The Borough of Sayreville

Municipal Clerk's Office

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

April 18, 2023

Joanne Raczynsky
opra+request-41719-fd14761c@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: April 18, 2023

RE: OPRA Request
1916 Bayhead Drive

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

KJM/ajh

Borough of Sayreville
167 Main Street
Sayreville NJ 08872
732-390-7077

CERTIFICATE

IDENTIFICATION

Date Issued: 01/25/2002
Control #: 22858
Permit #: 20001231

Block: 451 Lot : 1.08 Qual: C1916

Work Site : 1916 Bayhead Drive
Parlin

Owner in Fee: Shallaby

Address: 1916 Bayhead Drive
Parlin NJ

Telephone: 732 721-5995

Agent/Contractor: Accent Development

Address: 240 Park Avenue
Nutley, NJ 07110

Telephone: 973 562-0200

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private:

Use Group: R-3

Maximum Live Load: 40

Construction Classification: 5B

Maximum Occupancy Load: 5

Certificate Exp Date: _____

Description of Work/Use: Replace Porch
Columns And Footings As Per Kipcon Engineering
Drawings And Specs.

[ ] **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 the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on a 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

Anthony T. D Altrui, Construction Official

Fees $0.00

Paid [X] Check No 2527

Collected by tr

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR 4 - RECYCLING 5- WATER

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/14/2000
Date Issued
Control #
Permit # 2000-1231

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

Block 451 Lot 1.08 C1916

Work Site Location HARBOUR CLUB CONDO

Owner in Fee M/M Shallaby
Address 1916 Bayhead Dr, Parlin NJ 08854 B WAY PARLIN NJ 08859

Tele. (732) 721 5995

Contractor ACCENT DEVELOPMENT

Address 240 PARK AVE NUTLEY NJ 07110

Tele. (973) 562 0200 Fax (973) 562 9554

Lic. No. or Bldrs. Reg. No. 028828

Federal Emp. No. 22 3630322

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

REPLACE ONE FRONT PORCH COLUMNS & FOOTING AS PER KIPCON ENG. DRAWING & SPEC.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	11/9/00	G.L
[ ] Footing		
[ ] 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 ✓				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)
$ 35

Administrative Surcharge $
Minimum Fee $
DCA Training 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. Alteration $ 1000
3. Total (1+2) $ 1000

UCC F110 (rev. 3/98)

301

Change of Contractor 9/20/01

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/16/00
Control #
Permit # 20001231

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

Block 451 Lot 1.08 C1916
Work Site Location 1916 Boxwood Dr.

Owner in Fee Shallaby
Address

Tele. ( )
Contractor D&R Landscaping + Construction
Address PO Box 4193 Manchester NJ 08840

Tele. (732) 287-9222 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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 Brian Haskell

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

R/R Concrete Footing Under Front Porch

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] 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				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge	$
Minimum Fee	$
DCA Training 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. Alteration $ _____
3. Total (1+2) $ _____

UCC F110
(rev. 3/96)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 8/9/05

Date Issued Permit # 2005-1126

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

Block 451 Lot 1.08 C1916 Qualification Code

Work Site Location 1916 Bayberry DR
Somerville

Owner in Fee Shababy

Address Same

Tel (732) 727-5171

Contractor PSE & G

Address 150 HOW LANE
NEW BRUNSWICK, NJ 08901

Tel (732) 220-6238 FAX (732) 524-7108

Contractor License No.

Federal Emp. No.

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 $ 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7/15/05

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 10/11/05

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar	CO		10/11/05	
TCO				

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	
	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 Install Condenser Coil	25
	Other	

Administrative Surcharge $

Minimum Fee $ 50.00

State Permit Surcharge Fee $

TOTAL FEE $

All work subject to field inspection

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 Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 1/04) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/9/05

Date Issued / Permit # 2005.1126

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

Block 451 Lot 1.08-2 1916 Qualification Code

Work Site Location 1916 BAYHEAD
SAYERVILLE, N.J.

Owner in Fee MAHER SHALABY

Address 1916 BAYHEAD
SAYERVILLE, N.J.

Tel (732) 727-5171

Contractor Vector Electric

Address 17 Wolfe Dr.
Hillsborough Drive 08844

Tel (732) 803 3194 FAX ( )

Contractor License No. 9047

Federal Emp. No. 153-34-6600

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1300-

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)
		Lighting Fixtures	
		Receptacles	
1		Switches NEW A/C DISCONNECT & WHIP	50.00
		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 $

State Permit Surcharge Fee $

TOTAL FEE $ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 7/5/05

Approved by: JP

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 10/11/05

Approved by: JP

3441

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/11/05	JP
Barrier-Free				

Dates (Month/Day)

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)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/9/05

Date Issued
Permit # 2005. 1126

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

Block 451 Lot 1.08-C1916 Qualification Code _____

Work Site Location 1916 Bayhead DR Sayreville

Owner in Fee Shalaby

Address Same

Tel (732) 727-5171

Contractor PSE & G

Address 150 HOW LANE
NEW BRUNSWICK, NJ 08901

Tel (732) 220-6232 FAX (732) 524-7108

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* _____

Total Cost of Fire Protection Work $ 1300

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. _____
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Install condenser & coil

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	____	____
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	____	____
Supervisory Devices (i.e., tampers, low/high air)	____	____
Signaling Devices (i.e., horn/strobes, bells)	____	____
Other Devices _____	____	____
TOTAL	____	____
Suppression Systems		
Fire Pump ____ GPM Type ____	____	____
Dry Pipe/Alarm Valves	____	____
Pre-action Valves	____	____
Sprinkler Heads (Dry and Wet)	____	____
Standpipes	____	____
Pre-engineered Systems		
Wet Chemical	____	____
Dry Chemical	____	____
CO_2 Suppression	____	____
Foam Suppression	____	____
FM200 Suppression	____	____
Other _____	____	____
Other Systems		
Kitchen Hood Exhaust System	____	____
Smoke Control System	____	____
Fired Appliances [ ] Gas or [ ] Oil	____	____
Fireplace Venting/Metal Chimney	____	____
Other HVAC	____	50

Carbon Monoxide Alarms Required

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

N No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date 8/15/05

Approved by: Kim

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 10/11/05

Approved by: Kim

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	____	____	____	____
Suppression Sys.	____	____	____	____
Standpipe	____	____	____	____
Fire Pump	____	____	____	____
Pre-Eng. System	____	____	____	____
Mechanical	____	____	____	____
Smoke Control	____	____	____	____
TCO	____	____	____	____
Flam/Combust Tanks	____	____	____	____
Fireplace Venting	____	____	____	____
Final	____	____	10/11/05	Kim
Other HVAC	____	____	____	____

U.C.C. F140 (rev. 1/04)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.