

# CONSTRUCTION PERMIT

BOROUGH OF METUCHEN CONSTRUCTION CODE ENFORCEMENT DEPT.

BOROUGH HALL METUCHEN, N. J. 08840 Tel: 201 - 549-3600

Location 71 Sampson Place Block 186 Date 12/8/82  
Owner W. Bignling Add. same Lot 31  
Agent \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_  
Architect \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_  
Engineer \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_  
Description of Proposed Work Replace water line

Zone: R-2 Use Group \_\_\_\_\_ Fire Grade: \_\_\_\_\_ No. of Occupants per floor \_\_\_\_\_ Live Load \_\_\_\_\_

Subdivision No. \_\_\_\_\_ Apvl. Date \_\_\_\_\_  
Site Plan No. \_\_\_\_\_ Apvl. Date \_\_\_\_\_  
Variance No. \_\_\_\_\_ Apvl. Date \_\_\_\_\_

## CONTRACTORS:

|         |                              |      |                                  |       |       |      |                  |
|---------|------------------------------|------|----------------------------------|-------|-------|------|------------------|
| General | _____                        | Add. | _____                            | Phone | _____ | Lic. | _____            |
| Str.    | _____                        | Add. | _____                            | Phone | _____ | Lic. | _____            |
| Plbg.   | <u>Dennis Ryan &amp; Son</u> | Add. | <u>252 Amboy Ave, Woodbridge</u> | Phone | _____ | Lic. | <u>1358-6068</u> |
| Elec.   | _____                        | Add. | _____                            | Phone | _____ | Lic. | _____            |
| Other   | _____                        | Add. | _____                            | Phone | _____ | Lic. | _____            |

## CONSTRUCTION PERMIT

Permission is hereby granted to Owner or Agent stated above, his employees and workmen to do all work as described herein and as represented on the Construction Permit Application and plans as submitted for approval. This permit is granted on the express condition that the said construction and all work done in, around, and upon said building and premises, or any part thereof, shall conform to the New Jersey State Uniform Construction Code and the Ordinances of the Township of Edison and may be revoked at any time upon violation of any provisions of said code and ordinances. In addition, this permit is conditioned on the terms as stated on the reverse side of this permit.

TOTAL FEE 130.00

Marco P. Giannotta

Construction Official

Plumbing only

# BOARD OF HEALTH

PERMIT NO. 82

BOROUGH OF METUCHEN  
NEW JERSEY

Date 11/19, 1982

APPLICATION FOR PERMIT TO DO PLUMBING AS REQUIRED BY THE PLUMBING CODE OF THE  
BOROUGH OF METUCHEN, N.J.

186/31 K-2

The undersigned hereby applies for a permit to perform plumbing and drainage work and agrees to conform with the regulations set forth in the Plumbing Code of the Borough of Metuchen, N. J.

Sign Here Robert J. J. J. J.

Address 252 N. Main St. Metuchen, N.J.

252 N. Main St. Metuchen, N.J. Lic. # 1358-6068

Location of Building 71 K. m. P. S. R.

Name of Owner William J. J. J. Address P.O. Box 432 Metuchen

If other than dwelling, state for what .....

How will sewage or drainage be disposed of? .....

State source of water supply: city ☒ well ☐

|                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| No. of toilets .....                                                                                                                           |  |
| No. of bath tubs .....                                                                                                                         |  |
| No. of wash basins .....                                                                                                                       |  |
| No. of sinks .....                                                                                                                             |  |
| No. of showers .....                                                                                                                           |  |
| No. of laundry tubs .....                                                                                                                      |  |
| No. of urinals .....                                                                                                                           |  |
| Dish washer .....                                                                                                                              |  |
| Domestic hot water equipment (state type) .....                                                                                                |  |
| Air conditioning equipment (state type of water supply) .....                                                                                  |  |
| Disposal of waste water from air conditioning .....                                                                                            |  |
| No. of fixtures or devices other than those mentioned above the are to be connected either directly or indirectly to the plumbing system ..... |  |

TOTAL FIXTURES .....

## PERMIT FEES

|                                                              |         |             |
|--------------------------------------------------------------|---------|-------------|
| Permit issuance fee for plumbing construction or alteration: | \$ 5.00 |             |
| For one plumbing fixture installed or replaced:              | \$ 3.00 |             |
| Additional fixtures or devices:                              | \$ 2.00 |             |
| Each stack:                                                  | \$ 2.00 |             |
| <u>Replace water line</u>                                    |         | <u>10.-</u> |
| Domestic hot water tanks:                                    | \$ 3.00 |             |
| Air conditioning equipment water supplied:                   | \$10.00 |             |
| Water softener:                                              | \$ 3.00 |             |
| *TOTAL FEE .....                                             |         |             |

\*SEWER CONNECTION PERMIT EXTRA: \$7.50 each

LOT NO. .... BLOCK NO. .... (for sewer connection only)

STREET & NUMBER ..... 20 -

For each reinspection necessitated by failure to comply with provisions of the code: ..... \$10.00 30 -

BILLING DATE ..... DATE PAID 11/19/82

*approved* DEC 1, 1982  
JS Just.

# CONSTRUCTION PERMIT

968

BOROUGH OF METUCHEN CONSTRUCTION CODE ENFORCEMENT DEPT.

BOROUGH HALL METUCHEN, N. J. 08840 Tel: 201 . 549-3600

Location 71 Kempson Place Block 186 Date 6/10/83  
Owner W. D'Amato Add. same Lot 71  
Agent \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_  
Architect \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_  
Engineer \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_  
Description of Proposed Work inc Svc to 100Amp

Zone: R-2 Use Group \_\_\_\_\_ Fire Grade: \_\_\_\_\_ No. of Occupants per floor \_\_\_\_\_ Live Load \_\_\_\_\_

Subdivision No. \_\_\_\_\_ Apvl. Date \_\_\_\_\_  
Site Plan No. \_\_\_\_\_ Apvl. Date \_\_\_\_\_  
Variance No. \_\_\_\_\_ Apvl. Date \_\_\_\_\_

## CONTRACTORS:

|         |                    |      |               |       |       |      |             |
|---------|--------------------|------|---------------|-------|-------|------|-------------|
| General | _____              | Add. | _____         | Phone | _____ | Lic. | _____       |
| Str.    | _____              | Add. | _____         | Phone | _____ | Lic. | _____       |
| Plbg.   | _____              | Add. | _____         | Phone | _____ | Lic. | _____       |
| Elec.   | <u>John Milden</u> | Add. | <u>Edison</u> | Phone | _____ | Lic. | <u>6973</u> |
| Other   | _____              | Add. | _____         | Phone | _____ | Lic. | _____       |

## CONSTRUCTION PERMIT

Permission is hereby granted to Owner or Agent stated above, his employees and workmen to do all work as described herein and as represented on the Construction Permit Application and plans as submitted for approval. This permit is granted on the express condition that the said construction and all work done in, around, and upon said building and premises, or any part thereof, shall conform to the New Jersey State Uniform Construction Code and the Ordinances of the Township of Edison and may be revoked at any time upon violation of any provisions of said code and ordinances. In addition, this permit is conditioned on the terms as stated on the reverse side of this permit.

BOROUGH OF METUCHEN

\$25.00

Rocco P. Giannotta

TOTAL FEE \_\_\_\_\_

Construction Official

ELECTRICAL

MUNICIPAL PERMIT NO.

