+ Permits
+ Plan Review
+ Payments
+ Inspections
+ Certificates
+ Reports
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- Search
+ Reference Tables
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PERMIT SEARCH

No permits were found for this parcel

Search By One of the Following:

Application Number - [Search]

Permit Number - [Search]

Plan Review Number [Search]

Parcel

Block .

Lot .

Qualifier [Search]

Worksite Address 906

City [Search]

Currently Selected Parcel

Block/Lot/Qual **21/7.1/C0906**

Owner **KLIMCSAK, BONNIE**

Worksite Address **906 MEADOW CT.**
HELMETTA BORO

Search Results: 3 Parcels Found For Worksite Address Containing 906

Street Address	Owner	Block	Lot	Qual
906 MEADOW CT.	KLIMCSAK, BONNIE	21	7.1	C0906
1906 TANGLEWOOD CT.	ZANGRILLO, DANA M	21	7.1	C1906
2906 RIDGEFIELD CT.	GUTIERREZ, BRIAN	21	7.1	C2906

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. HC+906
DATE ISSUED 1/23/89
REVISION DATE /
Block 21 Lot 7
Subdivision Heather Glen

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Heather Glen. Assoc.
Address 4 Ethel Rd. 405A
Edison N.J. 08817
Tel. [redacted]
Work Site Address 3 Lake Ave
Helmetta N.J. 08828

Contractor Lindy Dennis Industries
Address 19 Gordons Corner Rd
Manalapan NJ 07726
Tel. (201) 446-1120
Lic.No./Bus. Permit
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub		1	Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
1	Domestic Boiler/ (Furnace)			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

Ck # 1526 — 490.00

C. PLUMBING CHARACTERISTICS

USE GROUP: R-2 Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

Bldg 9
unit 906
Type B

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. HC-906
DATE ISSUED 12/28/17
REVISION DATE

Block 91 Lot 7
Subdivision Heather Glen

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Heather Glen Assoc.
Address 2109 ST. Georges Ave
Rahway N.J. 07065
Tel. [redacted]
Work Site Address 3 lake Ave
Helmetta N.J.

Contractor American Properties
Address 2109 St Georges Ave
Rahway N.J. 07065
Tel. (732) 388-4552
Lic. No.
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

const new

Condos

☐ See Plans

TYPE OF WORK:

- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 167.42

Bldg - 157.94
State - 9.48
167.42

Ck #1137 - 12/28/17

C. BUILDING CHARACTERISTICS

USE GROUP: R-2 Present _____ Proposed

No. of Stories 3
Total Building Area–All Floors 17240 Sq. Ft.
Height of Structure 40 Ft.
Volume of Structure 189,532 Cu. Ft.
Area–Largest Floor 5962 Sq. Ft.
Total Land Area Disturbed 6033 Sq. Ft.
Estimated Cost of Building Work: $ 60K

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

906

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. HO-906
DATE ISSUED 12/3/07
REVISION DATE

Block 21 Lot 7
Subdivision Heather Glen

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Heather Glen Assoc.
Address 2109 St. Georges Ave
Rahway, NJ 07065
Tel. [redacted]

Work Site Address 3 Lake Ave
Helmetta, N.J.

Contractor TRico Plumbing Co.
Address 1080 U.S. Highway 22
Mountainside, NJ 07092
Tel. (201) 232-0160
Lic.No./Bus. Permit B100103
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
1	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink			Indirect Connection	
1	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		0	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1/Bldg	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (if applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 105.17

Ck # 1189 - 12/30/07

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed

Drainage — Material SCH 40 PVC Size 4", 3", 2", 1½"
Building Sewer — Material SCH 40 PVC Size 4"
Water Service — Material 300LB PLASTIC Size 1"
Venting — Material SCH 40 PVC Size 3", 2", 1½"
Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

33585

BEAR DOWN FOR LEGIBILITY - THEN REMOVE CARBON TO DO BACKSIDE

COMPLETE THIS FRONT FIRST

Bldg 9 unit 906

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

NATIONAL HEADQUARTERS
900 HADDON AVE. COLLINGSWOOD, NJ 08108
609 - 858-4400

PERMIT NO. HG-906
DATE ISSUED 7/23/79
REVISION DATE

Block 91 Lot 7
Subdivision HEATHER GLEN

ELECTRICAL SUBCODE TECHNICAL SECTION

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Heather Glen Assoc.
Address 2109 ST. Georges Ave Rahway N J 07065
Tel. [redacted]
Work Site Address 3 lake Ave Holmdel NJ

