

Christina Johnson

From: Evelyn Grandi
Sent: Monday, March 8, 2021 4:35 PM
To: Christina Johnson
Subject: OPRA request - copies of all opened and closed permits issued since June 1, 2018 for the property located at 3352, Highway 35, Hazlet, NJ.

Importance: High

Christina:

Please see the below OPRA request.

Evelyn A. Grandi
Municipal Clerk
Hazlet Township
1766 Union Avenue
Hazlet, NJ 07730
egrandi@hazletnj.org - Please note new email address.
732-217-8686
732-264-1785 (fax)

Hazlet Township Municipal Building
is closed on Fridays.

From: Jordan <opra+request-20881-f6a0b6a7@requests.opramachine.com>
Sent: Friday, March 5, 2021 9:31 AM
To: OPRA requests at Hazlet Township <EGrandi@Hazlettwp.org>
Subject: OPRA request - copies of all opened and closed permits issued since June 1, 2018 for the property located at 3352, Highway 35, Hazlet, NJ.

Please provide a copy of the following for the property located at 3352 Highway 35, Hazlet, NJ, Lot 7.01, Block 211:

- Copies of all permits issued since June 1, 2018
- Copies of all permits that remain open since June 1, 2018
- Copies of all township violation notices issued since June 1, 2018
- Copies of all township violation notices that remain open since June 1, 2018

Jordan S. Gale, Esq.
Gale & Laughlin, LLP
2814 Highway 35
Hazlet, NJ 07730
P: (732)264-6000
E: Jordan.Gale@MonmouthLawyers.com

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

opra+request-20881-f6a0b6a7@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=hazlet_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/copies_of_all_opened_and_closed

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.

OPEN PERMITS



CONSTRUCTION PERMIT APPLICATION

PARK EAST

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

I. IDENTIFICATION

1. Proposed Work Site at: 3352 Hwy 35 S Hazlet

2. Name of Owner in Fee: Demetri Rexinis
Tel. (732) 739-2002 e-mail R3VENURES@aol.com
Address 3352 Hwy 35S Hazlet NJ 08830
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: JOHN VAYAS & SONS Tel. (908) 603 9185
Address 635 CHANCERY AVE e-mail VAYASCON@ST472332@aol.com
ROUNGTON NJ 07111

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. 221 685 015 FAX: (973) 416 6700

5. Architect or Engineer Contact
Address e-mail
Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun ANGELO VAYAS
Tel. (908) 603 9185 FAX: (973) 416 6700

V. FEE SUMMARY (for office use only)

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

*VOID PERMIT
Applicant's Use*

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

a. PROPOSED WORK

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

b. SUBCODES

(Check all that apply)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>9500</u>			<u>6/24/12</u>					
<u>500</u>				<u>5-22-12</u>	<u>RM</u>			

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

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

D. Construct. Classification: Present

Proposed

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

Address 635 CHURCHILL AVE

IRVINGTON NJ 07111

Telephone (908) 603 918 5

Signature [Signature]

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

OFFICE DATE RECEIVED:

5/22/12 (HC)

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

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

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

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy No. _____	_____	_____	_____	_____
☐ Certificate of Compliance No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy No. _____	_____	_____	_____	_____
☐ Certificate of Approval No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate No. _____	_____	_____	_____	_____

8/29/18

AJ said this work was not done.



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 211 Lot 7.01 Qualification Code _____
Work Site Location 3352 HWY 35 S Contractor JOHN VAYAS & SONS CONSTRUCTION
Hazlet NJ Address 635 CHANCELLOR AVE
Owner in Fee Pave East IRVINGTON NJ 07111
Address 3352 HWY 35 S Tel. (908) 603 9185
Hazlet NJ Lic. No. or Bldrs. Reg. No. _____
Tel. (932) 613 4949

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Framed out weather covered shed

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 7,500

Construction Official

Date

PAYMENTS (Office Use Only)

Building 333
Electrical 75
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 17
Cert. of Occupancy _____
Other _____
Total 425
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

For reorder call: (609) 390-1400 Allegra Marketing - Print - Mail (formerly OCS Printing) or order on the website: www.AllegraMarmora.com
To reorder call: OCS Printing - A Member of the Allegra Network (609) 390-1400 - or order online @ www.AllegraMarmora.com

BLOCK 211 LOT 7-01 QUALIFICATION CODE 28603 ADDRESS (SITE) 3352 HIGHWAY 35 PERMIT NO. _____

ID# 4802
ID# 4804



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 3352 HIGHWAY 35 PAULCEAST

2. Name of Owner in Fee: MIKE MAROLIS

Tel. (732) 739 2002 e-mail _____

Address 3352 HIGHWAY 35 HAZLET NJ

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: B-Alarmed Inc Tel. (732) 888 9825

Address 36 VILLAGE CT HAZLET NJ 07733 e-mail _____

License No. OR, if new home, Builder Reg. No. P593 Exp. Date 10/31/2012

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

Federal Emp. ID No. 222 398504 FAX: (232) 888 9831

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Lector Willi

Tel. (732) 888 9825 FAX: (232) 888 9831

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$ <u>75</u>	<u>75</u>	
2. Electrical			
3. Plumbing			
4. Fire Protection	<u>75</u>		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	<u>2</u>	<u>1</u>	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>152</u>	<u>76</u>	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

☒ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	<u>600</u>			<u>3-23-10</u>		<u>RM</u>			
☐ Plumbing									
☒ Fire Protection	<u>200</u>			<u>3-25-10</u>		<u>SW</u>			
☐ Elevator									
TOTAL COST	<u>800</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: A2

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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 B-Alarmco Inc / Victor Lillo Agt.

Address 36 Village CT
HARTFORD CT

Telephone (732) 888-9825

Signature [Signature]

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

OFFICE DATE RECEIVED: 2/15/10 JCL

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 _____	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. _____	_____	_____	_____	_____

8/29/18

AJ is not sure. We may need to send inspectors (Ron and Joe) to determine if work was done.

If not using
these contractors
need update
we have
contractors
Per DP 5/20/19



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 211 Lot 7.01 Qualification Code ID # 4862
Work Site Location 3352 HIGHWAY 35 Contractor B-ALARMED INC
HAZLET NJ 07730 Address 36 VILLAGE COURT
Owner in Fee MIKE MAROILIS (PARK EAST) HAZLET NJ 07730
Address SAME Tel. (732) 888-9825
Tel. (732) 739-2002 Lic. No. or Bldrs. Reg. No. P593

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FIRE RELAY - LOW VOLTAGE

NOTE: If construction does not commence within one (1) year of date of issuance, or
if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 300

Construction Official

Date

10/9/07

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAXASSESSOR

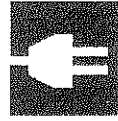
4 GOLD—APPLICANT

PAYMENTS (Office Use Only)	
Building	_____
Electrical	<u>75</u>
Plumbing	_____
Fire Protection	<u>75</u>
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>1</u>
Cert. of Occupancy	_____
Other	<u>151</u>
Total	_____
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received

Control # 482

Date Issued

Permit #

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

Block 211 Lot 7.01 Qualification Code _____

Work Site Location 3352 HIGHWAY 35

HARLET NS

Owner in Fee: MIKE MAROLIS

Tel. (732) 739-2002 e-mail _____

Address 3352 HIGHWAY 35

Contractor: B-Alarneo Inc Tel. (732) 888-9825

Address 36 Village Ct, Harlet NS e-mail _____

Contractor License No. P272 NS Electric Exp. Date -

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

Federal Emp. ID No. 222398508 FAX: (732) 888-9825

B. ELECTRICAL CHARACTERISTICS

Use Group Present A2 Proposed A2

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)			
[]	No Plans Required					Type:		Failure	Failure	Approval	Initial
	Joint Plan Review Required:					Rough					
[]	Building	[]	Plumbing			Barrier-Free					
[]	Fire	[]	Elevator			Trench					
[]	Elec. Plans Approved					Temp. Serv.					
	Date:					Constr. Serv.					
	Approved by:					TCO					
						Other					
						Service					
						Final					
						Barrier-Free					
SUBCODE APPROVAL						Temp. Cut-in-Card	Date Issued				
[]	CO	[]	CCO	[]	CA	Final Cut-in-Card	Date Issued				
	Date:					Annual Pool Inspection					
	Approved by:					Date of Grounding and Bonding					
						Certification					

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

U.C.C. F120 (rev. 10/06)

Reorder From OCS Printing (609) 390-1400

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fire Relay

Low Voltage

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel
_____	_____	TOTAL NUMBERS
_____	_____	Pool Permit/with UW Lights
_____	_____	Storable Pool/Spa/Hot Tub
_____	_____	KW Elec. Range/Receptacle
_____	_____	KW Oven/Surface Unit
_____	_____	KW Elec. Water Heater
_____	_____	KW Elec. Dryer/Receptacle
_____	_____	KW Dishwasher
_____	_____	HP Garbage Disposal
_____	_____	KW Central A/C Unit
_____	_____	HP/KW Space Heater/Air Handler
_____	_____	KW Baseboard Heat
_____	_____	HP Motors 1/+ HP
_____	_____	KW Transformer/Generator
_____	_____	AMP Service
_____	_____	AMP Subpanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 75

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 75



8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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

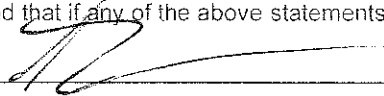
I further certify that I will perform the following work:

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 3/20/10

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.

OFFICE DATE RECEIVED:

3/25/10 *gln*

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

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

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

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date issued

Permit #

8/7/12

2012-0325

31171

IDENTIFICATION Block 211 Lot 7.01 Qualification Code 31171
Work Site Location 3352 Vinway St Contractor Lewis Electric LLC
HAZMAT NOT Address 236 Woodland Dr Lincolnton
Owner in Fee PAUL EAST - Clementine VELINIS NS 07738
Address 3352 Vinway St Tel. (732) 842-4426
Tel. (702) 779-2002 Lic. No. or Bids. Reg. No. 15822

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Install Contractor To work sand
outlets & Lighting when Fire Alarm is activated

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 1000
Construction Official [Signature]

Date 8/1/12

PAYMENTS (Office Use Only)

Building 75
Electrical 75
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 2
Cert. of Occupancy _____
Other 77
Total _____
Check No. _____
Cash _____
Collected by [Signature]

(see reverse side)

U.C.C. F-170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Call OCS Printing for reprints - (609) 390-1400

cash receipt
+ 77.00



CONSTRUCTION PERMIT

Date Issued

Permit #

8/7/12

2012-0305

31171

IDENTIFICATION Block

Lot

Qualification Code

Work Site Location

Contractor

Address

Owner in Fee

Address

Tel.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Dustball Contractors To work sound
outlets & lighting when FIRE alarm is activated

NOTE: If construction does not commence within one (1) year of date of issuance, or
if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work

Construction Official

Date

U.C.C. P170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building _____
Electrical 75
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 2
Cert. of Occupancy _____
Other _____
Total 77
Check No. _____
Cash _____
Collected by [Signature]

(see reverse side)

Call OCS Printing for reprints - (609) 390-1400

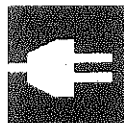
cash receipt
#27954

8/29/18

Permit # 2012-0325

Needs electrical inspection date.

Gave copy to AJ.



Date Issued
Permit #

3/05/10
3101
8/7/12

Block 301 Lot 771 Qualification Code _____
Work Site Location 7802 Bluebird

Owner in Fee: Mr. & Mrs. J. C. & M. S. WILSON

Tel. (011) 710.7107 e-mail m7.710.7107

Address 2217 4th St S Minneapolis MN 55404

Contractor: James G. Clark & Son Tel. (737) 877 4476

Address 731 Avenida de la Playa e-mail 01/1/96

Contractor License No. 10877 Exp. Date 01/1/2012

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

Federal Emp. ID No. 20-1304856 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present 12 Proposed 15

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	<i>Date:</i>	<i>Initial:</i>	INSPECTIONS	<i>Dates (Month/Day)</i>
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1	No Plans Required	2	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	46
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Final Plan Review Comments _____

Barrier-Free _____

[]	Fire	[]	Elevator	Trench	_____	_____	_____	_____
[]	Fire	[]	Elevator	Temp. Sensitive	_____	_____	_____	_____

	Elec. Plans Approved	Temp. Serv.	_____	_____	_____	_____	_____
		Constr. Serv.	_____	_____	_____	_____	_____

Date: 1-2-10 TCO

Approved by: Ronald M. Munn Other _____

Service _____

Final	Final	Final	Final
_____	_____	_____	_____

SUBCODE APPROVAL _____ Barrier-Free _____ _____ _____ _____

[] CO	[] CCO	[] CA	Temp. Cut-In-Card Date Issued	_____
			File #	_____

Final Cut-In-Card Date Issued _____

Annual Fuel Inspection

Approved by: _____ Date of Grounding and Bonding Certification: _____

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

Administrative Surcharge	\$	35
Minimum Fee	\$	
State Permit Surcharge Fee	\$	2
TOTAL FEE	\$	37

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Co

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT
1766 UNION AVENUE
HAZLET, NJ 07730
(732) 264-1700, FAX (732) 264-0659

CONSTRUCTION DEPARTMENT

DENNIS PINO
STEVE WINTERS
JOE PENEVOLPE
RONALD MARYAK
FRANK DIROMA

Construction Code Official/Building Inspector
Sub-Code Fire Official
Sub-Code Plumbing Official
Sub-Code Electrical Official/Building Inspector
Building Inspector

August 6, 2012

Park East
3352 Highway 35
Hazlet, NJ 07730

To Whom It May Concern:

We have a permit for the above property which has not been picked up and paid for as of today.

The amount of the permit is \$77.00.

Please contact this office or come by to pay for this permit at your earliest convenience.

Please note our new hours:

Monday, Wednesday and Thursday: 8:00 am to 5:00 pm

Tuesday: 8:00 am to 6:30 pm

Friday: Closed

Also, payment can be mailed to the above address. Please make check payable to Hazlet Township.

We cannot schedule inspections or close out this permit until this permit is paid for.

If you have any questions, please contact the undersigned.

Thank you.

Jennifer O'Keeffe
(732) 264-1700 X8664



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block 211 Lot 1.01 Qualification Code _____
Work Site Location 7752 WILLY HOS S. Contractor Lowes Electric LLC
Address 236 WINDLAND DR UNICROFT
Owner in Fee PAUL EAST / DENNIS VEXINIS NS 07738
Address 7752 WILLY HOS Tel. (332) 842-4426
Tel. (PHL) 739 2002 Lic. No. or Bldrs. Reg. No. 15822

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Install Contractors To work Sound
outlets & Lighting within Firealarm is Activated

NOTE: If construction does not commence within one (1) year of date of issuance, or
if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 1000

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

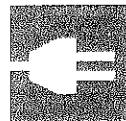
3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Call OCS Printing for reprints - (609) 390-1400



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 3352 Hwy 35

Owner in Fee: Park East - Clemente Rexinis

Tel. (732) 739-2002 e-mail _____

Address 3352 Hwy 35 S.

Contractor: Lowes Electric LLC Tel. (732) 842-4426

Address 236 Woodland Dr Lincroft e-mail LowesElectric@verizon.net

Contractor License No. 15820 Exp. Date OCT 2012

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

Federal Emp. ID No. 20-1384856 FAX: (732) 842-4426

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$41000

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
Date	Initial	Type:	Failure	Failure	Approval	Initial	
[] No Plans Required		Rough					
Joint Plan Review Required:		Barrier-Free					
[] Building [] Plumbing		Trench					
[] Fire [] Elevator		Temp. Serv.					
[] Elec. Plans Approved		Constr. Serv.					
Date:		TCO					
Approved by:		Other					
		Service					
		Final					
		Barrier-Free					
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued					
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued					
Date:		Annual Pool Inspection					
Approved by:		Date of Grounding and Bonding Certification					

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
3		Contractors for all lights	
		Fire CODE	

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



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: PARK EAST 3352 Wuy Hs S.

2. Name of Owner in Fee: DEMETRI KEMNIS

Tel. (732) 174 9002 e-mail _____

Address 3352 HWY 35 S HAZLET NJ 07730

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Lowes electric LLC Tel. (732) 842-4426

Address 236 LANDLORD DR LACROFT NJ 07738 e-mail _____

License No. OR, if new home, Builder Reg. No. 15822 Exp. Date Oct 2012

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

Federal Emp. ID No. 20-1384856 FAX: (_____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Tim Prevorsei

Tel. (732) 539-6056 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>75</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$ <u>2</u>		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	\$ <u>77</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

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

IIb. SUBCODES (Check all that apply)

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Elevator

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
					<u>P-2-12 RM</u>			
					<u>10/9/16 CM</u>			

TOTAL COST 1000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: B

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

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

3 Contractors

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 3/20/10

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.

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 _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

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

BLOCK 211 LOT 801 QUALIFICATION CODE 30193 ADDRESS (SITE) 3352 Route 35 South PER

2011-036



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 3352 Route 35, South
 2. Name of Owner in Fee: Related RESTAURANT Group
 Tel. (732) 727 6410 e-mail _____
 Address 3352 Route 35 South Hazlet zip code _____
 3. Ownership in Fee: Public _____ Private ☒
 4. Principal Contractor: JOHN VAYAS & SONS Tel. (908) 337 0454
 Address 635 CHANCELLOR AVE e-mail Vayasconstr47233@aol.com
IRVINGTON NJ 07111
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02170400
 Federal Emp. ID No. 221 685 015 / 000 FAX: (973) 416 6700
 5. Architect or Engineer N/A Contact _____
 Address _____ e-mail _____
 Tel. () _____ FAX: () _____
 6. Responsible Person in Charge once Work has Begun ANGELO VAYAS
 Tel. (908) 337 0454 FAX: (973) 416 6700

V. FEE SUMMARY (for office use only)

1. Building	\$	
2. Electrical	\$	155
3. Plumbing	\$	
4. Fire Protection	\$	
5. Elevator Devices	\$	
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	8
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy	\$	
12. Other	\$	
13. TOTAL	\$	243

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
3000				5-9-11 RM				
2000				5/11/11 RM				

TOTAL COST 5000

Interior Electric + Plumbing

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: A2
 2. Use Group, Proposed: A2
 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

5/16/11 L.M. for Angelo - adv permit ready to ant 42

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 JOHN VAYAS & SONS

Address 635 Chancellor Ave
IRVINGTON NJ 07111

Telephone (908) 337-0454

Signature Myrle Vp

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

OFFICE DATE RECEIVED: 5/4/11

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

8/29/18

Permit # 2011-0367

Needs plumbing inspection date.

Gave copy to AJ.



HAZLET TOWNSHIP CONSTRUCTION
1766 UNION AVENUE
HAZLET, NJ 07730
732 - 264-1700

Permit # 2011-0367

Control Number: 30193
Application Date: 05/04/2011

ck # 4047

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 211 Lot: 7.01 Qualification Code:
Work Site Location: 3352 HIGHWAY 35 HAZLET

Owner In Fee: PARK EAST
Address: 3352 HIGHWAY 35
HAZLET NJ 07730

Telephone: (732) 739-2002

Use Group(s): A-2

Contractor: JOHN VAYAS & SONS
Address: 635 CHANCELLOR AVENUE
IRVINGTON NJ 07111

Telephone: (908) 337-0454

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

Federal Emp. No.: 22-1685015

is hereby granted permission to perform the following work :

☐ BUILDING ☒ PLUMBING ☐ DEMOLITION
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ OTHER
☐ ELEVATOR DEVICES ☐ MECHANICAL
☐ ASBESTOS ABATEMENT ☐ LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL 2 FLOOR SINKS, OUTLETS & ICE MAKER IN BASEMENT, AC IN CLOSET,
GFCI
IN KITCHEN, 3 CONTACT BLOCKS TO CONTROL HOUSE LIGHTS & DJ OUTLETS

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 5,000.00
Cost of Demolition: 0.00

Total Cost: \$5,000.00

PAYMENTS (Office Use Only)	
Building	
Electrical	\$100.00
Plumbing	\$135.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$8.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$243.00
All Fees Waived:	No

Amount to be Paid: \$243.00

NOTE: If construction does not commence within one (1) year of date of issuance, or
if construction ceases for a period of six (6) months, this permit is void.

DENNIS PINO

Construction Official

Date

Note:



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 211 Lot 701 & 801 Qualification Code _____

Work Site Location 3352 HIGHWAY 35 SOUTH HAZLET, NEW JERSEY

Owner in Fee: RELATED RESTAURANT GROUP

Tel. (732) 121 6410 e-mail _____

Address 3352 HIGHWAY 35 SOUTH HAZLET zip code _____

Contractor: Protec electric Tel. (732) 539-6056

Address 704 HUISES CORNER RD HAMILTON NJ 07731 e-mail Protec electric@aol.com

Contractor License No. 34E301707100 Exp. Date 3/12

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

Federal Emp. ID No. 20-2193195 FAX: (732) 987-4632

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough			
[] Partial -Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
[] Electric Plans Approved		Temp. Serv.			
Date: _____ Approved by: _____		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>5-9-11</u>		Final			
Approved by: <u>Ronald Maugh</u>		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card	Date Issued		
[] CO [] CCO [] CA		Final Cut-in-Card	Date Issued		
Date: <u>7/3/12</u>		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding			
		Certification			

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 and perform the work listed on this application. [Signature]

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr' [] Exempt Applicant

Date Received
Control #
Date Issued
Permit #

31414
30193
5/17/11

2011-0367

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BFCT's in kitchen, outlets in Basement, Ice maker in basement, n/c in electrical closet upstairs, install 3 contact blocks to control house lights + DJ outlets w/ fire alarm

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches - FIRE Relay	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
<u>1</u>	<u>21</u>	<u>Ice maker</u>	<u>N/A</u>
<u>2</u>		<u>Panel low voltage breakers</u>	

Administrative Surcharge \$ 100
Minimum Fee \$ 5
State Permit Surcharge Fee \$ 105
TOTAL FEE \$



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 211 Lot 701 & 801 Qualification Code _____

Work Site Location 3352 HIGHWAY 35 SOUTH

HAZLET, NEW JERSEY

Owner in Fee: RELATED RESTAURANT GROUP

Tel. (732) 727 6410 e-mail _____

Address 3352 HIGHWAY 35 SOUTH HAZLET

Contractor: Protec Electric Tel. (732) 539-6056

Address 704 Hulser Avenue RD e-mail ProtecElectric@aol.com

Howell NJ 07731

Contractor License No. 34FB01701700 Exp. Date 3/12

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

Federal Emp. ID No. 20-2193195 FAX: (732) 987-4632

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW					
☐ No Plans Required	Type:	Failure	Failure	Approval	Initial
☐ Partial -Underslab Utilities Approved	Rough				
Date: _____ Approved by: _____	Barrier-Free				
☐ Electric Plans Approved	Trench				
Date: _____ Approved by: _____	Temp. Serv.				
Joint Plan Review Required:	Constr. Serv.				
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO				
SUBCODE APPROVAL for PERMIT	Other				
Date: <u>5-9-11</u>	Service				
Approved by: <u>Ronald Mays</u>	Final				
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free				
☐ CO ☐ CCO ☐ CA	Temp. Cut-in-Card Date Issued				
Date: _____	Final Cut-in-Card Date Issued				
Approved by: _____	Annual Pool Inspection				
	Date of Grounding and Bonding				
	Certification				

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 and perform the work listed on this application. _____

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

Date Received

Control # 30193

Date Issued

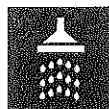
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK BFCI's in kitchen, outlets in
Basement, Ice maker in Basement, n/c in Electrical
chase upstairs, install 3 contact blocks to
control house lights + DJ outlets w/ fire alarm

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches - FIRE ROLLY	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____
_____	_____	Ice maker	_____
_____	_____	Bond down voltage outlets	_____

Administrative Surcharge \$	<u>100</u>
Minimum Fee \$	_____
State Permit Surcharge Fee \$	<u>3</u>
TOTAL FEE \$	<u>105</u>



Control #

Date Issued

Permit #

TOTAL FEE \$

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark, NJ 07102



PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

January 6, 2011

TO WHOM IT MAY CONCERN

This is to inform you that **Timothy Provvedi** is a newly-licensed electrical contractor who has not yet been supplied with a pressure seal by the vendor for **BUSINESS PERMIT NO. 17017, Pro Tec Electric LLC, 704 Hulses Corner Road, Howell, NJ 07731.**

Please accept this letter as an interim device pending the furnishing of this pressure seal.

This letter will be rendered invalid **140 days** after the date of its issuance.

Sincerely,

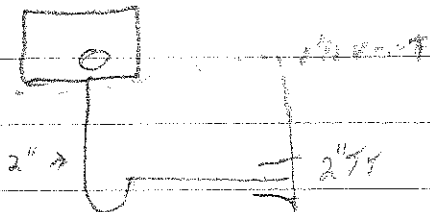
Marian R. Fiore
Senior Management Assistant

MRF:gkb

CONSIDER TO USE IN ROOF ABOVE GARAGE

FLOOR SINK 2 NO FLOOR BAR TO MATCH SINK AND ICE BINS INDIRECT

C.O.T
1 1/2"



2 NO FLOOR BAR
FLOOR SINK

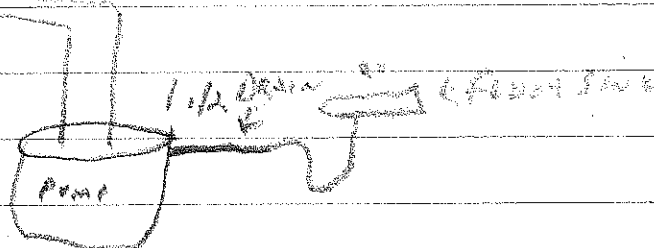
2" C.O.

2"

DRAIN LINE
2" DRAIN LINE
TO 3" BUILDING SEWER

1 ST FLOOR DINING ROOM
BAR

2' DRAIN



CHOP OUT FLOOR TO DROP PUMP IN TO MAKE DRAIN LINES
FROM SINK & ICE BINS INDIRECT

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

Pro Tec Electric LLC
Timothy Provvedi
704 Hulses Corner Road
Howell NJ 07731

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

12/01/2010 TO 03/31/2012
VALID

34EB01701700
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
Pro Tec Electric LLC
Electrical Business Permit

12/01/2010 TO 03/31/2012
VALID

SIGNATURE

34EB01701700

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Board of Exam. of Electrical Con
P.O. Box 45006
Newark, NJ 07101

16) The 2nd floor bathrooms are not barrier free and appear to be newer. No permit on record. Please advise if these are older existing bathrooms and renovated; describe any work performed therein, such as sheetrock, ceramic tile etc.

17) The 2nd floor room contains new heating/cooling units – no permit on record.

18) New Freezer/Refrigerator box installed – no permit on record

Electrical / Fire Subcode Concerns:

19) Extensive use of extension cords throughout the building and grounds.

20) Missing escutcheon plates for the sprinkler system.

21) Unsupported electrical cables throughout the building interior and exterior.

22) Cut cables hanging outside wall (just outside kitchen).

23) Combustible material in front of fireplace, first floor.

24) GFCI protection required for all receptacles on kitchen counters and near kitchen sinks

25) Lights used in tree branch decorations in first floor dining area do not appear to be UL listed or labeled.

26) Bonding of media/computer racks in second floor closet is required.

27) New electrical work installed throughout the building - no permits on record.

28) Submitted application for the fire relay (required by fire official) has not been paid for (control No. 28603). Required inspections have not been performed.

29) Fluorescent bulbs in Type I ventilation system in the kitchen is not permitted.

30) Fire suppression nozzles over cooking appliances in kitchen do not line up with cooking appliances correctly.

31) Cook top not under Type I ventilation system in kitchen.

32) Combustible material (including plastic hose) must be removed from under Type I ventilation system in kitchen

33) Combustible wall coverings in use throughout the building. Must provide flame/smoke spread test certificates/ratings. Also noted in building subcode.

34) Notification/signaling device for the fire detection system hanging off wall in second floor dining room. Also noted in building subcode.

35) Attic sprinkler system may be over taxed in light of the attic being used as a storage area.

Ron Maryak

From: Dennis Pino [dpino@hazletwp.org]
Sent: Tuesday, March 08, 2011 4:22 PM
To: R3Ventures@tmo.blackberry.net
Cc: Sharon; Faye Bobby; Frank DiRoma; jokeeffe@hazletwp.org; Linda Courtney; rmaryak@hazletwp.org; Steve Winters
Subject: March 2 Observations

Hi Demetri

Thanks for your time and assistance the other day at Park East. Please confirm that you have received this email at your earliest convenience.

Based upon a visual inspection of the subject building on or about March 2, 2011 regarding work performed without permits, the following items, conditions and or potential safety issues were observed. In order to abate these issues, you will need construction permits. In order to obtain a construction permit for the addition of the roof structures and other exterior and interior work you'll also need zoning approval before a construction permit can be issued. An itemized list of the Zoning Officer concerns and observations requiring resolution are also contained herein.

At this point, no other notices of violation are being issued due to the scope of the items and your voluntary willingness to resolve them all in a timely manner. A certificate to occupy and or approval to use such equipment will be issued when you are compliant with any and all applicable laws. At this point, you are in violation and remain so until a certificate of some sought is issued and are operating at your own risk.

