

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.

[] 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

[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.

[] CERTIFICATE OF CONTINUED OCCUPANCY

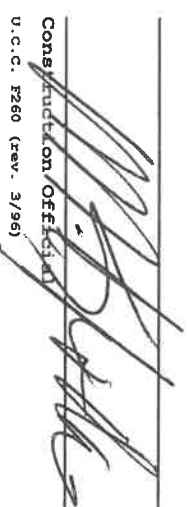
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/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 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
U.C.C. F260 (rev. 3/96)

Fee \$ 0
Paid [X] Check No. 4289
Collected by: AB

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 24 Qualification Code 58M (30 years or less)
Work Site Location 24 ST Leonard Dr
Owner in Fee Messine Address 809 Fresh Meadows
Address [REDACTED] Contractor 444
Tel. (732) 711 4352 Address [REDACTED]
Lic. No. or Bldg. Reg. No. 13VH804487700

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:

Remove 538 gal and the

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 \$ 12,000

Construction Official

10/20/09
Date

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

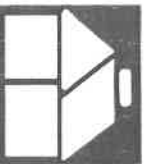
(see reverse side)

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

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: Messing

Tel. _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: Sam Barone Construction, Inc. Tel. 732 213 4350

Address 809 Park Road Clark NJ 07066

Contractor License No. or Builder Registration No. 13VH004487700 Exp. Date _____

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

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	
☐ No Plans Required			Footings				
☐ All			Footings Bonding				
☐ Footings			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☒ Other <u>Truss-Sys/Bracing</u>			Truss-Sys/Bracing				
Joint Plan Review Required			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
			Finishes-Base Layer				
			Finishes-Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Approved by: 10/20/09

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____ Est. Cost of Bldg. Work

Const. Class Present _____ Proposed _____ 1. New Bldg. \$ _____

No. of Stories _____ 2. Rehabilitation \$ _____

Height of Structure _____ Ft. 3. Total (1+2) \$ 900

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

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 550 gal oil tank

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

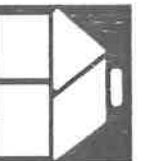
State Permit Surcharge Fee \$ 75

TOTAL FEE \$ 75

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 **09-799**
 Control #
 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.**
 Owner in Fee: **Clark Messina**
 Tel. **[Redacted]** e-mail
 Address **Dane** street municipality zip code
 Tel. **908-2300**

Contractor: **Unsedh**
 Address **101 W. 5th - 62085 R**
 Federal License No. **221-630-618** Exp. Date **12-31-09**
 Federal Emp. ID No. **13VH0010920** FAX ()

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Failure	Approval Initial
☒ No Plans Required	10/23/09	Footings			
☐ All		Footings Bonding			
☐ Footings		Foundation			
☐ Foundation		Slab			
☐ Frame		Frame			
☐ Other		Truss Sys./Bracing			
Joint Plan Review Required		Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation			
		Finishes-Base Layer			
		Finishes-Final			
		Energy			
		Mechanical			
		TCO			
Approved by: [Signature]		Other			
		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group:	Present	Proposed	Est. Cost of Bldg. Work
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ 3400.00
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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
[Signature]
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Permit
1 layer

TYPE OF WORK

☐ New Building	Height (exceeds 6') Sq. Ft.	FEE (Office Use Only) \$
☐ Addition		
☐ Rehabilitation		
☐ Roofing		
☐ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Radon Remediation		
☐ Other		
☐ Demolition		

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

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

TOWNSHIP OF CLARK

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



CONSTRUCTION PERMIT

11-2-09
Date Issued:
09-799
Permit #

IDENTIFICATION Block 182 Lot 26 Qualification Code _____
Work Site Location 84 ST. LAWRENCE DR Contractor LUKASZ H
Owner in Fee Basic Messin H Address 1105 W. ST. GEO AVE
Address Same Tel. (908) 325-0800
Tel. _____ Lic. No. or Bids. Reg. No. 13VH00109200

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER any
(Subchapter 8 only)

DESCRIPTION OF WORK:

Permit 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 \$ 3900.00

Construction Official

[Signature]

Date

10/23/09

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)	
Building	<u>75</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	<u>4</u>
Cert. of Occupancy	
Other	
Total	<u>89</u>
Check No. <u>2578</u>	
Cash	
Collected by	

TOWNSHIP OF CLARK

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



**CONSTRUCTION
PERMIT**

Date Issued: 10/8/08

Permit # 05-886

IDENTIFICATION Block 182

Lot 26

Qualification Code

Work Site Location 2450 Laurel Dr

Contractor Home Pro

Address 1200 E. 1st St

Tel. 908-656-4438

Lic. No. or Bids. Reg. No. 11192

Owner in Fee Basilio Mejia & Margaret H
Address 81 S. Laurel Dr Clark NJ

Tel. [REDACTED]

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:

NEW TURNAGE

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

UCC/170 (REV. 01/04)

Professional Printing
(856) 468-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)

Building 50

Electrical 50

Plumbing 50

Fire Protection 50

Elevator Devices

Other

DCA State Permit Fee 4

Cert. of Occupancy

Other

Total (161)

Check No.

Cash

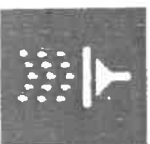
Collected by

TOWNSHIP OF CLARK

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 10/8/08
Date Issued
Control #
Permit # 08-884

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 LAURET DR. CLARK, NJ

Owner in Fee: BASILE T MESSINA & MARGHERITA A

Tel: [redacted] e-mail: [redacted]
Address 84 ST LAURET DR. CLARK, NJ 07066
street municipality zip code

Contractor: Thomas P. [redacted] Tel. (908) 656-4488
Address 135 Henry St. e-mail: [redacted]

Contractor License No. 11192 Exp. Date 9/09
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 Works 4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☐ Plumbing Plans Approved					
Date: 10-2-08					
Approved by: [Signature]					
SUBCODE APPROVAL					
☐ CO	☐ CCO				
Date: 10-6-08					
Approved by: [Signature]					
	LP Gas Tank				
	Fuel Oil Piping				
	Solar				
	TCO				
				10-16-08	[Signature]

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 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
LP Gas Tank
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Sewer Connection
Water Service Connection
Stacks
Garbage Disposal
Other

Administrative Surcharge	\$	35.00
Minimum Fee	\$	
State Permit Surcharge Fee	\$	
TOTAL FEE	\$	

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 # DF-884

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 81 ST LAUREN DR

Owner in Fee BASIL J MEDINA & MARGARET A
Address 81 ST LAUREN DR DRPT NJ 07066
City e-mail zip code

Contractor: Thomas FTX e-mail Tel. (908) 676-4438
Address 175 BETHUNE ST e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No
Fire Protection Equipment, Div of Fire Safety Installer No
Fire Alarm Contractor No
Federal Emp. ID No. 169520574 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
Est. Cost of Fire Protection Work \$ 100,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
Type:	Alarm System	Failure Failure Approval Initial
[] No Plans Required	Suppression Sys.	
Joint Plan Review Required:	Standpipe	
[] Building [] Plumbing	Fire Pump	
[] Electric [] Elevator	Pre-Eng. System	
Date: 8/24/08	Mechanical	
Approved by: [Signature]	Smoke Control	
SUBCODE APPROVAL	TCO	
[] CO [] CA	Flam/Combust Tanks	
Date: 8/24/08	Fireplace Venting	
Approved by: [Signature]	Final	
	Other	

C. CERTIFICATION IN LIEU OF OATH

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

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

**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., tamper, low/high air)
Signaling Devices (i.e., horns/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
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

