285
(V)

# CITY OF ELIZABETH

## CITY CLERK'S OFFICE

### 50 WINFIELD SCOTT PLAZA
### ELIZABETH, N.J. 07201

March 21, 2022

**EMAIL: opra+request-30126-2b5f7728@requests.opramachine.com**
**Martha Nieves**

**RE: 135 PARKER ROAD**
**(OPRA #285)**

Dear Ms. Nieves,

Pursuant to your OPRA request dated March 14, 2022, enclosed please find the memos from and documents various department within the City Hall.

Should you have any questions with regards to this matter, please feel free to contact me at (908) 820-4134.

Very truly yours,

*Vicki Eanes*

Vicki Eanes
City Clerk's Office

# Interoffice Memorandum

# CITY OF ELIZABETH

## Department of Public Works

## DIVISION OF ENGINEERING

**50 WINFIELD SCOTT PLAZA, ELIZABETH, NJ 07201**

DATE: March 14, 2022

RECEIVED

MAR 14 2022

CITY CLERK'S OFFICE

TO: Vicki Eanes, Clerk 2

FROM: David Reis, Senior Engineering Aide

SUBJECT: **REQUEST FOR GOVERNMENT RECORDS**
**135 Parker Road**
**OPRA #285**

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We are in receipt of a Request for Government Records from your office for Martha Nieves, received on Monday March 14, 2022, for the above referenced property. The Division of Engineering conducted a search of its files for the referenced site. This search proved unsuccessful in that we have no information relative to the property in question with regard to the documents requested.

If you require any further assistance or have any questions, please feel free to call me at extension 4736.

DR: dr
cc: John F. Papetti Jr., Director of Public Works
Daniel J. Loomis, PE, City Engineer
File

**INTEROFFICE MEMORANDUM**

# Memo



**To:** Vicki Eanes, Clerk 2

**From:** Calisa Mitchell, Health Department

**Date:** March 15, 2022

**Re:** 135 PARKER ROAD
(OPRA #285)

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THE CITY OF ELIZABETH HEALTH DEPARTMENT CURRENTLY HAS NO FILES ON RECORD FOR THE ABOVE-MENTIONED REQUEST. THERE ARE NO OPEN FILES OR VIOLATIONS ON RECORD PERTAINING TO THE ABOVE ADDRESS.

# CITY OF ELIZABETH
# BUREAU OF CONSTRUCTION

## INTEROFFICE MEMORANDUM

MARCH 14, 2022

**TO: Vicki Eanes, City Clerk**

**FROM: Jasmin Torres, Bureau of Construction**



**SUBJECT: Request for Government Records**

**RE: 135 Parker Road (133-137 Parker Road)**
**OPRA #285**

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We did a thorough review of our current records and we were **able** to locate requested documents under the above-mentioned property. Attached are copies. If you have any questions or concerns, please contact us at (908)820-4084.

Thank you.

BLOCK 11 LOT 1175 QUALIFICATION CODE #2879 ADDRESS (SITE) 133-137 Parker Rd PERMIT NO. 15-0311 15-0244 2015-0165

Chk 2-3-15 2/10/15 2/24/15 4-15-15

# CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

**Applicant Completes:** Sections I, II, III (optional), IV, VI, and VII

## I. IDENTIFICATION

1. Propsed Work Site at: 133-137 PARKER Rd
2. Name of Owner in Fee: [illegible] DIVERSIFIED Tel.
   Address ____ (street) (municipality) (zip code)
3. Ownership in Fee: Public X Private ____
4. Principal Contractor: ROSS CUSTOM CARPENTRY Tel.
   Address 9 MASON AVE E. BLACKWICK N.J. 08226
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date 3-31-15
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer CHOU DIVERSIFIED Tel.
   Address ____ Contact ____
6. Responsible Person in Charge once Work has Begun ____
   Tel. ( ) ____ FAX: ( ) ____

FAX: 877 833 2007
EMAIL: stan@stanleychow.net

## V. FEE SUMMARY (for office use only)

15-0587

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ 75 | 190 | 75 |
| 2. | Electrical | | 65 | |
| 3. | Plumbing | | 210 | |
| 4. | Fire Protection | | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | $ | | |
| 7. | Less 20% for State Plan Review | | | |
| 8. | Subtotal | $ | | |
| 9. | State Permit Surcharge Fee | 2 | 19 | 5 |
| 10. | Subtotal | $ | | |
| 11. | Cert. of Occupancy | | 60 | |
| 12. | Other | | | |
| 13. | TOTAL | $ 77 | 399 | 80 |

## VI. BUILDING/SITE CHARACTERISTICS

| | | (office use only) |
|---|---|---|
| 1. | Number of Stories | |
| 2. | Height of Structure ____ ft. | |
| 3. | Area — Largest Floor ____ sq. ft. | |
| 4. | New Building Area ____ sq ft. | |
| 5. | Volume of New Structure ____ cu. ft. | |
| 6. | Construction Classification | |
| 7. | Total Land Area Disturbed ____ sq. ft. | |
| 8. | Flood Hazard Zone | |
| 9. | Base Flood Elevation ____ ft. | |
| 10. | Wetlands yes | |
| | no | |
| 11. | Max. Live Load | |
| 12. | Max. Occupancy Load | |

## II. PROPOSED WORK

OPTIONAL (for office use only)

| | | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | ☑ Minor Work | 1200 | | | ~~1200~~ | 2/10/15 | M | | | |
| 2. | ☐ New Building | | | | | | | | | |
| 3. | ☐ Addition | | | | | | | | | |
| 4. | ☐ a. Repair | | | | | 2/3/15 | | | | |
| | ☑ b. Alteration | | | | | | | | | |
| | ☐ c. Renovation | | | | | | | | | |
| | ☐ d. Reconstruction | | | | | | | | | |
| 5. | ☐ Fire Protection | | | | | | | | | |
| 6. | ☐ Plumbing | | | | | 2/24/15 | | | | |
| 7. | ☐ Electrical | | | | | 2/24/15 | | | | |
| 8. | ☐ Elevator Devices | | | | | | | | | |
| 9. | ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. | ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. | ☑ Demolition | | | | | | | | | |
| | TOTAL COSTS | $1200 | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

| | All Units | Income-restricted |
|---|---|---|
| Before Construction | | |
| After Construction | | |
| Net Gain or Loss | | |

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

## III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

90808

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 2-3-15

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone ( _____ ) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☐ Zoning Officer | | | X | X | X | X | X | X | |
| ☐ Planning Board | | | | | | | X | X | |
| ☐ Zoning Board | | | X | X | X | X | X | X | |
| ☐ Sewer Authority | | | | | | | X | X | |
| ☐ Water Authority | | | | | | | X | X | |
| ☐ Police Department | | | X | X | X | X | X | X | |
| ☐ Health Department | | | | | X | X | | | |
| ☐ Soil Conservation | | | | | | | X | X | |
| ☐ N.J. Department of Community Affairs | X | X | X | X | X | X | | | |
| ☐ N.J. Department of Transportation | X | X | X | X | X | X | | | |
| ☐ N.J. Department of Environmental Protection | X | X | X | X | X | X | | | |
| ☐ Utility Dig No. | | | X | X | X | X | X | X | |
| ☐ COAH | | | | | | | | | |
| ☐ | | | | | | | | | |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE** (office use only—optional)

| Name of Code & Edition | | Name of Code & Edition | | |
|---|---|---|---|---|
| Building _____ | | Energy _____ | | Other _____ |
| Electrical _____ | | Barrier Free _____ | | _____ |
| Plumbing _____ | | Flood Hazard _____ | | _____ |
| Fire Protection _____ | | As Built Elevation Cert. _____ | | _____ |
| Mechanical _____ | | Other _____ | | _____ |

**X. CERTIFICATES ISSUED** (office use only)

| | | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Temporary Certificate of Compliance | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Continued Certificate of Occupancy | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Certificate of Compliance | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Certificate of Occupancy | No. _____ | _____ | _____ | | |
| ☐ Certificate of Approval | No. _____ | _____ | _____ | | |
| ☐ Lead Abatement Clearance Certificate | No. _____ | _____ | _____ | _____ | _____ |

BLOCK 11 LOT 1175 QUALIFICATION CODE _____ ADDRESS (SITE) 133 137 Parker RD PERMIT NO. _____

1/22/15 gf msc

# CONSTRUCTION PERMIT APPLICATION

**Applicant Completes:** Sections I, II, III (optional), IV, VI, and VII

## I. IDENTIFICATION

1. Propsed Work Site at: 133-137 Parker Road Elizabeth.
2. Name of Owner in Fee: CHOW Diversified Tel. ( ) _____
   Address 174 Nassau street suite 2000 Princeton. NJ
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Maxim Real Elec. CO Tel. , _____
   Address 270 Gaston st Newark
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 03/2015
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

1 FAMILY

## V. FEE SUMMARY (for office use only)

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ | | |
| 2. | Electrical | | 175 | |
| 3. | Plumbing | | | |
| 4. | Fire Protection | | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | $ | | |
| 7. | Less 20% for State Plan Review | | | |
| 8. | Subtotal | $ | | |
| 9. | State Permit Surcharge Fee | | 6 | |
| 10. | Subtotal | $ | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other | | | |
| 13. | TOTAL | $ | 181 | |

## VI. BUILDING/SITE CHARACTERISTICS

| | | (office use only) |
|---|---|---|
| 1. | Number of Stories | |
| 2. | Height of Structure ft. | |
| 3. | Area — Largest Floor sq. ft. | |
| 4. | New Building Area sq. ft. | |
| 5. | Volume of New Structure cu. ft. | |
| 6. | Construction Classification | |
| 7. | Total Land Area Disturbed sq. ft. | |
| 8. | Flood Hazard Zone | |
| 9. | Base Flood Elevation ft. | |
| 10. | Wetlands yes | |
| | no | |
| 11. | Max. Live Load | |
| 12. | Max. Occupancy Load | |

**OPTIONAL** (for office use only)

| II. PROPOSED WORK | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☐ Minor Work | | | | | | | | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ a. Repair | | | | | | | | | |
| ☐ b. Alteration | | | | | | | | | |
| ☐ c. Renovation | | | | | | | | | |
| ☐ d. Reconstruction | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☐ Plumbing | | | | | | | | | |
| 7. ☐ Electrical | | | | | 2/24/15 | J | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS | | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

| | All Units | Income-restricted |
|---|---|---|
| Before Construction | | |
| After Construction | | |
| Net Gain or Loss | | |

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

## III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name Nastuno Real

Address 270 Garside st Newark

Telephone

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☐ Zoning Officer | | | | | | | | | |
| ☐ Planning Board | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | |
| ☐ Police Department | | | | | | | | | |
| ☐ Health Department | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | |
| ☐ N.J. Department of Community Affairs | | | | | | | | | |
| ☐ N.J. Department of Transportation | | | | | | | | | |
| ☐ N.J. Department of Environmental Protection | | | | | | | | | |
| ☐ Utility Dig No. | | | | | | | | | |
| ☐ COAH | | | | | | | | | |
| ☐ | | | | | | | | | |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE** (office use only—optional)

| Name of Code & Edition | | Name of Code & Edition | | | |
|---|---|---|---|---|---|
| Building | _____ | Energy | _____ | Other | _____ |
| Electrical | _____ | Barrier Free | _____ | | _____ |
| Plumbing | _____ | Flood Hazard | _____ | | _____ |
| Fire Protection | _____ | As Built Elevation Cert. | _____ | | _____ |
| Mechanical | _____ | Other | _____ | | _____ |

**X. CERTIFICATES ISSUED** (office use only)

| | | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Temporary Certificate of Compliance | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Continued Certificate of Occupancy | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Certificate of Compliance | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Certificate of Occupancy | No. _____ | _____ | _____ | | |
| ☐ Certificate of Approval | No. _____ | _____ | _____ | | |
| ☐ Lead Abatement Clearance Certificate | No. _____ | _____ | _____ | _____ | _____ |

13-1986

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908-8204091

# CERTIFICATE
## IDENTIFICATION

Date Issued: 05/01/2015
Control #: 2879
Permit #: 20150165

Block: 11 Lot: 1175 Qual:
Work Site Location: 133-137 PARKER ROAD
ELIZABETH
Owner in Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ
Telephone:
Agent/Contractor: ROBS CUSTOM CARPENTRY & HANDYMAN SERVICE
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811
Telephone:
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.
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:
INTERIOR DEMOLTION *** PLANS TO FOLLOW.

Update Desc. of Wk/Use:
UPDATE - EXTERIOR DEMOLITION - PLANS TO FOLLOW.

[ ] **CERTIFICATE OF OCCUPANCY**

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

[ X ] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

RAYWANT P. SARRAN Construction Official

Fees: $0.00
Paid[ X ]Check No.: 10070-71
Collected by: AA

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

Control Number: 2879
Application Date: 02/03/2015

2015-0165

# CONSTRUCTION PERMIT

## IDENTIFICATION

**OWNER/PROPERTY DETAILS**

Block: 11 Lot: 1175 Qualification Code:
Work Site Location: 133-137 PARKER ROAD ELIZABETH

Owner In Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ

Telephone:

Use Group(s): R-5

Contractor: ROBS CUSTOM CARPENTRY & H/
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811

Telephone:

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
INTERIOR DEMOLTION *** PLANS TO FOLLOW.

ESTIMATED COST OF WORK:

| | |
|---|---|
| Cost of Construction: | 0.00 |
| Cost of Rehabilitation: | 1,200.00 |
| Cost of Demolition: | 0.00 |
| Total Cost: | $1,200.00 |

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | $75.00 |
| Electrical | |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | |
| AltFee (DCA) | $2.00 |
| DCA Minimum Fee | $0.00 |
| Other Fees | |
| CO Fee | |
| CCO Fee | |
| Minimum Fee | |
| **Total** | **$77.00** |
| All Fees Waived: | No |

**Amount to be Paid:** **$77.00**

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.

RAYWANT P. SARRAN
Construction Official

2/3/15
Date

CK# 10059 - 75
10060 - 2
2-4-15

Note:

15-0241

CITY OF ELIZABETH

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received: 02/10/2015
Control #: 2911

Date Issued: 2-11-15
Permit #: 20150165 - 1

**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner Details

Name: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ

Telephone
E-mail:

Contractor Details

Contractor: ROBS CUSTOM CARPENTRY & HA
ATTN:
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811

Telephone: _____ Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason: _____

**B. BUILDING CHARACTERISTICS**

| | | | |
|---|---|---|---|
| Use Group | Present: R-5 | Proposed: | |
| Constr. Class | Present: | Proposed: | |
| No. of Stories | | If Industrialized Building | |
| Height of Structure | Ft. | State Approved _____ | HUD _____ |
| Area - Largest Floor | Sq. Ft. | | |
| New Bldg. Area/All Floors | Sq. Ft. | **Est. Cost of Bldg. work:** | |
| Volume of New Structure | Cu. Ft. | 1. New Building | 0.00 |
| Total Land Area Disturbed | Sq. Ft. | 2. Rehabilitation | 1,200.00 |
| Max. Live Load | | 3. Demolition | 0.00 |
| Max. Occupancy Load | | 4. Total (1+2+3) | $1,200.00 |

**C. CERTIFICATION IN LIEU OF OATH**

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

Sign here: _____

Print name here: _____

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
UPDATE - EXTERIOR DEMOLITION - PLANS TO FOLLOW.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ]No Plans Required | | |
| [ ]All | | |
| [ ]Footings/Foundations | | |
| [ ]Structural/Framework | | |
| [ ]Exterior SIDING Permit | 4/30/15 | |
| [ ]Interior | | |
| [ ]Other | | |

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5/14/15
Approved by: _____

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | 4/24/15 | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes - Base Layer | | | | |
| Finishes - Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 4/30/15 | |
| Barrier-Free | | | | |

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$24.00

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $2.00 |
| TOTAL FEE | $77.00 |

U.C.C.F110(rev. 11/09)

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

2115.14 A 2/11/15

15-0241

CITY OF ELIZABETH

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received: 02/10/2015
Control #: 2911

Date Issued: 2-11-15
Permit #: 20150165 - 1

**A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner Details

Name: CHOW DIVERSITIED LLC

Address: 174 NASSON STREET
PRINCENTON NJ

Telephone:

E-mail:

Contractor Details

Contractor: ROBS CUSTOM CARPENTRY & HA
ATTN:

Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

**B. BUILDING CHARACTERISTICS**

| | | | | |
|---|---|---|---|---|
| Use Group | Present: R-5 | Proposed: | | |
| Constr. Class | Present: | Proposed: | | |
| No. of Stories | | | If Industrialized Building | |
| Height of Structure | | Ft. | State Approved _____ | HUD_____ |
| Area - Largest Floor | | Sq. Ft. | | |
| New Bldg. Area/All Floors | | Sq. Ft. | **Est. Cost of Bldg. work:** | |
| Volume of New Structure | | Cu. Ft. | 1. New Building | 0.00 |
| Total Land Area Disturbed | | Sq. Ft. | 2. Rehabilitation | 1,200.00 |
| Max. Live Load | | | 3. Demolition | 0.00 |
| Max. Occupancy Load | | | 4. Total (1+2+3) | $1,200.00 |

**C. CERTIFICATION IN LIEU OF OATH**

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

Sign here: _____

Print name here: _____

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
UPDATE - EXTERIOR DEMOLITION - PLANS TO FOLLOW.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ]No Plans Required | | |
| [ ]All | | |
| [ ]Footings/Foundations | | |
| [ ]Structural/Framework | | |
| [ ]Exterior - ADM Plan | | |
| [ ]Interior | | |
| [ ]Other | | |

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes - Base Layer | | | | |
| Finishes - Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$24.00

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee? | $2.00 |
| TOTAL FEE | $77.00 |

U.C.C.F110(rev. 11/09)

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

2115/19 A 2/11/15

# BUILDING SUBCODE
## TECHNICAL SECTION

* Update *

Date Received 2-5-15
Control # #2910

Date Issued
Permit #

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

Block 61 Lot 1175 Qualification Code

Work Site Location 133-137 PARKER

Owner In Fee: CITOW DIVERSIFIED

Tel. e-mail

Address

Contractor: Rob2 Custom Carpentry Tel.

Address 9 Mason Ave E. Brunswick e-mail

Contractor License No. or Builder Registration No. Exp. Date 3.31.15

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

Federal Emp. ID No. FAX: ( )

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [X] Exterior | | |
| [ ] Interior | | |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 12000

U.C.C. F110
(rev. 11/09)

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.

Sign here:

Print name here: Robert Peckham

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

update Demolition to exterior
Demo back porch remove
aluminum siding

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[X] Demolition

FEE (Office Use Only)
$

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

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

91

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908-8204091

# CERTIFICATE

## IDENTIFICATION

Date Issued: 05/01/2015
Control #: 3361
Permit #: 20150587

Block: 11 Lot: 1175 Qual: _____
Work Site Location: 133-137 PARKER ROAD
ELIZABETH
Owner in Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ
Telephone: _____
Agent/Contractor: ROB'S CUSTOM CARPENTRY
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811
Telephone: _____
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
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:
INSTALLATION OF A WOOD DECK AS PER ZONING REQUIREMENT.

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:

[ ] **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

RAYWANT P. SARRAN Construction Official

Fees: $0.00
Paid[ X ]Check No.: 10111-12
Collected by: SM

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

4/15/15 SM

Control Number: 3361
Application Date: 04/08/2015

# CONSTRUCTION PERMIT

15-0587

## IDENTIFICATION

**OWNER/PROPERTY DETAILS**

Block: 11 Lot: 1175 Qualification Code:
Work Site Location: 133-137 PARKER ROAD ELIZABETH

Owner In Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ

Telephone:

Use Group(s): R-5

Contractor: ROB'S CUSTOM CARPENTRY
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811

Telephone:

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
INSTALLATION OF A WOOD DECK AS PER ZONING REQUIREMENT.

ESTIMATED COST OF WORK:

| | |
|---|---|
| Cost of Construction: | 0.00 |
| Cost of Rehabilitation: | 2,500.00 |
| Cost of Demolition: | 0.00 |
| Total Cost: | $2,500.00 |

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | $75.00 |
| Electrical | |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | |
| AltFee (DCA) | $5.00 |
| DCA Minimum Fee | $0.00 |
| Other Fees | |
| CO Fee | |
| CCO Fee | |
| Minimum Fee | |
| Total | $80.00 |
| All Fees Waived: | No |

**Amount to be Paid:** $80.00

CK 10111
10112

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.

RAYWANT P. SARRAN — Date 4/14/15

Construction Official

Note:

4-15-15

CITY OF ELIZABETH

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received: 04/08/2015
Control #: 3361 Sam

Date Issued:
Permit #: 15-0587

**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner Details

Name: CHOW DIVERSITIED LLC

Address: 174 NASSON STREET
PRINCENTON NJ

Telephone:

E-mail:

Contractor Details

Contractor: ROB'S CUSTOM CARPENTRY
ATTN:

Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811-

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

**B. BUILDING CHARACTERISTICS**

| | | | |
|---|---|---|---|
| Use Group | Present: R-5 | Proposed: | |
| Constr. Class | Present: | Proposed: | |
| No. of Stories | | If Industrialized Building | |
| Height of Structure | Ft. | State Approved _____ | HUD_____ |
| Area - Largest Floor | Sq. Ft. | | |
| New Bldg. Area/All Floors | Sq. Ft. | **Est. Cost of Bldg. work:** | |
| Volume of New Structure | Cu. Ft. | 1. New Building | 0.00 |
| Total Land Area Disturbed | Sq. Ft. | 2. Rehabilitation | 2,500.00 |
| Max. Live Load | | 3. Demolition | 0.00 |
| Max. Occupancy Load | | 4. Total (1+2+3) | $2,500.00 |

**C. CERTIFICATION IN LIEU OF OATH**

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

Sign here: _____

Print name here: _____

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
INSTALLATION OF A WOOD DECK AS PER ZONING REQUIREMENT.

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ X ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$50.00

| | |
|---|---|
| Administrative Surcharge | CK 1011 - 1012 |
| Minimum Fee | |
| State Permit Surcharge Fee | $5.00 |
| TOTAL FEE | $80.00 |

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ]No Plans Required | | |
| [ X ]All | 4/14/15 | |
| [ ]Footings/Foundations | | |
| [ ]Structural/Framework | | |
| [ ]Exterior | | |
| [ ]Interior | | |
| [ ]Other | | |

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ X ] CA
Date: 5/4/15
Approved by:

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | MF/AH |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | 4/29/15 | AH |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes - Base Layer | | | | |
| Finishes - Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 4/30/15 | AH |
| Barrier-Free | | | | |

U.C.C.F110(rev. 11/09)

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

CITY OF ELIZABETH

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received: 04/08/2015
Control #: 3361 Lm

Date Issued: 4-15-15
Permit #: 05-0587

**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner Details
Name: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ
Telephone:
E-mail:

Contractor Details
Contractor: ROB'S CUSTOM CARPENTRY
ATTN:
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811-
Telephone: Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

**B. BUILDING CHARACTERISTICS**

| | | | |
|---|---|---|---|
| Use Group | Present: R-5 | Proposed: | |
| Constr. Class | Present: | Proposed: | |
| No. of Stories | | | |
| Height of Structure | Ft. | If Industrialized Building | |
| Area - Largest Floor | Sq. Ft. | State Approved _____ | HUD _____ |
| New Bldg. Area/All Floors | Sq. Ft. | **Est. Cost of Bldg. work:** | |
| Volume of New Structure | Cu. Ft. | 1. New Building | 0.00 |
| Total Land Area Disturbed | Sq. Ft. | 2. Rehabilitation | 2,500.00 |
| Max. Live Load | | 3. Demolition | 0.00 |
| Max. Occupancy Load | | 4. Total (1+2+3) | $2,500.00 |

**C. CERTIFICATION IN LIEU OF OATH**

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

Sign here: _____

Print name here: _____

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
INSTALLATION OF A WOOD DECK AS PER ZONING REQUIREMENT.

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

| | Date | Initial |
|---|---|---|
| [✓] No Plans Required | 4/14/15 | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |
| [ ] Other | | |

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [✓] CA
Date: 12/1/15
Approved by: _____

**INSPECTIONS**

| Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes - Base Layer | | | | |
| Finishes - Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

TYPE OF WORK:

| | FEE (Office Use Only) |
|---|---|
| [ ] New Building | |
| [ ] Addition | |
| [X] Rehabilitation | $50.00 |
| [ ] Roofing | |
| [ ] Siding | |
| [ ] Fence _____ Height (exceeds 6') | |
| [ ] Pylon Sign Sq. Ft. | |
| [ ] Ground or Wall Sign Sq. Ft. | |
| [ ] Pool | |
| [ ] Retaining Wall 0.00 Sq. Ft. | |
| [ ] Asbestos Abatement | |
| [ ] Lead Haz. Abatement | |
| [ ] Radon Remediation | |
| [ ] Other 1: | |
| [ ] Other 2: | |
| [ ] Other 3: | |
| [ ] Demolition | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | CK 10111 - 10112 |
| State Permit Surcharge Fee | $5.00 |
| TOTAL FEE | $80.00 |

U.C.C.F110(rev. 11/09)

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

# BUILDING SUBCODE
## TECHNICAL SECTION

3361

Date Received
Control #

Date Issued
Permit #

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

Block 11 Lot 1175 Qualification Code

Work Site Location 133-137 PARKER ROAD
ELIZABETH

Owner in Fee: CHOW DIVERSIFIED, LLC

Tel. e-mail

Address 174 NASSAU ST, SUITE 2000 PRINCETON, NJ 08542
street municipality zip code

Contractor: ROB'S CUSTOM CARPENTRY Tel.

Address 9 MASON AVE e-mail
EAST BRUNSWICK, NJ 08816

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All 4/14/15 RB
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 2500.00
2. Rehabilitation $
3. Total (1+2) $ 0

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.

Sign here:

Print name here: STANLEY E CHOW for CHOW DIVERSIFIED LLC

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW 16 X 12 WOOD DECK

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$

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

U.C.C. F110 (rev. 11/09)
Internet version

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

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

2-11-15
15-0241
Control Number: 2911
Application Date: 02/10/2015

# CONSTRUCTION PERMIT UPDATE

## IDENTIFICATION

**OWNER/PROPERTY DETAILS**

Block: 11 Lot: 1175 Qualification Code:
Work Site Location: 133-137 PARKER ROAD ELIZABETH

Owner In Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ
Telephone:

Use Group(s): R-5

Contractor: ROBS CUSTOM CARPENTRY & H/
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811
Telephone:
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
UPDATE - EXTERIOR DEMOLITION - PLANS TO FOLLOW.

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | $75.00 |
| Electrical | |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | |
| AltFee (DCA) | $2.00 |
| DCA Minimum Fee | $0.00 |
| Other Fees | |
| CO Fee | |
| CCO Fee | |
| Minimum Fee | |
| Total | $77.00 |
| All Fees Waived: | No |

ESTIMATED COST OF WORK:

| | |
|---|---|
| Cost of Construction: | 0.00 |
| Cost of Rehabilitation: | 1,200.00 |
| Cost of Demolition: | 0.00 |
| Total Cost: | $1,200.00 |

Amount to be Paid: $77.00

Pd. Ck#10070 + 71
2/11/15 (AIA)

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.

RAYWANT P. SARRAN
Construction Official

2/10/15
Date

Note:

75
2

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908-8204091

# CERTIFICATE
## IDENTIFICATION

Date Issued: 05/14/2015
Control #: 2965
Permit #: 20150311

Block: 11 Lot: 1175 Qual:
Work Site Location: 133-137 PARKER ROAD
ELIZABETH
Owner in Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ
Telephone:
Agent/Contractor: ROBS CUSTOM CARPENTRY & HANDYMAN SERVICE
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811
Telephone:
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ X ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
RENOVATION (1) FAMILY HOUSE & ADD
NEW BATHROOM

Update Desc. of Wk/Use:

[ X ] **CERTIFICATE OF OCCUPANCY**

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

[ ] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

RAYWANT P. SARRAN Construction Official

Fees: $60.00
Paid[ X ]Check No.: 10085-88
Collected by: SM

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

2/23/15 SM

Control Number: 2965
Application Date: 02/19/2015

# CONSTRUCTION PERMIT

15-0311

## IDENTIFICATION

**OWNER/PROPERTY DETAILS**

Block: 11 Lot: 1175 Qualification Code:
Work Site Location: 133-137 PARKER ROAD ELIZABETH

Owner In Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ

Telephone:

Use Group(s): R-5

Contractor: ROBS CUSTOM CARPENTRY & H/
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811

Telephone:

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

Federal Emp. No.:

Is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
RENOVATION (1) FAMILY HOUSE & ADD
NEW BATHROOM

ESTIMATED COST OF WORK:

| | |
|---|---|
| Cost of Construction: | 0.00 |
| Cost of Rehabilitation: | 16,900.00 |
| Cost of Demolition: | 0.00 |
| Total Cost: | $16,900.00 |

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | $190.00 |
| Electrical | $65.00 |
| Plumbing | $210.00 |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | |
| AltFee (DCA) | $32.00 |
| DCA Minimum Fee | $0.00 |
| Other Fees | |
| CO Fee | $60.00 |
| CCO Fee | |
| Minimum Fee | |
| **Total** | $557.00 |
| All Fees Waived: | No |

**Amount to be Paid:** **$557.00**

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.

Pd CK 10085
10088

RAYWANT P. SARRAN — Date 2/23/15
Construction Official

Note:

505
38

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

2-26-2015
15-0311
Control Number: 2965
Application Date: 02/19/2015

# CONSTRUCTION PERMIT

## IDENTIFICATION

**OWNER/PROPERTY DETAILS**

Block: 11 Lot: 1175 Qualification Code:
Work Site Location: 133-137 PARKER ROAD ELIZABETH

Owner In Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ

Telephone:

Use Group(s): R-5

Contractor: ROBS CUSTOM CARPENTRY & HA
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811

Telephone:

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
RENOVATION (1) FAMILY HOUSE & ADD
NEW BATHROOM

ESTIMATED COST OF WORK:

| | |
|---|---|
| Cost of Construction: | 0.00 |
| Cost of Rehabilitation: | 9,900.00 |
| Cost of Demolition: | 0.00 |
| Total Cost: | $9,900.00 |

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | $190.00 |
| Electrical | $65.00 |
| Plumbing | $210.00 |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | |
| AltFee (DCA) | $19.00 |
| DCA Minimum Fee | $0.00 |
| Other Fees | |
| CO Fee | $60.00 |
| CCO Fee | |
| Minimum Fee | |
| Total | $399.00 |
| All Fees Waived: | No |

2/27/15

Amount to be Paid: $399.00

Pd. Ck#1A 10080+81
2/26/15 (A.A.

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.

RAYWANT P. SARRAN — 2/24/15 Date
Construction Official

Note:

380
19

CITY OF ELIZABETH

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received: 02/19/2015
Control #: 2965

Date Issued: 2-26-2015
Permit #: 0 15-031

**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner Details

Name: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ

Telephone:
E-mail:

Contractor Details

Contractor: ROBS CUSTOM CARPENTRY & HA
ATTN:
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811

Telephone: Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

**B. BUILDING CHARACTERISTICS**

| | | | |
|---|---|---|---|
| Use Group | Present: R-5 | Proposed: | |
| Constr. Class | Present: | Proposed: | |
| No. of Stories | | If Industrialized Building | |
| Height of Structure | Ft. | State Approved ____ | HUD ____ |
| Area - Largest Floor | Sq. Ft. | | |
| New Bldg. Area/All Floors | Sq. Ft. | **Est. Cost of Bldg. work:** | |
| Volume of New Structure | Cu. Ft. | 1. New Building | 0.00 |
| Total Land Area Disturbed | Sq. Ft. | 2. Rehabilitation | 9,500.00 |
| Max. Live Load | | 3. Demolition | 0.00 |
| Max. Occupancy Load | | 4. Total (1+2+3) | $9,500.00 |

**C. CERTIFICATION IN LIEU OF OATH**

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

Sign here: _____

Print name here: _____

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
RENOVATION (1) FAMILY HOUSE & ADD
NEW BATHROOM

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Pylon Sign Sq. Ft.
- [ ] Ground or Wall Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall 0.00 Sq. Ft.
- [ ] Asbestos Abatement
- [ ] Lead Haz. Abatement
- [ ] Radon Remediation
- [ ] Other 1:
- [ ] Other 2:
- [ ] Other 3:
- [ ] Demolition

FEE (Office Use Only)

| | |
|---|---|
| | $190.00 |
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $18.00 |
| TOTAL FEE Pd. Ck#10080+81 | $208.00 |

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [✓] Structural/Framework | 2/24/15 | |
| [ ] Exterior | | |
| [ ] Interior | | |
| [ ] Other | | |

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 5/20/15
Approved by:

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | 3/9/15 | AH |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | 3/11/15 | AH |
| Finishes - Base Layer | | | | |
| Finishes - Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 5/14/15 | AH |
| Barrier-Free | | | | |

U.C.C.F110(rev. 11/09)

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

2/26/15 (ACA)

CITY OF ELIZABETH

# BUILDING SUBCODE-TECHNICAL SECTION

Date Received: 02/19/2015
Control #: 2965

Date Issued: 2-26-2015
Permit #: 0 15-031

**A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner Details

Name: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ
Telephone:
E-mail:

Contractor Details

Contractor: ROBS CUSTOM CARPENTRY & IIA
ATTN:
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811
Telephone: Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

**B. BUILDING CHARACTERISTICS**

| | | | |
|---|---|---|---|
| Use Group | Present: R-5 | Proposed: | |
| Constr. Class | Present: | Proposed: | |
| No. of Stories | | | |
| Height of Structure | | Ft. | |
| Area - Largest Floor | | Sq. Ft. | |
| New Bldg. Area/All Floors | | Sq. Ft. | |
| Volume of New Structure | | Cu. Ft. | |
| Total Land Area Disturbed | | Sq. Ft. | |
| Max. Live Load | | | |
| Max. Occupancy Load | | | |

If Industrialized Building
State Approved _____ HUD_____

**Est. Cost of Bldg. work:**

| | |
|---|---|
| 1. New Building | 0.00 |
| 2. Rehabilitation | 9,500.00 |
| 3. Demolition | 0.00 |
| 4. Total (1+2+3) | $9,500.00 |

**C. CERTIFICATION IN LIEU OF OATH**

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

Sign here: _____

Print name here: _____

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
RENOVATION (1) FAMILY HOUSE & ADD
NEW BATHROOM

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [✓] Structural/Framework | 2/24/15 | |
| [ ] Exterior | | |
| [ ] Interior | | |
| [ ] Other | | |

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes - Base Layer | | | | |
| Finishes - Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

| | |
|---|---|
| | $190.00 |
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $18.00 |
| TOTAL FEE | $208.00 |

U.C.C.F110(rev. 11/09)

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

2/26/15 (A.A.)

# BUILDING SUBCODE
## TECHNICAL SECTION

#2961

Date Received 2-13-15 A.A.
Control #

Date Issued
Permit #

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

Block 11 Lot 1175 Qualification Code

Work Site Location 133-137 PARKER RD
ELIZABETH, NJ 07208

Owner In Fee: CHOW DIVERSIFIED, LLC

Tel. e-mail

Address 174 NASSAU ST PRINCETON NJ 08542
street municipality zip code

Contractor: ROB'S CUSTOM CARPENTRY Tel.

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date 3-31-15

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

Federal Emp. ID No. FAX: ( )

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [✓] Structural/Framework | 2/16/15 | BB |
| [ ] Exterior | | |
| [ ] Interior | | |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 9500

U.C.C. F110
(rev. 11/08)

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.

Sign here:

Print name here: CHOW DIVERSIFIED

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Clapyl Siding
New Kitchen (cabinets, floor, electrical, insulation)
2 New bathroom
1 Renovated bathroom
ADD BATH ROOM ON 1ST FL, REMODEL EXISTING KITHEN & BATH & NEW VINYL SIDING

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[X] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

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

91

CITY OF ELIZABETH

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 02/19/2015
Control #: 2965

Date Issued: 2-26-2015
Permit #: 0 15-0311

**A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block: 11 , Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner in Fee: CHOW DIVERSITIED LLC

Address: 174NASSON STREET
PRINCENTON NJ

E-mail:

Telephone:

Contractor: MAXIMO REAL ELECTRIC. CO
ATTN:

Address: 270 GARDEN ST
NEWARK NJ

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No. : Exp Date: 4/30/2015 Federal Emp. No.:

**DESCRIPTION OF WORK:**
RENOVATION (1) FAMILY HOUSE & ADD NEW BATHROOM

Telephone:

Fax:

**B. ELECTRICAL CHARACTERISTICS**

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $400.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $400.00

**Job Summary(Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 2/24/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4/15
Approved by:

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp.Serv | | | | |
| Constr.Serv | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 4/15/15 | |
| Barrier-Free | | | | |
| Temp Cut-in-Card Date Issued | | | | |
| Final Cut-in-Card Date Issue | | | | |
| Annual Pool Inspection | | | | |
| Date of Grounding and Bonding Certification | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS |
|---|---|---|
| 13 | | Lighting Fixtures |
| 10 | | Receptacles |
| 8 | | Switches |
| | | Detectors |
| | | Light Poles |
| | | Motor-Fract.HP |
| | | Emergency&Exit Lights |
| | | Communication Points |
| | | Alarm Devices/F.A.C. Panel |
| | | Other 1: |
| | | Other 2: |
| 31 | | TOTAL NUMBER |
| | | Pool Permit/with UW Lights |
| | | Storable Pool/Spa/Hot Tub |
| | | KW Elec. Range/Receptacle |
| | | KW Oven/Surface Unit |
| | | KW Elec. Water Heater |
| | | KW Elec. Dryer/Receptacle |
| | | KW Dishwasher |
| | | HP Garbage Disposal |
| | | KW Central A/C Unit |
| | | HP/KW Space Htr./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 |
| | | KW Photovoltaic Systems |
| | | Other 3: |
| | | Other 4: |
| | | Other 5: |
| | | Other 6: |
| | | Other 7: |
| | | Other 8: |
| | | Other 9: |

FEE (Office Use Only)

$55.00

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $1.00
TOTAL FEE PC-CK#1010807 $66.00

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

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

2/26/15 (A.A.)

CITY OF ELIZABETH — ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 02/19/2015
Control #: 2965

Date Issued: 2-26-2015
Permit #: 0 15-0311

**A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner in Fee: CHOW DIVERSITIED LLC

Address: 174NASSON STREET
PRINCENTON NJ

E-mail:

Telephone:

Contractor: MAXIMO REAL ELECTRIC. CO
ATTN:

Address: 270 GARDEN ST
NEWARK NJ

E-mail:

Telephone:

Fax:

Home Improvement Registration No. or Exemption Reason:

Contractor License No. Exp Date: 4/30/2015 Federal Emp. No.:

**DESCRIPTION OF WORK:**
RENOVATION (1) FAMILY HOUSE & ADD NEW BATHROOM

**B. ELECTRICAL CHARACTERISTICS**

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $400.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $400.00

**Job Summary(Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: 2/24/15
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 13 | | Lighting Fixtures | |
| 10 | | Receptacles | |
| 8 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motor-Fract.HP | |
| | | Emergency&Exit Lights | |
| | | Communication Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | Other 1: | |
| | | Other 2: | |
| 31 | | TOTAL NUMBER | $55.00 |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Htr./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 | |
| | | KW Photovoltaic Systems | |
| | | Other 3: | |
| | | Other 4: | |
| | | Other 5: | |
| | | Other 6: | |
| | | Other 7: | |
| | | Other 8: | |
| | | Other 9: | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $1.00 |
| TOTAL FEE | $66.00 |

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

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

2/20/15 (A.A.)

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 12-23-15AIA1
Control #

Date Issued
Permit #

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO:

Block 11 Lot 1175 Qualification Code

Work Site Location 133-137 PARKER ROAD ELIZABETH

Owner In Fee: CHOW DIVERSITIED LLC

Tel. e-mail

Address 174 NASSON ST. PRINCETON NJ
street municipality

Contractor: MAXIMO REAL ELEC. CO. Tel.

Address 270 GARSIDE ST NEWARK e-mail

Contractor License No. Exp. Date 03/15

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

Federal Emp. ID No. FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co. PSEG

Est. Cost of Elec. Work $ 400.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 2/24/16
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

**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 Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 13 | | Lighting Fixtures | |
| 10 | | Receptacles | |
| 8 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |
| | | | |

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

U.C.C. F120 (rev. 12/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CITY OF ELIZABETH

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 02/19/2015 Date Issued: 2-26-2015

Control #: 2965 Permit #: 0 15-031

**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner in Fee : CHOW DIVERSITIED LLC

Address : 174 NASSON STREET
PRINCENTON NJ

Email:

Telephone:

Contractor: GARDEN STATE RENOVATIONS LLC
ATTN:

Address: 317 NONGROVE PLACE
ELBERON NJ 07740

Telephone: _____

Fax:

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

**B. PLUMBING CHARACTERISTICS**

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $7,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $7,000.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 2/24/15

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 5/5/15

Approved by:

| INSPECTIONS Type: | Date(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | 3/5/15 | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | 3/5/16 | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | 4/30/15 | | 5/5/15 | |
| Chimney Cert. | | | | |
| Other | | | | |

**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

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA (List of all fixtures)**

**DESCRIPTION OF WORK:**
RENOVATION (1) FAMILY HOUSE & ADD NEW BATHROOM

| No. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 2 | Water Closet | $30.00 |
| | Urinal/Bidet | |
| 1 | Bath Tub | $15.00 |
| 2 | Lavatory | $30.00 |
| 1 | Shower | $15.00 |
| | Floor Drain | |
| 2 | Sink | $30.00 |
| 1 | Dishwasher | $15.00 |
| | Drinking Fountain | |
| 1 | Washing Machine | $15.00 |
| 1 | Hose Bibb | $15.00 |
| 1 | Water Heater | $15.00 |
| | Fuel Oil Piping | |
| 1 | Gas Piping | $15.00 |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptors/Seperators | |
| | Backflow Preventer : Residential | |
| | Backflow Preventer : Commercial | |
| | Greasetrap | |
| | Air Conditioning | |
| | Sewer Connection | |
| | Water Service Connection | |
| 1 | Stacks | $15.00 |
| | Other 1: | |
| | Other 2: | |
| | Other 3: | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $13.00 |
| **TOTAL FEE** | $223.00 |

Ck#10080+81

2/26/15 (A.A.)

U.C.C.F130(rev. 11/09)

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

CITY OF ELIZABETH

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 02/19/2015 Date Issued: 2-26-2015

Control #: 2965 Permit #: 0 15-03 11

**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 71 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner in Fee : CHOW DIVERSITIED LLC

Address : 174 NASSON STREET
PRINCENTON NJ

Email:

Telephone:

Contractor: GARDEN STATE RENOVATIONS LLC
ATTN:

Address: 317 NONGROVE PLACE
ELBERON NJ 07740

Telephone:

Fax:

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

**B. PLUMBING CHARACTERISTICS**

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $7,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $7,000.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 2/24/15

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

| INSPECTIONS Type: | Date(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | | |
| Chimney Cert. | | | | |
| Other | | | | |

**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

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA (List of all fixtures)**

**DESCRIPTION OF WORK:**
RENOVATION (1) FAMILY HOUSE & ADD NEW BATHROOM

| No. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 2 | Water Closet | $30.00 |
| | Urinal/Bidet | |
| 1 | Bath Tub | $15.00 |
| 2 | Lavatory | $30.00 |
| 1 | Shower | $15.00 |
| | Floor Drain | |
| 2 | Sink | $30.00 |
| 1 | Dishwasher | $15.00 |
| | Drinking Fountain | |
| 1 | Washing Machine | $15.00 |
| 1 | Hose Bibb | $15.00 |
| 1 | Water Heater | $15.00 |
| | Fuel Oil Piping | |
| 1 | Gas Piping | $15.00 |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptors/Seperators | |
| | Backflow Preventer : Residential | |
| | Backflow Preventer : Commercial | |
| | Greasetrap | |
| | Air Conditioning | |
| | Sewer Connection | |
| | Water Service Connection | |
| 1 | Stacks | $15.00 |
| | Other 1: | |
| | Other 2: | |
| | Other 3: | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $13.00 |
| TOTAL FEE H.C.K #1008 0481 | $223.00 |

2/26/15 (A.A.)



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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 2-13-15 AA
Control #

Date Issued
Permit #

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO:

Block 11 Lot 1175 Qualification Code

Work Site Location 133-137 PARKER RD. ELIZABETH, NJ 07208

Owner In Fee: CATALI DIVERSIFIED, LLC

Tel. e-mail

Address 174 NASSAU ST. PRINCETON, NJ 08542
(street / municipality / zip code)

Contractor: GARDEN STATE PLUMBING + REMODELING, INC Tel.

Address 2 JEFFREY CT e-mail
PARLIN, NJ. 08859

Contractor License No. Exp. Date 6-30-15

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

Federal Emp. ID No. FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3500.00

**JOB SUMMARY (Office Use Only)**

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

SUBCODE APPROVAL for PERMIT
Date: 2/24/15
Approved by:

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

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant sign/Contractor sign and seal here: Charles E Novak Jr

Print name here: CHARLES E NOVAK JR

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK INSTALL FIXTURES AS PER PLAN

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) $ |
|---|---|---|
| 2 | Water Closet | |
| | Urinal/Bidet | |
| 1 | Bath Tub | |
| 2 | Lavatory | |
| 1 | Shower | |
| | Floor Drain | |
| 2 | Sink | |
| 1 | Dishwasher | |
| | Drinking Fountain | |
| 1 | Washing Machine | |
| 1 | Hose Bibb | |
| 1 | Water Heater | |
| | Fuel Oil Piping | |
| 1 | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| 1 | Stacks | |
| | Other | |

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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 2/3/15
Control #

Date Issued
Permit #

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO:

Block 11 Lot 1175 Qualification Code

Work Site Location 133-137 PARKER RD ELIZABETH

Owner In Fee: CHOW DIVERSIFIED LLC

Tel. e-mail

Address 174 NASSAU ST, SUITE 2000 (street) PRINCETON (municipality), NJ, 08542-7005 (zip code)

Contractor: GARDEN STATE PLUMBING REMODELING, INC Tel.

Address 2 JEFFREY CT e-mail

PARLIN, NJ, 08859

Contractor License No. Exp. Date 6-30-15

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

Federal Emp. ID No. FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3500.00

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant sign/Contractor sign and seal here: Charles Novak Jr

Print name here: CHARLES E NOVAK JR

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK INSTALL NEW PLUMBING AS PER PLAN

**JOB SUMMARY (Office Use Only)**

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) $ |
|---|---|---|
| 1 | Water Closet | |
| | Urinal/Bidet | |
| | Bath Tub | |
| 1 | Lavatory | |
| 2 | Shower | |
| | Floor Drain | |
| 1 | Sink | |
| 1 | Dishwasher | |
| | Drinking Fountain | |
| 1 | Washing Machine | |
| 1 | Hose Bibb | |
| 1 | Water Heater | |
| | Fuel Oil Piping | |
| 1 | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| | Other | |

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

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908-8204091

# CERTIFICATE
## IDENTIFICATION

Date Issued: 04/22/2015
Control #: 2790
Permit #: 20150155

Block: 11 Lot: 1175 Qual:
Work Site Location: 133-137 PARKER ROAD
ELIZABETH
Owner in Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ
Telephone:
Agent/Contractor: MAXIMO REAL ELEC. CO.
Address: 270 GARSIDE STREET
NEWARK NJ -
Telephone:
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
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:
ELECTRICAL FIXTURES & 100 AMP PANEL

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:

[ ] **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

RAYWANT P. SARRAN Construction Official

Fees: $0.00
Paid[ X ]Check No.: 10056-57
Collected by: VEG

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

Control Number: 2790
Application Date: 01/21/2015

# CONSTRUCTION PERMIT

2015-0155

## IDENTIFICATION

**OWNER/PROPERTY DETAILS**

Block: 11 Lot: 1175 Qualification Code:
Work Site Location: 133-137 PARKER ROAD ELIZABETH

Owner In Fee: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ

Telephone:

Use Group(s): R-5

Contractor: MAXIMO REAL ELEC. CO.
Address: 270 GARSIDE STREET
NEWARK NJ -

Telephone:

Llc. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
ELECTRICAL FIXTURES & 100 AMP PANEL

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | |
| Electrical | $175.00 |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | |
| AltFee (DCA) | $6.00 |
| DCA Minimum Fee | $0.00 |
| Other Fees | |
| CO Fee | |
| CCO Fee | |
| Minimum Fee | |
| **Total** | **$181.00** |
| 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:** **$181.00**

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.

CK # 10056 - 175
10057 - 6.

RPSarran
RAYWANT P. SARRAN
Construction Official

1/21/15
Date

2.3.15

Note:

CITY OF ELIZABETH

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 01/21/2015
Control #: 2790

Date Issued: 2-03-15
Permit #: 0 2015-0155

**A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner in Fee: CHOW DIVERSITIED LLC

Address: 174NASSON STREET
PRINCENTON NJ

E-mail:
Telephone:

Contractor: MAXIMO REAL ELEC. CO.
ATTN:

Address: 270 GARSIDE STREET
NEWARK NJ -

E-mail:

**DESCRIPTION OF WORK:**
ELECTRICAL FIXTURES & 100 AMP PANEL

Telephone:
Fax:

Home Improvement Registration No. or Exemption Reason:
Contractor License No.: Exp Date: Federal Emp. No.:

**B. ELECTRICAL CHARACTERISTICS**

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00
2. Rehabilitation $3,000.00
3. Demolition $0.00
Est.Cost of Elec.Work (1+2+3) $3,000.00

**Job Summary(Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 1/21/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4/15/15
Approved by:

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | 3/4/15 | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp.Serv | | | | |
| Constr.Serv | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 4/15/15 | |
| Barrier-Free | | | | |
| Temp Cut-in-Card Date Issued | | | | |
| Final Cut-in-Card Date Issue | | | | |
| Annual Pool Inspection | | | | |
| Date of Grounding and Bonding Certification | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 6 | | Lighting Fixtures | |
| 12 | | Receptacles | |
| 7 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motor-Fract.HP | |
| | | Emergency&Exit Lights | |
| | | Communication Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | Other 1: | |
| | | Other 2: | |
| | | TOTAL NUMBER 25 | $45.00 |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 1 | 30.00 | KW Central A/C Unit | $65.00 |
| | | HP/KW Space Htr./Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| 1 | 100.00 | AMP Subpanels | $65.00 |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | KW Photovoltaic Systems | |
| | | Other 3: | |
| | | Other 4: | |
| | | Other 5: | |
| | | Other 6: | |
| | | Other 7: | |
| | | Other 8: | |
| | | Other 9: | |

| | |
|---|---|
| Administrative Surcharge | CK # 10056, 57 |
| Minimum Fee | |
| State Permit Surcharge Fee | $6.00 |
| TOTAL FEE | $181.00 |

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

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

CITY OF ELIZABETH

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 01/21/2015
Control #: 2790

Date Issued: 2015-0155
Permit #: 0

**A. IDENTIFICATION APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 11[illegible] Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner in Fee: CHOW DIVERSITIED LLC

Address: 174NASSON STREET
PRINCENTON NJ

E-mail:

Telephone:

Contractor: MAXIMO REAL ELEC. CO.
ATTN:

Address: 270 GARSIDE STREET
NEWARK NJ

E-mail:

Telephone:

Fax:

**DESCRIPTION OF WORK:**
ELECTRICAL FIXTURES & 100 AMP PANEL

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

**B. ELECTRICAL CHARACTERISTICS**

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00
2. Rehabilitation $3,000.00
3. Demolition $0.00
Est.Cost of Elec.Work (1+2+3) $3,000.00

**Job Summary(Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [1/20] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 6 | | Lighting Fixtures | |
| 12 | | Receptacles | |
| 7 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motor-Fract.HP | |
| | | Emergency&Exit Lights | |
| | | Communication Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | Other 1: | |
| | | Other 2: | |
| | | TOTAL NUMBER 25 | $45.00 |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 1 | 30.00 | KW Central A/C Unit | $65.00 |
| | | HP/KW Space Htr./Air Handler | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| 1 | 100.00 | AMP Subpanels | $65.00 |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | KW Photovoltaic Systems | |
| | | Other 3: | |
| | | Other 4: | |
| | | Other 5: | |
| | | Other 6: | |
| | | Other 7: | |
| | | Other 8: | |
| | | Other 9: | |

CK # [illegible]

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $6.00 |
| TOTAL FEE | $181.00 |

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

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

11-1175

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

#2790

Date Received 1/21/15
Control #

Date Issued
Permit #

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO:

Block 11 Lot 1175 Qualification Code

Work Site Location 133-137 PARKER ROAD ELIZABETH NJ 07208

Owner in Fee: CHOW DIVERSIFIED LLC

Tel. e-mail

Address 174 NASSAU STREET SUITE 2000 PRINCETON NJ
(street) (municipality)

Contractor: Maximo Real Elec. Co. Tel.

Address 270 GARSIDE ST NEWARK e-mail

Contractor License No. Exp. Date 03/2015

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

Federal Emp. ID No. FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present 1 family Proposed

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

Building Occupied as Utility Co. PSEG

Est. Cost of Elec. Work $ 3,000.00

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 6 | | Lighting Fixtures | |
| 13 | | Receptacles | |
| — | | Switches | |
| — | | Detectors | |
| — | | Light Poles | |
| — | | Motors—Fract. HP | |
| — | | Emergency & Exit Lights | |
| — | | Communications Points | |
| — | | Alarm Devices/F.A.C. Panel | |
| — | | | |
| — | | TOTAL NUMBERS | $ |
| — | | Pool Permit/with UW Lights | |
| — | | Storable Pool/Spa/Hot Tub | |
| — | — | KW Elec. Range/Receptacle | |
| — | — | KW Oven/Surface Unit | |
| — | — | KW Elec. Water Heater | |
| — | — | KW Elec. Dryer/Receptacle | |
| — | — | KW Dishwasher | |
| — | — | HP Garbage Disposal | |
| — | — | KW Central A/C Unit | |
| — | — | HP/KW Space Heater/Air Handler | |
| — | — | KW Baseboard Heat | |
| — | — | HP Motors 1/+ HP | |
| — | — | KW Transformer/Generator | |
| — | — | AMP Service | |
| — | — | AMP Subpanels | |
| — | — | AMP Motor Control Center | |
| — | — | KW Elec. Sign/Outline Light | |
| 1 | 100AMP | MAIN PANEL | |
| 1 | 30AMP | SPLIT A/C | |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 1/21/15

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection — — — —

Date of Grounding and Bonding Certification

CITY OF ELIZABETH

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received: 02/03/2015
Control #: 2879

Date Issued: 2-4-15
Permit #: 0 2015-0164

**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner Details
Name: CHOW DIVERSITIED LLC
Address: 174 NASSON STREET
PRINCENTON NJ
Telephone:
E-mail:

Contractor Details
Contractor: ROBS CUSTOM CARPENTRY & IIA
ATTN:
Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811-
Telephone: Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

**B. BUILDING CHARACTERISTICS**

| | | | |
|---|---|---|---|
| Use Group | Present: R-5 | Proposed: | |
| Constr. Class | Present: | Proposed: | |
| No. of Stories | | If Industrialized Building | |
| Height of Structure | Ft. | State Approved ____ | HUD____ |
| Area - Largest Floor | Sq. Ft. | | |
| New Bldg. Area/All Floors | Sq. Ft. | **Est. Cost of Bldg. work:** | |
| Volume of New Structure | Cu. Ft. | 1. New Building | 0.00 |
| Total Land Area Disturbed | Sq. Ft. | 2. Rehabilitation | 1,200.00 |
| Max. Live Load | | 3. Demolition | 0.00 |
| Max. Occupancy Load | | 4. Total (1+2+3) | $1,200.00 |

**C. CERTIFICATION IN LIEU OF OATH**

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

Sign here: _____

Print name here: _____

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
INTERIOR DEMOLTION *** PLANS TO FOLLOW.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ]No Plans Required | | |
| [ ]All | | |
| [ ]Footings/Foundations | | |
| [ ]Structural/Framework | | |
| [ ]Exterior | | |
| [ ✓ ]Interior | 2/3/15 | |
| [ ]Other | | |

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes - Base Layer | | | | |
| Finishes - Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 4/2/15 | AH |
| Barrier-Free | | | | |

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ X ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

| | |
|---|---|
| | $24.00 |
| Administrative Surcharge CK # 10059 | |
| Minimum Fee 10060 | |
| State Permit Surcharge Fee | $2.00 |
| TOTAL FEE | $77.00 |

U.C.C.F110(rev. 11/09)

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

CITY OF ELIZABETH

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received: 02/03/2015 Control #: 2879

Date Issued: 2.4.15 Permit #: 0 2015-0164

**A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block: 11 Lot: 1175 Qualification Code:

Work Site Location: 133-137 PARKER ROAD

Owner Details

Name: CHOW DIVERSITIED LLC

Address: 174 NASSON STREET
PRINCENTON NJ

Telephone:

E-mail:

Contractor Details

Contractor: ROBS CUSTOM CARPENTRY & HA
ATTN:

Address: 9 MASON AVENUE
EAST BRUNSWICK NJ 08811-

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

**B. BUILDING CHARACTERISTICS**

| | | | | |
|---|---|---|---|---|
| Use Group | Present: R-5 | Proposed: | | |
| Constr. Class | Present: | Proposed: | | |
| No. of Stories | | | If Industrialized Building | |
| Height of Structure | | Ft. | State Approved _____ | HUD_____ |
| Area - Largest Floor | | Sq. Ft. | | |
| New Bldg. Area/All Floors | | Sq. Ft. | **Est. Cost of Bldg. work:** | |
| Volume of New Structure | | Cu. Ft. | 1. New Building | 0.00 |
| Total Land Area Disturbed | | Sq. Ft. | 2. Rehabilitation | 1,200.00 |
| Max. Live Load | | | 3. Demolition | 0.00 |
| Max. Occupancy Load | | | 4. Total (1+2+3) | $1,200.00 |

**C. CERTIFICATION IN LIEU OF OATH**

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

Sign here: _____

Print name here: _____

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
INTERIOR DEMOLTION *** PLANS TO FOLLOW.

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

| | Date | Initial |
|---|---|---|
| [ ]No Plans Required | | |
| [ ]All | | |
| [ ]Footings/Foundations | | |
| [ ]Structural/Framework | | |
| [ ]Exterior | | |
| [ ]Interior | 2/3/15 | |
| [ ]Other | | |

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

| Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes - Base Layer | | | | |
| Finishes - Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

TYPE OF WORK:

| | |
|---|---|
| [ ] New Building | |
| [ ] Addition | |
| [X] Rehabilitation | $24.00 |
| [ ] Roofing | |
| [ ] Siding | |
| [ ] Fence_____ Height (exceeds 6') | |
| [ ] Pylon Sign Sq. Ft. | |
| [ ] Ground or Wall Sign Sq. Ft. | |
| [ ] Pool | |
| [ ] Retaining Wall 0.00 Sq. Ft. | |
| [ ] Asbestos Abatement | |
| [ ] Lead Haz. Abatement | |
| [ ] Radon Remediation | |
| [ ] Other 1: | |
| [ ] Other 2: | |
| [ ] Other 3: | |
| [ ] Demolition | |

FEE (Office Use Only)

| | |
|---|---|
| Administrative Surcharge CK # 10059 | |
| Minimum Fee | |
| State Permit Surcharge Fee 10060 | $2.00 |
| TOTAL FEE | $77.00 |

U.C.C.F110(rev. 11/09)

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

# BUILDING SUBCODE
## TECHNICAL SECTION

~~X~~ 2879

Date Received 2/3/15
Control #

Date Issued
Permit #

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

Block 11 Lot 475 Qualification Code

Work Site Location 133-137 PARKER Rd.

Owner in Fee: CHOW DIVERSIFIED

Tel. e-mail

Address

Contractor: ROSS CUSTOM CARPENTRY (street, municipality) Tel.

Address 9 MASON AVE (zip code) e-mail

E Brunswick NJ. 08816

Contractor License No. or Builder Registration No. Exp. Date 3-31-15

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

Federal Emp. ID No. FAX: ( )

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | 2/3/15 | |
| Joint Plan Review Required: | | |
| [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator | | |
| SUBCODE APPROVAL for PERMIT | | |
| Date: | | |
| Approved by: | | |
| SUBCODE APPROVAL for CERTIFICATE | | |
| [ ] CO [ ] CCO [ ] CA | | |
| Date: | | |
| Approved by: | | |

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present X Proposed 1 FAMILY Constr. Class Present Proposed

No. of Stories 2

Height of Structure 30' ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 12000

U.C.C. F110
(rev. 11/09)

**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.

Sign here:

Print name here: STANLEY CHOW for CHOW DIVERSIFIED, LLC

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Demolition of Kitchen and Pantry PLANS to follow

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [X] Demolition

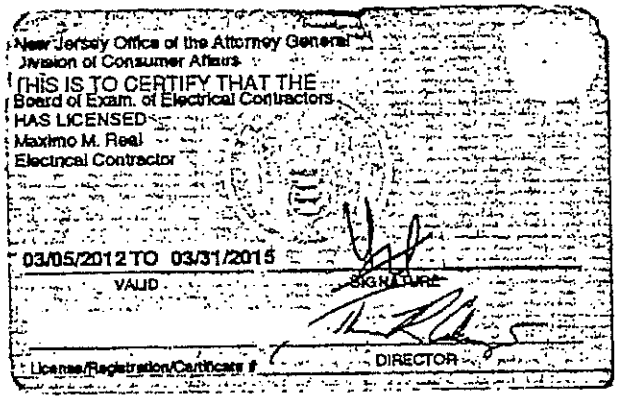
FEE (Office Use Only)

$

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

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

91


New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
Maximo M. Real
Electrical Contractor
03/05/2012 TO 03/31/2015
VALID
SIGNATURE
License/Registration/Certificate #
DIRECTOR

# CITY OF ELIZABETH

## DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

### BUREAU OF CONSTRUCTION, ZONING DIVISION

50 WINFIELD SCOTT PLAZA, ELIZABETH, NJ TELEPHONE 908.820.4027 TELEFAX 908.820.4245

**MARIA Z. CARVALHO** *Executive Assistant*
**EDUARDO J. RODRIGUEZ** *Director*
**J. CHRISTIAN BOLLWAGE** *Mayor*

## ZONING INFORMATION

**DATE:** March 27, 2015

**APPLICANT:** Chow Diversified, LLC
**ADDRESS:** 1202 Schindler Dr. North
Monmouth Junction, NJ 08852

**LOCATION:** 133-137 Parker Rd.

On March 27, 2015, an application for review of **LOCATION** was received. It was for the **construction of a deck, in an R-1 zoning district.**

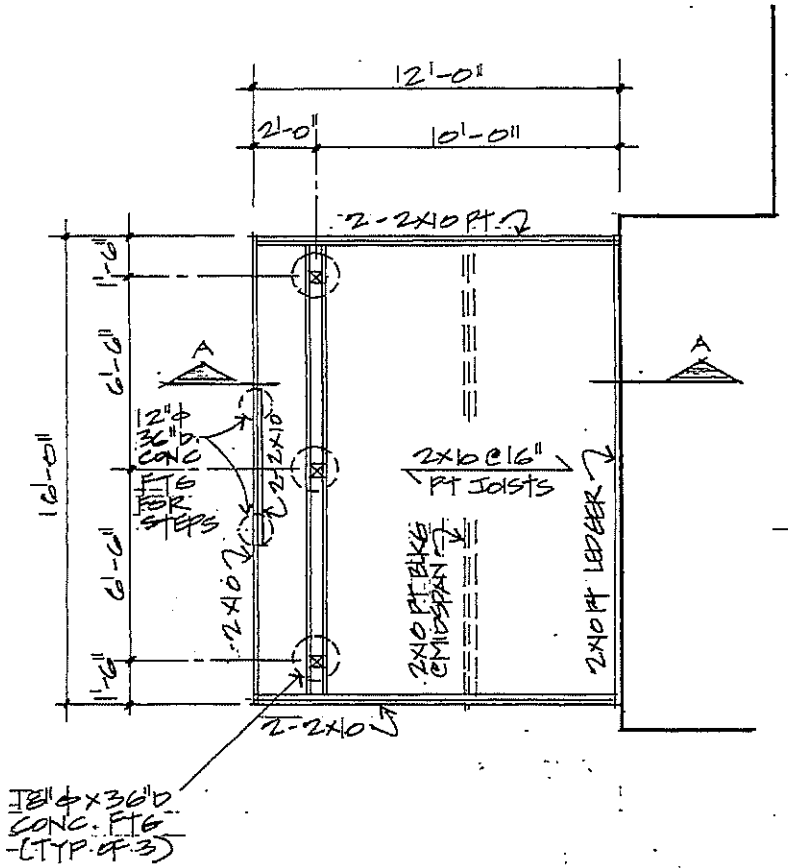
This project may proceed, with the following conditions:

> Installation must conform to Section **17.36.110.C.2,** in that the deck may be located in any side or rear yard, and it shall be limited so that the floor of such structure shall rise no higher than the ground floor elevation, extends no more than eighteen (18) feet from a building and no closer than three (3) feet to a lot line, with at least two (2) open sides, and with any cover limited to a height of ten (10) feet.

This preliminary determination, rendered under **Section 17.04.030, Land Development Code,** may be confirmed by obtaining permits for **all** alteration, construction, demolition, installations and renovations from the Construction Bureau **before** beginning any work. Present this review with **necessary** Uniform Construction Code applications in Room 401, City Hall.

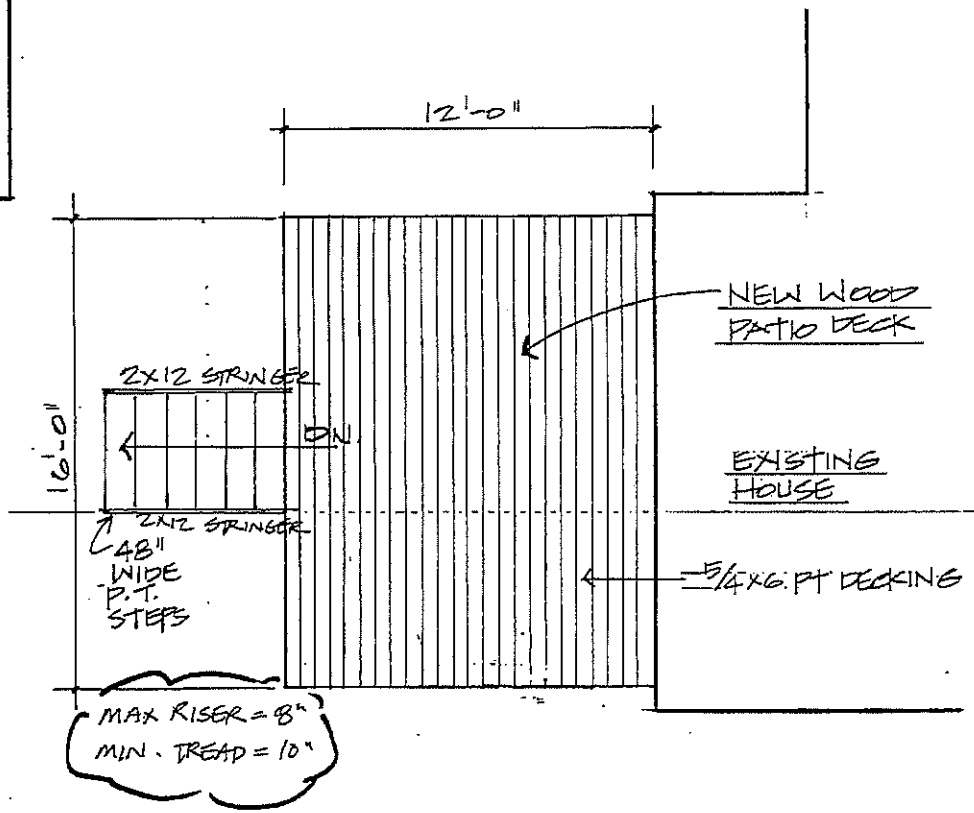
Lawrence M. Finn, III
Zoning Officer

Maria Z. Carvalho
Executive Assistant




FRAMING PLAN

1/4"=1'-0"



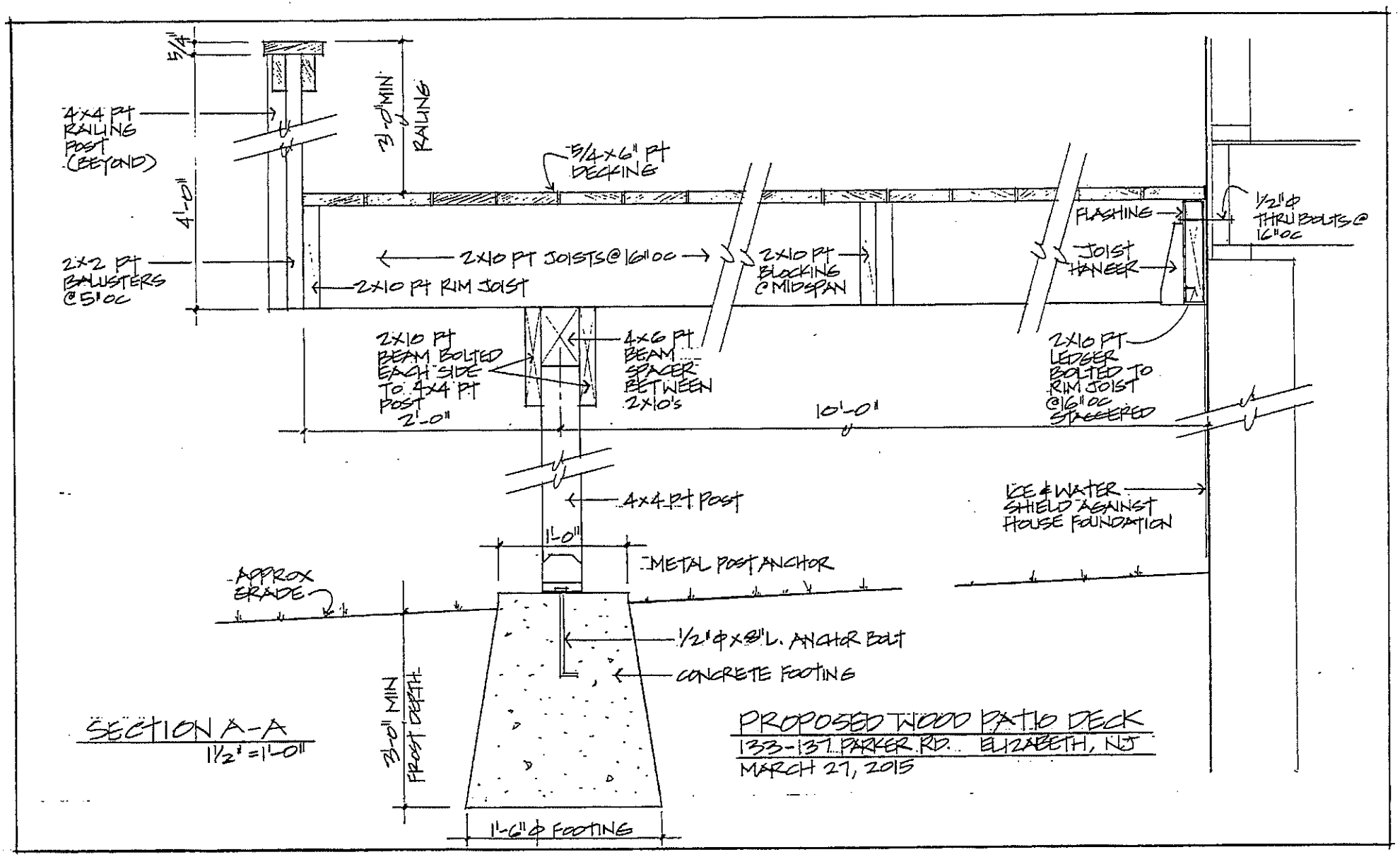

DECK PLAN

1/4"=1'-0"

# PROPOSED WOOD PATIO DECK

133-137 PARKER RD ELIZABETH, NJ

MARCH 27, 2015 REV. APRIL 14, 2015 REVD STEPS




SECTION A-A
1½" = 1'-0"

PROPOSED WOOD PATIO DECK
133-137 PARKER RD. ELIZABETH, NJ
MARCH 27, 2015

NOTE: THIS CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY THE NAME PURCHASER, NO RESPONSIBILTY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION EITHER DIRECTLY OR INDIRECTLY.

NOTE: UNDERGROUND UTILITIES, IF ANY, HAVE NOT BEEN LOCATED.

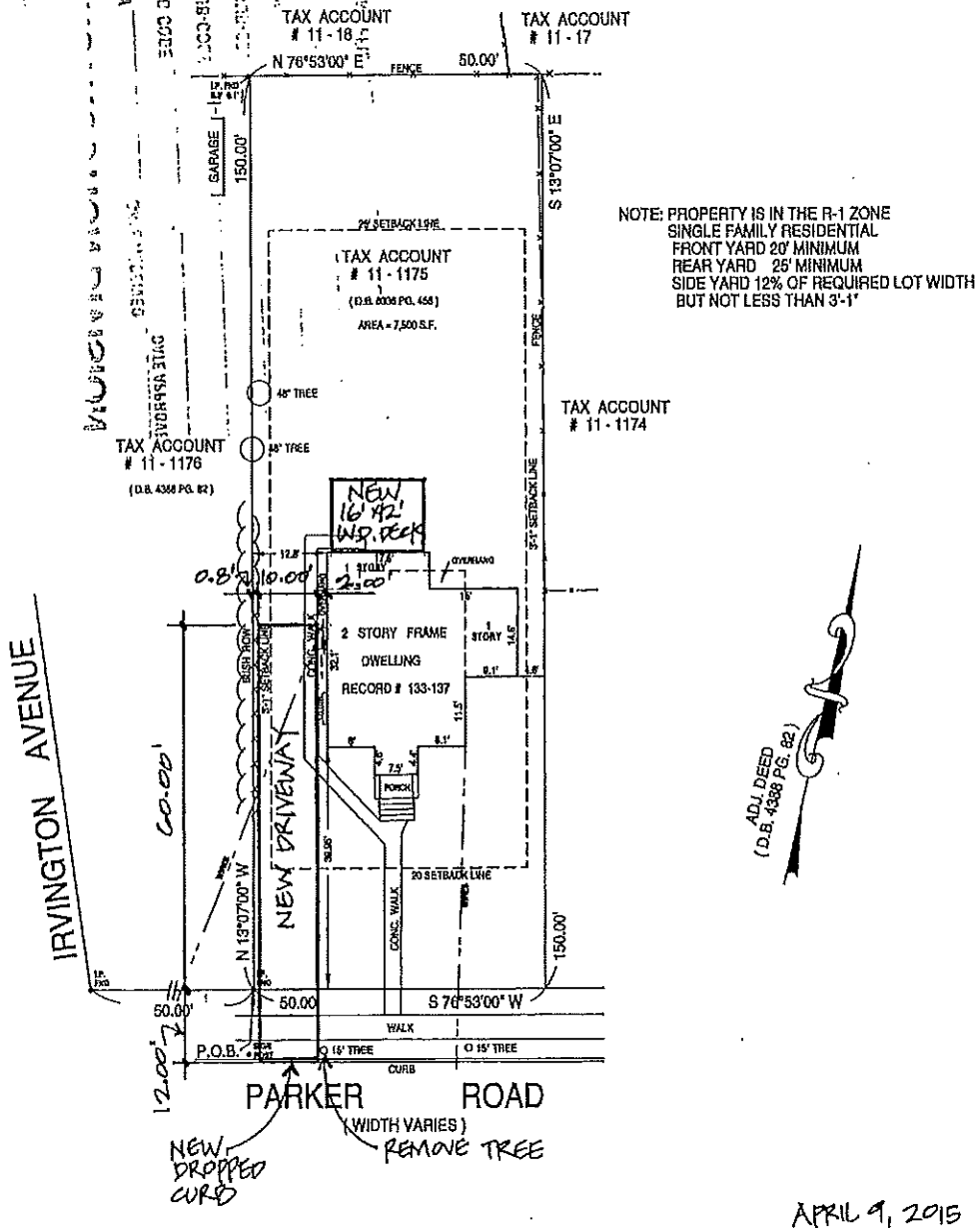
NOTE: THIS SURVEY HAS BEEN PREPARED WITHOUT THE BENEFIT OF ANY TITLE REPORT AND/OR SEARCH. THE PROPERTY SHOWN HEREON, MAY BE SUBJECT TO VARIOUS EASEMENTS AND/OR "RIGHTS OF OTHERS". THIS SURVEY IS SUBJECT TO REVISIONS AS SUCH A REPORT AND/OR SEARCH MAY REVEAL.

"A WRITTEN 'WAIVER AND DIRECTION NOT TO SET CORNER MARKERS' HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO P.L.2003, c.14(C45:8-36.3) and N.J.A.C. 13:40-5.1 (d).

THIS SURVEY DOES NOT DETERMINE THE EXISTENCE, NONEXISTENCE OR LOCATION OF FRESHWATER WETLANDS OR OTHER ENVIRONMENTAL CONDITIONS.

NOTE: SURVEY SUBJECT TO EASEMENTS, COVENANTS AND RESTRICTIONS OF RECORD.

NOTE: DUE TO LATENT CONDITIONS CAUSED BY SNOW COVER, CERTAIN LOW LEVEL IMPROVEMENTS MAY NOT BE LOCATED.




NOTE: PROPERTY IS IN THE R-1 ZONE
SINGLE FAMILY RESIDENTIAL
FRONT YARD 20' MINIMUM
REAR YARD 25' MINIMUM
SIDE YARD 12% OF REQUIRED LOT WIDTH
BUT NOT LESS THAN 3'-1"

APRIL 9, 2015

SURVEY OF PROPERTY FOR: CHOW DIVERSIFIED, LLC
LOCATED AT 133-137 PARKER ROAD, TAX ACCOUNT # 11-1175
SITUATED IN: CITY OF ELIZABETH, UNION COUNTY, N.J.
PREPARED BY: THOMAS M. ERNST & ASSOCIATES, PROFESSIONAL LAND SURVEYORS, INC.
457 SPOTSWOOD-ENGLISHTOWN ROAD P.O. BOX 221 JAMESBURG, N.J. 08831
CERTIFICATE NUMBER 24GA27967000 PHONE 732-251-1001 FAX 732-251-9470
DATE: FEBRUARY 10, 2015 SCALE: 1" = 20'

CERTIFIED TO: CHOW DIVERSIFIED, LLC;
and STANLEY E. CHOW

MICHAEL S. LYNCH
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LIC.

133-137 Parker Rd

CITY
CONSTRUCTION DIVISION

PLAN REVIEW _____ DATE RECEIVED 4-19-05
DATE APPROVED

BUILDING SUB-CODE _____

PLUMBING SUB-CODE _____

ELECTRICAL SUB-CODE _____

FIRE SUB-CODE _____

ELEVATOR SUB-CODE _____

CONSTRUCTION OFFICIAL _____

Revised

OFFICE COPY

NOTE: THIS CERTIFICATION IS MADE ONLY TO HEREON NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF HEREIN DELINEATED PROPERTY BY THE NAME PURCHASER, NO RESPONSIBILTY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION EITHER DIRECTLY OR INDIRECTLY.

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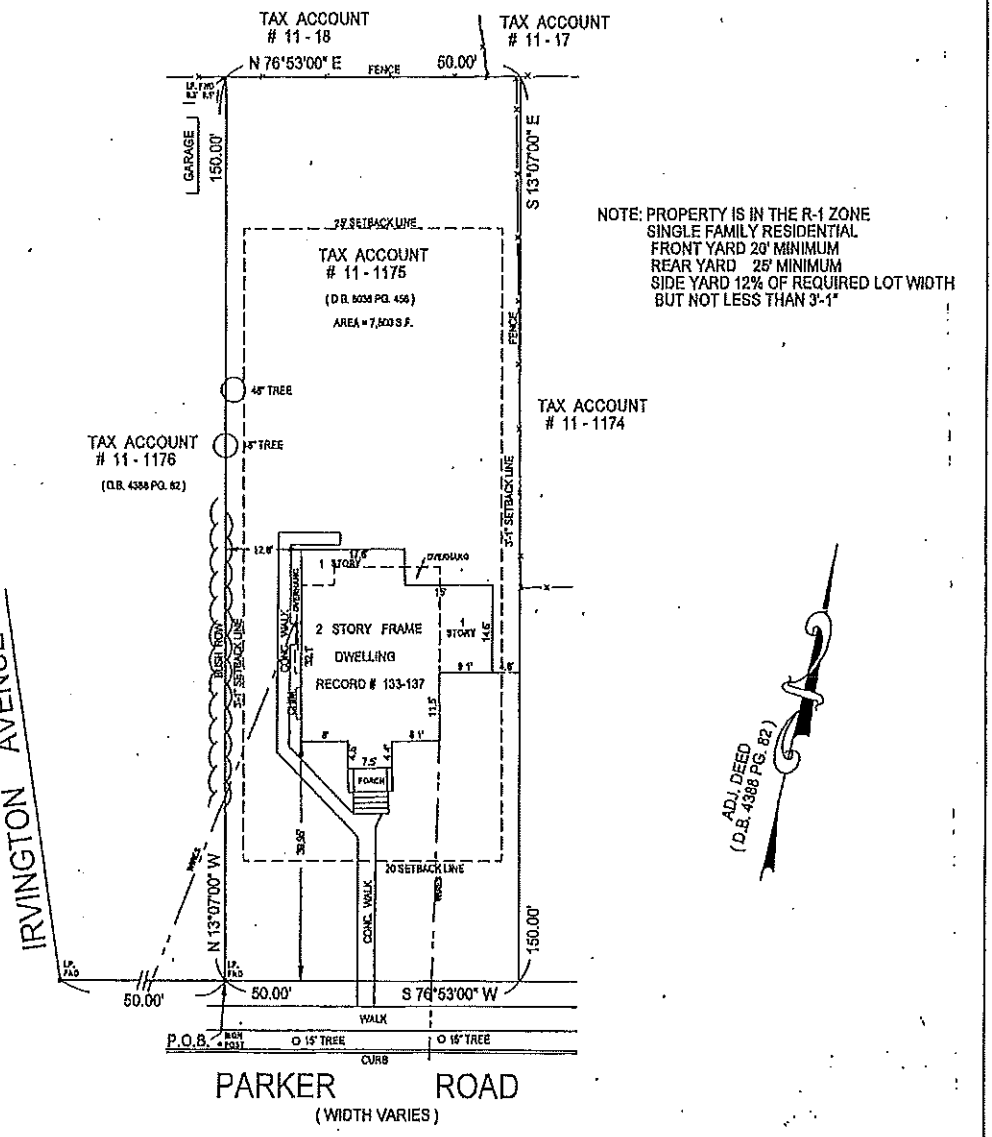


NOTE: PROPERTY IS IN THE R-1 ZONE
SINGLE FAMILY RESIDENTIAL
FRONT YARD 20' MINIMUM
REAR YARD 25' MINIMUM
SIDE YARD 12% OF REQUIRED LOT WIDTH
BUT NOT LESS THAN 3'-1"

SURVEY OF PROPERTY FOR: CHOW DIVERSIFIED, LLC
LOCATED AT 133-137 PARKER ROAD, TAX ACCOUNT # 11-1175
SITUATED IN: CITY OF ELIZABETH, UNION COUNTY, N.J.
PREPARED BY: THOMAS M. ERNST & ASSOCIATES, PROFESSIONAL LAND SURVEYORS, INC.
457 SPOTSWOOD-ENGLISHTOWN ROAD P.O. BOX 221 JAMESBURG, N.J. 08831
CERTIFICATE NUMBER 24GA27967000 PHONE 732-251-1001 FAX 732-251-9470
DATE: FEBRUARY 10, 2015 SCALE: 1" = 20'

CERTIFIED TO: CHOW DIVERSIFIED, LLC;
and STANLEY E. CHOW

MICHAEL S. LYNCH
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LIC.

# CITY OF ELIZABETH

## DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

### BUREAU OF CONSTRUCTION, ZONING DIVISION

50 WINFIELD SCOTT PLAZA, ELIZABETH, NJ TELEPHONE 908.820.4027 TELEFAX 908.820.4245

MARIA Z. CARVALHO *Executive Assistant*
EDUARDO J. RODRIGUEZ *Director*
J. CHRISTIAN BOLLWAGE *Mayor*

## ZONING INFORMATION

**DATE:** March 27, 2015

**APPLICANT:** Chow Diversified, LLC
**ADDRESS:** 1202 Schindler Dr. North
Monmouth Junction, NJ 08852

**LOCATION:** 133-137 Parker Rd.

On March 27, 2015, an application for review of LOCATION was received. It was for the **construction of a deck, in an R-1 zoning district.**

This project may proceed, with the following conditions:

> Installation must conform to Section **17.36.110.C.2**, in that the deck may be located in any side or rear yard, and it shall be limited so that the floor of such structure shall rise no higher than the ground floor elevation, extends no more than eighteen (18) feet from a building and no closer than three (3) feet to a lot line, with at least two (2) open sides, and with any cover limited to a height of ten (10) feet.

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Lawrence M. Finn, III
Zoning Officer

Maria Z. Carvalho
Executive Assistant

# CITY OF ELIZABETH

DEPARTMENT OF NEIGHBORHOOD SERVICES
BUREAU OF CONSTRUCTION & ZONING
50 WINFIELD SCOTT PLAZA, ELIZABETH, NJ 07201
Tel. (908) 820 - 4027 Fax (908) 820 - 4245

## ZONING REVIEW APPLICATION

APPLICANT'S NAME: CHOW DIVERSIFIED, LLC (Attn: STANLEY CHOW)

ADDRESS (with ZIPCODE): 1202 SCHINDLER DR. NORTH MONMOUTH JUNCTION, NJ 08852

APPLICANT'S OR CONTACT'S TELEPHONE NUMBERS: _____

PROPERTY ADDRESS: 133-137 PARKER ROAD, ELIZABETH, NJ 07208

BETWEEN WHAT STREETS CROSS STREETS: IRVINGTON AVE & UNION AVE.

OWNER: CHOW DIVERSIFIED, LLC

OWNER'S ADDRESS: 1202 SCHINDLER DR. NORTH MONMOUTH JUNCTION, NJ 08852

IS ANY ADDITION TO BE MADE TO THE PROPERTY (covering more ground or adding floor-space, as in an extension, a deck, a pool, or a patio)? NO ____ YES ✓
*(If "YES" a survey of the property must be provided to Construction Bureau with this application.)*

WHAT IS THE PRESENT /LAST USE OF THE PROPERTY? SINGLE-FAMILY DWELLING
*(For example, "two-family," or " pizza parlor," or "cemetery/mausoleum," or "private airport.")*

WHEN DID THE LAST USE END (IF NOT NOW BEING USED)? N/A

WHAT USE, CHANGE, OR ADDITION, IS NEEDED? *(For example, "finished attic" or "change one-to two-family," or "demolish garage and replace underneath house," or "convert pizza parlor to beauty salon.")*

1. ADD WOOD DECK TO REAR OF HOUSE.
2. ADD DRIVEWAY
SEE ATTACHED PLANS

Stanley E. FOR CHOW DIVERSIFIED, LLC — 3/27/2015
OWNER'S SIGNATURE *(OWNER'S CONSENT TO THIS APPLICATION)* — DATE

Stanley E. STANLEY E. CHOW — 3/27/2015
APPLICANT'S SIGNATURE — DATE

RECEIVED
MAR 27 2015
CONSTRUCTION BUREAU
ELIZABETH, N.J.

RECEIVED IN CONSTRUCTION BUREAU BY: _____ DATE: _____
*(INITIALS)*

# CITY OF ELIZABETH

## DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

### BUREAU OF CONSTRUCTION, ZONING DIVISION

50 WINFIELD SCOTT PLAZA, ELIZABETH, NJ TELEPHONE 908.820.4027 TELEFAX 908.820.4245

MARIA Z. CARVALHO *Executive Assistant*
EDUARDO J. RODRIGUEZ *Director*
J. CHRISTIAN BOLLWAGE *Mayor*

## ZONING INFORMATION

DATE: March 27, 2015

**APPLICANT:** Chow Diversified, LLC
**ADDRESS:** 1202 Schindler Dr. North
Monmouth Junction, NJ 08852

**LOCATION:** 133-137 Parker Rd.

On March 27, 2015, an application for review of **LOCATION** was received. It is for the **installation of a driveway, in an R-1 zoning district.**

This project may proceed, under the following conditions:

1. Permits for a curb-cut and sidewalk repair, if needed, must be obtained from the **Department of Public Works**, Room 308, City Hall, by presenting this review and meeting the application requirements, **in advance** of any work to open and/or pave the driveway.

2. Driveways must be constructed with **no** architectural features of the building projecting into the minimum width of the driveway, and must continue into rear yard since no parking forward of a house front foundation line and no parking within three (3) feet of a side lot-line is permitted.

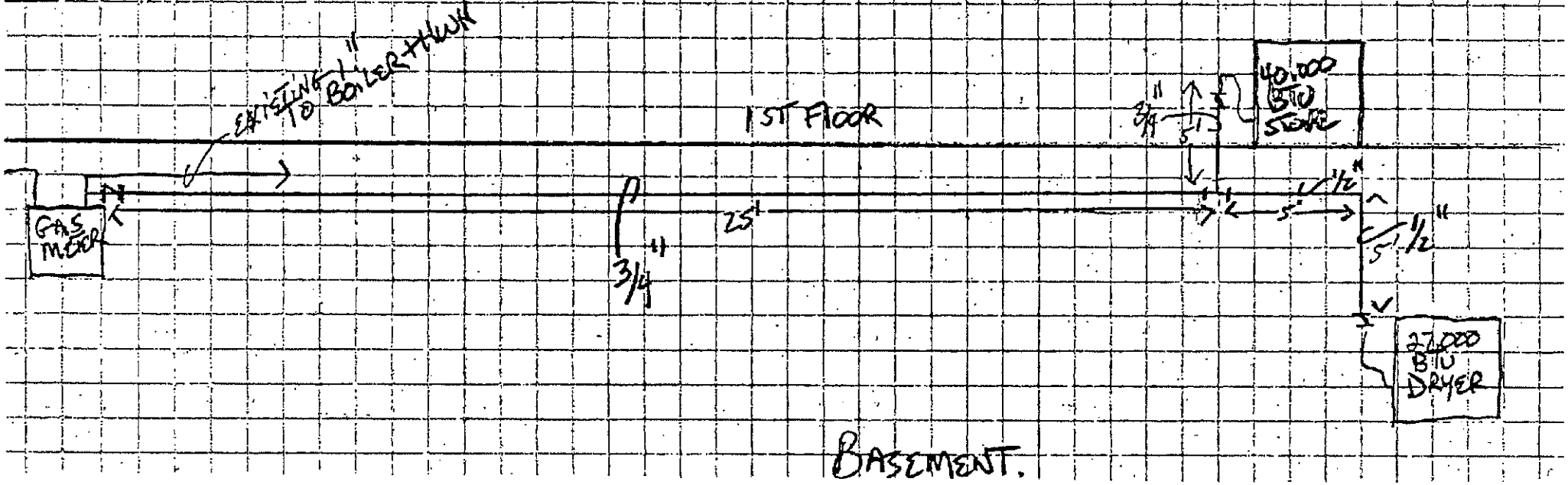
3. Driveway installations require a **ten (10 ) foot** width, with a **three-foot** flare on each side of the driveway allowed at the curb/street line, and each residential lot is permitted only one driveway.

Lawrence M. Finn, III
Zoning Officer

Maria Z. Carvalho
Executive Assistant

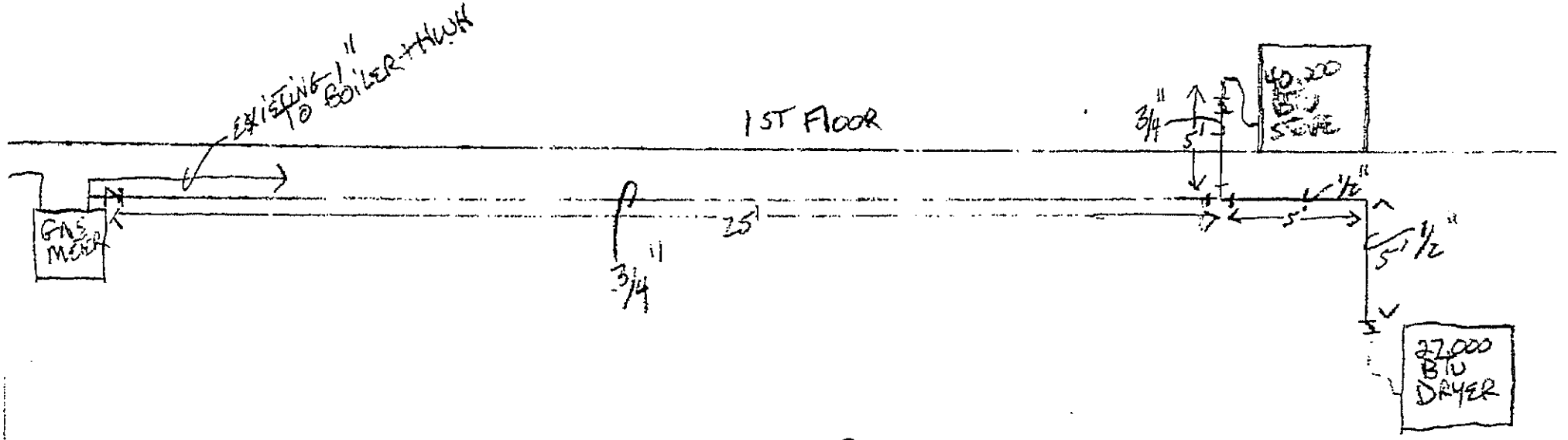
135 PARKER RD, ELIZABETH - GAS RISER DIAGRAM,
MATERIALS USED - BLK PIPE + FITTINGS
(STANDARD LOW PRESSURE,

TOTAL BTU - 67,000 TOTAL LENTH 40 FT 3/4"



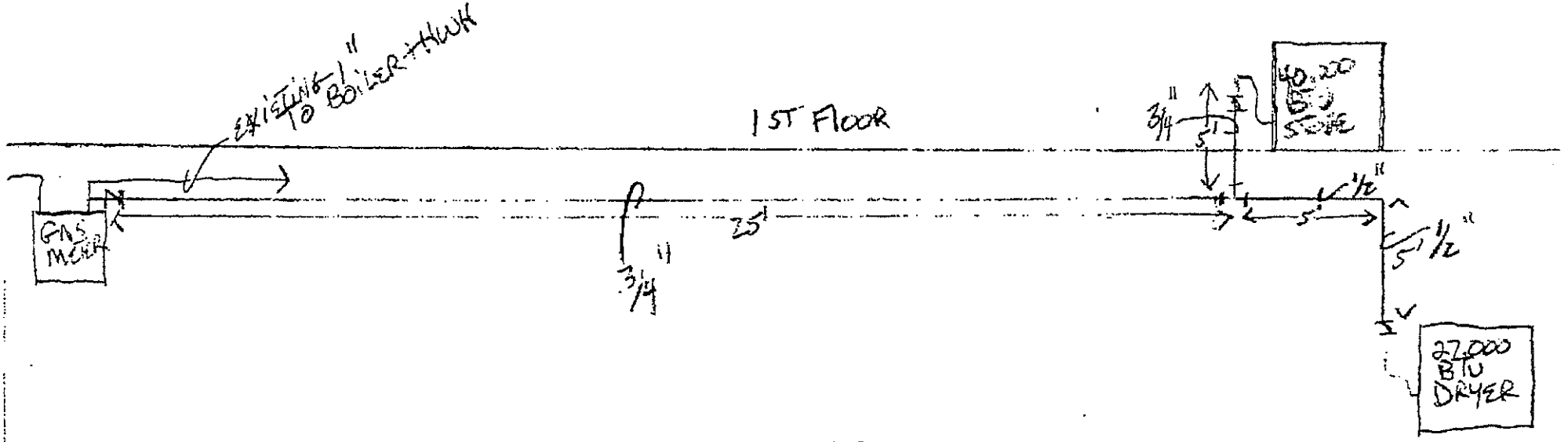
135 PARKER RD, ELIZABETH - GAS RISER DIAGRAM,
MATERIALS USED - BLK PIPE + FITTINGS
(STANDARD) LOW PRESSURE,

TOTAL BTU - 67,000 TOTAL LENTH 40 FT 3/4"



135 PARKER RD, ELIZABETH - GAS RISER DIAGRAM,
MATERIALS USED - BLK PIPE + FITTINGS
(STANDARD) LOW PRESSURE,

TOTAL BTU - 67,000 TOTAL LENGTH 40 FT 3/4"



# State Of New Jersey
# New Jersey Office of the Attorney General
# Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

Charles E. Novak Jr
T/A GARDEN STATE PLBG & REMODEL INC
2 Jeffrey Court
Parlin, NJ 08859

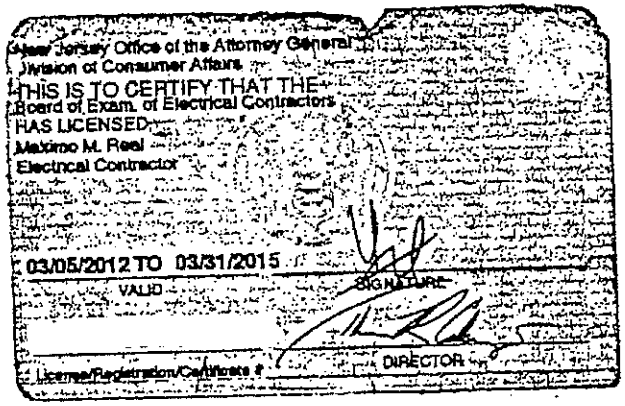
FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

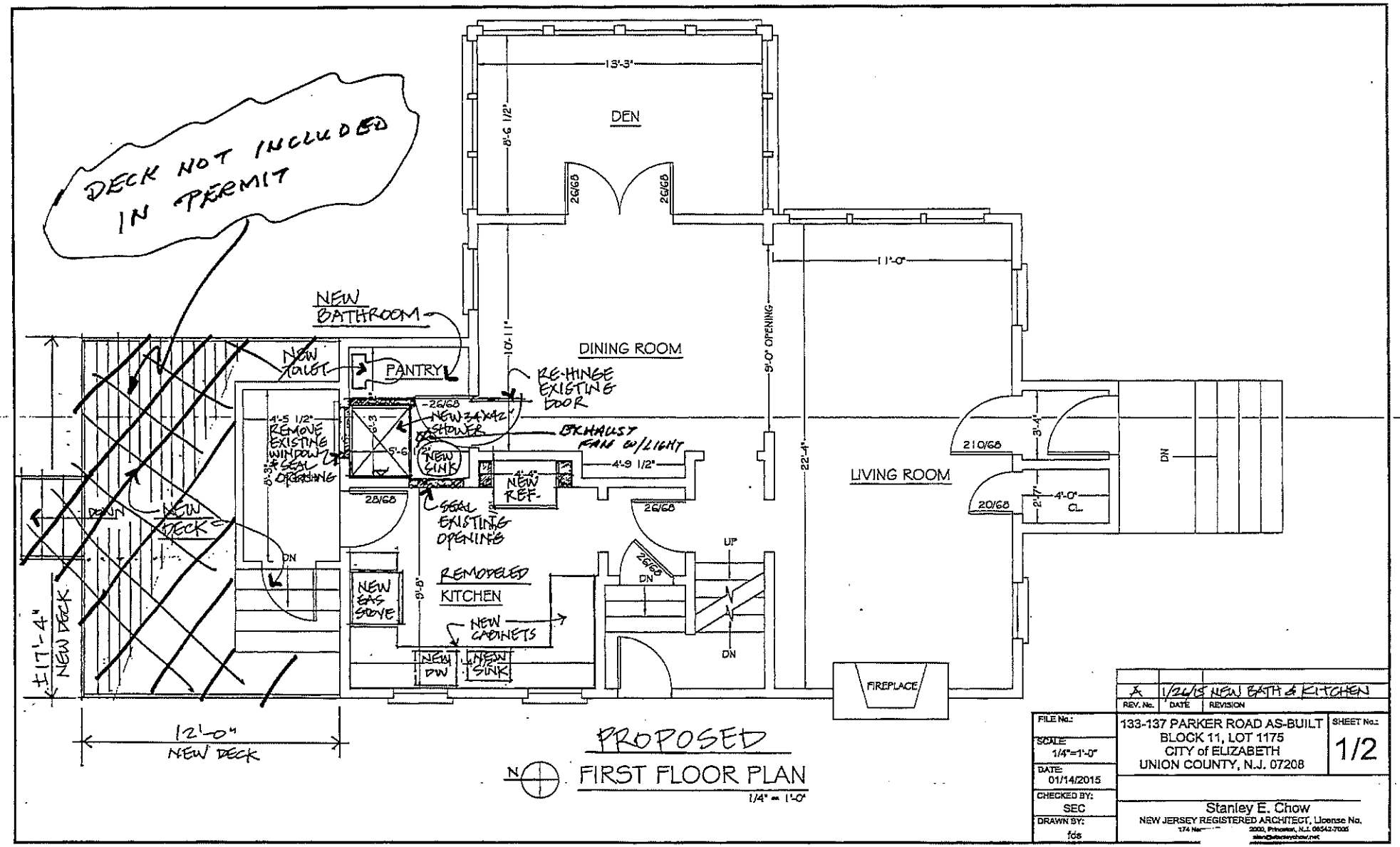
05/15/2013 TO 06/30/2015
VALID

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR


New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
Maximo M. Real
Electrical Contractor
03/05/2012 TO 03/31/2015
VALID
SIGNATURE
DIRECTOR
License/Registration/Certificate #



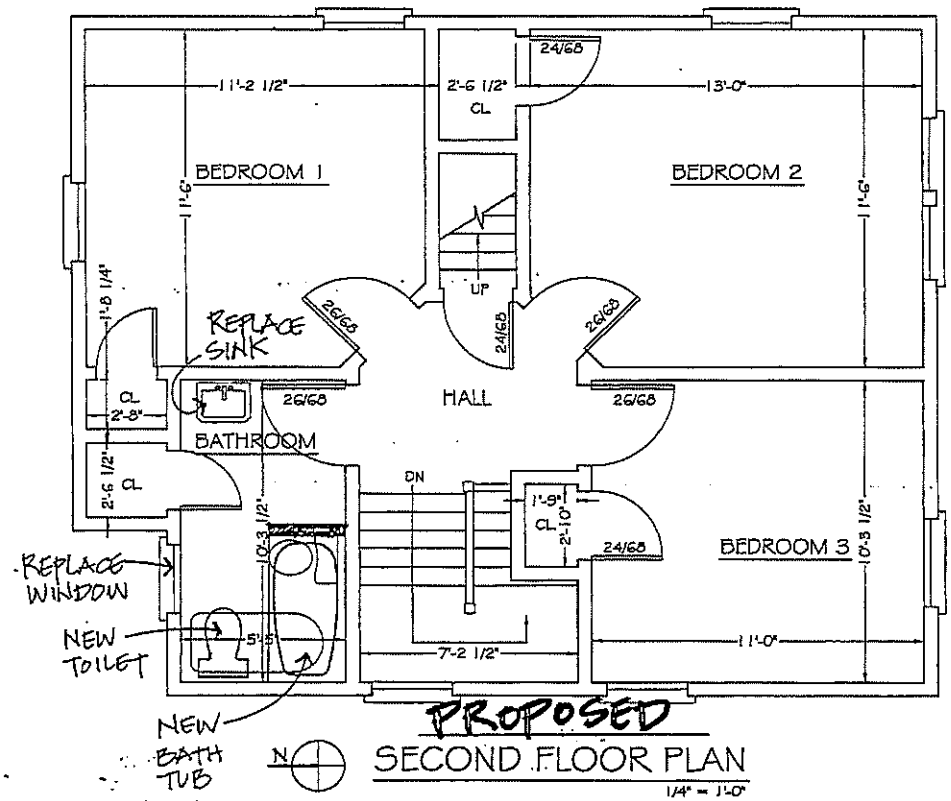

| REV. No. | DATE | REVISION |
|---|---|---|
| A | 1/26/15 | NEW BATH & KITCHEN |

| | |
|---|---|
| FILE No.: | |
| SCALE: 1/4"=1'-0" | |
| DATE: 01/14/2015 | |
| CHECKED BY: SEC | |
| DRAWN BY: fds | |

133-137 PARKER ROAD AS-BUILT
BLOCK 11, LOT 1175
CITY of ELIZABETH
UNION COUNTY, N.J. 07208

SHEET No.: 1/2

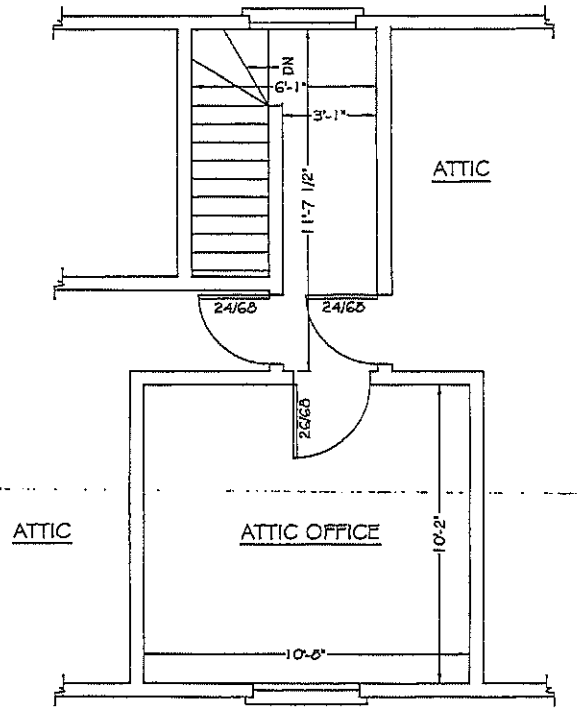
Stanley E. Chow
NEW JERSEY REGISTERED ARCHITECT, License No.
174 Nassau Street, 2000, Princeton, N.J. 08542-7005
stan@stanleychow.net




N

SECOND FLOOR PLAN

1/4" = 1'-0"




N

ATTIC FLOOR PLAN

1/4" = 1'-0"

| REV. No. | DATE | REVISION |
|---|---|---|
| B | 2/11/15 | REVISE LAYOUT |
| A | 1/26/15 | SECOND FLOOR BATH |

| | |
|---|---|
| FILE No.: | |
| SCALE: 1/4"=1'-0" | |
| DATE: 01/14/2015 | |
| CHECKED BY: SEC | |
| DRAWN BY: fds | |

133-137 PARKER ROAD AS-BUILT
BLOCK 11, LOT 1175
CITY of ELIZABETH
UNION COUNTY, N.J. 07208

SHEET No.: 2/2

Stanley E. Chow
NEW JERSEY REGISTERED ARCHITECT, License No
174 Nas
00, Princeton, N.J. 08542-7000
sec@stanleychow.net

OFFICE COPY

133-137 Parker Road
Renovation to one-family done

CITY OF ELIZABETH, NJ
CONSTRUCTION DIVISION

PLAN REVIEW _____ DATE RECEIVED 2-13-15 A.A
DATE APPROVED

BUILDING SUB-CODE _____ R.B. Savas 2/24/15

PLUMBING SUB-CODE _____ 2/24/15

ELECTRICAL SUB-CODE _____ 2/24/15

FIRE SUB-CODE _____

ELEVATOR SUB-CODE _____

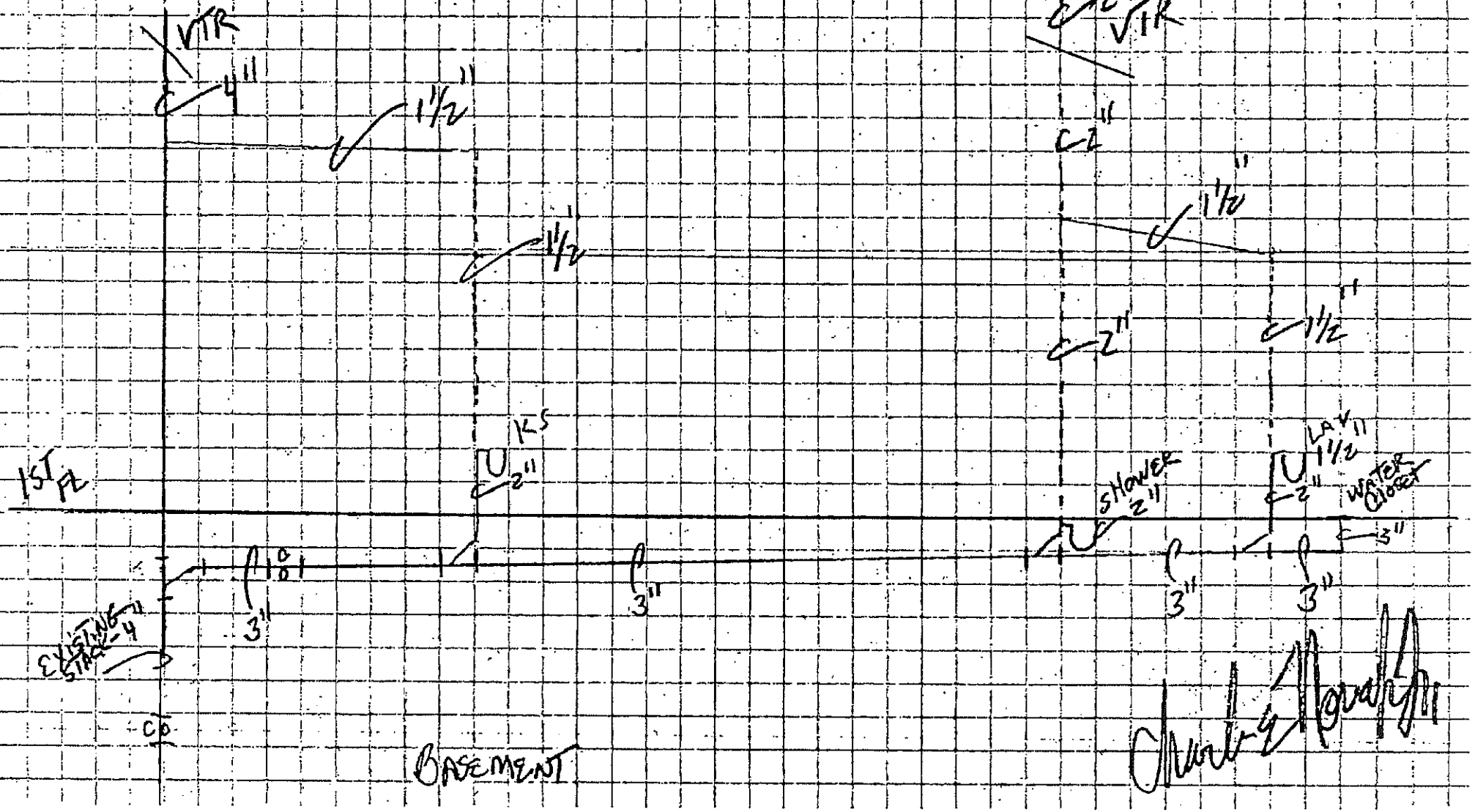
CONSTRUCTION OFFICIAL _____ R.B. Savas

135 PARKER ST ELIZABETH

PLUMBING RISER DIAGRAM

12-8-4 WATER CLOSETS
12-8-1 TRAP ARMS
12-8-3 CROWN VENTING
12-10-1 WET VENTING

MATERIALS USED:
PVC-DRAINAGE
PEX TUBING - WATER DISTRIBUTION
MANIFOLD SYSTEM,



135 PARKER ST ELIZABETH

PLUMBING RISER DIAGRAM

12-8-4 WATER CLOSETS
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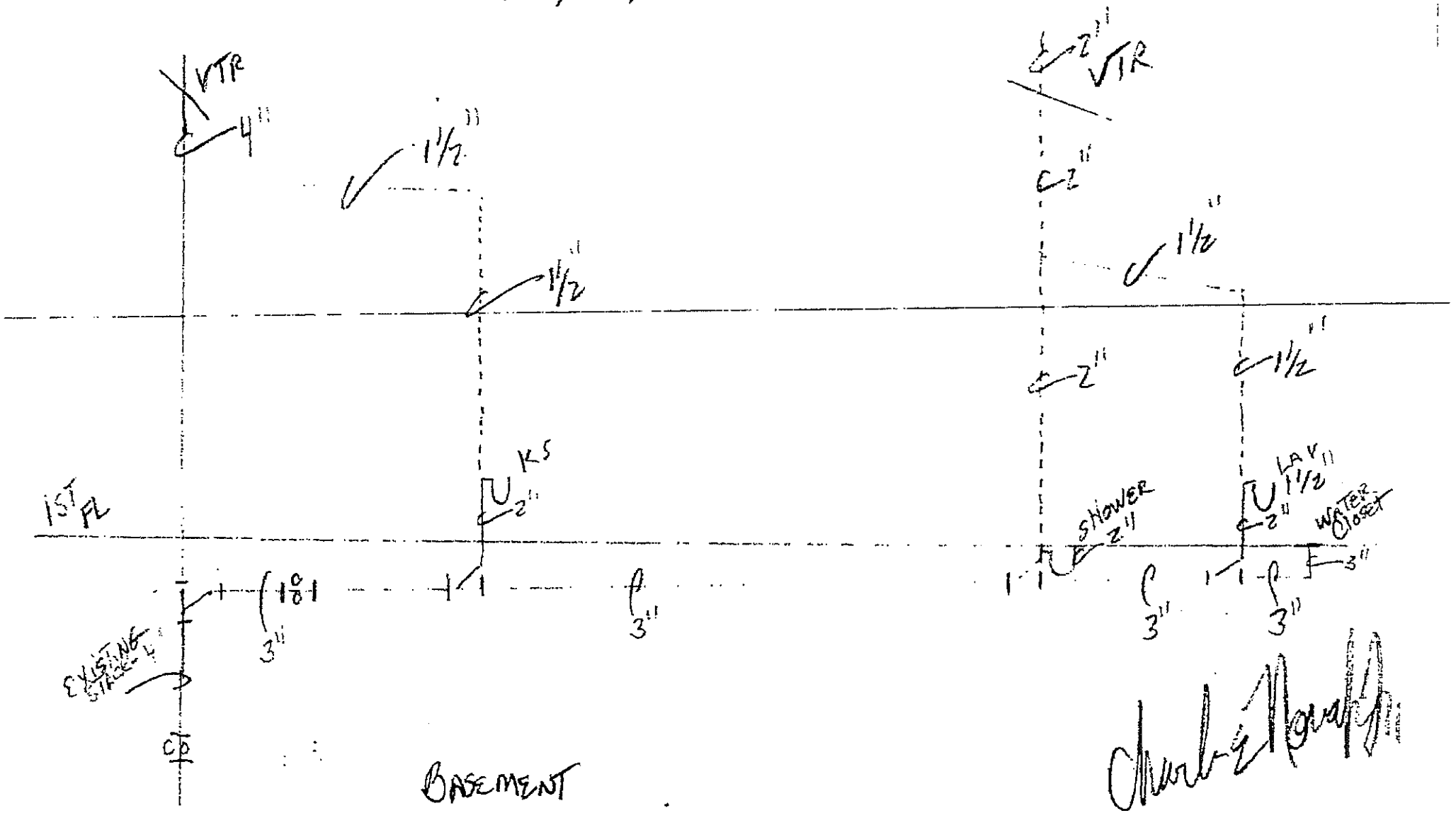

135 PARKER ST ELIZABETH

PLUMBING RISER DIAGRAM

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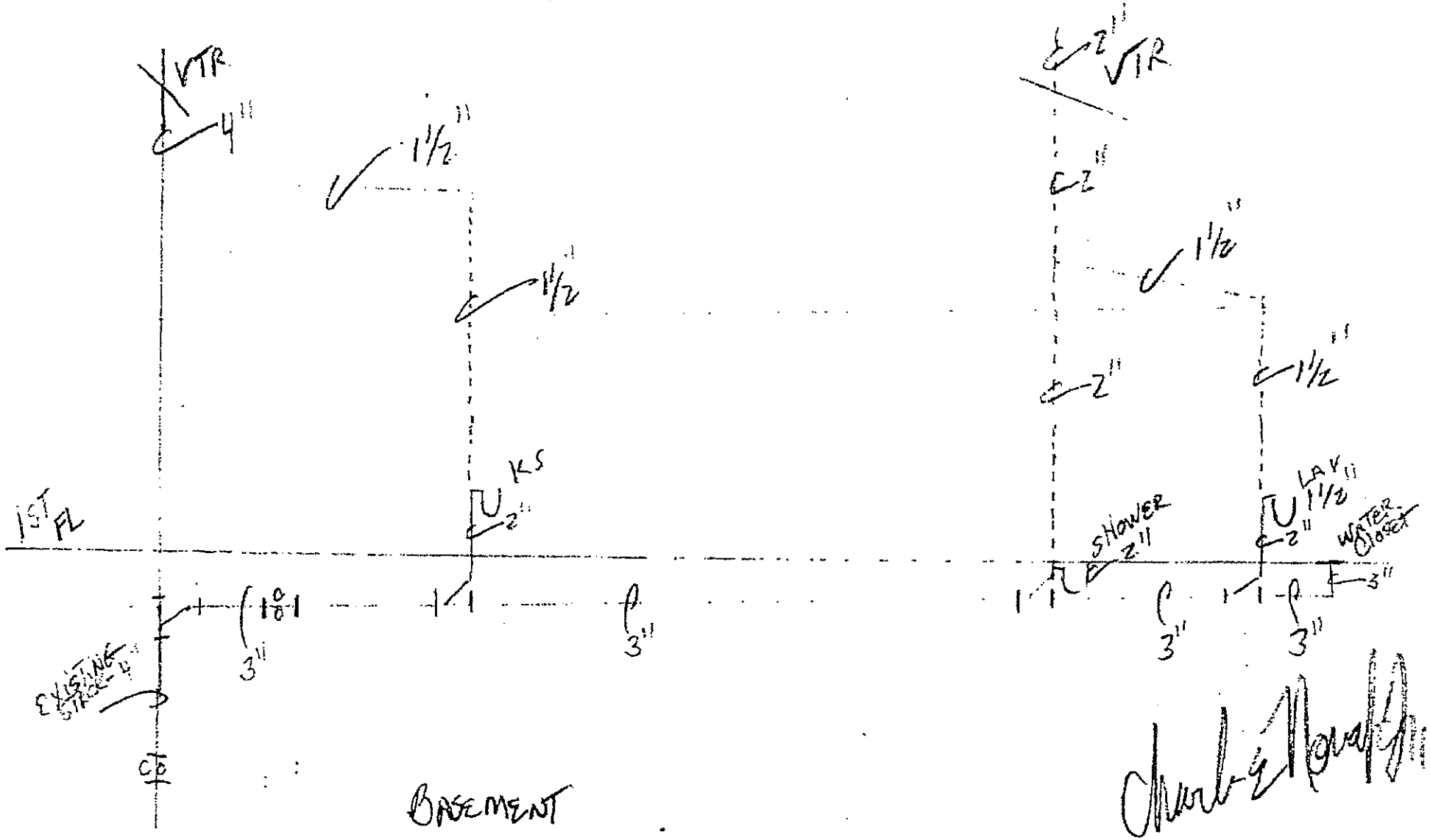


135 PARKER ST

PLUMBING RISER DIAGRAM

12-8-4 - WATER CLOSETS

12-8-1 - TRAP ARMS

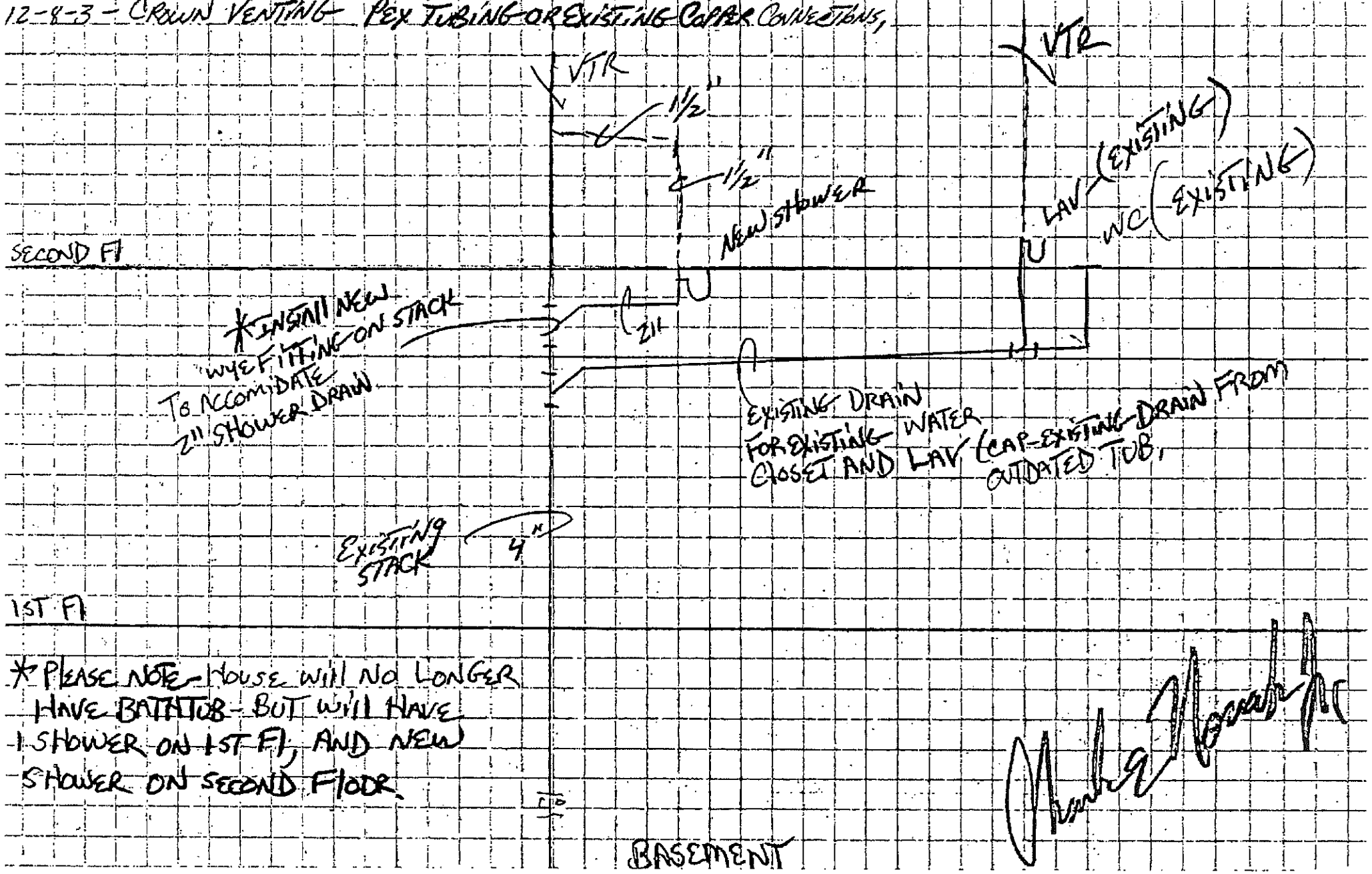
12-8-3 - CROWN VENTING

MATERIALS USED

PVC DRAINAGE

PEX TUBING OR EXISTING COPPER CONNECTIONS,

(SCOPE OF WORK - REMOVE EXISTING 4'-6" UNDERSIZED OUTDATED BATH TUB AND INSTALL NEW 34" X 42" SHOWER STALL.



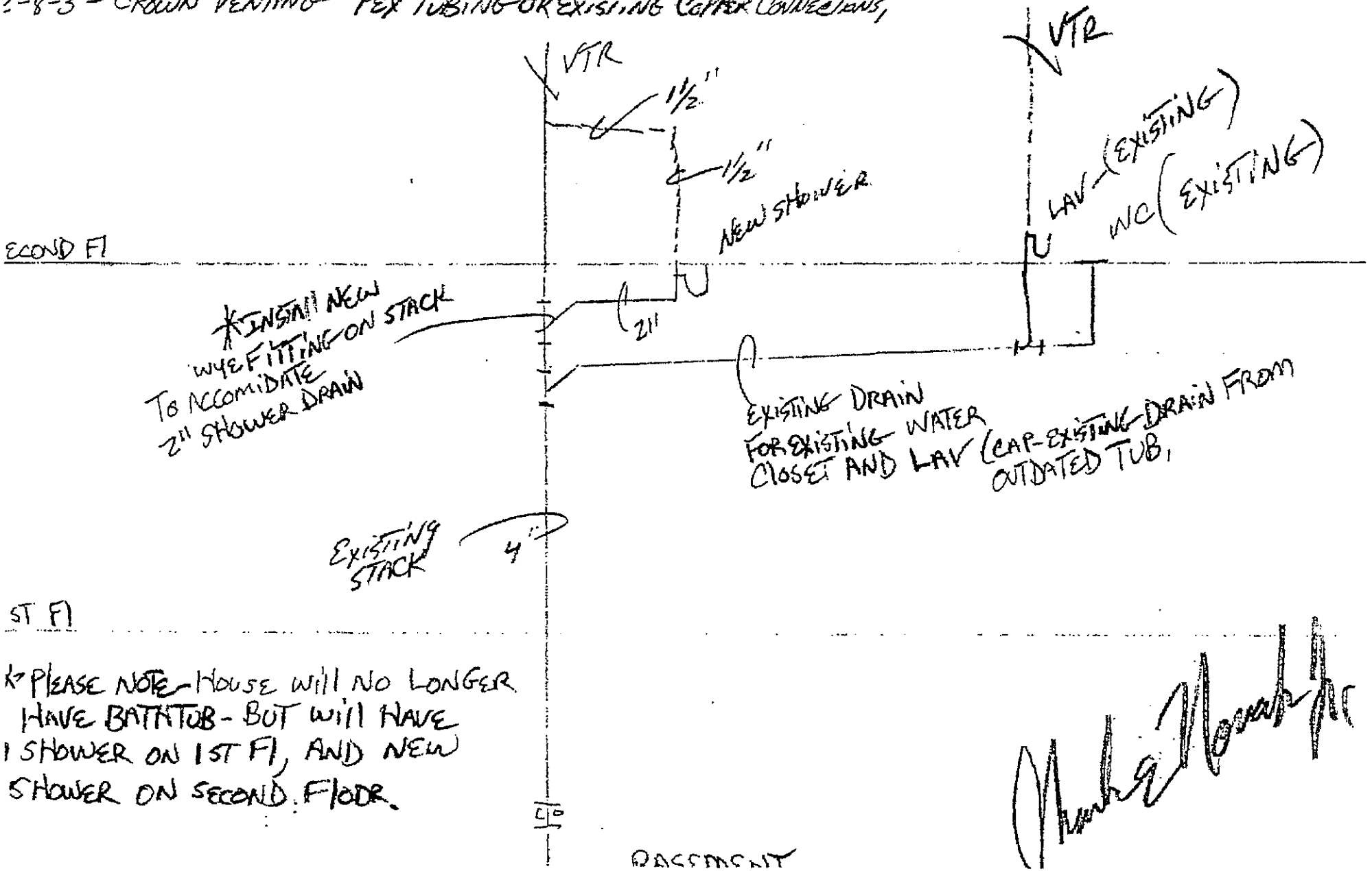

*PLEASE NOTE- HOUSE WILL NO LONGER HAVE BATHTUB- BUT WILL HAVE 1 SHOWER ON 1ST FL, AND NEW SHOWER ON SECOND FLOOR.

135 PARKER ST
PLUMBING RISER DIAGRAM

2-8-4 - WATER CLOSETS
2-8-1 - TRAP ARMS
2-8-3 - CROWN VENTING

MATERIALS USED
PVC DRAINAGE
PEX TUBING OR EXISTING COPPER CONNECTIONS,

(SCOPE OF WORK - REMOVE EXISTING 4'-6" UNDERSIZED OUTDATED BATHTUB AND INSTALL NEW 34" X 42" SHOWER STALL,

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135 PARKER ST
PLUMBING RISER DIAGRAM

2-8-4 - WATER CLOSETS
2-8-1 - TRAP ARMS
2-8-3 - CROWN VENTING

MATERIALS USED
PVC DRAINAGE
PEX TUBING OR EXISTING COPPER CONNECTIONS,

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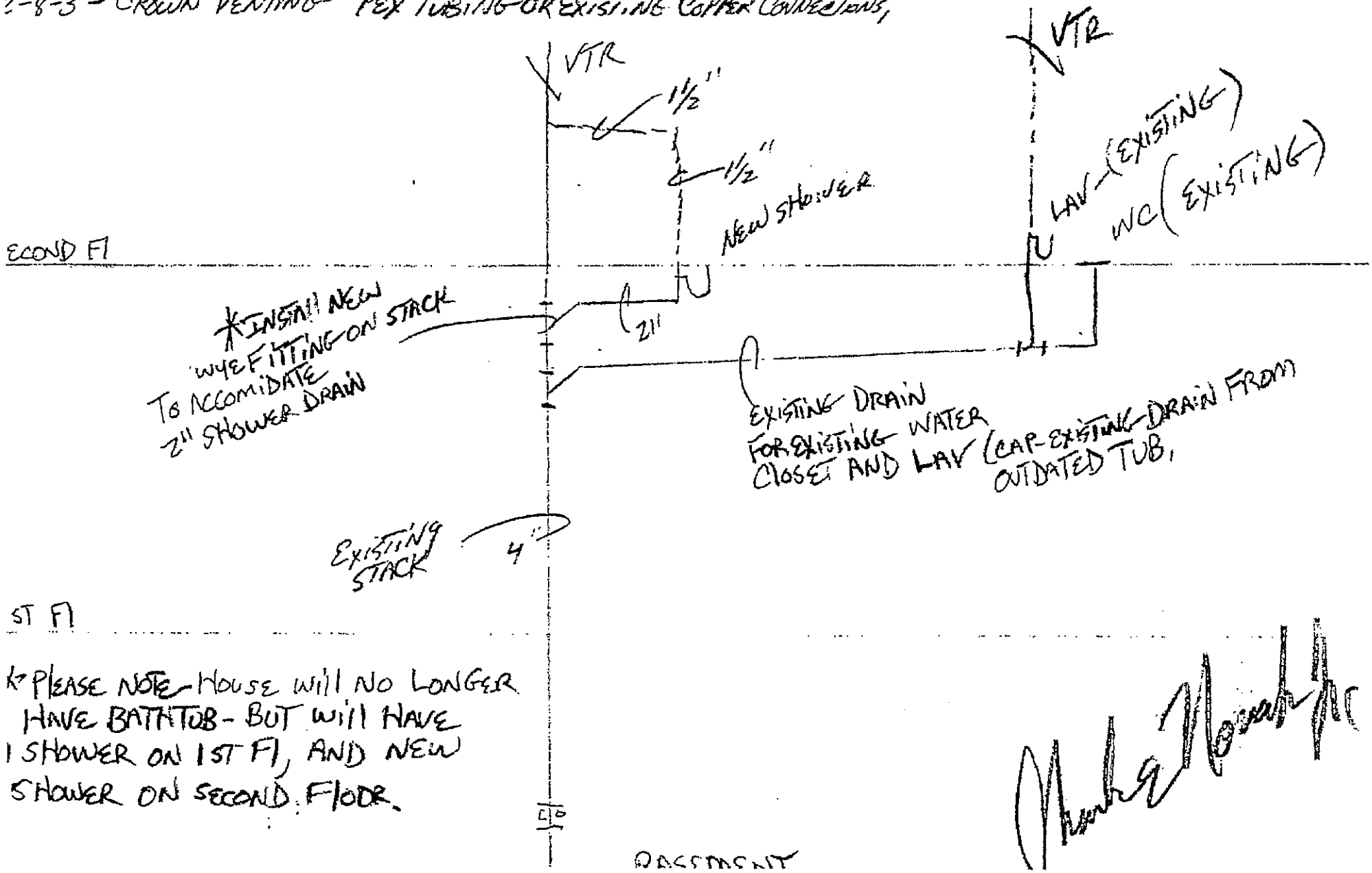



*PLEASE NOTE - HOUSE WILL NO LONGER HAVE BATHTUB - BUT WILL HAVE 1 SHOWER ON 1ST FI, AND NEW SHOWER ON SECOND FLOOR.

## License Information

**Accurate as of January 20, 2015 11:05 AM**

Return to Search Results

**Name:** ROBS CUSTOM CARPENTRY & HANDYMAN SERVICE T/A ROBERT PECKHAM

**Address:** East Brunswick,NJ

**Profession/License Type:** Home Improvement Contractors,Home Improvement Contractor

**License No:**

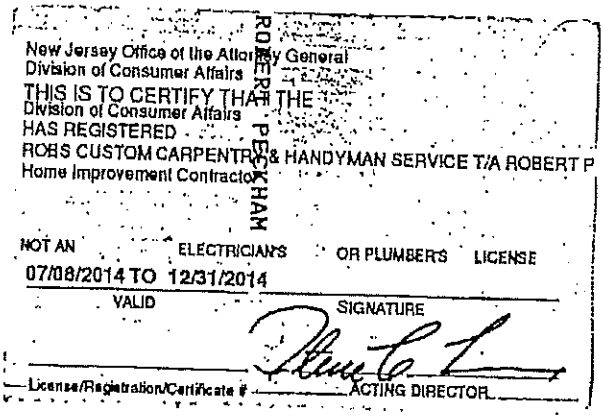
**License Status:** Active

**Status Change Reason:** License Issuance

**Issue Date:** 7/8/2014

**Expiration Date:** 3/31/2015

For Contractors needing information regarding registration contact the New Jersey Home Improvement Contractors registration section prompt #2. For consumers requiring information concerning Contractor complaints contact the New Jersey Home Improvement Contractors complaints section prompt #6.



