The Borough of Sayreville

Municipal Clerk's Office

167 Main Street
Sayreville, NJ 08872
Tel: 732-390-7020 • Fax: 732-390-0509

August 16, 2024

Dominique Garcia
opra+request-64535-43c290df@requests.opramachine.com

Re: Request for Access to Public Records

Greetings:

As requested pursuant to the Open Public Records Act, enclosed is the response from the Borough of Sayreville Construction Department.

If I can be of any further assistance, please do not hesitate to call my office.

Very truly yours,

Jessica Morelos, RMC
Municipal Clerk

JM/jo

OFFICE OF CONSTRUCTION OFFICIAL

Permit Options Report

From: **To:** 8/15/2024
Block: 70 **Lot:** 65 **Town(s):**Borough of Sayreville

Permit #	Permit Date	Census	Control #	Updates	Partial	Partial Date	Description of Work					Close Date
Block Lot Qual		Cost	Use Group	Bldg	Elec	Fire	Plmb	Elev	Mech	AltFee	COFee	OtherFee
Work Site			Waived Fees	BAdm	EAdm	FAdm	PAdm	VAdm	MAdm	VolFee	TCOFee	PenaltyPmt
Cubic Feet		Square Feet								DCA Min.		WebSurchg
Owner Name			Minimum Fees	BTotl	ETotl	FTotl	PTotl	VTotl	MTotl	TFTotl	CertTotl	Total Fee
20041776	12/6/04	434	32397	0			Furnace direct (gas) replacement					1/11/2008
70 65		$2,000.00	R-5	$0.00	$50.00	$50.00	$50.00	$0.00	$0.00	$3.00	$0.00	$0.00
123 BISSETT ST.			No Fees Waived	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0 Cu.ft.		0 Sq.ft.								$0.00		$0.00
			$0.00	$0.00	$50.00	$50.00	$50.00	$0.00	$0.00	$3.00	$0.00	$153.00
20070615	5/23/07	434	37829	0			replace hot water heater					6/12/2007
70 65		$1,149.00	R-5	$0.00	$0.00	$0.00	$75.00	$0.00	$0.00	$2.00	$0.00	$0.00
123 BISSETT ST.			No Fees Waived	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0 Cu.ft.		0 Sq.ft.								$0.00		$0.00
			$0.00	$0.00	$0.00	$0.00	$75.00	$0.00	$0.00	$2.00	$0.00	$77.00
20151670	10/16/15	434	57113	0			Roofing-eligible for senior discount					1/20/2016
70 65		$3,885.00	R-5	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.00	$0.00	$0.00
123 Bissett St			Municipal Fees Waived	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0 Cu.ft.		0 Sq.ft.								$0.00		$0.00
			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.00	$0.00	$7.00
20201298	11/2/20	434	69056	0			Replace water heater - eligible for senior discount					5/25/2021
70 65		$1,519.00	R-5	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.00	$0.00	$0.00
123 Bissett St			Municipal Fees Waived	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0 Cu.ft.		0 Sq.ft.								$0.00		$0.00
			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.00	$0.00	$3.00
Grand Total				**$0.00**	**$50.00**	**$50.00**	**$125.00**	**$0.00**	**$0.00**	**$15.00**	**$0.00**	**$240.00**
										Total Penalties Collected for Permits Issued		**$0.00**
Total Permits: 4			**Total Partials: 0**				**Total Online Surcharge: $0.00**				**Total Fees and Penalties Collected**	**$240.00**

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 12-06-04
Date Issued
Control #
Permit # 2004.1776

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

Block 70 Lot 65
Work Site Location 123 Bissett Street
Sayreville New Jersey 07
Owner in Fee/Occupant Dale Jackson
Address 123 Bissett Street
Sayreville new Jersey 08872
Tele. [redacted]
Contractor Chris Hansen Plumbing + Heating Co
Address P.O. Box 132
Englishtown new Jersey 07726
Tele. [redacted] Fax ( ) _____
Lic. No. 9362
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11-22-04
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCE [ ] CA
Date: 12/6/04
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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.

[signature]
Applicant's Signature Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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

U.C.C. F120 (rev. 3/98)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-06-04
Date Issued
Control #
Permit # 2004.1776

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

Block 70 Lot 65
Work Site Location 123 Bissett Street
Sayreville New Jersey 07
Owner in Fee/Occupant Dale Jackson
Address 123 Bissett Street
Sayreville new Jersey 08872
Tele. [redacted]
Contractor Chris Kirsten Plumbing + Heating Co
Address P.O. Box 132
Englishtown new Jersey 07726
Tele. [redacted] Fax ( )
Lic. No. 9362
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[1] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11.22.04
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Direct Repl. Furnace (005)	
		.....	

Administrative Surcharge	$
Minimum Fee	$ 50.00
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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-06-04
Control #
Permit # 2004.1776

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

Block 70 Lot 65
Work Site Location 123 Bissett Street
Sayreville New Jersey 0
Owner in Fee Dale Jackson
Address 123 Bissett Street
Sayreville New Jersey 08872
Tele [redacted]
Contractor Chris Kirsten Plumbing & Heating Co
Address P.O. Box 132
Englishtown New Jersey 07726
Tele. ([redacted] Fax ( )
Lic. No. 9362
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12-2004
Approved by: L Morgan

SUBCODE APPROVAL
[/] ICC [ ] BOCA [ ] SBCCI [ ] CA
Date: 1/10/2005
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water	Final	1/11/05		AM
Sewer				
Fixtures	Final		1/11/05	BM
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's Seal

[/] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other FURNACE (GAS) Replacement	25
	Other	
	Other	

Carbon Monoxide Alarms Required

Administrative Surcharge	$	
Minimum Fee	$	30.00
DCA Training Fee	$	
TOTAL FEE	$	

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 12-06-04

Date Issued
Permit # 2004-1776

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

Block 76 Lot 65 Qualification Code _____
Work Site Location 123 Bissett Street
Sayreville New Jersey
Owner in Fee Dale Jackson
Address 123 Bissett Street
Sayreville New Jersey 08872
Tel [redacted]
Contractor Chris Kirsten Plumbing & Heating Co
Address P.O. Box 132
Englishtown New Jersey 07726
Tel [redacted] FAX (_____)
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [ ] New OR [ ] Existing [/] HVAC Fire Suppression/Standpipe System:
Type: [/] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other Direct Repl. Gas Furnace. Location of Main Control Valve: _____
Location: Basement
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____
Total Cost of Fire Protection Work $ $2000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent or owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
[/] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

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

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

Carbon Monoxide Alarms Required

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 11/12/04
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1-11-05
Approved by: SWM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			1/11/05	SWM
Final				
Other _____				

U.C.C. F140 (rev. 1/04) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/23/07

Date Issued / Permit # 2007 0615

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

Block 70 Lot 65 Qualification Code

Work Site Location 123 BISSETT ST.
SAYREVILLE 08872

Owner in Fee: DALE JACKSON + LAURA

Tel. ([redacted] e-mail

Address SAME
street municipality zip code

Contractor: P&L PLUMBING Tel. ([redacted]

Address 300 COLUMBUS CIRCLE • EDISON, NJ 08837 e-mail

Contractor License No. 12108 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01759800

Federal Emp. ID No. [redacted] FAX: [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1149—

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5/24/07
Approved by: [signature]

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 6/11/07
Approved by: [signature]

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar	CO		6/11/07	
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]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

REORDER from OCS Printing 609-390-1400

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement
Hot Water Heater

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

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 175.00

U.C.C. F130 (rev. 10/06)
Internet version

Borough of Sayreville
49 Dolan Street
Sayreville, NJ 08872
732-3907077

CERTIFICATE
IDENTIFICATION

Date Issued: 01/20/2016
Control #: 57113
Permit #: 20151670

Block: 70 Lot :65

Work Site Location: 123 Bissett St
Sayreville

Owner in Fee: JACKSON,DALE & LAURA
Address: 123 Bissett St
Sayreville NJ 08872
Telephone: [redacted]

Agent/Contractor: Blindt Home Remodeling
Address: 114 Ridge Rd
Colonia NJ 07067
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Roofing-eligible for senior discount

Update Desc. of Wk/Use:

Tax Collector Approval _____ Date _____
Water & Sewer Approval _____ Date _____

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

1/20/16

Kirk J. Miick Construction Official

[ ] **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

Fees: $0.00
Paid[X]Check No.: 695
Collected by: tr

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/16/15

Date Issued / Permit # 2015 1670

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

Block 70 Lot 65 Qualification Code

Work Site Location 123 Bissell ELIGIBLE FOR SENIOR DISCOUNT

Owner in Fee: Dale

Tel. ([redacted] e-mail

Address 123 Bissell st. Sayreville NJ (street, municipality, zip code)

Contractor: Blished Home Remodeling Tel. ( )

Address 114 Ridge Rd. e-mail

Colonia NJ

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required 9/23/15

[ ] All

[ ] Footings/Foundations

[ ] Structural/Framework

[ ] Exterior

[ ] Interior

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9/23/15

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 1/22/16

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			1-19-16	
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 $
3. Total (1+ 2) $ 3885.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tear off Roof down to Bare Sheathing.
Replace any Rotted wood.
Install Ice Shield
Install Felt paper
Install New Step Flashing
Install New Roof to wall Flashing
Clean up debris and remove all Debris.

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Rehabilitation
[✓] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other ____
[ ] Demolition

FEE (Office Use Only)

$ 97

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

Borough of Sayreville
49 Dolan Street
Sayreville, NJ 08872
732-3907077

CERTIFICATE
IDENTIFICATION

Date Issued: 05/25/2021
Control #: 69056
Permit #: 20201296

Block: 70 Lot: 65 Qual:

Work Site Location: 123 Bissett St
Sayreville

Owner in Fee: JACKSON,DALE & LAURA
Address: 123 Bissett St
Sayreville NJ 08872

Telephone: [redacted]

Agent/Contractor: 1 800 Heaters Inc
Address: 2 Gourmet Ln Unit G & H
Edison NJ 08837

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: 12352 Federal Emp. No.: [redacted]

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Replace water heater - eligible for senior discount

Update Desc. of Wk/Use:

Tax Collector Approval _____ Date _____
Water & Sewer Approval _____ Date _____

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

5/25/21

Kirk J. Miick Construction Official

[ ] **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

Fees: $0.00
Paid[X]Check No.: 60005
Collected by: tr

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-2-20

Date Issued / Permit # 2020, 1296

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

Block 70 Lot 65 Qualification Code

Work Site Location 123 Bissett St. Somerville 08872

Owner in Fee: Dale Jackson

Tel. [redacted] e-mail

Address Same (street / municipality / zip code)

Contractor: 1 800 Heaters Inc Tel. [redacted]

Address 2 Gourmet Lane, Unit G & H e-mail

Edison, NJ 08837

Contractor License No. 12352 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH05509300

Federal Emp. ID No. [redacted] FAX: [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1514.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11/2/2020
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/24/21
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			5/24/21	
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: L Gerardo

Print name here: Leonard Gerardo

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement Water Heater

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

Carbon Monoxide Alarms Required

Administrative Surcharge	$ 15.00
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

All work subject to field inspection

U.C.C. F130 (rev. 10/17)