Contractor WEINBERG ELECTRICAL CONTRACTORS, INC.
Address 1717 EAST ELIZABETH AVENUE
LINDEN, NEW JERSEY 07036
Tel. (201) 486-7445
Lic.No./Bus. Permit 789
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
18	Switching Outlets	$	K	H.V.A.C. Equipment	$
12	Lighting Outlets			Switching Devices	
29	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
K	Dryer, Electric			DISHWASHER	
	Water Heater, Electric		3	VENT FANS	
X	Heating, ~~Electric~~ GAS		1	SMOKE DET.	
18	Switches			Other CENTRAL VAC	
12	Lighting Fixtures			Other	
29	Receptacles			Other	
	Bonding, Pool/Vault			Other	
100	Service/Feeders				
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee (Greater of Minimum or Subtotal)	$

CK # 528 - 135.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed _____

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

OFFICE COPY

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

Type B
Bldg 9
Unit 906

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. HGF 906
DATE ISSUED 1/23/09
REVISION DATE

Block 21 Lot 7
Subdivision Heather Glen

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Heather Glen Assoc
Address 2101 St Georges AVE
Rahway N.J. 07065
Tel. [redacted]
Work Site Address 3 Lake AVE
Helmetta N.J.

Contractor ~~WEINBERG ELECTRICAL CONTRACTORS, INC.~~
Address ~~1717 EAST ELIZABETH AVENUE~~
~~LINDEN, NEW JERSEY 07036~~
Tel. (201) ~~486-7445~~ 756-9
Lic. No. 7569
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised — Method: _____
Water Supply — Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____

FEE $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____

$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $ _____

FEE $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____

$ _____

B5. OTHER

1 - Direct Wired Smoke det. $ _____
$ _____
$ _____

Subtotal $ _____

Minimum Fire Protection Fee (If Applicable) $ _____

Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

Ck # 1529 - $250.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R2 Present _____ Proposed
Heating Systems — Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank — Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

906

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 46-906
DATE ISSUED
Block 21 Lot 7
Subdivision Heather Glen

A. IDENTIFICATION

Owner Heather Glen
Address 209 St. Georges Ave Rahway, N.J. 07065
Tel. [redacted]

Agent American Properties
Address 209 St. Georges Ave Rahway, N.J. 07065
Tel. ( ) 388-4882

Work Site Address 3 Lake Ave Helmetta, N.J.
Lic. No.
Federal Emp. No. [redacted]

PAYMENTS

Permit Fee $
Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

is hereby granted permission to perform the following work:

☑ BUILDING ☑ ELECTRICAL
☑ PLUMBING ☑ FIRE PROTECTION
☐ OTHER

Description of work:

Const. of New Condos.

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: $ 80K

William Bitel
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

[redacted]

906

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. [illegible]
DATE ISSUED [illegible]
REVISION DATE

Block [illegible] Lot [illegible]
Subdivision [illegible]

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Heather Glen Assoc.
Address 2109 St. Georges Ave
Rahway, N.J. 07065
Tel. [redacted]
Work Site Address 3 Lake Ave
Helmetta, N.J.

Contractor [illegible] Plumbing Co.
Address 1000 U.S. Highway 22
[illegible], NJ 07092
Tel. (201) 232-0130
Lic.No./Bus. Permit [illegible]
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
1	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink			Indirect Connection	
1	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/Furnace		6	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1 [illegible]	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 105.[illegible]

CK # 1177 – 14 Bulk[illegible]

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3 Present Proposed

Drainage — Material Sch 40 PVC Size 4, 3, 2, 1½
Building Sewer — Material Sch 40 PVC Size 4"
Water Service — Material [illegible] Plastic Size 1"
Venting — Material Sch 40 PVC Size 3, 2, 1½
Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

906

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 116-906
DATE ISSUED
REVISION DATE
Block Lot
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner
Address
Tel. [redacted]
Work Site Address

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☐ See Plans

TYPE OF WORK:

- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
[redacted]	[redacted]
[redacted]	[redacted]
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 2 — Total Building Area—All Floors 2 Sq. Ft.

Height of Structure — Ft. — Volume of Structure — Cu. Ft.

Area—Largest Floor — Sq. Ft. — Total Land Area Disturbed — Sq. Ft.

Estimated Cost of Building Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. FC-126
DATE ISSUED 7/23/09
REVISION DATE
Block 21 Lot 7
Subdivision

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only — When changing contractors, notify this office

Owner [redacted]
Address [redacted]
Tel. [redacted]
Work Site Address 3 Jules Ave
Linden N.J.

