

TOWNSHIP OF BRANCHBURG

1077 ROUTE #202 NORTH
BRANCHBURG, NEW JERSEY 08876
(908) 526-1300 — X 147



CERTIFICATE

Permit # 07-1235
Date Issued
- or -
Control #
Certificate Issued Date: 8-13-08

IDENTIFICATION

Block 17.06 Lot 622 Qualification Code _____
Work Site Location 4 Watchung Trail

Owner In Fee ELMER ZELKO
Address 4 Watchung Trail
Branchburg, NJ 08876

Tel. (908) 685-0732
Contractor THOMAS O'COMMOR INC.
Address 1165 Clinton Terrace
South Plainfield, NJ 07080

Tel. (908) 756-0904 FAX (_____) _____
Lic. No. or Bldrs. Reg. No. 13VH00723500
Federal Employer No. _____

Home Warranty No. NA
Type of Warranty Plan: [] State [] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

ROOF

☐ **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 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 the 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 _____.

CONSTRUCTION OFFICIAL

DATE

UCC/ F-260 (REV 5/03)
Professional Printing
(866) 468-7933

1 WHITE — APPLICANT

2 CANARY — OFFICE

3 PINK — TAX ASSESSOR

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



CERTIFICATE

CERT. NO.	7203/000		
DATE ISSUED	5/28/87		
Block	17F	Lot	622
Subdivision			

IDENTIFICATION

Owner FELICIA CORP. Agent _____
Address 140 Mountain Ave. Address _____
Springfield, N.J.
Tel. (201) 379-7888 Tel. () _____
Work Site Address Watchung Tr. Lic. No. 09852
Federal Emp. No. 22-2612-659

PAYMENTS

Fees Remitted \$ _____
☐ Check No. _____
☐ Cash
☐ Other _____
Collected By: _____
Date: _____

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ 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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

2-story dwelling (townhouse)

USE GROUP R3a FIRE GRADING One Hour

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE REsidential

FINAL COST OF CONSTRUCTION: \$ 39,500.

CONSTRUCTION OFFICIAL



CONSTRUCTION PERMIT

Date Issued 2-17-21
Control # 00411-20
Permit # 2000350

IDENTIFICATION Block: 17.06 Lot: 622 Qualifier _____
Work Site Location: 4 WATCHUNG TRL Branchburg Township, NJ Contractor GUARANTEED SERVICE
Address 9 SHIRLEY AVE SOMERSET NJ 08873
Owner in Fee ZELKO ELMER V & PATRICIA M
4 WATCHUNG TRL BRANCHBURG NJ 08876 Telephone: (732) 784-6447
Telephone: (908) 685-0732 Lic. No. or Bldrs. Reg. No. 13VH09833100.9734
Federal Employee. No. _____

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:

REPLACEMENT A/C UNIT, WATER HEATER

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 \$6,000

[Signature]
Construction Official

6/9/20
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$60
Plumbing	\$75
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$12
CO Fee	
Other	\$0
Total	\$147
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 6/8/2020
Date Issued _____
Control # 00411-20
Permit # 2000350

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

Block 17.06 Lot 622 Qualification Code _____

Work Site Location: 4 WATCHUNG TRL Branchburg Township, NJ

Owner in Fee: ZELKO ELMER V & PATRICIA M

Address 4 WATCHUNG TRL BRANCHBURG NJ 08876

Email _____

Tel. (908) 685-0732

Contractor: GUARANTEED SERVICE.COM

Address 244 FRESH PONDS RD MONROE NJ 08831

Email _____

Tel. (732) 784-6447 Fax _____

Lic No. _____ Exp. Date _____

Home improvment Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
☐ No Plan ☐ Required				Type:	Failure	Failure	Approval
Partial Underslab Utilities Approved				Rough			
Date: _____ by: _____				Barrier-Free			
Electric Plans Approved				Trench			
Date: _____ by: _____				Temp. Serv.			
Joint Plan Review Required				Constr. Serv.			
☐ Building	☐ Plumbing			TCO			
☐ Fire	☐ Elevator			Other			
☐ Electrical Plans Approved				Service			
SUBCODE APPROVAL for PERMIT				Final			
Date: _____				Barrier-Free			
Approved by: _____				Temp. Cut-In-Card Date Issued			
SUBCODE APPROVAL for CERTIFICATE				Final Cut-In-Card Date Issued			
☐ CO	☐ CCO	☐ CA		Annual Pool Inspection			
Date: _____				Date of Grounding and Bonding			
Approved by: _____				Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name _____

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT A/C UNIT, WATER HEATER.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors - Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communication Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptical	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Recepticle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____
<u>1</u>	_____	AC Equipment	\$40

Administrative Surcharge _____
Minimum Fee **\$60**
State Permit Surcharge Fee **\$2**
TOTAL FEE \$62



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 6/8/2020
Control # 00411-20
Date Issued _____
Permit # 2000350

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

Block 17.06 Lot 622 Qualification Code _____

Work Site Location: 4 WATCHUNG TRL Branchburg Township, NJ

Owner in Fee: ZELKO ELMER V & PATRICIA M

Address 4 WATCHUNG TRL BRANCHBURG NJ 08876

Email _____

Tel. (908) 685-0732

Contractor: GUARANTEED SERVICE

Address 9 SHIRLEY AVE SOMERSET NJ 08873

Email _____

Tel. (732) 784-6447 Fax. _____

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

Contractor License No. 9734 Expiration Date: 6/30/2021

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____ R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LP Gas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT A/C UNIT, WATER HEATER,

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	_____
<u>1</u>	Water Heater	<u>\$15</u>
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boller	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
<u>1</u>	Other <u>Water Cooled Air Conditioning Unit</u>	<u>\$60</u>

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$10
TOTAL FEE \$85

☐ Licensed Plumbing Contractor ☐ Exempt Applicant