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

Date Issued 10/21/09
Control #
Permit # 09-752

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 182 Lot 26 Qual
Work Site Location 84 ST. LAURENT DR.
CLARK
Owner in Fee/Occupant MESSINA
Address 84 ST. LAURENT DR.
CLARK, NJ 07066-
Telephone ( ) -3
Contractor SAM BONACCORSO AND SON
Address 809 FEATHERBED LANE
CLARK, NJ 07066-
Telephone (732)713-4350 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH00448770
Federal Emp. No. -

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

TANK REMOVAL

[ ] 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. 4289
Collected by: AB

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

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

CONSTRUCTION PERMIT

Date Issued: 10/20/09

Permit # 09-752

IDENTIFICATION Block 182 Lot 26 Qualification Code

Work Site Location 84 ST Laurent Dr

Contractor SAM Bonaccorso

Address 809 Pearl Harbor Ln Clark

Owner in Fee Messina

Address

Tel. (732) 713 4350

[redacted]

Lic. No. or Bldrs. Reg. No. 13VH00448700

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:

Remove 550 gal ast tank

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 $ 2,000

Construction Official

10/20/09
Date

PAYMENTS (Office Use Only)

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

(see reverse side)

UCC/170 (REV. 01/04).
Professional Printing
(856) 468-7933

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

PROFESSIONAL PRINTING (856) 468-7933

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/20/09
Date Issued
Control #
Permit # 09-752

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 84 ST LAURENT Dr

Owner in Fee: MESSINA

Tel. [redacted] e-mail _____

Address _____

Contractor: SAM BARRACCO SR (street / municipality / zip code) Tel. (732) 713 4350

Address 809 Rutherford La CLARK NJ 07066

Contractor License No. or Builder Registration No. 13VH00448770 Exp. Date _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other Tank 10/20/09 TM
- 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			10/21/09 TM	
Barrier-Free				

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) $ 900

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 500 gal oil tank

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
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$ _____

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

UCC/F-110
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-2-09
Date Issued
Control # 09-799
Permit #

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

Block 182 Lot 26 Qualification Code
Work Site Location 84 St. Laurent Dr. Clark, NJ.
Owner in Fee: Basil Messina
Tel. [redacted] e-mail
Address Same —
Contractor: Uneeda (street) (municipality) Tel. (908 925-2300 (zip code)
Address 1101 W. St. George Ave Linden, NJ
Contractor License No. or Builder Registration No. 13VH00109200 Exp. Date 12-31-09
Federal Emp. ID No. 221-690-618 FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Bob Killeen
Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Reroof
1 layer

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 10/23/09 MC
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL

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

INSPECTIONS — Dates (Month/Day)

Type:	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			12/1/09	MC
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
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$ 75

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

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) $ 3400.00

UCC/F-110
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

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

CONSTRUCTION PERMIT

Date Issued: 11-2-09

Permit # 09-799

IDENTIFICATION Block 182 Lot 26 Qualification Code

Work Site Location 84 ST. LAURENT DR. Clark NJ

Owner in Fee BASZIL MESSINA

Address Same

Tel. [redacted]

Contractor UNITED H

Address 1105 W. ST. GEO. AVE LINDEN, NJ

Tel. (201) 925-9800

Lic. No. or Bldrs. Reg. No. 13VH00105200

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 roof

DESCRIPTION OF WORK:

Reroof over 1 layer

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 $ 3400.00

M. Hunt
Construction Official

10/23/09
Date

PAYMENTS (Office Use Only)

Building	75
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	4
Cert. of Occupancy	
Other	
Total	81
Check No.	2757
Cash	
Collected by	

(see reverse side)

PROFESSIONAL PRINTING (856) 468-7933

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

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

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

CONSTRUCTION PERMIT

Date Issued: 10/8/08

Permit # 08-886

IDENTIFICATION Block 182 Lot 26 Qualification Code

Work Site Location 84 ST LAWRENCE DR

Owner in Fee BASILIO MESINA & MARGARET A

Address 84 ST LAWRENCE DR CLARK NJ

Tel. [redacted]

Contractor Thomas Fyfe

Address 17 Bethany St Linden NJ 07036

Tel. 908) 656-4438

Lic. No. or Bldrs. Reg. No. 11492

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW FURNACE

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 $ 4200.

Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	50
Plumbing	55
Fire Protection	50
Elevator Devices	
Other	
DCA State Permit Fee	4
Cert. of Occupancy	
Other	
Total	161
Check No.	
Cash	
Collected by	

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

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

PROFESSIONAL PRINTING (856) 468-7933

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE
TECHNICAL SECTION

F

Date Received 10/8/08
Date Issued
Control #
Permit # 08-886

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

Block 182 Lot 26 Qualification Code

Work Site Location 84 ST LAURENT DR. CLARK, NJ.

Owner in Fee: BASILE & MESSINA & MARGARET A

Tel [redacted] e-mail

Address 84 ST LAURENT DR CLARK NJ 07066
street municipality zip code

Contractor: Thomas Fye Tel. (908) 656-4438

Address 15 E Henry ST e-mail
Linden NJ 07036

Contractor License No. 11192 Exp. Date 6/09

Federal Emp. ID No. 168520634 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$ 4000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10-7-08
Approved by: dlk

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-16-08
Approved by: dlk

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			10-16-08	dlk

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.

