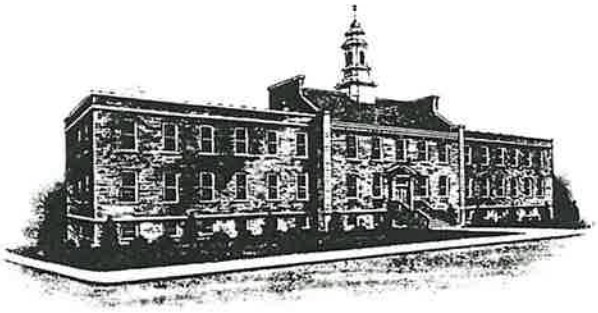

The Borough of Sayreville

MUNICIPAL CLERK'S OFFICE

167 MAIN STREET
SAYREVILLE, NEW JERSEY 08872
TEL. 732-390-7020 • FAX 732-390-0509

January 21, 2022

Joanne Raczynsky
opra+request-28924-b6852a19@requests.opramachine.com

Re: Request for Access to Public Records

Dear Ms. Raczynsky:

As requested pursuant to the Open Public Records Act, enclosed is the response from the Borough of Sayreville Construction Department.

If I can be of any further assistance, please do not hesitate to call my office.

Very truly yours,

Jessica Morelos

Jessica Morelos, RMC
Municipal Clerk

JM/jo

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/15/07

Date Issued / Permit # 2007 1384

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

Block 229.04 Lot 1 Qualification Code C3811

Work Site Location 11 CHESTERFIELD WAY
JAYREVILLE 08872

Owner in Fee: AKIN RINOLA AJALA

Tel. [redacted]

Address [redacted] (street / municipality)

Contractor: P&L PLUMBING Tel. [redacted]

Address 300 COLUMBUS CIRCLE • EDISON, NJ 08837 e-mail

Contractor License No. 12108 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01759800

Federal Emp. ID No. [redacted] FA [redacted]

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 $ 1068—

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement Hot Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bathtub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	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	
	Slacks	
	Other	
	Other	

Carbon Monoxide Alarms Required

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 7.5
TOTAL FEE	$

All work subject to field inspection

JOB SUMMARY (Office Use Only)

PLAN REVIEW
- [ ] No Plans Required
- Joint Plan Review Required:
- [ ] Building [ ] Electric
- [ ] Fire [ ] Elevator
- [X] Plumbing Plans Approved AS NOTED
- Date: 10/22/07
- Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Name (If Licensed Contractor, Seal and Signature)

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

REORDER from OCS Printing 609-390-1400

u.c.c. [illegible] Internet Version

Borough of Sayreville
49 Dolan Street
Sayreville, NJ 08872
732-3907077

CERTIFICATE
IDENTIFICATION

Date Issued: 03/14/2016
Control #: 57977
Permit #: 20160215

Block: 229.04 Lot: 1 3811

Work Site Location: 11 Chesterfield Wy
Sayreville

Owner in Fee: Akinrinola Ajala
Address: 11 Chesterfield Wy
Sayreville NJ 08872
Telephone: [redacted]

Agent/Contractor: Jim Bacsoka Plumbing & Heating
Address: 60 Miara St
Parlin NJ 08859
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: 5628 Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Replace water heater

1/21/16 - Owner will pick up on Monday or Tuesday of next week.

Update Desc. of Wk/Use:

Tax Collector Approval Date
Water & Sewer Approval Date

[ ] **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 will be subject to fine or order to vacate:

3/14/16

Kirk J. Miick Construction Official

[ ] **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

Fees: $0.00
Paid[X]Check No.:
Collected by: tr

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 2/23/16
Permit # 2016 0215

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

Block 229.04 Lot [redacted] Qualification Code C3811

Work Site Location _____

Owner in Fee: MR & MRS. ADEBIMPE AJALA

Tel. (732) 307-5794 e-mail [redacted]

Address 11 CHESTERFIELD WAY SAYREVILLE, NJ 08872

Contractor: JIM BACSOKA PLUMBING (street / municipality) Tel. [redacted]

Address 60 MIARA ST e-mail _____
PARLIN NJ 08859

Contractor License No. 5628 Exp. Date 6/17

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 4500

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: 2/24/16
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 3/11/16
Approved by: [signature]

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO			3/11/16	[signature]
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: JIM BACSOKA

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of Water Heater

QTY.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	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
	Other

Carbon Monoxide Alarms Required

All work subject to field inspection

FEE (Office Use Only)

Administrative Surcharge	$ 75.00
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

Borough of Sayreville
49 Dolan Street
Sayreville, NJ 08872
732-3907077

CERTIFICATE
IDENTIFICATION

Date Issued: 11/23/2020
Control #: 69136
Permit #: 20201352

Block: 229.04 Lot: 1 Qual: 3811
Work Site Location: 11 Chesterfield Wy
Sayreville
Owner in Fee: Aum Group LLC
Address: 6 North Dr
East Brunswick NJ 08816
Telephone: [redacted]
Agent/Contractor: G&G Heating
Address: 459 Cliffwood Ave
Cliffwood NJ 07721
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Remove and replace furnace & A/C

Update Desc. of Wk/Use: _____

Tax Collector Approval _____ Date _____
Water & Sewer Approval _____ Date _____

[ ] **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 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

11/24/20

Kirk J. Miick Construction Official

Fees: $0.00
Paid[X]Check No.: 2064
Collected by: tr

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11/7/20
Permit # 20001352

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

Block 229.04 Lot 15 Qualification Code C 3811

Work Site Location 11 Chesterfield Way Sayreville NJ 08872

Owner in Fee: HUM GROUP LLC

Tel. [redacted] e-mail

Address 6 North Dr. East Brunswick NJ 08816
street municipality

Contractor: G+G Heating Tel. [redacted]

Address 459 Cliffwood Ave Cliffwood NJ 07721 e-mail

Contractor License No. 19HC00920700 Exp. Date 10-31-20

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] 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: 11/7/20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11/18/20
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/18/20	DD
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:

Print name here: Matt Vreeland

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove replace 115V Furnace + 7 KW A/C condenser (2 ton)

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	
1	7	KW Central A/C Unit	150
		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	115V	Furnace	

Carbon Monoxide Alarms Required

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

U.C.C. F120 (rev. 11/09)

Plumb

~~MECHANICAL~~ INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued 11/7/20
Permit # 20001352

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

Block 229.04 Lot ~~3500~~ 1 Qualification Code C 3811

Work Site Location 11 Chesterfield Way Saylerville NJ ~~08872~~ 08872

Owner in Fee: M.U.M. Group LLC

Tel. [redacted] e-mail

Address 6 North Dr. East Brunswick NJ 08816
street municipality zip code

Contractor: G+G Heating Tel. [redacted]

Address 459 Cliffwood Ave Cliffwood NJ e-mail [redacted]

Contractor License No. 19HC00920700 Exp. Date ~~exp~~ 10-31-20

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3 or R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 1000 ~

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:

Print name here: Matt Vreeland

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove + Replace
70,000 BTU ↓ 80% furnace
2 ton 17kW condenser
Carbon Monoxide Alarms Required

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
1	Fuel Oil Piping Connections	
	Gas Piping Connections	15
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	60
	Oil Tank 0	
	LPG Tank	
	Fireplace	
	Generator	60
	~~Other~~ A/C	
	Administrative Surcharge $	
	Minimum Fee $	135.00
	State Permit Surcharge Fee $	
	TOTAL FEE $	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10/27/2020
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
Of [ ] CA [ ] CCO
Date: 11/18/2020
Approved by:

INSPECTIONS Type:	Failure	DATES Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

All work subject to field inspection

11/18/20 DD

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