TOWNSHIP OF CLARK
430 WESTFIELD AVE.
CLARK, N. J. 07066

Date Issued 07/14/23
Control #
Permit # 23-453

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 176 Lot 36 Qual

Work Site Location 271 VALLEY RD

Owner in Fee/Occupant RUSSO
Address 271 VALLEY ROAD
CLARK, NJ 07066-
Telephone ( ) -
Contractor WOOLEY FUEL COMPANY
Address 12 BURNETT AVENUE
MAPLEWOOD, NJ 07040-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No. 19HC00126100
Federal Emp. No. 22-1391400

Home Warranty No.
[ ] State [ ] Private
Use Group U-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMOVAL OF 275 OIL AST FROM BASEMENT

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on 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

Fee $ 0
Paid [X] Check No. 1159
Collected by: AB

U.C.C. F260 (rev. 3/96)

CONSTRUCTION PERMIT

Date Issued 6/27/23

Permit # 23453

IDENTIFICATION Block 176 Lot 34 Qualification Code

Work Site Location 271 Valley Rd. Clark

Owner in Fee Russo

Address Same

Tel. [redacted]

Contractor Woolley Fuel Co.

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Tank Removal

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 500 —

Construction Official

6-15-23

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection 125 ~~100~~

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total 125 ~~100~~

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/27/23

Date Issued / Permit # 23-453

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 271 VALLEY ROAD CLARK

Owner in Fee: AMELIA RUSSO

Tel. ([redacted]) e-mail _____

Address 271 VALLEY RD (street) CLARK (municipality) 07066 (zip code)

Contractor: _____ Tel. (_____) _____

Address WOOLLEY FUEL COMPANY 12 Burnett Avenue Maplewood, NJ 07040 Tel. 973-762-7400 e-mail _____

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

Fire Alarm Contractor No. Fed Emp # 22-1391400 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Lic/Cert# 19HC00126100

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

POSTED

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: BASEMENT

Total Cost of Fire Protection Work $ 500.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [✓] Combustible

Capacity 275

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/15/23

Approved by: RR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] TCO

Date: 7/11/23

Approved by: RR

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

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: Norman Woolley

Print name here: NORMAN WOOLLEY [✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REMOVAL OF 275 AST

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	1	
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other 275 TANK REMOVAL AST	1	100
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		125

UCC F140 (rev. 11/09)

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6/13/23

TOWNSHIP OF CLARK
430 WESTFIELD AVE.
CLARK, N. J. 07066

Date Issued 07/14/23
Control #
Permit # 23-454

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 176 Lot 36 Qual
Work Site Location 271 VALLEY RD

Owner in Fee/Occupant RUSSO
Address 271 VALLEY ROAD
CLARK, NJ 07066-
Telephone ( ) -
Contractor WOOLEY FUEL COMPANY
Address 12 BURNETT AVENUE
MAPLEWOOD, NJ 07040-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No. 19HC00126100
Federal Emp. No. 22-1391400

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INSTALL 275 OIL AST IN BASEMENT

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on 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

Fee $ 0
Paid [X] Check No. 1159
Collected by: AB

U.C.C. F260 (rev. 3/96)

CONSTRUCTION PERMIT

Date Issued 6/27/23

Permit # 23-454

IDENTIFICATION Block 174 Lot 34 Qualification Code

Work Site Location 271 VALLEY RD CLARK

Owner in Fee AMELIA RUSSO

Address 271 VALLEY RD

Tel. [redacted]

Contractor WOOLLEY FUEL COMPANY

Address 12 Burnett Avenue
Maplewood, NJ 07040

Tel. (973) 762-7400

Lic. No. or Bldrs. Reg. No. Fed Emp # 22-1391400
Lic/Cert# 19HC00126100

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVAL & INSTALL OF 275 AST

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 $ 5212.00

Construction Official

Date 6/27/23

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	125
Fire Protection	125
Elevator Devices	
Other	
DCA State Permit Fee	10
Cert. of Occupancy	
Other	
Total	260
Check No.	
Cash	
Collected by	

(see reverse side)

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

6/13/23

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

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 271 VALLEY RD CLARK

Owner in Fee: AMELIA RUSSO

Tel. [redacted] e-mail _____

Address 271 VALLEY RD (street) CLARK (municipality) 07066 (zip code)

Contractor: JOSEPH HARAZIM Tel. _____

Address T/A HEAT SOLUTIONS e-mail _____

302 PARKER ROAD

Contractor License No. BLOOMSBURY, NJ 08804 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason TEL 201-452-7933 FAX: 908-840-4958

Federal Emp. ID No. FED EMP #22-3452524 FAX: _____

B. PLUMBING CHARACTERISTICS LICENSE #9262

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date 6-20-23 Approved by: BP

