From: Deborah Zupan
Sent: Thursday, February 29, 2024 1:09 PM
To: Sharon Hollis
Subject: FW: OPRA request - Open permits request: 16 Turner Court Metuchen

Hi Sharon,

Please see request below.

1543 (1977)
95-037
99-436
99-812
03-0276
+ zoning/survey

03-0306
+ zoning
14-0724
+ zoning/survey
15-0100
16-0233
17-0174 + zoning

35 pages
S. Hollis 2/29/24

Thanks,
Deb

Deborah Zupan, RMC
Borough Clerk
Borough of Metuchen
500 Main Street
Metuchen, NJ 08840
732-632-8508

-----Original Message-----
From: Diya <opra+request-58995-9e849e19@requests.opramachine.com>
Sent: Thursday, February 29, 2024 10:44 AM
To: Deborah Zupan <dzupan@metuchen.com>
Subject: OPRA request - Open permits request: 16 Turner Court Metuchen

Dear Metuchen Borough,

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.

For Address: 16 Turner Court, Metuchen, NJ 08840

Records requested:

- List of open and closed permits on the property

If possible:
- Property Survey
- Zoning applications/approvals
- Proof of decommissioned oil tank, DFT letter
- septic plans, as-built, repairs, septic reports and survey; and, if applicable, a septic survey showing the location of the decommissioned/abandoned septic tank, cesspool, and/or seepage pit.

Yours faithfully,
Diya

B.P. # 1543 12-20-77

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING

AT (LOCATION) 16 (NO.) TURNER CT. (STREET) ZONING DISTRICT R-2

BETWEEN OFF (CROSS STREET) MILLER DR. AND (CROSS STREET)

SUBDIVISION TURNER VILLAGE LOT 176 BLOCK 3 LOT SIZE IRR. 87.58 x 84.46 x 40.62 x 91.56 x 60.69

NO. STREET

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 ☐ New building
2 ☒ Addition *(If residential, enter number of new housing units added, if any, in Part D, 13)*
3 ☒ Alteration *(See 2 above)*
4 ☐ Repair, replacement
5 ☐ Wrecking *(If multifamily residential, enter number of units in building in Part D, 13)*
6 ☐ Moving (relocation)
7 ☐ Foundation only

B. OWNERSHIP

8 ☒ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential

12 ☒ One family
13 ☐ Two or more family – *Enter number of units* ———→ ____
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* ———→ ____
15 ☐ Garage
16 ☐ Carport
17 ☐ Other – *Specify* ____

FIRE PLACE

Nonresidential

18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other – *Specify* ____

C. COST

	(Omit cents)
10. Cost of improvement	$ 2,000.-
To be installed but not included in the above cost	
a. Electrical	-0-
b. Plumbing	-0-
c. Heating, air conditioning	-0-
d. Other (elevator, etc.)	-0-
11. TOTAL COST OF IMPROVEMENT	$ 2,000.-

Nonresidential – Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school; college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry (wall bearing)
31 ☒ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – *Specify* ____

F. PRINCIPAL TYPE OF HEATING FUEL

35 ☒ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other – *Specify* ____

G. TYPE OF SEWAGE DISPOSAL

40 ☒ Public or private company
41 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 ☒ Public or private company
43 ☐ Private (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 ☐ Yes 45 ☐ No

Will there be an elevator?
46 ☐ Yes 47 ☐ No

J. DIMENSIONS

48. Number of stories	1½
49. Total square feet of floor area, all floors, based on exterior dimensions	2000±
50. Total land area, sq. ft.	

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	1
52. Outdoors	1

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms	2
54. Number of bathrooms – Full	1
54. Number of bathrooms – Partial	

BOROUGH OF METUCHEN

Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(908) 632-8515

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-30-95
Control #
Permit # 95-037

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

Block 3 Lot 176
Work Site Location 16 Turner Ct. Metuchen, NJ 08840
Owner in Fee Benn Fishner
Address 16 Turner Ct. Metuchen, N.J. 08840
Tele. [redacted]
Contractor owner
Address same

Tele. (____) same
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-26-95
Approved by: M. Diesnat

SUBCODE APPROVAL
[ ] CO [ ] COO [ ] CA
Date: 1-31-95
Approved By: M. Diesnat

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-31-95	tmp

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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 Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
15		Fixtures (1)	
5		Receptacles (2)	
8		Switches (3)	
18		Total 1 + 2 + 3	40.00
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat: oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

Paid [✓] Check # 1595
Collected by: VJ

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 40.00

U.C.C. Form F-120B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BOROUGH OF METUCHEN
Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(908) 632-8515

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-30-95
Control #
Permit # 95-037

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

Block 3 Lot 176
Work Site Location 16 Turner Ct
Metuchen, NJ 08840
Owner in Fee Benn Fishner
Address 16 Turner Ct
Metuchen, NJ 08840
Tele. [redacted]
Contractor self
Address same

Tele. ( ) same
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
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:
[V] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 1-26-95
Approved by: cjm

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Approved By: DR
Date: 2/9/98

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough	2-7		2-7	cjm
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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 [X] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20.—
	Urinal/Bidet	
	Bath Tub	
3	Lavatory	30.00
1	Shower	10.00
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	CA. 10.—

Paid [✓] Check # 1595
Collected by: SH

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL $ 70.00

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BOROUGH OF METUCHEN
Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 7/20/99
Control #
Permit # 99-436

IDENTIFICATION

Block 3 Lot 176
Work Site Location 16 Turner Court
Metuchen, NJ 08840
Owner in Fee/Occupant Edwin Chinery
Address 16 Turner Court
Metuchen, NJ 08840
Tele. ([redacted]
Contractor Tank Resolutions Corp.
Address PO Box 303
Monmouth Junction, NJ 08852
Tele. (732) 329-3118 Fax ( ) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3338508

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

550 Gallon Oil Tank
Abandonment

☐ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ 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 _____.

M. Kluda

CONSTRUCTION OFFICIAL

Fee $ --
Paid [ ] Check No. --
Collected by: --

UCC/PRO F-260 (REV 3/96)
Professional Printing
(609) 468-7933

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

FIRE SUBCODE TECHNICAL SECTION

Date Received 7-1-99
Date Issued 7-2-99
Control #
Permit # 99-436

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

Block 3 Lot 176
Work Site Location 16 Turner Court
Metuchen, N.J. 08840
Owner in Fee Edwin Chinery
Address 16 Turner Court
Metuchen, N.J. 08840
Tele. ( ) [redacted]
Contractor Tank Resolutions Corporation
Address P.O. Box 303
Monmouth Junction, N.J. 08852
Tele. ( ) 732-329-3118 Fax (732) 274-1671
Lic. No.
Federal Emp. No. 22-3338508

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 1,100.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 7/1/99
Approved by: _____
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/13/99
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
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.