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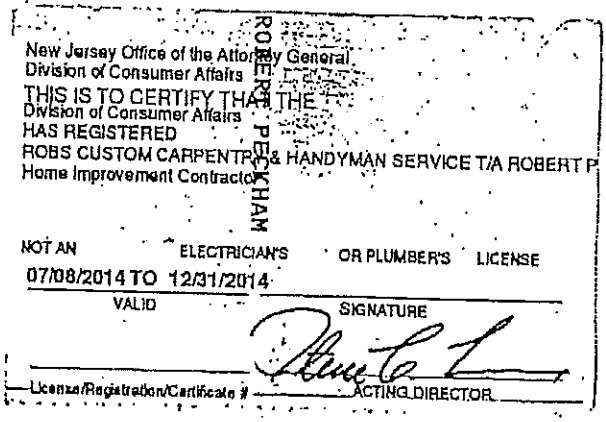


# State Of New Jersey
# New Jersey Office of the Attorney General
# Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

Charles E. Novak Jr
T/A GARDEN STATE PLBG & REMODEL INC
2 Jeffrey Court
Parlin, NJ 08859

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

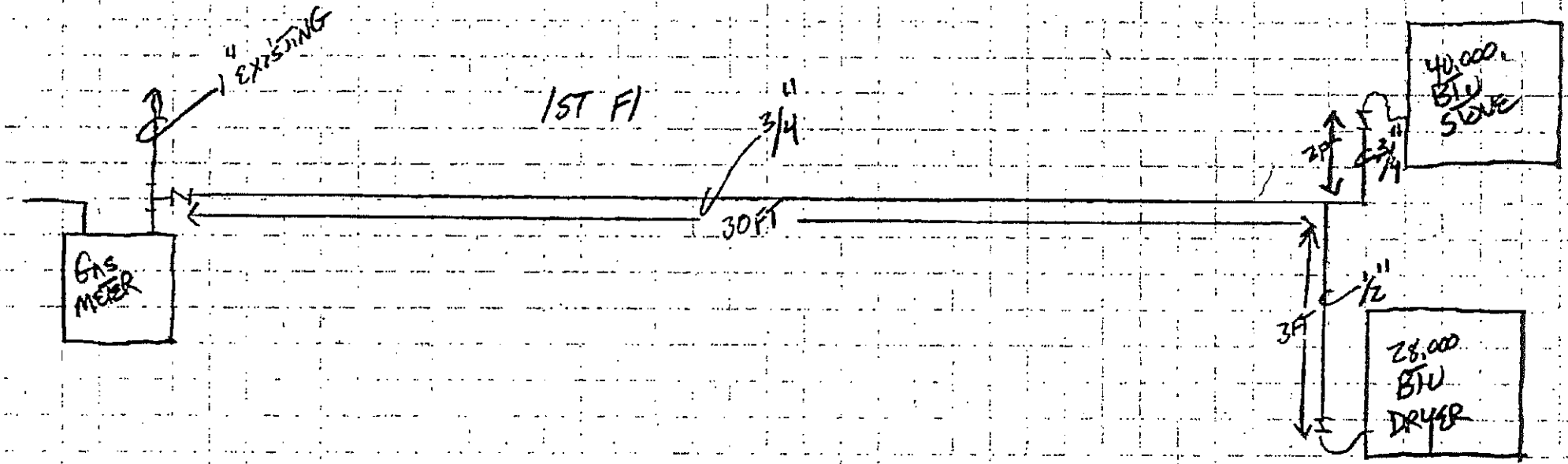
05/16/2013 TO 06/30/2015
VALID

LICENSE/REGISTRATION/CERTIFICATION #

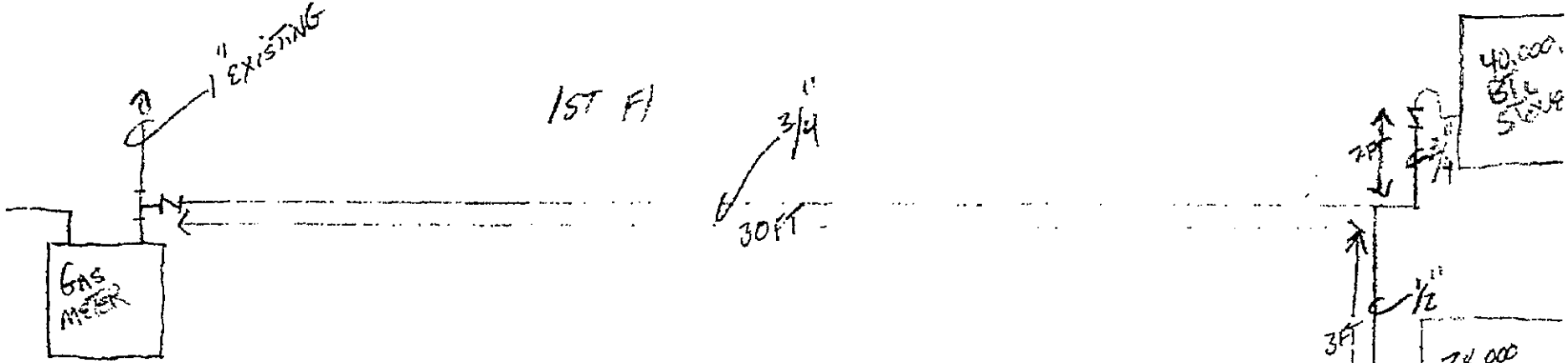
Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

133-137 PARKER RD, ELIZABETH
GAS RISER DIAGRAM
MATERIALS USED: BLK PIPE + FITTINGS,



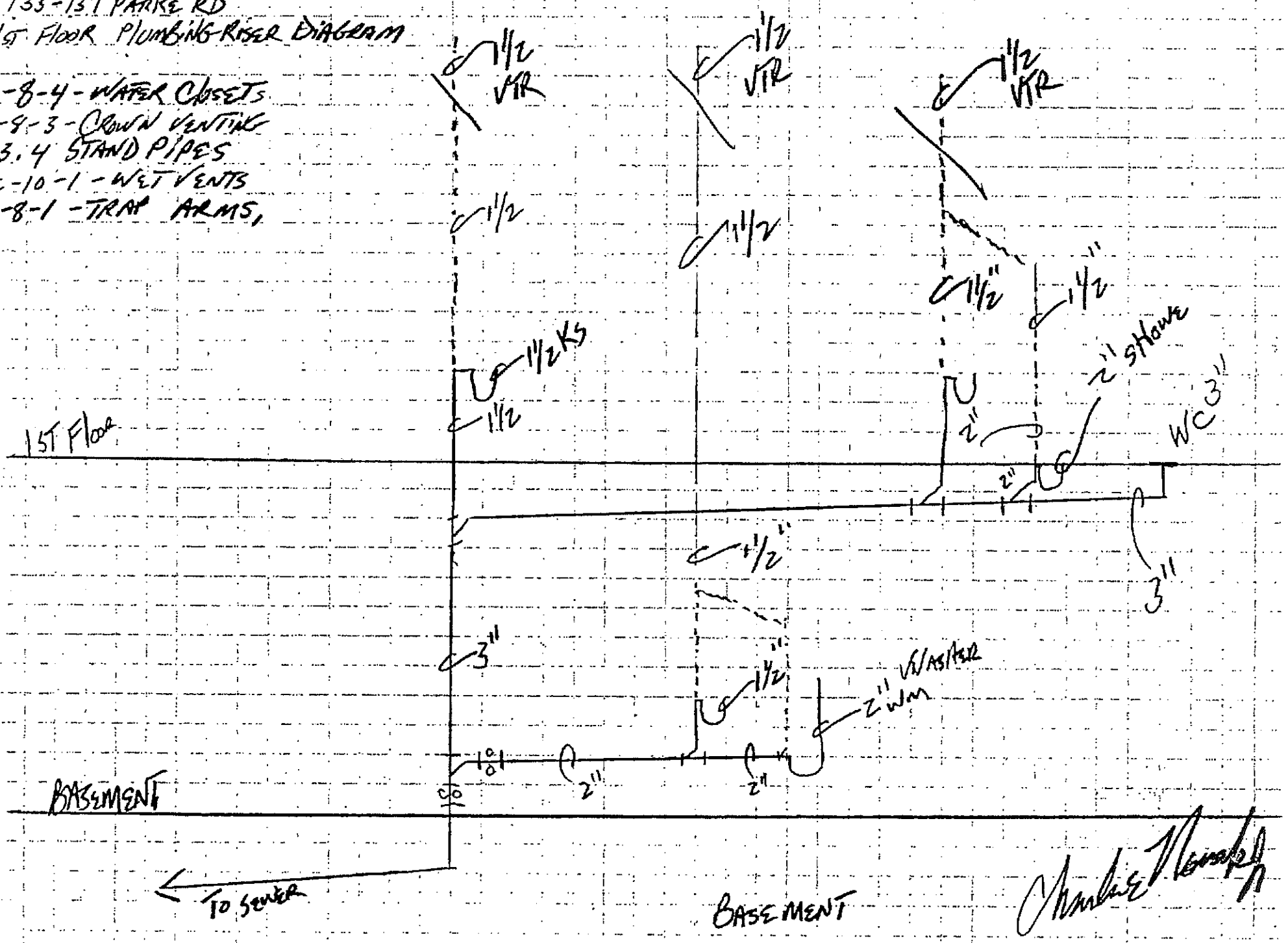
133-137 PARKER RD, ELIZABETH
GAS RISER DIAGRAM
MATERIALS USED: BLK PIPE + FITTINGS,




BASEMENT.

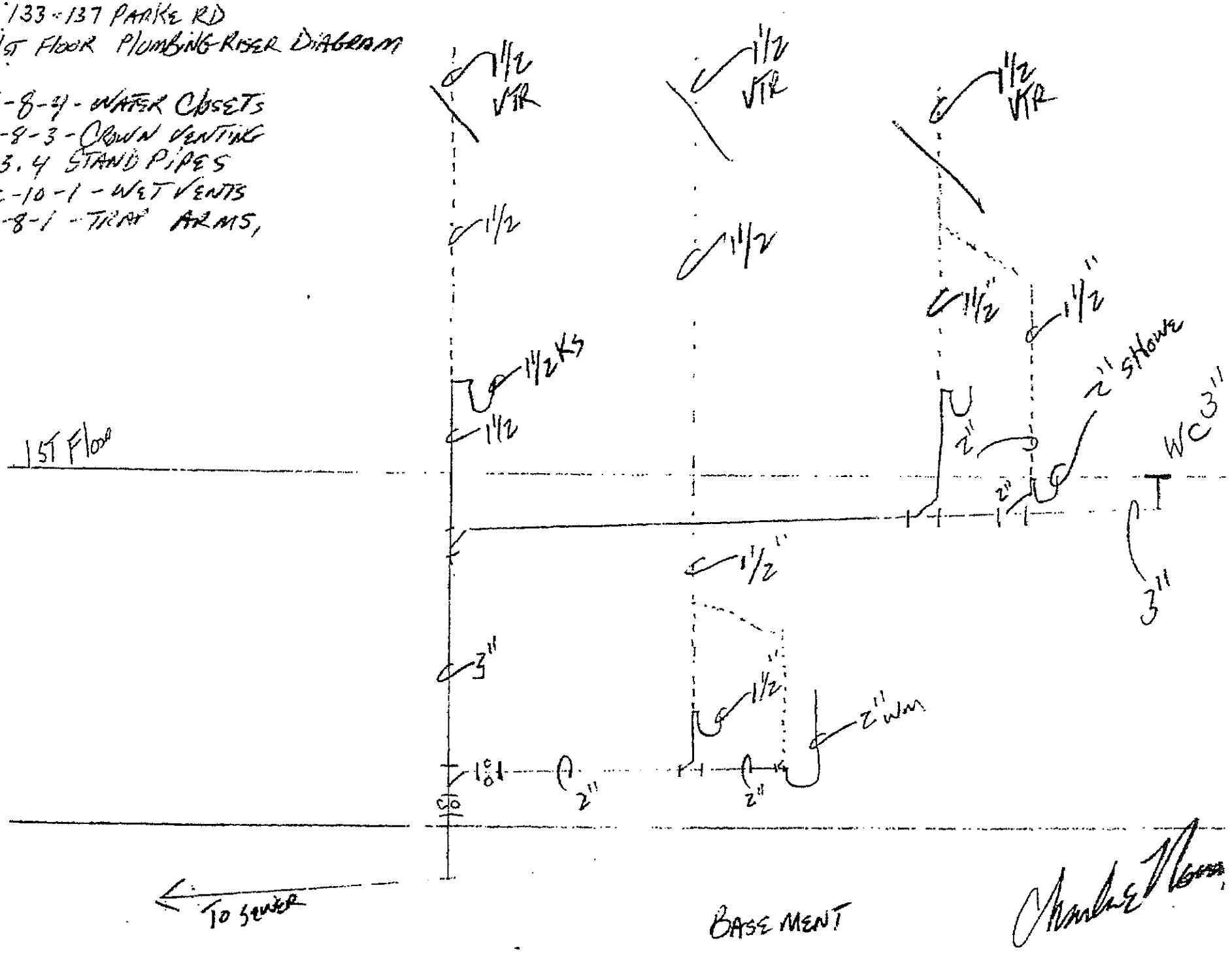
133-137 PARKE RD
1ST FLOOR PLUMBING RISER DIAGRAM

12-8-4 - WATER CLOSETS
12-8-3 - CROWN VENTING
9, 3, 4 STAND PIPES
12-10-1 - WET VENTS
12-8-1 - TRAP ARMS,



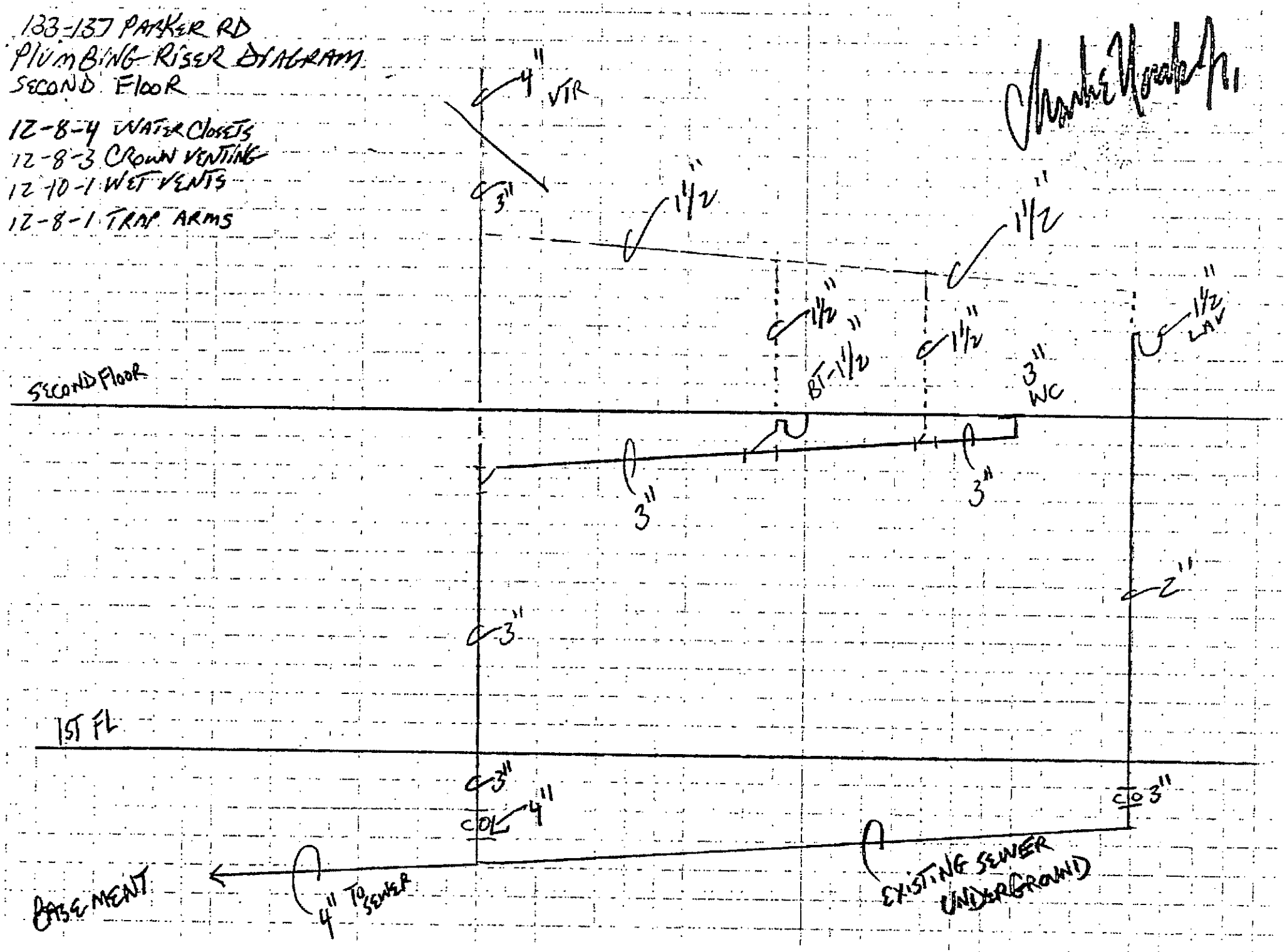
133-137 PARKE RD
1ST FLOOR PLUMBING RISER DIAGRAM

12-8-4 - WATER CLOSETS
12-8-3 - CROWN VENTING
9.3.4 STAND PIPES
12-10-1 - WET VENTS
12-8-1 - TRAP ARMS,



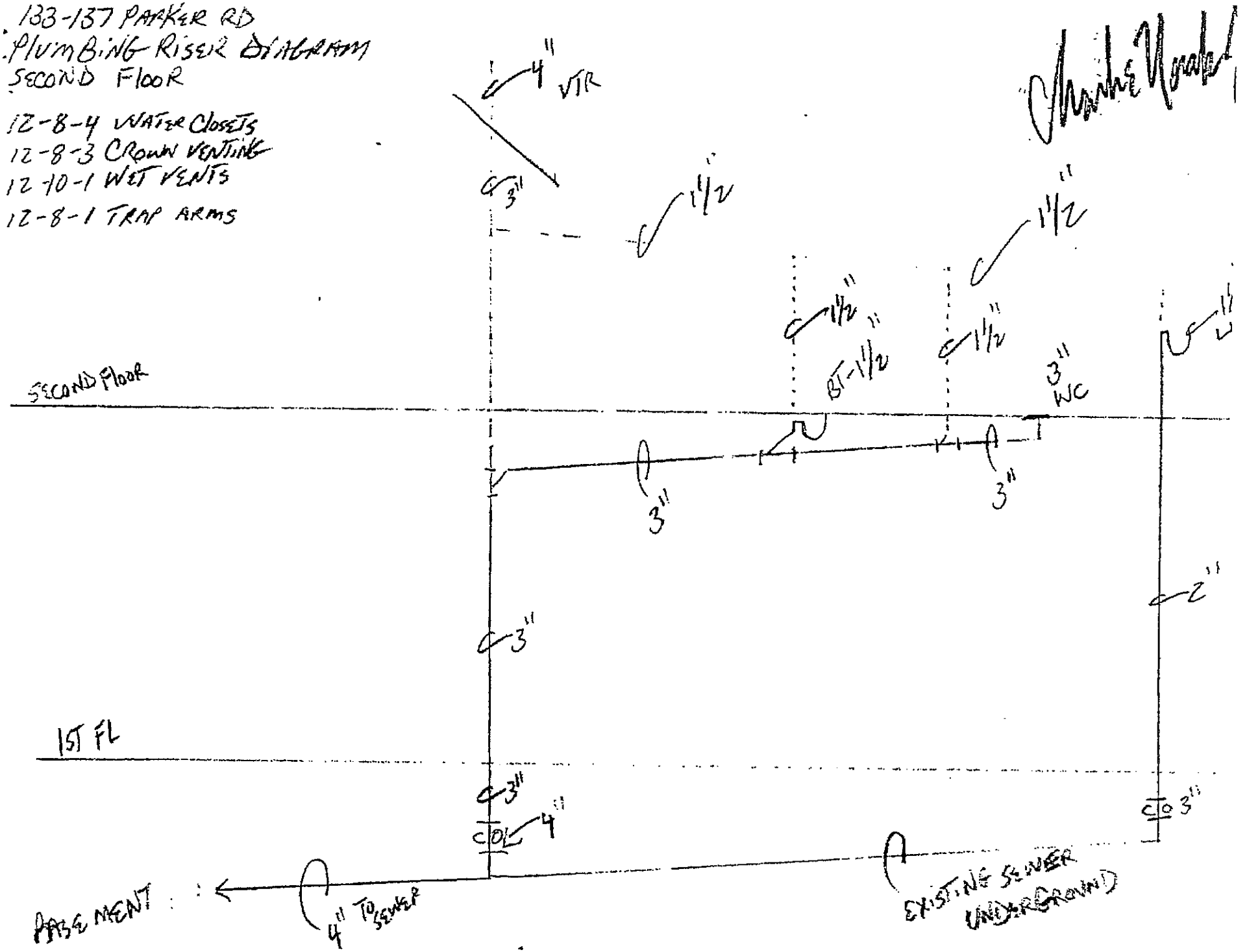
133-137 PARKER RD
PLUMBING RISER DIAGRAM
SECOND FLOOR

12-8-4 WATER CLOSETS
12-8-3 CROWN VENTING
12-10-1 WET VENTS
12-8-1 TRAP ARMS



133-137 PARKER RD
PLUMBING RISER DIAGRAM
SECOND FLOOR

12-8-4 WATER CLOSETS
12-8-3 CROWN VENTING
12-10-1 WET VENTS
12-8-1 TRAP ARMS



# OPRA request - Open and Closed Building/Construction Permits and Violations

Martha Nieves <opra+request-30126-2b5f7728@requests.opramachine.com>

Sat 3/12/2022 12:29 AM

To: Yolanda M. Roberts <yroberts@elizabethnj.org>



Dear Elizabeth City,



This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

Open/Closed Building/Construction Permits for 135 Parker Road, Elizabeth NJ 07208 (Block 11 / Lot 1175).

Yours faithfully,
Martha Nieves

---

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-30126-2b5f7728@requests.opramachine.com

Is yroberts@elizabethnj.org the wrong address for OPRA requests to Elizabeth City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=elizabeth_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/open_and_closed_buildingconstruc_57

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

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