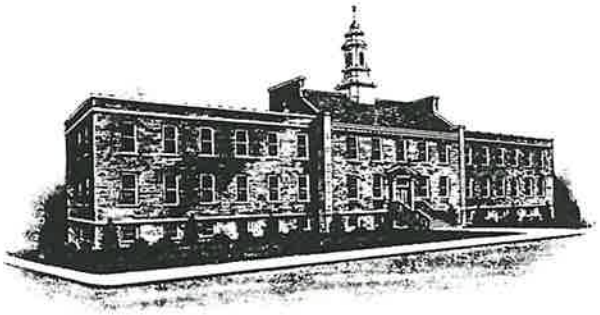

The Borough of Sayreville

MUNICIPAL CLERK'S OFFICE

167 MAIN STREET
SAYREVILLE, NEW JERSEY 08872
TEL. 732-390-7020 • FAX 732-390-0509

February 17, 2022

Joanne Raczynsky
opra+request-29495-b997c10b@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: February 16, 2022

RE: OPRA Request
103 North Ernston Rd

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

KJM/ajh

OFFICE OF THE CONSTRUCTION OFFICIAL

Permit Options Report

Report Run from 01/01/1999 to 02/16/2022
Block No: 368.08 Lot No: 1.02

February 16, 2022 9:56:20AM

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													
19990423	05/26/1999	368.08	1.02	103 North Ernston Rd			20116	1/13/2000	Tropp	1	R-3		
$321.00	$202.00	$64.00	$357.00	$0.00	$0.00		$40.00	$1020.00	$70000.00	$0.00	$0.00	1500	22288
Single Family House													
20000768	07/31/2000	368.08	1.02	103 North Ernston Road			22366	9/12/2000	Tropp, Wayne & Marcaret	3	U		
$45.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$47.00	$0.00	$3000.00	$0.00		
Deck													
20110626	05/20/2011	368.08	1.02	103 North Ernston Road			46049	6/2/2011	Tropp, Wayne & Margaret	3	R-5		
$0.00	$0.00	$0.00	$75.00	$0.00	$0.00	$2.00	$0.00	$77.00	$0.00	$975.00	$0.00		
Water Heater													
20190246	02/26/2019	368.08	1.02	103 North Ernston Road			65380	3/1/2019	Tropp, Margaret	3	R-5		
$0.00	$75.00	$0.00	$75.00	$0.00	$0.00	$6.00	$0.00	$156.00	$0.00	$2900.00	$0.00		
Replace Furnace													
20211085	08/06/2021	368.08	1.02	103 North Ernston Road			70741		Tropp, Margaret	3	R-5		
$0.00	$0.00	$0.00	$100.00	$0.00	$0.00	$2.00	$0.00	$102.00	$0.00	$1000.00	$0.00		
water service line replacement house to curb													
$366.00	**$277.00**	**$64.00**	**$607.00**	**$0.00**	**$0.00**	**$10.00**	**$40.00**	**$1402.00**	**$70000.00**	**$7875.00**	**$0.00**	**1500**	**22288**

Inspection Scheduled for 2/16/22

No of Permits : 5

Fee: $20 ~~30~~ 50.00

Permit # 20-455

Borough of Sayreville

ZONING PERMIT

The undersigned hereby applies for a Zoning Permit for the following to be issued on the basis of the representations contained herein, all of which applicant swears to be true.

A COPY OF THE CURRENT SURVEY AND/OR SKETCH OF PROPOSED WORK MUST BE ATTACHED.

Work Site 103 No Ernston Rd Block 368.08 Lot: 1.02 Zone: _____

Owner: Wayne + Margaret Tropp Principle Use _____ Corner Lot____

Owner Address 103 No Ernston Rd Parlin Telephone [redacted]

Lot Dimensions _____ Lot Size _____sq. ft Bldg. Coverage: _____ % Total Paved & Bldg. Coverage ____%

Principle Structure

Height _____ Width _____ Length _____ # of Stories _____ Total Building Footprint _____

Front Setback _____ (Corner Lot Front Setback ____) Side Setbacks _____ &_____ Rear Setback_____

Accessory Structure(s) Dimensions _____ Front setback ____ Side Setbacks _____ Rear Setback _____

Other _____

Work Performed

New Structure ____ Addition ____ Shed ____ Pool ~~Deck~~ X Driveway ___ Patio ___ Garage ___

Other _____

Dimensions of Proposed Work 14x28 TRIANGLE

Description of Work _____

Wayne A Tropp 7/26/00
Applicant Signature Date

Based on this Zoning Application and statements which are a made a part hereof, the proposed work is found to be in accordance with the Borough of Sayreville Zoning Ordinance and is hereby approved.

