State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
OFFICE OF LOCAL & STATE CODE INSPECTIONS
SOUTHERN REGIONAL OFFICE
852 WHITEHORSE PIKE
HAMMONTON, NJ 08037

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

February 24, 2021

Tara Edwards
Jamesburg, NJ 08831

RE: OPRA Request C169022

Dear Ms. Edwards,

The Office of State and Local Code Inspections, Southern Regional Office, Division of Codes and Standards, Department of Community Affairs, is in receipt of your request for records under the Open Public Records Act (OPRA), regarding construction permits for the Boro of Jamesburg.

In OPRA request tracking number C169022, information was requested for all open and closed permits for:

- 22 West Railroad Avenue
  Block 43, Lot 8.01
  Jamesburg, NJ 08831

- A thorough search conducted of our records discovered:
- Permit JB 088-02 containing one (1) building permit, one (1) electrical permit issued to the property owner on 06/05/2002 and closed on 02/06/2003.
- Permit JB 017-02 containing one (1) building permit, one (1) electrical permit, one (1) fire permit, one (1) plumbing permit issued to the property owner on 01/30/2002 and closed on 02/20/2002.
- Permit JB 20-08042 containing one (1) plumbing permit issued to the property owner on 03/04/2020 and closed on 03/11/2020.
- Permit JB 19-08020 containing one (1) plumbing permit issued to the property owner on 02/11/2019 and closed on 02/20/2019.
- Permit JB 17-08279 issued to the property owner on 12/27/2017 and closed on 07/20/2018.
- Permit JB 16-08138 containing one (1) electrical permit issued to the property owner on 08/24/2016 and closed on 09/16/2016.

- Permit JB 16-08075 containing one (1) electrical permit issued to the property owner on 05/25/2016 and closed on 06/09/2016.
- Permit JB 14-08092 containing one (1) fire permit issued to the property owner on 06/23/2014 and remains active.
- Permit JB 11-08060 containing one (1) electrical permit issued to the property owner on 05/09/2011 and closed on 05/19/2011.
- Permit JB 06-08135 containing one (1) electrical permit issued to the property owner on 08/02/2006 and closed on 08/18/2006.

Copies of these permits are provided for your review. There are no construction code violations on the above property per the attached print-out.

OPRA request C169022 is hereby deemed to be closed. Please do not hesitate to contact me if you have any questions.

Sincerely,

Kimberly Brodzik
OPRA Custodian
Office of Local & State Code Inspections
Southern Regional Office

BLOCK 43 LOT 8.01 QUALIFICATION CODE _____ ADDRESS (SITE) 22 W. RAILROAD AVE PERMIT NO. JB088102

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 22 W. RAILROAD AVE, JAMESBURG NJ 08831
2. Name of Owner in Fee: PAUL GENTILE c/o GREAT DANES OF AMERICA Tel. (732) 656-0768
   Address 22 W. RAILROAD AVE (street) JAMESBURG (municipality) 08831 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: MR. SIGN Tel. (732) 254-8818
   Address 2800 RT 18 NO EAST BRUNSWICK, NJ 08816
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	127.00		
2. Electrical			
3. Plumbing			
4. Fire Protection	Emailed to		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review	N/A		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

B
E
COMP

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

Sign

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					5.13.02	FP			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: store
2. Use Group: M
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-**1** et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name Paul Gentile

Address 11 Sedgwick

Jamesburg NJ 08831

Telephone (732) 605-0323

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

M-USE
SIGN

CONSTRUCTION PERMIT

Date Issued 6-5-02
Control #
Permit # JB-08802

IDENTIFICATION Block 43 Lot 8.01
Work Site Location 22 W RAILROAD AVE
JAMESBURG NJ 08831
Owner in Fee PAUL CAMPO C/O LANDMARK OF JAMESBURG
Address 11 SADDLE CT
JAMESBURG NJ 08831
Tel. (732) 605-0275

Contractor MR SIGN
Address 290 RT 18 NORTH
EAST BRUNSWICK NJ 08816
Tel. (732) 254-8818
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 22-2942690

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL ILLUMINATED 2X10 SIGN BOX
ON FRONT OF BUILDING

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 1500

Construction Official

6/5/02
Date

PAYMENTS (Office Use Only)

Building	24
Electrical	36
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occupancy	
Other	
Total	62
Check No.	1162
Cash	
Collected by	MP

(see reverse side)

U.C.C. F170
(rev. 3/95)
1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-5-02.
Date Issued
Control #
Permit # JB 088-02.

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

Block 43 Lot 8.01
Work Site Location 22 W. RAIL ROAD AVE
JAMESBURG NJ 08831
Owner in Fee PAUL GENTILE C/O GREAT DEALS OF AMERICA
Address 22 W RAILROAD AVE
JAMESBURG NJ 08831
Tele. (732) 605-0328
Contractor ME SIGN
Address 280 RT 1 R
EAST BRUNSWICK, NJ 08816
Tele. (732) 254-8818 Fax (732) 254-1286
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2942690

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
INSTALL ILLUMINATED 2x10 SIGN BOX ON FRONT OF BUILDING.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	6/5/02	MR
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by: MR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6/5/02	MR
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5-B 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 $ 1250
3. Total (1+ 2) $

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

FEE (Office Use Only)
$ 24

Administrative Surcharge	$	24
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6-5-02
Date Issued
Control #
Permit # JB-088-02

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

Block 43 Lot 8.01
Work Site Location 22 W. RAILROAD AVE
JAMESBURG, NJ 08831
Owner in Fee/Occupant PAUL GENTILE C/O GREAT DEALS OF AMERICA
Address 11 Sandwich ct
JAMESBURG, NJ 08831
Tele. (732) 605-0323
Contractor Electrical Edge, Inc.
Address 42 Davison ave.
Jamesburg NJ 08831.
Tele. (732) 521-7700 Fax (732) 521-3896
Lic. No. 15423
Federal Emp. No. 223-481-510-000

B. ELECTRICAL CHARACTERISTICS

Use Group Present: _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 250 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 5-30-02
Approved by: JR

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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	
1	1200	KW Elec. Sign/Outline Light	36
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	36
DCA Training Fee	$	
TOTAL FEE	$	

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6.5.02
Date Issued
Control #
Permit # FB 1088-02

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

Block 8.01 Lot
Work Site Location 72 W. Parkroad
Owner in Fee/Occupant
Address
Tele. ( ) Fax ( )
Contractor
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-11	BC

Dates (Month/Day)

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-11-02
Approved by: B. Orrge

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

VISUAL ONLY

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of the 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

[ ] Lic. Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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 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
1	100	AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

	$
	36

Administrative Surcharge	$
Minimum Fee	$ 36
DCA Training Fee	$
TOTAL FEE	$

UCC-P120 (rev. 3/98)

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

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CERTIFICATE

1208 - JAMESBURG BORO

Date Issued: 02/06/2003
Permit # 088-02
Certificate: 088-02.1

IDENTIFICATION

Block 43 Lot 8.01 Qualifier

Work Site Location 22 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831

Owner in Fee PAUL GENTICE
Address 22 W RAILROAD AVENUE
,

Telephone
Contractor HOMEOWNER
Address

Telephone FAX
Lic No/Bldrs Reg No. Fed. Emp. No.

Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/M
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use

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 the 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 will be

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 $0.00
Paid [$0.00] Check No.
Collected by:

CONSTRUCTION OFFICIAL

BLOCK 43 LOT 8.01 QUALIFICATION CODE ______ ADDRESS (SITE) 22 WEST RR. Avenue PERMIT NO. JB-017-02

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Propsed Work Site at: 22 W. RAILROAD AVENUE JAMESBURG NJ
2. Name of Owner in Fee: MR PAUL GENTILE c/o GREAT DEALS OF AVENUE Tel. (732) 605-0323
   Address 11 SEDGWICK STR JAMESBURG 08831 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: MR PAUL GENTILE Tel. (732) 605-0323
   Address 11 SEDGEWICK STR JAMESBURG NJ 08831
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. ______ FAX: ( )
5. Architect or Engineer ROCCO M VERDEROSA Tel. (732) 257-0881
   Address 60 Central Ave EB. NJ 08816
6. Responsible Person in Charge of Work PAUL GENTILE
   Tel. (732) 605-0323 FAX ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2/20/02		
2. Electrical			
3. Plumbing			
4. Fire Protection	Closed to		
5. Elevator Devices			
6. Subtotal	$ State (initials)		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories: one (+attic)
2. Height of Structure: 20' ft.
3. Area — Largest Floor: 1868 sq. ft.
4. New Building Area: 0 sq. ft.
5. Volume of New Structure: 0 cu. ft.
6. Construction Classification:
7. Total Land Area Disturbed: N/A sq. ft.
8. Flood Hazard Zone: N/A
9. Base Flood Elevation: N/A ft.
10. Wetlands yes N/A no N/A
11. Max. Live Load:
12. Max. Occupancy Load: 10

Change of use.

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work	1,000								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					1-28-02	(initials)			
6. ☑ Plumbing				1-14-02		DM	1-25-02		DM
7. ☐ Electrical					1-23-02	(initials)			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

The "Plans Rec'd by" through second "Re-viewer" columns are headed "OPTIONAL (for office use only)".

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ______
After Construction ______
Net Gain or Loss ______

B. NON-RESIDENTIAL

1. State Specific Use: dollar store
2. Use Group: M (initials)
3. Change in Use Group, Indicate Former: M-3 → M. (initials)

12/26/01 - copies of ① 5:23-2.15 - given to owner
① 1-page (Exhibit "Change of use (?)")

IN office 1-14-02 (initials)

B P F E

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (✓) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (✓) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature [signature] Date 1/13/02

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name MR Paul GENTILE

Address 11 SEDGEWICK STR

Jamesburg NJ 08831

Telephone (732) 605-0323

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-30-02
Date Issued
Control #
Permit # 18-017.02

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

Block 75 Lot 2.01

Work Site Location 22 W RAILROAD AVE
JAMESBURG NJ 08831

Owner in Fee PAUL GENTILE & CHILDREN OF MARCH INC

Address 11 SEDGWICK ST
JAMESBURG NJ 08831

Tele. (732) 605-0323

Contractor PAUL GENTILE (TENANT)

Address 11 SEDGWICK ST
JAMESBURG NJ 08831

Tele. (732) 605-0323 Fax ( ) ____

Lic. No. or Bldrs. Reg. No. ____

Federal Emp. No. ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SLATWALL (C LINEAR FT
8'6" HIGH FIRST FLOOR
FACIA AREA
+ CHANGE OF USE FROM
RESTAURANT TO MERCANTILE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	____	____
[X] All	1-30-02	
[ ] Footing	____	____
[ ] Foundation	____	____
[ ] Frame	____	____
[ ] Other	____	____

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	____	____	____	____
Foundation	____	____	____	____
Slab	____	____	____	____
Frame	____	____	____	____
Barrier-Free	____	____	____	____
Insulation	____	____	____	____
Finishes	____	____	____	____
Energy	____	____	____	____
Mechanical	____	____	____	____
TCO	____	____	____	____
Other	____	____	____	____
Final	X	____	1-30-02	
Barrier-Free	____	____	____	____

B. BUILDING CHARACTERISTICS

Use Group Present A-3 Proposed M
Constr. Class Present ____ Proposed ____
No. of Stories ONE (1) STORY
Height of Structure 20' Ft.
Area — Largest Floor 1528 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 $ 1000
3. Total (1+ 2) $ 1000

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

FEE (Office Use Only)

$	____
	____
	24
	____
	____
	____
	____
	____
	____
	____
	____
	____
Administrative Surcharge $	____
Minimum Fee $	70
DCA Training Fee $	10
TOTAL FEE $	____

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1-30-02
Date Issued
Control #
Permit # JB-017.02

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

Block 413 Lot 8.01
Work Site Location 22 W. Railroad Ave
Tuckerton, NJ 08831
Owner in Fee/Occupant [illegible] c/o [illegible]
Address [illegible] St
[illegible], NJ 08831
Tele. (732) 605-0323
Contractor [illegible] (Tenant)
Address [illegible] St
[illegible], NJ 08831
Tele. (732) 605-0323 Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS
Use Group Present A-3 Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
? Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 1-29-02
Approved by: B. Chase

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-1	BC

Dates (Month/Day)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 2-1-02
Approved by: B. Chase

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
[ ] Lic. Electrical Contractor [ ] Exempt Applicant

Minimum of final inspection because of change of use group

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	$ No Fee
		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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

UCC F120 (rev 3/98)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1-30-02
Date Issued
Control #
Permit # FB-017-02

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

Block 43 Lot 8.01
Work Site Location 22 W. Kohl Ponds Ave
Somerville, NJ 08831
Owner in Fee Paul Gentile To Cinemas 88 of America Inc
Address 11 Sedgwick St. Somerville, NJ 08831
Tele. (732) 605-0823
Contractor Paul Gentile (Tenant)
Address 11 Sedgwick St
Somerville, NJ 08831
Tele. (732) 605-0823
Lic. No.
Federal Emp. No. or Social Security No. 222-01-4224

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed M.
Constr. Class 2 Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] NO Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 1-28-02
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 2-4-02
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Complete
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Minimum of final inspection to be performed prior to change of use

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Co
3 Pink = Office Copy 4 Gold = Applicant Co

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1-30-02
Date Issued
Control #
Permit # 08-017.02

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

Block 273 Lot 201
Work Site Location 22 W. RAILROAD AVE TAMESBURG, MD 05821
Owner in Fee TAMESBURG BOARD OF EDUCATION OF PUBLIC INC
Address 11 SPRUCE ST TAMESBURG MD 05821
Tele. (301) 455-0323
Contractor PAUL CASTILE (INTERMIT)
Address 1 CEDAR ST TAMESBURG MD 05821
Tele. (301) 455-0323
Lic. No.
Federal Emp. No. _____ or Social Security No. 012-44-1234

B. PLUMBING CHARACTERISTICS

Use Group Present A-3 Proposed M
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 1-25-02
Approved by: D.M.L.
Field Inspection

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: D.M.L.
Date: 2-6-02

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO FINAL		2-1-02		D.M.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 and perform the work listed on this application.

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

- Minimum 1 Final Inspection required for Change of Use.

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

DATE	JOB CONDITION/COMMENTS
2-1-02	IN BASEMENT OPEN SANITARY PIPE NEEDS TO BE DEMO BACK TO BUILDING DRAIN. ALSO DEMO ADDED VENT.
2-4-02	ALAN DID FOLLOW UP INSPECTION. HE STATED ALL CONDITION ARE FIXED.

NEW JERSEY Uniform Construction Code

For Information Call: _____

Permit No. UB-017-02

APPROVAL FOR

~~BUILDING~~ Plumbing

		Date	Inspector
[ ]	Footing		
[ ]	Foundation		
[ ]	Frame		
[ ]	Insulation		
[ ]	Mechanical		
[ ]	Other _____		
[ ]	Other _____		
[✓]	Final	2/4/02	[illegible]

U.C.C. F221 (rev. 3/96)

as per Davis Red Stick

CERTIFICATE

Date Issued 2/4/02
Control #
Permit # TB-017-02

IDENTIFICATION

Block 43 Lot 801
Work Site Location 22 W. Railroad Ave.
Jamesburg NJ 08831
Owner in Fee/Occupant Neil Gentile
Address 11 Sedgewick St.
Jamesburg, NJ 08831
Tele. (732) 521 0373
Contractor Gentile
Address 11 Sedgewick St.
Jamesburg NJ 08831
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

M-use group:
(dollar store)

☐ **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:

CONSTRUCTION OFFICIAL

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

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

M. USE.

CONSTRUCTION PERMIT

Date Issued 1-30-02.
Control #
Permit # JB-017.02

IDENTIFICATION Block 43 Lot 8.01

Work Site Location 22 W. RAILROAD AVE JAMESBURG NJ 08831

Owner in Fee MR. PAUL GENTILE % GREAT DEALS OF ARCHIT

Address 11 Sedgwick ST JAMESBURG, NJ 08831

Tele. (732) 605-0323

Contractor PAUL GENTILE (TENANT)

Address 11 SEDGWICK ST JAMESBURG, NJ 08831

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No. 062-64-4224

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

SEATWALL 60 Linear FT 8'-6" HIGH First Floor FRONT AREA + CHANGE OF USE FROM RESTAURANT TO MERCANTILE

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 1000

M. McMenamin
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	24
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	120
Other	
Total	145-
Check No.	651
Cash	
Collected By:	MM

(see reverse side)

U.C.C. Form F-170A

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 1-30-02.
Date Issued
Control #
Permit # JB-017102.

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

Block 43 Lot 8.01
Work Site Location 22 W. RAILROAD AVE
JAMESBURG, NJ 08831
Owner in Fee PAUL GENTILE c/o GREAT DEALS OF AMERICA, INC
Address 11 Sedgwick ST, JAMESBURG, NJ 08831

Tele. (732) 605-0323
Contractor PAUL GENTILE (TENANT)
Address 11 Sedgwick ST
JAMESBURG, NJ 08831
Tele. (732) 605-0323
Lic. No.
Federal Emp. No. or Social Security No. 062-64-4224

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present A-3 Proposed M.
Occup. Class 7 Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Does Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date 1-28-02
Reviewed by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Minimum of Final Inspection to be performed for CHANGE of USE

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

UCC Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1-30-02
Date Issued
Control #
Permit # JB-017.02

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

Block 43 Lot 8.01
Work Site Location 22 W. RAILROAD AVE
JAMESBURG, NJ 08831
Owner in Fee PAUL LENTILE C/O GIANT DEALS OF AMERICA INC
Address 11 SEDGWICK ST, JAMESBURG NJ 08831
Tele. (732) 605 0323
Contractor PAUL LENTILE (TENANT)
Address 11 SEDGWICK ST, JAMESBURG NJ 08831
Tele. (732) 605-0323
Lic. No.
Federal Emp. No. or Social Security No. 062-64-4224

B. PLUMBING CHARACTERISTICS

Use Group Present A-3 Proposed M
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 1-25-02
Approved by:
FIELD INSPECTION

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

- MINIMUM of FINAL INSPECTION REQUIRED for CHANGE OF USE

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-1308

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 1-30-02.
Date Issued
Control #
Permit # JB-017-02.

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

Block 43 Lot 8.01
Work Site Location 27 W. RAILROAD AVE
JAMESBURG, NJ 08831
Owner in Fee/Occupant PAUL GENTILE C/O GREAT DEALS OF AMERICA
Address 11 SEDGWICK ST
JAMESBURG, NJ 08831
Tele. (732) 605-0323
Contractor PAUL GENTILE (TENANT)
Address 11 SEDGWICK ST
JAMESBURG NJ 08831
Tele. (732) 605-0323 Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved — field inspect
Date: 1-23-02
Approved by: B. Chase

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		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

FEE (Office Use Only)

$ No Fee

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

Minium of final inspection because of change of use group.

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-30-02.
Date Issued
Control #
Permit # JB-017.02.

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

Block 43 Lot 801
Work Site Location 22 W. RAILROAD AVE
JAMESBURG, NJ 08831
Owner in Fee PAUL GENTILE c/o GIGATOYS OF AMERICA, INC
Address 11 SEDGWICK ST
JAMESBURG, NJ 08831
Tele. (732) 605-0323
Contractor PAUL GENTILE (TENANT)
Address 11 SEDGWICK ST
JAMESBURG, NJ 08831
Tele. (732) 605-0323 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SLATWALL 60 LINEAR FT
8'6" HIGH - FIRST FLOOR, FRONT AREA
+ CHANGE OF USE FROM RESTAURANT TO MERCANTILE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1-30-02	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

[ ] Demolition

FEE (Office Use Only)

$	
	24-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 24
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	A-3	M
Constr. Class		

No. of Stories ONE (+ATTIC)
Height of Structure 20' Ft.
Area — Largest Floor 1568 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 $ 1000
3. Total (1+ 2) $ 1000

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

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

APPLICATION FOR CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 43 Lot 8.01
Work Site Location 22 W. RAILROAD AVE
JAMESBURG, NJ 08831
Owner in Fee PAUL GENTILE % GREATDEALS of AMERICA
Address 11 SEDGWICK ST
JAMESBURG NJ 08831
Tele. (732) 605-0323

Contractor PAUL GENTILE (TENANT)
Address 11 SEDGWICK ST
JAMESBURG, NJ 08831
Tele. (732) 605-0323
Lic. No.
Federal Emp. No.
or Social Security No. 062-64-4224

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP A-3 Previous M Current

FINAL COST OF CONSTRUCTION: $
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
CHANGE OF USE from RESTURANT (A-3), to dollar store (M) USE

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Paul Gentile
☒ Owner
☐ Agent
OWNER/AGENT

U.C.C. Form F-270A

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CERTIFICATE

1208 - JAMESBURG BORO

Date Issued: 02/20/2002
Permit # 017-02
Certificate: 017-02.1

IDENTIFICATION

Block 43 Lot 8.01 Qualifier

Work Site Location 22 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831

Owner in Fee MR. PUAL
Address 11 SEDGWICH ST
,

Telephone
Contractor HOMEOWNER
Address

Telephone FAX
Lic No/Bldrs Reg No. Fed. Emp. No.

Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/M
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use

X **CERTIFICATE OF OCCUPANCY**

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

CERTIFICATE OF APPROVAL

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

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 $120.00
Paid [$0.00] Check No.
Collected by:

CONSTRUCTION OFFICIAL

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CONSTRUCTION PERMIT

Date Issued 03/04/2020
Permit # 20-08042

IDENTIFICATION Block 43 Lot 8.01 Qualifier

Work 1Site	22 WEST RAILROAD AVENUE	Contractor	ART HULSE PLUMBING & HE/
	JAMESBURG, NJ 08831	Address	145 BUCKLEW AVE
Owner in Fee	TOM WEBER		JAMESBURG, NJ 08831
Address	22 WEST RAILROAD AVE	Telephone	(732) 656-3030
	JAMESBURG, NJ 08831	Lic./Reg. No.	36BI00285800
Telephone	(646) 479-6919		

Closed

Is hereby granted permission to perform the following work:

[ ]BUILDING [X]PLUMBING [ ]LEAD HAZARD ABATEMENT
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ]DEMOLITION
[ ]ELEVATOR DEVICES [ ]ASBESTOS ABATEMENT [ ]MECHANICAL

DESCRIPTION OF WORK:
TEST EXISTING GAS PIPING

Closed

V. FEE SUMMARY (Office Only)

1. Building	$0.00
2. Electrical	$0.00
3. Plumbing	$15.00
4. Fire Protection	$0.00
5. Mechanical	$0.00
6. Elevator	$0.00
7. Plan Review	$0.00
8. Subtotal	$15.00
9. DCA State Fee	$1.00
10. Subtotal	$16.00
11. Certificate	$0.00
12. Subtotal	$16.00
13. Exemption	$0.00
TOTAL	$16.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work for Selected Subcode(s) $300

Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the requirements of the Uniform Construction Code.
The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

Closed

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5.23-3.5, "Posting Structures".

A complete copy of released plans must be kept on the job site.

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received: 03/04/2020
Permit No.: 20-08042
Date Issued: 03/04/2020
Version: Base

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

Block 43 Lot 8.01 Qualification Code

Work Site Location 22 WEST RAILROAD AVENUE

Owner in Fee TOM WEBER
Address 22 WEST RAILROAD AVE, JAMESBURG, NJ 08831
Owner Telephone (646) 479-6919 E-mail

Contractor ART HULSE PLUMBING & HEATING
Address 145 BUCKELEW AVE, JAMESBURG, NJ 08831
Telephone (732) 656-3030 E-mail
License No. 36BI00285800 Exp Date 06/30/21
Home Imprv. Reg No.
Exempt Reason: Licensed Trade
Federal Emp ID No. 22-3713743 FAX
Responsible Person
Telephone

Closed

B. PLUMBING CHARACTERISTICS

Code/Use Group: Present ICC B Proposed ICC B
Building Sewer Size: in. Building Sewer:
Water Service Size: in. Water Service:
Estimated Cost of Plumbing Work: $300

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
[ ] Underslab Utilities
[ ] Plumbing Plans
Joint Plan Review Required:
[ ] Building [ ] Electrical [ ] Fire Prot.
[ ] Mechanical [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: March 4, 2020
Approved by: WILLIAM PATTERSON
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCL [X] CA
Date: March 4, 2020
Approved by: WILLIAM D. PATTERSON

CLOSED

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Slab			
Rough			
Water			
Sewer			
Fixtures			
Gas Equipment			
Gas Piping		03/04/20	WDP
LPGas Tank			
Fuel Oil Piping			
Solar			
TCO			
Final		03/04/20	WDP
Periodic Inspection			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TEST EXISTING GAS PIPING

Closed

Qty/Size and/or Cost	Fixture/Equipment	Fee Amount
1	Gas Piping	$15.00
	Administrative Fee	$0.00
	Total Subcode Fee	$15.00
		$15.00

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received: 03/04/2020
Permit No.: 20-08042
Date Issued: 03/04/2020
Version: Base

JOB SUMMARY

INSPECTIONS

Type	Result	Date	Initials	Inspector's Comments
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Other				
Final				
Slab				
Rough				
Rough, Barrier-Free				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	Passed	03/04/20	WDP	
LPGas Tank				
Fuel Oil Piping				
Solar				
Water Heater Bonding Jumper				
Final, Barrier-Free				
TCO				
Other				
Other Inspection -Local Requirement				

Closed

Closed

Closed

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received: 03/04/2020
Permit No.: 20-08042
Date Issued: 03/04/2020
Version: Base

JOB SUMMARY

INSPECTIONS

Type	Result	Date	Initials	Inspector's Comments
Special Inspection -Class I Building				
Periodic Inspection				
Courtesy Inspection				
Final	Passed	03/04/20	WDP	
Underground Storage Tank Pre-Installation				
Underground Storage Tank Installation				
Underground Storage Tank Removal				
Above Ceiling				
Post CO				
Partial Rough				
Swimming Pool Drain				
Compliance Inspection, Notice of Violation				
Compliance Inspection, Unsafe Structure				
Compliance Inspection, Imminent Hazard				
Trench				
Pan Test				

Closed

Closed

Closed

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CERTIFICATE

1208 - JAMESBURG BORO

Date Issued: 03/11/2020
Permit # 20-08042
Certificate: 2008042.1

IDENTIFICATION

Block 43 Lot 8.01 Qualifier

Work Site Location 22 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831

Owner in Fee TOM WEBER
Address 22 WEST RAILROAD AVE
JAMESBURG, NJ 08831

Telephone (646) 479-6919

Contractor ART HULSE PLUMBING & HEATING

Address 145 BUCKELEW AVE
JAMESBURG, NJ 08831

Telephone (732) 656-3030 FAX

Lic No/Bldrs Reg No. 36BI0028580 Fed. Emp. No. 223713743
Licensed Trade

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.

Type of Warranty Plan [ ] State [ ] Private

Use Group ICC/B

Maximum Live Load

Construction Class

Max. Occupancy Load

Description of Work/Use
TEST EXISTING GAS PIPING

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 the 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 will be

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 (0 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 $0.00

Paid [$0.00] Check No.

Collected by:

CONSTRUCTION OFFICIAL

BLOCK 43 LOT 8.04 QUALIFICATION CODE (TA) ADDRESS (SITE) 22 W. Railroad PERMIT NO. JB-19-08020

CONSTRUCTION PERMIT APPLICATION

GAS TEST

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 22 West Railroad
2. Name of Owner in Fee: Kathryn Spina
   Tel. (718) 490-0104 e-mail
   Address 5 (street) Jamaica (municipality) 08231 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Art Hedge Plumbing & Heating Tel. (732) 608-3030
   Address 141 Buckingham Dr e-mail
   Jamesburg, NJ 08831
   License No. OR, if new home, Builder Reg. No. 2858 Exp. Date 6/19
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) HIC Plumber
   Federal Emp. ID No. 22-3713743 FAX: (732) 606-0010
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun RAUL
   Tel. (718) 490-0104 FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	15-		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	1		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 16.00		

TG

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

N/A

IIa. PROPOSED WORK

- [X] Minor Work
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[ ] Building									
[ ] Electrical									
[x] Plumbing	150				2-1-19	WP			
[ ] Fire Protection									
[ ] Elevator									
TOTAL COST	150								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: Mixed Use
2. Use Group, Proposed: B/R-5
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____
Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. [ ] Partial Releases
2. [ ] Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. [ ] Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. [ ] High Pressure Boilers
3. [ ] Pressure Vessels
4. [ ] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
7. [ ] Sprinklers/Standpipes
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LPGas Tanks
12. [ ] Fire Alarm

Check 2/20/19 MB

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X Check if contractor.

Agent Name Art Hulse

Address 115 Bullock Ave
Jamesburg, NJ 08831

Telephone (732) 656-3050

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

MIXED USE
B/R-5

CONSTRUCTION PERMIT

Date Issued 2/11/19

Permit # JB-19-08020

IDENTIFICATION Block 43 Lot 8.01 Qualification Code

Work Site Location 22 WEST RAILROAD AVE. JAMESBURG, NJ.

Owner in Fee SEPTAK

Address SAME.

Tel. 718 490-0104

Contractor ART HULSE PLG & HTG

Address 145 Buckelew Ave JAMESBURG, NJ.

Tel. 732 656-0080

Lic. No. or Bldrs. Reg. No. 2858

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

GAS PIPE TEST

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 150.00

Daniel McGuy
Construction Official

2/11/19
Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 15-

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 1

Cert. of Occupancy

Other

Total 16.00

Check No. 368

Cash

Collected by DO.

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

PLUMBING SUBCODE
TECHNICAL SECTION

DEPT. OF CONSTRUCTION CODE
76 GRAVEL HILL (SPOTSWOOD) ROAD
MONROE TOWNSHIP, NJ 08831
732-656-4585 • 732-656-4586

Date Received / Control # 2/4/19

Date Issued / Permit # JB-19-08020

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

Block 73 Lot 8.01 Qualification Code

Work Site Location 22 West Railroad Ave
Jamesburg NJ 08831

Owner in Fee: Kathryn Sephole

Tel. (732) 490-0104 e-mail

Address Same

Contractor: Art Hulse Plumbing & Heating (street / municipality) Tel. (732) 656-3030 (zip code)

Address 1615 Buckelew Ave e-mail
Jamesburg

Contractor License No. 22536 Exp. Date 6/19

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Not Req

Federal Emp. ID No. 22-3713743 FAX: (732) 656-0005

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 2-11-19 Approved by: WP

[ ] Plumbing Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 2-11-19
Approved by: WP

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-11-19
Approved by: WP

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping test	20 PSI		2-11-19	WP
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Art Hulse

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Test Gas Lines For Meter Relocation

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	
4	Gas Piping Existing GAS test	15-
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 15-
State Permit Surcharge Fee	$
TOTAL FEE	$

White = Applicant Copy • Canary = Office Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/11/19
Control #
Date Issued
Permit # JB-19-08020

DEPT. OF CONSTRUCTION CODE
76 GRAVEL HILL SPOTSWOOD ROAD
MONROE TOWNSHIP, NJ 08831
732-656-4585 • 732-656-4586

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

Block 43 Lot 8.01 Qualification Code

Work Site Location 22 [illegible] Ave
[illegible]

Owner in Fee: [illegible] Septic

Tel. (716) 490-0104 e-mail

Address Same

Contractor: [illegible] Plumbing & Heating (street / municipality / zip code) Tel. (202) [illegible]

Address 101 [illegible]
[illegible]

Contractor License No. 02958 Exp. Date 6/19

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

Federal Emp. ID No. 22 2713745 FAX: (732) [illegible]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ DC

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: [illegible]

[x] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Test Gas Lines For Meter Relocation

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	
4	Gas Piping Existing gas test	15
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $
Minimum Fee $ 15
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 2-11-19 Approved by: WA
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2-11-19
Approved by: WA
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

White = Applicant Copy • Canary = Office Copy

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CERTIFICATE

1208 - JAMESBURG BORO

Date Issued: 02/20/2019
Permit # 19-08020
Certificate: 1908020.1

IDENTIFICATION

Block 43 Lot 8.01 Qualifier
Work Site Location 22 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831

Owner in Fee KATHERYN A. SEPTAK
Address PO BOX 299
JAMESBURG, NJ 08831

Telephone (718) 490-0104
Contractor ART HULSE PLUMBING & HEATING
Address 145 BUCKELEW AVE
JAMESBURG, NJ 08831

Telephone (732) 656-3030 FAX
Lic No/Bldrs Reg No. 36BI0028580 Fed. Emp. No. 223713743
Licensed Trade
Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/B
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
TEST GAS PIPING FOR METER RELOCATION

☐ **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 the 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 will be

☐ **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 (0 years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

_____ .

CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00]
Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 02/20/2019 08:32

17-08279

BLOCK 43 LOT 8.01 QUALIFICATION CODE TA ADDRESS (SITE) 22 W. Railroad Ave PERMIT NO. JB170527

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 22 W. Railroad Ave, Jamesburg
2. Name of Owner in Fee: Kathryn Sepyak
   Tel. (908) 902-9844 e-mail
   Address: 54 Lincoln Ave, Jamesburg NJ
   street municipality zip code
3. Ownership in Fee: Public Private ✓
4. Principal Contractor: GWS CONTRACTORS, Tel. (732) 297-4847
   Address ~~105 Fresh Ponds Road~~ (South Brunswick Twp.) e-mail Darlene@GWSContractors.com
   Jamesburg, NJ 08831
   License No. OR, if new home, Builder Reg. No. 13VH01250300 Exp. Date 3/31/18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 22-215-4428 FAX: ( )
5. Architect or Engineer Perez & Radosti Contact
   Address 379 Princeton-Hightstown Rd e-mail
   Tel. (609) 443-4031 FAX: (609) 443-5277
6. Responsible Person in Charge once Work has Begun Eric Davis
   Tel. (732) 297-4847 FAX: (732) 297-4389

Closed 7/20/18 CF

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 170 -		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	10		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 180 -		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories
2. Height of Structure ft.
3. Area — Largest Floor sq. ft.
4. New Building Area sq. ft.
5. Volume of New Structure cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved HUD
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes no

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	5,000				12/18/17	A			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 5,000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restric*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: R-3/B
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present
Proposed

IIIi. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name GWS CONTRACTORS, INC.

Address 105 Fresh Ponds Road (South Brunswick Twp.) Jamesburg, NJ 08831

Telephone (732) 297-4847

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

P.S/B

CONSTRUCTION PERMIT

Date Issued 12/27/17

Permit # JB1708279

IDENTIFICATION Block 43 Lot 8.01 Qualification Code

Work Site Location 22 W. Railroad Ave Jamesburg NJ

Owner in Fee Kathy Sepeak

Address Same

Tel. (732) 521-1019

Contractor GWS Contractors

Address 105 Fresh Ponds Rd Jamesburg NJ

Tel. (732) 297-4847 x204

Lic. No. or Bldrs. Reg. No. 13VH01250800

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Under pin existing foundation for environmental clean up

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 5,000.

Construction Official

12/18/17
Date

PAYMENTS (Office Use Only)

Building	$170 -
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	$10 -
Cert. of Occupancy	
Other	
Total	$180 -
Check No.	8287
Cash	
Collected by	AL

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 12/ 1/17

Date Issued
Permit # JB1706279

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

Block 43 Lot 5.01 Qualification Code

Work Site Location 22 W. Railroad Ave
Jamesburg NJ

Owner in Fee: Katheryn Soptak

Tel. (908) 902-9514 e-mail

Address 54 Lincoln Ave, Jamesburg NJ
street municipality zip code

Contractor: GWS Contractors Tel. (732) 297-4847

Address 105 Fresh Ponds Rd e-mail Darlene@GWS
Jamesburg NJ 08831 Contractors.com

Contractor License No. or Builder Registration No. 13VH01250300 Exp. Date 3/31/18

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

Federal Emp. ID No. 22-215-4428 FAX: (732) 297-4389

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	12/11/17	AE
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/18/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2/11/18
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Helical Piles			2/28/18	AE
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 5,000
3. Total (1+ 2) $ _____

U.C.C. '0
(rev.

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 Eric Davis

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

UnDer Pin existing foundation for environmental clean up.

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)

$	
	170
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	170

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

BUILDING SUBCODE
TECHNICAL SECTION

INTERNATIONAL BUILDING + RESIDENTIAL CODE
2015 NEW JERSEY EDITION

Date Received Control # 12/27/17

Date Issued Permit # JB1708279

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

Block 43 Lot 8.01 Qualification Code

Work Site Location 22 W. Railroad Ave Jamesburg NJ

Owner in Fee: Katheryn Septak

Tel. (908) 902-9844 e-mail

Address 54 Lincoln Ave, Jamesburg NJ (street, municipality)

Contractor: GWS Contractors Tel. (732) 297-4847 (zip code)

Address 105 Fresh Ponds Rd e-mail Darlene@GWS Jamesburg NJ 08831 Contractors.com

Contractor License No. or Builder Registration No. 13VH01250300 Exp. Date 3/31/18

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

Federal Emp. ID No. 22-215-4428 FAX: (732) 297-4389

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 Eric Davis

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Under Pin existing foundation for environmental clean up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12/18/17	TPE
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/18/17
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
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)

$ 170

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 170

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 5,000
3. Total (1+ 2) $

U.C.C. F110
(rev. 12/07)

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

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CERTIFICATE

1208 - JAMESBURG BORO

Date Issued: 07/20/2018
Permit # 17-08279
Certificate: 1708279.1

IDENTIFICATION

Block 43 Lot 8.01 Qualifier
Work Site Location 22 WEST RAILROAD AVENUE
JAMESBURG, NJ 08831

Owner in Fee KATHERYN A. SEPTAK
Address PO BOX 299
JAMESBURG, NJ 08831

Telephone (732) 521-1019
Contractor GWS CONTRACTORS
Address 105 FRESH PONDS RD
JAMESBURG, NJ 08831

Telephone (732) 297-4847 FAX
Lic No/Bldrs Reg No. 13VH012503(Fed. Emp. No.
Licensed Trade
Home Imprv. Reg No. / Exempt
Reason -

Home Warranty No.
Type of Warranty Plan [ ] State [ ] Private
Use Group ICC/R-5
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
UNDERPIN EXISTING FOUNDATION

☐ **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 the 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 will be

☐ **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 (0 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

_____ .

Daniel M. Fox
CONSTRUCTION OFFICIAL

Fee $0.00
Paid [$0.00]
Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 07/20/2018 11:07