

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

From: Dmitriy Barskiy <opra+request-36190-c3532bb3@requests.opramachine.com>

Sent: Sunday, October 23, 2022 9:48 PM

To: Evelyn Grandi <xxxxxxx@xxxxxxxx.xxx>

Subject: OPRA request - Copy of HVAC permit requested

Dear Hazlet Township,

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

Records requested:

5 Rose Terrace: Please provide a copy of the HVAC permit done in 2022.

Yours faithfully,

Dmitriy Barskiy

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

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxxx

Is xxxxxx@xxxxxxxx.xxx 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/copy_of_hvac_permit_requested

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

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

BLOCK 142 LOT 17 QUALIFICATION CODE 101# 24503 ADDRESS (SITE) 5 Rose Terrace



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 5 Rose Terrace, Hazlet NJ

2. Name of Owner in Fee: GDB Properties 07734

Tel. [REDACTED] e-mail [REDACTED]

Address 5 Rose Terrace, Hazlet NJ 07734

3. Ownership in Fee: Public [REDACTED] Private [REDACTED]

4. Principal Contractor: Masters Plumbing & Heating [REDACTED]

Address 149 Davis Station Road [REDACTED]

Cream Ridge, NJ 08514

License No. OR, if new home, Builder Reg. No. (908) 623-7137 Exp. Date 6/24

Home Improvement Contractor Registration No. 3831009912 (if applicable):

Federal Emp. ID No. 145-72-0999 FAX: ()

5. Architect or Engineer [REDACTED] Contact [REDACTED]

Address [REDACTED] e-mail [REDACTED]

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun Rosario ALU

Tel. [REDACTED] FAX: ()

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 CHARACTERISTIC

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

IIa. PROPOSED WORK

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

VII. C

A. RE

1. St

2. Us

7/25/22
Advised again
permit ready.
ready.

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Masters Plumbing & Heating
149 Davis Station Road
Cream Ridge, NJ 08514

Agent Name _____

Address _____

(908) 623-7137

Lic# 38B1009912

145-72-0999

Telephone _____

Signature _____

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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

OFFICE DATE RECEIVED: _____

7/11/22 *JN*

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. _____	_____	_____	_____	_____



CERTIFICATE

Permit # e2022-0586
Date Issued 08/23/2022
- or -
Control # 24563
Certificate Issued Date: 09/14/2022

IDENTIFICATION

Block 142 Lot 17 Qualification Code _____
Work Site Location 5 ROSE TERRACE, HAZLET NJ 07734
Owner in Fee GDB PROPERTIES
Address 5 ROSE TERRACE, HAZLET NJ 07734
Tel. (917) 747-5511
Contractor MASTERS PLUMBING & HEATING
Address 149 DAVIS STATION ROAD, CREAM RIDGE NJ 08514
Tel. [REDACTED] FAX _____
Lic. No. or Bldrs. Reg. No. 19HC00458300
Federal Employer No. [REDACTED]

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R-5
Maximum Live Load _____
Construction Classification 5B
Maximum Occupancy Load _____
Description of Work/Use:
REPLACE AC

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

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

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION OFFICIAL [Signature]

DATE 9/16/22

U.C.C. F260
(rev. 6/05)

1 WHITE — APPLICANT

2 CANARY — OFFICE

3 PINK — TAXASSESSOR

Fee \$ 134.00

Paid ☒ Check No. 1309

Collected by: Jennifer O'Keeffe



CONSTRUCTION PERMIT

Date Issued 8/23/22
Permit # 6022-0586

IDENTIFICATION Block 142 Lot 17
Work Site Location S Rose Terrace
HAZLET NT
Owner in Fee GDB Properties
Address S Rose Terrace
HAZLET NT 07734
Tel. [REDACTED]

Qualification Code 10TH 24523
Contractor THE MASTER PLUMBING LLC
Address 149 DAVIS STATION Rd
CORAM RIDGE NT 08514
Tel. [REDACTED]
Lic. No. or Bids. Reg. No. [REDACTED]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

A/C Replace

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 \$ 4500
[Signature] 7/15/22
Construction Official Date

PAYMENTS (Office Use Only)

Building _____
Electrical 602
Plumbing 603
Fire Protection _____
Elevator Devices _____
Other 9
DCA State Permit Fee _____
Cert. of Occupancy _____
Other 134
Total 1309
Check No. _____
Cash _____
Collected by [Signature]

(see reverse side)



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 142 Lot 1 Qualification Code 10

Work Site Location 5 Base Terrace, Hazlet, NJ

Owner in Fee: GDB Properties

Tel. [REDACTED] e-mail [REDACTED]

Address 5 Base Terrace, Hazlet, NJ

Contractor: Advance Tech Electric Tel. [REDACTED]

Address 6 THORNTON OAKS TERRACE, Hazlet, NJ

Contractor License No. 15553 Exp. Date 6/24

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

Federal Emp. ID No. [REDACTED] FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 500 Utility Co.

Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[X] No Plans Required		Rough				
[] Partial -Under-slab Utilities Approved		Barrier-Free				
Date: <u> </u> Approved by: <u> </u>		Trench				
[] Electric Plans Approved		Temp. Serv.				
Date: <u> </u> Approved by: <u> </u>		Constr. Serv.				
Joint Plan Review Required:		TCO				
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other				
SUBCODE APPROVAL for PERMIT		Service				
Date: <u>9-27-11</u>		Final				
Approved by: <u>Steve Vachon</u>		Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-In-Card Date Issued				
[] CO <u>9-27-11</u>		Final Cut-In-Card Date Issued				
Date: <u>9-27-11</u>		Annual Pool Inspection				
Approved by: <u>[Signature]</u>		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 sign/Contractor sign and seal here: [Signature]

Print name here: John Ventola

[X] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: HL Replace

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	

1 25

9-27-11

LG

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 62



MECHANICAL INSPECTOR 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 142 Lot 1 Qualification Code _____

Work Site Location S Rose Terrace Hazlet NJ

Owner in Fee: GDB Properties

Tel. _____ e-mail _____

Address S Rose Terrace Hazlet NJ

Contractor: TAC MASTER PLUMBING & HEATING Tel. _____

Address 149 DAVIS STATION RD Cream Ridge NJ 08514 e-mail _____

Contractor License No. or Builder Registration No. 19HCO-58378 Exp. Date 6/24

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

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

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

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 \$ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES	
☐ No Plans Required		Type:	Failure	Failure	Approval
☐ Mechanical Plans Approved		Gas Piping	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.		Oil Piping	_____	_____	_____
☐ Elev.		Oil Tank	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____
Date: <u>7/15/22</u>		Hydronic Piping	_____	_____	_____
Approved by: <u>[Signature]</u>		Fireplace	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____
☐ CA ☐ CCO		Other	_____	_____	_____
Date: <u>9/6/22</u>		_____			
Approved by: <u>[Signature]</u>		_____			

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

A/C Replace

ALL WORK SHALL
CONFORM TO THE
REQUIREMENTS OF THE CODE

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
7	Other A/C

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 603