RICHARD A. GARCIA
PRESIDENT/CEO
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Abandon 550 gallon oil tank.

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

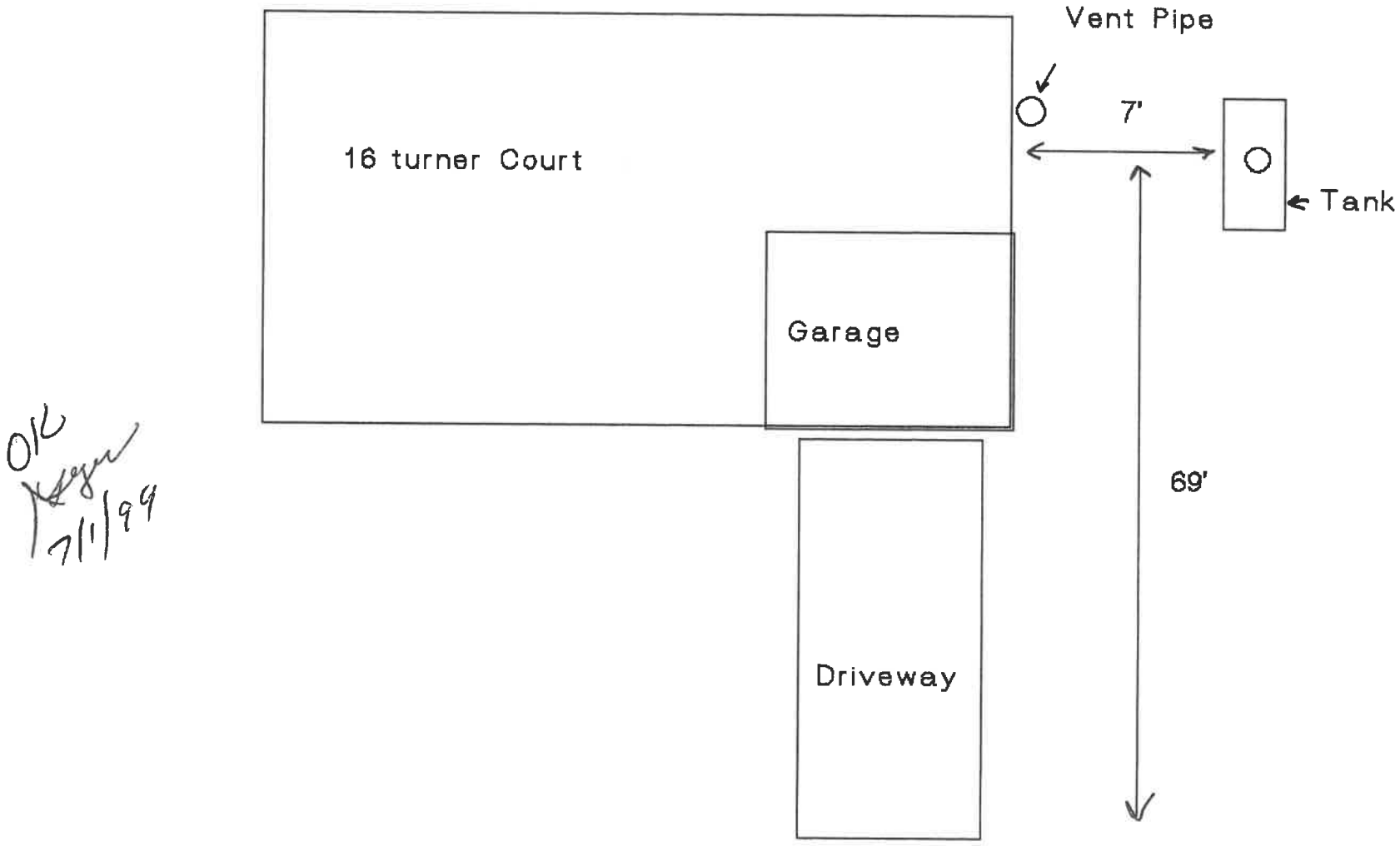
Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____
Alarm Systems [ ] 110v Interconnected [ ] System **NUMBER**

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other Demolition: Tank Abandonment		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	65

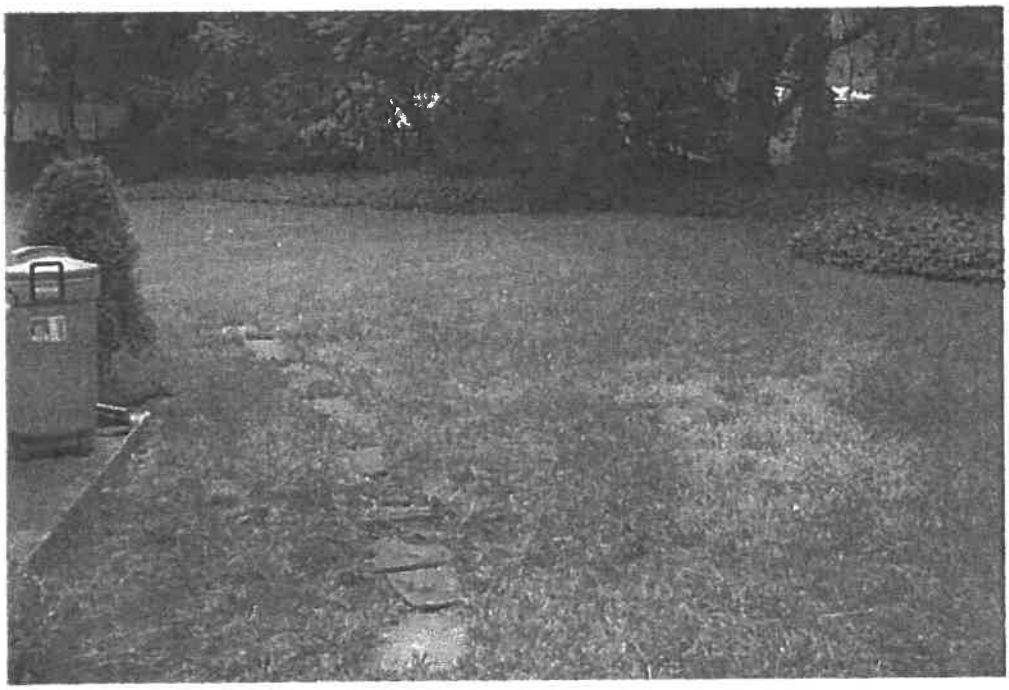
U.C.C. F140
(rev. 3/96)

