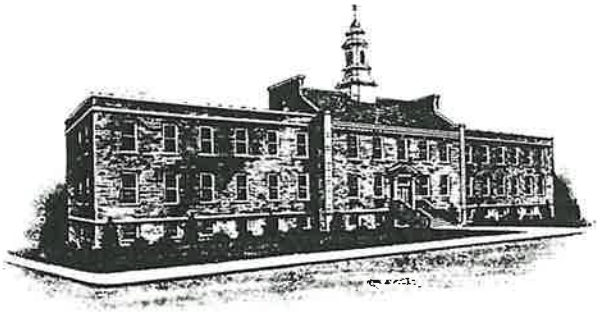

The Borough of Sayreville

MUNICIPAL CLERK'S OFFICE

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

December 9, 2021

Joanne Raczynski
Opra+request-27484-dda79819@requests.opramachine

Re: Request for Access to Public Records

Dear Ms. Raczynski:

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 contact 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: December 7, 2021

RE: OPRA Request
19 William St

Please be advised that the above request has been processed. Please advise Joanne Raczynsky that the information we have on file pertaining to the above address is attached. Any questions, feel free to contact me.

KJM/ah

OFFICE OF THE CONSTRUCTION OFFICIAL

Permit Options Report

Report Run from 01/01/1999 to 12/07/2021
Block No: 138 Lot No: 195

December 07, 2021 10:59:54AM

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													
20080462	04/29/2008	138	195	19 William St			39700	5/5/2010	DiCosta, Joe	3	R-5		
$75.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4.00	$0.00	$79.00	$0.00	$3135.00	$0.00		
Roofing													
20211096	08/10/2021	138	195	19 William St			70154		Abdul Rauf Bhatti	3	R-5		
$0.00	$430.00	$0.00	$410.00	$0.00	$0.00	$14.00	$0.00	$854.00	$0.00	$7350.00	$0.00		
Kitchen & bathroom remodel													
$75.00	**$430.00**	**$0.00**	**$410.00**	**$0.00**	**$0.00**	**$18.00**	**$0.00**	**$933.00**	**$0.00**	**$10485.00**	**$0.00**	**0**	**0**

No of Permits : 2

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/19/21

Permit # 2021 0019

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

Block 138 Lot 19 Qualification Code

Work Site Location 19 WILLIAM ST SAYREVILLE N.J

Owner in Fee: ABDUL RAUF BHATTI

Tel. 201 401-1507 e-mail

Address 919 N WASHINGTON AVE GREENBROOK N.J 08812
street municipality zip code

Contractor: Lotito Electric Tel. 201 754-4267

Address 41 Forsgate Ct, Washington Township e-mail

Contractor License No. 15335 Exp. Date 03-31-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 06-1732213 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,500 flat

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. [ ] Elre. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/1/21

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 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 sign/Contractor sign and seal here:

Print name here: Jimmy Lotito

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
15		Lighting Fixtures	
15		Receptacles	
10		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
43		TOTAL NUMBERS	$ 115
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	20
1		KW Elec. Dryer/Receptacle	20
1		KW Dishwasher	15
		HP Garbage Disposal	
1		KW Central A/C Unit	15
1		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	15
1		Repair Pond.	

Administrative Surcharge $ 130

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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.

9D

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/29/08
Control #

Date Issued
Permit # 2008.0462

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

Block 138 Lot 195 Qualification Code

Work Site Location 19 William St. Sayreville, NJ

Owner in Fee: Joe DiCosta

Tel. [redacted] e-mail

Address Same (street, municipality)

Contractor: John Asch Contracting Tel. ([redacted]

Address P.O. Box 871 East Brunswick e-mail

Contractor License No. or Builder Registration No. 13VH01406600 Exp. Date 12/08

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	4/30/08	MK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/5/10
Approved by: MK

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				5/10/10 MK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
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) $3,135.00

U.C.C. F110 (rev. 7/06)

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 John Asch

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Install a 30-yr tamko reroof ontop of the existing roofs

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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)
$ 75.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ [redacted]

Plumbing

~~MECHANICAL~~ INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued 8/12/21
Permit # 2021109 G

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 19 WILLIAM ST
SAYREVILLE N.J

Owner in Fee: ABDUL RAUF BHATTI

Tel. [redacted] e-mail _____

Address 919 N WASHINGTON AVE GREENBROOK N.J 08812
street municipality zip code

Contractor: Gold Nation Air Conditioning LLC Tel. [redacted]

Address 1012 Clark St. e-mail _____
Linden NJ 07036

Contractor License No. 19HC00468300 Exp. Date 6/30/2022

Home Improvement Contractor Registration No. or Exemption Reason _____

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

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3 or R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 35000 ~~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.

Applicant sign/Contractor sign and seal here: _____

Print name here: DIEGO A MUNOZ

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW INSTALLATION H.V.A.C
1 FURNACE 100,000BTUS.
1 COIL 4 TNS
1 CONDENSEER 4 TNS. R-13
Carbon Monoxide Alarms Required

NO.	FIXTURE/EQUIPMENT
____	Water Heater
1	Fuel Oil Piping Connections
____	Gas Piping Connections
____	Steam Boiler
____	Hot Water Boiler
✓	Hot Air Furnace
____	Oil Tank
____	LPG Tank
____	Fireplace
____	Generator
____	Other

FEE (Office Use Only)

	$
	15
	75
Administrative Surcharge	$
Minimum Fee	$ 90
State Permit Surcharge Fee	$
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 8/12/21
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

All work subject to field inspection

[redacted] PLUMBING SUB[redacted]
TECHNICAL SECTION

Control #
Date Issued 8/10/21
Permit # 2021096

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

Block 138 Lot 195 Qualification Code

Work Site Location 19 WILLIAM ST
SAYREVILLE N.J

Owner in Fee: ABDUL RAUF BHATTI

Tel. (201) 401-7502 e-mail ARAUFBHATTI@GMAIL.COM

Address 919-N WASHINGTON AVE GREENBROOK NJ 08812
street municipality zip code

Contractor: All week Plumbing, Htg Tel. (201) 669-5014

Address 23 Leo Pl e-mail
Lodi, NJ

Contractor License No. 8706 Exp. Date 10-21

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 3/4" Public Water X Private Well

Est. Cost of Plumbing Work $ 3350.00

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:

Print name here: James Murphy

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK REPLACE — LAVATORY, WATER HEATER, KITCHE CABINETS, BATH TUB, WATER CLOSET, SHOWER DIVERTER, SINK.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	60
	Urinal	
2	Bathtub	60
2	Lavatory	60
	Shower	
	Floor Drain	
1	Sink	25
1	Other Dishwasher	25
	Drinking Fountain	
1	Washing Machine	25
	Hose Bibb	
1	Water Heater	35
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
12	Stacks Yes	60
	Other	

Alarms required Carbon Monoxide

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: 8/11/21
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				

All work subject to field inspection.

Administrative Surcharge $	
Minimum Fee $	320.00
State Permit Surcharge Fee $	
TOTAL FEE $	