The Borough of Sayreville
Municipal Clerk's Office
167 Main Street
Sayreville, NJ 08872
Tel: 732-390-7020 • Fax: 732-390-0509

March 10, 2023

Joanne Raczynsky
opra+request-40460-3e7ece9e@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

I N T E R OFFICE
MEMO

To: Jessica Morelos, RMC

From: Kirk J. Miick, Director of Code Enforcement

Date: March 10, 2023

RE: OPRA Request
190 Grove St

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 01/18/2023
Block No: 497 Lot No: 346

March 10, 2023 9:08:20AM

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													
20060302	03/21/2006	497	346	190 GROVE ST.	35223	7/5/2006	Darlene Ward	3	R-5
$0.00	$0.00	$0.00	$50.00	$0.00	$0.00		$0.00	$51.00	$0.00	$799.00	$0.00		
Water Heater													
20151524	09/23/2015	497	346	190 Grove St	57264	3/4/2016	Darlene Ward	3	R-5
$87.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.00	$0.00	$94.00	$0.00	$3500.00	$0.00		
Roofing													
$87.00	**$0.00**	**$0.00**	**$50.00**	**$0.00**	**$0.00**	**$7.00**	**$0.00**	**$145.00**	**$0.00**	**$4299.00**	**$0.00**	**0**	**0**

No of Permits : 2

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 03-21-06
Date Issued / Permit # 2006.0302

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

Block 497 Lot 346 Qualification Code
Work Site Location 190 Grove Street Sayreville Boro 08879
Owner in Fee: Darlene Ward
Tel. [redacted] e-mail
Address same
street municipality zip code

Contractor: P&L PLUMBING Tel. [redacted]
Address 300 COLUMBUS CIRCLE • EDISON, NJ 08837 e-mail
Contractor License No. 12108 Exp. Date
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 $ 1,799.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3-21-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/21/06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment	WK 6/7/6			JG
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7/3/06	TG.

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	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	25
	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	

Carbon Monoxide Alarms Required

Administrative Surcharge	$
Minimum Fee	$ 50.00
State Permit Surcharge Fee	$
TOTAL FEE	$

All work subject to field inspection

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

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

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

CERTIFICATE
IDENTIFICATION

Date Issued: 03/04/2016
Control #: 57264
Permit #: 20151524

Block: 497 Lot: 346

Work Site Location: 190 Grove St
South Amboy

Owner in Fee: Darlene Ward
Address: 190 Grove St
South Amboy NJ 08879
Telephone: [redacted]

Agent/Contractor: Robert Kaczor
Address: 36 Lake Ave
Helmetta NJ 08828
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:
Roofing

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:

3/4/16

Kirk J. Mrick 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.: 1707
Collected by: tr

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/23/15

Date Issued / Permit # 2015 1524

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

Block 497 Lot 34 Qualification Code

Work Site Location 190 Grove St South Amboy NJ

Owner in Fee: Darlene Ward

Tel. [redacted] e-mail

Address 190 Grove St South Amboy NJ 08879
street municipality

Contractor: Robert Larson Tel. [redacted]

Address 36 Lake Ave Helmetta NJ e-mail

Contractor License No. or Builder Registration No. BV#0092600 Exp. Date 03/31/2016

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	9/23/15	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9/23/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3/4/16
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) 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 Visual			3/3/16	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 3,500

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.

Sign here: [signature]

Print name here: Robert Larson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rib-off and install new shingles.

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

$	
	87.50
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-02-92
Control #
Permit # 92-1023

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

Block 497 Lot 346
Work Site Location

Owner in Fee FRANK LIBERRA
Address 190 GROVE STREET
MORGAN NJ.
Tele [redacted]
Contractor FERLIN BUILDERS
Address 1 BARKALOW STREET
OLD BRIDGE NJ
Tele. (908) 727-3162
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	11-24	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 9/30/98		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			9/29/98	MO

B. BUILDING CHARACTERISTICS

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[X] Siding
[X] Other Replace Windows
[ ] Demolition
[ ] Miscellaneous
[ ] Fence ____ Height
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)

FEE	
$ ~~150.00~~	
+35	
35	

Administrative Surcharge $ ____
Paid [X] Check # 100 Minimum Fee $ ____
Collected by: Treasurer TOTAL FEE $ 170—

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 12-02-92
Control #
Permit # 92.1023

IDENTIFICATION Block 497 Lot 346

Work Site Location

Owner in Fee FRANK LIBRERA
Address 190 GROVE STREET
MORGAN NJ
Tele. [redacted]

Contractor PERLIN BUILDERS
Address 1 BARKALOW STREET
SOUTH AMBOY NJ.
Tele. [redacted]
Lic. No. or Bldrs. Reg. No: _____ Exp. Date
Federal Emp. No.
or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: ROOFING, SIDING & REPLACE WINDOWS

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 $ 15000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	$135.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	C/A $35.00
DCA Training Fee	$12.00
Cert. of Occ.	
Other	
Total	$182.00
Check No.	100
Cash	
Collected By:	Treasurer

(see reverse side)

U.C.C. Form F-170C

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT