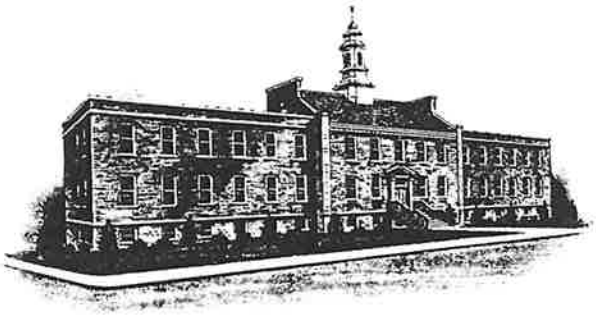

The Borough of Sayreville

MUNICIPAL CLERK'S OFFICE

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

February 18, 2022

Joanne Raczynsky
opra+request-29607-6ba7af38@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,

Nicole L. Waranowicz
Deputy Municipal Clerk

NLW/jo

INTER
OFFICE MEMO

To: Jessica Morelos, RMC

From: Kirk J. Miick, Director of Code Enforcement

Date: February 18, 2022

RE: OPRA Request
2 Golden Sq

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/17/17
Control #
Date Issued
Permit # 2017 1101 ( )

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

Block 25 Lot 1-07 Qualification Code C0702

Work Site Location 2 Golden [redacted] Square

Owner in Fee: Liza Kosoff

Tel. [redacted] e-mail

Address Sayreville 08872
(street / municipality)

Contractor: Accurate Conditioning Tel. [redacted]

Address 4 Gillen Drive e-mail

Contractor License No. 19HC000277 Exp. Date 6/18

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6000.00

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: Peter A Manthou

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: HVAC replacement.

QTY.	SIZE	ITEMS
		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
1	2 ton	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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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: 7/25/17
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] COO [X] CA
Date: 9/25/17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/25/17	
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. 11/09)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/17/17
Control #

Date Issued
Permit # 2017 1104 (1)

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

Block 229 Lot 1.07 Qualification Code CA702

Work Site Location 2 Golden Sq

Owner in Fee: Liza Kosel

Tel. [redacted] e-mail

Address 2 Golden Sq Skyreville 08882
street municipality zip code

Contractor: Accurate Conditioning Tel. [redacted]

Address 8 Gilden Drive e-mail

Parlin NJ 08859

Contractor License No. 19HC000277 Exp. Date 6/18

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

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

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 $ 4500.00

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: Peter A Manotti

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HVAC Replacement.

Carbon Monoxide Alarms Required

QTY.	FIXTURES/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	
1	Gas Piping	15
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	60
1	Stacks N/C	
1	Other Water Furnace.	60

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: 7/18/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CA
Date: 7/25/17
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	Ca		7/25/17	
Final			7/25/17	

Administrative Surcharge $
Minimum Fee $ 135.00
State Permit Surcharge Fee $
TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/17/17
Control #
Date Issued
Permit # 2017 [illegible]

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

Block 229 Lot 1.07 Qualification Code C0702

Work Site Location 2 Golden St

Owner in Fee: Liza Kosel

Tel. [redacted] e-mail

Address same (street) Sayreville (municipality) 08872 (zip code)

Contractor: Accurate Conditioning Tel. ([redacted]

Address 4 gillen drive e-mail
Parlin N.J 08859

Contractor License No. 19HC000 277 Exp. Date 6/18

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

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

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 $ 4500.00

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: 7/13/17
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

(Dates (Month/Day))

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: [signature]

Print name here: Peter A Marotta

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HVAC Replacement.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	[illegible]	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	15
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water Service Connection A/C	60
	Stacks	
1	Other ~~A/C~~, Furnace.	60

Carbon Monoxide Alarms Required

All work subject to field inspection

Administrative Surcharge $
Minimum Fee $ 135.00
State Permit Surcharge Fee $
TOTAL FEE $

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

CERTIFICATE
IDENTIFICATION

Date Issued: 10/03/2016
Control #: 59709
Permit #: 20161512

Block: 229 Lot: 1.07 0702
Work Site Location: 2 Golden Sq
Sayreville
Owner in Fee: Liza Kosel
Address: 2 Golden Sq
Sayreville NJ 08872
Telephone: [redacted]
Agent/Contractor: Accurate Conditioning
Address: 171 Pulaski Avenue
Sayreville NJ 08872
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 20-2670660
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:
Water Heater
eligible for senior discount

Update Desc. of Wk/Use:

Tax Collector Approval _____ Date _____
Water & Sewer Approval _____ Date _____

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

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

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Michael P Zuck (AVG)
Kirk J. Miick Construction Official

Fees: $0.00
Paid[X]Check No.: _____
Collected by: tr

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 9/29/16

Date Issued Permit # 2016 1512

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

Block 229 Lot 1.07 Qualification Code C0702

Work Site Location 2 golden Square

Owner in Fee: liza kosel

Tel. [redacted] e-mail

Address Somerville 08872
street municipality zip code

Contractor: Accurate Conditioning Tel. [redacted]

Address 171 Pulaski Ave e-mail

Contractor License No. 1941 0006 27700 Exp. Date 9/17

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

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

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 $ 950.00

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: Pete Marshall

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Hot Water Htr Chng

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: 9/29/16
Approved by: EM

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CO [ ] CA
Date: 9/29/16
Approved by: EM

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	Ca		9/30/16	
Final				

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	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

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

CERTIFICATE
IDENTIFICATION

Date Issued: 07/26/2017
Control #: 61760
Permit #: 20171101

Block: 229 Lot: 1.07 0702
Work Site Location: 2 Golden Sq
Sayreville
Owner in Fee: Liza Kosel
Address: 2 Golden Sq
Sayreville NJ 08872
Telephone: [redacted]
Agent/Contractor: Accurate Conditioning
Address: 4 Gillen Dr
Parlin NJ 08859
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 20-2670660
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 & A/C
Eligible for senior discount

Update Desc. of Wk/Use:
BALANCE DUE AFTER SENIOR DISCOUNT

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:

7/21/17

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[ ]Check No.: _____
Collected by: _____

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR