NEW BRUNSWICK

OPEN PUBLIC RECORDS ACT REQUEST FORM

City Clerk's Office
78 Bayard Street
Room 201

Date Received: 5/18/2022

Tracking Number: 22-05-354

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Joanne Raczynsky

Address: _____

City: _____ State: NJ Zip: _____

Telephone: _____ Fax: _____

Email: opra+request-32046-4021aeaf@requests.opramachine.com

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: _____ Date: _____

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: _____

open/closed permits for 14 brookside Avenue

AGENCY USE ONLY:

Est. Document Cost: _____
Est. Delivery Cost: _____
Est. Extras Cost: _____
Total Est. Cost: _____
Deposit Amount: _____
Estimated Balance: _____
Deposit Date: _____

AGENCY USE ONLY:

Disposition Notes:
Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY:

Tracking Information:

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost:

Total _____
Deposit _____
Bal. Due _____
Bal. Paid _____

Records Provided:

_____ _____
Custodian Signature: **Date:**

Construction

Property Summary

Portal | Refresh | Open All | Close All

Owner:	DAVIMOS, S (TRUSTEE), & CULL, F
Location:	14 BROOKSIDE AVE
Block:	420
Lot:	84
Lead Parcel:	Yes
Qualifier:	

About the Owner...

About the Property...

About the Taxes...

Projects...

OPRA...

Construction...

Applications... Shorten

Permit Issue Date	Control Number	Permit Number	Work Type	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
6/6/2002		20171	Alteration	P		6/7/2002		$1,800	
6/3/2002		20153+A	Alteration	F	Closed with Date	6/4/2002		$15,270	SOMMER, GARRY
6/3/2002		20153	Alteration	P		6/4/2002		$14,500	
5/31/2002		20105+A	Alteration	E		6/1/2002		$2,600	
5/31/2002		20105+B	Alteration	F		6/1/2002		$1	
ALARM SYSTEM									
5/10/2002		20105	Alteration	B		5/11/2002	CO	$10,000	
7/25/2001		19114	Alteration	E		7/26/2001		$500	

Would you like to add a application to this parcel? Yes

Inspections... Expand

There is no inspection data for the selected parcel.

Violations...

There is no violation data for the selected parcel.

Would you like to add an violation to this parcel? Yes

Ongoing Applications...

There is no application data for the selected parcel.

Would you like to add an application to this parcel? Yes

Pet...

Complaints...

Commerce...

- Clerk...
- Land Use...
- Engineering...
- Code Enforcement...
- Fire...
- Fire Prevention...
- Attachments...
- Comments...

MAY 21 2002
INSPECTIONS

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5-29-02
Date Issued 5-29-02
Control # E02-239 UPDATE
Permit # 20105+A

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

Block 420 Lot 84
Work Site Location 14 Brookside New Brunswick

Owner in Fee/Occupant JEAN ESTEPHAN
Address P.O. Box 5276
New Brunswick NJ 08903
Tele. (732) 735 7885
Contractor ELDIN Electric
Address P.O. Box 416 Marlboro NJ 07746
Tele. (732) 332 1216 Fax ( ) _____
Lic. No. 12889
Federal Emp. No. 22-3645781

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 2F Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. PSE & G
Est. Cost of Elec. Work $ 2,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[X] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5.23.02
Approved by: KWN

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Miller E.L.P.
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
15		Receptacles	
12		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
36		TOTAL NUMBERS	$ 85
		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	
1		KW Baseboard Heat	30
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	60	AMP Subpanels	45
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	
			160

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	2
TOTAL FEE	$	162

CK # 1493

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MAR 28 2002
INSPECTIONS

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5-10-02
Date Issued 5-10-02
Control # B02-184
Permit # 20105

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

Block 420 Lot 84
Work Site Location 14 Brookside Ave

Owner in Fee JEAN ESTEPHAN
Address ~~14~~ P.O. BOX 5276
NEW BRUNSWICK, N.J. 08903
Tele. (732) 735-7885
Contractor Myself.
Address

Tele. (____) ____ Fax (____) ____
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. 155-86-2727

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.

X Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Finishing attic (Please see Plans)

10x20=200

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	5.8.02	KWS (A)
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] 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)

$	
	200
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 8
TOTAL FEE	$ 208

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed
Constr. Class	Present 5B	Proposed
No. of Stories	3	
Height of Structure		Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure	682.45F (Alt)	Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 10,000
3. Total (1+ 2) $ 10,000

ck # 14177

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4. White Tag

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INSPECTIONS

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 5-21-02
Date Issued 6-7-02
Control # PM02-209
Permit # 20191

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

Block 420 Lot 34
Work Site Location 14 BROOK SIDE AVE
NEW BRUNSWICK, NJ 08901
Owner in Fee JEAN ESTEPHAN
Address P.O. BOX 5276
NEW BRUNSWICK, NJ 08903
Tele. (732) 735-7825
Contractor ALLSTATE INC.
Address 199 NATHAN DR.
NO. BRUNSWICK, NJ 08902
Tele. (732) 247-6267 Fax ( )
Lic. No. 10119
Federal Emp. No. ~~[illegible]~~ 15K704685

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed V
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
Est. Cost of Plumbing Work $ 1800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5-21-02
Approved by: [signature]

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas 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.

[signature]
Signature — ~~Contractor's Seal~~

[V] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	70.00
1	Lavatory	
1	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 ____	

3 fix

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1.00
TOTAL FEE	$ 71.00

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BY

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-25-01
Date Issued 7-25-01
Control # E01-321
Permit # 19114

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

Block 420 Lot 84
Work Site Location 14 Brookside ave
New Brunswick
Owner in Fee/Occupant Jean T Estephan
Address 14 BROOKside ave.
New Brunswick NJ. 08901 08901
Tele. (732) 735 7885
Contractor A.M.E. Electrical Contr. Co.
Address P.O. Box 1610
New Brunswick N.J. 08903
Tele. (732) 463-2000 Fax (732) 463-3338
Lic. No. 7693
Federal Emp. No. 115628437

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Resid. Utility Co. PSE&G
Est. Cost of Elec. Work $ 1900.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/25/01
Approved by: Kevin (A)

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

A.M. Electrical Contr. Co.
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] 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	
1	200	AMP Service	60
2	100	AMP Subpanels	45
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	105

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	106

Ck. # 1414

EMERGENCY REPAIR

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