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

POSTED

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final OIL TANK			7-11-23	BP

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: Joseph Harazim

Print name here: Joseph Harazim

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INST. OF REP. 275 AST

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	
	Water Heater	
	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	
1	Other INST 275 AST	100

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

U.C.C. F130 (rev. 10/17)

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6/13/23

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 4/27/23

Date Issued Permit # 23-454

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 271 VALLEY ROAD CLARK

Owner in Fee: AMELIA RUSSO

Tel [redacted] e-mail _____

Address 271 VALLEY RD (street) CLARK (municipality) 07066 (zip code)

Contractor: _____ Tel. ( ) _____

Address WOOLLEY FUEL COMPANY 12 Burnett Avenue Maplewood, NJ 07040 Tel. 973-762-7400 e-mail _____

Fed Emp # 22-1391400

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ Lic/Cert# 19HC00126100 FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: BASEMENT

Total Cost of Fire Protection Work $ 1,000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [✓] Combustible

Capacity 275

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/13/23

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 7/5/23

Approved by: [signature]

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

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: Norman Woolley

Print name here: NORMAN WOOLLEY [✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INST. OF REP. 275 AST

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	1	
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM/Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		175
Fireplace Venting/Metal Chimney		
Other INST. 275 AST	1	
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

POSTED

6/13/23

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

COMPLETED

Date Received / Control # 4/14/22

Date Issued / Permit # 22-268

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 271 VALLEY RD CLARK 07066

Owner in Fee: AMELIA RUSSO

Tel. [redacted] e-mail _____

Address 271 VALLEY RD (street) CLARK (municipality) 07066 (zip code)

Contractor: JOSEPH HARAZIM

Address T/A HEAT SOLUTIONS
302 PARKER ROAD
BLOOMSBURY, NJ 08804

Contractor License No. _____ Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX:

TEL: 201-452-7933 FAX: 908-840-4958
FED EMP #22-3452524
LICENSE #9262

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 $ 10,000.00

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: Joseph Harazim

Print name here: Joseph Harazim

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INST. OF REP. H/W BOILER W/ BACKFLOW PREVENTER

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	
___	Water Heater	
___	Fuel Oil Piping	
___	Gas Piping	
___	LPGas Tank	
___	Steam Boiler	
1	Hot Water Boiler	65
___	Sewer Pump	
___	Interceptor/Separator	
1	Backflow Preventer	
___	Greasetrap	20
___	Sewer Connection	
___	Water Service Connection	
___	Stacks _____	
___	Other _____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 85

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/5/22
Approved by: M. Khuda

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
Test				
Final			5/18/22	MK

U.C.C. F130 (rev. 10/17)

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609-390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMPLETED

Date Received 4/14/22
Control #
Date Issued
Permit # 22-268

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 271 VALLEY RD CLARK 07066

Owner in Fee: AMELIA RUSSO

Tel. [redacted] e-mail _____

Address 271 VALLEY RD (street) CLARK (municipality) 07066 (zip code)

Contractor: REEL-STRONG FUEL CO. (_____)

Address 549 Lexington Ave. e-mail _____
Cranford, NJ 07016
Tel. 908-276-0900
Fax 908-709-8060

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration (if applicable): _____

Federal Emp. ID No. Fed Empy # 22-1223540 FAX: (_____)

Lic./Cert# 19HC00438000

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

[ ] Electric Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/5/22
Approved by: RP

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5/10/22
Approved by: RP

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/10/22	RP
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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 sign/Contractor sign and seal here: Michael DiFabio

Print name here: MICHAEL DIFABIO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INST. OF REP. H/W BOILER

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	
~~1~~		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		HOT WATER BOILER	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 25
TOTAL FEE $ _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMPLETED

Date Received 9-20-11
Control #

Date Issued 11-844
Permit #

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

Block 176 Lot 36 Qualification Code

Work Site Location 271 Valley Rd.

Owner in Fee: Amelia Russo

Tel. ([redacted]) e-mail

Address 271 (street) Valley Rd. Clark (municipality) 07066 (zip code)

Contractor: ~~Larry S. Evers~~ Steve Coppola Tel. (800) 216-5232

Address ~~5132~~ N. 300 W. Provo, UT 84604 e-mail
UA31

Contractor License No. ~~34FA0138000~~ 34UA00180100 Exp. Date 08/31/~~12~~ 13

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

Federal Emp. ID No. 20-3754038 Fax: (801) ~~705-8075~~ 705-5743

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 199

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-21-11
Approved by: E Medallin

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO
Date: 5/10/12
Approved by: RR

INSPECTIONS Type:	Failure	Dates (Month/day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/10/12	RR
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
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

U.C.C F120 (rev. 12/07)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of low-voltage, wireless burglar alarm system

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
10		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 75
		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	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 75

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/4/22
Control #
Date Issued
Permit # 22-264

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 27 VALLEY RD CLARK 07066

Owner in Fee: ANGELA ROSSO

Tel. ([redacted]) e-mail _____

Address 27 VALLEY RD CLARK 07066
street municipality zip code

Contractor: REEL-STRONG FUEL CO. Tel. (_____) _____

Address 549 Lexington Ave e-mail _____
Cranford, NJ 07016

Contractor License No. Tel. 908-276-0900 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Fax 908-709-8060

Federal Emp. ID No. Fed Empy # 22-1223540 FAX: (_____) _____

Lic./Cert# 19HC00438000

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____

[ ] Electric Plans Approved
Date:_____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/4/22
Approved by: RF

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
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 sign/Contractor sign and seal here: Michael DiFabio

Print name here: MICHAEL DIFABIO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INST OF REP H/W BOILER

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		HOT WATER BOILER	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 25
TOTAL FEE $ _____

CONSTRUCTION PERMIT

Date Issued: 4/14/22

Permit # 22-208

IDENTIFICATION Block 176 Lot 36 Qualification Code _____

Work Site Location 271 Valley Rd. Clark

Owner in Fee Russo

Address Same

Tel: [redacted]

Contractor

Address Reel-Strong

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:

Replace H/W Boiler

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 $ 10,200

Construction Official

Date 4/5/22

PAYMENTS (Office Use Only)

Building _____

Electrical 75

Plumbing 85

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee 20

Cert. of Occupancy _____

Other _____

Total 180

Check No. _____

Cash _____

Collected by _____

(see reverse side)

UCC/170
Professional Printing
(856) 468-7933

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT 1 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 271 VALLEY RD CLARK NJ 07066

Owner in Fee AMELIA RUSSO

Verifying Individual MICHAEL DIFABIO Company REEL-STRONG FUEL CO.

Address 549 LEXINGTON AVE. CRANFORD NJ 07016
Street City State Zip Code

Tel: [redacted] Fax: (908) 709-8060

Check the Appropriate Box(es):

Type of Replacement:

	Oil to Gas Conversion
	Gas to Oil Conversion
	Gas Appliance Replacement
✓	Oil to Oil Replacement
	Other _____

Existing Vent/Chimney: Size _____

	"B" Label Vent
	"L" Label Vent
	Flexible Liner
	Power Vent/Exhauster

✓	Chimney-Interior
	Chimney-Exterior
✓	Masonry Chimney-Tile Lined
	Masonry Chimney-Unlined
	Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	H/W BOILER	Oil / Gas / Other: OIL	100,000
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER not needed

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? | Natural Draft | Fan-assisted Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Michael DiFabio 3/21/22
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ _____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

CONSTRUCTION PERMIT

Date Issued 11-12-04
Control # 04-1141
Permit #

IDENTIFICATION Block 176 Lot 36

Work Site Location 271 Valley Rd
Clark NJ 07066

Owner in Fee Lawrence Nuzzo
Address 271 Valley Rd
Clark NJ 07066
Tele [redacted]

Contractor GARDEN State EXT
Address 163 Bayway Ave
Elizabeth NJ 07202
Tele. (908) 352-7006
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 61690462

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Roof

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 $ $4000

11/12/04
Date

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	46
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5
Cert. of Occ.	
Other	
Total	51
Check No.	1265
Cash	
Collected By:	

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

PROFESSIONAL PRINTING (856) 468-7933

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-12-04
Date Issued
Control #
Permit # 04-1141

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

Block 76 Lot 36 Qualification Code

Work Site Location 271 Valley Rd
Clark NJ 07066

Owner in Fee Lawrence Russo

Address 271 Valley Rd
Clark NJ 07066

Tel. [redacted]

Contractor G Arden State ERT

Address 163 Parkway Ave
Elizabeth NJ 07202

Tel. (908) 352-7006 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No 226904 92

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of new roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	11/12/04	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/23/04	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[✓] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 46

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 5
TOTAL FEE $ 51

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 4000
2. Rehabilitation $
3. Total (1+ 2) $

UCC/F-110 (REV. 7/03)
Professional Printing
(856) 468-7933

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

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

CONSTRUCTION PERMIT

Date Issued 10/28/04
Control #
Permit # 04-1083

IDENTIFICATION Block 176 Lot 36

Work Site Location 271 Valley Rd

Owner in Fee Russo
Address 271 Valley Rd Clark NJ
Tele [redacted]

Contractor Carlson Bros
Address 10-04 River Rd Fair Lawn NJ 07410
Tele. (201) 796-7374
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3180495

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: R/O off + Reroof
Ice Shield

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 $ 3,950

10/27/04
Date

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	46
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5
Cert. of Occ.	
Other	
Total	51
Check No.	14479
Cash	
Collected By:	

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV3/96)

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/28/04
Date Issued
Control #
Permit # 04-1083

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

Block 176 Lot 36 Qualification Code
Work Site Location 271 Valley Rd
Owner in Fee Russo
Address 271 Valley Rd Clark N.J.
Tel. [redacted]
Contractor Carlson Bros
Address 10-04 River Rd Fair Lawn NJ 07410
Tel. 201 796-7374 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No 22-3180495

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rip off + Reroof
Ice Shield

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	10/27/04	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/23/04	MG
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 46

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 46

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 3,950

UCC/F-110 (REV. 7/03)
Professional Printing
(856) 468-7933

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9-17-90
Control #
Permit # 90-404

IDENTIFICATION Block 176 Lot 36

Work Site Location 271 Valley Road
Clark, N.J. 07066
Owner in Fee Mr. & Mrs. L. Russo
Address 271 Valley Road
Clark, N.J. 07066
Tele. ([redacted]

Contractor Best Home Siding Company
Address 11 Crescent Parkway
Clark, N.J. 07066
Tele. 201) 574-3183
Lic. No. or Bldrs. Reg. No. 775 Exp. Date
Federal Emp. No. ~~22-2786233~~
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER Vinyl
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Vinyl Siding

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 $ 4,000.00

PAYMENTS **(Office Use Only)**	
Building	36.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
~~Cert. of Occ.~~ C/A	25.00
Other	
Total	61.00
Check No.	2861
Cash	
Collected By:	JDS

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-17-90
Date Issued
Control #
Permit # 90-404

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

Block 176 Lot 36
Work Site Location 271 Valley Road Clark N.J. 07066

Owner in Fee ~~Mr. & Mrs. L. Russo~~
Address 271 Valley Road Clark

Tele. ([redacted]
Contractor Best Home Siding Company
Address 11 Crescent Parkway Clark

Tele. (~~201~~) ~~574-3183~~
Lic. No. or Bldrs. Reg. No. 775
Federal Emp. No. 22-2786333 or Social Security No.

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 Sherry A. Force

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

VINYL SIDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ~~4,000.00~~
3. Total (1+2) $ ~~4,000.00~~

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [XX] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other C/A

(Office Use Only)
FEE
$ 36.00
Administrative Surcharge $ 25.00
Paid [ ] Check # 2861 Minimum Fee $
Collected by: JDS TOTAL FEE $ 61.00

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

BEST HOME SIDING COMPANY
AND CUSTOM KITCHENS AND VANITIES

11 Cresent Parkway
Clark, New Jersey 07066
(201) 574-3183

60 YEAR WARRANTY VINYL SIDING

ALL WORK GUARANTEED

August 15, , 19 94

THE UNDERSIGNED PROPERTY OWNERS DO HEREBY CONTRACT WITH AND AUTHORIZE THE UNDERSIGNED CONTRACTOR TO FURNISH AND INSTALL THE FOLLOWING:

NAME Mr. & Mrs. Lawrence Russo PHONE [redacted]

STREET 271 Valley Road Clark ZIP 07066 STATE New Jersey

PROPOSED WORK TO BE DONE

1. Install Royal Crest Architectural Series II dutchlap to all walls of home. COLOR GRAY
2. Install ½ inch Amoco insulation board to all walls of home.
3. Cover all soffit with center vented vinyl soffit material. COLOR WHITE
4. Cover all fascia board with aluminum. COLOR WHITE
5. Cover all window and door casings with aluminum.FRAMES WHITE, SILLS TUXEDO GRAY O.C.
6. Install all new seamless gutters and leader pipes, .032 gauge aluminum. COLOR WHITE
7. Install one (1) extra leader pipe left side of home. COLOR WHITE
8. Cover one (1) garage window with plywood and cover over with siding.
9. Install one (1) pair of vinyl shutters.(FREE OF CHARGE) COLOR TUXEDO GRAY
10. Purchase building permit.
11. Clean all debris upon completion.

J.K
S.A.S.

4,000 00

S.A.S.

25% SIGNING OF CONTRACT 1,000.00

* UPON COMPLETION

CASH PRICE OF JOB $ [illegible] DEPOSIT 1,000.00 BALANCE *3,000.00

CONTRACTOR AGREES TO OBTAIN FINANCING AT $ _____/MO. FOR _____ MONTHS HOME OWNER AGREES TO SIGN ANY PAPERS REQUIRED IF WORK IS TO BE FINANCED. HOME OWNER TO RECEIVE MANUFACTURER'S GUARANTEE THIS CONTRACT CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES (OWNER AND CONTRACTOR), AND NO REPRESENTATION OR WARRANTY SHALL BE BINDING UPON EITHER PARTY, UNLESS HEREIN INCLUDED.

BEST HOME SIDING COMPANY (L.S.)

Don S. Sorce

[illegible] (L.S.)

Owner

(L.S.)

Owner

(L.S.)