Building Subcode Observations:

- 1) Accessory roof structures – no permit on record; headroom clearances, structural deficiencies include: no footings, girder joint lapping issues, potentially over-spanned girders, rafters over cut and over notched, insufficient fastening at hangers and other connectors, no mechanical connection to the main building, sheathing not supported on all edges, fire separation issues include no fire rated assemblies or protection from other neighboring structures; potentially built on or over the known property lines.
- 2) Wood deck – no permit on record; no access to substructure components (footings/framing), ramped edges and intervening thresholds are not accessible; slope of ramped surface may exceed allowable pitch and height needing to be further evaluated and adjusted to comply with the barrier free subcode. No accessible handrail provided.
- 3) Led strip lighting installed throughout the building – no permit on record; low voltage equipment, communication and other data cables including TV and security wiring also run throughout the interior and exterior. Audio and Video room/closet open to the attic no ceiling; bundles of wiring improperly installed and run, rack not bonded.
- 4) Lighting on exterior roof, wire/set runs may exceed manufactures allowable connection amounts. Lighting may not be considered temporary at this point. Extension

cord/adapters plugged into light fixtures and receptacles in many locations.

5) Main entrance – new double door installed no permit on record; threshold is not accessible. Potential for tripping also exists. Structural framing not inspected and now concealed. Required clear floor space on the exterior side has a slope and pitch greater than 1:48 and appears due to the newer paver block installation. Potential ADA issues.

6) Door knob installed on the second floor exit door. Not accessible and not panic hardware.

7) Fire Strobe light on second floor wall hanging off its mounting hardware.

8) Means of egress lighting appears to be insufficient in many areas including the exterior discharge. Please submit a copy of a proposed floor plan indicating the 'approved' use of each space or area, include potential layouts for alternate uses as so desired and board approved. Include occupant loads, tables, chairs, booths, etc and indicate the path of travel and egress to be maintained free and clear during the different uses and building functions. Means of egress illumination levels and signage shall be indicated on the plan along any and all paths of travel and exit discharge. Certification of minimum illumination levels of the paths of travel will also be requested and required for the issuance of a certificate. Power disruption will be required for final acceptance test and inspection of the egress lighting and audio system disconnect. This issue should be a priority for you and resolved ASAP.

9) Egress discharges into a closed gated area with storage. Exit discharge to the public right of way needs to be open - free and clear. This issue should be a priority for you and resolved ASAP.

10) Valet Parking structure/shed – no permit on record for such use and or the electrical equipment installed.

11) Decorative material installed in building – potential flammability issues may exist; will need supporting documentation for review regarding flame spread and smoke development data. This issue should be a priority for you and resolved ASAP.

12) Use of attic/roof structure for storage. No posted or known live or dead load information. Wooden access ladder not acceptable, no guardrails around floor opening. Will need details for fire suppression system compatibility with the storage type and amounts including the proper location of heads and or other devices. Further evaluation may be needed.

Plumbing Subcode Concerns:

13) The counter tops in the first floor bathroom have been changed – no permit on record. The pipes beneath the counter need to be covered in an appropriate manner and barrier free subcode.

14) The 1st floor relocated bar has a pump to discharge the waste. The piping from the sinks to the pump must be run individually and indirectly. As it is now the sinks can back up into the ice bin and potential contamination.

15) The 2nd floor service bar is not vented and the sinks are not run individually and indirectly. No permit on record.

PARK EAST ISSUES

16) The 2nd floor bathrooms are not barrier free and appear to be newer. No permit on record. Please advise if these are older existing bathrooms and renovated; describe any work performed therein, such as sheetrock, ceramic tile etc.

17) The 2nd floor room contains new heating/cooling units – no permit on record.

18) New Freezer/Refrigerator box installed – no permit on record

Electrical / Fire Subcode Concerns:

19) Extensive use of extension cords throughout the building and grounds.

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34) Notification/signaling device for the fire detection system hanging off wall in second floor dining room. Also noted in building subcode.

35) Attic sprinkler system may be over taxed in light of the attic being used as a storage area.

Also noted in building subcode.

36) Sprinkler head missing from freezer box.

All of the above 19 - 36 should be a priority for you and resolved ASAP.

Zoning Officer, Sharon Keegan - Zoning Violations/Issues:

1. Roofed Canopy Structure built without obtaining prior approval.
2. Installation of double door at front entrance without obtaining prior approval.
3. Valet Parking shed structure placed on property without obtaining prior approval.
4. Excess Signage on fencing
5. Sandwich sign on front lawn
6. Trailer with signage
7. Tent pole canopy with traffic control devices
8. Freezer/Refrigerator box placement without obtaining prior approvals
9. Outside storage such as but not limited too: furniture, kegs, restaurant equipment, and construction material.
10. debris between motel and roofed canopy structure
11. Expansion of parking area, closure of entrance/exits without obtaining prior approval
12. Pot holes throughout the parking lot.
13. Outside patio area (seating, deck flooring, sound system) without obtaining prior approval.
14. Interior layout of bar, dining room and banquet room differ from approved plan; it also appears that this establishment has expanded their business to include a nightclub entity without obtaining prior approval.

Photos were taken during the site visit and copies can be provided upon request and include:

Photo #1

Indicates Post installed without proper footing or approved post to footing connection.

Photo#2

Indicates Beam to post connection missing

Photo #3

Beam to Beam connection no hanger installed, and joists to beam no hanger.

Photo #4

Rim joist to existing building no bolt connection, and no joist hangers to rim joist.

Photo #5

Shed Roof built without permits

Photo #6

Beam Splice mid span, Rafters no joist hangers to beam.

Photo #7

Roof construction over existing roof, insufficient support.

Photo #8

For clarification

Photo #9

Rafter connection to beam, hangers missing.

Photo #10

Beam size reduced from (3) members to (2)

Photo #11

For clarification

Photo #12

Snow shedding onto another roof not designed

Photo #13

For clarification

Photo #14

Lot line and setback issue

Photo #15

For clarification

Photo #16

Exit door leading to gated area

Photo #17

For clarification for photo #16

Photo #18

**Overall view of rear of building indicated roofs built without permits
Along with setback issues.**

Photo #19

For clarification for photos 15-20

Photo #20

Indicates missing roof shingles on existing building

Photo #21

Main entrance canopy enclosure built without proper permits

Photo #22

Threshold of door leading out from bar area to outside deck.

Photo #23

**One of many electrical outlets and conduit piping done with proper permits
This particular outlet near rear outside deck**

Photo #24

Outside deck, Electrical heater under wood soffit installed

Photo #25

Rear of building Electrical service protruding thru roof without proper flashing to Prevent water from running inside the roof area and creating rot and mold eventually.

Photo #26

Wood sign in covered entrance.

Photo #27

Threshold leading into the building, not handicap accessible.

Photo #28

Second Floor leading down, Door swings over the stairway

Photo #29

Overall view of Second Floor Furniture layout

Photo #30

Second Floor Bar Area, support of TV on soffit

Photo #31

Front entrance foyer, possible egress issue with furniture.

Photo #32

Refer to photo #57

Photo #33

Bar Area table and chairs

Photo #34

Dining Room furniture layout and possible flammable decoration hanging from ceiling

Photo #35

Fireplace in dining room

Photo #36

Attic over second floor, indicating storage of chairs, tables and misc. items

Photo #37

Attic access panel in ceiling of Second floor

Photo #38

Door leading to second floor space, hardware not handicap accessible

Photo #39

For clarification to photo #31

Photo #40

Inside enclosed entrance Propane heaters, improperly stored and located.

Photo #41

Second Floor IT room ceiling open to attic

Photo #42

IT room

Photo #43

For clarification to photo #41

Photo #44

IT Room Second floor pvc pipes thru floor not properly firestopped

Photo #45

IT Room mechanical equipment system installed over door near sprinkler head

Photo #46

Second Floor overall view of furniture

Photo #47

Second Floor overall view of furniture

Photo #48

Second Floor overall view of furniture

Photo #49

Second Floor overall view of furniture

Photo #50

Second Floor overall view of furniture

Photo #51 —

Second Floor overall view of furniture

Photo #52

Thru second floor window on lower roof, HVAC system ready to be installed Photo #53

Photo #53

Second floor fire alarm hanging from wall.

Photo #54

Stairs leading down to foyer, lighting possible issue.

Photo #55

Stairs looking up from foyer.

Photo #56

Foyer displaying Occupancy Load Posting

Photo #57

For clarification to photo #56

Photo #58

Attic storage see photo #36

Photo #59

Attic storage see photo #36

Photo #60

Attic storage see photo #36

Please call and schedule a follow-up meeting regarding these findings and observations and have your contractors begin the permit process for all work performed or required.

Thanks you

dp

Dennis Pino
Construction Official
Hazlet Township
1766 Union Avenue
Hazlet, NJ 07730
Tel. 732-264-1700 ext. 8667
Fax. 732-264-0659



Please consider the environment before printing this message.

Steve Winters

From: Steve Winters [swinters@hazletwp.org]
Sent: Thursday, May 10, 2012 4:27 PM
To: 'neil@parkeast.com'
Cc: Dennis Pino; Ron Maryak (rmayak@hazletwp.org); Linda Courtney; Jennifer O'Keeffe; jbeslanovitz@hazletwp.org; (fdiroma@hazletwp.org); 'Sharon Keegan'
Subject: Violations, Park East
Attachments: Park East.pdf

Mr. Neil Ventura (Manager)

As we discussed at today's inspection, I am forwarding you a copy of the list detailing the issues that needed to be addressed (please note that the attached file contains the original 8 pages duplicated twice). The original list as well as the referenced pictures has been made available to the facility owners some time ago.

These items must be corrected as soon as possible and inspections must be scheduled with our office so that code compliance can be determined. These inspections are in addition to the inspection now required under electrical permit no. 2011-0367, which includes the installation of the interconnecting relay for the sound system, as ordered by the Fire Official. To date it appears that there have been no follow-up inspections scheduled by your establishment and our records suggest that these violations have not been abated.

Please note that this communication may be in addition to other comments and requirements of the Zoning Official, Fire Official, Construction Official, and other Subcode Officials.

Steven Winters
Fire Subcode Official
1766 Union Avenue
Hazlet, NJ 07730
Telephone: 732-217-8658
Fax: 732-264-0659

Park East
— bar • restaurant • sushi —
banquet room

3352 RT 35S, HAZLET NJ
PARKEASTNJ@GMAIL.COM
WWW.PARK-EAST.COM

T - (732) 739-2002
F - (732) 335-9204

5/10/2012

4/17/19

Per conversation with John Kwak, 201-707-8889, family friend and funding project for owners Johnathan and AJ, advised per conversation with Dennis Pino, Construction Official, the owners need to come into the office with their contractors and update all permits that we have for 3352 Highway 35.

John Kwak asked if he can send his son in to look at these permits and give him a copies of these permits.

Dennis instructed me to advise the caller no copies, have the owners ~~need to come~~ into the office with their contractors and update all permits that were issued for 3352 Highway 35 or a violation will be issued.

Advised the John the above, he then asked to speak to Dennis. Dennis said he is not talking to anyone. Advised John, Dennis is not available to speak to him.

4/25/19 3:00

John Kwak came
into the ofc wanted
to look at what's
here & determine
what contractors
he needs.

Advised above.

4/8/19
Per Dennis
File for now
No. Co will be
issued until
everything is
resolved.

4/17/19 9:37
201.707.8889
John
Formerly "The Park"
Set up appointment
w/ inspectors
for pre-view

4/17/19
3352 Hwy 35
Discussed CPA
Rec'd 4/11/19. 10#
175200
DP ok w/ Cals.
All permits
that we have
need to be updated
w/ their name.
Fix items.
Submit CPA for
items w/o permits.

Jennifer O'Keeffe

From: Jennifer O'Keeffe <jokeeffe@hazletwp.org>
Sent: Thursday, February 14, 2019 4:25 PM
To: 'Sharon Keegan'; Laura McPeck (lmcpeek@hazletwp.org); 'FinnertyFrank'; 'Michelle Powers'; pmurphy@hazletwp.org
Subject: 3352 Highway 35, Block #: 211, Lot #: 7.01

2/14/19

Address: 3352 Highway 35
Block #: 211, Lot #: 7.01

Sharon, Laura, Frank, Michelle, Paul

FYI.....

The Park will be known as Slavs.

The owner is Heilong Jiang Barn LLC, 201-707-8889, 52 Iroquois Avenue, Allendale, NJ.

The manager members are: Soo Kang, 201-970-6833 and AJ Oh, 201-290-3745.

John is no longer a part of this company.

Permit #e2019-0168 issued 2/14/19 to turn power back on, inspection is 2/19/19.

Thank you.

Jennifer O'Keeffe
Hazlet Township
Construction Department
1766 Union Avenue
Hazlet, NJ 07730
732-264-1700 X8664
732-264-0659 (FAX)
jokeeffe@hazletwp.org

4/11/19
Per AS
Kuls
accurate
name may
change.

Address: 3352 Highway 35

8/29/18

Per conversation with Dennis, have the owner come into the office and determine what work was done, what requires a permit, schedule any open subcodes, confirm name of business, obtain estimated date of opening, etc.

8/29/18

Per conversation with AJ, discussed the following:

Name: Name may not be Blue Moon

Estimated date of opening: 9/18/18

Work/Permits: Will come to the office 8/28/18 to discuss

Park
East
Info,
etc.

American,
water
turning
water off
as of
10/27/18

6/9/18

Per conversation with AJ:

Name

AJ said he is not sure if they are changing the name.

Sprinkler System

AJ said he spoke to Michael, his contractor or engineer. Tony, Fire Inspector, requested plans. This will cost him \$6,000. Can he use previous plans, etc?

Open Permits

AJ said he will call Tony, Fire Inspector, and schedule an appointment to meet with him and Dennis also to discuss permits, plans, etc.

8/26/18

Met with AJ.

Gave AJ construction permit applications for the following:

- Sprinkler system, fire subcode
- Carbon monoxide system, fire subcode
- Steps to basement, building subcode

Discussed construction permit applications here in the office. Inspections are required for some, not sure about some, so inspectors will need to determine if work was done or not.

Fire Prevention issued violations, which needs to be paid before they open for business.

Zoning Department has issues also.

8/27/18

TONY

Michael Rose - Park East
Restaurant - Rt. 35

Are engineered plans
required for changes to
sprinkler system?
(Correcting fire compliance violation)

(917) 416-6848

Please call on Tuesday to
discuss.

AJ Oh - owner
201-290-3745

New Name - Blue Moon

Formerly - The Park
Park East

Jennifer O'Keeffe

From: John Kenny Kwak <statrestorationcorp@gmail.com>
Sent: Wednesday, May 22, 2019 4:29 PM
To: Jennifer O'Keeffe
Subject: Re: 3352 Highway 35 - Permits

Thank you Jennifer !!! Much appreciated. Will address the comments ASAP : thank you for your support

Sent From John Kenny Kwak's iPhone

On May 22, 2019, at 3:50 PM, Jennifer O'Keeffe <jokeeffe@hazletwp.org> wrote:

5/22/19

Re: 3352 Highway 35 – Permits

John

See attached.

Thank you.

Jennifer O'Keeffe
Hazlet Township
Construction Department
1766 Union Avenue
Hazlet, NJ 07730
732-264-1700 X8664
732-264-0659 (FAX)
jokeeffe@hazletwp.org

<20190522151142240.pdf>

PERMIT

E2019-0048

INSPECTED

AND CLOSED

IN COMPUTER



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 7-01 Lot 211 Qualification Code _____
Work Site Location 3352 Hwy 35 Hazlet, New Jersey 07735

Owner in Fee: Soo Kang and AJ Oh

Tel. (201) 290-3745 e-mail bonusdiner@gmail.com

Address 52 Iroquois Avenue Allendale, New Jersey 07401

Contractor: Fire Systems of New Jersey, LLC municipality _____ Tel. (732) 578-8556

Address 1080 Farmingdale Road e-mail Info@FireSystemsNJ.com

Jackson, New Jersey 08527

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P 01367

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153201

Fire Alarm Contractor No. n/a Exp. Date 04/30/2018

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

Federal Emp. ID No. 453939090 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank:

Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable OR ☐ Combustible

Capacity _____ Heating System: ☐ New OR ☐ Modification to Existing

OR ☐ Conversion OR ☐ Replacement Fire Alarm System: ☐ New OR ☒ Existing

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____ Location of Panel: _____

Location: _____ Fire Suppression/Standpipe System:

Total Cost of Fire Protection Work \$ 2,500 ☐ New OR ☒ Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/2/18

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 5/21/19

Approved by: JPK

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)

5/21/19 JPK

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: Robert Solomon (C2-FSS # 153201)

☒ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add 3 Sprinkler Heads at Outdoor Entrance Overhang.

Water Supply Source City Denville

Method of Alarm/Suppression System Supervision Central station

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 0

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet) 3

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other Repairs / Upgrades

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$ 75

TOTAL FEE \$

PERMIT #
E2019-0168
INSPECTED
AND CLOSED
IN COMPUTER



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 7/5/09
Control # 2114119
Date Issued 2/11/11
Permit # 2019-0168

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

Block 901 Lot 210 Qualification Code _____

Work Site Location 3352 Route 35

Hazlet NJ 07730

Owner in Fee: Heilom Barn LLC

Tel. 707-8889 e-mail statereboston@gmail.com

Address 55 Frogmore Ave. Allendale NJ 07001

Contractor: A.B. Wolfe Electric, LLC Tel. 732-801-3317

Address 1828 Holly Rd e-mail abwolfe@aol.com

North Brunswick, NJ 08902

Contractor License No. 11377A Exp. Date 3-31-21

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

Federal Emp. ID No. 30-0110113 FAX: _____

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 150

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 150

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: Barry Wolfe

[X] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Re-energize existing service

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 125

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
[X] No Plans Required		Rough			
[] Partial Underslab Utilities Approved		Barrier-Free			
Date: <u>2-14-19</u> Approved by: <u>RM</u>		Trench			
[] Electric Plans Approved		Temp. Serv.			
Date: _____ Approved by: _____		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL FOR PERMIT		Service			
Date: <u>2-14-19</u>		Final			
Approved by: <u>R. M. H. H.</u>		Barrier-Free			
SUBCODE APPROVAL FOR CERTIFICATE		Temp. Cut-in-Card			
Date: <u>2-25-19</u>		Final Cut-in-Card			
Approved by: <u>R. M. H. H.</u>		Annual Pool Inspection			
		Date of Grounding and Bonding			
		Certification			

342-555-169

PERMIT

2012-0325

REQUIRES ELECTRICAL

RE-INSPECITON DATE

SEE COMMENTS

FROM

ELECTRICAL INSPECTOR

RON, 732-264-1700 X8663



Date Issued _____
Permit # _____

3/01/10
3171
8/7/11

Work Site Location 2502 Hwy 65

Tel. 712.739.2002 e-mail 712.739.2002

Contractor: Lewis Electric LLC street municipality zip code Tel: (732) 892 4426

Address 736 WOODLAND DR LINCOLT e-mail 07135

Contractor License No. 15822 Exp. Date oct 2012

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

Federal Emp. ID No. 20-1304856 FAX: () Same

B. ELECTRICAL CHARACTERISTICS

Use Group Present 13 Proposed 15

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as ind Utility Co.

Est. Cost of Elec. Work \$ 1002

JOB SUMMARY (Office Use Only)

PLAN REVIEW

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
☒	No Plans Required	8/22/04	RM	Type:	Failure	Failure	Approval
☐	Plans Required						

Joint Plan Review Required: _____

☐ Building ☐ Plumbing ☐ Barrier-Free ☐ Trench

Fire Elevator Temp. Serv. _____

[] Elec. Plans Approved	Ramp Serv.	<u> </u>
	Congst. Serv.	<u> </u>

Date: 2-12-1968

Approved by: R. M. [Signature] Other _____

Approved by: [Signature] _____
Service _____

Final NE 19-19

SUBCODE APPROVAL _____ Barrier-Free 5 N

SUBCODE APPROVAL

[] CO [] CCO [] CA Temp. Cut-in-Card Date 5/12/78

Final Cut-in-Card Date Issued: 12/21/2011

Date: 11/11/2019 Annual Pool Inspection

Approved by: _____ Date of Grounding and Bonding: _____

Certification _____

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors—Fract. HP
_____		Emergency & Exit Lights
_____		Communications Points
_____		Alarm Devices/F.A.C. Panel
_____		TOTAL NUMBERS
_____		Pool Permit/with UW Lights
_____		Storable Pool/Spa/Hot Tub
_____		KW Elec. Range/Receptacle
_____		KW Oven/Surface Unit
_____		KW Elec. Water Heater
_____		KW Elec. Dryer/Receptacle
_____		KW Dishwasher
_____		HP Garbage Disposal
_____		KW Central A/C Unit
_____		HP/KW Space Heater/Air Handler
_____		KW Baseboard Heat
_____		HP Motors 1/+ HP
_____		KW Transformer/Generator
_____		AMP Service
_____		AMP Subpanels
_____		AMP Motor Control Center
_____		KW Elec. Sign/Outline Light
3		Conduits for F.P.A.
		Log/s for outlets

FEE (Office Use Only)

75

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

5-13-19 WORK DONE
WILL SEND LETTERS
CON. NOT IN BUSINESS
SPOTS w/JOHN
CHECK w/FIRE.

PERMIT

E2019-0344

AND

2011-0367

REQUIRES PLUMBING

RE-INSPECITON DATE

SEE COMMENTS

FROM

PLUMBING INSPECTOR

JOE, 732-264-1700 X8662

5/13/19

Ken,

PLUMB CONTRACTOR WILL BE IN
WITH A MECHANICAL PERMIT FOR 2 W/H
HE HAS TO FILL OUT A CHIMNEY CERT
FORM ALSO.

EVERYTH ELSE IS GOOD. MINOR WORK NO
PERMIT NEEDED.

1ST I AM NOT HEAR WE WILL MAIL A
PERMIT STICKER FOR WATER MTR





PLUMBING SUBCODE TECHNICAL SECTION



Date Received 4/11/19
Control # 17536
Date Issued 5/19/19
Permit # E2019-0344

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

Block 211 Lot 7.01 Qualification Code _____
Work Site Location 3352 Route 35 Formerly "The Park"

Owner in Fee: Heilong Jiang Barn LLC

Tel. (201) 707-8889 e-mail StatRestorationCorp@gmail.com

Address 52 Iroquois Ave. Allendale, NJ 07401

Contractor: GEORGE MESKO Tel. (732) 710-2293

Address 20 POOL AVE e-mail _____
AVON-BY-SEA

Contractor License No. 8481 Exp. Date 6/19

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 4,000.00

JOB SUMMARY (Office Use Only)		Dates (Month/Day)			
PLAN REVIEW		Failure	Failure	Approval	Initial
☐ No Plans Required	INSPECTIONS				
☐ Partial -Underslab Utilities Approved	Type:				
Date: _____ Approved by: _____	Slab				
☐ Plumbing Plans Approved	Rough				
Date: _____ Approved by: _____	Water				
Joint Plan Review Required:	Sewer				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Fixtures				
SUBCODE APPROVAL for PERMIT	Gas Equipment				
Date: <u>4/18/19</u>	Gas Piping				
Approved by: <u>Paul A. Benigno</u>	LPGas Tank				
SUBCODE APPROVAL for CERTIFICATE	Fuel Oil Piping				
☐ CO ☐ CCO ☐ CA	Solar				
Date: _____	TCO				
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH

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

George Mesko
Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Emergency Work:
Remediate leaks; supply line +
PVC waste; 2 water heaters replace

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
<u>2</u>	Water Heater	<u>250</u>
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
<u>✓</u>	Other <u>Repair Leaks</u>	<u>NC</u>
_____	Other _____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 250



PLUMBING SUBCODE TECHNICAL SECTION



500
KAN
201-970-6827

Date Received 5/17/11
Control # 30193
Date Issued 5/17/11
Permit # 2011-0867

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

Block 211 Lot 701 + 801 Qualification Code
Work Site Location 3352 HIGHWAY 35 SOUTH HAZLET NEW JERSEY
Owner in Fee: RELATED RESTAURANT GROUP

Tel. (132) 721 6410 e-mail

Address 3352 HIGHWAY 35 SOUTH HAZLET

Contractor: K.I.S.H. PLUMBING & HEATING Tel. (732) 651-0143

Address 11 HUDSON A.D. E.A.N.J. 08816 e-mail

Contractor License No. B109272 Exp. Date 6-30-2011

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

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 2000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
☒ No Plans Required		Slab	5/9/11		
Joint Plan Review Required:		Rough			
☐ Building ☐ Electric		Water			
☐ Fire ☐ Elevator		Sewer	7/6/11	10/2/11	
☐ Plumbing Plans Approved		Fixtures			
Date: 5/10/11		Gas Equipment			
Approved by: [Signature]		Gas Piping			
SUBCODE APPROVAL		LPGas Tank			
☐ CO ☐ CCO ☐ CA		Fuel Oil Piping			
Date:		Solar			
Approved by:		TCO			

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 and perform the work listed on this application.

[Signature]

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

WORK ALREADY DONE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL 2 FLOOR SINKS 1ST FLOOR FOR
BAR INDIRECT DRAINS 1ST FLOOR FOR
SAME

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
2	Floor Drain	
	Sink	40
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	75
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other FLOOR SINKS	40
2	Other	

Administrative Surcharge \$ 135
Minimum Fee \$
State Permit Surcharge Fee \$ 3
TOTAL FEE \$ 138

7/21/11 - nothing Done

1-26-12 Nothing Done on list

5/19/19 - no EARTH

Jennifer O'Keeffe

From: Jennifer O'Keeffe <jokeeffe@hazletwp.org>
Sent: Monday, July 15, 2019 10:11 AM
To: 'John kwak'
Subject: RE: 3352 Route 35 - Status
Attachments: 20190715092806306.pdf

7/15/19

RE: 3352 Route 35 – Status

Joh Kenny Kwak

Permit# e2019-0344 and 2011-0367

See Plumbing Inspector's comments (Joe Penevelope, 732-264-1700 x8662, jpenevelope@hazletwp.org).

Permit # e2019-0344

See Fire Inspector's comments (John Keane, 732-264-1700 x8658, jkeane@hazletwp.org).

Permit #e2019-0344 (Replace existing water heater)

Need review and signature from Joe Penevelope (Plumbing Inspector) and Dennis Pino (Construction Official).

Please contact the inspectors directly.

Thank you.

Jennifer O'Keeffe
Hazlet Township
Construction Department
1766 Union Avenue
Hazlet, NJ 07730
732-264-1700 X8664
732-264-0659 (FAX)
jokeeffe@hazletwp.org

From: John kwak [<mailto:statrestorationcorp@gmail.com>]
Sent: Monday, July 15, 2019 8:07 AM
To: Jennifer O'Keeffe
Subject: 3352 Route 35 - Status

Good Morning Jennifer:

Can you give me an update as to any outstanding items from the building department?

I believe that we had addressed all the previous open permits and violations vis-a-vis inspections and the only two items i believe were:

1. the mechanical application and the chimney cert(previously submitted the plumbing for HWH and an inspection occurred and passed except that a mechanical permit and chimney cert had to be submitted) which was submitted some time ago.
 2. The existing integrated fire alarms with dedicated electrical outlets with shunt trips for the AV room and equipment had to be tested and a report of satisfactory working system had to be provided; which was sent a little while ago to your office
- Please let me know

John Kenny Kwak
Stat Restoration, Corp.
48 Bi-State Plaza, #233
Old Tappan NJ 07675
(O) 201-664-4234
(F) 201-822-8111
(C) 201-707-8889
(E)statrestorationcorp@gmail.com

The information in this email and in any attachments is confidential and intended solely for the attention and use of the named addressee(s). This information may be subject to legal, professional or other privilege or may otherwise be protected by work product immunity or other legal rules. It must not be disclosed to any person without our authority.

If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are not authorized to and must not disclose, copy, distribute, or retain this message or any part of it. If you received this communication in error, please immediately notify us by telephone (201-707-8889) or e-mail and destroy the original message and any printout thereof. Thank you.

Jim.

5/13/19

PLUMB CONTRACTOR will be in
with a Mechanical Permit for 2 w/H
He has to fill out a chimney Cert
Form also.

Everything else is good. minor work no
Permit needed.