Date of Zoning Board Approval _____ Resolutions # _____ Planning Board Approval _____

Comments DECK CONSTRUCTION MUST NOT ENCROACH OVER CONSERVATION EASEMENT. See site plan

Andy Marsh
Zoning Officer Signature Date 7/27/2000

Revised 7/28/98

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/31/00
Date Issued
Control #
Permit # 2000-0768

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

Block 368.08 Lot 1.02
Work Site Location 103 No. ERNSTON Rd
SAYREVILLE (PARLIN)
Owner in Fee WAYNE AND MARGARET TROPP
Address 103 No ERNSTON RD PARLIN
Tele. [redacted]
Contractor
Address
Tele. ( ) 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 Wayne A. Tropp

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Deck 38° long 15°-6'6"
28° wide 23'6"
TRIANGLE SHAPE

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All	7/20/00	BL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing ✓				
Foundation				
Slab				
Frame ✓				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration Deck
[ ] 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)

$ 45

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 $ 3,000.00
3. Total (1+ 2) $ 3,000.00

OK

U.C.C. F110
(rev. 3/96)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 5/20/11
Permit # 2011 0626

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

Block 368.08 Lot 1.02 Qualification Code
Work Site Location 103 N Ernston Rd Parlin NJ 08859
Owner in Fee: Peggy Tropp
Tel. [redacted] e-mail
Address 103 North Ernston Rd Parlin NJ 08859 (street / municipality)
Contractor: Prince Plumbing + Heating, Inc Tel. [redacted]
Address PO Box 1522 e-mail
Hightstown NJ 08520
Contractor License No. 10418 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID 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 $ 975.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 5/6/11 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 5/27/11
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				
TCO	CO		6/21/11	
Final				

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

DESCRIPTION OF WORK

QTY.	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	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler 50 gallon	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Carbon Monoxide Alarms Required

All work subject to field inspection

Administrative Surcharge $	75.00
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F130 (rev. 12/07) Reorder from OCS Printing 609-390-1400

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

Revised.

CERTIFICATE

IDENTIFICATION

Date Issued: 01/14/2000
Control #: 20116
Permit #: 19990423

Block : 368.08 Lot : 1.02

Work Site Location: 103 North Ernston Rd
Parlin

Owner in Fee: Tropp
Address: 103, North Ernston Rd
Parlin, NJ 08859
Telephone:

Contractor: Sab Inc
Address: 9 Tricome Ct
Holmdel, NJ 07733
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No: NJ058204
Type of Warranty Plan: [X] State [ ] Private:
Use Group: R-3
Maximum Live Load: 0
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: Single Family House

Tax Collector Approval [signature] Date 1/21/00
Water & Sewer Approval [signature] Date 1/24/00

[X] **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 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 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 [signature]
Construction Official

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

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

Fee 40.00
Paid [X] Check No 4646
Collected By tr

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/26/99
Control #
Permit # 99.0423

351

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

Block 368.05 Lot 1.02
Work Site Location 103 North Ernston Road Parlin
Owner in Fee S.A.B. Inc.
Address 9 Tricorne Court Holmdel NJ 07733
Tele. [redacted]
Contractor
Address SAME AS ABOVE
Tele. ( )
Lic. No. or Bldrs. Reg. No. 023235
Federal Emp. No. [redacted] 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

30

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Single family house

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/24/99	A.L.
[ ] Footing		
[ ] Foundation		
[ ]. Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 1/13/99
Approved By: B.L.

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing	6/7/99	6/9/99	6/10/99	5/28/99
Foundation	6/21/99	6/28/99	6/24/99	PJO
Slab				
Frame	9/1/99	9/28/99	10/6/99	10/6/99 RJS
Insulation OVER			11/15/99	
Finishes:				
Energy				
Mechanical				
Fire Sprinkler	7/30/99	8/16/99	8-10-99	
Other				
Final	1/6/00	1/11/00	1/13/00	

PROTOTYPE 105 N ERNSTON

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	2	
Height of Structure	35 Ft.	
Area—Largest Floor	900 Sq. Ft.	
New Bldg. Area/All Floors	1500 Sq. Ft.	
Volume of New Structure	22,256 Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 70,000
2. Alteration $
3. Total (1+2) $

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)

FEE	
$	321

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 36
TOTAL FEE	$ 357

1530

U.C.C. Form F-110B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/26/99
Control #
Permit # 99.0423

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

Block 368.08 Lot 1.02
Work Site Location 103 North Easton Road, Parlin
Owner in Fee S.A.B. Inc
Address 9 Tricorne Ct. Holmdel NJ 07733
Tele. [redacted]
Contractor Heritage of Ocean County 70 Gudz Road
Address Lakewood NJ
Tele. [redacted]
Lic. No. [redacted]
Federal Emp. No. [redacted] or Social Security No. [redacted]
22-2609889

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer ✓ Private Septic _____
Water Service Size _____ Public Water ✓ Private Well _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[✓] Plumb. Plans Approved
Date: 5/27/99
Approved by: [signature]

SUBCODE APPROVAL:
[✓] CO [ ] COO [ ] CA
Approved By: [signature]
Date: 12/28/99

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			6/18	GJ
Rough			8/18	GJ
Water			8/26	GJ
Sewer			8/26	GJ
Fixtures				
Gas Equipment				
Gas Piping			9/16/99	GJ
Solar				
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.

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	36
	Urinal/Bidet	
1	Bath Tub	7
3	Lavatory	
	Shower	12
	Floor Drain	
4	Sink	7
1	Dishwasher	7
	Drinking Fountain	
1	Washing Machine	7
1	Hose Bibb	2.50
1	Water Heater	25
	Fuel Oil Piping	
1	Gas Piping	25
1	Steam Boiler	
1	Hot Water Boiler Fee $	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	[redacted]	
1	Sewer Connection	50
1	Water Service Connection	50
	[redacted]	
2	Other Stacks	24
	Administrative Surcharge	$ [redacted]
Paid [ ] Check #	Minimum Fee	$ 357
	DCA Training Fee	$
Collected by:	TOTAL	$

U.C.C. Form F-1308 — 1 White = Office Copy, 2 Canary = Office Copy, 3 Pink = Applicant Copy, 4 Hard = Inspector Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/26/99
Control #
Permit # 99.0423

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

Block 368.04 Lot 1.02
Work Site Location 103 [illegible] Kapkap
Owner in Fee/Occupant [illegible]
Address [illegible]
Tele. [redacted]
Contractor DOUBLE D ELECTRIC
Address 32 [illegible]
Tele: [redacted]
Lic. No. 9103
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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-23-99
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			9/16/99	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			9/16/99	
Final			12-23-99	
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			9/16/99	

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 122
		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	10
		HP Garbage Disposal	
		KW Central A/C Unit	75
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	35
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	37.2
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120
(rev 3/96)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/26/99
Date Issued
Control #
Permit # 99.0423

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 1.02
Work Site Location 103 North Ernston Road
Parlin
Owner in Fee S.A.B. Inc.
Address 9 Tricorne Ct.
Holmdel NJ 07733
Tele. [redacted]
Contractor
Address SAME AS ABOVE
Tele. ( )
Lic. No. [redacted]
Federal Emp. No. [redacted] or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 410 [ ] Other
Smoke Detector

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved o- FILE
Date: 5/11/99
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 10/28/99
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other DOWOR			9/21/99	
Other				
Other FINAL			10/28/99	

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	5	
Heat Detectors		
TOTAL	5	35.00
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		45.00
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 80.00
-20%
64.00

U.C.C. Form F-1408

Fee: $20 Permit # 99-157

Borough of Sayreville

ZONING PERMIT

The undersigned hereby applies for a Zoning Permit for the following to be issued on the basis of the representations contained herein, all of which applicant swears to be true.

A COPY OF THE CURRENT SURVEY AND/OR SKETCH OF PROPOSED WORK MUST BE ATTACHED.

Work Site 103 North Easton Road Block: 368.8 Lot: 1.02 Zone: R-7

Owner: S.A.B. Inc. Principle Use Res. use Corner Lot ____

Owner Address 9 Tricorne Ct. Holmdel 07733 Telephone [redacted]

Lot Dimensions _____ Lot Size _____ sq ft Bldg Coverage: _____ % Total Paved & Bldg Coverage ____ %

Principle Structure

Height 35' Width 31' Length 41'6" # of Stories 2 Total Building Footprint _____

Front Setback 25' (Corner Lot Front Setback ____) Side Setbacks 10' & 15' Rear Setback 25'+

Accessory Structure(s) Dimensions _____ Front setback ____ Side Setbacks _____ Rear Setback _____

Other _____

Work Performed

New Structure ✓ Addition ___ Shed ___ Pool ___ Deck ___ Driveway ___ Patio ___ Garage ___

Other _____

Dimensions of Proposed Work 41'6" x 31'

Description of Work Single Family home

SAB Inc. 4/2/99
Applicant Signature Date

Based on this Zoning Application and statements which are a made a part hereof, the proposed work is found to be in accordance with the Borough of Sayreville Zoning Ordinance and is hereby approved.

Date of Zoning Board Approval _____ Resolutions # _____ Planning Board Approval _____

Comments ADJACENT LOTS MUST HAVE PROPOSED DISPARITY IN HOME DESIGN AND APPEARANCE

5/5/99
Zoning Officer Signature Date

Revised 7/28/98

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

CERTIFICATE
IDENTIFICATION

Date Issued: 03/01/2019
Control #: 65380
Permit #: 20190246

Block: 368.08 Lot : 1.02 Qual:
Work Site Location: 103 North Ernston Road
Parlin
Owner in Fee: Tropp, Margaret
Address: 103 North Ernston Road
Parlin NJ 08859
Telephone: [redacted]
Agent/Contractor: ALPINE REFRIGERATION CO.
Address: 125 HILLSIDE AVE.
SOUTH RIVER NJ 08882
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:
Replace Furnace

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:

3/1/19
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.: 9232
Collected by: tr

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 2/26/19
Permit # 20190246

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

Block 368.08 Lot 1.02 Qualification Code

Work Site Location 103 North Ernston Road
Parlin, NJ 08859

Owner in Fee: Margaret Tropp

Tel. [redacted] e-mail

Address 103 North Ernston Road, Parlin, NJ 08859
street municipality

Contractor: Alpine Tel. [redacted]
zip code

Address 125 Hillside Ave. e-mail [redacted]
South River. NJ 08882

Contractor License No. 19HC00027400 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH00619900

Federal Emp. ID 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 $ 2,900.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Arthur Staloff

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Furnace

QTY.	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	
1	Fuel Oil Piping	
	Gas Piping	15
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other gas furnace	100
	Administrative Surcharge	$
	Minimum Fee	$ 100
	State Permit Surcharge Fee	$
	TOTAL FEE	$

Carbon Monoxide Alarms Required

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: 2/26/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] TCO [ ] CA
Date: 3/1/19
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				
TCO				
Final		CO	3/1/19	

U.C.C. F130 (rev. 11/09)
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 #
Date Issued 2/26/19
Permit # 20190246

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

Block 368.08 Lot 1.02 Qualification Code

Work Site Location 103 North Ernston Road, Parlin, NJ 08859

Owner in Fee: Margaret Tropp

Tel. [redacted] e-mail

Address 103 North Ernston Road, Parlin, NJ 08859 (street / municipality / zip code)

Contractor: Alpine Tel. [redacted]

Address 125 Hillside Ave. South River. NJ 08882 e-mail [redacted]

Contractor License No. 19HC00027400 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason 13VH00619900

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/26/19
Approved by: M. Rusch

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3/1/19
Approved by: D.P.

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/1/19	DP
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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:

Print name here: Arthur Staloff

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Furnace

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	
1		HP/KW Space Heater/Air Handler	75
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Carbon Monoxide Alarms Required

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

U.C.C. F120 (rev. 11/09) Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/6/21

Date Issued / Permit # 2021 1085

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

Block 308.08 Lot 1.02 Qualification Code

Work Site Location 103 N Ernston Rd, Parlin

Owner in Fee: Margaret Tropp

Tel: (732) 754-8540 e-mail

Address 103 N Ernston Rd (street) Parlin (municipality) 08859

Contractor: D Lanzo Plumbing & Sewer Tel. (201) 488-4383

Address 171 Lexington Avenue e-mail lenzoplumbing2@gmail.com

Hackensack, NJ 07601

Contractor License No. 36B100806900 Exp. Date 06/30/2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No 273378015 FAX: (201) 488-2270

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size 3/4 Public Water X Private Well

Est. Cost of Plumbing Work $ 1,000

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: 8/11/21
Approved by:

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

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

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: Doug Lanzo

Print name here: Doug Lanzo

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water service line replacement house to curb

QTY.	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	

Administrative Surcharge	$
Minimum Fee	$ 100
State Permit Surcharge Fee	$
TOTAL FEE	$

All work subject to field inspection

U.C.C. F130 (rev. 10/17)
Internet version

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