



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 8/21/2019
Control # 00001309
Date issued 9/9/2019
Permit # 19-01465

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

Block 604 Lot 13 Qualification Code _____

Work Site Location 1125 RICHMOND PL

UNION, NJ 07083

Owner In Fee: ACCESS CAPITAL INVESTMENTS

Tel. _____ e-mail _____

Address 100 CHALLENGER ROAD, RIDGEFIELD PARK, NJ 07660

Contractor: ACI BUILDERS Tel. (201) 838-7000

Address 100 CHALLENGER ROAD e-mail JKAYED@JERSEYINVEST.CO

RIDGEFIELD PARK, NJ 07660

Contractor License No. or Builder Registration No. 13VH10174800 Exp. Date 3/31/2020

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)					
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Date	Initial	Type:	Failure	Failure	Approval
☐ No Plans Required	_____	_____	_____	_____	_____
☐ All	_____	Footings	_____	_____	_____
☐ Footings/Foundations	_____	Footings Bonding	_____	_____	_____
☐ Structural/Framework	_____	Foundation	_____	_____	_____
☐ Exterior	_____	Slab	_____	_____	_____
☐ Interior	_____	Frame	_____	_____	_____
Joint Plan Review Required:	_____	Truss Sys./Bracing	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for PERMIT	_____	Insulation	_____	_____	_____
Date: <u>09/04/2019</u>	_____	Finishes -Base Layer	_____	_____	_____
Approved by: <u>JD</u>	_____	Finishes -Final	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	_____	Energy	_____	_____	_____
☐ CO ☐ CCO ☐ CA	_____	Mechanical	_____	_____	_____
Date: _____	_____	TCO	_____	_____	_____
Approved by: _____	_____	Other	_____	_____	_____
	_____	Final	_____	_____	_____
	_____	Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 Constr. Class Present _____ Proposed _____

No. of Stories 0 If Industrialized Building: State Approved _____ HUD _____

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 _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0.00

2. Rehabilitation \$ 3,500.00

3. Total (1 + 2) \$ 3,500.00

U.C.C. F110 (rev. 11/09)

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMODELING 2 BATHROOMS, KITCHEN HVAC REPLACEMENT, ADD
HEADER

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ 0 _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ 0 _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

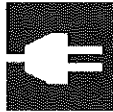
\$ _____ 0.00
_____ 0.00
_____ 120.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00

Administrative Surcharge \$ _____ 0.00
Minimum Fee \$ _____ 120.00
State Permit Surcharge Fee \$ _____ 7.00
TOTAL FEE \$ _____ 127.00

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Closed

Date Received 8/21/2019
Control # 00001309
Date Issued 9/9/2019
Permit # 19-01465

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

Block 604 Lot 13 Qualification Code _____

Work Site Location 1125 RICHMOND PL.

UNION, NJ 07083

Owner in Fee: ACCESS CAPITAL INVESTMENTS

Tel. _____ e-mail _____

Address 100 CHALLENGER ROAD, RIDGEFIELD PARK, NJ 07660

Contractor: J AND T ELECTRICAL SERVICES Tel. (973) 977-2200

Address 207 PIGGET AVENUE e-mail JKAYED@JERSEYINVEST.CO

CLIFTON, NJ 07011

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 201297435 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
☐ No Plans Required		Rough	_____	09/19	MJ
☐ Partial -Underslab Utilities Approved		Barrier-Free	_____		
Date: _____ Approved by: _____		Trench	_____		
☐ Electric Plans Approved		Temp. Serv.	_____		
Date: _____ Approved by: _____		Constr. Serv.	_____		
Joint Plan Review Required:		TCO	_____		
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other	_____		
SUBCODE APPROVAL for PERMIT		Service	_____		
Date: <u>08/29/2019</u>		Final	_____		
Approved by: <u>DG</u>		Barrier-Free	_____		
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____		
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued	_____		
Date: _____		Annual Pool Inspection	_____		
Approved by: _____		Date of Grounding and Bonding	_____		
		Certification	_____		

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: _____

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

D. TECHNICAL SITE DATA

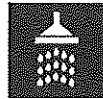
DESCRIPTION OF WORK: REMODELING 2 BATHROOMS, KITCHEN HVAC REPLACEMENT, ADD HEADER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
16		Lighting Fixtures	
12		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
34		TOTAL NUMBERS	\$ <u>60.00</u>
		Pool Permit/with UW Lights	<u>0.00</u>
		Storable Pool/Spa/Hot Tub	<u>0.00</u>
0		KW Elec. Range/Receptacle	<u>0.00</u>
0		KW Oven/Surface Unit	<u>0.00</u>
0		KW Elec. Water Heater	<u>0.00</u>
0		KW Elec. Dryer/Receptacle	<u>0.00</u>
1	1	KW Dishwasher	<u>20.00</u>
0		HP Garbage Disposal	<u>0.00</u>
1	4	KW Central A/C Unit	<u>20.00</u>
0		HP/KW Space Heater/Air Handler	<u>0.00</u>
0		KW Baseboard Heat	<u>0.00</u>
0		HP Motors 1/+ HP	<u>0.00</u>
0		KW Transformer/Generator	<u>0.00</u>
0		AMP Service	<u>0.00</u>
0		AMP Subpanels	<u>0.00</u>
0		AMP Motor Control Center	<u>0.00</u>
0		KW Elec. Sign/Outline Light	<u>0.00</u>
0			<u>0.00</u>

Administrative Surcharge \$ 0.00
Minimum Fee \$ 120.00
State Permit Surcharge Fee \$ 7.00
TOTAL FEE \$ 127.00



PLUMBING SUBCODE TECHNICAL SECTION



Closed

Date Received 8/21/2019
Control # 00001309
Date Issued 9/9/2019
Permit # 19-01465

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

Block 604 Lot 13 Qualification Code _____

Work Site Location 1125 RICHMOND PL
UNION, NJ 07083

Owner in Fee: ACCESS CAPITAL INVESTMENTS

Tel. [REDACTED] e-mail [REDACTED]

Address 100 CHALLENGER ROAD, RIDGEFIELD PARK, NJ 07660
street municipality zip code

Contractor: ALPINE HEATING PLUMBING Tel. (973) 202-2190

Address 93 HUDSON STREET e-mail JKAYED@JERSEYINVEST.CO
CLIFTON, NJ 07011

Contractor License No. _____ Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 6,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Slab				
☐ Partial -Underslab Utilities Approved		Rough				
Date: _____ Approved by: _____		Water				
☐ Plumbing Plans Approved		Sewer				
Date: _____ Approved by: _____		Fixtures				
Joint Plan Review Required:		Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping				
SUBCODE APPROVAL for PERMIT		LPGas Tank				
Date: <u>08/27/2019</u>		Fuel Oil Piping				
Approved by: <u>VF</u>		Solar				
SUBCODE APPROVAL for CERTIFICATE		TCO				
☐ CO ☐ CCO ☐ CA		Final	<u>11/26</u>	<u>12/12</u>	<u>10/10</u>	<u>VF</u>
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.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMODELING 2 BATHROOMS, KITCHEN HVAC REPLACEMENT, ADD HEADER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	\$ 40.00
0	Urinal/Bidet	0.00
1	Bath Tub	20.00
2	Lavatory	40.00
1	Shower	20.00
0	Floor Drain	0.00
1	Sink	20.00
1	Dishwasher	20.00
0	Drinking Fountain	0.00
1	Washing Machine	20.00
0	Hose Bibb	0.00
1	Water Heater	75.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Stacks	0.00
1	Other A/C	65.00

Administrative Surcharge \$ 0.00
Minimum Fee \$ 385.00
State Permit Surcharge Fee \$ 13.00
TOTAL FEE \$ 398.00



ELECTRICAL SUBCODE TECHNICAL SECTION



Closed

Date Received 8/23/2019
Control # 00001878
Date Issued 12/30/2019
Permit # 19-01465+3

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

Block 604 Lot 13 Qualification Code _____

Work Site Location 1125 RICHMOND PL

UNION, NJ 07083

Owner in Fee: ACCESS CAPITAL INVESTMENTS

Tel. [REDACTED] e-mail [REDACTED]

Address 100 CHALLENGER ROAD, RIDGEFIELD PARK, NJ 07660

Contractor: I AND T ELECTRICAL LIGHTING LLC Tel. (973) 977-2200

Address 207 PIAGET AVENUE e-mail FAIRCLOUGHFUEL@HOTMAIL.COM

CLIFTON, NJ 07011

Contractor License No. 34EB00588900 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 201297435 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 700.00

JOB SUMMARY (Office Use Only)					
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required		Type:	Failure	Approval	Initial
☐ Partial -Underslab Utilities Approved		Rough			
Date: _____ Approved by: _____		Barrier-Free			
☐ Electric Plans Approved		Trench			
Date: _____ Approved by: _____		Temp. Serv.			
Joint Plan Review Required:		Constr. Serv.			
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		TCO			
		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: _____		Final		06/04	
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued			
Date: _____		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding Certification			

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: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: UPDATE C 200 AMP SERVICE

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	\$ _____ 0.00
_____	_____	Pool Permit/with UW Lights	_____ 0.00
_____	_____	Storable Pool/Spa/Hot Tub	_____ 0.00
_____	0	KW Elec. Range/Receptacle	_____ 0.00
_____	0	KW Oven/Surface Unit	_____ 0.00
_____	0	KW Elec. Water Heater	_____ 0.00
_____	0	KW Elec. Dryer/Receptacle	_____ 0.00
_____	0	KW Dishwasher	_____ 0.00
_____	0	HP Garbage Disposal	_____ 0.00
_____	0	KW Central A/C Unit	_____ 0.00
_____	0	HP/KW Space Heater/Air Handler	_____ 0.00
_____	0	KW Baseboard Heat	_____ 0.00
_____	0	HP Motors 1/+ HP	_____ 0.00
_____	0	KW Transformer/Generator	_____ 0.00
1	200	AMP Service	_____ 65.00
_____	0	AMP Subpanels	_____ 0.00
_____	0	AMP Motor Control Center	_____ 0.00
_____	0	KW Elec. Sign/Outline Light	_____ 0.00
_____	0		_____ 0.00

Administrative Surcharge \$ _____ 0.00
Minimum Fee \$ _____ 65.00
State Permit Surcharge Fee \$ _____ 2.00
TOTAL FEE \$ _____ 67.00



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 8/21/2019
Control # 00001647
Date Issued
Permit # 19-01465+1

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

Block 604 Lot 13 Qualification Code _____
Work Site Location 1125 RICHMOND PL
UNION, NJ 07083

Owner In Fee: ACCESS CAPITAL INVESTMENTS

Tel. [REDACTED] e-mail [REDACTED]

Address 100 CHALLENGER ROAD, RIDGEFIELD PARK, NJ 07660

Contractor: ACI BUILDERS Tel. (201) 838-7000

Address 100 CHALLENGER ROAD e-mail JKAYED@JERSEYINVEST.CO

RIDGEFIELD PARK, NJ 07660

Contractor License No. or Builder Registration No. 13VH10174800 Exp. Date 3/31/2020

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☐ No Plans Required			Footing			
☐ All			Footing Bonding			
☐ Footings/Foundations			Foundation			
☐ Structural/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer			
Date: _____			Finishes -Final			
Approved by: _____			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
☐ CO ☐ CCO ☐ CA			TCO			
Date: _____			Other			
Approved by: _____			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 Constr. Class Present _____ Proposed _____
No. of Stories 0
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 0
Max. Occupancy Load 0

If Industrialized Building:
State Approved _____ HUD _____
Est. Cost of Bldg. Work:
1. New Bldg. \$ _____ 0.00
2. Rehabilitation \$ _____ 0.00
3. Total (1+ 2) \$ _____ 0.00

U.C.C. F110 (rev. 11/09)

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RENOVATE BASEMENT WITH SHEET ROCK

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ 0 _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ 0 _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

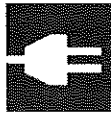
\$ _____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00

Administrative Surcharge \$ _____ 0.00
Minimum Fee \$ _____ 60.00
State Permit Surcharge Fee \$ _____ 0.00
TOTAL FEE \$ _____ 60.00

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Closed

Date Received 10/22/2019
Control # 00001873
Date Issued 11/6/2019
Permit # 19-01465+2

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

Block 604 Lot 13 Qualification Code _____

Work Site Location 1125 RICHMOND PL

UNION, NJ 07083

Owner in Fee: ACCESS CAPITAL INVESTMENTS

Tel. _____ e-mail _____

Address 100 CHALLENGER ROAD, RIDGEFIELD PARK, NJ 07660

Contractor: J AND T ELECTRICAL Tel. (973) 977-2200

Address 207 PIGGET AVE. e-mail tomklimers@yahoo.com

CLIFTON, NJ 07011

Contractor License No. _____ Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 2012797435 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 400.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Rough	_____	_____	_____	_____
☐ Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
☐ Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	11/26	DG
Date: _____		Final	_____	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued	_____			
Date: _____		Annual Pool Inspection	_____			
Approved by: _____		Date of Grounding and Bonding Certification	_____			

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: _____

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

D. TECHNICAL SITE DATA

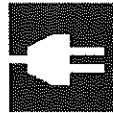
DESCRIPTION OF WORK: UPDATE B ADD 6 RECEPTACLES, 6 SWITCHES, 6 LIGHTS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	\$ 60.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
	0	KW Elec. Range/Receptacle	0.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
	0	KW Elec. Dryer/Receptacle	0.00
	0	KW Dishwasher	0.00
	0	HP Garbage Disposal	0.00
	0	KW Central A/C Unit	0.00
	0	HP/KW Space Heater/Air Handler	0.00
	0	KW Baseboard Heat	0.00
	0	HP Motors 1/+ HP	0.00
	0	KW Transformer/Generator	0.00
	0	AMP Service	0.00
	0	AMP Subpanels	0.00
	0	AMP Motor Control Center	0.00
	0	KW Elec. Sign/Outline Light	0.00
	0		0.00

Administrative Surcharge \$ 0.00
Minimum Fee \$ 60.00
State Permit Surcharge Fee \$ 1.00
TOTAL FEE \$ 61.00



ELECTRICAL SUBCODE TECHNICAL SECTION



Open

Date Received 3/19/2020
Control # 00002953
Date Issued 5/4/2020
Permit # 20-601

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

Block 604 Lot 13 Qualification Code _____

Work Site Location 1125 RICHMOND PL

UNION, NJ 07083

Owner in Fee: ACCESS CAPITAL INVESTMENTS LLC

Tel. _____ e-mail _____

Address 100 CHALLENGER RD #830, RIDGEFIELD PK., NJ 07660

Contractor: RADATA@C@ INC. Tel. (973) 927-7303

Address 27 IRONIA ROAD e-mail MC2@radata.com

FLANDERS, NJ 07836

Contractor License No. 13VH03674100 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-3140424 FAX: 9739278758

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 250.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial	
[] No Plans Required		Rough					
[] Partial -Underslab Utilities Approved		Barrier-Free					
Date: _____ Approved by: _____		Trench					
[] Electric Plans Approved		Temp. Serv.					
Date: _____ Approved by: _____		Constr. Serv.					
Joint Plan Review Required:		TCO					
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other					
SUBCODE APPROVAL FOR PERMIT		Service					
Date: <u>03/25/2020</u>		Final					
Approved by: <u>DG</u>		Barrier-Free					
SUBCODE APPROVAL FOR CERTIFICATE		Temp. Cut-in-Card Date Issued					
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued					
Date: _____		Annual Pool Inspection					
Approved by: _____		Date of Grounding and Bonding Certification					

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: _____

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 1 SUB-SLAB VENTILATION SYSTEM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
<u>1</u>	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<u>1</u>	_____	TOTAL NUMBERS	\$ <u>60.00</u>
_____	_____	Pool Permit/with UW Lights	<u>0.00</u>
_____	_____	Storable Pool/Spa/Hot Tub	<u>0.00</u>
_____	<u>0</u>	KW Elec. Range/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Oven/Surface Unit	<u>0.00</u>
_____	<u>0</u>	KW Elec. Water Heater	<u>0.00</u>
_____	<u>0</u>	KW Elec. Dryer/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Dishwasher	<u>0.00</u>
_____	<u>0</u>	HP Garbage Disposal	<u>0.00</u>
_____	<u>0</u>	KW Central A/C Unit	<u>0.00</u>
_____	<u>0</u>	HP/KW Space Heater/Air Handler	<u>0.00</u>
_____	<u>0</u>	KW Baseboard Heat	<u>0.00</u>
_____	<u>0</u>	HP Motors 1/+ HP	<u>0.00</u>
_____	<u>0</u>	KW Transformer/Generator	<u>0.00</u>
_____	<u>0</u>	AMP Service	<u>0.00</u>
_____	<u>0</u>	AMP Subpanels	<u>0.00</u>
_____	<u>0</u>	AMP Motor Control Center	<u>0.00</u>
_____	<u>0</u>	KW Elec. Sign/Outline Light	<u>0.00</u>
_____	<u>0</u>		<u>0.00</u>

Administrative Surcharge \$	<u>0.00</u>
Minimum Fee \$	<u>60.00</u>
State Permit Surcharge Fee \$	<u>1.00</u>
TOTAL FEE \$	<u>61.00</u>



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 552787
Date Issued 7/17/2003
Permit # 03-1393

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

Block 604 Lot 13 Qualification Code _____
Work Site Location 1125 RICHMOND PL
UNION, NJ 07083
Owner In Fee: HOLMES, KAREN L
Tel. _____ e-mail _____
Address 1125 RICHMOND PL, UNION, NJ 07083
Contractor: HOLMES, KAREN L Tel. _____
Address 1125 RICHMOND PL e-mail _____
UNION, NJ 07083,
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	_____	_____	Type: _____	Failure _____ Approval _____
[] All	_____	_____	Footling	_____
[] Footings/Foundations	_____	_____	Footling Bonding	_____
[] Structural/Framework	_____	_____	Foundation	_____
[] Exterior	_____	_____	Slab	_____
[] Interior	_____	_____	Frame	_____
Joint Plan Review Required:	_____	_____	Truss Sys./Bracing	_____
[] Elec. [] Plumb. [] Fire [] Elevator	_____	_____	Barrier-Free	_____
SUBCODE APPROVAL for PERMIT	_____	_____	Insulation	_____
Date: _____	_____	_____	Finishes -Base Layer	_____
Approved by: _____	_____	_____	Finishes -Final	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Energy	_____
[] CO [] CCO [] CA	_____	_____	Mechanical	_____
Date: _____	_____	_____	TCO	_____
Approved by: _____	_____	_____	Other	_____
	_____	_____	Final	_____
	_____	_____	Barrier-Free	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
No. of Stories _____ 0
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 _____ 0
Max. Occupancy Load _____ 0
Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____
Est. Cost of Bldg. Work:
1. New Bldg. \$ _____ 0.00
2. Rehabilitation \$ _____ 0.00
3. Total (1 + 2) \$ _____ 0.00

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - ABOVE GROUND POOL

TYPE OF WORK:

- [] New Building
[] Addition
[] Rehabilitation
[] Roofing
[] Siding
[] Fence _____ Height (exceeds 6')
[] Sign _____ 0 _____ Sq. Ft.
[] Pool
[] Retaining Wall _____ 0 _____ Sq. Ft.
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Radon Remediation
[] Other _____
[] Demolition

FEE (Office Use Only)

\$ _____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00
_____ 0.00

Administrative Surcharge \$ _____ 0.00
Minimum Fee \$ _____ 75.00
State Permit Surcharge Fee \$ _____ 0.00
TOTAL FEE \$ _____ 75.00

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



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 542562
Date Issued 8/16/2005
Permit # 05-1654

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

Block 604 Lot 13 Qualification Code _____

Work Site Location 1125 RICHMOND PL

UNION, NJ 07083

Owner In Fee: HOLMES, KAREN L

Tel. _____ e-mail _____

Address 1125 RICHMOND PL, UNION, NJ 07083

street municipality zip code

Contractor: HOLMES, KAREN L Tel. _____

Address 1125 RICHMOND PL e-mail _____

UNION, NJ 07083,

Contractor License No. or Bullder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required	_____	_____	Type:	_____	_____	_____	_____
☐ All	_____	_____	Footling	_____	_____	_____	_____
☐ Footings/Foundations	_____	_____	Footling Bonding	_____	_____	_____	_____
☐ Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
☐ Exterior	_____	_____	Slab	_____	_____	_____	_____
☐ Interior	_____	_____	Frame	_____	_____	_____	_____
Joint Plan Review Required:			Truss Sys./Bracing	_____	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Insulation	_____	_____	_____	_____
Date: _____			Finishes -Base Layer	_____	_____	_____	_____
Approved by: _____			Finishes -Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Energy	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA			Mechanical	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 Constr. Class Present _____ Proposed _____

No. of Stories 0

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 0

Max. Occupancy Load 0

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____ 0.00

2. Rehabilitation \$ _____ 0.00

3. Total (1 + 2) \$ _____ 0.00

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - ROOF

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ 0 _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ 0 _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

_____ 0.00

Administrative Surcharge \$ _____ 0.00

Minimum Fee \$ _____ 75.00

State Permit Surcharge Fee \$ _____ 0.00

TOTAL FEE \$ _____ 75.00



NOTICE OF VIOLATION

Township of Union
Building Department
1976 Morris Avenue
Union, NJ 07083

HOLMES, KAREN L
1125 RICHMOND PL
UNION, N.J. 07083

Reference # 2019-05-0126

Notice Date: 05/13/2019

The following orders are issued for correction of violations found upon inspection of the premises located at:

Address: 1125 RICHMOND PL, UNION, NJ 07083
Block: 604 Lot: 13
Building Owner: HOLMES, KAREN L
Address: 1125 RICHMOND PL, UNION, N.J. 07083

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE THE LISTED DATES BELOW

Failure to comply will result in fines and court appearance.

- | | |
|--|-------------------------|
| 1) Inspection Date: 05/08/2019 | Comply Date: 05/08/2019 |
| 170-173. Abandonment. | |
| Pool must be drained and covered, or removed. | |
| <hr/> | |
| 2) Inspection Date: 05/08/2019 | Comply Date: 05/08/2019 |
| 170-129. Outdoor storage. | |
| Outdoor storage is not permitted. | |
| <hr/> | |
| 3) Inspection Date: 05/08/2019 | Comply Date: 05/08/2019 |
| 406-17 Condition of lot. | |
| Grass must be cut and maintained. Shrubs and bushes must be trimmed. Refuse and debris must be cleaned up and removed. | |

Further details of the cited ordinances can be viewed at www.ecode360.com/un1023?needHash=true

Township of Union
Housing Inspector
Dan Piparo
(908) 810-7097



NOTICE OF VIOLATION

Township of Union
Building Department
1976 Morris Avenue
Union, NJ 07083

HOLMES, KAREN L
1125 RICHMOND PL
UNION, N.J. 07083

Reference # 2017-05-0480

Notice Date: 05/12/2017

The following orders are issued for correction of violations found upon inspection of the premises located at:

Address: 1125 RICHMOND PL, UNION, NJ 07083
Block: 604 Lot: 13
Building Owner: HOLMES, KAREN L
Address: 1125 RICHMOND PL, UNION, N.J. 07083

**THIS ORDER MUST BE COMPLIED WITH ON OR
BEFORE THE LISTED DATES BELOW
Failure to comply will result in fines and court appearance.**

- | | |
|--|-------------------------|
| 1) Inspection Date: 05/12/2017 | Comply Date: 05/22/2017 |
| 170-129. Outdoor storage. | |
| Outdoor storage is not permitted. | |
| <hr/> | |
| 2) Inspection Date: 05/12/2017 | Comply Date: 05/22/2017 |
| 406-17 Condition of lot. | |
| Grass must be cut and maintained. Shrubs and bushes must be trimmed. Refuse and debris must be cleaned up and removed. | |

Further details of the cited ordinances can be viewed at www.ecode360.com/uiN1023?needHash=true

Township of Union
Housing Inspector
Dan Piparo
(908) 810-7097