



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

Payment Information

Name: Joanne Raczynsky

Maximum Authorized Cost 0

Address:

City: State: NJ Zip:

Telephone: Fax:

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

Preferred Delivery: E-Mail

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

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:

Record Request Information:

Location:

open/closed permits for 14 brookside Avenue

AGENCY USE ONLY:

AGENCY USE ONLY:

AGENCY USE ONLY:

Est. Document Cost:

Disposition Notes:

Est. Delivery Cost:

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

Est. Extras Cost:

Total Est. Cost:

Deposit Amount:

Estimated Balance:

Deposit Date:

In Progress - Open

Denied - Closed

Filled - Closed

Partial - Closed

Tracking Information:

Tracking # Total

Rec'd Date Deposit

Ready Date Bal. Due

Total Pages 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

<u>Permit Issue Date</u>	<u>Control Number</u>	<u>Permit Number</u>	<u>Work Type</u>	<u>Subcodes</u>	<u>Status</u>	<u>Close Date</u>	<u>Certificates</u>	<u>Total Cost</u>	<u>Agent</u>
6/6/2002		20171	Alteration	P	Closed with Date	6/7/2002		\$1,800	SOMMER, GARRY
6/3/2002		20153+A	Alteration	F		6/4/2002		\$15,270	
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

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

Telephone (732) 735 7885

Contractor ELDN Electric
Address P.O. Box 416 Marlboro NJ 07746

Telephone (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 & E
Est. Cost of Elec. Work \$ 2,600

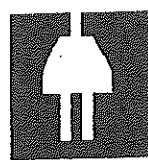
JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Date	Initial
☐ No Plans Required	Type: Rough
Joint Plan Review Required:	Temp. Serv.
☒ Building ☒ Plumbing	Constr. Serv.
☒ Fire ☐ Elevator	TCO
☒ Elec. Plans Approved	Other
Date: <u>5.23.02</u>	Service
Approved by: <u>ELDN</u>	Final
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued
Date: <u> </u>	
Approved by: <u> </u>	

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 Electrical Contractor ☐ Exempt Applicant



Date Received 5-29-02
Date Issued 5-29-02
Control # E02-239
Permit # 2010549
UPDATE

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
15		Receptacles	
12		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			\$ <u>85</u>
		Pool Permittwith UV 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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	\$	<u>160</u>
Minimum Fee	\$	<u>2</u>
DCA Training Fee	\$	<u>162</u>
TOTAL FEE	\$	<u>322</u>

OK #1493

UCC/PRO F-120 (REV/3/96)
Professional Printing
(856)468-7933



BUILDING SUBCODE TECHNICAL SECTION

RECEIVED MAR 28 2002

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

Block 420 Work Site Location 14 Brookside Ave Lot 84
Owner in Fee DEAN ESTEPHAN
Address 44 P.O. BOX 5226
New Brunswick, N.J. 08903
Contractor (332) 235-7885
Address myself
Tele. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 155-86-2727

JOB SUMMARY (Office Use Only)
PLAN REVIEW [] No Plans Required [X] All
Type: Footing Foundation Slab Frame Barrier-Free
Insulation Finishes Energy Mechanical TCO Other Final Barrier-Free
Joint Plan Review Required: [] Elec. [] Plumb. [] Fire [] Elevator
SUBCODE APPROVAL [] CO [] CCO [] CA
Date: Approved by:
Dates (Month/Day) Failure Approval Initial

B. BUILDING CHARACTERISTICS
Use Group Present Proposed
Constr. Class Present 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 682.458 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 10,000
2. Alteration \$ 10,000
3. Total (1+2) \$ 20,000



Date Received 5-10-02
Date Issued 5-10-02
Control # B02-184
Permit # 2010S

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

Finishing attic Plans. (Please See Plans.)

10x20=200

- TYPE OF WORK:
[] New Building
[] Addition
[] Alteration
[] Roofing
[] Siding
[] Fence
[] Sign
[] 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 \$
TOTAL FEE \$ 200

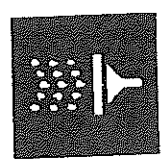
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(856) 468-7933

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

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MAY 20 2002
INSPECTIONS



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 5-11-02
Date Issued 6-7-02
Control # PM02-204
Permit # 20171

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 NEW BRUNSWICK
Address NEW BRUNSWICK, NJ 08901
Tele. (732) 735-7835
Contractor ALCANTARA INC.
Address 140 ALCANTARA DR.
Tele. (732) 282-6267 Fax ()
Lic. No. 10119 Federal Emp. No. 154704685

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 \$ 1700

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>5-21-02</u>		Fixtures				
Approved by: <u>WJF</u>		Gas Equipment				
		Gas Piping				
		Solar				
		TCO				
SUBCODE APPROVAL						
☐ CO	☐ CCO	☐ CA				
Date:						
Approved by:						

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
1	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
1	Shower	
1	Floor Drain	
1	Sink	
1	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping	
1	Steam Boiler	
1	Hot Water Boiler	
1	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrapp	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
1	Other	
1	Other	
1	Other	

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

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 Paul V. Velez
Licensed Plumbing Contractor [] Exempt Applicant

UCC/PRO F-130 (REV3/96)

Professional Printing
(856) 468-7933

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

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JUL 25 2001



ELECTRICAL
SUBCODE
TECHNICAL SECTION

BY CERTIFICATION-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/Occupant New Brunswick
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. 7103
Federal Emp. No. 15628437

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as Resid. Utility Co. P.S.E.C.
Est. Cost of Elec. Work \$ 1900

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☒ No Plans Required			
Joint Plan Review Required:			
[] Building	[] Plumbing		
[] Fire	[] Elevator		
[] Elec. Plans Approved			
Date: <u>7/25/01</u>			
Approved by: <u>Kash</u>			
SUBCODE APPROVAL			
[] CO	[] CCO	[] CA	
Date: _____			
Approved by: _____			
Temp. Cut-in-Card Date Issued _____			
Final Cut-in-Card Date Issued _____			

C. CERTIFICATION IN LIEU OF OATH

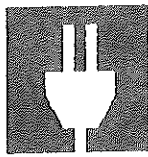
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

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

Licensed/Electrical Contractor [] Exempt Applicant

EMERGENCY
REPAIR

UCC/PRO F-120 (REV3/96)
Professional Printing
(856)468-7933



D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

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 \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

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

FEE (Office Use Only)