IF I AM not here we will mail a
final sticker for water HTRS





PLUMBING SUBCODE TECHNICAL SECTION



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

Block 211 Lot 7.01 Qualification Code _____
Work Site Location 3352 Route 35 Formerly "The Park"

Owner in Fee: Heilong Jiang Barn LLC
Tel. (201) 707-8889 e-mail: StatRestorationCorp@gmail.com
Address 52 Iroquois Ave, Allendale, NJ 07401

Contractor: GEORGE MESKO Tel. (732) 710-2293

Address 20 POOLC AVE e-mail _____
AVON-BY-THE-SEA

Contractor License No. 8481 Exp. Date 6/19

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 4,000.00

JOB SUMMARY (Office Use Only)		Dates (Month/Day)			
PLAN REVIEW		Failure	Failure	Approval	Initial
☐ No Plans Required	INSPECTIONS				
☐ Partial -Underlab Utilities Approved	Type:				
Date: _____ Approved by: _____	Slab				
☐ Plumbing Plans Approved	Rough				
Date: _____ Approved by: _____	Water				
Joint Plan Review Required:	Sewer				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Fixtures				
SUBCODE APPROVAL for PERMIT	Gas Equipment				
Date: <u>4/18/19</u>	Gas Piping				
Approved by: <u>Jul A. Penney</u>	LPGas Tank				
SUBCODE APPROVAL for CERTIFICATE	Fuel Oil Piping				
☐ CO ☐ CCO ☐ CA	Solar				
Date: _____	TCO				
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH

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

George Mesko
Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 4/11/19
Control # 17536
Date Issued 5/9/19
Permit # E2019-0344

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Emergency Work:
Remediate leaks; supply line +
PVC waste; 2 water heaters replace

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
<u>2</u>	Water Heater	<u>250</u>
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
<u>✓</u>	Other <u>Repair Leaks</u>	<u>NC</u>
_____	Other _____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 250

7/21/11 - nothing Done

1-26-12 Nothing Done on list

5/19/19 - no EARTH



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 211 Lot 7.01 Qualification Code _____
Work Site Location 3352 Rt 35 Formerly "The Park"
Hazlet, NJ 07730

Owner in Fee: Heilong Jiang Barn LLC
Tel. 201 707-8889 e-mail shresthastar@barnllc.com
Address 52 Ingham Ave, Allendale NJ 07401
Contractor: Dynasty Fire Protection Tel. (973) 954-2443
Address 86 Cortlandt St. e-mail kenriquez@dynastyfire.com
Belleville, NJ 07109

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01459
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. _____
Federal Emp. ID No. 472781956

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Propos _____
Constr. Class: Present _____ Propos _____
Heating System: [] New OR [] Modification OR [] Conversion OR []

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☒ No Plans Required
[] Partial - Underslab Utilities Approved
Date: 4/18/19 Approved by: JPK
[] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required: _____
[] Bldg. [] Elec. [] Plumb. [] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/18/19
Approved by: JPK
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: 4/18/19
Approved by: JPK

Pre-Eng. System _____
Mechanical _____
Smoke Control _____
TCO _____
Flam/Combust. Tanks _____
Fireplace Venting _____
Final _____
Other _____

Waiting for
report -

JPK

5/14/19 5/16/19 JPK

5/21/19 JPK - KFT message
5/30/19 JPK - 6/14/19 JPK

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: Kevin Enriquez

Print name here: Kevin Enriquez

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

DESCRIPTION OF WORK:
Water Supply Source Repairs Dry system
Method of Alarm/Suppression System Supervision monitored

	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	_____	_____
19 TOTAL	<u>0</u>	_____
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	_____	_____

5/14/19 Inspection
Complete.

Waiting for report to
sign off permit

Administrative Surcharge \$ 65
Minimum Fee \$ 65
State Permit Surcharge Fee \$ 65
TOTAL FEE \$ 65

Date Received 4/11/19
Control # 17524
Date Issued 5/19/19
Permit # ED019-0344



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 211 Lot 7.01 Qualification Code _____

Work Site Location 3352 Route 35

Owner in Fee: Heilong Jiang Barn LLC

Tel. 201 707-8889 e-mail StatRestorationCorp@gmail.com

Address 52 Iroquois Ave Allendale NJ

Contractor: George Mesko Tel. 732-710-2293

Address 20 Poole Ave e-mail _____

Avon By the Sea NJ

Contractor License No. 8981 Exp. Date 6/19

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 3500

JOB SUMMARY (Office Use Only)		INSPECTIONS		DATES		
PLAN REVIEW		Type	Failure	Failure	Approval	Initial
☐ No Plans Required		Gas Piping	_____	_____	_____	_____
☐ Mechanical Plans Approved		Appliance	_____	_____	_____	_____
Date: _____ Approved by: _____		Chimney/Vent	_____	_____	_____	_____
Joint Plan Review Required:		Oil Piping	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elec.		Oil Tank	_____	_____	_____	_____
☐ Elev.		LPG Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Hydronic Piping	_____	_____	_____	_____
Date: _____		Fireplace	_____	_____	_____	_____
Approved by: _____		Chimney Cert.	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Other	_____	_____	_____	_____
☐ CA ☐ CCO						
Date: _____						
Approved by: _____						

Date Received
Control # 17994

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: George Mesko

Print name here: _____

☐ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace existing hot water heater

NO.

FIXTURE/EQUIPMENT

Water Heater
Fuel Oil Piping Connections
Gas Piping Connections
Steam Boiler
Hot Water Boiler
Hot Air Furnace
Oil Tank
LPG Tank
Fireplace
Generator
Other

FEE (Office Use Only)

\$ 125

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 125



CONSTRUCTION PERMIT

Date Issued

Permit # e2019-0344+A

IDENTIFICATION Block 211 Lot 7.01 Qualification Code ID # 17994
Work Site Location 3352 HIGHWAY 35, HAZLET NJ 07730 Contractor HEILONG JIANG BARN LLC
Address 52 IROQUOIS AVENUE, ALLENDALE NJ 07401
Owner in Fee HEILONG JIANG BARN LLC
Address 52 IROQUOIS AVENUE, ALLENDALE NJ 07401 Tel. (201) 707-8889
Tel. (201) 707-8889 Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE EXISTING WATER HEATER

NOTE: If construction does not commence within one (1) year of date of issuance, or
if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 3500

Construction Official Dennis Pino

Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other 125.00
DCA State Permit Fee 7.00
Cert. of Occupancy _____
Other _____
Total 132.00
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Permits Filed

AJ claims work never
done

Needs to be Verified

BLOCK 211 LOT 7.01 QUALIFICATION CODE 27802 ADDRESS (SITE) 3352 HWY 35 South PERMIT NO. 144 V01



CONSTRUCTION PERMIT APPLICATION

Park East

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

I. IDENTIFICATION

1. Proposed Work Site at: 3352 HWY 35 South
2. Name of Owner in Fee: JOE MALFRUNTE
Tel. (917) 647-8969 e-mail _____
Address 3352 HWY 35 South Hazlet 07730
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: JOHN VAYAS - SONS CONSTR. Tel. (908) 337-0454
Address 635 CHANCELLOR AVE., 1ST FL. NJ e-mail vayasconstr4723@aol.com
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHD2770400
Federal Emp. ID No. 221-455-016/000 FAX: (973) 416-6700
5. Architect or Engineer: RICHARD GASCAYNE Contact Richard
Address 5416 Ridgewood Road Mplwd e-mail rgascayne@aol.com
Tel. (973) 762-4418 FAX: (973) _____
6. Responsible Person in Charge once Work has Begun ANGELO VAYAS
Tel. (908) 337-0454 FAX: (973) 416-6700

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>RM</u>	<u>7-28-09</u>	<u>7-28-09</u>					
			<u>8/6/09</u>					

TOTAL COSTS 15000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

4. No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: A2
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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 JOHN VAYAS & SONS CONSTR, LLC

Address 635 CHANCELLOR AVE
IRVINGTON NJ 07111

Telephone (908) 337-0454

Signature John Vayas

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

OFFICE DATE RECEIVED:

7/23/09 *grr*

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		8-2-17 <i>Michael W. King</i>							
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

8/29/18

AJ said this work was not done.

5/4/19
update Per DP
all contractors need
w/ plans zoning
Approval



CONSTRUCTION PERMIT

Date Issued

Permit #

C211/7-01

IDENTIFICATION Block 211 Lot 7.01 Qualification Code 27802
Work Site Location 3352 HWY 35 South Contractor JOHN VAYAS & SONS CONSTR LLC
HAZLET NJ 07730 Address 635 CHANCELLOR AVE
Owner in Fee JOE MALFRUNTE IRVINGTON NJ 07111
Address 3352 HWY 35 SOUTH Tel. (908) 337-0454
HAZLET NJ 07730 Lic. No. or Bldrs. Reg. No. 13VH01770400
Tel. (917) 647-8464

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: DEMO MASONRY CHIMNEY
INSTALL (2) NEW FOLDING DOORS IN EXISTING OPENINGS
CONSTRUCT NEW 2X4 NON-BEARING WALLS

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 15,000.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

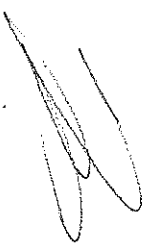
3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

- Smoking Potis - on plane

Egress to land in area?

