

User ID: klrcs0076
Name: Kimberly Brock

Enforcing Office: Southern Regional
Agency Office
Helmetta Boro, Middlesex (1206)

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

Subject 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



PERMIT NO. HA-202
DATE ISSUED 1/23/24
REVISION DATE _____
Block 2 Lot 7
Subdivision Heather Glen

A. IDENTIFICATION

APPLICANT -- Complete unshaded areas only

When changing contractors, notify this office

Owner FEATHER, FELI. M250C.

Contractor Lindy Dennis Industries

Address 7 E 100th

Address 1100 Raons Drive Rd

Tel. 011 44 11 23 69 11 11

Tel. (201) 296-6120

Work Site Address: 2625 N. 1st St.

Lic.No./Bus. Permit

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

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

06-# 1526 - 4877.00
 06-# 1526 - 4877.00

C. PLUMBING CHARACTERISTICS

USE GROUP: K-2 Present _____ Proposed _____

Drainage —	Material	Size

Building Sewer—Material Size

Water Service	Material	Size
---------------	----------	------

Venting	Material	Size

Estimated Cost of Plumbing Work: \$

D. COMMENTS

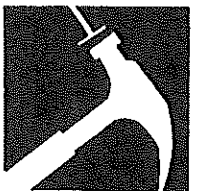
Partial Releases

Prototype Processing

AGENT SIGNATURE

Bldg a
Unit 906
Type B

BUILDING SUBCODE
TECHNICAL SECTION



PERMIT NO. HC-906
DATE ISSUED 11/15/77
REVISION DATE _____
Block 31 Lot 7
Subdivision Weather Glen

A. IDENTIFICATION

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

Owner Weather Glen Assoc.
Address 2109 St. Georges Ave.
Rahway, N.J. 07065
Tel. [REDACTED]
Work Site Address 3 Lake Ave.
Helmuth, N.J.
Contractor American Properties
Address 2109 St. Georges Ave.
Rahway, N.J. 07065
Tel. (201) 383-4850
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
cados

TYPE OF WORK:
☒ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis	Fee
SUBTOTAL	\$ <u>157,944</u>
Minimum Building Fee (if applicable)	\$ <u>16,742</u>
Total Building Fee (Greater of Minimum or Subtotal)	\$ <u>167,442</u>

Ch # 1137 - 14417

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed _____

No. of Stories 3 Total Building Area--All Floors 17,240 Sq. Ft.

Height of Structure 40 Ft. Volume of Structure 189,538 Cu. Ft.

Area--Largest Floor 5762 Sq. Ft. Total Land Area Disturbed 6033 Sq. Ft.

Estimated Cost of Building Work: \$ 428

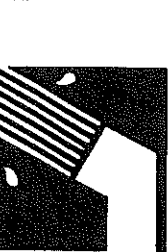
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

906



PLUMBING SUBCODE



PERMIT NO. 46-906
 DATE ISSUED 12/30/87
 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. Contractor TRICO Plumbing Co.
 Address 2109 ST. Georges Ave Address 1080 U.S. Highway 22
Paterson, NJ 07665 Mountainside, NJ 07092
 Tel. [REDACTED] Tel. (201) 232-0160
 Work Site Address 3 Lake Ave Lic. No./Bus. Permit B100103
Helmuth, N.J. 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	Fee
2	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1
1	Bath tub			Air Conditioner Unit		COLUMN 2
3	Lavatory/Sink			Indirect Connection		
1	Shower/Floor Drain			Sewer Ejector		SUBTOTAL \$
1	Washing Machine			Grease Trap		Minimum Plumbing Fee
1	Dishwasher			Interceptor		(if applicable)
1	Commercial Dishwasher			Backflow Device		Total Plumbing Fee
1	Water Heater			Reduced Pressure		(Greater of Minimum
1	Domestic Boiler/Furnace			Backflow Device		or Subtotal)
1	Steam Boiler			Vent Stack		\$105.17
1	Water Util. Connection			Solar System		
1	Sewer Util. Connection			Other		
1	Hose Bibb			Other		
1	Water Cooler			Other		
	COLUMN 1	\$		COLUMN 2	\$	

C. PLUMBING CHARACTERISTICS

USE GROUP: R-2 Present _____ Proposed _____

Drainage - Material SC440 PVC Size 4", 3", 1 1/2"

Building Sewer - Material SC440 PVC Size 4"

Water Service - Material SC440 PVC Size 1"

Venting - Material SC440 PVC Size 3, 2, 1 1/2"

Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

OK # 1189-1230/87

BEAR DOWN FOR LEGIBILITY
COMPLETE THIS FRONT FIRST - THEN REMOVE CARBON TO DO BACKSIDE



17c25
 31299
 unit 906
MIDDLE DEPARTMENT INSPECTION AGENCY, INC.
 NATIONAL HEADQUARTERS
 900 HADDON AVE. COLLINGSWOOD, NJ 08108
 609-858-4400

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
Robesart NJ 07065
 Tel. [REDACTED]
 Work Site Address: 3 Lake Ave
Holmehta NJ
 Contractor: WEINBERG ELECTRICAL CONTRACTORS, INC.
 Address: 1717 EAST ELIZABETH AVENUE
LINDEN, NEW JERSEY 07036
 Tel. (201) 486-7445
 Lic. No./Bus. Perm. 789
 Federal Emp. No. [REDACTED]

PERMIT NO. HQ-901
DATE ISSUED 11/2/99
REVISION DATE _____
Block 91 **Lot** 1
Subdivision Heather Glen

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 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	\$
18	Lighting Outlets			Switching Devices	
29	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/Compressors (state no. and size of each)	
K	Dryer, Electric		3	WAT TRANS	
X	Water Heater, Electric		1	SMOKE DET. 1	
18	Heating, Electric GAS			Other CENTRAL VAC	
18	Switches			Other	
29	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
100	Service/Feeders				
COLUMN 1 \$			COLUMN 2 \$		

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

Ch # 1528-1315.00

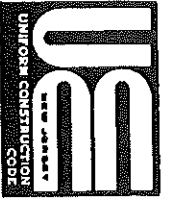
C. ELECTRICAL CHARACTERISTICS

USE GROUP: 6-2 Present _____ Proposed _____
 Service: _____ Amps _____ Phase _____ System _____
 _____ Wire _____ Volts _____ Wiring Method _____
 Total No. of Meters: _____
 Estimated Cost of Electrical Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TYPE B
Bldg
Unit 906



**FIRE
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 495-906
DATE ISSUED 1/15/99
REVISION DATE _____
Block 24 Lot 9
Subdivision Weather Green

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Heather Glen Assoc
Address 2101 St Georges Ave
Robur N.J. 07065
Tel. [REDACTED]
Work Site Address 3 Lake Ave
Helnetta N.J.

Contractor BERG ELECTRICAL CONTRACTORS, INC.
Address 1717 EAST ELIZABETH AVENUE
LINDEN NEW JERSEY 07036
Tel. (201) 456-7445
Lic. No. 759
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 [Signature]

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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

FEE

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ 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)
129-8200

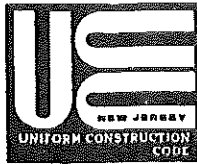
C. FIRE PROTECTION CHARACTERISTICS

USE GROUP B2 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

PERMIT NO. HG-906
 DATE ISSUED _____
 Block 21 Lot 7
 Subdivision Henther Glen

A. IDENTIFICATION

Owner Henther Glen Agent American Properties
 Address 2109 ST. Georges AVE Address 2109 ST. Georges AVE
Rahway, N.J. 07065 Rahway, N.J. 07065
 Tel. [REDACTED] Tel. () 388-4882
 Work Site Address 3 Lake Ave Lic. No. [REDACTED]
Hewlett, N.J. 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 Boet
 CONSTRUCTION OFFICIAL

BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 160-406
DATE ISSUED 10/10/06
REVISION DATE _____
Block _____ **Lot** _____
Subdivision _____

A. IDENTIFICATION

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

Owner _____ **Contractor** _____
Address _____ **Address** _____
Tel. [REDACTED] **Tel.** () _____
Work Site Address _____ **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:	Fee Basis	Fee
☒ New Building		
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL	\$	\$
Minimum Building Fee (if applicable)	\$	\$
Total Building Fee (Greater of Minimum or Subtotal)	\$	\$

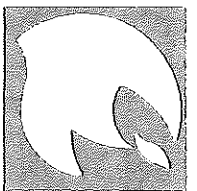
C. BUILDING CHARACTERISTICS

USE GROUP: _____ **Present** _____ **Proposed** _____

No. of Stories _____ **Total Building Area—All Floors** _____ **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



PERMIT NO. 146-146
DATE ISSUED 10/1/59
REVISION DATE 1
Block 1 Lot 2
Subdivision 100-100

APPLICANT - Complete unreflected areas only

When calculating conversion, note: this office

CONFIDENTIAL
WEINBERG ELECTRICAL CONTRACTORS, INC.
Address 1717 EAST ELIZABETH AVENUE
LINDEN, NEW JERSEY 07036
Tel. 786-7441
Lic. No. 78-9
Federal Emp. No. [REDACTED]

CERTIFICATION IN FULFILLMENT OF OATH:
 I, Samuel J. Thompson, of San Francisco,
 County of San Francisco, State of California,
 do hereby certify that Samuel J. Thompson is
 the owner of the San Francisco and San Francisco
 agent.

AGENT SIGNATURE

B1. SPRINKLERS

FEE

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: \$ _____

\$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic **FILE**

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____ \$ _____

B4. STAND PIPES

© 1997 SUPRESCION SYSTEMS

NAME _____ DOB _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 E-MAIL _____
 SIGNATURE _____
 DATE _____

PROTECTION OF YOUR RIGHTS

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: \$ _____

CONCEPT

☐ Partial Releases ☐ Prototype Processing



APPLICATION FOR CERTIFICATE

PERMIT NO.	_____
DATE ISSUED	_____
Block <u>2</u>	Lot <u>1</u>
Subdivision	<u>HEATHER GLEN</u>
Notice No.	_____

IDENTIFICATION

OWNER: <u>Robert J. & Janice KOWAL JR.</u>	CONSTRUCTION LOCATION:
Name: <u>KOWAL JR.</u>	Address: <u>406 CHESTER COURT</u>
Address: <u>906 MEADOW CT</u>	<u>HELMETTA, N.J. 08828</u>
Town/State/Zip: <u>HELMETTA NJ 08828</u>	Tel. <u>[REDACTED]</u>

ACTION

- ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
- USE GROUP: R-2 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:

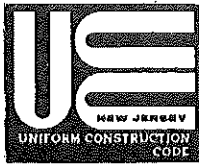
If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

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: John J. O'Brien

☐ Owner
☒ Agent

OWNER/AGENT



CERTIFICATE

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

IDENTIFICATION

Owner Robert J. & Janice Kowal Jr Agent American Properties
Address 906 Meadow Court Address 4 Ethel Road Suite 405A
Helmetta, N.J. 08828 Edison, N.J. 08817
Tel. () Tel. (201) 287-2626
Work Site Address 406 Chester Court Lic. No. 14267
Helmetta, N.J. 08828 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



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 21 LOT 7.1 QUALIFICATION CODE C0900 PERMIT # _____
WORK SITE ADDRESS 900 meadow Ct

Applicant Klimcsak
Certifying Individual James Klimcsak Company Gold Medal
Address _____ City _____ State _____ Zip Code _____
Tel. _____

Check the Appropriate Box

Type of Replacement:

- ☒ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

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



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 21000 Lot 71000 Qualification Code COO
Work Site Location 11 Cotters Lane
Owner Gold Medal Plumbing Heating Cooling Electric, Inc.
Tel. 390-3700 Municipality East Brunswick, NJ 08816 Zip code 08816
Address 11 Cotters Lane e-mail
Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 390-3700
Address East Brunswick, NJ 08816

Contractor License No. 9734 Exp. Date
Federal Emp. ID No. FAX: (732) 390-3791

B. PLUMBING CHARACTERISTICS

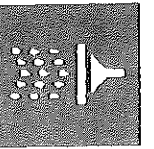
Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Works \$2,000

C. CERTIFICATION IN LIEU OF OATH

PLAN REVIEW
☐ No Plans Required
Joint Plan Review Required:
☐ Building ☐ Electric
☐ Fire ☐ Elevator
☐ Plumbing Plans Approved
Date: 10/10/00
Approved by: [Signature]
SUBCODE APPROVAL
☒ CO ☐ CC ☐ CA
Date: 10/10/00
Approved by: [Signature]

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



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

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	
	LP Gas Tank	
	Asbestos Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Graesetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

