



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 143.C2 Lot 1 Qualification Code _____
Work Site Location Metuchen
Owner in Fee: Greg Symber
Tel: [REDACTED] e-mail: [REDACTED]
Address Same
Contractor: Spangle Brothers municipality 732 770 5004 zip code
Address 1283 Terrace St e-mail: spanglebrothers
Rahway NJ 07065 @comcast.net
Contractor License No. 194C00750300 Exp. Date 6/30/24
Home Improvement Contractor Registration No. or Exemption Reason 13VH02159700
Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3 or R-5

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 \$ 15,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☒ Mechanical Plans Approved

Date: 8/10/23

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

Date: 8/10/23

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

Date: 8/10/23

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

Date: 8/10/23

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

Date: 8/10/23

Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

Date: 8/10/23

Approved by: [Signature]

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.

Applicant sign/Contractor sign and seal here:

Print name here: Marty Spangle

D. TECHNICAL SITE DATA

[] Exempt Applicant

DESCRIPTION OF WORK

INSTANT MANSUBISHI 4 ZONE DUCTRESS AC

NO.

FIXTURE/EQUIPMENT

Water Heater
Fuel Oil Piping Connections
Gas Piping Connections
Steam Boiler
Hot Water Boiler
Hot Air Furnace
Oil Tank
LPG Tank
Fireplace
Generator
Other

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 143.02 Lot 11 Qualification Code _____
Work Site Location 117 Spring St Metuchen
Owner In Fee: GREG SYMBER e-mail _____
Tel: _____

Address Same Municipality _____ Zip code 732 770 5004
Contractor: Spangle Brothers Tel. _____
Address 283 Terrace St e-mail Spanglebrothers
Rahway NJ 07065 Comcast.net
Contractor License No. 194C00750300 Exp. Date 6/30/24
Home Improvement Contractor Registration No. or Exemption Reason 13402159700
Federal Emp. ID No. _____ FAX: 3/31/24

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 \$ 100

JOB SUMMARY (Office Use Only)		DATES (Monthly/Day)	
PLAN REVIEW	INSPECTIONS	Failure	Approval
☒ No Plans Required	Type: _____	_____	_____
☒ Partial - Underslab Utilities Approved	Slab	_____	_____
Date: <u>8/6/24</u> Approved by: _____	Rough	_____	_____
☒ Plumbing Plans Approved	Water	_____	_____
Date: _____ Approved by: _____	Sewer	_____	_____
Joint Plan Review Required:	Fixtures	_____	_____
☒ Bldg. ☒ Elec. ☒ Fire. ☒ Elev.	Gas Equipment	_____	_____
SUBCODE APPROVAL for PERMIT			
Date: _____	Gas Piping	_____	_____
Approved by: _____	LP Gas Tank	_____	_____
SUBCODE APPROVAL for CERTIFICATE			
☒ CO ☒ CCO ☒ CA	Fuel Oil Piping	_____	_____
Date: _____	Solar	_____	_____
Approved by: _____	TCO	_____	_____
Final			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____
Print name here: Marty Spangle [] Licensed Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK MITSUBISHI DUCTLESS AC
Run 4 5/8" condensate Lines to
OUTSIDE GROUND

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

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



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 143.02 Lot 117 Spring St Qualification Code _____

Work Site Location Metuchen

Owner in Fee: Careq Syner e-mail [redacted]

Tel. [redacted]

Address Same

Contractor: Curry Electrical Co. Tel. 732 267 4061 zip code 08854

Address 3185 Gateway Road e-mail [redacted]

Manchester, NJ 08759

Contractor License No. 17747 Exp. Date 3/31/24

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

Federal Emp. ID No. 464070437 FAX: () _____

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

[X] No Plans Required

[] Partial - Under slab Utilities Approved.

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL FOR PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Date of Grounding and Bonding

Certification _____

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 _____

Approval _____

Initial _____

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:

Print name here:

[] Licensed Electrical Contractor

[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Hook up HTF Substation Ductless

220V 25 AMP

QTY. SIZE ITEMS

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 Motor/Space Heater/Air Handler _____

KW Baseboard Heat _____

HP Motors 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



BOROUGH OF METUCHEN

MIDDLESEX COUNTY

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

ZONING PERMIT APPLICATION

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

Permit #	223-297
Received	8-1-23
Issued	8-1-23
Payment	101
Amount	\$25

1. Location

Street Address 117 Spring St
Block 143.02 Lot 11 Zone R-2

2. Applicant

Name Greg Symber Phone [REDACTED]
Street Address 117 Spring St. Fax [REDACTED]
City / State Metuchen, NJ Zip 08840 Email [REDACTED]

3. Owner (if other than Applicant)

Name Same as above Phone [REDACTED]
Street Address [REDACTED] Fax [REDACTED]
City / State [REDACTED] Zip [REDACTED] Email [REDACTED]

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 [REDACTED]

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 MITSUBISHI DUCTLESS A/C

6. Describe Proposed Work or New Use

MITSUBISHI (A/C) UNIT (NEW) 37" x 15", 6" FROM WALL
MITSUBISHI DUCTLESS 4 ZONE

7. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Floor Area to be Occupied	<u>[REDACTED]</u>	<u>[REDACTED]</u>
On-Site Parking Spaces	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Off-Site Parking Space	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Numbers of Employees	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Days & Hours of Operation	<u>[REDACTED]</u>	<u>[REDACTED]</u>

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 ^x Greg Symber Date ^x 7-26-23
Signature ^x [Signature]

Location

Address 117 Spring Street Permit Z23-297
Block 143.02 Lot 11 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	
<i>Type of Approval</i>	<i>Ordinance Reference</i>
☐ "c" Variance	
☐ "d" Variance	
☐ Conditional Use Approval	
☐ Minor/Major Site plan	
☐ Minor/Major Subdivision	

Zoning Permit is: ☒ Approved ☐ Denied

Comments

- 1.0 Proposed mini-split A/C condenser unit to be located in the right side yard area of the existing detached single-family dwelling, shall comply with §110-112.6 of the Metuchen Land Development Ordinance (MLDO).
1.1 Proposed unit shall not be located in the primary front yard area and be at least 3'-0" from the side and rear lot lines; if located in the secondary front yard area, unit shall be at least 15'-0" from the front lot line along the secondary street.
1.2 Proposed unit shall be buffered & screened with landscaping and/or decorative fencing.
1.3 Proposed unit shall comply with §110-98 of the MLDO; unit shall not become a nuisance for sound or vibration.
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 notify the Zoning Official when all proposed improvement(s) have been completed for a final inspection.
5.0 Applicant shall maintain all proposed improvement(s) and all other aspects of the property at all times.

Initial Approval

Zoning Officer's Signature

Date

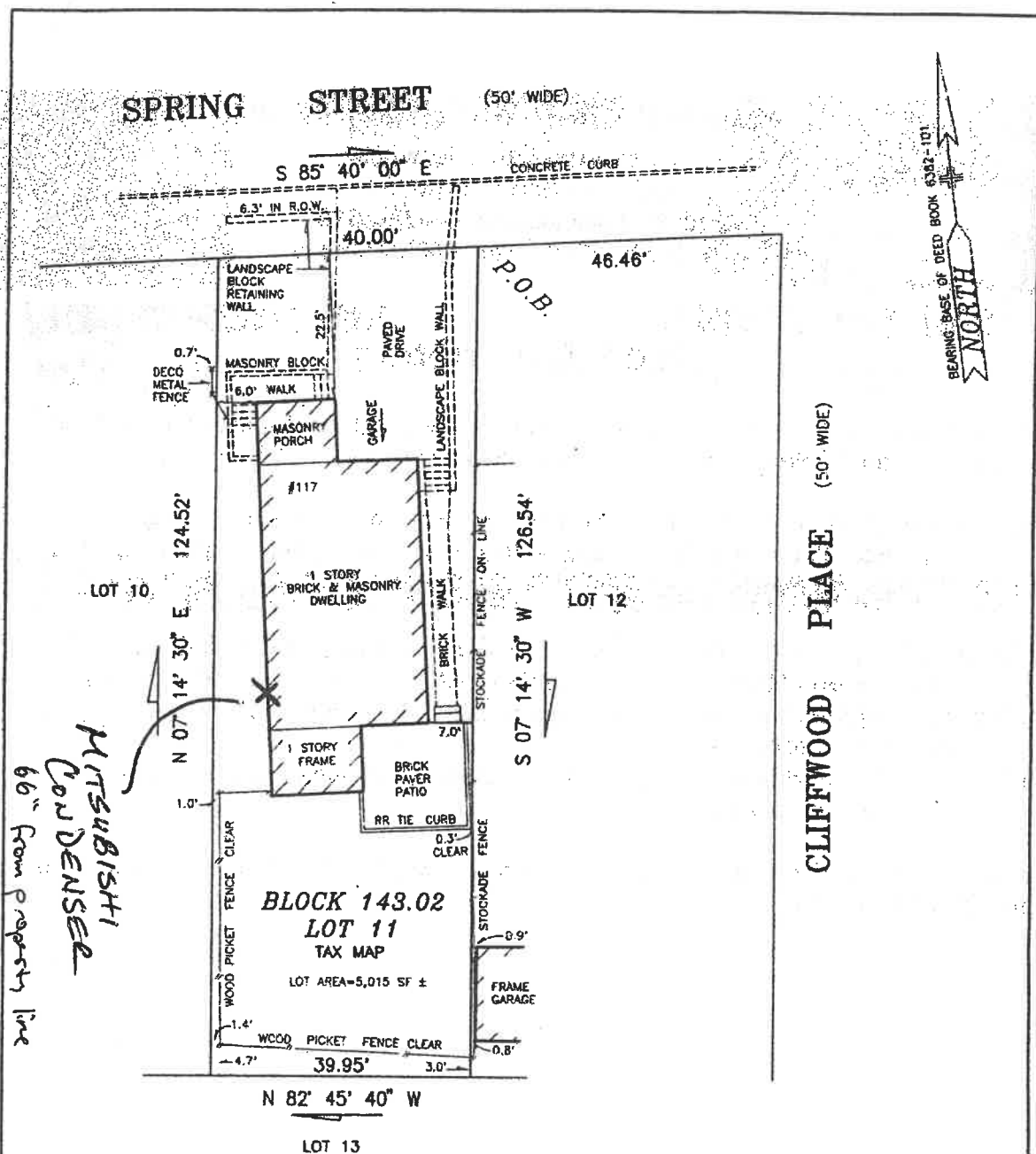
8-1-2023

Final Approval

Zoning Officer's Signature

Date

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



- NOTES:
- 1) THIS SURVEY IS A REPRESENTATION OF CONDITIONS EXISTING ON THE PROPERTY EXCEPT SUCH EASEMENTS AND ENCROACHMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LAND OR NOT VISIBLE ON THE SURFACE OF THE LAND OR IN DOCUMENTATION SUPPLIED AT THE TIME OF THE SURVEY.
 - 2) THIS SURVEY IS MADE ONLY TO THE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE OF DELINEATED PROPERTY BY NAMED PURCHASER.
 - 3) NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE SURVEYOR FOR USE OF SURVEY FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY ADJUDICATION, RESALE OF PROPERTY, CONSTRUCTION, OR ANY OTHER PERSON NOT NAMED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.
 - 4) A WRITTEN WAIVER AND DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO P.L. 2003, c14 (S45.8-36.3) AND N.J.A.C. 13:40-5.1(e).

CERTIFIED TO:

GREG R. SYMBER AND MARIAM Y. SYMBER,
HUSBAND AND WIFE;
CHICAGO TITLE INSURANCE COMPANY;
BROAD STREET TITLE AGENCY, LLC (B1183);
LOANDEPOT.COM, LLC, D/B/A MORTGAGE MASTER,
SAGA/ATIMA;
GUBERMAN, BENSON & CALISE, LLC,
BARRY GUBERMAN, ESQ.

JUNE 20, 2016
SCALE: 1"=20'
JOB 26177
FB176-26

**SURVEY OF PROPERTY AT
117 SPRING STREET
BOROUGH OF METUCHEN
MIDDLESEX COUNTY, NEW JERSEY**

PREPARED FOR: GREG R. & MARIAM Y. SYMBER

DOMINICK J. VENDITTO, III

N.J. LIC. PROFESSIONAL LAND SURVEYOR #30093
626 FERNWOOD TERRACE, LINDEN, NJ 07036
908-925-8828 FAX 908-925-8829