D. Pot 155 ve





27802

Date Issued _____
Permit # _____

Block 211 Lot 7.01 Qualification Code _____
Work Site Location 3352 HWY 35 SOUTH
HAZLET NJ 07730

Owner in Fee: JOE MALFRONTE

Tel. (917) 647.8969 e-mail _____

Address 3352 HWY 35 SOUTH HAZLET 07730

Contractor: ^{street} JOHN VAYAS & SONS CONSTR. LLC ^{municipality} Tel. (908) 337-0454 ^{zip code}

Address 635 CHANCELLOR AVE e-mail VAYASCONS@1233@GO

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02770400

Federal Emp. ID No. 221 455 016 000 FAX: (973) 416.6700

JOB SUMMARY (Office Use Only)

PLAN REVIEW			INSPECTIONS		Dates (Month/Day)			
	Date	Initial			Failure	Failure	Approval	Initial
☐ No Plans Required	_____	_____	Type:		_____	_____	_____	_____
☐ All	_____	_____	Footing		_____	_____	_____	_____
☐ Footings/Foundations	_____	_____	Footing Bonding		_____	_____	_____	_____
☐ Structural/Framework	_____	_____	Foundation		_____	_____	_____	_____
☐ Exterior	_____	_____	Slab		_____	_____	_____	_____
☐ Interior	_____	_____	Frame		_____	_____	_____	_____
			Truss Sys./Bracing		_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free		_____	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer		_____	_____	_____	_____
Date: _____			Finishes -Final		_____	_____	_____	_____
Approved by: _____			Energy		_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical		_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA			TCO		_____	_____	_____	_____
Date: _____			Other		_____	_____	_____	_____
Approved by: _____			Final		_____	_____	_____	_____
			Barrier-Free		_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft. 1 New Bldg \$

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ 15000.00

Max. Live Load _____ 3. Total (1+2) \$ 15000.00

Max. Occupancy Load U.C.C. F110

(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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

Signature Miguel Vayo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO MASONRY CHIMNEY
INSTALL (2) NEW FOLDING DOORS IN EXISTING OPEN
CONSTRUCT NEW 2x4 NON-BEARING WALLS
INSTALLED NEW 1/2" DRYWALL

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☒ Demolition

FEE (Office Use Only)

§

Administrative Surcharge \$ Minimum Fee \$

State Permit Surcharge Fee \$ 117

TOTAL FEE \$ 450

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

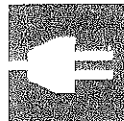
Hazlet Township
1766 Union Avenue
Hazlet, NJ. 07730
Ronald Maryak Electrical Sub-Code Official
Plan Review
732-264-1700 # 8663 (office)
732- 264-0659 (Fax)

3352 Hwy 35 South

1. Plans do not show location of new emergency and exit lighting.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

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

Block 211 Lot 7.01 Qualification Code _____

Work Site Location 3352 Hwy 35 South

Owner in Fee: Joe Malferrante

Tel. (917) 647 8969 e-mail _____

Address 3352 Hwy 35 South Hazlet 07730
street municipality zip code

Contractor: East Coast Enterprises Electric Tel. (732) 539-6056

Address 270 Sunrise RD Belford NJ e-mail _____

Contractor License No. 13742 Exp. Date _____

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

Federal Emp. ID No. 20-138 4858 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2000

JOB SUMMARY (Office Use Only)							
PLAN REVIEW		Date		Initial		INSPECTIONS	
						Dates (Month/Day)	
[] No Plans Required						Failure	Approval
Joint Plan Review Required:						Failure	Approval
[] Building [] Plumbing						Failure	Approval
[] Fire [] Elevator						Failure	Approval
[] Elec. Plans Approved						Failure	Approval
Date: _____						Failure	Approval
Approved by: _____						Failure	Approval
SUBCODE APPROVAL						Failure	Approval
[] CO [] CCO [] CA						Failure	Approval
Date: _____						Failure	Approval
Approved by: _____						Failure	Approval

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor [] Cert'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

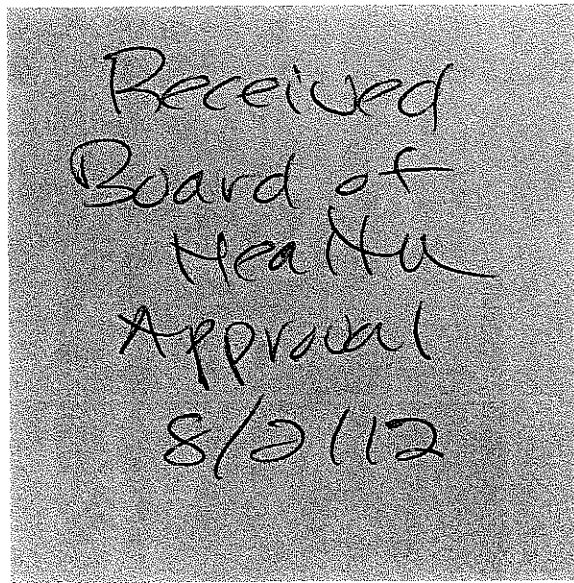
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
4		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
33		Replace Recessed Trns/Bldgs	

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

Bob Faye

From: Bob Faye [bfaye@hazletwp.org]
Sent: Tuesday, July 28, 2009 3:21 PM
To: 'vayasconstr47233@aol.com'
Subject: 3352 Highway 35

This project can not be reviewed without Board of Health approval. Submit the plans to the Health Dept for review.



Bob Faye

From: vayasconstr47233@aol.com
Sent: Tuesday, July 28, 2009 3:46 PM
To: bfaye@hazlettwp.org
Subject: Re: 3352 Highway 35

Mr Bob Faye, drawings have been submitted to the Board of Health and to Ms Sharon at the Zoning office.

Any questions please call Mr Gascoyne @ 973 762 4418

Thanks

Angelo Vayas

John Vayas & Sons Constr

-----Original Message-----

From: Bob Faye

To: vayasconstr47233@aol.com

ReplyTo: bfaye@hazlettwp.org

Sent: Jul 28, 2009 3:20 PM

Subject: 3352 Highway 35

This project can not be reviewed without Board of Health approval. Submit the plans to the Health Dept for review.

Sent from my Verizon Wireless BlackBerry



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 211 Lot 7.01 Qualification Code _____
Work Site Location 3352 Hwy 35 South

Owner in Fee: JOE MALLFRONTE

Tel. (917) 647-8969 e-mail _____

Address 3352 Hwy 35 South Hazlet 07730
street municipality zip code

Contractor: East Coast Enterprises Electric Tel. () _____

Address 270 Sunrise RD Belmar NJ 07718 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. 13742 Exp. Date _____

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

Federal Emp. ID No. 20-1384858 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New OR [] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New OR [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New OR [] Existing

[] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

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

Total Cost of Fire Protection Work \$ 700

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[] No Plans Required		Alarm System				
Joint Plan Review Required:		Suppression Sys.				
[] Building [] Plumbing		Standpipe				
[] Electric [] Elevator		Fire Pump				
[] Fire Plans Approved		Pre-Eng. System				
Date: _____		Mechanical				
Approved by: _____		Smoke Control				
SUBCODE APPROVAL		TCO				
[] CO [] CCO [] CA		Flam/Combust Tanks				
Date: _____		Fireplace Venting				
Approved by: _____		Final				
		Other				

Date Received

Control #

Date Issued

Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature
[X] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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)	2	
Other Devices		
TOTAL	2	
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		
Fired Appliances [] Gas OR [] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

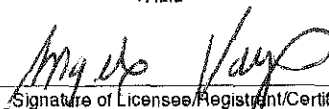
HAS REGISTERED

John Vayas & Sons Construction, LLC
Angelo Vayas
635 Chancellor Ave.
Irvington NJ 07111

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

01/30/2009 TO 12/31/2009
VALID

13VH02770400
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
John Vayas & Sons Construction, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
01/30/2009 TO 12/31/2009
VALID

SIGNATURE

13VH02770400

DIRECTOR

License/Registration/Certificate #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

John Vayas & Sons Construction, LLC

EXPIRATION DATE 2009

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 02770400 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT
1766 UNION AVENUE
HAZLET, NJ 07730
(732) 264-1700, (732) 264-0659 FAX

CONSTRUCTION DEPARTMENT

DENNIS PINO	Construction Code Official/Building Inspector
STEVE WINTERS	Sub-Code Fire Official
JOE PENEVOLPE	Sub-Code Plumbing Official
RONALD MARYAK	Sub-Code Electrical Official/Building Inspector
FRANK DIROMA	Building Inspector

August 8, 2012

John Vayas & Sons Construction, LLC
635 Chancellor Avenue
Irvington, NJ 07111

Re: Demo masonry chimney, install two new folding doors in existing opens, construct new 2x4 non-bearing wall
Address: 3352 Highway 35 (Park East), Block #: 211, Lot #: 7.01

To Whom It May Concern:

To date we have not received the required information from you with regards to the Construction Permit Application for the above address.

See attached comments.

If you have any questions, please call the office.

Thank you.

Jennifer O'Keeffe
(732) 264-1700 X8664

cc:
Park East, 3352 Highway 35, Hazlet, NJ 07730

HAZLET TOWNSHIP, NEW JERSEY APPLICATION FOR USE PERMIT

Date: 04-08-09

Application#
Permit#

APR 08 2009

Application is hereby made for a zoning permit in conformity with the requirements of the zoning ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name of Business: Legends

09-0093
7/16/09 updated 09-0273

Business Owner's Name: Demetri Reximis + George Kakonis

Buyer of Premis

Address: 3352 Hwy 35 SWM Hazlet NJ

unit:

Block 211

lot 7.01

zone BH

57 BAR ~~area~~ seating 4 Circular Booths / restrooms
11 TABLES dinning room area

What structures are located on this property	2 Story MAS. Wood Frame
Approximate dimensions & square footage	65'x90' L 9050 ± ft ²
Proposed use of each structure	Rest. BAR Catering <u>Legend</u>
Previous occupant and use	Rest. BAR CATERING <u>Engulf Room</u>

Rest / BAR / Catering Hall - not a nightclub (rests upstairs)
State in detail the proposed services to be performed and/or the variety of goods to be sold at this location:
(Attach cover letter and/or provide company brochure if necessary)

Same use as previous tenant change of ownership / business

Food + Liquor - full service restaurant with water

serve bar furnished use in BH zone operating 7 days a week

7 days a week - Restaurant + BAR

Hours: 11 AM - 2 AM (No Banner or Flag permits 2nd Floor)

How many employees are employed by your company

unknown at this time

What is the maximum number of employees expected per shift

A separate

How many parking spaces are provided 175

Are they marked out

NO

Total cost of expected renovations

\$4500.00

\$2500.00

(Only if building permit is not required)

(Interior)

(Exterior)

Sign change

I certify that all statements made by me on this application are true. I am aware that approval of this application is only for the exact and specific uses(s) stated above. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Demetri Reximis

Printed name of owner or agent

11 Bridge Pine Drive Old Bridge NJ

Street address of owner or agent

4-7-09

Date

Signature

732-673-3999

[Signature]
Zoning Officer

any site work or renovations proposed

Dated 6/19/09

Approved

Disapproved

Permit Fee: 25.00

Interior alterations

remove section of wall to install sliding door