



Bureau of Housing Inspections
230 Hamilton Street
Borough of Bound Brook NJ, 08805
(732) 356-0833 ext-642
jcosta@boundbrook-nj.org

SAFEGUARD PROPERTIES
7887 SAFEGUARD CIRCLE
VALLEY VIEW OH 44125

INVOICE

LICENSE:

DUE DATE:

8/15/2018

PRINTED DATE:

11/30/2018

OWNER ADDRESS

ASIS-GOLDIN, TERESITA
211 THOMPSON AVENUE
BOUND BROOK NJ 08805

BUSINESS ADDRESS

VA
211 THOMPSON AVENUE
Borough of Bound Brook NJ 08805

Email: CODECOMPLIANCE@SAFEGUARDPROPERTIES.COM

Description: 18 Month Occupied/Foreclosed*

FOR OFFICE USE ONLY

BLOCK - LOT - QUAL:	Account Type	Total Fee
43 - 6	Code Property Registry	\$5,000.00
LICENSE:	<i>Still out STANDING</i>	
CHECK NO.:		
PAID DATE:		
	BALANCE DUE:	\$5,000.00



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SAFEGUARD PROPERTIES
7887 SAFEGUARD CIRCLE
VALLEY VIEW OH 44125

INVOICE

LICENSE: RL-18-0741
DUE DATE: 8/1/2018
PRINTED DATE: 11/30/2018

OWNER ADDRESS

ASIS-GOLDIN, TERESITA
211 THOMPSON AVENUE
BOUND BROOK NJ 08805

BUSINESS ADDRESS

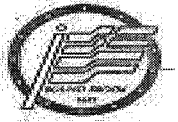
VA
211 THOMPSON AVENUE
Borough of Bound Brook NJ 08805

Email: CODECOMPLIANCE@SAFEGUARDPROPERTIES.COM

Description: 18 Month Occupied/Foreclosed*

FOR OFFICE USE ONLY

BLOCK - LOT - QUAL:	Account Type	Total Fee
43 - 6	Code Property Registry	\$3,000.00
LICENSE:	owe : \$2500	
RL-18-0741		
CHECK NO.:		
PAID DATE:	BALANCE DUE:	\$3,000.00



Borough of Bound Brook
Payment PMT-18-01593 with Fee Items

Tracking	Date	Cash	Charge	Check	Check #	Account	Receiver
PMT-18-01593	11/6/2018	0	0	500	30503	Housing Re-Inspection - 104203-03 Fee	Leticia Rodriguez Paid
211 THOMPSON AVENUE 1 Year Occupied/Foreclosed * RL-18-0741							

Code Property Registry	CODE PROPERTY REGISTRY ACCOUNT	211 THOMPSON AVENUE	211 THOMPSON AVENUE: RL-18-0741	3000	500
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3000	500
------	-----

1 Payments	Cash Total	Charge Total	Check Total	Total	Fee Total	Paid Total
1 Fee Items	\$0.00	\$0.00	\$500.00	\$500.00	\$3,000.00	\$500.00

Totals by Department

	Fee Total	Paid Total		Fee Total	Paid Total		Fee Total	Paid Total
Construction	\$0.00	\$0.00	Zoning Board	\$0.00	\$0.00	Pet	\$0.00	\$0.00
Engineering	\$0.00	\$0.00	Planning Board	\$0.00	\$0.00	Fire Prevention	\$0.00	\$0.00
Public Works	\$0.00	\$0.00	Land Use	\$0.00	\$0.00			
Health Pro	\$0.00	\$0.00	Code Enforcement	\$3,000.00	\$500.00			

STILL OUTSTAND

\$2,500



CONSTRUCTION PERMIT

OPEN

Date Issued 7/3/2002
Control # _____
Permit # 20020265

IDENTIFICATION Block: 43 Lot: 6 Qualifier _____
Work Site Location: 211 THOMPSON AVENUE, NJ Contractor _____
Address _____
Owner in Fee TERRY GOLDIN Telephone: _____
211 THOMPSON AVENUE, NJ Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

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:

REMODEL Bathroom
All Fixtures SAME
LOCATION

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 \$3,800

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$36
Plumbing	\$44
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$133
Check No.	
Cash	\$0
Credit	\$0
Collected By	

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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 43 Lot 6 Qualification Code _____

Work Site Location: 211 THOMPSON AVENUE, NJ

Owner in Fee: TERRY GOLDIN

Address 211 THOMPSON AVENUE, NJ

Tel. _____ Email _____

Contractor: _____

Address NJ

Tel. _____ Email _____

Home Improvement Contractor Registration No. or Exemption Reason (is 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 _____

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: _____

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

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

Date Received 7/3/2002
Control # _____
Date Issued 7/3/2002
Permit # 20020265

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

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

Minimum Fee

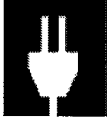
State Permit Surcharge Fee \$3

TOTAL FEE \$47

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 7/3/2002
Date Issued 7/3/2002
Control # _____
Permit # 20020265

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 Cont'r ☐ Certifd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK _____

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

Block 43 Lot 6 Qualification Code _____

Work Site Location: 211 THOMPSON AVENUE, NJ

Owner in Fee: TERRY GOLDIN

Address 211 THOMPSON AVENUE, NJ Email _____

Tel. _____

Contractor: _____

Address NJ Email _____

Tel. _____ 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-3 _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Type	Failure	Failure	Approval
☐ No Plan Required	Initial				Initial
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			
☐ Electrical 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			

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

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

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/+ 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 \$3

TOTAL FEE \$39



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received 7/3/2002
Control # _____
Date Issued 7/3/2002
Permit # 20020265

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 43 Lot 6 Qualification Code _____

Work Site Location: 211 THOMPSON AVENUE, NJ

Owner in Fee: TERRY GOLDIN

Address 211 THOMPSON AVENUE, NJ

Tel. _____ Email _____

Contractor: _____

Address NJ

Tel. _____ Email _____

Fax _____

Contractor License No. or, if new home, Bldrs 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)	
Type:	Failure	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	Proposed	If Industrial Building:
Constr. Class	Present	Proposed	State Approved
Number of Stories	_____	_____	HUD
Height of Structure	_____ Ft.	_____	Est. Cost of Bldg. Work:
Area - Largest Floor	_____ Sq. Ft.	_____	1. New Bldg.
New Bldg. Area / All Floors	_____ Sq. Ft.	_____	2. Rehabilitation
Volume of New Structure	_____ Cu. Ft.	_____	3. Total (1+2)
Total Land Area Disturbed	_____ Sq. Ft.	_____	

U.C.C F-110 (rev. 11/09)

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

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

TYPE OF WORK

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

FEE (Office Use Only)

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE

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



CONSTRUCTION PERMIT

OPEN

Date Issued 10/12/2001
Control #
Permit # 20010339

IDENTIFICATION Block: 43 Lot: 6 Qualifier
Work Site Location: 211 THOMPSON AVENUE, NJ Contractor
Address
Owner in Fee TERESITA ASIS-GOLDIN Telephone:
211 THOMPSON AVENUE NJ Lic. No. or Bldrs. Reg. No.
Telephone: Federal Employee. No.

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:

WATER HEATER

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 \$559

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$50
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$50
Check No.	
Cash	\$0
Credit	\$0
Collected By	

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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 43 Lot 6 Qualification Code _____

Work Site Location: 211 THOMPSON AVENUE, NJ

Owner in Fee: TERESITA ASIS-GOLDIN

Address 211 THOMPSON AVENUE, NJ

Tel. _____ Email _____

Contractor: _____

Address NJ

Tel. _____ Email _____

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 \$559

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

Failure

Approval

Initial

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.

Date Received 10/12/2001

Control # _____

Date Issued 10/12/2001

Permit # 20010339

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

DESCRIPTION OF WORK

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

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$50

☐ 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.



Bureau of Housing Inspections
230 Hamilton Street
Borough of Bound Brook NJ, 08805
(732) 356-0833 ext-642
jcosta@boundbrook-nj.org

CALIBER HOME LOANS
13801 WIRELESS WAY
OKLAHOMA CITY NJ 73134

INVOICE

LICENSE:

DUE DATE:

8/1/2018

PRINTED DATE:

11/30/2018

OWNER ADDRESS

KNIGHT, JAMES TODD & HEIDI RITA
552 MARION STREET
BOUND BROOK NJ 08805

BUSINESS ADDRESS

VA
552 MARION STREET
Borough of Bound Brook NJ 08805

Email: CHRISTINE.CAYANAN@CALIBERHOMELOANS.COM

Description: 1 Year Occupied/Foreclosed *

PAST DUE

FOR OFFICE USE ONLY

BLOCK - LOT - QUAL:	Account Type	Total Fee
82 - 25	Code Property Registry	\$3,000.00
LICENSE:		
CHECK NO.:		
PAID DATE:	BALANCE DUE:	\$3,000.00