



The Borough of Sayreville
Municipal Clerk's Office

167 Main Street
Sayreville, NJ 08872
Tel: 732-390-7020 • Fax: 732-390-0509

November 4, 2022

Joanne Raczynsky
opra+request-36413-e6b88783@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, RMC
Municipal Clerk

JM/jo

**INTER
OFFICE**

MEMO

To: Jessica Morelos, RMC
From: Kirk J. Miick, Director of Code Enforcement
Date: May 12, 2022
RE: OPRA Request
40 Chatham Sq

Please be advised that the above request has been reviewed. Please advise Joanne Raczynsky that the information that the construction office has on file is attached. Any questions, please feel free to contact me.

KJM/ajh



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

CERTIFICATE IDENTIFICATION

Date Issued: 05/04/2018
Control #: 63681
Permit #: 20180601

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: _____
Reactivate 100 amp service

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 _____

Fees: \$0.00

Paid[X] Check No.: 234

Collected by: tr



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 368.06 Lot 1 Qualification Code C0140

Work Site Location 40 Chatham Sq 08859
Perkins NJ

Owner in Fee: 368 NIVAS ST AKELLE

Tel. [REDACTED] e-mail [REDACTED]

Address 96 Shelley Circle East Windsor NJ

Contractor M.H. Electric Inc 718 AVOIDA BLVD Tel. [REDACTED]

Address 11 ST ALAN N NJ e-mail [REDACTED]

Contractor License No. 9117 Exp. Date [REDACTED]

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

Federal Emp. ID No. [REDACTED] FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed [REDACTED]

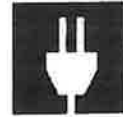
[] Pole/Pad # [REDACTED] [] Temporary [] Other [REDACTED]

Building Occupied as [REDACTED] Utility Co. [REDACTED]

Est. Cost of Elec. Work \$ 250

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
No-Plans-Required	Partial - Underlaid Utilities Approved	Type	Failure	Failure	Initial
☒	☐	Rough	☐	☐	☐
Date: <u>[REDACTED]</u>	Approved by: <u>[REDACTED]</u>	Barrier-Free	☐	☐	☐
☐	☐	Trench	☐	☐	☐
☐	☐	Temp. Serv.	☐	☐	☐
☐	☐	Constr. Serv.	☐	☐	☐
Joint Plan Review Required:		Other	☐	☐	☐
☐	☐	Final	☐	☐	☐
SUBCODE APPROVAL FOR PERMIT		Barrier-Free	☐	☐	☐
Date: <u>[REDACTED]</u>	Approved by: <u>[REDACTED]</u>	Temp. Cut-in-Card Date Issued	☐	☐	☐
SUBCODE APPROVAL FOR CERTIFICATE		Final Cut-in-Card Date Issued	☐	☐	☐
Date: <u>[REDACTED]</u>	Approved by: <u>[REDACTED]</u>	Annual Pool Inspection	☐	☐	☐
Date of Grounding and Bonding		Certification	☐	☐	☐

U.C.C. F120 (rev. 11/05)



DR# 3403 08634

Date Received 5/2/18
Control # 2018 0601
Date Issued 2018 0601
Permit # 2018 0601

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: Mario Tanelli

Print name here: Mario Tanelli

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: how has been vacant need utility to install power

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 1/4 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 \$

To recorder call: ALLEGRA
Marketing - Print - Mail
(609) 390-1400