted by the Municipal Council of the Township of Woodbridge at their Regular Meeting held on_____.

_____

John M. Mitch, Municipal Clerk, RMC, CMR

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NJDEP
Licensing Programs
Mail Code 401-04E
PO BOX 420
Trenton, NJ 08625-0420

Please detach your license and carry it with you for identification purposes.

DEPARTMENT OF ENVIRONMENTAL PROTECTION — STATE OF NEW JERSEY

Hereby Certifies the Goodstanding of:

CHRISTIAN CUETO SSN: -

License No. 520086 Reg No. 520086

AS A LICENSED:

HO-CLOSURE

Expires: 04/30/22 Document#: 190229250

CHRISTIAN CUETO
33 LASATTA AVE

Englishtown NJ 07726

Document #: 190229250

BLOCK 425 LOT 44-52 QUALIF/CODE _____ ADDRESS (SITE) _____ PERMIT NO. 22-9-196

[redacted]

CONSTRUCTION PERMIT APPLICATION

Uniform Construction Code — New Jersey

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

I. IDENTIFICATION

1. Proposed Work Site at: 955 Rt 1 S. Avenel.
2. Name of Owner in Fee: _____
   Tel. ( ) _____ e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: C. Cueto Tel. (732) 770 5909
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. Appl# 520086 Exp. Date 4/30/22
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer C. Cueto Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun C. Cueto / S Bonaccorso
   Tel. (732) 770 5909 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	100		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	N/C		
10. Subtotal	$		
11. Cert. of Occupancy	+ 100.00		
12. Other			
13. TOTAL	$ 100.		

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
- ☐ 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		4/4 SC							
☐ Electrical									
☐ Plumbing									
☒ Fire Protection					4/10/22	PC			
☐ Elevator									
TOTAL COST	100								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: Tank Demo
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:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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
Cinnaminson NJ 08077

Telephone 732 720 5709

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.

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1700
(732) 428-8401

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/12/22
Control #
Date Issued
Permit # 22-996

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

Block ____ Lot ____ Qualification Code ____
Work Site Location 955 Rt 1 S. Avenel.
Owner in Fee: ____
Tel. ____ e-mail ____
Address ____
Contractor: C. Curto / S Bonacorso Tel. 732 7205909
Address ____ e-mail ____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. ____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. ____
Fire Alarm Contractor No. ____ Exp. Date ____
Home Improvement Contractor Registration No. or Exemption Reason ____
Federal Emp. ID No. ____ FAX: ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 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: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: 4/10/22 Approved by: GC
[ ] Fire Protection Plans Approved
Date: ____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/10/22
Approved by: GC

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/21/22	GC
Other ____				

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: C. Curto
Print name here: Christian Curto

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

DESCRIPTION OF WORK: Remove 550 Sqft air
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		100
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other ____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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

4/12/22

TOWNSHIP OF WOODBRIDGE
1 MAIN STREET
WOODBRIDGE, NJ 07095
732 6344500

Control Number: 1121289
Application Date: 04/11/22

~~CONSTRUCTION PERMIT~~ 22-996

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 825 Lot : 49 Qualifier :
Work Site Location: 955 US HIGHWAY 1 AVENEL

Owner In Fee:
Address: 955 ROUTE 1 SOUTH
AVENEL NJ, 07001
Telephone:

Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ, 07066
Telephone: (732) 770-5909

Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Tank Removal: 550 Gallon tank

ESTIMATED COST OF WORK:

~~Cost of Construction:~~	~~$0.00~~
Cost of Alteration:	$0.00
Cost of Demolition:	$1,900.00
Total Cost:	$1,900.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$100.00
All Fees Waived	No

Amount to be Paid: $100.00

DP
#7247

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

THOMAS J. KELLY — Date 4-12-22
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NJDEP
Licensing Programs
Mail Code 401-04E
PO BOX 420
Trenton, NJ 08625-0420

Please detach your license and carry it with you for identification purposes.

DEPARTMENT OF ENVIRONMENTAL PROTECTION — STATE OF NEW JERSEY

Hereby Certifies the Goodstanding of:

CHRISTIAN CUETO SSN: -

License No. 520086 Reg No. 520086

AS A LICENSED:

HO-CLOSURE

CHRISTIAN CUETO
33 LASATTA AVE

Englishtown NJ 07726

Expires: 04/30/22 Document#: 190229250

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