Contractor WEINBERG ELECTRICAL CONTRACTORS, INC.
Address 1717 EAST ELIZABETH AVENUE
LINDEN, NEW JERSEY 07036
Tel. (201) 486-7113
Lic. No. 7849
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Projects)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised — Method: _____
Water Supply — Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO2
☐ Foam ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Location: _____

Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Stored: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

1 - Direct wire smoke det. $ _____
$ _____
$ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (Greater of Minimum or Subtotal) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems — Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank — Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block 21 Lot 57
Subdivision HEATHER GLEN
Notice No. _____

IDENTIFICATION

OWNER:
Name Robert J. & Janice Kowal Jr.
Address 906 Meadow Ct
Town/State/Zip Helmetta, NJ 08828

CONSTRUCTION LOCATION:
Address 906 Chester Court Helmetta, N.J. 08828
Tel. [redacted]

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: R-3 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 80K
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Glenn O'Brien
☐ Owner
☒ Agent OWNER/AGENT

U.C.C. Form 5 (10/83)

CERTIFICATE

New Jersey Uniform Construction Code

CERT. NO. HG-906
DATE ISSUED 9/21/89
Block 21 Lot 7.1 C0906
Subdivision

IDENTIFICATION

Owner Robert J. & Janice Kowal Jr.
Address 906 Meadow Court
Helmetta, N.J. 08828
Tel. ( )

Agent American Properties
Address 4 Ethel Road Sutie 405A
Edison, N.J. 08817
Tel. (201) 287-2626

Work Site Address 406 Chester Court
Helmetta, N.J. 08828
Lic. No. 14267
Federal Emp. No. [redacted]

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK: NEW Construction

USE GROUP R 2 FIRE GRADING 5 A - 1 Hour

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Single Family Dwelling Condominium

FINAL COST OF CONSTRUCTION: $ 80,000.00

William B Sch
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 21 LOT 7.1 QUALIFICATION CODE C0900 PERMIT # ____________

WORK SITE ADDRESS 900 meadow Ct

Applicant Klimczak

Certifying Individual [illegible] Company: Gold medal

Address [redacted] [illegible]

City State Zip Code

Tel. [redacted]

Check the Appropriate Box

Type of Replacement:	Existing Vent/Chimney:
[ ] Oil to Gas Conversion	[ ] B Label Vent
[X] Gas Appliance Replacement	[ ] L Label Vent
[ ] Oil to Oil Replacement	[X] Masonry Chimney – Tile Lined
[ ] Other ____________	[ ] Flexible Liner
	[ ] Power Vent/Exhauster
	[ ] Other ____________

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

Signature ____________ Date ____________

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature [signature] Date ____________

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature ____________ Date ____________

Direct Vent Appliance:

No certification required:

Signature ____________ Date ____________

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

NJ UCCARS 3.24A

For the P

Requested Insp Date	Permit No / Type of Inspection	Ini	Block / Lot	Worksite Location
07/22/2010	20100947 FINAL	EM	21 7.1	906 MEADOW CT

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/29/10
Date Issued
Control #
Permit # 2010 0947

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

Block 21 Lot 7.01 Qualification Code C0900

Work Site Location 900 Meadow Ct, Helmetta

Owner in Fee [redacted]

Tel. [redacted] e-mail

Address same
street municipality zip code

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700

Address 11 Cotters Lane e-mail
East Brunswick, NJ 08816

Contractor License No. 9734 Exp. Date

Federal Emp. ID No. [redacted] FAX: (732) 390-3791

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$ $12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 6/24/10

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 7/20/10

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				

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	
	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	
	Garbage Disposal	
1	Other AC	60

All work subject to final inspection

Administrative Surcharge $	
Minimum Fee $	75 00
State Permit Surcharge Fee $	
TOTAL FEE $	

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6/29/10 seal V
Control #
Permit # 2010 0947

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

Block 21 Lot 7.01 Qualification Code 00000

Work Site Location 900 meadow ct, Helmetta Kingsack

Owner in Fee: [redacted]

Tel.

Address [redacted] street municipality zip code

Contractor: GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC. Tel. (732) 390-3700

Address 11 COTTERS LANE EAST BRUNSWICK, NJ 08816

Contractor License No. 11918 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (732) 390-3791

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ $1,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		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. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3.0	KW Central A/C Unit	75
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6/23/10

Approved by: MZ

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 7/22/10

Approved by: DP

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCC				
Other				
Service				
Final			7/22/10	DP
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

UCC/F-120
Professional Printing
(856) 468-7933

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

Borough of Sayreville
49 DOLAN STREET
SAYREVILLE, NJ 08872
732 - 390-7077

Permit Number: 20100947
Update Number:
Control Number: 44186
Application Date: 06/23/2010
Permit Date: 06/29/2010
Expiration Date: 06/29/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: H21 Lot: 7.1 Qualification Code: 0906
Work Site Location: 906 Meadow Court Helmetta

Owner In Fee: Bonnie Klimcsak
Address: 906 Meadow Court
Helmetta NJ 08828
Telephone: [redacted]

Use Group(s): R-5

Contractor: Gold Medal Plumbing Heating Cooling
Address: 11 Cotters Lane
East Brunswick NJ 08816
Telephone: (732) - 390-3700
Lic. No. / Bldrs. Reg. No.: 11918
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
replace a/c

PAYMENTS (Office Use Only)	
Building	
Electrical	$75.00
Plumbing	$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$5.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$155.00**
All Fees Waived:	No

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	3,000.00
Cost of Demolition:	0.00
Total Cost:	$3,000.00

Amount to be Paid: $155.00

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.

Check Number: 8379
Check amount: $155.00

Kirk J. Miiok
Construction Official

6/25/10
Date

Collected by: tr
Receipt No:
Total Cash Amount:
Total Check Amount: $155.00
Total CC Amount:
Grand Total: $155.00

Note:

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 21 LOT 7.1 QUALIFICATION CODE _____ PERMIT #_____

WORK SITE ADDRESS 906 Meadow Ct.

Applicant Kimcsak

Certifying Individual Adam Balitz Company Gold Medal HVAC

Address 11 Cotters Lane (Street) East Brunswick (City) NJ (State) 08816 (Zip Code)

Tel. [redacted]

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[X] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney – Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370 (rev. 3/04)

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/7/10
Date Issued
Control #
Permit # 2010 0030

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

Block 21 Lot 7.1 Qualification Code C0906

Work Site Location 906 Meadow Ct. Hamilton, NJ 08828

Owner in Fee: Klimcsak

Tel. ([redacted]) e-mail

Address Same (street) (municipality) (zip code)

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700

Address 11 Cotters Lane e-mail

East Brunswick, NJ 08816

Contractor License No. 9734 Exp. Date

Federal Emp. ID No. [redacted] FAX: (732) 390-3791

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$ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 11/29/10

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 1/6/11

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		1/6/11	

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	
	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	
	Garbage Disposal	
1	Other Furnace	

Carbon Monoxide Alarms Required

Administrative Surcharge $

Minimum Fee $ 75.00

State Permit Surcharge Fee $

TOTAL FEE $

All work subject to field inspection

E Seal

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12/7/10
Control #
Permit # 2010 0030

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

Block 21 Lot 71 Qualification Code C0906

Work Site Location 906 Meadow Ct. Helmetta, NJ 08828

Owner in Fee: Kim C. Sak

Tel. ([redacted]) e-mail

Address Same
street municipality zip code

Contractor: GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC. Tel. (732) 390-3700

Address 11 COTTERS LANE EAST BRUNSWICK, NJ 08816

Contractor License No. 11918 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (732) 390-3791

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 1100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 11/30/10

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] COC [ ] CA

Date: 1/6/11

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/5/10	DP
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application and perform the work listed on this application.

Mike

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		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. Rang/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	
1		Furnace	75

1 Seal

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

UCC/F-120
Professional Printing
(856) 468-7933

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

Helmetta

FIRE SUBCODE TECHNICAL SECTION

Date Received 12/7/10
Date Issued
Control #
Permit # 2010 0930

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

Block 21 Lot 7.1 Qualification Code C0906

Work Site Location 906 Meadow Ct. Helmetta NJ 08828

Owner in Fee [redacted]

Tel. ([redacted]) e-mail

Address Same
street municipality zip code

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700

Address 11 Cotters Lane
East Brunswick, NJ 08816

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

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

Fire Alarm Contractor No. 9734 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (732) 390-3791

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New OR [ ] Modification to Existing
OR [ ] Conversion OR [X] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Total Cost of Fire Protection Work: $ 300

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 12/7/10 Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1/6/11
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1/5/11	
Other				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK Replace Furnace

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official 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		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	50
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Carbon Monoxide Alarms Required

Sec I

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(856) 468-7933

1. White-Inspection Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

06/08

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 24 LOT 7.1 QUALIFICATION CODE Cook PERMIT #_____