968  
GARDEN STATE ELECTRICAL INSPECTION SERVICES, INC.

APP. NO. H 03022

MAIN OFFICE: 614 CENTRAL AVENUE  
EAST ORANGE, N.J. 07018  
Phone: 201-674-8738 - 674-8739

SOUTHERN CRISTAL BROOK PROFESSIONAL BLDG.  
DISTRICT: P.O. BOX 205 RT. 35  
EATONTOWN, N.J. 07724  
Phone: 201-542-1800

Desiring Certificate of Approval, application is made for inspection of electrical installation in the premises described below.  
On demand, applicant agrees to pay for inspection service in accord with schedule of charges. (See Reverse Side.)

PLEASE PRINT

DATE 6-10-83

City or Town METUCHEN, N.J. County MIDDLESEX State N.J.

Address 71 KEMPSON PLACE

Pole Number Occupant

Owner NEIL D'AMATO Occupied As

Owner's Mailing Address 71 KEMPSON PLACE

Correct Location Building - New ☐ Old ☒App. For - Rough Wiring ☐ Fixtures ☐ orWork - New ☐ Additional ☐ READY FOR INSPECTION ON will advise 19Fee Remitted - \$ 25.00 by Check ☐ Cash ☒ Money Order ☐ Make payable to MUNICIPALITY.

## LIST ALL EQUIPMENT AND WIRING

SERVICES, ELEC. HEAT, AIR CONDITIONERS-BURNERS-DRYERS-HEATERS-RANGES, ETC.

| NUMBER OF ROUGH WIRING OUTLETS        | NUMBER OF FIXTURES                                                                                 | NUMBER | TYPE OF DEVICE | H.P. OR K.W. | NUMBER | TYPE OF DEVICE | H.P. OR K.W. |
|---------------------------------------|----------------------------------------------------------------------------------------------------|--------|----------------|--------------|--------|----------------|--------------|
| SWITCHES                              | MEDIUM BASE                                                                                        |        |                |              |        |                |              |
| LIGHTING                              | MOGUL BASE                                                                                         |        |                |              |        |                |              |
| RECEPTACLES                           | FLUORESCENT                                                                                        |        |                |              |        |                |              |
| ELEC. HEAT                            | SERVICE                                                                                            | X      | 100 AMP        |              |        |                |              |
| MOTORS: H.P. MARK NUMBER OF EACH SIZE | 1/20 1/12 1/10 1/8 1/6 1/4 1/3 1/2 3/4 1 1 1/2 2 3 5 7 1/2 10 15 20 25 30 40 50 75 100 125 150 200 |        |                |              |        |                |              |

APPLICANT'S NAME JOHN J. MILDEN

SIZE OF MAIN 100

SUB MAIN

APPLICANT'S ADDRESS 2318 WOODBRIDGE AVE. EDISON, N.J.

BRANCHES

NO. OF CIRCUITS 7

CITY STATE

ZIP CODE  
NAME OF UTILITY

LICENSE # 6973

PERMIT #

OFFICE TO BE NOTIFIED

## SPACE BELOW FOR USE OF INSPECTORS ONLY

|                                       |                                                                                                    |                            |
|---------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------|
| ROUGH WIRING OUTLETS                  | AMP SERVICE EQUIPMENT                                                                              | H.P. PUMP                  |
| SWITCHES                              | AMP SERVICE CONDUCTORS                                                                             | K.W. OVEN                  |
| RECEPTACLES                           | K.W. SURFACE UNIT                                                                                  | H.P. GARBAGE DISPOSAL UNIT |
| MEDIUM BASE FIXTURES                  | K.W. RANGE                                                                                         | K.W. DISHWASHER            |
| MOGUL BASE FIXTURES                   | K.W. WATER HEATER                                                                                  | K.W. DRYER                 |
| FLUORESCENT FIXTURES                  | H.P. AIR CONDITIONER                                                                               | AMP RECEPTACLES            |
| MERCURY VAPOR OR QUARTZ FIXTURES      | WIRING & CONTROLS FOR BURNER                                                                       | FRAC. H.P. VENT FANS       |
| MOTORS: H.P. MARK NUMBER OF EACH SIZE | 1/20 1/12 1/10 1/8 1/6 1/4 1/3 1/2 3/4 1 1 1/2 2 3 5 7 1/2 10 15 20 25 30 40 50 75 100 125 150 200 |                            |

## APPARATUS

## INSPECTOR MISC. INFO.

|                                   |                                        |
|-----------------------------------|----------------------------------------|
| DATE REC'D                        | DATE INSPECTED                         |
| ISSUE CERTIFICATE                 | ISSUE LETTER                           |
| <input type="checkbox"/> R.W.     | <input type="checkbox"/> APPROVAL      |
| <input type="checkbox"/> FINAL    | <input type="checkbox"/> SWIMMING POOL |
| <input type="checkbox"/> DUP      | <input type="checkbox"/> NURSING HOME  |
| <input type="checkbox"/> PROGRESS | <input type="checkbox"/> DEFECTIVE     |

|                |         |      |             |
|----------------|---------|------|-------------|
| NOTIFIED       | RE PORT | CARD | FEE PAID    |
| CONTRACTOR     |         |      | Check No.   |
| OWNER          |         |      | Money Order |
| OCCUPANT       |         |      | Cash        |
| AGENT          |         |      | Charge      |
| ELECT. LT. CO. |         |      |             |

☐ TEMP. CARD #

DATE MAILED

☐ FINAL CARD #

DATE

BY

LIC NO.

MUNICIPALITY MISC. INFO.

## DISTRICT OFFICES:

BLDG. DEPT.  
1 MAIN ST.  
WOODBRIDGE, N.J. 07095  
Phone: 201-634-5162

## INSPECTOR

DOVER, N.J. 07801  
32 E. BLACKWELL ST.  
P.O. BOX 66  
Phone: 201-361-6545

Serial # 968

GARDEN STATE ELECTRICAL INSPECTIONS  
DUPLICATE MUNICIPAL RECORD

EO-22

Owner ..... D'Amato ..... No. on Meter Board .....  
Occupant ..... Owner .....  
Location ..... 71 Thompson Place ..... No. ..... Street ..... Town or City ..... State .....

has been inspected and is in accordance with the National Electrical Code or the Company's rules.

Installed by ..... J. J. Melden .....  
This card is issued solely for the purpose of confirming to local authorities that approval of service introduction has been issued to Lighting Company. Not to be used or accepted as a "cut in" card.

Date ..... 6-22-83 ..... No. ..... 1505 .....

Inspector ..... P. J. Richardson .....  
Garden State Electrical Inspection Services, Inc., 614 Central Ave., East Orange, N. J. 07018

BOROUGH OF METUCHEN  
500 MAIN STREET  
METUCHEN, NJ 08840

Date Issued 02/27/24  
Control #  
Permit # 23-0670

## UCC NEW JERSEY CERTIFICATE

### IDENTIFICATION

Block 186 Lot 31 Qual  
Work Site Location 71 KEMPSON PL.  
METUCHEN, NJ 08840  
Owner in Fee/Occupant 51 HOLLY ROAD ASSOCIATES LLC  
Address PO BOX 476  
METUCHEN, NJ 08840-  
Telephone (732) 709-8297  
Contractor JUSTIN GORDON  
Address 195 MAIN STREET  
METUCHEN, NJ 08840-  
Telephone (732) 709-8297 Fax ( ) -  
Lic. No. or Bldrs. Reg. No. 13VH08900800  
Federal Emp. No. -

Home Warranty No.  
[ ] State [ ] Private  
Use Group R-5  
Maximum Live Load 40  
Construction Classification 5B  
Maximum Occupancy Load 0  
Description of Work/Use:

REAR ADDITION & INTERIOR REMODEL, (2) A/C & (2)  
FURNACE, 100AMP SERVICE

### [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 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 \$ 100  
Paid [X] Check No. 816  
Collected by: JC



# BUILDING SUBCODE TECHNICAL SECTION



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

Block 186 Lot 31 Qualification Code Netuchen

Work Site Location 71 Kampson Place

Owner in Fee: 051 Holly Rd Asol

Tel. ( 732 ) 712-1251 e-mail \_\_\_\_\_

Address 195 Main St Municipality Netuchen

Contractor: Justin Gordon Tel. ( 732 ) 712-1251

Address 195 Main St e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. 13V4270000 Exp. Date 3/27

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

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

| JOB SUMMARY (Office Use Only)                                                                                                  |                |           |                   |
|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|-------------------|
| PLAN REVIEW                                                                                                                    | Date           | Initial   | INSPECTIONS       |
| <input checked="" type="checkbox"/> No Plans Required                                                                          | <u>9/24/14</u> | <u>JS</u> | Failure _____     |
| <input type="checkbox"/> Footings/Foundations                                                                                  |                |           | Dates (Month/Day) |
| <input type="checkbox"/> Structural/Framework                                                                                  |                |           | Failure _____     |
| <input type="checkbox"/> Exterior                                                                                              |                |           | Approval _____    |
| <input type="checkbox"/> Interior                                                                                              |                |           | Initial _____     |
| Joint Plan Review Required:                                                                                                    |                |           |                   |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |                |           |                   |
| SUBCODE APPROVAL for PERMIT                                                                                                    |                |           |                   |
| Date: _____                                                                                                                    |                |           |                   |
| Approved by: _____                                                                                                             |                |           |                   |
| SUBCODE APPROVAL for CERTIFICATE                                                                                               |                |           |                   |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CCQ                                          |                |           |                   |
| Date: _____                                                                                                                    |                |           |                   |
| Approved by: _____                                                                                                             |                |           |                   |

B. BUILDING CHARACTERISTICS

Use Group Present 2 Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_

Height of Structure 29.67 ft.

Area — Largest Floor 1325 sq. ft.

New Bldg. Area/All Floors 1060 sq. ft.

Volume of New Structure 21624 cu. ft.

Max. Live Load 40

Max. Occupancy Load 174

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building:

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Est. Cost of Bldg. Work:

1. New Bldg. \$ 17000

2. Rehabilitation \$ 10000

3. Total (1 + 2) \$ 27000

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



Date Received \_\_\_\_\_  
Control # \_\_\_\_\_

Date Issued 10/2/23  
Permit # 23-06270

## C. CERTIFICATION IN LIEU OF OATH

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

Sign here: \_\_\_\_\_

Print name here: Justin Gordon

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Room Addition  
Asbestos Removal

Exposed 60

### TYPE OF WORK:

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

FEE (Office Use Only)

\$ 649  
300  
949

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

DC  
19  
80/99





# **ELECTRICAL SUBCODE** **TECHNICAL SECTION**

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

Block 186 Lot 31 Qualification Code \_\_\_\_\_  
 Work Site Location 71 Kempson Pl Metuchen 08840  
 Owner in Fee: 61 Holly Rd Associates LLC  
 Tel. (732) 700-8207 e-mail \_\_\_\_\_  
 Address 195 Main St Metuchen 08840  
 Contractor: Jackson Electric 24 municipality Metuchen zip code 08840  
 Address 56 First Pl Jackson NJ 08527 Tel. (732) 215-1727 e-mail \_\_\_\_\_  
 Contractor License No. 16304 Exp. Date 3/24  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
 Federal Emp. ID No. 834117790 FAX: ( ) \_\_\_\_\_

## **B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 [ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_  
 Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
 Est. Cost of Elec. Work \$ 400

## **JOB SUMMARY (Office Use Only)**

**PLAN REVIEW**  
 [ ] No Plans Required  
 [ ] Partial - Underslab Utilities Approved  
 Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 [X] Electric Plans Approved  
 Date: 9/27/23 Approved by: [Signature]  
 Joint Plan Review Required:  
 [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.  
**SUBCODE APPROVAL FOR PERMIT**  
 Date: \_\_\_\_\_ Approved by: [Signature]  
 Approved by: \_\_\_\_\_  
**SUBCODE APPROVAL FOR CERTIFICATE**  
 [ ] CO [ ] CCO [ ] CCO  
 Date: 2/27/24  
 Approved by: [Signature]

**INSPECTIONS**  
 Type: \_\_\_\_\_  
 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 \_\_\_\_\_

**DATES (Month/Day)**  
 Failure \_\_\_\_\_  
 Failure \_\_\_\_\_  
 Approval 12/20/23 Initial PL  
 Failure \_\_\_\_\_  
 Approval \_\_\_\_\_  
 Approval 2/27/24 Initial PL

Date Received 9/25/23  
 Control # \_\_\_\_\_  
 Date Issued 10/2/23  
 Permit # 23-0670

## **C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent or) owner of record and am authorized to make this application and perform the work listed on this application.  
 Applicant sign/Contractor sign and seal here: [Signature]  
 Print name here: Frank Wilcox

☒ Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

## **D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

| QTY        | SIZE       | ITEMS                                            | FEE (Office Use Only) |
|------------|------------|--------------------------------------------------|-----------------------|
| <u>17</u>  | <u>6.5</u> | Lighting Fixtures                                |                       |
| <u>18</u>  | <u>18</u>  | Receptacles                                      |                       |
| <u>7</u>   | <u>7</u>   | Switches                                         |                       |
|            |            | Detectors                                        |                       |
| <u>5</u>   | <u>5</u>   | Light Poles                                      |                       |
|            |            | Motors—Fract. HP <u>EXH.</u>                     | <u>50</u>             |
|            |            | Emergency & Exit Lights                          |                       |
|            |            | Communications Points                            |                       |
|            |            | Alarm Devices/F.A.C. Panel                       |                       |
| <u>139</u> |            | <b>TOTAL NUMBERS</b>                             | <u>250</u>            |
|            |            | Pool Permit/with UW Lights                       |                       |
|            |            | Storable Pool/Spa/Hot Tub                        |                       |
|            |            | KW Elec. Range/Receptacle                        |                       |
|            |            | KW Oven/Surface Unit                             |                       |
|            |            | KW Elec. Water Heater                            |                       |
| <u>1</u>   | <u>20</u>  | KW Elec. Dryer/Receptacle                        | <u>75</u>             |
|            |            | KW Dishwasher                                    |                       |
| <u>2</u>   | <u>20</u>  | HP Garbage Disposal                              | <u>150</u>            |
|            |            | KW Central A/C Unit                              |                       |
|            |            | HP/KW Space Heater/Air Handler                   |                       |
|            |            | KW Baseboard Heat                                |                       |
|            |            | HP Motors 1/4 HP                                 |                       |
|            |            | KW Transformer/Generator                         |                       |
| <u>1</u>   | <u>100</u> | AMP Service                                      | <u>100</u>            |
| <u>1</u>   | <u>100</u> | AMP Subpanels <u>EX. DISCO</u>                   | <u>50</u>             |
| <u>1</u>   | <u>1</u>   | <del>AMP Motor Control Center</del> <u>Surge</u> | <u>75</u>             |
|            |            | KW Elec. Sign/Outline Light                      |                       |
|            |            |                                                  | <u>6950</u>           |

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



Construction & Bldg. Regs. Div  
455 Hoes Lane  
Piscataway, NJ 08854  
(732) 562-2325



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #

9/25/23

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

Block 186 Lot 31 Work Site Location 71 Kempson Place Qualification Code 08840

Owner in Fee: 51 Holly Rd Associates LLC

Tel. (321) 704-8297 e-mail Danielle.051holl.com

Address PO Box 476 Metuchen zip code 08840

Contractor: Vinci Plumbing Tel. (321) 718-4028

Address 138 Levegar St e-mail

Piscataway 08854 Exp. Date 6/24

Contractor License No. 12933 Proposed

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

Federal Emp. ID No. 96-3172700 FAX: ( )

**B. PLUMBING CHARACTERISTICS**

Use Group Present Building Sewer Size  Public Sewer  Private Septic

Water Service Size  Public Water  Private Well

Est. Cost of Plumbing Work \$ 11,000

| JOB SUMMARY (Office Use Only)               |              |                 |                   |          |         |
|---------------------------------------------|--------------|-----------------|-------------------|----------|---------|
| PLAN REVIEW                                 |              |                 |                   |          |         |
| [ ] No Plans Required                       |              |                 |                   |          |         |
| [ ] Partial - Under slab Utilities Approved |              |                 |                   |          |         |
| Date:                                       | Approved by: | INSPECTIONS     | Dates (Month/Day) |          |         |
|                                             |              | Type:           | Failure           | Approval | Initial |
|                                             |              | Slab            |                   |          |         |
|                                             |              | Rough           |                   |          |         |
|                                             |              | Water           |                   |          |         |
|                                             |              | Sewer           |                   |          |         |
|                                             |              | Fixtures        |                   |          |         |
|                                             |              | Gas Equipment   |                   |          |         |
|                                             |              | Gas Piping      |                   |          |         |
|                                             |              | LPGas Tank      |                   |          |         |
|                                             |              | Fuel Oil Piping |                   |          |         |
|                                             |              | Solar           |                   |          |         |
|                                             |              | TCO             |                   |          |         |
|                                             |              | Final           |                   |          |         |
| SUBCODE APPROVAL for PERMIT                 |              |                 |                   |          |         |
| Date:                                       | Approved by: |                 |                   |          |         |
| SUBCODE APPROVAL for CERTIFICATE            |              |                 |                   |          |         |
| [ ] CO                                      | [ ] CCO      | [ ] CA          |                   |          |         |
| Date:                                       | Approved by: |                 |                   |          |         |

U.C.C. F130 (rev. 11/09) 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Ivory Card = Applicant Copy

## 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 sign/Contractor sign and seal here: Ryan Harmon

Print name here: Ryan Harmon

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Addition / Renovation

| QTY. | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|------|--------------------------|-----------------------|
| 3    | Water Closet             | 40                    |
| 2    | Urinal/Bidet             | 40.00                 |
| 1    | Bath Tub                 | 20.00                 |
| 1    | Lavatory                 | 100                   |
| 1    | Shower                   | 20                    |
| 5    | Floor Drain              | 20                    |
| 1    | Sink                     | 20                    |
| 1    | Dishwasher               | 375                   |
| 1    | Drinking Fountain        |                       |
| 1    | Washing Machine          |                       |
| 1    | Hose Bibb                |                       |
| 1    | Water Heater             |                       |
| 3    | Fuel Oil Piping          |                       |
|      | Gas Piping               |                       |
|      | LPGas Tank               |                       |
|      | Steam Boiler             |                       |
|      | Hot Water Boiler         |                       |
|      | Sewer Pump               |                       |
|      | Interceptor/Separator    |                       |
|      | Backflow Preventer       |                       |
|      | Greasetrap               |                       |
|      | Sewer Connection         |                       |
|      | Water Service Connection |                       |
| 2    | Stacks                   | 40                    |
| 2    | Other                    | 30.00                 |

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)

Building

|          |          |
|----------|----------|
| Permit # | 2-23-408 |
| Received | 6-20-23  |
| Issued   | 10-2-23  |
| Payment  | 815      |
| Amount   | \$50     |

### 1. Location

Street Address 71 KEMPSON  
Block 186 Lot 31 Zone R-2

### 2. Applicant

Name SI Holly Rd Assoc Phone (732) 710-1251  
Street Address 191 MAIN ST Fax \_\_\_\_\_  
City / State METUCHEN Zip 08840 Email JOE@SI Holly.COM

### 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

REAR ADDITION + INTERIOR REMODEL

### 7. Non-Residential Use Data

|                              | Present | Proposed |
|------------------------------|---------|----------|
| Total Floor Area of Building | _____   | _____    |
| Floor Area to be Occupied    | _____   | _____    |
| On-Site Parking Spaces       | _____   | _____    |
| Off-Site Parking Space       | _____   | _____    |
| 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 JAMES CANDAN Date 6/6/22

Signature \_\_\_\_\_

**Location**

Address 71 Kempson Place Permit                       
Block 186 Lot 31 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 otherwise approved by the Zoning Official  
☐ Use permitted by variance and/or exception by:  
☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

☐ PLANNING BOARD

☐ ZONING BOARD OF ADJUSTMENT

| Type of Approval                                  | Ordinance Reference |
|---------------------------------------------------|---------------------|
| <input type="checkbox"/> "c" Variance             |                     |
| <input type="checkbox"/> "d" Variance             |                     |
| <input type="checkbox"/> Conditional Use Approval |                     |
| <input type="checkbox"/> Minor/Major Site plan    |                     |
| <input type="checkbox"/> Minor/Major Subdivision  |                     |

Zoning Permit is: ☒ Approved ☐ Denied

**Comments**

- 1.0 Proposed rear addition and interior renovations (representing an overall expansion of 483.75 square feet in area) to be located on the rear side of the existing detached single-family dwelling shall comply with §110-64 and §110-112.7 of the Metuchen Land Development Ordinance (MLDO).
- 1.1 Given that the addition is less than 500 square feet, the project is exempt from the requirements of §110-112.7 of the MLDO. Given that no basement is proposed, the project is exempt from the requirements of §110-112.8 of the MLDO.
- 1.2 Proposed improvements shall be constructed in accordance with architectural plans prepared by Marcille Architecture, dated September 1<sup>st</sup>, 2023.
- 1.3 Applicant is NOT proposing to remove any existing trees on the premises.
- 1.4 Applicant shall provide foundation plantings along the front and both sides of the dwelling, planted on average of every three (3) feet on center, except for those areas immediately adjacent to any driveways or walkways. Any proposed landscaping shall comply with the minimum diversity requirements, such that not more than one-third (1/3) of such landscaping shall consist of a single species. A mulch or planting bed shall be provided, at least two (2) feet in depth, in front of such landscaping.
- 1.5 Applicant shall provide at least one (1) flowering and one (1) shade tree for every 50 feet of lot width, existing or proposed, located in the front yard area. For the project, 2 shade trees and 2 flowering trees are required.
- 1.6 Applicant shall provide street tree(s) at intervals of approximately 30 to 35 feet, existing or proposed, generally located consistent with existing street trees along the street so as to form a line parallel throughout the entire streetscape. For the project, 2 street trees are required.
- 1.7 Applicant shall provide a private walkway that connects the front entry of the dwelling with the public sidewalk.
- 2.0 Proposed improvements shall not inhibit natural drainage nor cause drainage issues for adjacent properties or in the public right-of-way.
- 3.0 Applicant shall obtain all other required permits for the work performed from all other jurisdictional agencies & departments.
- 4.0 Applicant shall provide a foundation location survey prior to receiving a backfill inspection from the Building Department.
- 5.0 Applicant shall notify the Zoning Official when all proposed improvement(s) have been completed for a final inspection.
- 6.0 Applicant shall provide a final "as-built" survey prior to the issuance of a Certificate of Approval/Occupancy.
- 7.0 Applicant shall maintain all proposed improvement(s) and all other aspects of the property at all times.

Bond to be posted  
for landscaping (\$2,000)

Initial Approval

Zoning Officer's Signature

Date

9-25-2023

Final Approval

Zoning Officer's Signature

Date

2-28-2024

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