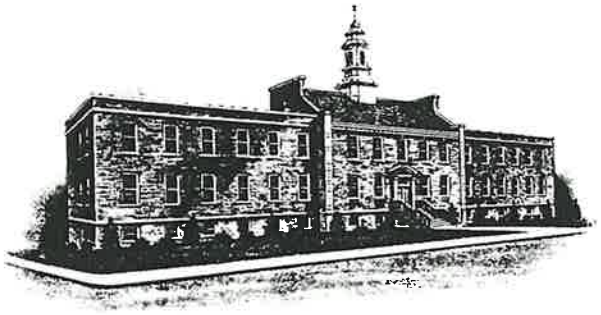

The Borough of Sayreville

MUNICIPAL CLERK'S OFFICE

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

January 7, 2022

Joanne Raczynsky
opra+request-28607-351acc9d@requests.opramachine.com

Re: Request for Access to Public Records

Dear Ms. Raczynsky:

As requested pursuant to the Open Public Records Act, enclosed is the response from the Borough of Sayreville Construction Department.

If I can be of any further assistance, please do not hesitate to call my office.

Very truly yours,

Jessica Morelos

Jessica Morelos, RMC
Municipal Clerk

JM/jo

INTER
OFFICE MEMO

To: Jessica Morelos, RMC

From: Kirk J. Miick, Director of Code Enforcement

Date: January 6, 2022

RE: OPRA Request
91 Washington Rd

Please be advised that the above request has been reviewed. Please advise Joanne Raczynsky that the information requested for the above address is attached. Any questions, please feel free to contact me.

KJM/ajh

OFFICE OF THE CONSTRUCTION OFFICIAL

Permit Options Report

Report Run from 01/01/1999 to 01/06/2022
Block No: 168.10 Lot No: 10

January 06, 2022 11:36:41AM

Permit #	Permit Date	Block	Lot	Work Site Address			Control No.	Close Date	Owner	Type	Use Group		
BFee	EFee	FFee	PFee	MFee	VFee	DCA Fees	Cert Fees	Tot Fees	New Cost	Alt Cost	Dem Cost	Sq Footage	Cu Footage
Description													
20041283	08/24/2004	168.10	10	91 WASHINGTON RD.			31518	12/28/2005	Lios, Laurence	32	R-3		
$129.00	$70.00	$50.00	$36.00	$0.00	$0.00		$40.00	$340.00	$20475.00	$6500.00	$0.00		2156
new addition, kitchen													
20041283	12/16/2004	168.10	10	91 WASHINGTON RD.			32541	12/28/2005	Lios, Laurence	3	R-3		
$0.00	$0.00	$0.00	$50.00	$0.00	$0.00		$0.00	$51.00	$0.00	$800.00	$0.00		
relocate heat lines													
20041283	02/04/2005	168.10	10	91 WASHINGTON RD.			32721	12/28/2005	Lios, Laurence	3	R-5		
$0.00	$100.00	$0.00	$0.00	$0.00	$0.00		$0.00	$101.00	$0.00	$600.00	$0.00		
200 Amp Service													
20041283	03/01/2005	168.10	10	91 WASHINGTON RD.			32888	12/28/2005	Lios, Laurence	3	R-3		
$0.00	$60.00	$0.00	$0.00	$0.00	$0.00		$0.00	$60.00	$0.00	$0.00	$0.00		
Dishwasher connection													
20051446	10/14/2005	168.10	10	91 WASHINGTON RD.			34482		Lios, Laurence	3	R-3		
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		
emergency reconnect													
20091424	12/17/2009	168.10	10	91 WASHINGTON RD.			42910	10/18/2011	Lios, Larry	6	R-5		
$75.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$75.00	$0.00	$0.00	$1500.00		
Remove Oil Tank													
20111147	09/12/2011	168.10	10	91 WASHINGTON RD.			46715	10/17/2011	Lios, Larry	3	R-5		
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1399.00	$0.00		
Replace water heater due to flood damage													
20140731	05/13/2014	168.10	10	91 WASHINGTON RD.			53352	5/23/2014	Lios, Larry	3	R-5		
$0.00	$150.00	$0.00	$75.00	$0.00	$0.00	$17.00	$0.00	$242.00	$0.00	$9970.00	$0.00		
Install ductless A/C													

Permit #	Permit Date	Block	Lot	Work Site Address			Control No.	Close Date	Owner	Type	Use Group		
BFee	EFee	FFee	PFee	MFee	VFee	DCA Fees	Cert Fees	Tot Fees	New Cost	Alt Cost	Dem Cost	Sq Footage	Cu Footage
Description													
20150116	01/28/2015	168.10	10	91 WASHINGTON RD.			55553	1/29/2015	Lios, Larry	3	R-5		
$0.00	$75.00	$0.00	$0.00	$0.00	$0.00	$4.00	$0.00	$79.00	$0.00	$2000.00	$0.00		
amp svc drop													
20161597	10/13/2016	168.10	10	91 WASHINGTON RD.			59865	11/30/2016	Lios, Lawrence	3	R-5		
$75.00	$700.00	$0.00	$0.00	$0.00	$0.00	$28.00	$0.00	$803.00	$0.00	$14872.00	$0.00		
Roof Top Solar													
20211730	12/14/2021	168.10	10	91 WASHINGTON RD.			71467	1/3/2022	Louella Albert	3	R-5		
$0.00	$75.00	$0.00	$130.00	$0.00	$0.00	$7.00	$0.00	$212.00	$0.00	$3525.00	$0.00		
Boiler													
$279.00	**$1230.00**	**$50.00**	**$291.00**	**$0.00**	**$0.00**	**$56.00**	**$40.00**	**$1963.00**	**$20475.00**	**$39666.00**	**$1500.00**	**0**	**2156**

No of Permits : 11

change the contractor

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 2004.1283

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

Block 168.10 Lot 10 Qualification Code

Work Site Location 91 WASHINGTON RD. SAYREVILLE, N.J.

Owner In Fee LAWRENCE LIOS

Address 91 WASHINGTON RD SAYREVILLE, N.J.

Tel [redacted]

Contractor OWNER

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as SINGLE FAMILY Utility Co.

Est. Cost of Elec. Work $ 1,000

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.

Lawrence Lios
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
6		Receptacles	
6		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
23		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	6	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 $ 6
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:
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

U.C.C. F120 (rev. 07/03)

2E-16E

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 03-27-97
Control #
Permit # 97.0162

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

Block 168.10 Lot 10
Work Site Location 91 Washington Rd
Sayreville
Owner in Fee Robert Sheski
Address Same
Tele. [redacted]
Contractor Quality Siding
Address 444 Lafayette Ave
Hawthorne NJ 07506
Tele. [redacted] FAX ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Strip off old Roof
Install ice & Water shield
Install 15 pound felt paper
Install 25 year shingle

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-27-97	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TCO
Date: 1/11/99
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			1/11/99	GA

Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
New Bldg. Area/Alt Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1 + 2) $ 3000

TYPE OF WORK:
[ ] New Building.
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ~~Lead Haz. Abatement NJAC~~ 5:17
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$ 30

Paid [X] Check # 2904
Collected by: Treasurer

Administrative Surcharge	$ 2
Minimum Fee	$ 32
DCA TRAINING FEE	$
TOTAL FEE	$

Reorder From OCS Printing • (609) 398-4375

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Borough of Sayreville
167 Main Street
Sayreville NJ 08872
732-390-7077

CERTIFICATE

Date Issued: 01/12/2006
Control #: 31518
Permit #: 20041283

IDENTIFICATION

Block: 168.10 Lot : 10 Qualification Code:
Work Site Location: 91 WASHINGTON RD.
SAYREVILLE
Owner in Fee: Lios, Laurence
Address: 91 WASHINGTON RD.
SAYREVILLE NJ 08872
Telephone: [redacted]
Agent/Contractor: Amici General Contractor
Address: 174 Brower Ave
Edison NJ 08837
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [X] Private
Use Group: R-3
Maximum Live Load: 40
Construction Classification: 5-B
Maximum Occupancy Load: 5
Certificate Exp Date: _____
Description of Work/Use:
new addition, kitchen

Update Desc. of Wk/Use:
Dishwasher connection, relocate heat lines, 200 Amp Service (lighting fixtures, receptacles, switches)

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

[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

Michael Giantotto 1-12-06
Michael Giantotto Construction Official

Fees: $40.00
Paid[X]Check No.: 0
Collected by: tr

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8.24.04
Control #
Date Issued
Permit # 2004 1283

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

Block 168.10 Lot 10 Qualification Code
Work Site Location 91 WASHINGTON RD. SAYREVILLE N.J
Owner In Fee MR LARRY LIOS.
Address 91 WASHINGTON RD. SAYREVILLE N.J
Tel. [redacted]
Contractor AMICI GENERAL CONTRACTORS
Address 174 BRUNER AVE EDISON N.J 08837
Tel. [redacted] FAX [redacted]
Contractor License No. or Builder Registration No.
Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW ADDITION
Living Room
KITCHEN REHAB.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/4	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/28/05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			10/20/04	C.D.
Footing Bonding				
Foundation BF			10/20/04	C.D.
Slab			10/20/04	C.D.
Frame	4/15/05		4/11/05	C.D.
Truss Sys./Bracing				
Barrier-Free				
Insulation			4/15/05	C.D.
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other SHEATHING	9/19/05		11/23/04	C.D.
Final			12-28-05	
Barrier-Free				

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

FEE (Office Use Only)

$ 39
40
24
1

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories		
Height of Structure	Ft.	
Area — Largest Floor	Sq. Ft.	
New Bldg. Area/All Floors	Sq. Ft.	
Volume of New Structure	2156 Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 20,475.00
2. Rehabilitation $ 101,500.00
3. Total (1+2) $ 121,975.00

U.C.C. F110 (rev. 07/03)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8-24-04
Date Issued
Control #
Permit # 2004.1283

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

Block 168.10 Lot 10
Work Site Location 91 WASHINGTON RD. SAYREVILLE, N.J.
Owner in Fee Mr. Lenny Cios
Address 91 WASHINGTON RD SAYREVILLE N.J.
Tele. [redacted]
Contractor Novaks Plumbing
Address P.O. Box 117 Fords NJ 08863
Tele. [redacted] Fax [redacted]
Lic. No. 11173
Federal Emp. No. [redacted]

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 $ 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 7/19/04
Approved by: E. Morgan

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8/18/05
Approved by: E. Morgan

INSPECTIONS Type:	Failure	Failure	Approved	Dates (Month/Day)
Slab				Bypass Letter
Rough	2906	12-23-04	4/05	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO	CO		8/18/05	E

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.

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 12
	Urinal/Bidet	
1	Bath Tub Hame 1200	12
1	Lavatory Shower 1200	12
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
2	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	36.00
DCA Training Fee	$	
TOTAL FEE	$	

Per Revised Drawings & 2003 Nat. Std. Plumb. Code Subject to Field Inspection

UPC C-F130 (rev 3/96)

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

update

Date Received 12-16-04
Control # 32541
Date Issued
Permit # 2004 1283(1)

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 168.10 Lot 10 Qualification Code
Work Site Location 91 WASHINGTON RD. SAYREVILLE, N.J.
Owner in Fee LAWRENCE LIOS
Address 91 WASHINGTON RD SAYREVILLE, N.J.
Tel [redacted]
Contractor E STOKES PLUMBING & HEATING LLC
Address P.O. BOX 1227 PLAINFIELD, NJ. 07061
Tel [redacted] FAX [redacted]
Contractor License No. 11254
Federal Emp. No. [redacted]

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 $ 5.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 12-30-04
Approved by: E Morgan

SUBCODE APPROVAL
[X] CO [ ] LA [ ] CCO [ ] CA
Date: 8/8/05
Approved by: E Morgan

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Oil Tank				
Solar	CO		8/8/05	EM
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Oil Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks Relocate Vent	12
1/2	Other Heat Lines	12
	Administrative Surcharge $	30.00
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	

RECEIVED
DEC 07 2004
By

All work subject to field inspection

U.C.C. 5.100 (rev. 07/03)

KITCHEN
1 OUTSIDE LIGHT 1 CRANE

UP TO 200

Date Received 2-4-05
Control # 32781
Date Issued
Permit # 2006.1373(a)

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 168.10 Lot 10 Qualification Code
Work Site Location 91 WASHINGTON RD SOMERVILLE, N.J. 08872
Owner in Fee LAWRENCE LIOS
Address 91 WASHINGTON RD SOMERVILLE, N.J 08872
Tel [redacted]
Contractor OWNER
Address SAME
Tel ( ) FAX ( )
Contractor License No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SINGLE FAMILY Utility Co.
Est. Cost of Elec. Work $ 600

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.

Lawrence Lios
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
9		Receptacles	1
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
15		TOTAL NUMBERS	$ 50
		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 UPGRADE	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service UPGRADE	50
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 50.00
State Permit Surcharge Fee $
TOTAL FEE $

100 ok

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-19-05
Approved by:

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 8/23/05
Approved by:

INSPECTIONS — see list — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	2-17		4/15/05	MG
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other			6/29	
Service			8/19	D.P.
Final		8/23	8/23	D.P.
Barrier-Free				
Temp. Cut-In-Card Date Issued				
Final Cut-In-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 07/03)

changing? the contractor

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 2004.1283

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

Block 168.10 Lot 10 Qualification Code

Work Site Location 91 WASHINGTON RD. SAYREVILLE, N.J.

Owner in Fee LAWRENCE LIOS

Address 91 WASHINGTON RD SAYREVILLE, N.J.

Tel [redacted]

Contractor OWNER

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as SINGLE FAMILY Utility Co.

Est. Cost of Elec. Work $ 1,000

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.

Lawrence Lios
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)
10		Lighting Fixtures	
6		Receptacles	
6		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
23		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	6	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	
	1	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 6
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:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			4/15/04	ML
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			4/19/04	S.P.
Final				
Barrier-Free				

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)

BACK ADDITION

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8-24-04
Control #

Date Issued
Permit # 20041283

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

Block 168.10 Lot 10 Qualification Code _____

Work Site Location 91 WASHINGTON RD. SAYREVILLE, N.J.

Owner in Fee MR. USAAF LLOS.

Address 91 WASHINGTON RD. SAYREVILLE N.J.

Tel [redacted]

Contractor IHS Electric L.L.C.

Address PO BOX 269 Summit, NJ 07902-0269

Tel [redacted] FAX ( ) _____

Contractor License No. 34EI00893500

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as SINGLE FAMILY Utility Co. _____

Est. Cost of Elec. Work $ 1,000

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 Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	(Office Use Only)
10		Lighting Fixtures	
6		Receptacles	
6		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel	
25		TOTAL NUMBERS	$ 25
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	6	KW Oven/Surface Unit	25
		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 $ 70.00
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: 7-12

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 _____

U.C.C. F120 (rev. 07/03)

UPDATE

Date Received 03/01/05
Control # 22[illegible]
Date Issued
Permit # 2004-1283(3)

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 168.10 Lot 10 Qualification Code

Work Site Location 91 WASHINGTON RD. SAYREVILLE, N.J.

Owner in Fee LAWRENCE LIOS

Address 91 WASHINGTON RD. SAYREVILLE, NJ

Tel [redacted]

Contractor OWNER

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as SINGLE FAMILY Utility Co.

Est. Cost of Elec. Work $

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

[signature]
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)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub ✓	50.00
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle ✓	
1		KW Dishwasher	10.00
		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 $ 60.00
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: 2/28/05
Approved by: [signature]

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			B-M	D.P
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)

HOT TUB
DISHWASHER OK
8-19-05

change the contractor

FIRE SUBCODE
TECHNICAL SECTION

Date Received
Control # 2/14/05

Date Issued
Permit # 2004.1283

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

Block 168.10 Lot 10 Qualification Code

Work Site Location 91 WASHINGTON RD. SAYREVILLE, N.J.

Owner in Fee LAWRENCE LIOS

Address 91 WASHINGTON RD. SAYREVILLE, N.J.

Tel [redacted]

Contractor OWNER

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank -Location:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity*

Total Cost of Fire Protection Work $

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. LAWRENCE LIOS
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 110V INTERCONNECTED SMOKE DETECTOR/CO DETECTOR WITH BATTERY BACKUP

Water Supply Source

Method of Alarm/Suppression System Supervision

Alarm Systems	NUMBER	FEE (Office Use Only)
[ ] System		
[X] 110v Interconnected		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices SMOKE/CO COMBO	2	
TOTAL	3	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 12/13/04

Approved by:

SUBCODE APPROVAL

[ ] CO [X] CCO [X] CA

Date: 8/8/05

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final ADDITION			8/8/05	tcl
Other				

U.C.C. F140 (rev. 07/03)

FIRE SUBCODE
TECHNICAL SECTION

Date Received 8-24-04
Control #
Date Issued
Permit # 20040243

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

Block 11.08.10 Lot 10 Qualification Code
Work Site Location 91 WASHINGTON Rd Sayerville NJ
Owner in Fee Mr. Tracy Libs
Address same
Tel [redacted]
Contractor HHS Electric L.L.C.
Address PO BOX 269 Summit NJ 07902-0269
Tel [redacted] FAX ( )
Contractor License No. 34EI00893500
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Fuel Storage Tank -Location:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System: [ ] New OR [ ] Existing
Location of Main Control Valve:
Total Cost of Fire Protection Work $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and that I am authorized to make this application.
Applicant's Signature/Contractor's License
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 110 v interconnected smoke detector/CO detector with battery backup
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Alarm Systems		
[ ] System		
[X] 110v Interconnected Alarm Devices (i.e., smoke, heat, pulls, waterflow)	3	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Carbon	1	50 (2)
TOTAL	4	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved See attached letter
Date: 8/23/04
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other ROUGH			2.17.05	JD

U.C.C. P140 (rev. 07/03)

Emergency / Flood Inspection of Electrical

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 168.10 Lot 10 Qualification Code

Work Site Location 91 Washington Rd Bayville NJ 08721

Owner in Fee LAWRENCE LIOS

Address SAME

Tel [redacted]

Cont

Address N/A

Tel ( ) FAX ( )

Contractor License No. N/A

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. NJ CAP

Est. Cost of Elec. Work $

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.

X Lawrence Lios

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
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1		Suc. Recount IT

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 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: 10/13/05 JP

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 10/13/05

Approved by: JP

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				

U.C.C. F120 (rev. 07/03)

4E

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/17/09
Control #

Date Issued
Permit # 2009 1424

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

Block 168.10 Lot 2040 Qualification Code _____
Work Site Location 91 Washington Rd.

Owner in Fee Larry Lios
Address 91 Washington Rd.

Tel. [redacted]
Contractor Quick Environmental
Address PO Box 55836
Trenton, NJ 08638

Tel. [redacted] FAX [redacted]22
Contractor License No. or Builder Registration No. 257658
Federal Emp. No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature Joseph P. Greene

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove a 550 UST oil Tank

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date | Initial
[X] No Plans Required 12/18/09
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] COO [X] CA
Date: 12/18/09
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 Removal 12/18/09			12/18/09	
Barrier-Free				

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

FEE (Office Use Only)
$ 75.00

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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.

Est. Cost of Bldg. Work:
1. New Bldg. $_____
2. Rehabilitation $_____
3. Total (1+ 2) $ 1,500.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

FLOOD/STORM DAMAGE

Date Received 9/12/11
Control #
Date Issued
Permit # 2011 1147

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

Block 168 - 10 Lot 10 Qualification Code
Work Site Location 91 Washington Rd Stayreville NJ 08872
Owner in Fee: Lawrence Lois
Tel. [redacted] e-mail
Address Lane (street) municipality
Contractor: 1 800 Heaters Inc Tel. [redacted]
Address 2 Gourmet Lane, Unit G & H e-mail
Edison, NJ 08837
Contractor License No. 12352 Exp. Date 6/30/2013
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300
Federal Emp. ID No. [redacted] FAX: [redacted]

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 $ 1399-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[✓] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 9/14 Approved by: EM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 10/11/11
Approved by: EM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			10/11/11	EM
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: L Gerardo
Print name here: Leonard Gerardo
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement Hot Water Heater (Flood)

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

Carbon Monoxide Alarms Required

All work subject to field inspection

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

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

Borough of Sayreville
49 Dolan Street
Sayreville, NJ 08872
732-390-7077

CERTIFICATE
IDENTIFICATION

Date Issued: 05/23/2014
Control #: 53352
Permit #: 20140731

Block: 168.10 Lot: 10 ... _____
Work Site Location: 91 WASHINGTON RD.
SAYREVILLE
Owner in Fee: Lios, Larry
Address: 91 WASHINGTON RD.
SAYREVILLE NJ 08872
Telephone: [redacted]
Agent/Contractor: Arctic Air Conditioning
Address: 1 Pleasant Valley Rd
Old Bridge NJ -
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No. [redacted]
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Install ductless A/C

Update Desc. of Wk/Use:

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

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

5/23/14
Kirk J. Miick Construction Official

Fees: $0.00
Paid[X]Check No.: 12866
Collected by: tr

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/13/14
Control #
Date Issued
Permit # 2014 0731

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

Block 168.10 Lot 15 Qualification Code
Work Site Location 91 Washington Rd Sewell, NJ

Owner in Fee: Dios
Tel. [redacted] e-mail Samp
Address street municipality
Contractor: A. May Electric Inc. Tel. [redacted]
Address 25 Carrs Tavern Road e-mail
Clarksburg, NJ 08510-1505
Contractor License No. 7381A Exp. Date 3/31/15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 225.00

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: Alan May
Print name here: Alan May
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: mini duct less AC

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Pointe	
		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	75
1	8.5	KW Central A/C Unit	75
3		HP/KW Space Heater/Air Handler	150
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5/22/14
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5/22/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service / Final			5/22/14	DP
Barrier-Free				

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/13/14

Date Issued / Permit # 2014 0731

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

Block 168.10 Lot 10 Qualification Code

Work Site Location 91 Washington Rd Seyreville, NJ

Owner In Fee: Dios

Tel. [redacted] e-mail Same

Address street municipality

Contractor: Arctic Air Conditioning Tel. [redacted]

Address 1 Pleasant Valley Road e-mail

Old Bridge, NJ 08857

Contractor License No. 13VH01741400 Exp. Date 12/31

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

Federal Emp. ID No. [redacted] FAX [redacted]

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 $ 9745.

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: Michael Buonadonna

Print name here: MICHAEL BUONADONNA

[ ] Licensed Plumbing Contractor [ ] ~~Exempt Applicant~~

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

install ductless AC

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Ductless AC	60.00
	Administrative Surcharge $	
	Minimum Fee $	15.00
	State Permit Surcharge Fee $	
	TOTAL FEE $	

All work subject to field inspection

JOB SUMMARY (Office Use Only)

PLAN REVIEW
- [ ] No Plans Required
- [ ] Partial Underslab Utilities Approved

Date Approved by:

- [ ] Plumbing Plans Approved

Date Approved by:

Joint Plan Review Required
- [ ] Bldg [ ] Elec [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT

Date: 5/13/14

Approved by: EM

SUBCODE APPROVAL for CERTIFICATE
- [X] CO [ ] CCO [ ] CA

Date: 6/22/14

Approved by: EM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			6/20/14	
Final			6/22/14 SP	

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

CERTIFICATE
IDENTIFICATION

Date Issued: 01/29/2015
Control #: 55553
Permit #: 20150116

Block: 168.10 Lot :10

Work Site Location: 91 WASHINGTON RD.
SAYREVILLE

Owner in Fee: Lios, Larry

Address: 91 WASHINGTON RD.
SAYREVILLE NJ 08872

Telephone: [redacted]

Agent/Contractor: Gold Medal Electric

Address: 11 Cotters Ln
East Brunswick NJ 08816

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: 11918 Federal Emp. No.: [redacted]

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
amp svc drop

Update Desc. of Wk/Use:

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

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

1/29/15

Kirk J. Miick Construction Official

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Fees: $0.00
Paid[X]Check No.: 10255
Collected by: tr

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

DR# 332791914

Date Received Control # 1.28.15

Date Issued Permit # 2015.0116

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

Block 168.10 Lot 10 Qualification Code

Work Site Location 91 Washington Road, Sayreville 08872

Owner in Fee: LIOS

Tel [redacted] e-mail

Address

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. [redacted]

Address 11 Cotters Lane e-mail

East Brunswick, NJ 08816

Contractor License No. 11918 Exp. Date 03/31/2015

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here

Print name here: Mike Aguglaro

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 100AMP Service Drop

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	75
1	100	amp Svc Drop	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date Approved by:

[ ] Electric Plans Approved

Date: Approved by:

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

SUBCODE APPROVAL for PERMIT

Date: 1/28/15

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 1/29/15

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			1/29/15	DP
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			1/29/15	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

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

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

CERTIFICATE
IDENTIFICATION

Date Issued: 11/30/2016
Control #: 59865
Permit #: 20161597

Block: 168.10 Lot: 10

Work Site Location: 91 WASHINGTON RD.
SAYREVILLE

Owner in Fee: Lios, Lawrence

Address: 91 WASHINGTON RD.
SAYREVILLE NJ 08872

Telephone: [redacted]

Agent/Contractor: Vivint Solar Developer LLC

Address: 2400 Main St Ext. Units 6&7
Sayreville NJ 08872

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: [redacted]

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Roof Top Solar

Update Desc. of Wk/Use:

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

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

11/30/16
Kirk J. Miick Construction Official

Fees: $0.00
Paid[X]Check No.: 8035
Collected by: tr

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10-13-16

Date Issued
Permit # 2016 1597

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

Block 168.10 Lot 10 Qualification Code

Work Site Location 91 Washington Rd. Sayreville, NJ 08872

Owner in Fee: Lawrence Lios

Tel. [redacted] e-mail

Address Same as above
street municipality state

Contractor: Vivint Solar Developer, LLC Tel. [redacted]

Address 2400 Main St. Ext., Units 6 & 7 e-mail [redacted]

Sayreville, N.J., 08872

Contractor License No. or Builder Registration No. 13VH06589300 Exp. Date 03-31-17

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/18/16	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date 10/18/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/27/16
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			11-23-16	
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) $ 2974.40

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

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: [signature]

Print name here: Zachary Hores

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

-Support for a photovoltaic (PV) system (solar system)

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
[X] Other PV Support
[ ] Demolition

FEE (Office Use Only)

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

NJ-2 NYC SOUTH

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 10-13-16
Date Issued Permit # 2016, 1597

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

Block 168.10 Lot 10 Qualification Code
Work Site Location 91 Washington Rd. Sayreville NJ 08872
Owner in Fee: Lawrence Lios
Tel. [redacted] e-mail
Address same as above
Contractor: Vivint Solar Developer LLC (street / municipality) Tel. [redacted]
Address 2400 Main St. Extension e-mail [redacted]
Sayerville, NJ 08872
Contractor License No. 34EI01809700 Exp. Date 3-31-18
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. [redacted] FAX: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as Single Family Utility Co. JCPL
Est. Cost of Elec. Work $ 11,897.60

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: Matthew
Print name here: Matthew K. Hofherr
[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 6.76 KW ARRAY PV SYSTEM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
9		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
26		optimizers	
9		TOTAL NUMBERS	$ 6.50
		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	25
		HP/KW Space Heater/Air Handler	25
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	100
1	60	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	60	Disconnect	

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

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:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10/27/16
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/22/16
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/22/16	
Barrier-Free				

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued ____
Annual Pool Inspection ____
Date of Grounding and Bonding Certification ____

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

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

NJ-2 NYC SOUTH

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 03-27-97
Control #
Permit # 97.0162

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

Block 168.10 Lot 10
Work Site Location 91 Washington Rd
Sayreville
Owner In Fee Robert Rokicki
Address Same
Tele. [redacted]
Contractor DunRite Sidings
Address 111 S. Michigan Ave
Kenilworth NJ
Tele. [redacted] FAX ( )
Lic. No. of Contr. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	3-27-97	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation Barrier-Free				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present ____ 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.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 3000

Reorder From OCS Printing · (609) 398-4375

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Strip off old Roof
Install ice & snowshield
Install 15 pound felt paper
Install 25 year shingle

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] ~~Roofing~~
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

(Office Use Only) FEE	
$	
	30

Paid [X] Check # 2904
Collected by: Treasurer

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 2
TOTAL FEE	$ 32

U.C.C. Form F-110B

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

CERTIFICATE

Date Issued 03-27-97
Control #
Permit # 97.0162

IDENTIFICATION

Block 168.10 Lot 10
Work Site Location 91 Washington Road
Sayreville, NJ 08872
Owner in Fee Robert Rokicki
Address Same as above

Tele. (___) [redacted]
Contractor Dun Rite Siding
Address 111 South Michigan Avenue
Kenilworth, NJ 07033

Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/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.

☒ **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.

☐ **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 _____.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

Fee $
Paid [ ] Check No.
Collected by:

Stanley Zygiewicz
CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

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

CERTIFICATE
IDENTIFICATION

Date Issued: 01/03/2022
Control #: 71467
Permit #: 20211730

Block: 168.10 Lot: 10

Work Site Location: 91 WASHINGTON RD.
SAYREVILLE

Owner in Fee: Louella Albert
Address: 91 WASHINGTON RD.
SAYREVILLE NJ 08872
Telephone: [redacted]

Agent/Contractor: Star Plumbing & Heating
Address: 7 Tannehill Ln
Parlin NJ 08859
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: 6392 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: Boiler

Update Desc. of Wk/Use:

Tax Collector Approval Date
Water & Sewer Approval Date

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

1/3/22
Kirk J. Mlick Construction Official

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Fees: $0.00
Paid[X]Check No.: 3582
Collected by: tr

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 12/14/21

Date Issued Permit # 2021-1730

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

Block 168.10 Lot 10 Qualification Code

Work Site Location 91 WASHINGTON RD SAYREVILLE, NJ 08872

Owner In Fee: LOVELLA / GILBERT

Tel: [redacted] e-mail

Address SAME

Contractor: STAN PLB municipality Tel. [redacted]

Address 7 JANNE Hill LN. e-mail

RARITAN, NJ 08859

Contractor License No. 6342 Exp. Date 2023

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 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: [signature]

Print name here: GUY IANNONSTI

[4] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL A HW BOILER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bathtub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	15
	LPGas Tank	
1	Steam Boiler	
	Hot Water Boiler	100
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	15
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Carbon Monoxide Alarms Required

Administrative Surcharge	$
Minimum Fee	$ 130
State Permit Surcharge Fee	$
TOTAL FEE	$

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: 12/14/21
Approved by: GVN

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 12/16/21
Approved by: GVN

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		Cer 12/16/21		GVN
Final		12/15/21 DD		

All work subject to field inspection

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 12/14/21
Control #:
Date Issued:
Permit #: 2021 1730

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

Block 168.10 Lot 10 Qualification Code
Work Site Location 91 Washington Rd SAYRE
Owner in Fee: Louella Ribent
Tel. [redacted] e-mail
Address SAME
Contractor: Stan Plb municipality Tel. [redacted]
Address 7 Bramhill Ln e-mail
Parlin, NJ 08859
Contractor License No. 6392 Exp. Date 2023
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 75.00

RECEIVED
DEC 08 2021

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here: Guy Tangorski
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install a new HW Boiler

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		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	75
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Circulator Pump	
		Administrative Surcharge	$
		Minimum Fee	$
		State Permit Surcharge Fee	$
		TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab,Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12/8/21
Approved by: DP
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/15/21
Approved by: DP

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/15/21	DP
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/08)