Administrative Surcharge \$ 75.00
Minimum Fee \$
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



Date Received	6/29/10
Date Issued	6/29/10
Control #	500117
Permit #	2010 09117

Qualification Code

Signature _____

[illegible]

Address Styck zip code _____

Contractor: GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC. Tel. (782) 390-3700
Address: 11 COTTERS LANE EAST BRUNSWICK, NJ 08816

Computer License No.	Exp. Date
11918	

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [REDACTED] FAX: (762) 390-3791

Also Known As:	Present	Proposed

Shipping Counted as _____
Estimated Cost of Electrical Work \$ \$1100 ^{1100.00}

☒ No Plans Required

☐ Rough

☐ Barter-Free

Joint Plan Review Required

[] Building [] Plumbing	Heating	Temp. Serv.	Cooler Serv.
_____	_____	_____	_____
_____	_____	_____	_____

	TCC	Other
Elev.	_____	_____
Fire	_____	_____
Elect. Plans Approved	_____	_____

Approved by: W. M. D. Service 7/23/10
Date: 7/23/10 Final 7/23/10

SUBCODE APPROVAL

Batter-Free _____
Temp. Cut-in-Card Date Issued _____

Date: 7/22/10
 Final Cut-in-Card Date Issued _____
 Annual Pool Inspection _____

Approved by _____ Date of Circulating and Conting Certification _____

~~Applicant Signature / Contractor Seal and Signature~~

~~Licensed Elec. Contractor [] Cert'd Landscape Irrigation Contr' [] Exempt Applicant~~

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
FEE (Office Use Only)		

D. TECHNICAL SITE DATA

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 UV 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	

73

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

FREE (Office Use Only)

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

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

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

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	Contractor: Gold Medal Plumbing Heating Cooling
Address:	906 Meadow Court	Address: 11 Cotters Lane
	Helmetta NJ 08828	East Brunswick NJ 08816
Telephone:	[REDACTED]	Telephone: (732) - 390-3700
Use Group(s):	R-5	Lic. No. / Bldrs. Reg. No.: 11918
		Federal Emp. No.: [REDACTED]

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| ☐ BUILDING | ☒ PLUMBING | ☐ DEMOLITION |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

replace a/c

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

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.

Kirk J. Mišok
Construction Official

Date

6/25/10

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

Amount to be Paid: \$155.00

Check Number: 8379
Check amount: \$155.00

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 81 LOT 7.1 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 906 Meadow Ct.

Applicant Kimco

Certifying Individual Adam Balitz Company Gold Medal PHCE

Address 11 Cotters Lane East Brunswick N.J. 08816

Tel. [REDACTED]

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☒ 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 hereby 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.

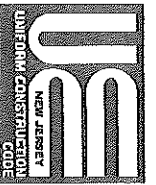
Signature _____ Date _____

Direct Vent Appliance:

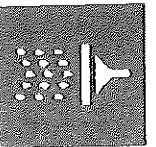
No certification required:

Signature _____ Date _____

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



PLUMBING
SUBCODE
TECHNICAL SECTION



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 71 Qualification Code C0906
Work Site Location 906 meadow G. Hemetta, NJ 08828

Owner in Fee: Vincenzo
Tel: [REDACTED] e-mail: _____
Address: Sam 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 Works 1800

JOB SUMMARY (Office Use Only)		INSPECTIONS		
PLAN REVIEW		Type:	Failure	Dates (Month/Day)
Joint Plan Review Required:		Slab	Failure	Approval
☐ Building	☐ Electric	Rough		
☐ Fire	☐ Elevator	Water		
☐ Plumbing Plans Approved		Sewer		
Date: <u>11/24/10</u>		Fixtures		
Approved by: <u>[Signature]</u>		Gas Equipment		
SUBCODE APPROVAL		Gas Piping		
☒ CO <u>11/11/10</u> ☐ CA		LP Gas Tank		
Date: <u>11/11/10</u>		Fuel Oil Piping		
Approved by: <u>[Signature]</u>		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.)

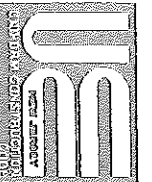
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$ _____
	Urinal/Bidet	\$ _____
	Bath Tub	\$ _____
	Lavatory	\$ _____
	Shower	\$ _____
	Floor Drain	\$ _____
	Sink	\$ _____
	Drinking Fountain	\$ _____
	Washing Machine	\$ _____
	Hose Bibb	\$ _____
	Water Heater	\$ _____
	Fuel Oil Piping	\$ _____
	Gas Piping	\$ _____
	LP Gas Tank	\$ _____
	Steam Boiler	\$ _____
	Hot Water Boiler	\$ _____
	Sewer Pump	\$ _____
	Interceptor/Separator	\$ _____
	Backflow Preventer	\$ _____
	Grease Trap	\$ _____
	Sewer Connection	\$ _____
	Water Service Connection	\$ _____
	Stacks	\$ _____
	Garbage Disposal	\$ _____
	Other <u>Furnace</u>	\$ _____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ <u>75.00</u>

ALL work subject to field inspection

Seal

- UCC/F-130 (REV. 07/05)
Professional Printing
(856) 488-7993
1. White-Inspector copy
 2. Canany-Applicant copy
 3. Pink-Office Copy
 4. White Tag-Office copy



ELECTRICAL 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 41 Lot 71 Qualification Code C09016
Work Site Location 906 Meadow Ct. Hemet, NJ 08838

Owner In Seat KIM C. SOK
Tel. [REDACTED] e-mail [REDACTED]

Address Same Municipality [REDACTED] zip code [REDACTED]

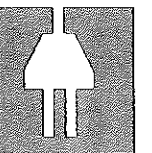
Contractor GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC. Tel. (732) 390-3700
Address 11 COTTERS LANE EAST BRUNSWICK, NJ 08816

Contractor License No. 11916 Exp. Date [REDACTED]
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): [REDACTED]
Federal Emp. ID No. [REDACTED] FAX (732) 390-3791

3. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed [REDACTED]
☐ Pole/Pad # [REDACTED] ☐ Temporary ☐ Other [REDACTED]
Building Occupied as [REDACTED] Utility Co. [REDACTED]
Estimated Cost of Electrical Work \$ 1100

JOE SUMMARY (Office Use Only)		INSPECTIONS				
PLAN REVIEW		Type	Failure	Failure	Approval	Initial
☒ No Plans Required	Date	Rough				
☒ Joint Plan Review Required		Barrier-Free				
☐ Building		Trench				
☐ Fire		Temp. Serv.				
☐ Elev. Plans Approved		Const. Serv.				
Date: <u>11/30/10</u>		TCO				
Approved by: <u>[Signature]</u>		Other				
		Service				
		Final				
SUBGRADE APPROVAL		Barrier-Free				
☐ CG	☐ CGG	Temp. Cut-in-Card Date Issued				
☐ CA		Final Cut-in-Card Date Issued				
Date: <u>11/6/14</u>		Annual Pool Inspection				
Approved by: <u>[Signature]</u>		Date of Grounding and Bonding				
		Certification				



Date Received 12/7/10
Date Issued 12/7/10
Control # 2610 0030
Permit # 2610 0030

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of owner or owner) and I am authorized to make this application and perform the work listed on this application.

[Signature]

Applicant Signature/ Contractor's Seal and Signature
☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr'r ☐ Exempt Applicant
D. TECHNICAL SITE DATA

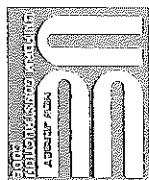
QTY.	SIZE	ITEMS	FREE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/E.A.C. Panel	
TOTAL NUMBERS			\$
		Pool Permit/with UV Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. 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 1/2 + HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Furnace	

UCC/F-120
Professional Printing (856) 468-7933
Administrative Surcharge \$ [REDACTED]
Minimum Fee \$ [REDACTED]
State Permit Surcharge Fee \$ [REDACTED]
TOTAL FEE \$ [REDACTED]

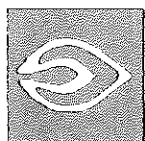
1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

See 1

Helmetta



FIRE
SUBCODE
TECHNICAL SECTION



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 71
Qualification Code C4006
Work Site Location 900 meadow Ct. Helmetta NJ 08828