34" Neck
20 1/2" oil no water



OK
7/1/99

Project complete



BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/27/99
Date Issued 10/28/99
Control #
Permit # 99-812

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

Block 3 Lot 176
Work Site Location 16 Turner Ave
Metuchen ~~Ave~~ N.J
Owner in Fee Jeff Alerperti
Address 16 Turner Ave
Metuchen N.J
Tele. [redacted]
Contractor Magic Touch Const.
Address 8 City St.
Parlin N.J 08859
Tele. (732) 525-0712 Fax (_____)
Lic. No. or Bldrs. Reg. 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.

Signature Miguel Ruiz

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tear old Roof put new roof
Install nail like siding on entire house
Install vinyl windows

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	10/27/99	MC
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/17/01
Approved by: BAL

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2/17/01	BAL
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[✓] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 46
46

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 11
TOTAL FEE	$ 103

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. Alteration $ 13,900
3. Total (1+ 2) $ 13,900

U.C.C. F110 (rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 06/20/05
Control #
Permit # 03-0276

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 3 Lot 176 Qual
Work Site Location 16 TURNER CT.
METUCHEN, NJ 08840
Owner in Fee/Occupant ROESLER, JOHN
Address 16 TURNER COURT
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor SAME
Address
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

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

3RD STORY ADDITION

[X] 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 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 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 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 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 _____, ____.

James A. Ryan

Construction Official

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

Fee $ 42
Paid [X] Check No. 123
Collected by: SH

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 5-1-03
Control #
Permit # 03-0276

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

Block 3 Lot 176
Work Site Location 16 Turner ct

Owner in Fee JOHN Roesler
Address 16 Turner ct Met.

Tele. [redacted]
Contractor Self
Address same

Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 4-25-03
Approved by: DR

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date 5-2-03
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			6-25-03	DR
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO	9/22/03		DR	Not Ready

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	10 —
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
1	Shower	10 —
	Floor Drain	
1	Sink	10 —
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks	10 —
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 40.00

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.

X
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-1-03
Control #
Permit # 03-0276

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

Block 3 Lot 176
Work Site Location 16 Turner ct

Owner in Fee/Occupant JOHN Roesler
Address 16 Turner CT MET.

Tele. ([redacted]
Contractor Self
Address same

Tele. (") " " Fax ( )

Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/28/03
Approved by:

SUBCODE APPROVAL
[ ] CO [X] 1&2 Family [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			6-26-03	MP
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	lost NI2	6-14-03		RM
Final	7-21-03	9-22-03		MP

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
10		Receptacles	
4		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		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	
		.....	
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 50.00

UCC/PRO F-120 (REV3/96)
Professional Printing
(856)468-7933

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-1-03
Control #
Permit # 03-0276

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

Block 3 Lot 176
Work Site Location 16 TURNER CT

Owner in Fee JOHN ROESLER
Address 16 TURNER CT MET.

Tele. [redacted]
Contractor self.
Address

Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 200.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 4/28/2003
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [X] CA
Date: 4/28/03
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final	9/26/03		4/28/03	
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.

X
Signature

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

UCC/PRO F-140 (REV3/96)
Professional Printing
(856)468-7933

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Add hardwired smoke det.

Water Supply Source
Method of Alarm/Suppression System Supervision

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel

	NUMBER	FEE (Office Use Only)
Alarm Systems [X] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	45
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	45

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(732) 632-8515

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-1-03
Control #
Permit # 03-0276

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

Block 3 Lot 176
Work Site Location 16 Turner CT

Owner in Fee JOHN Roesler
Address 16 TURNER CT METUCHEN NJ 08840

Tele. [redacted]
Contractor self
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Build new 630 sf addition/dormer
master bedroom, bath, closet.

New fence
43' – 6FT Stockade
56' – 3FT picket

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/24/03	BAC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/2/6
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame			6/25/03	BAC
Barrier-Free				
Insulation			6/30/03	BAC
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	9/22/03		4/28/06	BAC
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration
[X] Roofing
[X] Siding
[X] Fence 43' – 6FT 56' – 3FT Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$	
	323.00
	46.00
	46.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 31.00
TOTAL FEE	$ 446.00

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	2	
Height of Structure	26'	Ft.
Area — Largest Floor	1100	Sq. Ft.
New Bldg. Area/All Floors	630	Sq. Ft.
Volume of New Structure	~~3040~~	Cu. Ft. 16,128
Total Land Area Disturbed	0	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 18000.00
3. Total (1+ 2) $ 18,000.00

DCA 31 – 3 Alt. 34

UCC/PRO F-110 (REV 3/96)
Professional Printing
(856)468-7933

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BOROUGH OF METUCHEN MIDDLESEX COUNTY

Tel. (732) 632-8540 • Fax (732) 603-8763 • P.O. Box 592, Metuchen, N.J. 08840

PERMIT #Z03-073
RECEIVED 4/11/03
CK.# or CASH 124
Pd. 5/1/03

Zoning Permit

Please submit for any building (or land) expansion, modification or change of use, including signs and fences. Submit with a copy of survey indicating improvement. *$25.00 Fee.*

Please Print

Block 3 Lot(s) 176 Zone R-2

Site Location (Street Address)

16 Turner ct

Applicant (Full Legal Name) John Roesler

Address 16 Turner ct.

Phone [redacted]

Owner (full legal Name) Same

Address

Phone

Present or Previous Use of Building and \ or Land

Proposed Use or Alteration of Building and \ or Land

Fence and 3rd Floor Addition

Non-Residential Use Data

	Present	Proposed
Total Floor Area (Bldg)		
Area to be Occupied		
Off-Street Parking Spaces		
~~Number of Employees~~		
Days\Hours of Operation		

Applicant's Signature X [signature] Date 4-10-03

Office use only:

Permit #Z03-_____

This is to certify that any ☐ existing ☒ proposed use of the building and/or land on the subject property is a:

☒ Use complying with the Land Development Ordinance

☐ Use permitted by variance approved on....

☐ Valid non-conforming use as established by:

- ☐ Finding the Zoning Board of Adjustment on...
- ☐ Zoning Officer, on the basis of evidence supplied by the Applicant as specified on the reverse hereof.

☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

PLANNING BOARD

Type of Approval	*Ordinance Reference*
☐ Site plan	
☐ Minor Subdivision	
☐ Major Subdivision	
☐ Bulk Variance	
☐ Conditional Uses	

ZONING BOARD OF ADJUSTMENT

Type of Approval	*Ordinance Reference*
☐ Use Variance	
☐ Bulk Variance	
☐ Site Plan	
☐ Minor Subdivision	
☐ Major Subdivision	
☐ Conditional Use	

Zoning Permit is: ☒ Approved ☐ Denied

Comments:

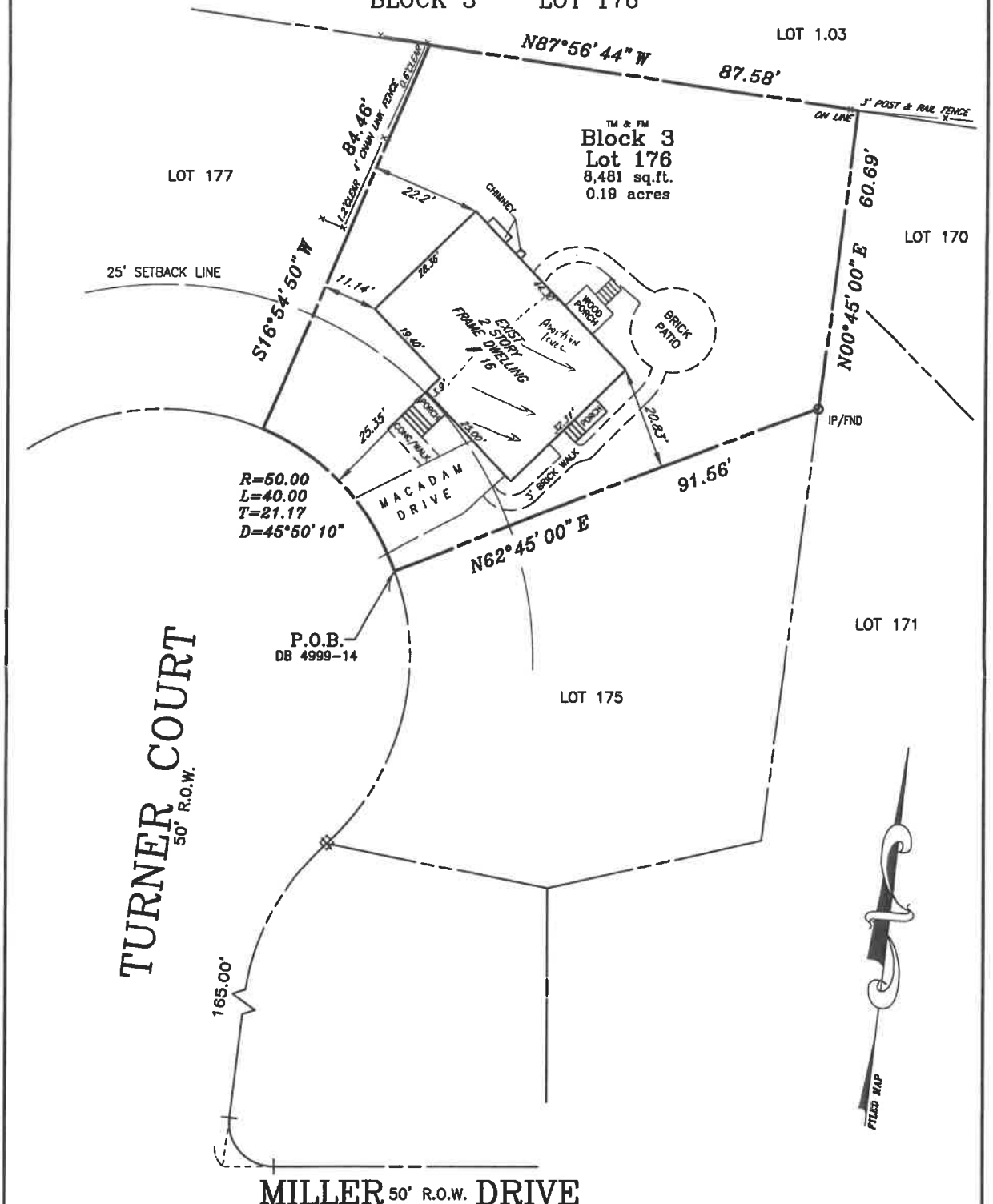
1.0 Proposed addition is in compliance with section 110-64 of the Metuchen Land Development Ordinance. Height of the building cannot exceed 35 ft.
2.0 See plans for details.
3.0 Proposed fence is in compliance with section 110-183 of the MLDO.
4.0 See survey for details.

Zoning Officers Signature Gary A. Clyde Date Sept 23, 2003

If the information given is not accurate and current, this permit will be null and void.

C:\msoffice\templates\zoning permit

PLAN OF SURVEY
JOHN M. & LISA A. ROESLER
SITUATED IN
BOROUGH OF METUCHEN, MIDDLESEX COUNTY, NEW JERSEY
BLOCK 3 LOT 176



I HEREBY CERTIFY THIS SURVEY TO:

JOHN M. ROESLER & LISA A. ROESLER

ALLEGIANCE COMMUNITY BANK, its successors and/or assigns as their interest may appear

EXPRESS TITLE AGENCY, LLC (ETA-1319)
STEWART TITLE GUARANTY COMPANY

ROBERT MUSTO, ESQ.

REFERENCES: DEED BOOK 4999 PAGE 014

MAP OF SECTION No 2 – TURNER VILLAGE
FILED 12/03/1954 MAP No 1942 FILE No 659
NO STAKES SET AS PER CONTRACTUAL AGREEMENT

CONTROL LAYOUTS, INC.
LAND SURVEYORS
CERTIFICATE OF AUTHORIZATION #24GA28001900
271 CLEVELAND AVENUE HIGHLAND PARK, N.J. 08904 P.O. BOX 4319
PHONE (732) 846-9100 FAX (732) 937-5793

DATE: 12/11/02

FILE NO. 3297-02	DATE: 12/10/02	SCALE: 1"=20'	J.F.	J.F.

