The Borough of Sayreville

Municipal Clerk's Office

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

January 10, 2023

Joanne Raczynsky
opra+request-38875-b1d1ff83@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

INTER

OFFICE
MEMO

To: Jessica Morelos, RMC

From: Kirk J. Miick, Director of Code Enforcement

Date: May 12, 2022
RE: OPRA Request
28 Gardner Pl

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

OFFICE OF THE CONSTRUCTION OFFICIAL

Permit Options Report

Report Run from 01/01/2000 to 01/09/2023
Block No: 339.05 Lot No: 21

January 09, 2023 11:15:26AM

Permit #	Permit Date	Block	Lot	Work Site Address			Control No.	Close Date	Owner	Type	Use Group		
BFee	EFee	FFee	PFee	MFee	VFee	DCA Fees	Cert Fees	Tot Fees	New Cost	Alt Cost	Dem Cost	Sq Footage	Cu Footage
Description													
20071489	11/05/2007	339.05	21	28 Garnder Pl.			38847		Ruth Krzyzkowski	3	R-5		
$400.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$422.00	$0.00	$16000.00	$0.00		
roofing & siding													
20071489	02/08/2008	339.05	21	28 Garnder Pl.			39260		Ruth Krzyzkowski	3	R-5		
$75.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$76.00	$0.00	$800.00	$0.00		
repair side porch roof													
20081066	08/21/2008	339.05	21	28 Garnder Pl.			40401		Ruth & Joseph Krzyzkowski	3	R-5		
$100.00	$75.00	$0.00	$75.00	$0.00	$0.00		$0.00	$256.00	$0.00	$4500.00	$0.00		
Direct replacement of bathroom													
20101774	12/07/2010	339.05	21	28 Garnder Pl.			45189	12/16/2010	Ruth & Joseph Krzyzkowski	3	R-5		
$0.00	$0.00	$0.00	$75.00	$0.00	$0.00	$2.00	$0.00	$77.00	$0.00	$1300.00	$0.00		
Water Heater													
20160168	02/10/2016	339.05	21	28 Gardner Pl.			58105	4/13/2016	Ruth Krzyzkowski	3	R-5		
$75.00	$95.00	$0.00	$75.00	$0.00	$0.00	$39.00	$0.00	$284.00	$0.00	$20600.00	$0.00		
Kitchen Alterations													
$650.00	**$170.00**	**$0.00**	**$225.00**	**$0.00**	**$0.00**	**$41.00**	**$0.00**	**$1115.00**	**$0.00**	**$43200.00**	**$0.00**	**0**	**0**

No of Permits : 5

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 867

DATE ISSUED June 20, 1984

Block 339-L Lot 21

Subdivision

A. IDENTIFICATION

Owner J. Krzyzkowski

Address 28 Gardner Place
Parlin, N.J.

Tel [redacted]

Work Site Address 28 Gardner Place

Agent United Elec. Maintenance Co

Address P.O. Box 397
Farmingdale, N.J.

Tel [redacted]

Lic. No. 5584-A

Federal Emp. No.

PAYMENTS

Permit Fee $31.00

Fees Remitted $31.00

☒ Check No. 2746

☐ Cash

☐ Other

Collected By: Treasurer

Date: June 20, 1984

is hereby granted permission to perform the following work:

☐ BUILDING ☒ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

Service

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: $ 500.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

C. O. #
PLUMBING #

APPLICATION FOR BUILDING PERMIT

To The Building and Zoning Inspector

OF THE BOROUGH OF SAYREVILLE

Building Permit No. 10726 Date of Issuance October 30, 1981

I/We the undersigned, hereby apply for Building Permit covering the construction described herein and on the reverse side hereof and on the plans and specifications attached, and hereby represent to the Borough of Sayreville the following facts under oath:

1. Name of Applicant Joseph Krzyzkowski
2. Name of Owner Same as above
3. Home Address of Applicant 28 Gardner Place
4. Home Address of Owner Same as above
5. Street Address of New Construction "
6. Block 339 E Lot 21 of New Construction
7. Name and Address of Builder Self
8. Size of Lot 60 x 100'
9. Street Location Gardner Pl. Front Rear x Sides
10. Has Street been Accepted by Borough Yes
11. Is Sewer Installed in Street n/a
12. Is Water Installed in Street n/a
13. Size of Building in Square Feet 80'
14. Approximate Market Value of Building on Completion $600
15. Approximate Market Value of Plot on which Building is to be erected
16. Approximate Market Value of Land and Building upon completion
17. Type of Construction A steel storage shed
18. Date Building Permit Issued October 30, 1981
19. Cost of Building Permit $10.
20. Application has been checked by Building Inspector and there are no Violations of Zoning Ordinances
21. Application has been checked by Building Inspector and there are no Violations of other Ordinances

Sworn to and Subscribed
before me this .....day
of .....19.....

.....
Notary Public of New Jersey

Joseph L. Krzyzkowski
Signature of Applicant

Facts checked and issuance of Building Permit Hereby granted:

John M. Gillmeister
Building and Zoning Inspector

cc: Borough Clerk
Tax Assessor
Building Inspector's Office

	INSPECTIONS	C. O. APPROVAL
Zoning Permit		
Site Plan Approval	Footing	Plumbing
Board of Adjustment	Framing	Electric
Plumbing	Final	Fire
Electric		
Fire		

Borough of Sayreville
49 DOLAN STREET
SAYREVILLE, NJ 08872
732 - 390-7077

Permit Number: 20071489
Permit Date: 02/08/2008
Update Number: 1
Control Number: 39260
Application Date: 02/05/2008

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 339.05 Lot: 21 Qualification Code:
Work Site Location: 28 Garnder Pl. Parlin

Owner In Fee: Ruth Krzyzkowski
Address: 28 Garnder Pl.
Parlin NJ 08859
Telephone: [redacted]
Use Group(s): R-5

Contractor: BROWN & GLYNN CONS
Address: 77 North Main St
Milltown NJ 08850
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
repair side porch roof

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	800.00
Cost of Demolition:	0.00
Total Cost:	$800.00

PAYMENTS (Office Use Only)	
Building	$75.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$76.00
All Fees Waived:	No

Amount to be Paid: $76.00

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.

Check Number: 4238
Check amount: $76.00

Kirk J. Miick
Construction Official

2/8/08
Date

Collected by: TR
Receipt No:
Total Cash Amount:
Total Check Amount: $76.00
Total CC Amount:
~~Grand Total:~~ ~~$76.00~~

Note:

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

Borough of Sayreville
49 DOLAN STREET
SAYREVILLE, NJ 08872
732 - 390-7077

Permit Number: 20071489
Permit Date: 11/05/2007
Update Number:
Control Number: 38847
Application Date: 10/31/2007

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 339.05 Lot: 21 Qualification Code:
Work Site Location: 28 Garnder Pl. Parlin

Owner In Fee: Ruth Krzyzkowski
Address: 28 Garnder Pl.
Parlin NJ 08859
Telephone: [redacted]

Use Group(s): R-5

Contractor: BROWN & GLYNN CONS
Address: 77 North Main St
Milltown NJ 08850
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 22-1892377

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
roofing & siding

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	16,000.00
Cost of Demolition:	0.00
Total Cost:	$16,000.00

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.

Kirk J. Miick
Construction Official

11/1/07
Date

PAYMENTS (Office Use Only)	
Building	$400.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$22.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$422.00
All Fees Waived:	No

Amount to be Paid: **$422.00**

Check Number: 4076
Check amount: $422.00

Collected by: TR
Receipt No:
Total Cash Amount:
Total Check Amount: $422.00
Total CC Amount:
Grand Total: $422.00

Note:

permit update 2007-1489

2/8/08

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 39260

Date Issued
Permit # 2007.1489 (1)

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

Block 339.05 Lot 21 Qualification Code

Work Site Location 28 Gardner Place
Parlin, NJ 08859

Owner in Fee Krzyzkowski, Ruth

Address 28 Gardner Place,
Parlin, NJ 08859 (Sayreville)

Tel. [redacted]

Contractor Brown & Glynn Construction Co.

Address 77 North Main Street
Milltown, NJ 08850

Tel. [redacted]

Contractor License No. or Builder Registration No. 13VH00237900

Federal Emp. No [redacted]

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.

D. Schubert
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

repair side porch roof

PLUS: Roofing

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	2/6/08	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3/13/08
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	2/6/08		2/15/08	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[✓] Other repair side porch roof
[ ] Demolition

FEE (Office Use Only)
$ 75.00

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation _____
3. Total (1+2) $ 800.00

RECEIVED
JAN 31 2008
By _____

U.C.C. F110 (rev. 07/03)

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

95

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/5/07

Date Issued / Permit # 2007. 1489

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

Block 339.05 Lot 21 Qualification Code

Work Site Location 28 Gardner Place Parlin, NJ 08859

Owner in Fee: Krzyzkowski, Ruth

Tel. [redacted] e-mail

Address 28 Gardner Place (street) Sayreville (municipality) NJ (zip code) 08859

Contractor: Brown & Glynn Constr Co. Tel. [redacted]

Address 77 North Main St. Millstown e-mail

Contractor License No. or Builder Registration No. 13VH00237900 Exp. Date 12/07

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

Federal Emp. ID No. [redacted] FAX: [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11/07	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL: [ ] CO [ ] CCO [X] CA

Date: 11/5/07

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Flooding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final	12/5			
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $ —
2. Rehabilitation $ —
3. Total (1+ 2) $ 16,000.00

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.

D. Schleischeer
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- remove existing siding on entire house and install vinyl siding on entire house $12,000.00

- remove roof shingles on existing house and install fiberglass roof shingles on entire house. $4,000.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] Roofing 4,000.00
- [X] Siding 12,000.00
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ [redacted]

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

U.C.C. F110 (rev. 7/06)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8/21/08
Permit # 2008.1066

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

Block 339.05 Lot 21 Qualification Code

Work Site Location 28 CARONER PL

Owner in Fee RUTH KRZYZKOWSKI

Address SAME

Tel [redacted]

Contractor DB ELECTRIC CO LLC

Address 140 SNOWHILL ST. SPOTSWOOD

Tel [redacted] [redacted]

Contractor License No. 8380A

Federal Emp. No. [redacted] call phone # 777-1558 DW

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 800 –

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	$ 75
		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 $

State Permit Surcharge Fee $

TOTAL FEE $

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: 8/13/08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] TCO

Date: 9/17/08

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			9/17/08	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/17/08	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)

9E

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8/21/08
Permit # 2008.1066

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

Block 339.05 Lot 21 Qualification Code ____

Work Site Location 28 GARDNER PL

Owner in Fee: RUTH KRZYZKOWSKI

Tel. [redacted] e-mail ____

Address SAME
street municipality zip code

Contractor: DYNAMIC Tel. ( ) ____

Address 9 VANDERHORST DR SUITE 4 e-mail ____

Contractor License No. or Builder Registration No. ____ Exp. Date ____

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

- [✓] No Plans Required — 8/21/08 [illegible]
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9/18/08
Approved by: [illegible]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	8/22/08		9/18/08	[illegible]
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9/18/08	[illegible]
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area — Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Rehabilitation $ ____
3. Total (1+ 2) $ 4500 -

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

DIRECT REPLACEMENT OF BATH ROOM

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [✓] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ____
- [ ] Demolition

FEE (Office Use Only)

$ 1000.00

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

Borough of Sayreville
49 DOLAN STREET
SAYREVILLE, NJ 08872
732 - 390-7077

Permit Number: 20081066
Permit Date: 08/21/2008
Update Number:
Control Number: 40401
Application Date: 08/11/2008

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 339.05 Lot: 21 Qualification Code:

Work Site Location: 28 Garnder Pl. Parlin

Owner In Fee: Ruth & Joseph Krzyzkowski

Address: 28 Garnder Pl.
Parlin NJ 08859

Telephone: [redacted]

Use Group(s): R-5

Contractor: Dynamic Home Improvements

Address: 9 Van Delft Dr
South Amboy NJ 08879

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[X]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
Direct replacement of bathroom

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	4,500.00
Cost of Demolition:	0.00
Total Cost:	$4,500.00

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.

