



Permits

(All Data, Block/Lot = '3903 42.18' - 2 records)

Permit Number	Permit Issue Date	Location Address	Block	Lot	Application Date	Application Status	Work Description
16-0547	08/10/2016	I-7 EAST OAK STREET	3903	42.18	07/27/2016	CA and Close Date Issued	REPLACEMENT A/C UNIT REPLACEMENT FURNACE
14-0169	04/16/2014	I-7 EAST OAK STREET	3903	42.18	04/14/2014	CA and Close Date Issued	GAS LINE
Grand Totals							



Oakland Borough
ONE MUNICIPAL PLAZA
OAKLAND, NJ 07436

Date Issued 10/6/2016
Control Number C-16-0580
Permit Number 16-0547
Permit Issue Date 8/10/2016
Certificate Number 16-0547

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: I-7 EAST OAK STREET Oakland Borough, NJ Block: 3903 Lot: 42.18 Qual:
Owner in Fee: THOMASEVICH, ERIC (ET ALS)
Owner Address: 101 E OAK ST UNIT 1-7 OAKLAND NJ 07436
Telephone:
Contractor PSE & G OF OAKLAND
Address 20 VAN VOORAN ROAD OAKLAND, NJ 07436
Telephone: (201) 337-2506 Fax:
License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT A/C UNIT, REPLACEMENT FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Date Printed: 10/6/2016

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number:

Collected By:



CONSTRUCTION PERMIT

Date Issued
Permit #

8/10/16
16-0547

IDENTIFICATION Block: 05103 Lot: 4018 Qualification Code: _____
Work Site Location: 101 E Oak St Contractor: PSE&G
Oakland, NJ 07436 Address: 20 Van Vooren Drive
Owner in Fee: Molly Thomasen Address: Oakland, NJ 07436
Address: Same Tel. (201) 337-2527
Tel. (201) 644-0152 Lic. No. or Bids. Reg. No. _____

is 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: Remove Gas Furnace

ALC SYSTEM

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 \$ 26,540.00

Construction Official: [Signature] Date: 8/10/16

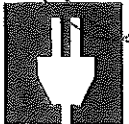
U.C.C. F170 (rev. 01/04)
1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR
To recorder call: Allegra Marketing • Print • Mail (609) 390-1400

4 GOLD-APPLICANT (See reverse side)

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	_____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 34EB Lot 101 East Oak St Qualification Code 01
Work Site Location 101 East Oak St Oakland

Owner in Fee: 201 644-0152 e-mail Thomasevich
Tel. 201 644-0152 e-mail Thomasevich

Address 101 East Oak St Oakland zip code 94612
Contractor: Romar Electrical Contractors Inc. Tel. (866) 729-7662

Address 185 C Madison Avenue
New Milford, New Jersey 07646
Contractor License No. 34EB01402300 Exp. Date 3/31/2018

Home Improvement Contractor Registration No. or Exemption Reason 22-3782792
Federal Emp. ID No. 218.00 FAX: 218.00

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 218.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type	Failure	Approval	Initial	Failure	Approval
☒ No Plans Required					
☐ Partial - Under slab Utilities Approved					
Date: <u> </u> Approved by: <u> </u>					
☐ Electric Plans Approved					
Date: <u> </u> Approved by: <u> </u>					
Joint Plan Review Required:					
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u> </u>					
Approved by: <u> </u>					
SUBCODE APPROVAL for CERTIFICATE					
☐ CO ☐ CCO ☐ CA					
Date: <u> </u>					
Approved by: <u> </u>					

Date Received
Control #
Date Issued
Permit #

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: Robert Martin

Print name here: Robert Martin

☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr'l ☐ Exempt Applicant

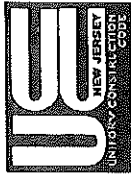
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

REPLASD W/17P & DISCONNECT

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	
0		TOTAL NUMBERS	\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
1	2.5	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 \$
State Permit Surcharge Fee \$
TOTAL FEE \$



MECHANICAL INSPECTOR TECHNICAL SECTION

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

Block: 201 Lot: 101 E. Oak St Qualification Code: XX
Work Site Location: Oakland, NJ 07436
Owner in Fee: Molly Thomas
Address: State
Tel: (201) 644-0152 PUBLIC SERVICE ELECTRIC & GAS
Contractor: 20 VAN VOOREN DR., OAKLAND, NJ 07436
Address: 201) 337-2520 FAX (800) 438-2293
Contractor License No. _____
Federal Emp. No. _____

B. MECHANICAL CHARACTERISTICS

Use Group: R-3, R-4 or R-5
Heating System: ☐ Conversion ☒ Replacement
Fuel: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
Type: ☐ Hydronic ☒ Hot Air
Estimated Cost of Mechanical Work \$ 9,426.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		DATES	
		Type:		Failure	Approval
☒ No Plans Required		Gas Piping			Initial
☐ Joint Plan Review Required		Appliance			
☐ Bldg. [] Plumb.		Chimney/Vent			
☐ Elec. [] Elevator		Oil Piping			
☐ Fire [] Mech.		Oil Tank			
PLANS APPROVED: <u>2/25/16</u>		LPG Tank			
Date: _____		Hydronic Piping			
Approved by: _____		Fireplace			
SUBCODE APPROVAL		Chimney Cert.			
[] CA [] CCO		Other			
Date: _____					

Approved by: _____

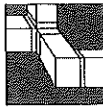
C. CERTIFICATION IN LIEU OF OATH

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

Signature

U.C.C. F145 (rev 5/03)
Internet version
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received
Control #
Date Issued
Permit #



D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing GAS
Furnace, w/c condenser,
and A-coil

FIXTURE/EQUIPMENT

NO.	
	Water Heater
	Fuel Oil Piping
	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Other <u>w/c condenser</u>

FEE (Office Use Only)

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



Oakland Borough
ONE MUNICIPAL PLAZA
OAKLAND, NJ 07436

Date Issued 5/13/2014
Control Number C-14-0197
Permit Number 14-0169
Permit Issue Date 4/16/2014
Certificate Number 14-0169

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: I-7 EAST OAK STREET Oakland Borough, NJ Block: 3903 Lot: 42.18 Qual: _____
Owner In Fee: THOMASEVICH
Owner Address: 101 E OAK ST UNIT I-7 OAKLAND NJ 07436
Telephone: _____
Contractor THOMASEVICH
Address 101 E OAK ST UNIT I-7 OAKLAND NJ 07436
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: GAS LINE FOR BBQ GRILL

Certificate Comments:

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☒ **Certificate of Approval**

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☐ Partial or limited time period (years); see file

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☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Date Printed: 5/13/2014

U.C.C. F200 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued
Permit #

4/16/14
14-01169

IDENTIFICATION Block 3903 Lot 00042 0018 Qualification Code _____
Work Site Location 101 E. Oak St., Unit I-7,
Oakland NJ 07436
Owner in Fee Thomas Thomasevich
Address 101 E. Oak St. Unit I-7
Oakland NJ 07436
Tel. (201) 644-0152
Contractor _____ Qualification Code _____
Address _____
Tel. (_____) _____
Lic. No. or Bldgs. Reg. No. _____

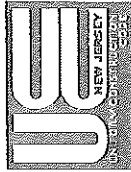
Is hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☒ OTHER gas line
(Subchapter 8 only) for barbecue grill

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	<u>624</u>
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>1</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>625</u>
Check No.	<u>119</u>
Cash	_____
Collected by	<u>[Signature]</u>

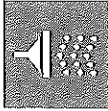
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$ _____

Construction Official [Signature] Date 4/16/14

U.C.C. F170 (rev. 01/04)
1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT (see reverse side)



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 3903 Lot 00042 0018 Qualification Code _____
Work Site Location 101 E. Oak St., Unit I-1, Oakland, NJ 07436

Owner in Fee: Thomes Thomasevich
Tel. (201) 644-0152 e-mail _____
Address 101 E. Oak St., Unit I-1, Oakland, NJ 07436 zip code _____
Contractor: Self street _____ Tel. (_____) _____
Address _____ e-mail _____
Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

B. PLUMBING CHARACTERISTICS

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

JOBSUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Slab	Rough	Failure	Approval
☒ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☐ Plumbing and Approved					
Date: <u>4/16/14</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL					
☐ CO	☐ CCO	☐ CA			
Date: _____					
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.

Thomes Thomasevich
Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

gas line for barbeque grill

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	_____
1	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____

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

Date Received
Control #

Date Issued
Permit #

New Search

Block:	3903	Prop Loc:	1-7 EAST OAK STREET	Owner:	THOMASEVICH, ERIC (ET ALS)	Square Ft:	1408	Year Built:	1984	Style:		EPL Code:	0 0 0	Statute:		Initial:	000000 Further: 000000	Desc:		Taxes:	7713.40 / 0.00		
Qual:		Class:	2	City State:	OAKLAND NJ 07436																		
Lot:	42.18	District:	0242 OAKLAND	Street:	101 E OAK ST UNIT 1-7																		
Prior Block:	3301.10	Act Num:		Add Lots:																			
Prior Lot:	36	Mtg Acct:		Land Desc:	0.002 AC																		
Prior Qual:		Bank Code:	0	Bldg Desc:	2SF2G																		
Updated:	12/02/11	Tax Codes:		Class4Cd:	0																		
Zone:		Map Page:		Acresage:	0.002																		
Sale Date:	10/13/11	Book:	862	Page:	424	Price:	330000	NU#:	0	Ratio:													
Sale Date:	10/13/11	Book:	9376	Page:	232	Price:	414000	NU#:	86.21	Ratio:													
More Info:	08/02/07	Date:		Book:	9376	Page:	232	Price:	414000	NU#:	86.21												
More Info:	10/13/11	Date:		Book:	862	Page:	424	Price:	330000	NU#:	91.09												
Year	2014	Owner Information		Land/Imp/Tot Exemption Assessed	Property Class																		
	2014	THOMASEVICH, ERIC (ET ALS)		120000	0	300600	2																
		101 E OAK ST UNIT 1-7		180600																			
		OAKLAND NJ 07436		300600																			
	2013	THOMASEVICH, ERIC (ET ALS)		120000	0	300600	2																
		101 E OAK ST UNIT 1-7		180600																			
		OAKLAND NJ 07436		300600																			
	2012	THOMASEVICH, ERIC (ET ALS)		120000	0	300600	2																
		101 E OAK ST UNIT 1-7		180600																			
		OAKLAND NJ 07436		300600																			
	2011	MANGANO, THERESA M		120000	0	300600	2																
		101 E OAK ST UNIT 1-7		180600																			
		OAKLAND NJ 07436		300600																			

More Info

More Info

Year

Owner Information

Land/Imp/Tot Exemption Assessed

Property Class

TAX-11ST-HISTORY

MANGANO, THERESA M

THOMASEVICH, ERIC (ET ALS)

Grantee

From the

one person

more info then
one reason

**FIRE PREVENTION BUREAU
BOROUGH OF OAKLAND
1 MUNICIPAL PLAZA
OAKLAND, N.J. 07436**

**DAN HAGBERG
FIRE OFFICIAL
RALPH PORRINO
FIRE INSPECTOR**

201-337-9616 OFFICE

201-337-9212 FAX

CERTIFICATE OF CONTINUED OCCUPANCY SMOKE DETECTOR / CO ALARM COMPLIANCE

Issued by: Borough of Oakland
Fire Prevention Bureau
1 Municipal Plaza
Oakland, New Jersey 07436
Phone: (201) 337-9616
LEA Code # 0242-001

Date: October 4, 2011

Issued to: THERESA MANGANO
101 EAST OAK STREET
OAKLAND, N.J. 07436
Apartment: I-7
Fee Paid: 175.00

3903
92.18

EXPIRATION SHALL BE SIX MONTHS FROM THE ABOVE DATE.

TAKE NOTICE THAT THE AFOREMENTIONED LOCATION HAS BEEN INSPECTED BY THE DULY APPOINTED LOCAL ENFORCING AGENCY FOR THE ABOVE JURISDICTION.

TAKE FURTHER NOTICE THAT THIS LOCATION CONFORMS TO THE APPLICABLE REGULATIONS OF THE UNIFORM FIRE CODE IN REGARDS TO SMOKE DETECTOR AND CARBON MONOXIDE DETECTOR REQUIREMENTS IN A RESIDENCE AT THE TIME OF A CHANGE OF OCCUPANCY.

SMOKE\CO DETECTOR:

<u>FLOOR LEVEL:</u>	<u>DETECTOR TYPE:</u>	<u>LOCATION:</u>	<u>OPERABLE?</u>
MAIN	SMOKE DETECTORS	BEDROOM AREA	YES
MAIN	CARBON MONOXIDE	BEDROOM AREA	YES
MAIN	FIRE EXTINGUISHER	KITCHEN	YES



Fire Official / Fire Inspector

APPLICATION FOR CONTINUED CERTIFICATE OF OCCUPANCY (CCO)

Borough Ordinance 91-215

Check One

Resale ☒ Rental ☐ Refinance: if required by bank ☐

Fee for inspection \$175.00

1482

**THIS APPLICATION MUST BE SUBMITTED WITH A COPY OF PROPERTY SURVEY
ALL BUILDING PERMITS MUST BE CLOSED BY APPLICANT**

For appointment please call Ralph Porrino at 201-337-9616 (Mon, Thurs. & Fri.)

Name & Address of owner:

Theresa MANGANO
101 E OAK ST I-7
OAKLAND201 421-9399 Phone Home
Work

Property Location for CCO: 5 A A

Block- 3903 Lot - 42.18

Full name of buyer _____ approximate closing date 10-7-2011

Type if Building: ☒ Single Family _____ Two Family _____ Multi Family _____ Mixed use _____Building Characteristics: Water supply: ☒ Borough _____ Well _____
Sewage Disposal: ☒ Septic _____ Sewer _____

Breakdown on Total Rooms

Kitchen ☒ Dining Room _____ Living Room ☒ Bedroom ☒ Bathroom ☒
Rec. of Family room _____ Basement ☒ Attic ☒ Garage: Attached ☒ or Detached _____
Shed _____ 2

Have any previous municipal approvals been granted to this property?

None ☒
Planning Board _____ dated _____, Board of Adjustment _____ dated _____

Explain below if approvals were granted: UNKNOWN

Are there any abandoned wells, septic, fuel tanks, etc. on the property? No _____, Yes _____
If yes please explain: UNKNOWN

What type of Fire Protection Equipment is present?

Smoke Detectors ☒ Quantity _____, Battery or Electric ☒
Sprinkler ☒

Have there been any Construction Permits issued on this property in the last five years?

None ☒
Building _____ dated _____, Electric _____ dated _____
Plumbing _____ dated _____, Fire _____ dated _____Signature of Home Owner or Agent Theresa Mangan dated _____

For office use only

Application Received 9/27/11, Open Permits _____

Date of scheduled inspection 10/4/11

11-1120