



The Borough of Sayreville
Municipal Clerk's Office

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

July 25, 2023

Joanne Raczynsky
opra+request-48797-e573afeb@requests.opramachine.com

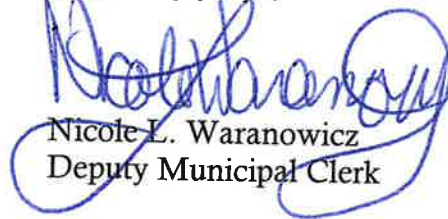
Re: Request for Access to Public Records

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

**I N T E R
O F F I C E**

M E M O

To: Jessica Morelos, RMC

From: Kirk J. Miick, Director of Code Enforcement

Date: July 20, 2023

RE: OPRA Request
153 Main 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. There aren't any open permits associated with the above address. Any questions, please feel free to contact me.

KJM/ajh

OFFICE OF CONSTRUCTION OFFICIAL

Borough of Sayreville

Permit Options Report

From: To: 7/20/2023
Block: 168.01 Lot: 91 Town(s):Borough of Sayreville

Permit # Block & Lot Work Site	Permit Date	Census Cost	Control # Use Group Waived Fees	Updates				Partial		Partial Date			Description of Work			Close Date							
				Minimum Fees	BTotal	ETotal	FTotal	PTotal	VTotal	MTotal	TFTotal	CertTotal	Total Fee	1/8/2010	COFee	OtherFee							
																	Bldg	Elec	Fire	Plmb	Elev	Mech	AltFee
Owner Name	Cubic Feet	Square Feet																					
20091168	10/13/09	434	42592	0																			
168.01 91		\$3,000.00	R-5	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
153 MAIN ST			No Fees Waived	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
Jonathan Dolc		0 Sq.ft.	\$0.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00	\$0.00	\$0.00	\$80.00								
20091169	10/13/09	434	42593	0																			
168.01 91		\$400.00	R-5	\$0.00	\$0.00	\$150.00	\$50.00	\$75.00	\$0.00	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
153 MAIN ST			No Fees Waived	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
Jonathan Dolc		0 Sq.ft.	\$0.00	\$0.00	\$0.00	\$150.00	\$50.00	\$75.00	\$0.00	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00	\$276.00								
Grand Total				\$75.00	\$0.00	\$150.00	\$50.00	\$75.00	\$0.00	\$0.00	\$0.00	\$6.00	\$0.00	\$0.00	\$356.00								
Total Penalties Collected for Permits Issued													\$0.00					\$0.00					
Total Fees and Penalties Collected													\$356.00					\$356.00					



CONSTRUCTION PERMIT

PERMIT NO. 89-0320
DATE ISSUED 5-25-89
Block 168 A Lot 91
Subdivision _____

A. IDENTIFICATION

Owner MARYANN NAWOY Agent MATTY ZOLEWSKI
Address 153 MAIN ST Address 14 PULASKI AVE
SAYREVILLE SAYREVILLE N.J.
Tel. () [REDACTED] Tel. () [REDACTED]
Work Site Address 153 MAIN ST Lic. No. _____
SAYREVILLE Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 48.60
Fees Remitted \$ 48.60
☐ Check No. _____
☒ Cash _____
☐ Other _____
Collected By: Treasurer
Date: 5-25-89

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER Roofing

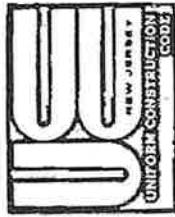
Description of work:

SLATE + SHINGLES
RIP OFF
REPLACE WITH 240 PER SQ.
WHITE SHINGLES
SELF CEILING

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: \$ BS, 400

Stanley Zylowicz
CONSTRUCTION OFFICIAL



CONSTRUCTION PERMIT

Date Issued 9/25/90
Control #
Permit # 90.0737

IDENTIFICATION Block 168A Lot 91

Work Site Location 153 MAIN ST,
SPYREVILLE N.J. 08872
Owner In Fee MARY ANN NAWOJ
Address 17 AAAA ST
SPYREVILLE, N.J., 08872
Tele. [REDACTED]

Contractor MYSELF
Address _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

[] BUILDING [☒] PLUMBING [] OTHER _____
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

Replacing all the piping

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 \$ _____

[Signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)

Building	_____
Plumbing	125.00
Electrical	_____
Fire Protection	_____
Other	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	_____
Check No.	177
Cash	_____
Collected By:	Treasurer

9/25/90 (see reverse side)



CONSTRUCTION PERMIT

Date Issued 6/30/95
Control #
Permit # 95.0459

IDENTIFICATION Block 168.01 Lot 91

Work Site Location 153 MATN ST
Bayrevelle, N.J. 08872
Owner in Fee Mary John Nawaj
Address 17 Haag St.
Bayrevelle, N.J. 08872
Tele. [REDACTED]

Contractor SELF HOMEOWNER
Address 17 HAAG ST
SAYREVELLE NJ 08872
Tele. [REDACTED]
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☒ ELECTRICAL ☒ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Interior Alterations

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 \$ 4,000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

PAYMENTS (Office Use Only)	
Building	\$36.00
Electrical	176.00
Plumbing	60.00
Fire Protection	n/c
Elevator Devices	
Other	
DCA Training Fee	3.00
Cert. of Occ. Approval	35.00
Other	
Total	\$310.00
Check No.	
Cash	XXX
Collected By:	Treasurer 6/30/95

(see reverse side)



ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 06-26-95
Date Issued 6/30/95
Control #
Permit # 95.0459

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

Block 108.01 Lot 91
Work Site Location 155 MAIN ST
SAVEDVILLE PA 0822
Owner in Fee Mary Ann Henry
Address
Tele. [REDACTED]
Contractor [REDACTED]
Address
Tele. ()
Lic. No.
Federal Emp. No. or Social Security No.

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: [] No Plans Required [] Joint Plan Review Required: [] Bldg. [] Plumb. [] Fire [] Elevator [] Elec. Plans Approved Date: Approved by:	INSPECTIONS Type: Rough Temporary Constr. Serv. TCO Other Service Final Temp. Cut-in-Card Date Issued Final Cut-in-Card Date Issued	Dates (Month/Day) Failure 8/17 Approval 6/11 Initial 6/28 6/13 6/28 6/28
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SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

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.

[] Licensed Electrical Contractor [] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
11		Fixtures (1)
58		Receptacles (2)
16		Switches (3)
73		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
8		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
1		Kw Water Heater(s)
1		Kw Central heat: oil, gas or elec.
		Kw Baseboard Heat Units
1		Thermostats
		hp Heat Pump
		hp Pump(s)
2		600 Amp Motor Control Center Sub Panels
		Signs
		Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
1		300 Amp Service Entrance
2		Other

FEE (Office Use Only)

55.

16.

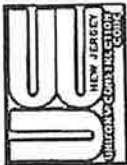
16.

10.

50.

35.

Paid ~~XXX~~ Check # 6/30/95
Collected by: Treasurer
Administrative Surcharge
Minimum Fee
DCA Training Fee
TOTAL FEE



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 168.01 Lot 91 Qualification Code _____

Work Site Location 153 MAIN STREET SAYREVILLE NJ 08872

Owner in Fee: SONATHAN DOCS

Tel. 201-261-1169 e-mail _____

Address 153 MAIN STREET SAYREVILLE 08872 zip code _____

Contractor: SELF Tel. _____ e-mail _____

Address 153 MAIN ST SAYREVILLE NJ 08872

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ 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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☐ No Plans Required		Slab			
☐ Partial -Underslab Utilities Approved		Rough			
Date: _____	Approved by: <u>ELM</u>	Water			
☐ Plumbing Plans Approved		Sewer			
Date: <u>11/13/10</u>	Approved by: _____	Fixtures			
Joint Plan Review Required:		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL for PERMIT					
Date: _____	Approved by: _____	LP Gas Tank			
Approved by: _____		Fuel Oil Piping			
SUBCODE APPROVAL for CERTIFICATE					
Date: <u>11/13/10</u>	Approved by: <u>gar</u>	Solar			
☐ CO ☐ VCCO ☐ CA		TCO			
Date: _____	Approved by: _____	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 _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

WATER HEATER, FURNACE, A/C REPLACEMENT

FIXTURE/EQUIPMENT

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 _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Grease Trap _____

Sewer Connections _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

FEE (Office Use Only) \$ _____

**Carbon Monoxide
Alarms Required**

**All work subject
to field inspection**

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

Date Received 10/13/09
Control # _____

Date Issued _____
Permit # _____

2009 1169



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 168.01 Lot 91 Qualification Code _____

Work Site Location 153 MAIN STREET SAYREVILLE

Owner in Fee: SONATHAN Doss e-mail _____

Tel. [REDACTED]

Address 153 MAIN STREET SAYREVILLE 08872

Contractor: SELF Tel. [REDACTED]

Address 153 MAIN ST SAYREVILLE e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

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

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 [X] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [X] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

INSPECTIONS

PLAN REVIEW

No Plans Required

Joint Plan Review Required

[] Building [] Plumbing

[] Electrical [] Elevator

[] Fire Arms Approval

Date 10/13/09

Approved by [Signature]

SUBCODE APPROVAL

[] CO [] CA

Date 11/13/08

Approved by [Signature]

Initial _____

Failure _____

Dates (Month/Day) _____

Approval _____

Other _____

Reorder From OCS Printing (609) 350-1400

UCC F140 (rev. 10/05)

Date Received
Control # 10/13/09

Date Issued
Permit # 2009 1169

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent, owner, or) and am authorized to make this application.

Applicant's Signature/Contractor's Signature [Signature]

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: WATER HEATER, FURNACE REPLACEMENT

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, waterflow)

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

Standpipes

Pre-engineered Systems

Wet-pipe Systems

Dry Chemical

CO₂ 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 _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 168.01 Lot 91 Qualification Code
Work Site Location 153 MAIN STREET SAYREVILLE
Owner in Fee: JONATHAN DOES e-mail _____
Tel. [REDACTED] Address 153 MAIN STREET Municipality [REDACTED]
Contractor: SELF Tel. [REDACTED] e-mail _____
Address 153 MAIN ST Exp. Date _____
Contractor License No. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
() Pole/Pad # _____ () Temporary () Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
No. Plans Required	Date	Type	Failure	Approval	Initial
☒ Joint Plan Review Required		Rough			
☐ Building		Barrier-Free			
☐ Fire		Trench			
☐ Elevator		Temp. Serv.			
☐ Elec. Plans Approved		Constr. Serv.			
Date <u>10/2/09</u>		TCO			
Approved by <u>[Signature]</u>		Other			
		Service/Final			
		Barrier-Free			
		Temp. Cut-in-Card Date Issued			
		Final Cut-in-Card Date Issued			
		Annual Pool Inspection			
		Date of Grounding and Bonding			
		Certification			

SUBCODE APPROVAL
() CO () VCCO () CA
Date: 10/2/09
Approved by: [Signature]

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 Elec. Contractor () Certif'd Landscape Irrigation Contr' () Exempt Applicant

U.C.C. F120 (rev 10/06)

Date Received
Control # 10/13/09

Date Issued
Permit # 2009 1169

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT OF FURNACE, A/C, HOT WATER HEATER

FEE (Office Use Only)

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

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 \$

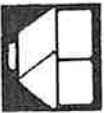
TOTAL FEE \$

Reorder From OCS Printing (609) 350-1400

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BUILDING SUBCODE TECHNICAL SECTION



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

Block 168.01 Lot 91 Qualification Code _____
 Work Site Location 153 MAIN STREET
SPRINGVILLE NJ 08872
 Owner in Fee: _____
 Tel. _____ e-mail _____
 Address 153 MAIN STREET zip code _____
 Contractor: SELF Tel. _____
 Address _____ 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)		DATES (Month/Day)	
PLAN REVIEW	Initial	Failure	Approval
☒ No Plans Required	<u>10/13/09</u>		
☐ All			
☐ Footings/Foundations			
☐ Structural/Framework			
☐ Exterior			
☐ Interior			
Joint Plan Review Required:			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator
SUBCODE APPROVAL FOR PERMIT			
Date:	<u>10/13/09</u>		
Approved by: <u>[Signature]</u>			
SUBCODE APPROVAL FOR CERTIFICATE			
☐ CO	☐ CCO	☒ CA	
Date:			
Approved by: _____			

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) \$ 3000

Date Received 10/13/09
 Control # _____
 Date Issued _____
 Permit # 2009 1168

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

ROOFING
'TEAR OFF
ReRoof

FEE (Office Use Only)

☐ New Building
☐ Addition
☐ Rehabilitation
☒ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other
☐ Demolition

Height (exceeds 6') _____ Sq. Ft. _____

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