Kirk J. Miick
Construction Official

8/18/08
Date

PAYMENTS (Office Use Only)

Building	$100.00
Electrical	$75.00
Plumbing	$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$6.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$256.00
All Fees Waived:	No

Amount to be Paid: $256.00

Check Number: 1506
Check amount: $256.00

Collected by: tr
Receipt No:
Total Cash Amount:
Total Check Amount: $256.00
Total CC Amount:
Grand Total: $256.00

Note:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/21/08
Permit # 2008 1066

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

Block 3342 Lot 21 Qualification Code
Work Site Location 28 CARONEK PL

Owner in Fee RUTH KRZYZKOWSKI
Address SAME

Tel (732) 727 2218
Contractor DB ELECTRIC CO LLC
Address 140 SNOWHILL ST. SPOTSWOOD

Tel (732) 251-8744 FAX [redacted]
Contractor License No. 8380A
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 800 -

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	$ 75 -
		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 $
State Permit Surcharge Fee $
TOTAL FEE $

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: 8/13/08
Approved by:

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8/21/08
Permit # 2008.1066

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

Block 339.05 Lot 21 Qualification Code

Work Site Location 28 OAKMOUNT PL

Owner in Fee: RUTH KRZYZKOWSKI

Tel. [redacted] e-mail

Address SAME
street municipality zip code

Contractor: Yuhas P&H INC Tel. [redacted]

Address 33 JACKSON ST. [redacted]

Contractor License No. 7275 Exp. Date 7-09

Federal Employee No. [redacted] FAX: [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 $ 1200 —

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: 8/14/08

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 9/24/08

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9/24/08	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar	CO		9/24/08	
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 Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
1	Bath Tub House-12.50	
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink DYS 11.00	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	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	
	Other	
	Administrative Surcharge	$
	Minimum Fee	$ 75
	State Permit Surcharge Fee	$
	TOTAL FEE	$

All work subject to field inspection

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

U.C.C. F130
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8/21/08
Permit # 2008.1066

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

Block 339.05 Lot 21 Qualification Code
Work Site Location 28 GARDNER PL

Owner in Fee: RUTH KRZYZKOWSKI
Tel. [redacted] e-mail
Address SAME
street municipality zip code

Contractor: DYNAMIC Tel. ( )
Address 9 VANWICK OR SUITE 4 e-mail
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

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

DIRECT REPLACEMENT OF BATH ROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	8/14/08	
[ ] All		
[ ] Footing	1	
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer		1		
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$ 100.00

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4500 -

PLUMBING SUBCODE
TECHNICAL SECTION

closed

Date Received / Control # 2/10/16.

Date Issued / Permit # 2016-0168

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

Block 339.05 Lot 21 Qualification Code

Work Site Location 28 GARDNER PL SAYREVILLE

Owner in Fee: RUTH KRZYKOWSKI

Tel. [redacted] e-mail

Address 28 GARDNER PL PARLIN 08859 (street / municipality)

Contractor: MB PLUMBING (MARK BAGINSKI) Tel. [redacted]

Address 425 LIVINGSTON AVE NEW BRUNSWICK 08901 e-mail

Contractor License No. 12299 Exp. Date 6.30.17

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 3/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 2600

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: Mark Bagin

Print name here: Mark Baginski

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Complete Plumbing to create new kitchen layout.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	15
1	Dishwasher	10
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	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	
1	Stacks Existing	15
1	Other Ref water line	15
	Administrative Surcharge $	
	Minimum Fee $	20.00
	State Permit Surcharge Fee $	
	TOTAL FEE $	

All work subject to field inspection

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: 2/18/16
Approved by: EM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	2/18/16		2/25/16	DT
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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

Permit Number: 20160168
Update Number:
Control Number: 58105
Application Date: 02/05/2016
Permit Date: 02/10/2016
Expiration Date: 02/09/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 339.05 Lot: 21 Qualification Code:
Work Site Location: 28 Gardner Pl. Parlin

Owner In Fee: Ruth Krzyzkowski
Address: 28 Gardner Pl.
Parlin NJ 08859

Telephone: [redacted]

Use Group(s): R-5

Contractor: BROWN & GLYNN CONS
Address: 77 North Main St
Milltown NJ 08850

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[X]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
Kitchen Alterations

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	20,600.00
Cost of Demolition:	0.00
Total Cost:	$20,600.00

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.

Kirk J. Miick
Construction Official

2/23/16
Date

PAYMENTS (Office Use Only)	
Building	$75.00
Electrical	$95.00
Plumbing	$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$39.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$284.00**
All Fees Waived:	No

Amount to be Paid:	**$284.00**
Check Number:	10775
Check amount:	$284.00

Collected by:	tr
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$284.00
Total CC Amount:	
Grand Total:	$284.00

Note:

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

Permit Number: 20160168
Update Number:
Control Number: 58105
Application Date: 02/05/2016
Permit Date: 02/10/2016
Expiration Date: 02/09/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 339.05 Lot: 21 Qualification Code:
Work Site Location: 28 Garnder Pl. Parlin

Owner In Fee: Ruth Krzyzkowski
Address: 28 Garnder Pl.
Parlin NJ 08859

Telephone: [redacted]

Use Group(s): R-5

Contractor: BROWN & GLYNN CONS
Address: 77 North Main St
Milltown NJ 08850

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[X]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
Kitchen Alterations

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	20,600.00
Cost of Demolition:	0.00
Total Cost:	$20,600.00

PAYMENTS (Office Use Only)	
Building	$75.00
Electrical	$95.00
Plumbing	$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$39.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$284.00**
All Fees Waived:	No

Amount to be Paid: **$284.00**

Check Number: 10775
Check amount: $284.00

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.

Kirk J. Miick
Construction Official

2/9/16
Date

Collected by: tr
Receipt No:
Total Cash Amount:
Total Check Amount: $284.00
Total CC Amount:
Grand Total: $284.00

Note:

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

CERTIFICATE
IDENTIFICATION

Date Issued: 04/13/2016
Control #: 58105
Permit #: 20160168

Block: 339.05 Lot :21

Work Site Location: 28 Gardner Pl.
Parlin

Owner in Fee: Ruth Krzyzkowski
Address: 28 Gardner Pl.
Parlin NJ 08859
Telephone: [redacted]

Agent/Contractor: BROWN & GLYNN CONS
Address: 77 North Main St
Milltown NJ 08850
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: [redacted]
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:
Kitchen Alterations

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:

4/14/16

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.: 10775
Collected by: tr

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/10/16

Date Issued / Permit # 2016.0168

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

Block 339.05 Lot 21 Qualification Code

Work Site Location 28 GARDNER PL SAYREVILLE

Owner in Fee: RUTH KRZYKOWSKI

Tel. [redacted] e-mail

Address 28 GARDNER PL (street) PARLIN (municipality) 08859 (zip code)

Contractor: BROWN & GLYNN CONSTRUCTION Tel. [redacted]

Address 77 NO MAIN ST e-mail

MILLTOWN 08850

Contractor License No. or Builder Registration No. 13VH00937900 Exp. Date 3.31.16

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

Federal Emp. ID No. [redacted] FAX: [redacted]

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.

V.M. Colabosky

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Complete kitchen renovation to code per drawings.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	2/8/16	MK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	2/8/16	
Approved by:		MK
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [✓] CA		
Date:	4/5/16	
Approved by:		MK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation	2/8/16		2/8/16	MK
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/5/16	MK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present 5B Proposed 5B

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 16,000
3. Total (1+ 2) $ 16,000 13,000

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [✓] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ 515

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 12/07)

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy