

TOWNSHIP OF CLARK
UNION COUNTY, N. J.

Temp-

No 3053 -

OFFICE OF THE BUILDING INSPECTOR

Certificate of Occupancy

This Certifies that a building or Premises located at *28*

Liberty Blvd Lot *8+9* Block *72*
complies with all the provisions of the building zone ordinance of
the Township of Clark in the County of Union, State of New Jersey.

This Certificate
is issued to

Sherman Borker

John Duenkelmann

Signature of Building Inspector of the Township of Clark,
County of Union, State of New Jersey

Jan - 22 - 69 -
Date

PERMIT N^o 10959

TOWNSHIP OF CLARK

UNION COUNTY, N. J.

DIVISION OF CODE ENFORCEMENT

This Permit is issued to

E. J. Conditelli

Date

March 4, 1983

per plan or plans submitted to and approved by the Construction Official.

All work to be done in accordance with the Building Code of the Township of Clark.

Total Cost of Construction Estimated to be \$ *5000.*

Number of Families in House

Offic. Det.

Location, Street or Avenue

28 Liberty Blvd.

Lot No.

8

Block No.

72

Constructor's Name

Owner

Permit Fee \$

148.00

Construction Official

Township of Clark, Union County, N. J.

Any Change of Plans must be first approved by the Construction Official.

Any Change of plans or Specifications after same have been filed with this Office must be approved by the Construction Official. Failure on the part of the Owner, Builder or Contractor or Sub-Contractor to comply with the above rule will invalidate this Building Permit.

TOWNSHIP OF CLARK - DIVISION OF CODE ENFORCEMENT

APPLICATION FOR CONSTRUCTION PERMIT

1. Application is made to the Construction Official for the approval of this application and supporting data for proposed construction herein described. The applicant agrees that all provisions of the New Jersey Uniform Construction Code Act and Regulations in addition to Municipal Zoning Laws and Ordinances will be complied with during construction, whether specified herein or not. Three copies of the construction plans and three copies of the plot survey must accompany the application.

PLEASE COMPLETE ALL APPLICABLE PARTS

2. DATE: 2/15/83

3. LOCATION: 28 Gibson Blvd. : 8 72

4. APPLICANT: Edward J. Rondinelli Street and No. Lot Block Zone District
 Phone Address 77 Brant Ave. Clark, NJ

5. If applicant is a corporation, name and address of responsible officer:

6. Size of Lot: 20,000 street frontage 100 depth 200
 area

7. Permission is requested to: Construct (), Alter (), Extend (), Install (), Demolish (), One-family residence (), Two-family residence (), Private garage (), Public building (), type Office building (), Retail store (), Oil burner (), Oil tank (), Gas tank (), Swimming Pool (), Sign (), Plumbing () Other

8. Is heating involved - Yes () No () Electrical - Yes () No () Plumbing - Yes () No ()

9. Present use of existing building: One-family residence (), Two-family residence () Other Office Bldg.

10. Proposed use of existing building when altered or enlarged: One-family residence (), Two-family residence (), Other Office Bldg.

11. Proposed use of a new building:

One-family residence (), Two-family residence (), Other

12. GENERAL BUILDING:

Use Group Classification () (If two-family or less indicate R-3)

Type of Construction () (If two-family or less indicate 4B)

Total floor area (sum of all floors) of new construction sq. ft.

Total building or structure volume in cubic feet 40,000

List any hazardous facilities or particulars, proposed in new construction

13. PLUMBING:

Sewer connection (), Water line (), Type of plumbing fixtures to be installed=water closets (), Lavatories (), Bathrooms (), Stacks (), Laundry trays (), Shower stalls (), Sinks (), Urinals (), Water heaters (), Drinking fountains (), Floor drains (), Dishwashers (), Washing machines (), Floor waste grinders (), Grease interceptors (), Oil interceptors (), Gas piping (), Water softeners (), Other

Total number of plumbing fixtures or devices 3

Source of water supply - Public () Well ()

Method of Sanitary Waste Disposal: Public () Septic ()

14. MECHANICAL:

Type of heating: oil fired (), gas fired (), electric (), other

hot water (), steam (), forced air (), other

fuel tanks: interior (), exterior () capacity

Make of furnace (manufacturer) BTUS

Name of oil burner

Type of fuel tank: gasoline () capacity oil tank () capacity

Fire Suppression Systems:

Sprinkler system: Wet (), Dry (), Other

Air Conditioners: Central (), Unit (), Lbs of refrigerant

H. P. of motor (Do not include small window units)

15. ELECTRICAL:

Number of rough wiring outlets: Switches 5 Lighting

Receptacles 10 Total 15

Miscellaneous equipment: Amp service 200 Water heater Oven

Amp receptacles Surface unit Air conditioner Garbage disposal

Dishwasher Dryer Range Pump Burner, wiring & controls

Fractional H. P. vent fans other equipment

Motors: Number horsepower of each motor

16. ELEVATORS & SIMILAR EQUIPMENT: Elevators: type capacity

passenger (), freight (), other

17. Cost of construction: including but not limited to building construction, on-site construction, and all integral equipment, built-in furnishings, and finishes. \$600

Architect Gabriel A. Calenda Address 9 Dundar Rd. Springfield, NJ Phone 376-6680

Engineer _____ Address _____ Phone _____

Contractor Rondell Const. Corp Address 77 Brant Ave. Clark, NJ Phone 574-1750

Plumber Raymond Mahon Address 227 Volker St.
Highland Park, NJ Phone 572-1730

License No. _____
Electrician BHJ Electric Address 181 Stiles St.
Elizabeth, NJ Phone 352-0039

License No. _____
Owner Edward J. Rondinelli Address 77 Brant Ave.
Clark, NJ Phone 574-1750

[Signature]
Signature of Owner
(Leave blank if applicant is other than owner and fill out affidavit below)

Affidavit (To be filled out if applicant is other than owner)
State of New Jersey, County of Union

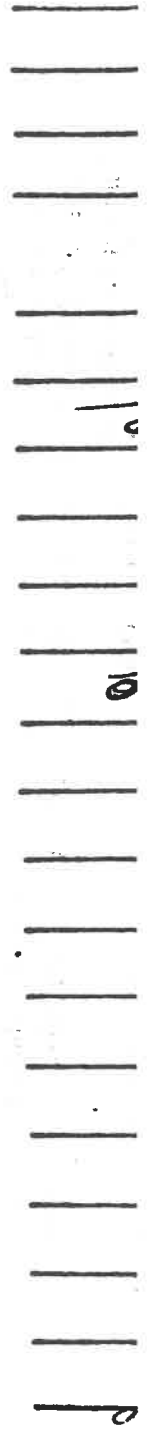
_____ being duly sworn according to law upon his oath disposes
I says:

I am the person making the within application. I am the builder _____ architect _____ agent _____
for the owner of the building proposed to be constructed on the above mentioned premises. The statements
herein contained are correct. The proposed work is authorized by the owner of said premises and I am
authorized by said owner to make this application.

Sworn and subscribed before me this _____ day of _____ 19____.

Notary Public

Signature of Applicant



TOWNSHIP OF CLARK
UNION COUNTY, N. J.

Compliment Certificate
(90) days

No. 3762

OFFICE OF THE BUILDING INSPECTOR

Certificate of Occupancy

This Certifies that a building or Premises located at *28*
Liberty Boulevard Lot *8* Block *72*
complies with all the provisions of the building zone ordinance of
the Township of Clark in the County of Union, State of New Jersey.

This Certificate
is issued to *C. J. ...*

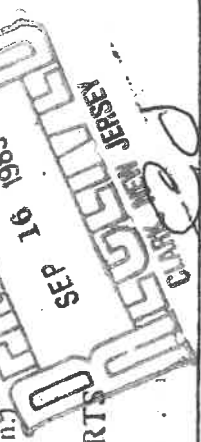
Signature of Building Inspector of the Township of Clark,
County of Union, State of New Jersey

May 5, 1983
Date

TOWNSHIP OF CLARK - DIVISION OF CODE ENFORCEMENT

APPLICATION FOR CONSTRUCTION PERMIT

1. Application is made to the Construction Official for the approval of this application and supporting data for proposed construction herein described. The applicant agrees that all provisions of the Uniform Construction Code Act and Regulations in addition to Municipal Zoning Laws and Ordinances will be complied with during construction, whether specified herein or not. (Three copies of the construction plans and three copies of the plot survey must accompany the application.)



PLEASE COMPLETE ALL APPLICABLE PARTS

2. DATE: 16 Sep 83
 3. LOCATION: 28 Gibson Blvd, 872 Lot Block
 4. APPLICANT: Randall Const Phone 574-1750 Address 28 Gibson Blvd Zone District

5. If applicant is a corporation, name and address of responsible officer:

Edward Randinelli Phone [redacted]
28 Gibson Blvd

6. Size of Lot: 16000 SF 94 LF street frontage 170 LF depth

7. Permission is requested to: Construct (), Alter ☒ Extend (), Install (), Demolish (),
 One-family residence (), Two-family residence (), Private garage (), Public building (),
 type Office building (), Retail store (), Oil burner (), Oil tank (),
 Gas tank (), Swimming Pool (), Sign (), Plumbing () Other Mansard
 8. Is heating involved - Yes () No () Electrical - Yes () No () Plumbing - Yes () No ()
 9. Present use of existing building: One-family residence (), Two-family residence ()
 Other Construction Company Office
 10. Proposed use of existing building when altered or enlarged: One-family residence
 Two-family residence (), Other No Change
 11. Proposed use of a new building:
 One-family residence (), Two-family residence (), Other No change

12. GENERAL BUILDING:

Use Group/Classification (If two-family or less indicate R-3)
 Type of Construction (If two-family or less indicate 4B)
 Total floor area (sum of all floors) of new construction 5000 sq. ft.
 Total building or structure volume in cubic feet _____
 List any hazardous facilities or particulars, proposed in new construction _____

13. PLUMBING:

Sewer connection (), Water line (), Type of plumbing fixtures to be installed=water closets (),
 Lavatories (), Bathubs (), Stacks (), Laundry trays (), Shower stalls (), Sinks (), Urinals (),
 Water heaters (), Drinking fountains (), Floor drains (), Dishwashers (), Washing machines (),
 Floor waste grinders (), Grease interceptors (), Oil interceptors (), Gas piping (), Water softeners (),
 Other _____
 Total number of plumbing fixtures or devices No Changes
 Source of water supply - Public () Well ()
 Method of Sanitary Waste Disposal: Public () Septic ()

14. MECHANICAL:

Type of heating: oil fired (), gas fired (), electric (), other
 hot water ☒ steam (), forced air (), other No Changes
 fuel tanks: interior (), exterior () capacity _____
 Make of furnace (manufacturer) _____ BTUS
 Name of oil burner _____ Name of gas burner _____
 Type of fuel tank: gasoline () capacity _____ oil tank () capacity _____
 Fire Suppression Systems:
 Sprinkler system: Wet (), Dry (), Other None
 Air-Conditioners: Central (), Unit () Lbs of refrigerant _____
 H. P. of motor _____ (Do not include small window units)

15. ELECTRICAL:

Number of rough wiring outlets: Switches _____ Lighting _____
 Receptacles _____ Total _____
 Miscellaneous equipment: Amp service _____ Water heater _____ Oven _____
 Amp receptacles _____ Surface unit _____ Air conditioner _____ Garbage disposal _____
 Dishwasher _____ Dryer _____ Range _____ Pump _____ Burner, wiring & controls _____
 Fractional H. P. vent fans _____ other equipment _____
 Motors: Number _____ horsepower of each motor _____

16. ELEVATORS & SIMILAR EQUIPMENT: Elevators: type _____ capacity _____
 passenger (), freight (), other Carma WLS - Not Po ANY ELEVAT
work.

integral equipment, built-in furnishings, and finishes \$ 5000.00

Architect None Address _____ Phone _____
Engineer _____ Address _____ Phone _____
Contractor Randell Address _____ Phone _____
Plumber _____ Address _____ Phone _____
License No. _____
Electrician DeLo Etc Address _____ Phone _____
License No. _____
Owner Randell Constr Address 28 Gibson Blvd Phone 574-1750

Signature of Owner _____
(Leave blank if applicant is other than owner and fill out affidavit below)

Affidavit (To be filled out if applicant is other than owner)
State of New Jersey, County of Union

_____ being duly sworn according to law upon his oath disposes
d says:

I am the person making the within application. I am the builder X architect _____ agent _____
for the owner of the building proposed to be constructed on the above mentioned premises. The statements
herein contained are correct. The proposed work is authorized by the owner of said premises and I am
authorized by said owner to make this application.

