



HELMETTA BOROUGH
49 Dolan Street
Sayreville, NJ 08872
732-3907077

CERTIFICATE IDENTIFICATION

Date Issued: 03/03/2021
Control #: 1703
Permit #: 20210013

Block: 21 Lot: 7.1 C2201

Work Site Location: 2201 Candlelight Ct

Helmatta

Owner in Fee: Fusun Engin

Address: 2201 Candlelight Ct

Helmatta NJ 08828

Telephone: [REDACTED]

Agent/Contractor: Abat Construction & Plumbing Inc.

Address: 99 Davidson Mill Road

North Brunswick NJ 08902

Telephone: 732 821-7794

Lic. No./ Bids. Reg.No.: 13154 Federal Emp. No.: [REDACTED]

Social Security No.: [REDACTED]

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No:

Type of Warranty Plan:

Use Group:

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:

Water Heater

☐ State ☐ Private
R-5

Update Desc. of WK/Use:

☐ 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

Kirk J. Minick Construction Official

11/21 3/3/21

Fees: \$0.00

Paid [X] Check No.: 2157

Collected by: TR



HELMETTA BOROUGH
49 Dolan Street
Sayreville, NJ 08872
732 - 3907077

Permit Number: 20210013
Update Number:
Control Number: 1703
Application Date: 02/22/2021
Permit Date: 03/01/2021
Expiration Date: 03/01/2022

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 21 Lot: 7.1 Qualification Code: C2201
Work Site Location: 2201 Candlelight Ct Helmetta

Owner In Fee: Fusun Engin
Address: 2201 Candlelight Ct
Helmetta NJ 08828

Telephone: [REDACTED]

Use Group(s): R-5

Contractor: Abat Construction & Plumbing Inc.

Address: 99 Davidson Mill Road
North Brunswick NJ 08902

Telephone: (732) 821-7794

Lic. No. / Bldrs. Reg. No.: 13154

Federal Emp. No.: [REDACTED]

is hereby granted permission to perform the following work :

- | | | |
|---|--|-------------------------------------|
| ☐ BUILDING | ☒ PLUMBING | ☐ DEMOLITION |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:
Water Heater

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 1,480.00
Cost of Demolition: 0.00

Total Cost: \$1,480.00

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.

Kirk J. Miick

Construction Official

Date

2/23/21

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	\$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$3.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$78.00
All Fees Waived:	No

Amount to be Paid: \$78.00

Check Number: 2157
Check amount: \$78.00

Collected by: TR
Receipt No:
Total Cash Amount:
Total Check Amount: \$78.00
Total CC Amount:
Grand Total: \$78.00



MECHANICAL INSPECTION TECHNICAL SECTION



HELMETTA

Date Received
Control # 3/1/2021

Date Issued
Permit # 2021 0013

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

Block 21 Lot 21 Qualification Code C0201
Work Site Location 2201 CANDELIGHT CT HELMETTA NJ 08828

Owner In Fee: USUAL ENGIN
Tel: [REDACTED] e-mail: [REDACTED]

Address STAN zip code 08828
Contractor: ABAT Const & Plumbing Inc. 732-821-7794
Address 99 DUNDAS MILL RD e-mail: [REDACTED]
NORTH BRUNS 08802

Contractor License No. 13154 Exp. Date 06-2021
Home Improvement Contractor Registration No. or Exemption Reason [REDACTED]
Federal Emp. ID No. [REDACTED] FAX: [REDACTED]

B. MECHANICAL CHARACTERISTICS

Use Group Present R-3-or R-5
Heating System work: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☒ Replacement
Type: ☐ Hydronic ☐ Hot Air
Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other [REDACTED]

Estimated Cost of Mechanical Work \$ 1480

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required					
☐ Mechanical Plans Approved	Water Heater				
Date: <u>[REDACTED]</u> Approved by: <u>[REDACTED]</u>	Appliance				
Joint Plan Review Required:	Chimney/Vent				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.	Piping				
☐ Elev.	Tank				
SUBCODE APPROVAL for PERMIT	Cooling/AC				
Date: <u>2/22/21</u>	Generator				
Approved by: <u>[REDACTED]</u>	Fireplace				
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.				
Date: <u>2/22/21</u>	Other				
Approved by: <u>[REDACTED]</u>	Other				
	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.

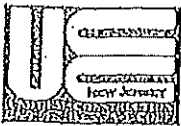
Applicant sign/Contractor sign and seal here: [REDACTED]

Print name here: Frank Teller
Print name here: Frank Teller
D. TECHNICAL SITE DATA ☒ Licensed Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK
<u>40 GAL GAS HEATER</u>
<u>REPLACEMENT</u>
<u>HEATER</u>
Carbon Monoxide Alarms Required

NO.	FIGURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	\$ <u>[REDACTED]</u>
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	

Administrative Surcharge \$ [REDACTED]
Minimum Fee \$ [REDACTED]
State Permit Surcharge Fee \$ [REDACTED]
TOTAL FEE \$ [REDACTED]



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 2201 CANDELIGHT CT HELMETH NJ 08828
Owner In Fee FUSUN ENGINE
Verifying Individual FRANK Teller Company ABAT Const & Plumbing Inc
Address 99 DAVIDSON mill RD North Brunswick NJ 08902
Tel: [REDACTED] City _____ State _____ Zip Code _____
Fax: (732) 297 3484

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney: Size 5"

☒ "B" Label Vent

☐ "L" Label Vent

☐ Flexible Liner

☐ Power Vent/Exhauster

☒

Chimney-Interior

Chimney-Exterior

Masonry Chimney-Tile Lined

Masonry Chimney-Unlined

Other _____

Type

Fuel Type

Appliance 1: W/HEATER Oil / Gas / Other: GAS

Appliance 2: HOT AIR FURNACE Oil / Gas / Other: GAS

Appliance 3: _____ Oil / Gas / Other: _____

BTU Rating (input/hour)

38,000

10,000

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel Aluminum

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? ☐ Natural Draft ☒ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature

Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature

Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature

Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature

Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a home inspection company.



PLEASE COMPLETE TOP PORTION AND RETURN WITH CHECK
FOR \$100.00 PAYABLE TO THE BOROUGH OF HELMETTA

BOROUGH OF HELMETTA

51 MAIN STREET, HELMETTA, NEW JERSEY 08828

Code
Enforcement
Construction
Department
(732) 521-0386, Ext. 109
Fax: (732) 521-1263

APPLICATION FOR CERTIFICATE

IDENTIFICATION

Date:

7/7/17

Block 21 Lot 7.01
Street Address 2201 Candle Light Ct
Helmetta, NJ 08828
Owner in Fee Allysa Sambarella
Address 2201 Candle Light Ct
Helmetta, NJ 08828
Tele. [REDACTED]
Selling Price \$189,900.00

Current Use of Property residence
Proposed Change of Use of Property None of
residence
Closing Date 7/28/17
Requested By 7/21/17
Owner ☒ Allysa Sambarella
Agent ☐ [REDACTED]
Signature Allysa Sambarella

CERTIFICATE

Certification Expires 90 days
after issue date

Date Issued: _____

BOROUGH OF HELMETTA
Construction Department
51 Main Street • Helmetta, New Jersey 08828
(732) 521-0386, Ext. 109

IDENTIFICATION

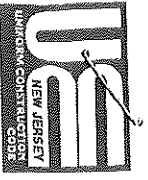
Block _____ Lot _____
Street Address _____
Building Use _____
Owner in Fee _____
Address _____
Federal Emp. No. _____ Social Security No. _____
Tele. () _____
Agent _____
Address _____
Tele. () _____

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.

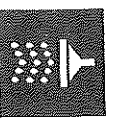
Inspected By _____ Construction Official _____

WHITE COPY: APPLICANT

CANARY COPY: OFFICE



PLUMBING SUBCODE
TECHNICAL SECTION



Helmetta

Date Received 5/3/11
Control #
Date Issued
Permit # 2011 0029

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

Block 21
Work Site Location Helmetta
Owner in Fee: Helmetta
Tel. () e-mail
Address 1 800 Heaters Inc
Contractor: 2 Gourmet Lane
Address Edison, NJ 08837

Qualification Code C3201
Exp. Date 12352
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH055093300
Federal Emp. ID No. [redacted]
FAX: (732) 417-0695

B. PLUMBING CHARACTERISTICS
Use Group Present
Building Sewer Size
Water Service Size
Est. Cost of Plumbing Work \$

Proposed
Public Sewer
Private Septic
Public Water
Private Well

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
[] Partial - Underslab Utilities Approved
Date: Approved by: EMM
Date: Approved by: EMM
Joint Plan Review Required:
[] Bldg. [] Elec. [] Fire. [] Elev.
SUBCODE APPROVAL for PERMIT
Date: Approved by:
SUBCODE APPROVAL for CERTIFICATE
Date: Approved by: CA
Approved by:

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: Leonard Gerardo
[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement
Hot Water Heater

QTY	DESCRIPTION OF WORK	FEE (Office Use Only)
1	Fixture/Equipment	
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sinks	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Heater	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grazertrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Carbon Monoxide
Alarms Required
All work subject
to 100% inspection

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

OFFICE OF THE CONSTRUCTION OFFICIAL

Project Inspection Activity Report

HELMETTA BOROUGH
49 Dolan Street
Sayreville, NJ 08872
732-3907077

Permit No.: 20110029
Issued On: May 03,2011
Closed On: December 26, 2013

IDENTIFICATION

Work Site Location: 2201 CANDLELIGHT CT.

Block : 21

Lot : 7.1

Owner In Fee: GAMBARELLAALLYSA &SHERYL E& FRED F

Address: 2201 CANDLELIGHT COURT
HELMETTA , NJ 08828

Subcodes:

Bldg	Elec	Fire	Plmb	Elev	Mech
N	N	N	Y	N	N

Work Type and Description: Altrtn

Number of Updates: 0

replace water heater

HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results	Comment
05/28/2011	05/28/2011	Plumbing	EM	Final : P	

Total Inspections: Bldg - 0 Elec - 0 Fire - 0 Plmb - 1 Elev - 0 Mech - 0

Legend : P-Pass F-Fail C-Cancel X-Not Ready N-Not Done ***-Third Party Agency



HELMETTA BOROUGH
49 Dolan Street
Sayreville, NJ 08872
732-390-7077

CERTIFICATE IDENTIFICATION

Date Issued: 12/26/2013
Control #: 180
Permit #: 20110029

Block: 21 Lot: 7.1 C2201

Work Site Location: 2201 CANDELIGHT CT.

HELMETTA

Owner in Fee: GAMBARELLA LLYSA & SHERYL E & FRED F

Address: 2201 CANDELIGHT COURT

HELMETTA NJ 08828

Telephone:

Agent/Contractor: 1 800 Heaters Inc

Address: 2 Gourmet Ln Unit G

Edison NJ 08837

Telephone: 732 417-0099

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

Social Security No.:

[] 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:

Kirk J Mirek Construction Official

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Home Warranty No:

Type of Warranty Plan:

Use Group:

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:

replace water heater

Update Desc. of Wk/Use:

[] 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.: 6782

Collected by: TR

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

CONSTRUCTION PERMIT APPLICATION

9201 Candlelight G PERMIT NO. 20110029

I. IDENTIFICATION

1. Proposed Work Site at: 2501 Canal Blvd -

2. Name of Owner/Teacher	FLISA	6/10/2014
--------------------------	-------	-----------

Tel. () [REDACTED]
 Address Strand
 Municipality Leinefjell Boro
 zip code 08878

3. Ownership in Fee: Public Private ✓

4. Principal Contractor: 1 800 Heaters Inc tel. (152) 417-0057
Address 2 Gourmet Lane, Unit G & H e-mail _____

License No. OR, if new home, Builder Reg. No. 12352 Exp. Date 12/31/2000

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 3VH055093300
Federal Emp. ID No. [REDACTED] FAX: (732) 417-0695

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____

Tel. ()
6. Responsible Person in Charge once Work has Begun
Tel. (732) 417-0099
FAX: ()
Leonard Gerardo
Tel. (732) 417-0695
FAX: ()

III. PROPOSED WORK

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

FOR OFFICE USE ONLY (Optional)

IIIb. SUBCODES

(Check all that apply)

(Check all that apply)

☐ Building

☐ Electrical

☒ Plumbing

☐ Fire Protection

☐ Elevator

FOR OFFICE USE ONLY (Optional)							
Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval Rejection	Re-viewer
		4/29/11					
				5/3/11	W		

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/	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
Dumbwaiters/Moving Walks	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	

VI. BUILDING/SITE CHARACTERISTICS

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
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. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

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-restricted

	Gained, Sale	Lost, Purchase
1. Gain	100	0
2. Loss	0	100
3. Gain	100	0
4. Loss	0	100
5. Gain	100	0
6. Loss	0	100
7. Gain	100	0
8. Loss	0	100
9. Gain	100	0
10. Loss	0	100
11. Gain	100	0
12. Loss	0	100
13. Gain	100	0
14. Loss	0	100
15. Gain	100	0
16. Loss	0	100
17. Gain	100	0
18. Loss	0	100
19. Gain	100	0
20. Loss	0	100
21. Gain	100	0
22. Loss	0	100
23. Gain	100	0
24. Loss	0	100
25. Gain	100	0
26. Loss	0	100
27. Gain	100	0
28. Loss	0	100
29. Gain	100	0
30. Loss	0	100
31. Gain	100	0
32. Loss	0	100
33. Gain	100	0
34. Loss	0	100
35. Gain	100	0
36. Loss	0	100
37. Gain	100	0
38. Loss	0	100
39. Gain	100	0
40. Loss	0	100
41. Gain	100	0
42. Loss	0	100
43. Gain	100	0
44. Loss	0	100
45. Gain	100	0
46. Loss	0	100
47. Gain	100	0
48. Loss	0	100
49. Gain	100	0
50. Loss	0	100
51. Gain	100	0
52. Loss	0	100
53. Gain	100	0
54. Loss	0	100
55. Gain	100	0
56. Loss	0	100
57. Gain	100	0
58. Loss	0	100
59. Gain	100	0
60. Loss	0	100
61. Gain	100	0
62. Loss	0	100
63. Gain	100	0
64. Loss	0	100
65. Gain	100	0
66. Loss	0	100
67. Gain	100	0
68. Loss	0	100
69. Gain	100	0
70. Loss	0	100
71. Gain	100	0
72. Loss	0	100
73. Gain	100	0
74. Loss	0	100
75. Gain	100	0
76. Loss	0	100
77. Gain	100	0
78. Loss	0	100
79. Gain	100	0
80. Loss	0	100
81. Gain	100	0
82. Loss	0	100
83. Gain	100	0
84. Loss	0	100
85. Gain	100	0
86. Loss	0	100
87. Gain	100	0
88. Loss	0	100
89. Gain	100	0
90. Loss	0	100
91. Gain	100	0
92. Loss	0	100
93. Gain	100	0
94. Loss	0	100
95. Gain	100	0
96. Loss	0	100
97. Gain	100	0
98. Loss	0	100
99. Gain	100	0
100. Loss	0	100

	Lost	Sale
Galliey, Neilai		
Lost, Sale		

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____

Proposed

43 Eira Alama

Control systems in open wells 12-□ The Author

Round Storage Tanks

ing Pools, Spas and Hot Tubs



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 2 1001 Canfield 08837 Qualification Code C2201

Work Site Location Edison, NJ Canfield 08837

Owner in Fee: [Redacted] e-mail: [Redacted]

Address 1 800 Heaters Inc 2 Gourmet Lane Edison, NJ 08837 Tel. (732) 417-0099 zip code 08837

Contractor License No. 12352 Exp. Date 13VH05509300

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300

Federal Emp. ID No. [Redacted] FAX: (732) 417-0695

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Public Water Private Well Public Water

Building Sewer Size 8" Water Service Size 1/2" Est. Cost of Plumbing Work \$ 921-

Est. Cost of Plumbing Work \$ 921-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

INSPECTIONS

PLUMBING PLANS APPROVED

DATE APPROVED BY: EM

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Sink

Dishwasher

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide

Alarms Required

Shower

Floor Drain

Date Received 5/3/11

Control # 201-0029

Date Issued 5/3/11

Permit # 201-0029

Applicant sign/Contractor sign and seal here: Leonard Gerardo

Print name here: Leonard Gerardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement

Hot Water Heater

QTY. 1

FIXTURE/EQUIPMENT

Water Close

Carbon Monoxide



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 21 LOT 7-1 QUALIFICATION CODE C201 PERMIT # _____
WORK SITE ADDRESS 2201 Candlelight Ct
Applicant Alysa Gambarella
Certifying Individual Leonard Gerardo Company 1 800 Heaters Inc
Address 2 Gourmet Lane Edison NJ 08837
Street City State Zip Code
Tel. (732) 417-0099

Check the Appropriate Box

Type of Replacement:

- ☐ Oil to Gas Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☒ B Label Vent
☐ L Label Vent
☐ Masonry Chimney -- Tile Lined
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

Signature _____

Date _____

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

L Gerardo
Signature _____

Date _____

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____

Date _____

Direct Vent Appliance:

No certification required:

Signature _____

Date _____

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.



CONSTRUCTION PERMIT

Date Issued

Permit #

5/13/11
2011-0009

IDENTIFICATION Block _____ Lot _____ Qualification Code _____
Work Site Location _____ Contractor _____
Address _____
Owner in Fee _____
Address _____
Tel. (____) _____
Lic. No. or Bids. Reg. No. _____
Tel. _____

- I am hereby granted permission to perform the following work:
- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
 - ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
 - ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
- (Subchapter 8 only)

DESCRIPTION OF WORK:

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 \$ _____

Construction Official _____

Date _____

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

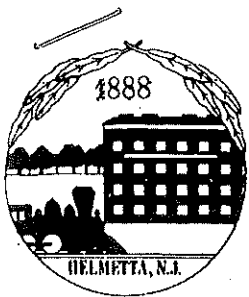
3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(See reverse side)

To reorder call: Allegra Marketing - Print - Mail (formerly OCS Printing) (809) 390-1400 - or order online @ www.AllegraMarketing.com

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____



PLEASE COMPLETE TOP PORTION AND RETURN WITH CHECK FOR
\$25 ~~████████~~ PAYABLE TO THE BOROUGH OF HELMETTA

BOROUGH OF HELMETTA

60 MAIN STREET, HELMETTA, NEW JERSEY 08828

APPLICATION FOR CERTIFICATE

7-27-04
pel/clc/H
348
Code
Enforcement
Construction
Department
(732) 521-0386
FAX (732) 521-1266

Closing date
7/30/04

Date 7/27/04

IDENTIFICATION

Block 21 Lot 7.1 C2201
Street Address 2201 Candlelight Court
Owner in Fee Vincent Urcioli
Address 2201 Candlelight Court
Helmetta, NJ 08828
Tele. ██████████
Selling Price \$202,500

Current Use of Property condo

Proposed Change of Use of Property _____

Requested By Vincent Urcioli

Owner ☒

Agent ☐

Signature Vincent Urcioli

Certification Expires 45 days
after issue date

CERTIFICATE

Date Issued 7-28-04

BOROUGH OF HELMETTA

Construction Department
60 Main Street
Helmetta, New Jersey 08828
(732) 521-0386
IDENTIFICATION

Block 21 Lot 7.1
Street Address 2201 Candlelight Ct.

Building Use Residential
Owner in Fee Vincent Urcioli
Address 2201 Candlelight Ct.

Federal Emp. No. _____ Social Security No. _____

Tele. () _____

Agent _____

Address _____

Tele. () _____

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.

Inspected By Pelc Construction Official Pelc

FILL OUT TOP PORTION ONLY

cell - Bavi

3:30 today #25 - V. Pao
M. Harker

Code
Enforcement
Construction
Department
(908) 521-0386
FAX (908) 521-1263

BOROUGH OF HELMETTA

60 MAIN STREET, HELMETTA, NEW JERSEY 08828

APPLICATION FOR CERTIFICATE

Date 12/9/02

IDENTIFICATION

Current Use of Property Residential

Proposed Change of Use of Property _____

Social Security No. _____

Requested By RAVINDER TOHAN

Owner ☐

Agent ☒

Signature [Signature]

CERTIFICATE

Date Issued 12/16/2002

BOROUGH OF HELMETTA

Construction Department

60 Main Street

Helmetta, New Jersey 08828

(908) 521-0386

IDENTIFICATION

Block 21 Lot 2.1 C2201

Street Address 2201 Candlelight Court

Helmetta, NJ 08828

Building Use Single Family Code

Owner in Fee Donna Cary

Address 2201 Candlelight Court

Helmetta, NJ 08828

Federal Emp. No. _____ Social Security No. _____

Tele. () _____

Agent Ravinder Tohan

Address _____

Tele. () _____

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.

Inspected By [Signature] Construction Official [Signature]

WHITE COPY - APPLICANT CANARY COPY - OFFICE PINK COPY - TAX ASSESSOR

closing - 11/7? dt 859 Pm



BOROUGH OF HELMETTA

60 MAIN STREET, HELMETTA, NEW JERSEY 08828

Code
Enforcement
Construction
Department
(732) 521-0386
FAX (732) 521-1263

APPLICATION FOR CERTIFICATE

Date 10/31/97

IDENTIFICATION

Block 21 Lot 7.1
Street Address 2201 CANDLELIGHT CT.
Owner in Fee William Poto
Address 2201 Candlelight Ct
Helmetta, NJ
Tele. () [REDACTED]
Selling Price 88,000

Current Use of Property Single Family Condo
Proposed Change of Use of Property SAME
S.S. # [REDACTED]
Requested By Homeowner
Owner homeowner
Agent ☐

Signature William A. Poto

CERTIFICATE

Date Issued 11/5/97
(732) 521-0386

BOROUGH OF HELMETTA

Construction Department

60 Main Street

Helmetta, New Jersey 08828

(732) 521-0386

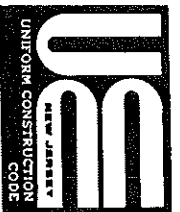
IDENTIFICATION

Block 21 Lot 7.1 TC C2201
Street Address 2201 Candlelight Court
Helmetta, New Jersey 08828
Building Use Single Family Condo
Owner in Fee William Poto
Address 2201 Candlelight Court
Helmetta, NJ 08828
Federal Emp. No. [REDACTED] Social Security No. [REDACTED]
Tele. () [REDACTED]
Agent None
Address _____
Tele. () _____

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.

Inspected By Eugene Scheicher

Construction Official William A. Poto
WILLIAM BUCHAN



CERTIFICATE

Date Issued
Control #
Permit #

IDENTIFICATION

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (____) _____
Contractor _____
Address _____
Tele. (____) _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____
or Social Security No. _____

Home Warranty No. _____
Use Group _____
Maximum Live Load _____
Description of Work/Use: _____

Single Family Dwelling Construction
Type of Warranty Plan: [] State [] Private
Construction Classification _____
Maximum Occupancy Load _____

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY

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

☐ CERTIFICATE OF APPROVAL

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Fee \$ _____
Paid [] Check No. _____
Collected by: _____

William B. DeL...
CONSTRUCTION OFFICIAL



APPLICATION FOR CERTIFICATE

Date Received 9/16/91
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 21 Lot 7
Work Site Location 3 LAKE AVE Contractor American Properties
Asime ITA, N.J. 08828 Address 4 ETHEL RD SUITE 405A
William Porto EDISON, N.J. 08817
Owner In Fee 2201 Tele. 908-287-2126
Address 14101 LAKE AVE Lic. No. 142-671
Tele. [REDACTED] Federal Emp. No. [REDACTED]
or Social Security No. [REDACTED]

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP R-2 Previous [REDACTED] Current [REDACTED]

FINAL COST OF CONSTRUCTION: \$ 75 K
(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:

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: Alexander Bauer

☐ Owner
☒ Agent

OWNER/AGENT



HELMETTA BOROUGH
49 Dolan Street
Sayreville, NJ 08872
732-390-7077

CERTIFICATE IDENTIFICATION

Date Issued: 12/26/2013
Control #: 180
Permit #: 20110029

Block: 21 Lot: 7.1 C2201

Work Site Location: 2201 CANDELIGHT CT.

HELMETTA

Owner in Fee: GAMBARELLAALYSA & SHERYL E& FRED F

Address: 2201 CANDELIGHT COURT

HELMETTA NJ 08828

Telephone:

Agent/Contractor: 1 800 Heaters Inc

Address: 2 Gourmet Ln Unit G

Edison NJ 08837

Telephone: 732 417-0099

Lic. No./ Bldrs. Reg.No.: 12352

Federal Emp. No. [REDACTED]

Social Security No.:

[] 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:

[Signature] 12/26/13
Kirk J Mlick Construction Official

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Home Warranty No:
Type of Warranty Plan:
Use Group:

[] State [] Private
R-5

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:

replace water heater

Update Desc. of Wk/Use:

[] 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.: 6782

Collected by: TR



PLEASE COMPLETE TOP PORTION AND RETURN WITH CHECK
FOR \$100.00 PAYABLE TO THE BOROUGH OF HELMETTA

BOROUGH OF HELMETTA

51 MAIN STREET, HELMETTA, NEW JERSEY 08828

Code
Enforcement
Construction
Department
(732) 521-0386, Ext. 109
Fax: (732) 521-1263

APPLICATION FOR CERTIFICATE

IDENTIFICATION

Date: 7/7/17

Block 21 Lot 7.01
Street Address 2201 Candle Light Ct
Helmetta, NJ 08828
Owner In Fee Allysa Gambarella
Address 2201 Candle Light Ct
Helmetta, NJ 08828
Tele. [REDACTED]
Selling Price \$189,900.00

Current Use of Property residence
Proposed Change of Use of Property See of
residence
Closing Date 7/28/17
Requested By 7/21/17
Owner ☒ Allysa Gambarella
Agent ☐
Signature Allysa Gambarella

CERTIFICATE

Certification Expires 90 days
after issue date

Date Issued: _____

BOROUGH OF HELMETTA
Construction Department
51 Main Street • Helmetta, New Jersey 08828
(732) 521-0386, Ext. 109

IDENTIFICATION

Block _____ Lot _____
Street Address _____
Building Use _____
Owner in Fee _____
Address _____
Federal Emp. No. _____ Social Security No. _____
Tele. () _____
Agent _____
Address _____
Tele. () _____

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.

Inspected By _____ Construction Official _____

WHITE COPY: APPLICANT

CANARY COPY: OFFICE



DEPT. OF CONSTRUCTION CODE
75 GENERAL AND SPECIALTY PERMITS
MOTOR VEHICLES, ELEVATORS, ESCALATORS,
WALKWAYS, ETC. (1995-1996)
162-666-4586

CONSTRUCTION PERMIT APPLICATION

BLOCK 21 LOT 71 QUALIFICATION CODE C2201 ADDRESS (SITE) PERMIT NO. 06210013

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

I. IDENTIFICATION

1. Proposed Work Site at: 2201 CANDLERLIGHT CT HELMUTHA NY

2. Name of Owner in Fee: EDSON ENGIN Tel: [REDACTED]

Address: 2201 CANDLERLIGHT CT HELMUTHA NY 12528

3. Ownership in Fee: Public

4. Principal Contractor: ABRI CONSTRUCTION INC. Tel: (518) 281-7794

Address: 99 DAVIDSON MILL RD NORTH BARNES NY 12528

License No. OR, if new license, Building Code No.: 13154 Exp. Date: 06-2021

Federal Employee No.: [REDACTED] FAX: ()

5. Architect or Engineer: [REDACTED] Tel: ()

Address: [REDACTED] Contact: FRANK TELLER

6. Responsible Person in Charge since Work has Begun: [REDACTED] FAX: ()

Tel: [REDACTED]

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-Viewer	Re-submission Date	Re-Viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
5. ☐ b. Alteration								
6. ☐ c. Renovation								
7. ☐ d. Reconstruction								
8. ☐ Fire Protection								
9. ☐ Plumbing	1480							
10. ☐ Electrical								
11. ☐ Elevator Devices								
12. ☐ Asbestos Abat. Subst. &								
13. ☐ Lead Hazard Abatement								
14. ☐ Demolition								
TOTAL COSTS	1480							

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

2. ☐ Dumbbells/Lifting Walks

3. ☐ High Pressure Boilers

4. ☐ Pressure Vessels

5. ☐ Refrigeration Systems

6. ☐ Cross-Connections/Backflow Preventers

7. ☐ Hazardous Used/Places of Assembly

8. ☐ Sinks

9. ☐ Smoke Control Systems in Open Walls

10. ☐ Underground Storage Tanks

11. ☐ Swimming Pools, Spas and Hot Tubs

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
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. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories: 1

2. Height of Structure: 11 ft.

3. Area - Largest Floor: 11 sq. ft.

4. New Building Area: 11 sq. ft.

5. Volume of New Structure: 11 cu. ft.

6. Construction Classification: 11

7. Total Land Area Disturbed: 11 sq. ft.

8. Flood Hazard Zone: 11

9. Base Flood Elevation: 11 ft.

10. Wetlands: 11

11. Max. Live Load: 11

12. Max. Occupancy Load: 11

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: 11

2. Use Group: 11

3. Change in Use Group, Indicate Former: 11

4. No. of dwelling units: 11 All Units Restricted

B. NON-RESIDENTIAL

1. State Specific Use: 11

2. Use Group: 11

3. Change in Use Group, Indicate Former: 11

AFTER THE PERMIT IS PAID, INDICATE IF YOU WANT TO HAVE IT MAILED OR PICK IT UP