Owner: B. Vinnar

Tel. () e-mail

Address 11 Cotters Lane East Brunswick, NJ 08816

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

Fire Protection Equipment, NJ Div. of Fire Safety Permit No. 9734

Fire Alarm Contractor No. 9734

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Construction: Present Proposed
Heating System: [] New or [] Modification to Existing
or [] Conversion or [X] Replacement
Fuel Type: [X] Gas [] Oil [] Electric [] Solar
Location of Main Control Valve:

Location: Total Cost of Fire Protection Work \$ 300

JCE SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
[] No Plans Required	Type:	Failure	Approval
[] Partial-Understand Utilities Approved	Alarm System		
Date: Approved by:	Suppression Sys.		
[] Fire Protection Plans Approved	Standpipe		
Date: Approved by:	Fire Pump		
Joint Plan Review Required:	Pre-Eng. System		
[] Elec. [] Plumb. [] Elec.	Mechanical		
SMOKE DETECTOR PERMIT	Smoke Control		
APPROVED APPROVAL FOR CERTIFICATE	TOD		
SUBCODE APPROVAL FOR CERTIFICATE	Plan/Combust Tanks		
[] CO [] SOLID	Fireplace Venting		
Date: 1/6/11	Final		
Approved by: 1/6/11	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.

[X] Certified Contractor

Applicant Signature/Contractor's Signature
[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water Supply Source Replace Furnace
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, pull, water/flow)

Supervisory Devices (i.e., lamps, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [X] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other

UCC/F-140
Professional Printing
(856) 465-7833

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	50-

Seal



**CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT**

BLOCK 71 LOT 7.1 QUALIFICATION CODE C0108 PERMIT # _____
WORK SITE ADDRESS 908 Meadow Ct Helmetta

Applicant Klimo Sak
Certifying Individual Adam Belitz 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
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☒ 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 hereby 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

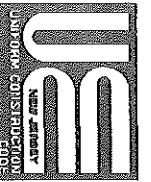
Direct Vent Appliance:

No certification required:

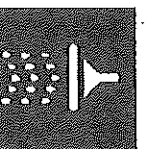
Signature Date

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

Helmeto



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 91 Lot 7.1 Qualification Code C0906
Mark Site Location 906 Newark NJ Helmeto

Owner in Fee: Klemasak Bonnie
Tel. [redacted] e-mail [redacted]

Address 364th Street
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)			INSPECTIONS			Dates (Month/Day)		
PLAN REVIEW			Type:	Failure	Failure	Approval	Initial	
☐ No Plans Required			Slab					
Joint Plan Review Required			Rough					
☐ Building ☐ Electric			Water					
☐ Fire ☐ Elevator			Sewer					
☐ Plumbing Plans Approved			Fixtures					
Date: 11/14/11			Gas Equipment					
Approved by: [Signature]			Gas Piping					
SUBCODE APPROVAL			LP Gas Tank					
X100 ☐ C00 ☐ CA			Fuel Oil Piping					
Date: 12/14/11			Solar					
Approved by: [Signature]			TCC					

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

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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 7600

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

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



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 | ☒ 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

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.

Kirk J. Miick
Construction Official

Date

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

Check Number: 3550

Check amount: \$78.00

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

Home Warranty No:
Type of Warranty Plan:
Use Group:

[] State [] Private
R-5

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

Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Replace water heater

Telephone:

Agent/Contractor: Gold Medal Plumbing Heating Cooling Electric

Address: 11 Cotters Lane
East Brunswick NJ 08816

Update Desc. of Wk/Use:

Telephone: 732 390-3700

Lic. No./ Bldgs. Reg.No.: 11918

Federal Emp. No.:

Social Security No.:

[] 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 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:

[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.

[] 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.

[] 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 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

Kirk J. Mick Construction Official

Fees: \$0.00

Paid [X] Check No.: 3550

Collected by: T



CONSTRUCTION PERMIT

Date Issued: 12/7/10

Permit # 2010 0030

IDENTIFICATION Block 21 Lot 71 Qualification Code C0900
Work Site Location 11 COTTERS LANE EAST BRUNSWICK, NJ 08816 Contractor GOLD MEDAL PLUMBING HEATING COOLING ELECTRIC INC.
Owner in Fee See below Address 11 COTTERS LANE EAST BRUNSWICK, NJ 08816
Address See below Tel. (732) 390-3700
Tel. [REDACTED] 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 [] OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Replace Furnace 11/21/10

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 \$ 4000
[Signature] 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