WILLIAM J. BUTTLER NEW JERSEY PROFESSIONAL LAND SURVEYOR #19451

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 08/30/06
Control #
Permit # 03-0306

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 3 Lot 176 Qual

Work Site Location 16 TURNER CT.

Owner in Fee/Occupant ROESLER, JOHN
Address 16 TURNER COURT
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor DOVER POOLS & SUPPLIES
Address 1746 LAKEWOOD ROAD
TOMS RIVER, NJ 08755-
Telephone (732)244-2190 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2379962

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

INGROUND POOL

[ ] 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 _____, ____.

James L Tyg
Construction Official

Fee $ 0
Paid [X] Check No. 125
Collected by: SH

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

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-8-03
Control #
Permit # 03-0306

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

Block 3 Lot 176
Work Site Location 16 Turner Ct

Owner in Fee John Roesler
Address 16 Turner Ct
Metuchen, NJ 08840
Tele. ([redacted]
Contractor
Address DOVER POOLS & SUPPLIES
1740 LAKEWOOD ROAD
TOMS RIVER, NJ 08755
732-244-2190
Tele. ( ) Fax (732) 244-2191
Lic. No. or Bldrs. Reg. No. FED ID #22-2378662
Federal Emp. No.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installing a 16'6" x 32'6" Inground pool
Proposed 4' c/l 1¼' fence to meet all pool code requirements

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	5/5/03	DHL
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 5/2/5		
Approved by:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other Collar			7/7/03	DHL
Final			4/28/05	AH
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[X] Fence 4' Height (exceeds 6')
[ ] Sign Sq. Ft.
[X] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$ 120

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 120

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. Alteration $
3. Total (1+ 2) $ 16,900.00

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

1. White/Inspector Copy 2. Canary/Office Copy
3. Pink/ Office Copy 4. White Tag

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 5-8-03
Control #
Permit # 03-0306

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

Block 3 Lot 176
Work Site Location 16 Turner Ct

Owner in Fee/Occupant John Roesler
Address 16 Turner Ct
Metuchen, NJ 08840
Tele. ([redacted]) 744-0327
Contractor Grant Electric, Inc.
Address P.O. Box 1017
Island Heights, N.J. 08732
Tele. ( ) 732/270-8145 Fax ( ) 732 270-4333
Lic. No. 9826
Federal Emp. No. 22-2460984

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5-5-03
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/10/06
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			7-21-03	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	1		8/10/06	RM

Temp. Cut-in Card Date Issued
Final Cut-in Card Date Issued

FAILED (Fan)

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's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 100.00

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BOROUGH OF METUCHEN MIDDLESEX COUNTY

Tel. (732) 632-8540 • Fax (732) 603-8763 • P.O. Box 592, Metuchen, N.J. 08840

PERMIT #Z03-071
RECEIVED 4/30/03
CK.# or CASH 107

Zoning Permit

Please submit for any building (or land) expansion, modification or change of use, including signs and fences. Submit with a copy of survey indicating improvement. $25.00 Fee.

Please Print

Block 3 Lot(s) 176 Zone R-2

Site Location (Street Address)

16 Turner Ct

Applicant (Full Legal Name)

Address DOVER POOLS & SUPPLIES 1740 LAKEWOOD ROAD TOMS RIVER, NJ 08755

Phone [redacted] Sharon Bilso

Owner (full legal Name) John Roesler

Address 16 Turner Ct Metuchen NJ 08840

Phone 732-[redacted]-032

Present or Previous Use of Building and \ or Land

Single family use

Proposed Use or Alteration of Building and \ or Land

Installing a 16' x 32' Inground pool for Single family
Proposed 4' C/L 1 1/4 Inch fence to meet all
Pool code requirements being done by homeowner

Non-Residential Use Data

	Present	Proposed
Total Floor Area (Bldg)		
Area to be Occupied		
Off-Street Parking Spaces		
~~Number of Employees~~		
Days\Hours of Operation		

Applicant's Signature [signature] Date 4/30/03

Office use only:

Permit #Z03-071

This is to certify that any ☐ existing ☒ proposed use of the building and/or land on the subject property is a:

☒ Use complying with the Land Development Ordinance

☐ Use permitted by variance approved on....

☐ Valid non-conforming use as established by:

- ☐ Finding the Zoning Board of Adjustment on...
- ☐ Zoning Officer, on the basis of evidence supplied by the Applicant as specified on the reverse hereof.

☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

PLANNING BOARD

Type of Approval	*Ordinance Reference*
☐ Site plan	
☐ Minor Subdivision	
☐ Major Subdivision	
☐ Bulk Variance	
☐ Conditional Uses	

ZONING BOARD OF ADJUSTMENT

Type of Approval	*Ordinance Reference*
☐ Use Variance	
☐ Bulk Variance	
☐ Site Plan	
☐ Minor Subdivision	
☐ Major Subdivision	
☐ Conditional Use	

Zoning Permit is: ☒ Approved ☐ Denied

Comments:

1.0 Proposed pool shall be in compliance section 110-192 of the Metuchen Land Development Ordinances.
2.0 ALL parts of the pool, including but not limited to equiptment sheds and filters shall be setback a minimum of 10 ft from the property line.
3.0 See survey for details..

Zoning Officers Signature [signature] Date April 29 2003

If the information given is not accurate and current, this permit will be null and void.

C:\msoffice\templates\zoning permit

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 10/16/15
Control #
Permit # 14-0724

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 3 Lot 176 Qual
Work Site Location 16 TURNER CT.
METUCHEN, NJ 08840
Owner in Fee/Occupant ROESLER, JOHN
Address 16 TURNER COURT
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor SAME
Address
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

OUTDOOR FIREPLACE

[ ] 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 _____, ____.

Construction Official

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

Fee $ 0
Paid [X] Check No. 427
Collected by: SH

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/29/14
Control # 9/4/14
Date Issued
Permit # 14-0724

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

Block 3 Lot 176 Qualification Code

Work Site Location 16 TURNER CT
METUCHEN NJ

Owner in Fee: JOHN Roesler

Tel. [redacted] e-mail

Address
street municipality zip code

Contractor: Self Tel. ( )

Address

e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div. of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/10/14 Approved by: TA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 09/15/14
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			09/15/14	
Other				

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

C. CERTIFICATION IN LIEU OF OATH

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

Sign here

Print name here: JOHN Roesler

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK OUT DOOR FIRE PLACE

Water Supply Source # AS PER LOCATION ON SURVEY.

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Fireplace		50
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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(rev. 11/09)
Professional Printing
(856) 468-7933

BOROUGH OF METUCHEN
CONSTRUCTION CODE OFFICE
500 MAIN STREET
METUCHEN, NEW JERSEY 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/29/14
Control # 9/4/14
Date Issued
Permit # 140724

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

Block 3 Lot 176 Qualification Code

Work Site Location 16 Turner CT

Owner in Fee: John Roesler

Tel. [redacted] e-mail

Address
street municipality zip code

Contractor: Self Tel. ( )

Address

e-mail

Contractor License No. or Builder Registration No. Exp. Date

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here

Print name here: John Roesler

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Outdoor fireplace

Note over 5FT from property lines and stack is 10' high

BL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required 9/2/14
[ ] All
[ ] Footing/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

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

SUBCODE APPROVAL for PERMIT

Date: 9/2/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6/9/15
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing			9/5/14	
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final Outdoor	F.P.		6/3/15	BL
Barrier-Free				

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)

$ 50

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

B. BUILDING CHARACTERISTICS

Use Group: 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.
Max. Live Load
Max Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 2,500

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Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. 732-632-8540 • Fax 732-632-8100 • 500 Main Street • Metuchen, NJ 08840

ZONING PERMIT APPLICATION

SUBMIT WITH A COPY OF SURVEY AND/OR PLANS INDICATING IMPROVEMENT(S)

Permit #	14-218
Received	8-26-14
Issued	9/4/14
Payment	426
Amount	$50.00

1. Location

Street Address: 16 Turner ct

Block: 3 Lot: 176 Zone: R-2

2. Applicant

Name: John Roesler Phone: [redacted]

Street Address: 16 Turner ct Fax:

City / State: Met- NJ Zip: 08840 Email:

3. Owner (If other than Applicant)

Name: Phone:

Street Address: Fax:

City / State: Zip: Email:

4. Present or Previous Use of Building and/or Land

☒ Detached Single-Family ☐ Attached Single-Family ☐ Two-Family Residence ☐ Multi-Family Residence

☐ Commercial ☐ Office ☐ Industrial ☐ Other

5. Proposed Use of Building and/or Land

☐ New Principal Structure ☐ Addition / Alteration / Deck / Porch ☒ New Accessory Structure

☐ Parking Lot / Driveway ☐ Patio / Walkway ☐ Fence / Wall

☐ Change of Use / Occupancy ☐ Sign ☐ Other

6. Describe Proposed Work or New Use

Outdoor Fireplace

7. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building	Out Door Fireplace	
Floor Area to be Occupied		
Off-Street Parking Spaces		
Numbers of Employees		
Days & Hours of Operation		

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A ZONING PERMIT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name: John Roesler Date: 8/26/14

Signature:

Last Revised 12/30/2011

Location

Address 16 Turner Court Permit

Block 3 Lot 176 Zone R-2

This is to certify that the ☐ existing ☒ proposed use of the building and/or land on the subject property is a:

☒ Use complying with the Land Development Ordinance
☐ Use permitted by variance/exception/waiver ...
☐ Valid non-conforming use as established by...
☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

PLANNING BOARD	
Type of Approval	*Ordinance Reference*
☐ Bulk Variance	
☐ Conditional Use	
☐ Site plan	
☐ Minor Subdivision	
☐ Major Subdivision	

ZONING BOARD OF ADJUSTMENT	
Type of Approval	*Ordinance Reference*
☐ Bulk Variance	
☐ Use Variance	
☐ Site Plan	
☐ Minor Subdivision	
☐ Major Subdivision	

Zoning Permit is: ☒Approved ☐Denied

Comments

1.0 Proposed accessory structure (11'-0" tall outdoor fireplace) to be located in the right side of the rear yard area of the existing detached single-family dwelling, complies with §110-64 and §110-112.6 of the Metuchen Land Development Ordinance (MLDO); structure is not located in the primary front yard area and shall be at least 5'-0" from the side and rear property line; structure will be approximately 15'-0" from the right side lot line.
2.0 Proposed improvement(s) shall not inhibit natural drainage nor cause drainage issues for adjacent properties or in the public R.O.W.
3.0 Applicant shall obtain any and all other required permits for the work performed from all other jurisdictional agencies/departments.
4.0 Applicant shall notify the Zoning Official when proposed improvement(s) have been completed for a final inspection.
5.0 Applicant shall maintain proposed improvement(s) and all aspects of the property at all times.