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

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 CLARENCE DR

Owner in Fee BASIC T MESSINA & MARSHALL
Tel. _____ e-mail _____

Address 84 ST CLARENCE DR CLARK NJ 07066
City _____ State _____ Zip code _____

Contractor: Thomas Hyatt Tel. (908) 656-4428
Address Linden WJ07036 e-mail _____

Contractor License No. 165520524 Exp. Date 0624
Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Electrical Work \$ 100,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ Joint Plan Review Required:			Rough				
☐ Building ☐ Plumbing			Barrier-Free				
☐ Fire ☐ Elevator			Trench				
☐ Elec. Plans Approved			Temp. Serv.				
Date <u>10-7-08</u>			Constr. Serv.				
Approved by: <u>J. Medulla</u>			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
☐ CO ☐ CCO			Final Cut-in-Card Date Issued				
Date: <u>10-6-08</u>			Annual Pool Inspection				
Approved by: <u>J. Medulla</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's Signature/Contractor's Seal and Signature
Thomas Hyatt

☐ Licensed Elec. Contractor ☒ Certified Landscape Irrigation Contr' ☒ Exempt Applicant

D. TECHNICAL SITE DATA

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	

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>50</u>

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



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 Warranty 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:

CONSTRUCTION OFFICIAL

Fee \$
Paid [] Check No.
Collected by:



CONSTRUCTION PERMIT

Date Issued 6/28/94
Control #
Permit # 94-415

IDENTIFICATION Block 182

Lot 26

Work Site Location 84 ST. Leger Rd.

Contractor Davis
Address

Owner in Fee Basil Messia
Address SAME

Tele. ()

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

is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK: Reroof (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 \$ 800.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

(see reverse side)

PAYMENTS (Office Use Only)	
Building	30.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	275.00
Other	94 55.00
Total	
Check No.	
Cash	
Collected By:	



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 6/22/94
Control #
Permit # 94-4115

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 LAURENCE RD
Owner in Fee CLARK
Address CLARK MISSION

Telephone [REDACTED]
Contractor OWNER
Address _____

Tele. (____) _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$ 600.00
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE 2 LAYERS + REPLACE

(Office Use Only)

TYPE OF WORK:	FEE
☐ New Building	
☐ Addition	
☒ Alteration	
☒ Roofing	30
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	25
☐ Other	
☐ Demolition	

Administrative Surcharge	Minimum Fee	DCA TRAINING FEE	TOTAL FEE
Paid ☒ Check #			
Collected by: <u>[Signature]</u>			35-

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



CONSTRUCTION PERMIT
 30901598

GAS CONFORM APPROX
 Date Issued 4/6/00
 Control # 00-224
 Permit #

IDENTIFICATION Block 182

Lot 26

Contractor Home & Quirk

Work Site Location _____
 Owner in Fee _____
 Address 84 BASSE MESSIAH DR.
 Address 84 BASSE MESSIAH DR.
 Lic. No. or Bids. Reg. No. _____
 Federal Emp. No. _____

is hereby granted permission to perform the following work:

- ☒ BUILDING
- ☒ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ASBESTOS ABATEMENT
- ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

RISE/ACVG 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

Date 4/6/00

CONSTRUCTION OFFICIAL

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

(see reverse side)

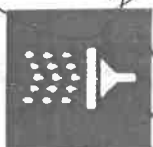
UCC/PRO170 (REV3/96)

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:	

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



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4/16/12
00-224

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 845 CLARK AVE

Contractor HOME OVER
Address _____

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		INSPECTIONS		Dates (Month/Day)	
	Type	Failure	Failure	Approval	Initial
☒ No Plans Required	Slab				
☐ Building ☐ Electric	Rough				
☐ Fire ☐ Elevator	Water				
☐ Plumbing Plans Approved	Sewer				
Date: <u>4/16/12</u>	Fixtures				
Approved by: <u>ECM/gos</u>	Gas Equipment				
SUBCODE APPROVAL	Gas Piping				
☐ CO	Solar				
Date: <u>4/16/12</u>	TCO				
Approved by: <u>ECM/gos</u>					

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

NO. _____

FIXTURE/EQUIPMENT

- 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
- Water Service Connection
- Stacks
- Other
- Other
- Other

FEE (Office Use Only)
\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ 1.00
DCA Training Fee \$ _____
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.

Signature — Contractor's Seal Basile Messina

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

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