The City of
Pleasantville NJ
Feel the Energy.

Building Department

Kevin Cain
Construction Official
Phone 609.484.3614
Fax 609.677.4804

October 16, 2018

Jessica Martin

721 Ohio Ave.
Block 49 lot(s) 7
City of Pleasantville

Dear Sir/Madam:

The City of Pleasantville Building Department does not have any open/expired permits for the above mentioned property. However see attached a permit for a gas fired appliance for the above mentioned property that was inspected passed and closed out. Also there are no permits pertaining to a finished basement or laundry room in the basement. If I may assist you further please contact me at 609-484-3614.

Thank you in advance.

Thank you,

Shannon Phillips
Technical Assistant

CITY OF PLEASANTVILLE
18 N. FIRST ST. - 08232
(609) 484-3614

Date Issued 10/19/09
Control #
Permit # 0447/09

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 49 Lot 7 Qual
Work Site Location 721 OHIO AVE

Owner in Fee/Occupant PEREZ-GONZALEZ, BLANCA
Address 705 NEW MAPLE RD
PLEASANTVILLE, NJ 08232-
Telephone (609) 646-9227
Contractor H O M E O W N E R
Address
, -
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

AC UNIT

[ ] 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 the owner 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 _____, ____.

Fee $ 0
Paid [X] Check No. 2643
Collected by: SRP

Construction Official

U.C.C. F260 (rev. 3/96)

CITY OF PLEASANTVILLE
18 N. FIRST ST. - 08232
(609) 484-3614

Date Issued 09/18/09
Control #
Permit # 0447/09

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 49 Lot 7 Qual

Work Site Location 721 OHIO AVE

Owner in Fee PEREZ-GONZALEZ, BLANCA
Address 705 NEW MAPLE RD
PLEASANTVILLE, NJ 08232-
Telephone (609) 646-9227

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

[ ] BUILDING
[X] ELECTRICAL
[ ] ELEVATOR DEVICES
[X] PLUMBING
[X] FIRE PROTECTION
[ ] MECHANICAL
[ ] ASBESTOS ABATEMENT (Subchapter 8 only)
[ ] LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
AC UNIT

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 $ 3,000

Construction Official

09/18/09
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	58
Plumbing	82
Fire Protection	58
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	6
Cert. of Occupancy	0
Other	
Total	204
Check No.	2643
Cash	
Collected By	SRP

U.C.C. F170 (rev. 3/96)

CITY OF PLEASANTVILLE
18 N. FIRST ST. - 08232
(609) 484-3614

UCC NEW JERSEY
ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 09/18/09
Date Issued 09/18/09
Control #
Permit # 0447/09

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

Block 49 Lot 7 Qual

Work Site Location 721 OHIO AVE

Owner in Fee PEREZ-GONZALEZ, BLANCA

Address 705 NEW MAPLE RD

PLEASANTVILLE, NJ 08232-

Tel. (609) 646-9227

Contractor HOMEOWNER

Address

Tel. ( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Util Appr

Date: Appr by:

[ ] Elect Plans Approved

Date: Appr by:

Joint Plan Review Required:

[ ] Build [ ] Plumb [ ] Fire

SUBCODE APPR - PERM [ ] Elev

Date: Appr by:

SUBCODE APPR - CERTIF

[ ] CO [ ] CCO [ ] CA

Date: Appr by:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
BarrierFr				
Trench				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				
BarrierFr				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

AnnPoolIns

Date of Gnd/Bond 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.

Signature/Contractor Seal

[ ] Licensed Elect Contr [ ] Certif Landscape Irrig Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	2	KW Central A/C Unit	13
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0
		Other	0

Administrative Surcharge $ 0

Paid [X] Check # 2643 Minimum Fee $ 45

Collected by: SRP TOTAL FEE $ 58

DCA State Permit Fee $ 2

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

CITY OF PLEASANTVILLE
18 N. FIRST ST. - 08232
(609) 484-3614

UCC NEW JERSEY
PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 09/18/09
Date Issued 09/18/09
Control #
Permit # 0447/09

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

Block 49 Lot 7 Qual

Work Site Location 721 OHIO AVE

Owner in Fee PEREZ-GONZALEZ, BLANCA
Address 705 NEW MAPLE RD
PLEASANTVILLE, NJ 08232-
Tel. (609) 646-9227
Contractor HOMEOWNER
Address

Tel. (___) Fax (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Util Appr
Date: Appr by:
[ ] Plumb Plans Approved
Date: Appr by:
Joint Plan Review Required:
[ ] Build [ ] Elect [ ] Fire
SUBCODE APPR - PERM [ ] Elev
Date: Appr by:
SUBCODE APPR - CERTIF
[ ] CO [ ] CCO [ ] CA
Date: Appr by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip				
Gas Piping				
LPGas Tank				
FuelOil Pip				
Solar				
TCO				
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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	82
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # 2643 Minimum Fee $ 0
Collected by: SRP TOTAL FEE $ 82
DCA State Permit Fee $ 2

CITY OF PLEASANTVILLE
18 N. FIRST ST. - 08232
(609) 484-3614

UCC NEW JERSEY
PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 09/18/09
Date Issued 09/18/09
Control #
Permit # 0447/09

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

Block 49 Lot 7 Qual

Work Site Location 721 OHIO AVE

Owner in Fee PEREZ-GONZALEZ, BLANCA

Address 705 NEW MAPLE RD

PLEASANTVILLE, NJ 08232-

Tel. (609) 646-9227

Contractor HOMEOWNER

Address

Tel. ( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Util Appr

Date: Appr by:

[ ] Plumb Plans Approved

Date: Appr by:

Joint Plan Review Required:

[ ] Build [ ] Elect [ ] Fire

SUBCODE APPR - PERM [ ] Elev

Date: Appr by:

SUBCODE APPR - CERTIF

[ ] CO [ ] CCO [ ] CA

Date: Appr by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip				
Gas Piping				
LPGas Tank				
FuelOil Pip				
Solar				
TCO				
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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	82
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0
	Other	0

Administrative Surcharge $ 0

Paid [X] Check # 2643 Minimum Fee $ 0

Collected by: SRP TOTAL FEE $ 82

DCA State Permit Fee $ 2

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

CITY OF PLEASANTVILLE
18 N. FIRST ST. - 08232
(609) 484-3614

UCC NEW JERSEY
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 09/18/09
Date Issued 09/18/09
Control #
Permit # 0447/09

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

Block 49 Lot 7 Qual
Work Site Location 721 OHIO AVE
Owner in Fee PEREZ-GONZALEZ, BLANCA
Address 705 NEW MAPLE RD
PLEASANTVILLE, NJ 08232-
Tel. (609) 646-9227
Contractor HOMEOWNER
Address
Tel. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
Constr Class - Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Util Appr
Date: Appr by:
[ ] Fire Plans Approved
Date: Appr by:
Joint Plan Review Required:
[ ] Build [ ] Elect [ ] Plumb
SUBCODE APPR - PERM [ ] Elev
Date: Appr by:
SUBCODE APPR - CERTIF
[ ] CO [ ] CCO [ ] CA
Date: Appr by:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Fl/Comb Tnk				
Firepl Vnt				
Final				
Other				

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/Contractor Seal

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
Alarm Devices (smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	58
Other		0
Other		0
Other		0

Administrative Surcharge $ 0
Paid [X] Check # 2643 Minimum Fee $ 0
Collected by: SRP TOTAL FEE $ 58
DCA State Permit Fee $ 2

U.C.C. F140 (rev. 11/09)