Initial Approval

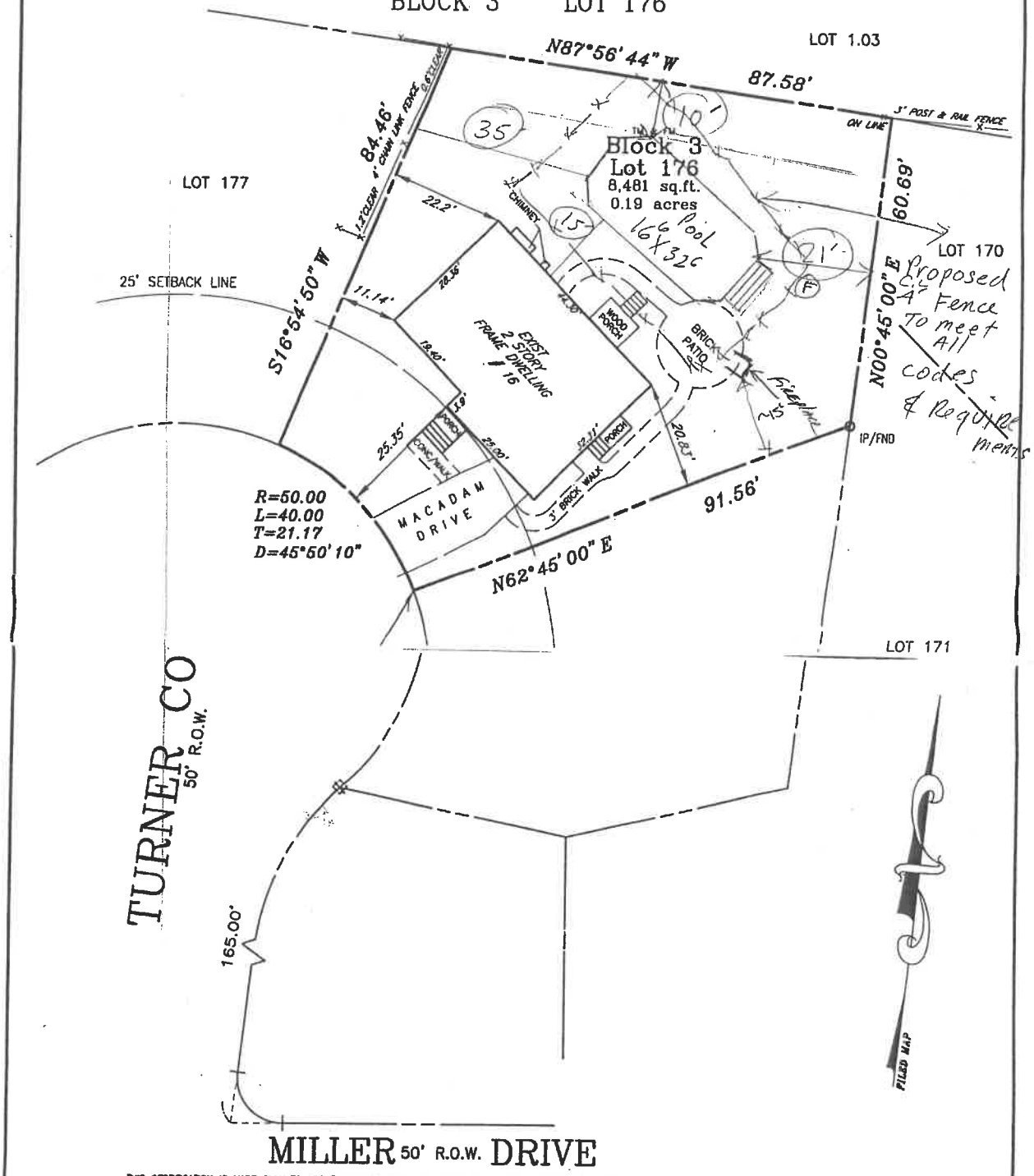
Zoning Officer's Signature [signature] Date 8-29-2014

Final Approval

Zoning Officer's Signature [signature] Date 9-2-2014

If the information given is not accurate and current, this permit will be rendered null and void.

PLAN OF SURVEY
JOHN M. & LISA A. ROESLER
SITUATED IN
BOROUGH OF METUCHEN, MIDDLESEX COUNTY, NEW JERSEY
BLOCK 3 LOT 176



I HEREBY CERTIFY THIS SURVEY TO:

JOHN M. ROESLER & LISA A. ROESLER

ALLEGIANCE COMMUNITY BANK, Its successors and/or assigns as their interest may appear

EXPRESS TITLE AGENCY, LLC (ETA-1319)
STEWART TITLE GUARANTY COMPANY

ROBERT MUSTO, ESQ.

REFERENCES: DEED BOOK 4999 PAGE 014
MAP OF SECTION No 2 – TURNER VILLAGE
FILED 12/03/1954 MAP No 1942 FILE No 659
NO STAKES SET AS PER CONTRACTUAL AGREEMENT

CONTROL LAYOUTS, INC.
LAND SURVEYORS
CERTIFICATE OF AUTHORIZATION #24GA28001900
271 CLEVELAND AVENUE HIGHLAND PARK, N.J. 08904 P.O. BOX 4319
PHONE (732) 846-9100 FAX (732) 937-5793

DATE: 12/11/02

FILE NO. 3297-02	DATE: 12/10/02	SCALE: 1"=20'	J.F.	J.F.

WILLIAM J. BUTTLER NEW JERSEY PROFESSIONAL LAND SURVEYOR #19451

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 05/20/15
Control #
Permit # 15-0100

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 3 Lot 176 Qual
Work Site Location 16 TURNER CT.
METUCHEN, NJ 08840
Owner in Fee/Occupant ROESLER, JOHN
Address 16 TURNER COURT
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor SCHIFF HOLDINGS, LLC
Address 505 EAST 1ST AVENUE
ROSELLE, NJ 07203-
Telephone (908)241-5011 Fax ( ) -
Lic. No. or Bldrs. Reg. No. US01134
Federal Emp. No. 27-2866967

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

550 GALLON OIL TANK REMOVAL

[ ] 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. 7148
Collected by: JC

Construction Official

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/11/15
Control #
Date Issued 2/18/15
Permit # 15-0100

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

Block 3 Lot 176 Qualification Code _____
Work Site Location 16 Turner Ct
Owner in Fee: John Roesler
Tel. [redacted] e-mail _____
Address _____
street municipality zip code
Contractor: _____ Tel. (____) _____
Address Schiff Holdings, LLC. 505 E. 1st Ave. Roselle, NJ 07203
e-mail _____
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div. of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) _____
Federal Emp. ID No. Lic# US01134 • ID# 272866967 FAX: Tel: 908-241-5011 • Fax: 908-241-5155

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 4300

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity _____
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved _____
Date: _____ Approved by: _____
Joint Plan Review Required: _____
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2/18/15 Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3/24/15
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/24/15	
Other Removed — Need S+G			2/24/15	

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

C. CERTIFICATION IN LIEU OF OATH

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

Sign here [signature]
Print name here: RSchiff
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove 550 UST
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		65

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(rev. 11/09)
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(856) 468-7933

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 08/26/16
Control #
Permit # 16-0233

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 3 Lot 176 Qual
Work Site Location 16 TURNER CT.
METUCHEN, NJ 08840
Owner in Fee/Occupant CUCCIA
Address 16 TURNER COURT
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor BRIDGEWATER CHIMNEY SWEEPS
Address 726 ROUTE 202, STE. 320-159
BRIDGEWATER, NJ 08807-
Telephone (908)253-9190 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH00393500
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

LINER

[ ] 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

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[ ] 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 _____, ____.

Construction Official

Fee $ 0
Paid [X] Check No. 2777
Collected by: JC

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/11/16
Control # 2
Date Issued 4/21/16
Permit # 16-0233

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

Block 3 Lot 76 Qualification Code

Work Site Location 16 Turner Court Metuchen NJ 08840

Owner in Fee: Michael Cuccia

Tel. ( ) e-mail

Address 16 Turner Court Metuchen NJ 08840
street municipality zip code

Contractor: Bridgewater Chimney Sweeps LLC Tel. (908) 253-9190

Address 726 Route 202 So. Suite 320-159 e-mail
Bridgewater, NJ 08807

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03935000

Federal Emp. ID No. 73-1716056 FAX: (908) 253-8711

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location:

Total Cost of Fire Protection Work $ 1999.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/11/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8/9/16
Approved by: B. Gallagher

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			8/9/16 Comm Liner	BL
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.

Applicant/Contractor sign here: Kathleen A Dougherty

Print name here:

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Install 7' of 6" S.S. chimney liner for vent gas furnace & water heater with total 190,000 BTUs
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
~~Fireplace Venting~~/Metal Chimney liner	1	50.00
Other		

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

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

17H0314

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/3/17
Control #
Date Issued 3/21/17
Permit # 17-0174

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

Block 3 Lot 17.4 Qualification Code

Work Site Location 112 Turner Ct. Metuchen 08540

Owner in Fee: Cuccia

Tel. [redacted] e-mail N/A

Address same

Contractor: MICHAEL J. PERRI T/A AJ PERRI (street / municipality) Tel. (732) 689-6363 (zip code)

Address 9 JOHNSON STREET MONMOUTH BEACH, NJ 07750 e-mail

Contractor License No. 36BI01256600 Exp. Date

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

Federal Emp. ID No. FAX: (732) 709-2889

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 7875

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: 3/21/17 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/21/17
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				

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace AC unit, Evap Coil, Gas Furnace

QTY.	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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	50
1	Other AC unit	50
1	Other Gas Furnace	100
1	Evap Coil	

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

17H03118

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/3/17
Control # 3/21/17
Date Issued
Permit # 17-0174

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

Block 3 Lot 116 Qualification Code

Work Site Location 116 Turner Ct.
Metuchen 08840

Owner in Fee: Cuccia

Tel. ([redacted] e-mail N/A

Address 1 Cane
street municipality

Contractor: AJ Perri Holdco LLC Tel. (732) 982-8700 zip code

Address 1162 Pine Brook Road e-mail
Tinton Falls, NJ 07724

Contractor License No. 34EB01783000 Exp. Date 3/31/2018

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

Federal Emp. ID No. 35-2514152 FAX: (732) 709-2889

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4375

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 3/21/17 Approved by: RM

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 3/21/17
Approved by: Ronald Mayer

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace AC unit + gas furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	10.5	KW Central A/C Unit	50.00
		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	
1	100K	Bill gas furnace	50.00

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

BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. 732-632-8540 • Fax 732-632-8100 • 500 Main Street • Metuchen, NJ 08840

ZONING PERMIT APPLICATION

SUBMIT WITH ZONING COVERAGE CHECKLIST AND SURVEY / PLANS INDICATING IMPROVEMENT(S)

Permit #	217-050
Received	3-3-2017
Issued	3-3-2017
Payment	CK #802055439
Amount	$25—

1. Location

Street Address: 11 Turner Ct.

Block: 3 Lot: 176 Zone: R2

2. Applicant

Name: AJ Perri Phone: [redacted]

Street Address: 1162 Pine Brook Rd Fax: [redacted]

City / State: Tinton Falls, NJ Zip: 07724 Email: ABANKOS@AJPerri.com

3. Owner (If other than Applicant)

Name: Michael Cuccia Phone: [redacted]

Street Address: 11 Turner Ct. Fax:

City / State: Metuchen, NJ Zip: 08840 Email:

4. Present or Previous Use of Building and/or Land

☒ Detached Single-Family ☐ Attached Single-Family ☐ Two-Family Residence ☐ Multi-Family Residence

☐ Commercial ☐ Office ☐ Industrial ☐ Other

5. Proposed Use of Building and/or Land

☐ New Principal Structure ☐ Addition / Alteration / Deck / Porch ☐ New Accessory Structure

☐ Parking Lot / Driveway ☐ Patio / Walkway ☐ Fence / Wall

☐ Change of Use / Occupancy ☐ Sign ☒ Other AC Unit

6. Describe Proposed Work or New Use

Directly replace existing 3 ton AC with new 3 ton AC.

7. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building		
Floor Area to be Occupied		
Off-Street Parking Spaces		
Numbers of Employees		
Days & Hours of Operation		

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A ZONING PERMIT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name: Amy J Bankos Date: 2/27/17

Signature: AJB

Last Revised 2/3/2015

A

Location

Address 16 Turner Court Permit Z17-050

Block 3 Lot 176 Zone R-2

This is to certify that the ☐ existing ☒ proposed use of the building and/or land on the subject property is a:

☒ Use complying with the Land Development Ordinance

☐ Use permitted by variance/exception/waiver ...

☐ Valid non-conforming use as established by...

☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

PLANNING BOARD	
Type of Approval	*Ordinance Reference*
☐ Bulk Variance	
☐ Conditional Use	
☐ Site plan	
☐ Minor Subdivision	
☐ Major Subdivision	

ZONING BOARD OF ADJUSTMENT	
Type of Approval	*Ordinance Reference*
☐ Bulk Variance	
☐ Use Variance	
☐ Site Plan	
☐ Minor Subdivision	
☐ Major Subdivision	

Zoning Permit is: ☒Approved ☐Denied

Comments

1.0 Proposed replacement A/C condenser unit, to be located in the rear yard area of the existing detached single-family dwelling, shall comply with §110-112.6 of the Metuchen Land Development Ordinance (MLDO); unit shall not be located in the primary front yard area and be at least 3'-0" from the side and rear lot lines; if located in the secondary front yard area, unit shall be at least 15'-0" from the front lot line along the secondary street.

1.1 Proposed unit(s) shall be screened/buffered (landscaping and/or decorative fencing) to shield from neighbor or public view.

1.2 Proposed unit(s) shall comply with §110-98 of the MLDO; unit shall not become a nuisance for sound/vibration.

2.0 Proposed improvement(s) shall not inhibit natural drainage nor cause drainage issues for adjacent properties or in the public R.O.W.

3.0 Applicant shall obtain any and all other required permits for the work performed from all other jurisdictional agencies/departments.

4.0 Applicant shall notify the Zoning Official when proposed improvement(s) have been completed for a final inspection.

5.0 Applicant shall maintain proposed improvement(s) and all aspects of the property at all times.

Initial Approval

Zoning Officer's Signature _____ Date 3-3-2017

Final Approval

Zoning Officer's Signature _____ Date _____

If the information given is not accurate and current, this permit will be rendered null and void.