Thomas Fye
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	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	40.00
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	15.00
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	
		55.00

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

UCC/F-130 (REV. 07/05)
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, NEW JERSEY 07066-1704
(732) 388-3600

FIRE SUBCODE TECHNICAL SECTION

Date Received 10/8/08
Date Issued
Control #
Permit # 08-886

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

Block 182 Lot 26 Qualification Code

Work Site Location 84 ST LAURENT DR

Owner in Fee: BASILE J MESSINA & MARGARET A

Tel. [redacted] e-mail

Address 84 ST LAURENT DR CLARK NJ 07066
street municipality zip code

Contractor: Thoma Fire Tel. (908) 686-4438

Address 67 E Hazel ST e-mail
Linden NJ 07036

Fire Protection Equipment, NJ Div of Fire Safety Permit No

Fire Protection Equipment, Div of Fire Safety Installer No

Fire Alarm Contractor No Exp. Date

Federal Emp. ID No. 16 9 52 0674 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Firte Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable or [ ] Combustible Capacity

Est. Cost of Fire Protection Work $ 100,

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am ~~the agent of~~ owner of record ~~and 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)		
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		
Fired Appliances [ ] Gas or [ ] Oil		50
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 10/9/08
Approved by:

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA
Date: 10/24/08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			10/24/08	
Final				50
Other				

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

UCC/F-140 (REV. 07/05)
Professional Printing
(856) 468-7933

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/8/08
Date Issued
Control #
Permit # 08-886

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

Block 182 Lot 26 Qualification Code

Work Site Location 84 ST LAURENT DR

Owner in Fee: BASILE J MESSINA & MARGARET A

Tel [redacted] e-mail

Address 84 ST LAURENT DR (street) CLARK (municipality) NJ 07066 (zip code)

Contractor: Thomas Fitz Tel. (908) 956-4420

Address 15 Ethan St e-mail

Linden NJ 07036

Contractor License No. 11182 Exp. Date 06/09

Federal Emp. ID No. 165206704 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Electrical Work $ 100,—

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 10-7-08
Approved by: Medalle

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 10-16-08
Approved by: Medalle

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		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	
		Furnace	50

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

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

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933

CERTIFICATE

Date Issued 08/04/94
Control #
Permit # 94-415

IDENTIFICATION

Block 182 Lot 26
Work Site Location 84 St. Laurent Drive
Clark, New Jersey 07066
Owner in Fee Basil Messina
Address 84 St. Laurent Drive
Clark, New Jersey 07066
Tele. ( )
Contractor Owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warrantly No.
Use Group R3
Maximum Live Load
Description of Work/Use:

Re-roof.

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

M. Krode.
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 6/22/94
Control #
Permit # 94-415

IDENTIFICATION Block 182 Lot 26

Work Site Location 84 ST. LAURENT RD.

Owner in Fee BASIL MESSINA
Address SAME

Tele. (____)

Contractor OWNER
Address

Tele. (____)
Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. ____
or Social Security No. ____

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: RE ROOF (REMOVE 2 LAYERS)

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 $ 600.00

M. Gilmore
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	$30.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	#
Other	C/A $25.00
Total	$55.00
Check No.	
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6/22/94
Control #
Permit # 94-415

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

Block 182 Lot 26
Work Site Location 84 ST LAURENT RD
CLARK
Owner in Fee BASIL MESSINA
Address SAME
Tele [redacted]
Contractor owner
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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 Basil Messina

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE 2 LAYERS + REPLACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[✓] No Plans Req.	6/22/94		Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date: 6/24/94			Final			8/4	
Approved By:							

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. Alteration $ 600.00
3. Total (1+2) $ 600.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [✓] Roofing
  - [ ] Siding
  - [ ] Fence ____ Height (6' or over)
  - [ ] Sign ____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other C/A
  - [ ] Other ____
- [ ] Demolition

(Office Use Only)
FEE

$ ____
____
____
30
____
____
____
____
____
25
____
____

Paid [ ] Cash [ ] Check # ____
Collected by: ____

Administrative Surcharge $ ____
Minimum Fee $ ____
DCA TRAINING FEE $ ____
TOTAL FEE $ 55—

U.C.C. Form F-110B

1 White = Office Copy
2 Canary = Office Copy
3 Pink = Applicant Copy
4 Hard = Inspector Copy

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(908) 388-3600

CONSTRUCTION PERMIT

30901598

GAS CONFORMATION

Date Issued 4/6/00
Control #
Permit # 00-224

IDENTIFICATION Block 182 Lot 26

Work Site Location _____

Contractor HOME OWNER

Address _____

Owner in Fee BASILE MESSINA

Address 84 ST. LAURENT DR.
CLARK

Tele. (____) _____

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

Federal Emp. No. _____

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACING WATER SUPPLY FROM SHUTOFF VALVE TO METER

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 $ 600.00

4/6/00
Date

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	50.00
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occ.	
Other	
Total	51.00
Check No.	1792
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
(908) 388-3600

GAS CONFIRMATION # 306015 19

PLUMBING SUBCODE TECHNICAL SECTION

F

Date Received
Date Issued 4/6/00
Control #
Permit # 00-324

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

Block 182 Lot 26
Work Site Location
Owner in Fee BASILE MESSINA
Address 84 ST LAURENT DR
CLARK, NJ
[redacted]
Contractor
Address HOME OWNER
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

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 $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 4/6/00
Approved by: ECH

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/10/00
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			4/10/00	CRO
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	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	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
X	Water Service Connection	50.00
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1.00
TOTAL FEE	$	51.00

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.

Bob Messina
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

UCC/PRO F-130 (REV3/96)
Professional Printing
(609) 468-7933

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