# The Borough of Sayreville

## Municipal Clerk's Office

167 Main Street
Sayreville, NJ 08872
Tel: 732-390-7020 • Fax: 732-390-0509


February 27, 2024

Shareena Moore
opra+request-58679-8c56bb0a@requests.opramachine.com

Re: Request for Access to Public Records

Dear Ms. Moore:

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: February 26 2024

RE: OPRA Request

419 Washington Rd

Please be advised that the above request has been reviewed. Please advise Shareena Moore that the information that the construction office and zoning office has on file is attached. Any questions, please feel free to contact me.

KJM/ajh

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 9/15/05
Control #
Date Issued
Permit # 2005.1321

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

Block 111 Lot 4 Qualification Code
Work Site Location 419 Washington Ave
Sayreville NJ
Owner In Fee Stanley Landziszewski
Address 419 Washington Ave
Sayreville NJ
Tel. (732) 718 5805
Contractor Insurance Restoration Specialist
Address 26 Kennedy Blvd
East Brunswick NJ
Tel. [redacted] FAX [redacted]
Contractor License No. or Builder Registration No.
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.

Timothy Martin
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
Cut clean then remove 550 gallon No. 2 heating fuel U.S.T.

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial
[X] No Plans Required 9/19/05 MK
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1/9/06
Approved by: MK Inspector

| 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 | | | 1/9/06 | RR |
| ~~Footing~~ MK CLOSED | | | | |
| Other | | | | |
| Final | | | 1-6-06 | RR |
| 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)
$ _____
50

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) $ 450.00

# CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. B 89-0907
DATE ISSUED 12/26/89
Block 111 Lot 4
Subdivision

## A. IDENTIFICATION

Owner Mrs Mrs F Koski
Address 419 Washington Ave
Spotswood N.J
Tel. [redacted]
Work Site Address Same

Agent Builders Specialty Inc
Address 14 Renee Ct
Edison N.J
Tel. [redacted]
Lic. No. [redacted]
Federal Emp. No.

## PAYMENTS

Permit Fee $ 215.87
Fees Remitted $ 215.87
☒ Check No. 1233
☐ Cash
☐ Other
Collected By: Treasurer
Date: 12/26/89

is hereby granted permission to perform the following work:

☑ BUILDING ☑ ELECTRICAL
☑ PLUMBING ☑ FIRE PROTECTION
☐ OTHER

3360 [redacted] aw FT

Description of work:
Extention of Kitchen and Addition of new bedroom above kitchen

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work: $ 25,325

CONSTRUCTION OFFICIAL

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

# CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 5393

DATE ISSUED 6/22/88

Block 111 Lot 4

Subdivision

## A. IDENTIFICATION

Owner Joe Koski

Address 419 Washington Rd

Sayreville N.J.

Tel. ([redacted]) 254-1876

Work Site Address 419 Washington Rd

Agent

Address

Tel. ( )

Lic. No.

Federal Emp. No.

## PAYMENTS

Permit Fee $ 60.00

Fees Remitted $ 60.00

☐ Check No.

☒ Cash

☐ Other

Collected By: Treasurer

Date: 6/22/88

**is hereby granted permission to perform the following work:**

☐ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

**Description of work:**

Above ground pool

15 x 24

**NOTE:** If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

**Estimated Cost of Work:** $ 1,827.00

Richard Gaul
CONSTRUCTION OFFICIAL

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

111 4

# CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 4177

DATE ISSUED 4/20/87

Block 111 Lot 4

Subdivision

## A. IDENTIFICATION

Owner Joseph M Koski

Address 414 Washington rd
Sayreville N.J. 08872

Tel. ([redacted])

Work Site Address

Agent

Address

Tel. ( )

Lic. No.

Federal Emp. No.

## PAYMENTS

Permit Fee $ 25.00

Fees Remitted $ 25.00

☐ Check No.

☒ Cash

☐ Other

Collected By: Treasurer

Date: 4/20/87

is hereby granted permission to perform the following work:

☐ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☒ OTHER Fence

Description of work:

- 4 ft. Chain link with 4 Gates

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work: $

Richard Paul
CONSTRUCTION OFFICIAL

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

**BULLETIN 95-1D**
**CHECKLIST FOR THE CLOSURE OF UNDERGROUND STORAGE TANKS**

Owner of the Tank: LENDZISZEWSKI

Address of Site: 419 WASHINGTON AV

Lot and Block No: 111 Lot 4 PERMIT # 2005-1321

Certified Contractor: INSURANCE RESTORATION SPECIALIST

The items on this checklist are practices currently accepted by the Department of Environmental Protection. Further explanation can be found in Appendix B of NFiPA 30 and the American Petroleum Institute's Bulletin 1604 entitled "Recommended Practice for Abandonment or Removal of Used Underground Storage Tanks".

__ 1. Owner/contractor reports that the tank was properly cleaned of residual material.

__ 2. Owner/contractor reports that all residual material including water used in cleaning, was properly containerized for proper off-site disposal.

__ 3. Inspection reveals that all affected piping was disconnected/capped/removed.

__ 4. For abandonment in place, tank was observed to be filled and sealed with an appropriate inert material.

5. For removal: 1000 gal- TANK Cleaned PASSED L. Rosario

✓ a. Owner/contractor has determined that the tank has been disposed of properly.

✓ b. The tank was rendered free of flammable vapors (e.g. Contractor has tested tank with proper monitoring equipment such as an explosive gas indicator (egi) explosion meter).

✓ *c. The tank excavation observed to be free of obvious evidence of contamination (e.g. odors, stained soil, free product).

N/A d. Contaminated soil is properly staged on plastic and covered with plastic or equivalent.

✓ *e. The removed tank was free of obvious corrosion holes or structural failure.

** If NO, then immediately contact the 24 hour DEP Hotline at ~~(609) 292-7172~~ 1 877-927-6337 to report a discharge.*

*It is recommended that an excavation which indicates contamination remain open for investigation, where possible. It should, however, be secured for safety reasons.*