Sworn and subscribed before me this 16 day of Sep 1983

Notary Public Jean T. Hennessey Signature of Applicant _____

JEAN T. HENNESSEY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Sept. 5, 1988

Address 28 Gibson Blvd Estimated Cost 5000.00 Volume _____ State Fee _____
New building _____ Addition _____ Alteration 30.00 Fire protection 25.00
Mechanical _____ Plumbing _____ Electrical _____ Sewer connection _____
Certificate of Occupancy _____ Other _____ Total _____
Plan review _____ Construction fee _____ Total Town & State _____
Approvals: _____
Construction Official _____
Fire Protection Subcode Official _____
Plumbing Subcode Official _____
Other _____

TO THE BUILDING INSPECTOR
TOWNSHIP OF CLARK, N. J. MUNICIPAL BUILDING
APPLICATION TO ALTER, REPAIR OR MOVE BUILDINGS OR STRUCTURES

The owner or lessee, or authorized agent of either, or the Architect employed by such owner or lessee shall fill in this application. (To be typed or in ink.)

PERMIT No. 8682

Application is hereby made on behalf of Gino's, Inc. Date JANUARY 3, 1973
(Owner or Lessee) of premises herein

described for approval of the plans and specifications submitted herewith in duplicate to _____
(Alter, Repair or Move)

the building or structure herein described. All provisions of the Building Code and Zoning Ordinance shall be complied with whether specified herein or not.

1. Block No. 72 Lot No. 28 Zone C0.
2. Owner _____ Address 28 Gibson Blvd.
3. Address of present building _____
4. Plans prepared by _____ Address _____
5. General Contractor _____

6. Classification of present occupancy vacant
7. Classification of construction of present building Cinder Blk. + Brook.
8. Number of families office
9. Size of lot, feet front See plat plan feet rear _____ feet deep _____
10. Size of present building, front See plat plan rear _____ deep _____
11. Number of stories present building one Height in feet _____

12. Is a party wall or a present wall to be used? _____ If so give:

- (a) Thickness and material of foundation wall _____
(b) Feet below curb-level _____
(c) Thickness and material of upper wall _____
(d) Height _____

13. Are any present walls to be underpinned? _____

14. Remarks: (State clearly all particulars) _____

15. Cost of proposed alteration, addition, repair, \$4,000.00 remodel inside partitions
(a) Classification of occupancy office
(b) Classification of construction of addition partitions ☒
(d) Number of stories of addition _____ Height in feet _____
(e) Nature of soil _____ (f) Excavation depth As per plans
(g) Material to be used for footings _____
(h) Material to be used for foundation walls _____ Thickness _____
(i) Material to be used in exterior and bearing walls _____
(k) Material to be used as structural members _____
(l) Type and size of floor beams _____

NEW JERSEY ss.
UNION COUNTY

DAVID M. TROTTER being sworn on his oath according to law,
deposes and says that he is the person making the within application; that he resides at No. _____

184 SANDFORD AVE, NORTH PLAINFIELD, N.J.

and that he is the AGENT FOR GINO'S, INC.
of the building or structure on the premises within referred to, that he has been authorized by the owner or lessee to make this application and that the statements therein are correct and true in all particulars.

Sworn and subscribed before me this 3rd day of January, 19 73
Olga Sachenski (Notary Public) David M. Trotter

OLGA SACHENSKI
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires June 29, 1974

232-8205
Dave Trotter

TO THE BUILDING INSPECTOR
TOWNSHIP OF CLARK, N. J.
MUNICIPAL BUILDING

APPLICATION FOR PERMIT TO CONSTRUCT AND ERECT SIGNS, AWNINGS,
CANOPIES AND PROJECTING OBJECTS

Application is hereby made for a permit to erect a Sign according to the following detailed statement and plans herewith submitted. All work to be done in accordance with rules and regulations established by Township Ordinance.

Permit No.	Date 1-24-73		
Owner of Sign	Gino's, Inc. (If a corporation, give name of company, also name and title of responsible officer.)		
Agent	DAVID M. TROTTER, REAL ESTATE DEPT		
Address	184 SANDFORD AVE, NORTH PLAINFIELD, N.J.		
1. Block No.	72	Lot No.	08 Zone CO ZONE
2. Location (Street and Number)	28 GIBSON BLVD, CLARK, N.J.		
3. State Character of Sign:	Ground Sign	Roof Sign	Wall Sign X
Projecting Sign	Marquee	Marquee Sign	
Awnings	Canopies	Projecting Objects	
4. Dimensions of Sign	5 ft.	0 inches high, by	9 ft. 6 inches long
5. Material of Sign	PLEXIGLAS & ALUM.	Weight of Sign	200 lbs. lbs.
6. Projection beyond Building Line	NONE (9")	Height above Sidewalk	8' ABOVE GRADE
7. Total Square Feet of Sign	47 1/2 sq. ft.		
8. Will Sign Be Illuminated?	YES	Lighted by Bulbs	Tubes INTERNAL
9. Percentage of Solid Surface of Sign	100%		
10. Estimated Cost	\$ 300.00		
11. What is Material of Wall to which Sign will be fastened?	MASONRY		
12. Describe how Sign will be fastened to building or otherwise erected, giving sizes of all supports and bolts used	24 GAUGE BACKING ON SIGN, SECURED TO BLDG FACIA WITH 6-3/8" DIA-TOGGLE BOLTS		
13. Owner of Building	THERMAN BORKIN, BLOOMFIELD, N.J.		
14. Contractor	PHILADELPHIA SIGN CO.	Address	SPRING GARDEN ST, PALMYRA, N.J.

NOTE: Applications together with plans must be filed in duplicate. All plans must show the proposed location, dimensions, wording, materials and details of construction.
All electrical equipment of signs and other projecting objects must be installed in accordance with the current rules and regulations of the National Electrical Code as approved by the American Standards Association.
The use of any signs, which are electrically illuminated, previous to the inspection and approval by a qualified inspector representing the National Board of Fire Underwriters shall constitute a violation of the Building Code of the Township of Clark.

NEW JERSEY
UNION COUNTY

DAVID M. TROTTER

DAVID H. ROTTER being sworn on his oath according to law,
deposes and says that he is the person making the within application; that he resides at No. _____

deposes and says that he is the person making the within application; that he resides at No.

184 SANDFORD AVE. NORTH Plainfield N.J.

and that he is the AGENT for the LESSEE

of the building or structure on the premises within referred to, that he has been authorized by the owner or lessee to make this application and that the statements therein contained are correct and true in all particulars.

Sworn and subscribed before me this

24th day of JANUARY, 1913

th day of JANUARY 1913
David W. Trotter

(Notary Public)

NOTARY PUBLIC OF NEW JERSEY

My Commission Expires Mar. 24, 1975.

to

BUILDING INSPECTOR

CLARK, N. J.

For The

Permit to Construct and Erect Signs, Awnings, Canopies and Projecting Objects

To be filled in by Building Inspector

Submitted

Permit No. _____

Owner or Lessee GINO'S, INC.

Location 28 GIBSON BLVD.
CLARK, N. J.

General Contractor/ Philadelphia Sign Co.

Architect

Department Fees _____

Granted

FEE _____

INSPECTOR'S REPORT

[illegible]

COMPLETED

Date _____

Inspecto

574-0505-

TO THE BUILDING INSPECTOR
TOWNSHIP OF CLARK, N. J. MUNICIPAL BUILDING
APPLICATION TO ALTER, REPAIR OR MOVE BUILDINGS OR STRUCTURES

The owner or lessee, or authorized agent of either, or the Architect employed by such owner or lessee shall fill in this application. (To be typed or in ink.)

PERMIT No. _____ Date _____
Application is hereby made on behalf of Gino's, Inc. of premises herein
(Owner or Lessee)
described for approval of the plans and specifications submitted herewith in duplicate to _____
(Alter, ~~Repair or Move~~)
the building or structure herein described. All provisions of the Building Code and Zoning Ordinance shall be complied with whether specified herein or not.

1. Block No. 72 Lot No. 8 Zone office
2. Owner Sherman Borkan
Hans Koch Address 444 John F. Kennedy Dr., Bloomfield, N.J.
3. Address of present building _____
4. Plans prepared by _____ Address _____
5. General Contractor None

6. Classification of present occupancy office
7. Classification of construction of present building concrete block
8. Number of families _____
9. Size of lot, feet front 100 feet rear 100 feet deep 200
10. Size of present building, front 50' rear 50' deep 100'
11. Number of stories present building 1 Height in feet 13
12. Is a party wall or a present wall to be used? no If so give:
(a) Thickness and material of foundation wall _____
(b) Feet below curb-level _____
(c) Thickness and material of upper wall _____
(d) Height _____
13. Are any present walls to be underpinned? no
14. Remarks: (State clearly all particulars) none

15. Cost of proposed alteration, addition, repair, \$300.00
(a) Classification of occupancy of addition storage shed
(b) Classification of construction of addition wood storage shed
(c) Number of stories of addition none Height in feet _____
(e) Nature of soil _____ (f) Excavation depth _____
(g) Material to be used for footings none
(h) Material to be used for foundation walls none Thickness _____
(i) Material to be used in exterior and bearing walls wood
(k) Material to be used as structural members wood
(l) Type and size of floor beams none

NEW JERSEY
UNION COUNTY

Daniel Dene
ss.

deposes and says that he is the person making the within application; that he resides at No. 19 being ~~sworn~~ on his oath according to law,

SHERWOOD Rd ENGLISH TOWN N.J

and that he is the

of the building or structure on the premises within referred to, that he has been authorized by the owner or lessee to make this application and that the statements therein are correct and true in all particulars.

Sworn and subscribed before me this 26th day of April, 19 75

Deepest Archibald
(Notary Public)

Daniel Dene

Remodel

TOWNSHIP OF CLARK

UNION COUNTY, N. J.

No.

3304

OFFICE OF THE BUILDING INSPECTOR

Certificate of Occupancy

This Certifies that a building or Premises located at
28 Rutherford Blvd. Lot *8* Block *72*
complies with all the provisions of the building zone ordinance of
the Township of Clark in the County of Union, State of New Jersey.

This Certificate
is issued to

James J. A. Scurry
.....
Signature of Building Inspector of the Township of Clark,
County of Union, State of New Jersey

April 15 - 1975
Date

574-0505

TO THE BUILDING INSPECTOR
TOWNSHIP OF CLARK, N. J. MUNICIPAL BUILDING
APPLICATION TO ALTER, REPAIR OR MOVE BUILDINGS OR STRUCTURES

The owner or lessee, or authorized agent of either, or the Architect employed by such owner or lessee shall fill in this application. (To be typed or in ink.)

PERMIT No. 9016 Date January 17, 1975
Application is hereby made on behalf of Gino's, Inc. of premises herein
(Owner or Lessee)

described for approval of the plans and specifications submitted herewith in duplicate to Alter
(Alter, Repair or Move)
the building or structure herein described. All provisions of the Building Code and Zoning Ordinance shall be complied with whether specified herein or not.

1. Block No. 72 Lot No. 8 Zone Office
2. Owner Sherman Borkan Address 444 John F. Kennedy Dr., Bloomfield, N.J.
and Hans Koch
3. Address of present building 28 Gibson Blvd., Clark, N. J.
4. Plans prepared by Gridco, Inc. Address 28 Gibson Blvd.
5. General Contractor Gridco, Inc.

6. Classification of present occupancy Office
7. Classification of construction of present building Concrete block
8. Number of families _____
9. Size of lot, feet front 100 feet rear 200 feet deep _____
10. Size of present building, front 50' rear 100' deep _____
11. Number of stories present building 1 Height in feet 13
12. Is a party wall or a present wall to be used? No If so give:

(a) Thickness and material of foundation wall _____
(b) Feet below curb-level _____
(c) Thickness and material of upper wall _____
(d) Height _____

13. Are any present walls to be underpinned? No
14. Remarks: (State clearly all particulars) None

15. Cost of proposed alteration, addition, repair, \$ 2,000.00
(a) Classification of occupancy of addition Office
(b) Classification of construction of addition Remodel inside partitions
(d) Number of stories of addition N/A Height in feet N/A
(e) Nature of soil N/A (f) Excavation depth N/A
(g) Material to be used for footings N/A
(h) Material to be used for foundation walls N/A Thickness N/A
(i) Material to be used in exterior and bearing walls N/A
(k) Material to be used as structural members N/A
(l) Type and size of floor beams N/A

NEW JERSEY ss.
UNION COUNTY

Kenneth Derechin

deposes and says that he is the person making the within application; that he resides at No. 19
Sherman Road, Englishtown, N. J.

and that he is the Area Director of Construction
of the building or structure on the premises within referred to, that he has been authorized by the owner or lessee to make this application and that the statements therein are correct and true in all particulars.

Sworn and subscribed before me this 17th day of January, 19 75

Doris W. Drier

(Notary Public)

NOTARY PUBLIC OF NEW JERSEY

My Commission Expires Mar. 24, 1975

BY ENDORSEMENT, THIS CHECK WHEN PAID IS ACCEPTED IN FULL PAYMENT OF THE FOLLOWING ACCOUNT		DATE		AMOUNT	
		2-15		1973	
				2-50	
				310	
				\$ 1500.00	
TOTAL OF INVOICES				00/00	
LESS: % DISCOUNT					
LESS: FREIGHT					
LESS: TAXES					
TOTAL DEDUCTIONS					
AMOUNT OF CHECK					

CERTIFIED
PAYABLE ONLY AS ORIGINAL DEBITOR

THE FIDELITY BANK
AND WHEN PROPERLY ENDORSED
THIS CHECK IS A VALID RECEIPT FOR THE AMOUNT PAID

2/15/73

GINO'S INC.
215 WEST CHURCH ROAD
RING OF PIRASSIA, PA. 19400

of Clark

hundred

SPECIAL ACCOUNT

DOLLARS

01 92 25 01

CERTIFICATION CODE

DO NOT REMOVE THIS LABEL

TOWNSHIP OF CLARK UNION COUNTY, N. J.

OFFICE OF THE BUILDING INSPECTOR

No 3230

Certificate of Occupancy

This Certifies that a building or Premises located at 28
Liberty Boulevard Lot 8 Block 72
complies with all the provisions of the building zone ordinance of
the Township of Clark in the County of Union, State of New Jersey.

This Certificate
is issued to Gino's Office Building
John H. Hunsicker, Jr.
Signature of Building Inspector of the Township of Clark,
County of Union, State of New Jersey

February 16 - 1973
Date

PERMIT No 10142

TOWNSHIP OF CLARK

UNION COUNTY, N. J.

DEPARTMENT OF BUILDINGS

This Permit is issued to *Green's* Date *February 5-1980*

as per plan or plans submitted to and approved by the Inspector of Buildings.

All work to be done in accordance with the Building Code of the Township of Clark.

Total Cost of Construction Estimated to be \$ *2,000*

Number of Families in House *1*

Location, Street or Avenue *28 Gibson Blvd*

Lot No. *8* Block No. *72*

Contractor's Name *Guides Inc*

Permit Fee \$ *15.00*

Henry Red Cross
Building Inspector,
Township of Clark, Union County, N. J.

Any Change of Plans must be first approved by the Inspector of Buildings.

Any Change of plans or Specifications after same have been filed with this Office must be approved by the Building Inspector. Failure on the part of the Owner, Builder or Contractor or Sub-Contractor to comply with the above rule will invalidate this Building Permit.

TOWNSHIP OF CLARK — DIVISION OF CODE ENFORCEMENT

APPLICATION FOR CONSTRUCTION PERMIT

1. Application is made to the Construction Official for the approval of this application and supporting data for proposed construction herein described. The applicant agrees that all provisions of the New Jersey Uniform Construction Code Act and Regulations in addition to Municipal Zoning Laws and Ordinances will be complied with during construction, whether specified herein or not. (Three copies of the construction plans and three copies of the plot survey must accompany the application.)

PLEASE COMPLETE ALL APPLICABLE PARTS

2. DATE: February 4, 1980
3. LOCATION: 28 Gibson Blvd., Clark, N. J. 07066 8 72 Co
Street and No. Lot Block Zone District
4. APPLICANT: Gridco, Inc. Phone 574-0515 Address 28 Gibson Blvd. Phone 574-0515

5. If applicant is a corporation, name and address of responsible officer:
Kenneth Derechin, Area Director of Construction

6. Size of Lot: N/A
area street frontage depth
28 Gibson Blvd., Clark Phone 574-0515

7. Permission is requested to: Construct (), Alter (), Extend (), Install (), Demolish (), Maintain roof One-family residence (), Two-family residence (), Private garage (), Public building (), type Office building (), Retail store (), Oil burner (), Oil tank (), Gas tank (), Swimming Pool (), Sign (), Plumbing (), Other
Is heating involved — Yes (), No (X), Electrical — Yes (), No () Plumbing — Yes (), No ()
Present use of existing building: One-family residence (), Two-family residence () Other Office

10. Proposed use of existing building when altered or enlarged: One-family residence (), Two-family residence (), Other

11. Proposed use of a new building:
One-family residence (), Two-family residence (), Other

12. GENERAL BUILDING:
Use Group Classification commercial (If two-family or less indicate R-3)
Type of Construction masonry (If two-family or less indicate 4B)
Total floor area (sum of all floors) of new construction 5000 sq. ft. +
Total building or structure volume in cubic feet N/A
List any hazardous facilities or particulars, proposed in new construction

13. PLUMBING: N/A
Sewer connection (), Water line (), Type of plumbing fixtures to be installed=water closets (), Lavatories (), Bathubs (), Stacks (), Laundry trays (), Shower stalls (), Sinks (), Urinals (), Water heaters (), Drinking fountains (), Floor drains (), Dishwashers (), Washing machines (), Floor waste grinders (), Grease interceptors (), Oil interceptors (), Gas piping (), Water softeners (), Other
Total number of plumbing fixtures or devices
Source of water supply — Public () Well ()
Method of Sanitary Waste Disposal: Public () Septic ()

14. MECHANICAL: N/A
Type of heating: oil fired (), gas fired (), electric (), other
hot water (), steam (), forced air (), other
fuel tanks: interior (), exterior () capacity
Make of furnace (manufacturer) BTUS
Name of oil burner Name of gas burner
Type of fuel tank: gasoline () capacity oil tank () capacity
Fire Suppression Systems:
Sprinkler system: Wet (), Dry (), Other
Air Conditioners: Central (), Unit (), Lbs of refrigerant
H. P. of motor (Do not include small window units)

15. ELECTRICAL: N/A
Number of rough wiring outlets: Switches Lighting
Receptacles Total
Miscellaneous equipment: Amp service Water heater Oven
Amp receptacles Surface unit Air conditioner Garbage disposal
Dishwasher Dryer Range Pump Burner, wiring & controls
Fractional H. P. vent fans other equipment
Motors: Number horsepower of each motor

16. ELEVATORS & SIMILAR EQUIPMENT: Elevators: type capacity
passenger (), freight (), other

17. Cost of construction: including but not limited to building construction, on-site construction, and all integral equipment, built-in furnishings, and finishes \$ 200,000

Architect N/A Address _____ Phone _____
Engineer N/A Address _____ Phone _____
Contractor Gridco, Inc. Address 28 Gibson Blvd. Phone 574-0515
Plumber N/A Address _____ Phone _____
License No. _____
Electrician N/A Address _____ Phone _____
License No. _____
Owner Sherman Rorkan and c/o Gerold Kanengiser, Esq.
Hans R. Koch Address 55 Morris Ave., Springfield Phone _____

Signature of Owner _____
(Leave blank if applicant is other than owner and fill out affidavit below)
Affidavit (To be filled out if applicant is other than owner)
State of New Jersey, County of Union

Richard V. Kenderian being duly sworn according to law upon his oath disposes and says:
I am the person making the within application. I am the builder XX architect _____ agent _____ for the owner of the building proposed to be constructed on the above mentioned premises. The statements herein contained are correct. The proposed work is authorized by the owner of said premises and I am authorized by said owner to make this application.
Sworn and subscribed before me this 5th day of FEB. 1980.

Richard V. Kenderian
Notary Public Signature of Applicant

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 16, 1982

Permit No.

Address _____
Estimated Cost \$ 200,000 _____
Volume _____
New building _____
Addition _____
Alteration _____
Fire protection _____
Mechanical _____
Plumbing _____
Electrical _____
Sewer connection _____
Certificate of Occupancy _____
Other 5/5/80 _____
Total Town & State _____
Construction fee _____
Plan review _____
Approvals: _____
Construction Official _____
Fire Protection Subcode Official _____
Plumbing Subcode Official _____
Other _____

RECEIVED
JUN 11 2016



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 28 GIBSON BLVD. CLARK, N.J.

2. Name of Owner in Fee: GIBSON BLVD. LLC
Tel. (908) 872-7997 e-mail _____
Address: 28 GIBSON BLVD. CLARK, N.J. 07066
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: MARST. CONST. LLC Tel. (908) 377-5406
Address 1736 RAHWAY RD. SCOTCH PLAINS, N.J. 07076
License No. OR, if new home, Builder Reg. No. 13VH04217400 Exp. Date 03/31/2017
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A
Federal Emp. ID No. 600000168 Fax (732) 382-0299

5. Architect or Engineer GABRIELA CALEDA Contact GAB
Address 37 MARKET ST. KENILWORTH e-mail _____
Tel. (908) 241-5399 FAX (908) 241-8534

6. Responsible Person in Charge once Work has Begun RICHARD A. MARSIGLIA
Tel (908) 377-5406 FAX ()

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

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

IIa. PROPOSED WORK:

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

IIb. SUBCODES:
(Check all that apply)

☒ Building ☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
				6/6/16	mk		
				6-2-16	cm		

TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____
Proposed _____

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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



CONSTRUCTION PERMIT

Date Issued: 9/1/16

Permit # 16-832

IDENTIFICATION Block 72 Lot 8 Qualification Code _____
Work Site Location 28 GIBSON BLVD. Contractor MARSLI CONST. LLC
CLARK, N.J. 07066 Address 1736 RAILWAY RD.
Owner in Fee 28 GIBSON BLVD. LLC SCOTCH PLAINS, N.J. 07076
Address _____ Tel. (908) 377-5406
SAME AS ABOVE Lic. No. or Bldrs. Reg. No. 13VH04217900
Tel. (908) 872-7997

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:

CONSTRUCTION OF NEW
SEPERATION PARTITION AS PER ATTACHED
PLANS

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 \$ 7300.00

Construction Official _____

Date 4/6/16

PAYMENTS (Office Use Only)

Building 196
Electrical _____
Plumbing 75
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 13
Cert. of Occupancy _____
Other _____
Total 284
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170

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1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued
Permit #

9/1/14
16-832

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 28 GIBSON BLVD.

CLARK, N.J., 07076

Owner in Fee: 28 GIBSON BLVD, LLC

Tel. (908) 872-7997 e-mail _____

Address SAME AS ABOVE

Contractor: MARSI, CONST. LLC municipality _____ zip code _____

Address 1736 RAHWAY RD. SCOTCH PLAINS, N.J.

07076 e-mail MICRITA@HOTMAIL.COM

Contractor License No. or Builder Registration No. 13VH04217400 Exp. Date 3/31/2017

Federal Emp. ID No. 600000168 FAX: (732) 382-0299

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plans Required _____

☐ All _____

☐ Footing/Foundations _____

☐ Structural/Framework _____

☐ Exterior _____

☐ Interior _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: 6/6/14

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____

No. of Stories 1

Height of Structure 14'

Area — Largest Floor 5000

New Bldg. Area/All Floors N/A

Volume of New Structure N/A

Max. Live Load N/A

Max Occupancy Load N/A

Constr. Class Present _____ Proposed _____

If Industrialized Building:

Ft. State Approved _____ HUD _____

Sq. Ft. Est. Cost of Bldg. Work:

Sq. Ft. 1. New Bldg. \$ _____

cu. ft. 2. Rehabilitation \$ 7,000.00

3. Total (1+2) \$ 7,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here Richard A Marsylin

Print name here: Richard A Marsylin

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONSTRUCTION OF NEW
SEPERATION PARTITION
AS PER ATTACHED
PLANS.

TYPE OF WORK

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

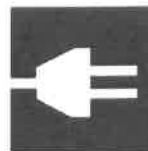
State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 196

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(rev. 11/09)
Professional Printing
(856) 468-7933



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received 9/1/16
Date Issued
Control #
Permit # 16-832

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

Block _____ Lot _____ Qualification Code _____
Work Site Location 28 GIBSON BLVD.
CLARK, NJ, 07066
Owner in Fee: 28 GIBSON BLVD. LLC
Tel. (908) 872-7997 e-mail _____
Address SAME AS ABOVE
Contractor: J.S. ELECTRICAL CON Tel. (908) 305-5929
Address 307 W. 5th Ave
Roselle, N.J. e-mail _____
Contractor License No. 13259 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as OFFICE Utility Co. _____
Estimated Cost of Electrical Work \$ 300.00

POSTED

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: James J. Sweeney

Print name here: JAMES J. SWEENEY
[X] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: install New Duplex
Recept in New Demise wall

QTY. SIZE

4
2

1

7

ITEMS

Lighting Fixture
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/E.A.C. Panel

TOTAL NUMBERS

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

FEE (Office Use Only)

\$ 75

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
[] Partial-Under slab Utilities Approved
Date: _____ Approved by: _____
[] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[] Bldg. [] Plumb. [] Fire [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-2-16
Approved by: C. Medall

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA
Date: 6-29-16
Approved by: C. Medall

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough	4-25-17			
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at:

28 Gibson Blvd., Clark, NJ

2. Name of Owner in Fee:

Mountainside Mortgage

Tel. (732) 388-3699

Address

same

street

municipality

zip code

3. Ownership in Fee:

Public

Private

4. Principal Contractor:

Hageman Roofing

Tel. (201) 440-0050

Address

16 Industrial Ave., Ridgefield Park, NJ

License No. OR, if new home, Builder Reg. No.

Exp. Date

Federal Employee No.

22 1931743

FAX: (201) 440-3192

5. Architect or Engineer

Tel. ()

Address

6. Responsible Person in Charge of Work

Bruce Youngling, Operations Mgr.

Tel. (201) 440-0050

FAX (201) 440-3192

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. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration	\$11,500.00								
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)

2. ☐ Multi-Family (R-2)

3. ☐ Two-Family (R-3) BOCA

4. ☐ Two-Family (R-4) CABO

5. ☐ One-Family (R-3) BOCA

6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use: Offices

2. Use Group:

3. Change in Use Group, Indicate Former:



CONSTRUCTION PERMIT

Date Issued 3-26-04
Control #
Permit # 04-259

IDENTIFICATION Block 72 Lot 8
Work Site Location 28 Gibson Blvd. Contractor Hageman Roofing
Clark, NJ Address 16 Industrial Ave.
Mountainside Mortgage Co. Ridgefield Park, NJ
Address same Tel. (201) 440-0050
Lic. No. or Bldrs. Reg. No. _____
Tel. (732) 388-3699

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Resurfacing over approx. 6000 sq ft. using
asphalt & polyester. One roof now in place.

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 \$ 11,500.00

Construction Official [Signature]

Date 3-26-04

PAYMENTS (Office Use Only)

Building 207
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 16
Cert. of Occupancy _____
Other _____
Total 223
Check No. 13928
Cash _____
Collected by [Signature]

(see reverse side)

U.C.C. F170
(rev. 5/2K)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600



BUILDING
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 72 Lot 8
Work Site Location 28 GIBSON Blvd.
CLARK NJ.
Owner in Fee MOUNTAINWIDE MORTGAGE
Address SAME
Tele. (732) 388-3699
Contractor HAGAMAN ROOFING CO
Address 16 INDUSTRIAL AVE
Tele. (201) 440-0850 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1931743

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
☒ No Plans Required	<u>3/5/04</u>	<u>ME</u>	Type:	Failure	Failure	Approval	Initial
☐ All			Footing				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	Finishes			
SUBCODE APPROVAL				Energy			
☐ CO	☐ CCO	☐ CA	Mechanical				
Date:				TCO			
Approved by:				Other			
				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+ 2) \$ 11,500



Date Received
Date Issued
Control #
Permit #

3-26-04
04-259

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ReRoofing
ReRoofing over approx 6000 sq ft
using ASPHALT & POLYESTER
ONE ROOF NOW IN PLACE

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

207

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 207

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(856) 468-7933

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 28 GIBSON BLVD

2. Name of Owner in Fee: ESATE of Ed RONDINELLI Tel. [REDACTED]
Address: 8 LILLI ST Bayville NJ 08721
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: LANDMARK DCH GROUP LLC Tel. (781) 818-0555 X22
Address 2946 RICHMOND TERR.
STATEN ISLAND, NY 10303

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. X 22-3642417 Fax () _____

5. Architect or Engineer GABRIEL CALEDA Tel. (908) 241-5399
Address 37 MARKET ST
KENIL WORTH NJ 07033

6. Responsible Person in Charge of Work William Marzocco
Tel. (908) 704-1370 Fax (908) 389-0111

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. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure 17.8 ONE ft.

3. Area—Largest Floor 3000 sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____ sq. ft.
no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration <u>PARTITIONS</u>	<u>15400</u>				<u>8/20/12</u>	<u>hkf</u>			
5. ☐ Fire Protection									
6. ☒ Plumbing	<u>2800</u>				<u>10/11/12</u>	<u>MM</u>			
7. ☒ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

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VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No of dwelling units:

Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group.
Indicate Former:

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600



CERTIFICATE

Date Issued 7/3/03
Control #
Permit # 02-738

IDENTIFICATION

Block 8 Lot 72
Work Site Location 28 Gibson Blvd.
Clark, N.J.
Owner in Fee/Occupant Rondinelli Estate
Address 8 Lilli St.
Bayville, N.J. 08721
Tele. ()
Contractor Landmark, D C H Group
Address 2946 Richmond Terr.
Staten Island, N. Y.
Tele. (718) 818-0555 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Renovations to existing office: Elect, Building and
Plumbing

☐ 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 , 20 or the owner will be subject to fine or order to vacate:

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- [] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION OFFICIAL

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

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600



CONSTRUCTION PERMIT

Date Issued 8-21-02
 Control # 02-738
 Permit # 02-738

IDENTIFICATION Block 8 Lot 72

Work Site Location 28 GIBSON BLVD Contractor LANDMARK DCH

Address 2946 RICHMOND TERR.

Owner in Fee ESTATE OF EDWARD RONDINELLI S.I. NY 10303

Address 8 LILLI ST Tele. (718) 818 0661

BAYVILLE NJ 08721 Lic. No. or Bldrs. Reg. No. _____

Tele. [REDACTED] Federal Emp. 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:

Alterations

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 \$ 15,400
8/20/02 M. Kunder
 Date CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)	
Building	<u>277</u>
Electrical	<u>45</u>
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	<u>15.18</u>
Cert. of Occ.	<u>35</u>
Other	
Total	<u>372</u>
Check No. <u>8626</u>	
Cash	
Collected By: <u>[Signature]</u>	

(See reverse side)

UCC/PRO170 (REV3/96)

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600



BUILDING
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 8 Lot 72
Work Site Location 28 GIBSON BLVD
Owner in Fee ESTATE OF EDWARD RONDINELLI
Address 8 LILLI ST.
BAYVILLE NJ 08721
Tele. [REDACTED]
Contractor LANDMARK DCH GROUP LLC
Address 2946 RICHMOND TERRACE
STATEN ISLAND NY 10303
Tele. (718) 818-0555 X 22 Fax (718) 818-0661
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	___	___	Type:	Failure	Failure	Approval	Initial
[] All	___	___	Footing	___	___	___	___
[] Footing	___	___	Foundation	___	___	___	___
[] Foundation	___	___	Slab	___	___	___	___
[X] Frame	<u>8/20/12</u>	<u>[Signature]</u>	Frame	___	___	<u>9/2/12</u>	<u>[Signature]</u>
[] Other	___	___	Barrier-Free	___	___	___	___
Joint Plan Review Required:	___	___	Insulation	___	___	___	___
[] Elec. [] Plumb. [] Fire [] Elevator	___	___	Finishes	___	___	___	___
SUBCODE APPROVAL	___	___	Energy	___	___	___	___
[] CO [] CCO [] CA	___	___	Mechanical	___	___	___	___
Date: _____	___	___	TCO	___	___	___	___
Approved by: _____	___	___	Other	___	___	___	___
___	___	___	Final	___	___	___	___
___	___	___	Barrier-Free	___	___	___	___

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories ONE
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 14.8 + 300 Mansard Roof Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed — Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ 15,400
3. Total (1+ 2) \$ 15,400



Date Received 8-21-02
Date Issued _____
Control # 02-734
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.

x Wm R Marziano
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE EXISTING WALLS
+ REPLACE AS PER PRINTS
REMOVE CARPET + REPLACE
PAINT WALLS.

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____
277

35

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ 312

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4 Gold = Applicant Copy

8. 21-02
02-738

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



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10/3/02
02-738

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

Block 72 Lot 8
Work Site Location 28 GIBSON BLVD

Owner in Fee ESTATE OF EDWARD RONDINELLI
Address 8 LILLI ST.

Bayville NJ 08721
Tele. [REDACTED]

Contractor JOE MELCHIONNA P+H
Address 50 HOMESTEAD CIR

MARLBORO NJ 07746
Tele. (732) 972-6975 Fax (732) 972-0796

Lic. No. 8254
Federal Emp. No. 155589704

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 \$ 10,500.00

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	\$ <u>40.00</u>
1	Urinal/Bidet	<u>10.00</u>
5	Bath Tub	<u>50.00</u>
2	Lavatory	<u>20.00</u>
1	Shower	<u>10.00</u>
1	Floor Drain	<u>10.00</u>
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Water Heater	<u>130.00</u>
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 10/1/02

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 12/2/02

Approved by: [Signature]

INSPECTIONS

Type: _____ Dates (Month/Day)

Slab _____ Failure _____ Approval _____ Initial _____

Rough _____ Failure _____ Approval _____ Initial _____

Water _____ Failure _____ Approval _____ Initial _____

Sewer _____ Failure _____ Approval _____ Initial _____

Fixtures _____ Failure _____ Approval _____ Initial _____

Gas Equipment _____ Failure _____ Approval _____ Initial _____

Gas Piping _____ Failure _____ Approval _____ Initial _____

Solar _____ Failure _____ Approval _____ Initial _____

TCO _____ Failure _____ Approval _____ Initial _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____ Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. F130
(rev. 3/98)

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