

19-0180

Darlene Abreu

From: Theresa Lopez
Sent: Wednesday, April 17, 2019 10:57 AM
To: Irving Lozada; Darlene Abreu
Subject: FW: OPRA request - Open Construction Permits and Oil Tank

Good morning Irving & Darlene,

The OPRA request below belongs to your department.

Thanks and have a good day!

-----Original Message-----

From: Victoria Ann Kupsch
Sent: Wednesday, April 17, 2019 10:41 AM
To: Theresa Lopez <tlopez@perthamboyntj.org>
Subject: FW: OPRA request - Open Construction Permits and Oil Tank

-----Original Message-----

From: ADRIANA ONDARZA [<mailto:opra+request-5025-f31dc31c@requests.opramachine.com>]
Sent: Tuesday, April 16, 2019 11:10 PM
To: Victoria Ann Kupsch <victoria@perthamboyntj.org>
Subject: OPRA request - Open Construction Permits and Oil Tank

Dear Perth Amboy City,

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

Records requested:

I am requesting all open/closed permits and/or violations from 1/2000 to present. Also, I would like to know information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank location.

270 Rector St.
323-325 Keene St.
493 Miller St.

Yours faithfully,

ADRIANA ONDARZA

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-5025-f31dc31c@requests.opramachine.com

Is victoria@perthamboyntj.org the wrong address for OPRA requests to Perth Amboy City? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=perth_amboy_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/open_construction_permits_and_oj_90

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

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

Victoria Ann Kupsch, Municipal Clerk
City of Perth Amboy
Clerks Office
Email: victoria@perthamboyntj.org <<mailto:victoria@perthamboyntj.org>>
Phone: (732) 826-0290 ext. 4018

DISCLAIMER: The filters and firewalls needed in the current internet environment may delay receipt of emails, particularly those containing attachments. We strongly urge you to use delivery receipt and/or telephone calls to confirm receipt of important email.

CONFIDENTIALITY NOTICE: Some emails and files transmitted might be considered privileged and confidential that may also be considered advisory, consultative and deliberative (ACD) material under OPRA. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

WARNING: Email received by or sent to City officials is subject to the Open Public Records Act (OPRA). This means that absent some specific privilege, all such communications are considered a public record and are subject to publication and/or dissemination to the public upon request.



CONSTRUCTION PERMIT

Date Issued _____
Control # C-49029
Permit # _____

IDENTIFICATION Block: 54 Lot: 36 Qualifier _____
Work Site Location: 270 RECTOR ST. Perth Amboy City, NJ Contractor BOUER PLUMBING HEATING & COOLING INC
Address 44 SOUTHPORT DR HOWELL NJ 07731
Owner in Fee USA BANK NA MASTER TRUST DALLAS Telephone: (732) 886-2009
2711 N HASKELL AVE SUITE 1700 DALLAS TX Lic. No. or Bldrs. Reg. No. _____
75204 Federal Employee. No. _____
Telephone: _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☐ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

REMOVE EXISTING BOILER/WATER HEATER
REPLACE BASEBOARD & INSTALL NEW BOILER

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 \$10,000

Construction Official _____ Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$19
CO Fee	
Other	\$156
Total	\$175
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



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 54 Lot 36 Qualification Code _____

Work Site Location: 270 RECTOR ST. Perth Amboy City, NJ

Owner in Fee: USA BANK NA MASTER TRUST DALLAS

Address 2711 N HASKELL AVE SUITE 1700 DALLAS TX 75204

Tel. _____ Email _____

Contractor: BOUER PLUMBING HEATING & COOLING INC

Address 44 SOUTHPORT DR. HOWELL NJ 07731

Tel. (732) 886-2009 Fax _____

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$9,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Approval

Initial

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

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

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

Date Received 4/9/2019
Control # C-49029
Date Issued _____
Permit # _____

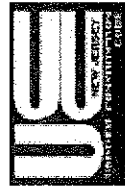
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

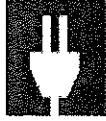
DESCRIPTION OF WORK
REMOVE EXISTING BOILER/WATER HEATER
REPLACE BASEBOARD & INSTALL NEW BOILER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____

Administrative Surcharge \$91
Minimum Fee _____
State Permit Surcharge Fee \$17
TOTAL FEE \$108



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 54 Lot 36 Qualification Code _____
Work Site Location: 270 RECTOR ST. Perth Amboy City, NJ
Owner in Fee: USA BANK NA MASIER TRUST DALLAS
Address 2711 N HASKELL AVE SUITE 1700 DALLAS TX 75204
Tel. _____ Email _____
Contractor: BOUQUER PLUMBING HEATING & COOLING INC
Address 44 SOUTHPORT DR HOWELL NJ 07731
Tel. (732) 886-2009 Fax _____
Lic No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS
Use Group _____ Present _____ Proposed _____ R-5
☐ Pole/Pad # _____ ☐ Temporary ☐ Other
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:		Failure	Approval
☐ No Plan Required					
Partial Underslab Utilities Approved		Rough			
Date: _____ by: _____		Barrier-Free			
Electric Plans Approved		Trench			
Date: _____ by: _____		Temp. Serv.			
Joint Plan Review Required		Constr. Serv.			
☐ Building ☐ Plumbing		TCO			
☐ Fire ☐ Elevator		Other			
Electric Plans Approved		Service			
SUBCODE APPROVAL for PERMIT		Final			
Date: _____ by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued			
Date: _____		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding			
		Certification			

Date Received 4/9/2019
Date Issued _____
Control # C-49029
Permit # _____

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name
☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE EXISTING BOILER/WATER HEATER
REPLACE BASEBOARD & INSTALL NEW BOILER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/With UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$65
Minimum Fee
State Permit Surcharge Fee \$2
TOTAL FEE \$67



CONSTRUCTION PERMIT

Date Issued 4/17/2019
Control # C-48992
Permit # 19-0252

IDENTIFICATION Block: 250 Lot: 9 Qualifier _____
Work Site Location: 493 MILLER ST. Perth Amboy City, NJ Contractor RESI PRO
Address 3630 PEACHTREE ROAD NE STE 1500 ATLANTA GA
Owner in Fee US BANK TRUST, NA Telephone: (732) 991-5098
13801 WIRELESS WAY OKLAHOMA CITY OK Lic. No. or Bldrs. Reg. No. _____
73134 Federal Employee No. _____
Telephone: (888) 572-6950

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

INTERO DEMO - REMOVE SHEETROCK, CABINETS, BATHROOM VNNITY, ROOFING AND
SIDING

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 \$11,000

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building \$275
Electrical \$0
Plumbing \$0
Fire Protection \$0
Elevator Devices \$0
Other \$0.00
DCA Training Fee \$21
CO Fee _____
Other \$0
Total \$296
Check No. 3296/97
Cash \$0
Credit \$0
Collected By Maria Wesson-Pineiro

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING 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 230 Lot 9 Qualification Code

Work Site Location: 493 MILLER ST., Perth Amboy City, NJ

Owner in Fee: US BANK TRUST, NA

Address 13801 WIRELESS WAY OKLAHOMA CITY OK 73134

Tel. (888) 572-6950 Email

Contractor: RESI PRO

Address 3630 PEACHTREE ROAD NE STE 1500 ATLANTA GA 30326

Tel. (732) 991-5098 Email Fax

Contractor License No. or, if new home, Bids Reg. No. Exp.

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

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ All

☐ Footing/Foundation

☐ Struct./Framework

☐ Exterior

☐ Interior

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: Approved by:

B. BUILDING CHARACTERISTICS

Use Group Present

Constr. Class Present

Number 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.

Proposed R-5

Proposed

If Industrial Building: State Approved

HUD

Est. Cost of Bldg. Work:

1. New Bldg.

2. Rehabilitation \$11,000

3. Total (1+2) \$11,000

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

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

Date Received 4/3/2019
Control # C-48992
Date Issued 4/17/2019
Permit # 19-0252

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERO DEMO - REMOVE SHEETROCK, CABINETS, BATHROOM
VNITY, ROOFING AND SIDING

TYPE OF WORK

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence Height (exceeds 6')

☐ Sign Sq. Ft.

☐ Pool

☐ Retaining Wall Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$21

TOTAL FEE \$206

FEE (Office Use Only)

\$275



Perth Amboy City
375 New Brunswick Avenue
Perth Amboy, NJ 08861

Date Issued 8/23/2006
Control Number 7872
Permit Number 20061075
Permit Issue Date 8/16/2006
Certificate Number 20061075

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 493 MILLER ST. PERTH AMBOY, NJ Block: 250 Lot: 9 Qual: _____
Owner in Fee: VALENTIN, LUZ
Owner Address: 493 MILLER STREET PERTH AMBOY NJ 08861
Telephone: _____
Contractor ALVAREZ PLUMBING
Address 200 MAWBEY STREET WOODBRIDGE NJ 07095
Telephone: (732) 277-3209 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - Alterations WATER SERVICE CONNECTION.

Certificate Comments:

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

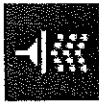
Fee: \$0.00

Check Number: _____

Collected By: _____



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 250 Lot 9 Qualification Code _____

Work Site Location: 493 MILLER ST. PERTH AMBOY, NJ

Owner in Fee: VALENTIN, LUZ

Address 493 MILLER STREET PERTH AMBOY NJ 08861

Tel. _____ Email _____

Contractor: _____

Address NJ

Tel. _____ Fax _____

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Approval

Initial

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

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

Date Received 8/12/2006
Control # 7872
Date Issued 8/16/2006
Permit # 20061075

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations WATER SERVICE CONNECTION.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	\$65
	Stacks	
	Other	

Administrative Surcharge \$10
Minimum Fee _____
State Permit Surcharge Fee \$2
TOTAL FEE \$77

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



Perth Amboy City
375 New Brunswick Avenue
Perth Amboy, NJ 08861

Date Issued 11/16/2010
Control Number 15126
Permit Number 20100401
Permit Issue Date 5/20/2010
Certificate Number 20100401

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 493 MILLER ST. PERTH AMBOY, NJ Block: 250 Lot: 9 Qual: _____
Owner in Fee: VALENTIN, LUZ
Owner Address: 493 MILLER STREET PERTH AMBOY NJ 08861
Telephone: _____
Contractor: VALENTIN, LUZ
Address: 493 MILLER STREET PERTH AMBOY NJ 08861
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - REPLACE DAMAGED SHINGLES ON ROOF AND MISSING DAMAGED SIDING.

Certificate Comments:

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



BUILDING 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 250 Lot 9 Qualification Code
Work Site Location: 493 MILLER ST. PERTH AMBOY, NJ

Owner in Fee: VALENTIN, LUZ
Address 493 MILLER STREET PERTH AMBOY, NJ 08861
Tel. _____ Email _____
Contractor: _____
Address NJ _____ Email _____
Tel. _____ Fax _____
Contractor License No. or, if new home, Bldgs Reg. No. _____ Exp. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Struct./Framework	_____	_____
☐ Exterior	_____	_____
☐ Interior	_____	_____
Joint Plan Review Required	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____
SUBCODE APPROVAL for PERMIT	_____	_____
Date: _____	_____	_____
Approved by: _____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____
☐ CO ☐ CCO ☐ CA	_____	_____
Date: _____	_____	_____
Approved by: _____	_____	_____

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

B. BUILDING CHARACTERISTICS

Use Group	Present	R-3	Proposed	_____	If Industrial Building:	_____
Constr. Class	Present	_____	Proposed	_____	State Approved	_____
Number of Stories	_____	_____	_____	_____	HUD	_____
Height of Structure	_____	_____	_____	_____	Est. Cost of Bldg. Work:	_____
Area - Largest Floor	_____	_____	_____	_____	1. New Bldg.	_____
New Bldg. Area / All Floors	_____	_____	_____	_____	2. Rehabilitation	\$1,000
Volume of New Structure	_____	_____	_____	_____	3. Total (1+2)	_____
Total Land Area Disturbed	_____	_____	_____	_____		_____

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

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

Date Received 5/7/2010
Control # 15126
Date Issued 5/20/2010
Permit # 20100401

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE DAMAGED SHINGLES ON ROOF AND MISSING DAMAGED SIDING.

TYPE OF WORK

- ☐ New Building
☐ Addition
☒ Rehabilitation
☒ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other
☐ Demolition

FEE (Office Use Only)

\$58

Administrative Surcharge \$17

Minimum Fee

State Permit Surcharge Fee \$2

TOTAL FEE \$74