WORK SITE ADDRESS 908 Meadow Ct Helmetta

Applicant Klimczak

Certifying Individual Adam Balitz Company Gold Medal PHCE

Address 11 Cotters Lane East Brunswick NJ 08816
Street City State Zip Code

Tel. [redacted]

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[X] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney – Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

Direct Vent Appliance:

No certification required:

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370 (rev. 3/04)

Helmetta

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11/23/11
Date Issued
Control #
Permit # 2011.0102

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

Block 31 Lot 7.1 Qualification Code C0906

Work Site Location 906 Meadow Ct Helmetta

Owner in Fee: Klemsak Bonnie

Tel. [redacted] e-mail

Address Dome
street municipality zip code

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700

Address 11 Cotters Lane
East Brunswick, NJ 08816

Contractor License No. 9734 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (732) 390-3791

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 $ 1600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11/14/11
Approved by: E M

SUBCODE APPROVAL
[X] CO [ ] COO [ ] CA
Date: 12/14/11
Approved by: E M

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			12/14/11	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

(Seal)

UCC/F-130
Professional Printing
(856) 468-7933

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	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	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	
	Garbage Disposal	
	Other	

All work subject to final inspection

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

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

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

06/08

HELMETTA BOROUGH
49 DOLAN STREET
SAYREVILLE, NJ 08872
732 - 390-7077

Permit Number: 20110102
Update Number:
Control Number: 294
Application Date: 11/14/2011
Permit Date: 11/23/2011
Expiration Date: 11/22/2012

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21 Lot: 7.1 Qualification Code: C0906

Work Site Location: 906 MEADOW CT. HELMETTA

Owner In Fee: KLIMCSAK, BONNIE
Address: 906 MEADOW CT
HELMETTA NJ 08828

Telephone: [redacted]

Use Group(s): R-5

Contractor: Gold Medal Plumbing Heating Cooling
Address: 11 Cotters Lane
East Brunswick NJ 08816

Telephone: (732) - 390-3700

Lic. No. / Bldrs. Reg. No.: 11918

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
Replace water heater

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,700.00
Cost of Demolition:	0.00
Total Cost:	$1,700.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$3.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$78.00**
All Fees Waived:	No

Amount to be Paid: **$78.00**

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.

Check Number: 3550
Check amount: $78.00

Kirk J. Miick
Construction Official

11/05/11
Date

Collected by: tr
Receipt No:
Total Cash Amount:
Total Check Amount: $78.00
Total CC Amount:
Grand Total: $78.00

Note:

HELMETTA BOROUGH
49 Dolan Street
Sayreville NJ 08872
732-390-7077

CERTIFICATE
IDENTIFICATION

Date Issued: 12/15/2011
Control #: 294
Permit #: 20110102

Block: 21 Lot : 7.1 Qualification Code: C0906

Site Location: 906 MEADOW CT.
HELMETTA

Owner in Fee: KLIMCSAK, BONNIE

Address: 906 MEADOW CT
HELMETTA NJ 08828

Telephone: [redacted]

Agent/Contractor: Gold Medal Plumbing Heating Cooling Electric

Address: 11 Cotters Lane
East Brunswick NJ 08816

Telephone: 732 390-3700

Lic. No./ Bldrs. Reg.No.: 11918 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 water heater

Update Desc. of Wk/Use:

[ ] **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:

12/15/11

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.: 3550
Collected by: tr

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued: 12/7/10

Permit # 3010 0030

IDENTIFICATION Block 21 Lot 71 Qualification Code C0900

Work Site Location [illegible]

Owner in Fee [illegible]

Address [illegible]

Tel [redacted]

Contractor GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC.

Address 11 COTTERS LANE EAST BRUNSWICK, NJ 08816

Tel. (732) 390-3700

Lic. No. or Bldrs. Reg. No. [redacted]

Is hereby granted permission to perform the following work:

[ ]	BUILDING	[X]	PLUMBING	[ ]	LEAD HAZARD ABATEMENT
[X]	ELECTRICAL	[X]	FIRE PROTECTION	[ ]	DEMOLITION
[ ]	ELEVATOR DEVICES	[ ]	ASBESTOS ABATEMENT (Subchapter 8 only)	[ ]	OTHER

DESCRIPTION OF WORK:

Replace Furnace w/ A/C

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 $ 4800

Construction Official

11/30/10
Date

PAYMENTS (Office Use Only)

Building	
Electrical	75.00
Plumbing	75.00
Fire Protection	50.00
Elevator Devices	
Other	
DCA State Permit Fee	7.00
Cert. of Occupancy	
Other	
Total	207.00
Check No.	1485
Cash	
Collected by	TR

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 469-7933

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT