BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 50-88
DATE ISSUED 2/26/88
REVISION DATE
Block 192 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner Mr. & Mrs. Moss
Address 33 Eggert Avenue
Metuchen, NJ
Tel. [redacted]
Work Site Address Same

Contractor Atlas Remodeling, Inc.
Address 214 Washington Rd.
Sayreville, NJ
Tel. (201) 390-9149
Lic. No. 68831
Federal Emp. No. 22-2594117

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Mike Choffee
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Remove all alum. siding from house, soffit, & fascia. Supply & install 1/2" amofoam to entire home. Supply & install brandywine shale solid vinyl siding to entire home & solid vinyl soffit. Supply & install 4 air master sliders in basement, 1 bow window (4 lite) ends to operate (2 center non-op. w/ screens). Cap windows, doors & fascia with alum. Supply & install seamless gutter & leaders. Supply & install 2 pre-poly shutters. Cap garage casings w/ alum.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☒ Siding
  - ☐ Other 10 per 1000
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
		90.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 92.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 8,613.50

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☒ No Plans Required	1.26.88	
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 1-19-90

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

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

CERTIFICATE

Date Issued 10/18/95
Control #
Permit # 95-234

IDENTIFICATION

Block 192 Lot 3
Work Site Location 33 Eggert Street
Metuchen, NJ 08840
Owner in Fee Mrs. Moss
Address 33 Eggert Street
Metuchen, NJ 08840
Tele. [redacted]
Contractor John E. Clemens
Address 3 Stark Place
Edsion, NJ 08820
Tele. (908) 548-5435
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

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:

Roofing

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/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:

Fee $ 20.00
Paid [X] Check No. 2540
Collected by: JC

Rochelle Francis
CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/12/95
Date Issued 5/17/95
Control #
Permit # 95-234

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

Block 192 Lot 3
Work Site Location 33 Eggert St Metuchen
Owner in Fee Mrs Moos
Address 33 Eggert St Metuchen
Tele. [redacted]
Contractor John E Clemens Sons
Address 3 Stark Pl Edison
Tele. (548 5435
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security 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.

John E. Clemens
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Take off old Roof
Button new

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	5/17	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:	10/4/95	
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			10/4/95	

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		

No. of Stories
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3450.00
3. Total (1+2) $ 3450.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft. DCA
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other CA

(Office Use Only)

FEE	
$	45
	3
	90

Administrative Surcharge $
Paid [✓] Check # 2540 Minimum Fee $
Collected by: JE TOTAL FEE $ 68

1 White = Inspector Copy
2 Canary = Applicant Copy

U.C.C. Form F-110A

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 1-7-98
Control #
Permit # 97-250

IDENTIFICATION

Block 192 Lot 3
Work Site Location 33 Eggert Avenue
Metuchen, NJ 08840
Owner in Fee/Occupant Dr. Moss
Address 33 Eggert Avenue
Metuchen, NJ 08840
Tele. ([redacted]
Contractor B.R. Construction Company
Address 1115 Dorsey Place
Plainfield, NJ 07062
Tele. (732) 753-4793 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2153784

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:

Kitchen Alterations

☐ **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 _____.

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

CONSTRUCTION OFFICIAL Adolphe Lavecchia

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

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

1

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/25/97
Date Issued 5/2/97
Control #
Permit # 97-250

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

Block 192 Lot 3
Work Site Location 33 EGGERT AVE. METUCHEN
Owner in Fee DR. MOSS
Address SAME
Tele. ( ) [redacted]
Contractor B.R. CONST. CO.
Address 1115 DORSEY PL. PLAINFIELD, N.J. 07062
Tele. ( ) 753-4793
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2537874 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	5/6/97	JC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[✓] CO [ ] CCO [ ] CA		
Date: 12-22-97		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation			5-6-97	JC
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			12-22-97	JC

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 $ 500
3. Total (1+2) $ 500

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

REMOVE SHEET ROCK FROM KITCHEN WALLS - INSULATE EXTERIOR WALL WITH R-13 INSULATION - NEW SHEET ROCK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only)
FEE
$ 46.00

Paid [✓] Check # 5283
Collected by: JC

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$
TOTAL FEE	$ 46.00

U.C.C. Form F-110B

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/25/97
Date Issued 5-2-97
Control #
Permit # 97-250

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

Block 192 Lot 3
Work Site Location 33 EGGERT AVENUE, METUCHEN

Owner in Fee DR. MOSS
Address 33 EGGERT AVE, METUCHEN

Tele. ( ) [redacted]
Contractor ADVENT ELECTRIC, INC.
Address P.O. BOX 8529
ELIZABETH, NJ 07208
Tele. (908) 352-0281
Lic. No. 8436
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1,000.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4-29-97
Approved by: Walter J. Sieracki

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-22-97
Approved By: M. O'Donnell

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			5-6-97	[illegible]
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-22-97	[illegible]

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.

[illegible]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Fixtures (1)	
5		Receptacles (2) - 2 GFI.	
2		Switches (3)	
9		Total 1 + 2 + 3	50.00
	___ 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 3 CIRCUITS.	

Paid [X] Check # 5282
Collected by: [illegible]

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1
TOTAL FEE	$ 50.00

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/31/06
Control #

Date Issued 6-6-06
Permit # 06-0382

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

Block 194 Lot 3 Qualification Code

Work Site Location 33 EGBERT ST. METUCHEN

Owner in Fee: DR MOSS

Tel. ( ) SAME e-mail

Address [redacted]
street municipality zip code

Contractor: Advent Electric Tel. (908) 352-0214

Address Po Box 8529 Elizabeth 07208 e-mail

Contractor License No. 8436 Exp. Date

Federal Employee No. [redacted] FAX: (908) 352-8482

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4000.—

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

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	9	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	30.00
✓		HVAC-heat pump	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5-31-06

Approved by: Ronald Mayer

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 9-6-06

Approved by: Ronald Mayer

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	7-20-06		9-506	RM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Application

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/31/06

Date Issued 6-6-06

Permit # 06-0382

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

Block 19V Lot 3 Qualification Code

Work Site Location 33 EGBERT ST. METUCHEN, N.J.

Owner in Fee: DR MOSS

Tel. [redacted] e-mail

Address SAME
(street, municipality, zip code)

Contractor: BARRY LOESSEL HEATING & A/C Tel. (908) 688-8049

Address 1W WYOMING AVE, UNION NJ. e-mail

Contractor License No. Exp. Date

Federal Employee No. [redacted] FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4,500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 6/1/06

Approved by: AH

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 7/20/06

Approved by: AH

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ HVAC			7/20/06	AH
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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other HVAC-HEAT PUMP	46.-
	Other	

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

U.C.C. F130 (rev. 05/05)

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/31/06
Control #
Date Issued 6-6-06
Permit # 06-0382

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

Block 19 Lot 3 Qualification Code
Work Site Location 33 EGGERT ST. METUCHEN
Owner in Fee DR. MOSS
Address SAME
Tel ( )
Contractor BARRY LOESSEL HEATING + A/C
Address 124 WYOMING AVE. UNION, N.J. 07083
Tel (908) 688-8044 FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed R-3
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity
Total Cost of Fire Protection Work $ 500.—

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

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's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other HVAC-HEAT PUMP	1	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 35
TOTAL FEE $ 35

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 5/31/06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/20/06
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				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

BOROUGH OF METUCHEN MIDDLESEX COUNT

Tel. (732) 632-8540 • Fax (732) 603-8763 • P.O. Box 592, Metuchen, N.J. 0884

PERMIT #206-105
RECEIVED 5/31/06
CK.# or CASH 1747

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 19x Lot(s) 3 Zone R-2

Site Location (Street Address) 33 EGGERT ST

Applicant (Full Legal Name) ROBERT RUTTKAY T/A B.R. CONST. Co

Address 1115 DORSEY PL, PLAINFIELD, NJ 07062

Phone [redacted]

Owner (full legal Name) DR. SANDRA MOSS

Address 33 EGGERT ST. METUCHEN

Phone [redacted]

Present or Previous Use of Building and \ or Land

R-3

Proposed Use or Alteration of Building and \ or Land

R-3 A/C unit

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 5/31/06

Office use only:

Permit #Z06-_____

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

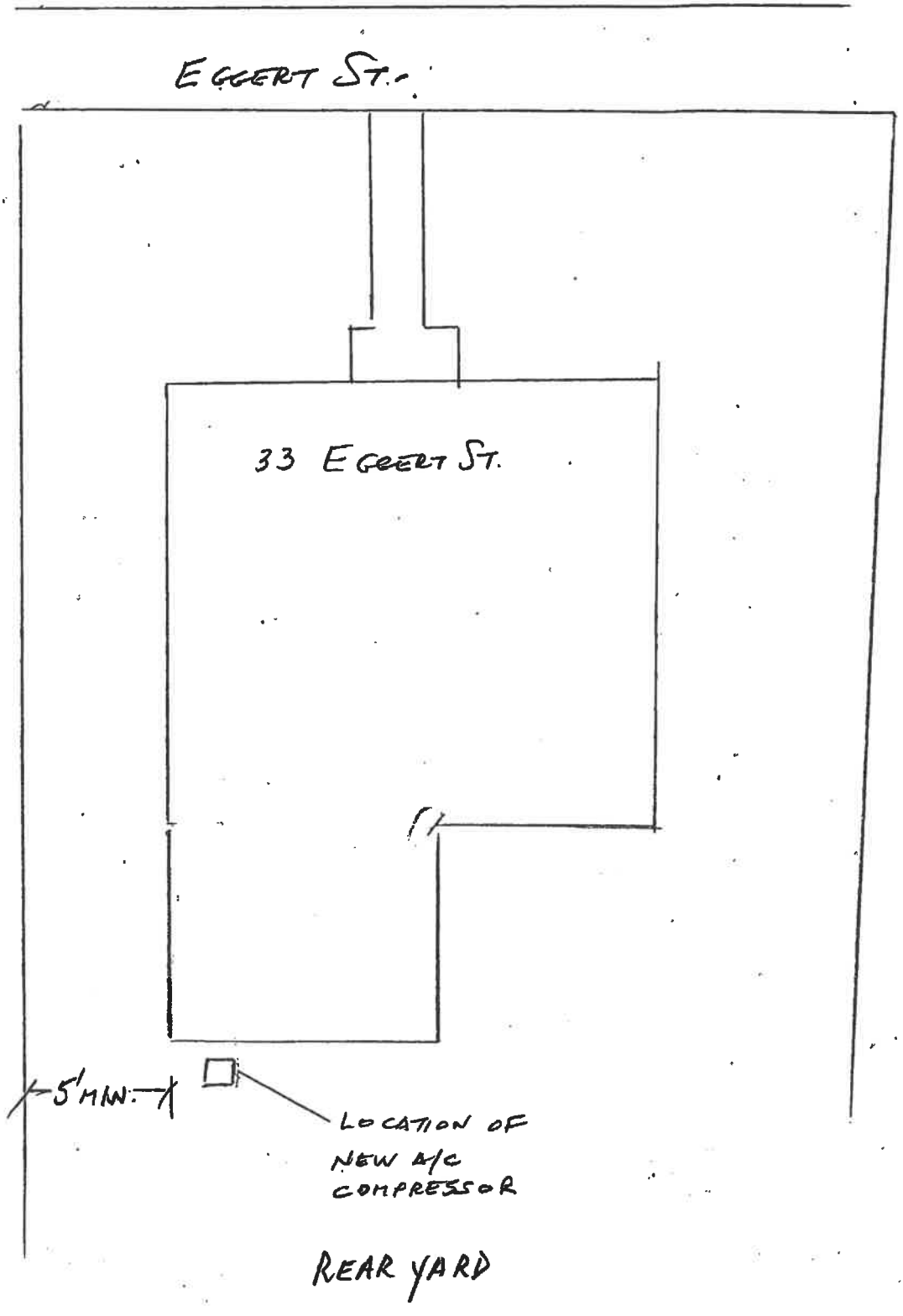
Comments:

1.0 The A/C condenser unit shall be setback a minimum of 5 ft from the property line. The unit shall be buffered with a decorative fence or landscaping from the neighboring and public views.

Zoning Officers Signature Tony J Angele Date 06-01-06

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

C:\vnsoffice\templates\zoning permit


EGGERT ST.
33 EGGERT ST.
5' MIN.
LOCATION OF NEW A/C COMPRESSOR
REAR YARD

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7/24/06
Date Issued 7/28/06
Control #
Permit # 06-0528

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

Block 192 Lot 3 Qualification Code
Work Site Location 33 Eggert Ave. Metuchen, NJ 08840
Owner in Fee Robert Moss
Address 33 Eggert Ave - Metuchen, NJ 08840
Tel ([redacted]) [redacted]
Contractor Guarnieri Elect.
Address 39 McCoy Ave; Metuchen, NJ 08840
Tel (732) 406-0746 FAX ( )
Contractor License No. 4524
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as 1 Family Utility Co.
Est. Cost of Elec. Work $ 900

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.

Julius Guarnieri
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	35.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7-24-06
Approved by: Ronald Mayer

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-5-06
Approved by: Ronald Mayer

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	9-5		9-5	RM
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/22/07
Date Issued 8/23/07
Control #
Permit # 07-0660

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

Block 192 Lot 3
Work Site Location 33 EGGERT AVE
METUCHEN
Owner in Fee ROBERT MOSS
Address SAME
Tele. ( ) [redacted]
Contractor PETRO FUEL
Address 40 CRAGWOOD RD
S PLAINFIELD 07080
Tele. ( ) 732-882-6568 Fax ( )
Lic. No. NJ13VH00340500
Federal Emp. No. [redacted]

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 $ 3700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/22/07
Approved by: AH

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10/4/07
Approved by: AH

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final			10/4/07	AH

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's Seal

( ) Licensed Plumbing Contractor ( ) Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other OIL TO OIL WARM AIR FURNACE	110
	Other	
	Other	

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

U.C.C. F130 (rev. 3/96)

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

FIRE SUBCODE TECHNICAL SECTION

Date Received 8/22/07
Date Issued 8/23/07
Control #
Permit # 07-0660

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

Block 192 Lot 3
Work Site Location 33 EGGERT AVE
METUCHEN
Owner in Fee ROBERT MOSS
Address SAME

Tele. ( ) [redacted]
Contractor PETRO FUEL
Address 40 CRAGWOOD RD
S PLAINFIELD 07080
Tele. ( ) 732-882-6568 Fax ( )
Lic. No. NJ13VH00340500
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 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: 8/24/07
Approved by: _____
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/24/07
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.

Bruce Bridge
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
OIL TO OIL WARM AIR FURNACE

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

	NUMBER	FEE (Office Use Only)
Storage Tanks Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
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 _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other OIL FURNACE		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 15

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/22/07
Date Issued 8/23/07
Control #
Permit # 07-0660

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

Block 192 Lot 3
Work Site Location 33 EGGERT AVE
METUCHEN
Owner in Fee ROBERT MOSS
Address SAME

Tele. (____) [redacted]
Contractor PETRO FUEL
Address 40 CRAGWOOD RD
S PLAINFIELD 07080
Tele. (____) 732-882-6568
Lic. No. NJ13VH00340500
Federal Emp. No. [redacted] 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 $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec Plans Approved
Date: 8-22-07
Approved by: Ronald Manyak

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-4-07	RM

Dates (Month/Day)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-4-07
Approved By: R. Manyak

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.

Bruce Bridge
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	
		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	
		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	
1		OIL TO OIL FURNACE REPLACEMENT	30.00

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

GARDEN STATE COPY

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/24/08
Control #
Date Issued 4/29/08
Permit #

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Avenue Metuchen

Owner in Fee: Sandra Moss

Tel. (732) 549-8843 e-mail

Address 33 Eggert Avenue Metuchen
(street, municipality)

Contractor: David The Village Sweep Tel. (908) 756-1807
(zip code)

Address 651 Jerusalem Rd Scotch Plains e-mail 07076

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): 13VH00821500

Federal Emp. ID No. 22-2552980 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1,277.-

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. Sandra Moss
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 4" dia tec tec 6" ultra pro 316 Ti alloy stainless steel liner to vent existing natural draft 0.75 GPH (105,000 Btu) oil furnace & existing natural draft 40,000 Btu gas water heater.

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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Oil Furnace Flue Chimney Liner	1	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 35

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 4/24/08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8/28/08

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				
Flam/Combust. Tanks				
Fireplace Venting				
Final				
Other				

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 08/06/19
Control #
Permit # 19-0416

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 192 Lot 3 Qual
Work Site Location 33 EGGERT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant MOSS, ROBERT & SANDRA
Address 33 EGGERT AVE.
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor BILL LEARY A/C & HEATING
Address 6 GREEN STREET
METUCHEN, NJ 08840-
Telephone (732)494-9200 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 19HC00528800
Federal Emp. No. 22-3224342

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

MINISPLIT A/C REPLACEMENT

[ ] 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. 491
Collected by: JC

Construction Official

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

Plumbing

~~MECHANICAL~~ INSPECTION
TECHNICAL SECTION

Date Received 6/12/19
Control #
Date Issued 7/5/19
Permit # 19-04160

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave

Owner in Fee: MOSS

Tel: [redacted] e-mail

Address 33 Eggert Ave (street) Metuchen (municipality) 08840 (zip code)

Contractor: Bill Leary A/C & HTG Tel. (732) 494-9200

Address: 6 Green Street, Metuchen NJ 08840 e-mail

Contractor License No. 19HC00528800 Exp. Date 06/30/20

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223224342 FAX: (732) 632-9898

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 2250

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.

Sign here: William H. Leary

Print name here: William H. Leary IV Master HVACR Contractor

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

repl minisplit

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date 10/1/20 Approved by:
Joint Plan Review Required
[ ] Bldg [ ] Elec [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[ ] OA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Liner				
Other			12/15/20	

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Generator	
	Other	

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6/12/19
Control #
Date Issued 7/15/19
Permit # 19-0416

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 EGGERT AVE

Owner in Fee: MOSS

Tel. [redacted] e-mail

Address 33 EGGERT AVE (street) METUCHEN (municipality) 08840 (zip code)

Contractor: BILL LEARY A/C & HTG Tel. (732) 494-9200

Address 6 GREEN ST, METUCHEN NJ 08840 e-mail

Contractor License No. 19HC00528800 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223224342 FAX: (732) 632-9898

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,250

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:

Print name here: BILL LEARY

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPL MINISPLIT

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
0		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
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1		MINISPLIT

FEE (Office Use Only)

$ 50

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial Underslab Utilities Approved
Date 6-27-19 Approved by RM

[ ] Electric Plans Approved
Date Approved by

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

SUBCODE APPROVAL for PERMIT
Date 6-27-19
Approved by

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			7/15/19	RM
Barrier-Free				
Temp. Cut-in Card Date Issued				
Final Cut-in Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

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

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 #	9-201
Received	6-17-14
Issued	7-5-14
Payment	9184
Amount	$125

1. Location

Street Address: 33 Eggert Ave

Block: 192 Lot: 3 Zone: R-2

2. Applicant

Name: Bill Leary A/C+HTG Phone: 732.494.9200

Street Address: 6 Green St Fax: 732.632.9898

City / State: Metuchen Zip: 08840 Email: bleary@billleary.net

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 condensing unit

6. Describe Proposed Work or New Use

Central A/C unit for ductless mini split

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: Tracey Ann Leary Date: 06/13/14

Signature: Tracey Ann Leary

Last Revised 12/30/2011

Location

Address	33 Eggert Avenue			Permit	Z19-
Block	192	Lot	3	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 of existing 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
  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.

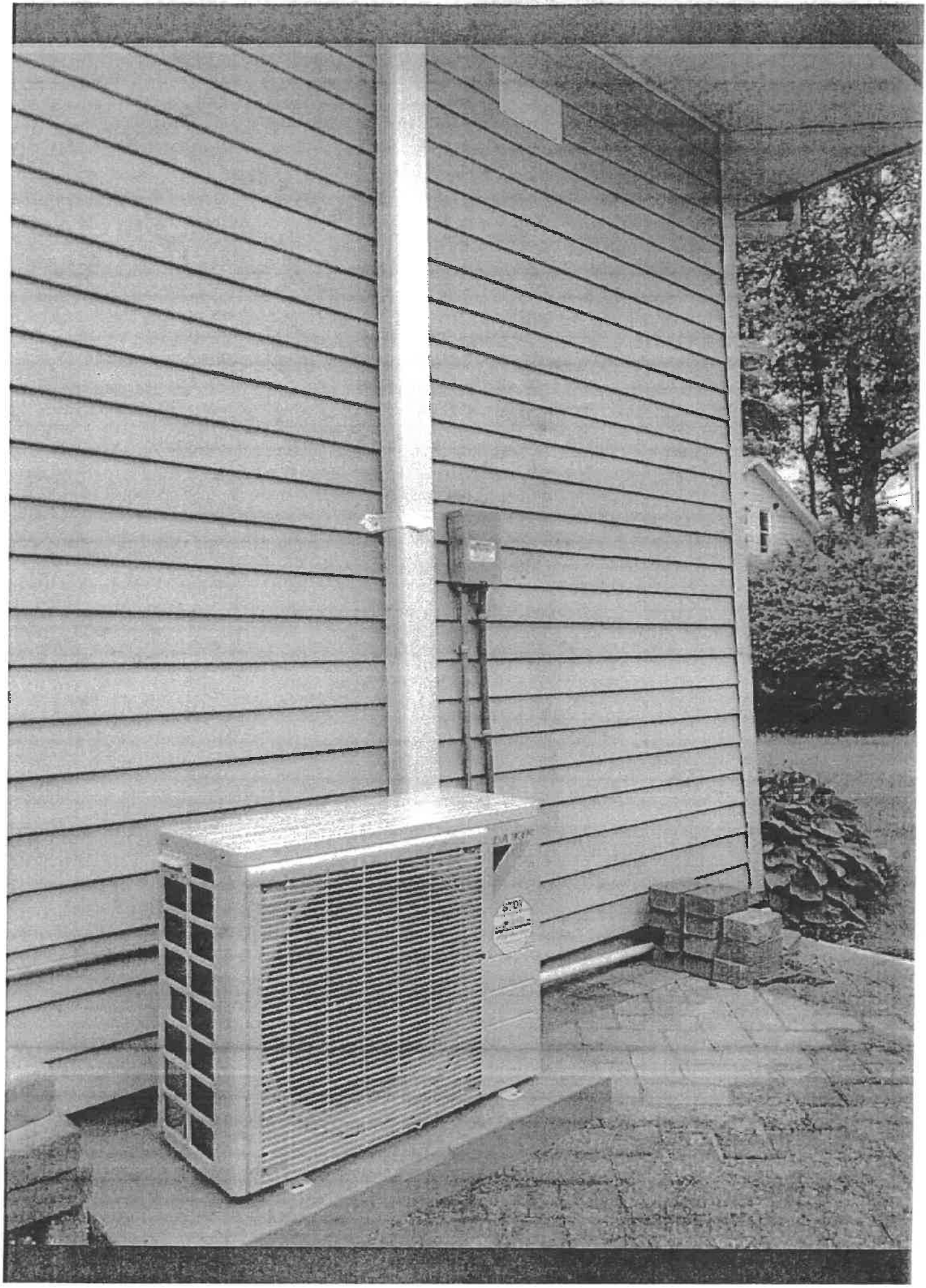
Initial Approval

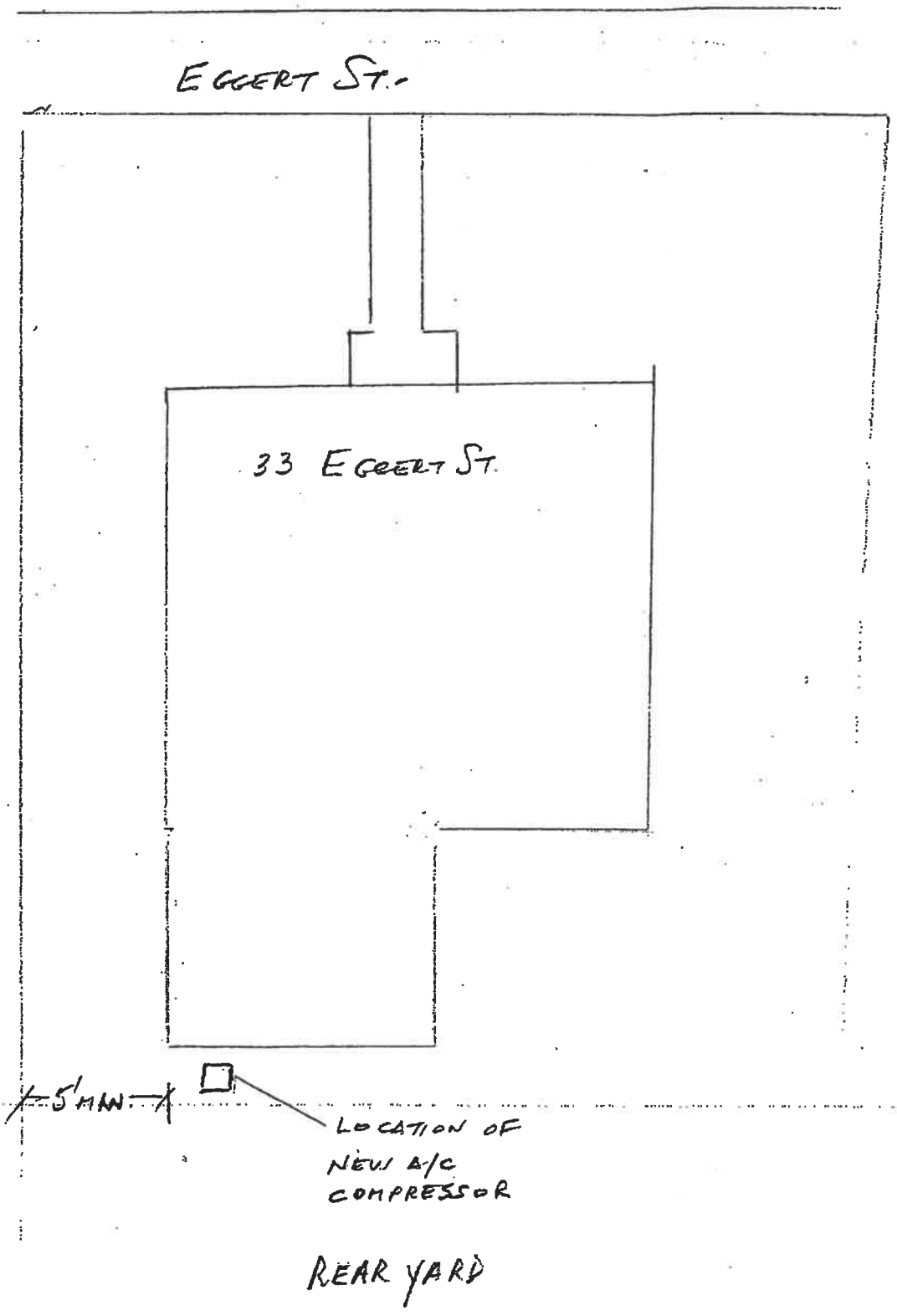
Zoning Officer's Signature _____ Date 6-25-19

Final Approval

Zoning Officer's Signature _____ Date 8-6-19

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




EGGERT ST.
33 EGGERT ST.
5' MIN.
LOCATION OF NEW A/C COMPRESSOR
REAR YARD

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 12-16-19
Permit # 19-0856

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

Block 192 Lot 3 Qualification Code ~

Work Site Location 33 EGBERT AVE

Owner in Fee: MOSS

Tel. [redacted] e-mail

Address SAME
street municipality zip code

Contractor: M A B. LYNN ELECTRIC LLC Tel. (732) 636 9496

Address 23 CANTERBURY LN e-mail
COLONIA NJ 07067

Contractor License No. 7499 Exp. Date

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

Federal Emp. ID No. 26-4296341 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as DWELLING Utility Co. PSE&G

Est. Cost of Elec. Work $ 3,000.00

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.

Applicant sign/Contractor sign and seal here: Michael A. Bilyak

Print name here: MICHAEL A BILYAK

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicar

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE 100A. SERVICE - WATER DAMAGED Emergency

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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service ✓	100
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

8 3/4 OK

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12/24/19
Approved by: M

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO
Date: 12/26/19
Approved by: M

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			12/26/19	M
Final			12/26/19	M
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 12/26/19
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

U.C.C. F120 (rev. 11/09) 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Ivory Card = Applicant Copy

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 12/20/21
Control #
Permit # 21-0683

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 192 Lot 3 Qual
Work Site Location 33 EGGERT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant MOSS, SANDRA
Address 33 EGGERT AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor SKYLANDS ENERGY
Address 2 THOMPSON STREET
RARITAN, NJ 08869-
Telephone (908)782-3001 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 19HC00395100
Federal Emp. No. -

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

INSTALLATION OF A 275 GALLON BASEMENT OIL TANK

[ ] 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. 08268
Collected by: JC

Construction Official

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

~~HILLSBOROUGH TOWNSHIP~~
Building Department
~~The Peter J. Biondi Building~~
~~379 South Branch Road~~
~~Hillsborough, New Jersey 08844~~
~~(908) 369-4313~~

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #
Date Issued 10/25/21
Permit # 21-0683

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave., Metuchen, NJ 08840

Owner in Fee: Sandra Moss

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: Skylands Energy Tel. 908 782-3001

Address 2 Thompson St. Raritan, NJ 08869 e-mail

Contractor License No. 19HC00395100 Exp. Date 2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2990717 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3, R-4 or R-5 Proposed: R-3, R-4 or R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 1500

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.

Sign here: Craig J Miller

Print name here: Craig J Miller

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 New 275 Roth Oil Tank

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
1	Fuel Oil Piping Connections	75
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: 10/25/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/25/21
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 12/14/21
Approved by: B Mathews

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FWL			12/14	BM

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 10/25/21
Permit # 21-0683

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave., Metuchen, NJ 08840

Owner in Fee: Sandra Moss

Tel. [redacted] e-mail

Address

Contractor: Skylands Energy (street, municipality) Tel. (908) 782-3001

Address 2 Thompson St., Raritan, NJ (zip code) e-mail

08869

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 19H00395100

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. 22-2990717 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 100

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
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 10/19/21 Approved by BL
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/19/21
Approved by: B. Lotharan

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [V] CA
Date: 12/14/21
Approved by: B. Lotharan

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		12/14/21		VA
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 sign/Contractor sign and seal here:

Print name here: Ted Francisus

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

DESCRIPTION OF WORK:
Water Supply Source Install 1275 Roth
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)	1	100 cc
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 LOCATION BASE		
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 $		

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 12/21/21
Control #
Permit # 21-0802

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 192 Lot 3 Qual
Work Site Location 33 EGGERT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant MOSS, SANDRA
Address 33 EGGERT AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor SKYLANDS
Address 2 THOMPSON STREET
RARITAN, NJ 08869-
Telephone (908)782-3001 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2990717

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

REMOVAL OF A 275 GALLON OIL TANK

[ ] 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. 08507
Collected by: JC

Construction Official

U.C.C. P260 (rev. 3/96)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/10/21
Control # 3
Date Issued 12/10/21
Permit # 21-0802

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave Medford

Owner in Fee: Sandra Moss

Tel. (732) 549-5843 e-mail

Address Same

Contractor: Skylands (street / municipality) Tel. 908 282-3001 (zip code)

Address 2 Thompson Dr Raritan 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. 19HC00395100 Exp. Date

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

Federal Emp. ID No. 22-2990717 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Basement

Total Cost of Fire Protection Work $ 1000

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

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 11/10/21 Approved by: BL

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 11/10/21

Approved by: B. Lanham

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12/14/21

Approved by: B. Lanham

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 275 Ash			12/14/21	BL
Other Foreman L				

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 sign/Contractor sign and seal here:

Print name here: Ted Francisco

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

DESCRIPTION OF WORK: Cut, Clean + Remove 1-275

Water Supply Source

Method of Alarm/Suppression System Supervision Steel out Bank

	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)	1	100 ea
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 Local Alarm		
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		

Reorder Forms at:
Colornet LLC
(856) 393-2940

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

4020
8660

M & A RECYCLING, INC.

908-218-9191
65 Old Camplain Rd.
Hillsborough, NJ 08844

Hours: 7 am - 5 pm
Mon. - Fri.
Sat. 7-1

-SKYLAND- 12/20/21

☐	#1 Copper Wire	_____ lbs.	@ _____	per lb.=	_____
☐	#1 Copper Tubing	_____ lbs.	@ _____	per lb.=	_____
☐	#2 Copper	_____ lbs.	@ _____	per lb.=	_____
☐	Copper Sheet	_____ lbs.	@ _____	per lb.=	_____
☐	Aluminum Cans	_____ lbs.	@ _____	per lb.=	_____
☐	Aluminum Siding	_____ lbs.	@ _____	per lb.=	_____
☐	Aluminum O/S	_____ lbs.	@ _____	per lb.=	_____
☐	Aluminum _____	_____ lbs.	@ _____	per lb.=	_____
☐	Brass - Clean/Dirty	OIL TANK lbs.	@ _____	per lb.=	_____
☐	Rads - Car / ACR	_____ lbs.	@ _____	per lb.=	3960
☒	Steel - P/NP	360 lbs.	@ M/(W	per lb.=	_____
☐	Cast Iron	_____ lbs.	@ _____	per lb.=	_____
☐	Light Iron/Car	_____ lbs.	@ _____	per lb.=	_____
☐	Stainless Steel	_____ lbs.	@ _____	per lb.=	_____
☐	Stainless Steel 316	_____ lbs.	@ _____	per lb.=	_____
☐	Wire HG	_____ lbs.	@ _____	per lb.=	_____
☐	Wire LG	_____ lbs.	@ _____	per lb.=	_____
☐	Wire 50/55	_____ lbs.	@ _____	per lb.=	_____
☐	Irony Aluminum	_____ lbs.	@ _____	per lb.=	_____
☐	Lead/Battery	_____ lbs.	@ _____	per lb.=	_____
☐	Electric Motors	_____ lbs.	@ _____	per lb.=	_____

Moss
33 Eggert Ave
Metuchen

Total Amount Paid 39.60

Received By _____
Signature

IT IS UNDERSTOOD SELLER IS LAWFUL OWNER OF DESCRIBED MATERIAL FOR WHICH FULL VALUE IS RECEIVED. IT IS UNDERSTOOD ALL CFC's AND HAZARDOUS MATERIAL HAVE BEEN PROPERLY REMOVED FROM MATERIAL.

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 01/25/22
Control #
Permit # 22-0044

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 192 Lot 3 Qual
Work Site Location 33 EGGERT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant MOSS, SANDRA
Address 33 EGGERT AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor AAA ALL SERVICE INC.
Address 1606 ROUTE 27
EDISON, NJ 08817-
Telephone (732)985-4428 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 8329
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:

WATER HEATER

[ ] 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. 397
Collected by: SH

Construction Official

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

Mechanical
~~PLUMBING~~ SUBCODE
TECHNICAL SECTION

Date Received Control # 11/29/21

Date Issued 1/24/22
Permit # 220044

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave
Metuchen NJ 08840

Owner in Fee: Sandra Moss

Tel. ([redacted] e-mail

Address 33 Eggert Ave Metuchen 08840
street municipality zip code

Contractor: AAA All Service, Inc Tel. (732) 985-4428

Address 11606 Rt. 27, Edison e-mail KensPlumbing11606@gmail.com

Contractor License No. 8329 Exp. Date

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

Federal Emp. ID No. 26-3407741 FAX: (732) 985-7866

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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/14/21
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/14/21
Approved by: B-LAMARCA

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			12/14/21	BL

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Heater, Compliance

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	
1	Water Heater	77
	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	
	Other	
	Other	

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/6/22
Control #
Date Issued 10/27/22
Permit # 22-0809

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave

Owner in Fee: Flannery

Tel. [redacted] e-mail

Address

street municipality zip code

Contractor: First Choice Heating & Cooling Tel. (732) 906.9111

Address 120 Liberty St. e-mail vanessa@fccomfort.com

Metuchen, NJ 08840

Contractor License No. or Builder Registration No. 19HC00066100 Exp. Date

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

Federal Emp. ID No. 27-2174008 FAX: (732) 906.9117

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (*circle one*) Proposed: R-3, R-4 or R-5 (*circle one*)

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 6400

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.

Sign here:

Print Name here: Edward Iarrapino

[ ] LICENSED HVACR CONTRACTOR

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

oil to gas Conversion
install gas piping
Replace furnace

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[✓] Mechanical Plans Approved

Date: 10/9/22 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire

[ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/9/22

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initials
Gas Piping	Rel		11/30/22	
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

DATES

12-20-22 no-charge

NO.	FIXTURE/EQUIPMENT	FEE (OFFICE USE ONLY)
	Water Heater	$
	Fuel Oil Piping Connections	
1	Gas Piping Connections	75
	Steam Boiler	
1	Hot Water Boiler	75
	Hot Air Furnace	
	Oil Tank	75
	LPG Tank	
	Fireplace	
	Other	

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

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

UCC F145
Reorder: Colornet LLC
(856) 393-2940
ebollinger@colornetinc.com

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/6/22 3
Control #
Date Issued 10/27/22
Permit # 22-0809

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave

Owner in Fee: Flannery

Tel. ([redacted] e-mail

Address
street municipality zip code

Contractor: First Choice Heating & Cooling Tel. (732) 906.9111

Address 120 Liberty St. e-mail alyssa@fccomfort.com

Metuchen, NJ 08840

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

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

Fire Alarm Contractor No. 19HC00066100 Exp. Date

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

Federal Emp. ID No. 27-2174008 FAX: (732) 906.9119

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 $ 160 —

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:

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 sign/Contractor sign and seal here:

Print name here: Edward Iarrapino

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

DESCRIPTION OF WORK: oil to gas conversion

Water Supply Source Furnace Replacement

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	1	75 —
Fireplace Venting/Metal Chimney		
Other Furnace		
		Administrative Surcharge $
		Minimum Fee $
		State Permit Surcharge Fee $
		TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required Spec's

[ ] Partial - Underslab Utilities Approved

Date: 10/8/22 Approved by: KL

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/9/22

Approved by: B. Hoffman

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

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				
Flam/Combust Tanks				
Fireplace Venting				
Final ONS Furnace			12/20/22	
Other				

Reorder Forms at:
Colornet LLC
(856) 393-2940

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/6/22
Control #
Date Issued 10/27/22
Permit # 22-0809

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave

Owner in Fee: Flannery

Tel. ([redacted] e-mail

Address
street municipality zip code

Contractor: First Choice Heating & Cooling Tel. (732) 906.9111

Address 120 Liberty St. e-mail vanessa@fccomfort.com
Metuchen, NJ 08840

Contractor License No. 19HC00066100 Exp. Date

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

Federal Emp. ID No. 27-2174008 FAX: (732) 906.9117

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/6/22

Approved by: D

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12/20/22

Approved by: D

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/20/22	PB
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 sign/Contractor sign and seal here:

Print name here: Edward Iarrapino

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 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	75
		HP Garbage Disposal	
		KW Central A/C Unit	75
		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		furnace	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/15/24
Control #
Date Issued 5/22/24
Permit # 24-0335

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave. Metuchen

Owner in Fee: Sandra Flannery

Tel. [redacted] e-mail

Address 33 Eggert Ave (street) Metuchen (municipality) 08840 (zip code)

Contractor: Vinci Contracting LLC Tel. 848 200 5525

Address 138 Leuger St. Piscataway NJ 08854 e-mail Sam@vincicontracting.com

Contractor License No. or Builder Registration No. 13VH09472200 Exp. Date 3/31/26

Federal Emp. ID No. 81-3865218 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 Sam Vinci

Print name here: Sam Vinci

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Kitchen Renovation New Cabnts; Floors, & Counters

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 5/16/24
- [ ] Footing/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 5/16/24

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing			5/28/24	
Footing Bonding				
Foundation				
Slab				
Frame			5/28/24	
Truss Sys./Bracing				
Barrier-Free				
Insulation			5/28/24	
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [X] 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)

$ 450

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

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

If Industrialized Building:

Height of Structure _____ Ft.

Area — Largest Floor _____ Sq. Ft. State Approved _____ HUD _____

Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ Sq. Ft. 1. New Bldg. $ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation $ 15,000

Max. Live Load _____ 3. Total (1+2) $ 15,000

Max Occupancy Load _____

UCC/F-110
(rev. 11/09)
Professional Printing
(856) 468-7933

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5/15/24
Control #

Date Issued 5/22/24
Permit # 24-0335

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave. Metuchen

Owner in Fee: Sandra Flannery

Tel. (540) 4000 6514 e-mail

Address 33 Eggert Ave. (street) Metuchen (municipality) 08840 (zip code)

Contractor: Vinci Plumbing LLC Tel. (732) 742 3136

Address 138 Leggar St. Piscataway NJ 08854 e-mail Vinci.plumbingllc@gmail.com

Contractor License No. 12938 Exp. Date 6/30/25

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

Federal Emp. ID No. 86-3172700 FAX: ( )

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 $ 3,500

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 Harm

Print name here: Ryan Harmon

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Kitchen Renovation

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	20
1	Dishwasher	20
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	75
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	110
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 5/16/24 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/16/24
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5/28/24	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/15/24
Control #
Date Issued 5/22/24
Permit # 24-0335

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

Block 192 Lot 3 Qualification Code

Work Site Location 33 Eggert Ave. Metuchen

Owner in Fee: Sandra Flannery

Tel. [redacted] e-mail

Address 33 Eggert Ave. Metuchen 08840
(street) municipality zip code

Contractor: JAB Electric (908) 403-3768

Address 35 Phillips Blvd e-n
Edison NJ 08837

Contractor License No. 16621 Exp. Date 3/27

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

Federal Emp. ID No. 27 0252477 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 5/21/24 Approved by: (W)

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

SUBCODE APPROVAL for PERMIT
Date: 5/21/24
Approved by: (W)

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			5/29/24	PG
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 sign/Contractor sign and seal here: Joseph A Brancato

Print name here: Joseph A Brancato

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Kitchen Reno

QTY.	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
13		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP HOOD	10
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
(28)		TOTAL NUMBERS	$ 150
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1		KW Oven/Surface Unit MICRO	75
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	75
1		KW Dishwasher	
1		HP Garbage Disposal	75
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	385
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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