

New

171.02 26

BLOCK

171

LOT

15.29

QUALIFICATION CODE

ADDRESS (SITE)

58 CONDOR DR
MORGANVILLE

PERMIT NO.

20071517



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 58 CONDOR DR, MORGANVILLE, NJ 07701
2. Name of Owner in Fee: CAUTAM S SHAH Tel. ()
Address _____
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Humeawer Tel. ()
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer _____ Tel. ()
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. () _____ 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

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 _____

(office use only)

BSMT w/bath

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☒ b. Alteration					2-16-07	R		
☐ c. Renovation								
☐ d. Reconstruction								
5. ☒ Fire Protection					2/28/07	R		
6. ☒ Plumbing					4/27/07	R	6/11/07	R
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat, Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

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:

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



CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☒ I further certify that I will perform or supervise the following work:

C.1. ☒ Building

C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☒ Electrical

C.4. ☒ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

X Signature _____

Date 2/13/07

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

- ☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Marlboro Township
1979 Township Drive
Marlboro NJ 07746
732-536-0200

CERTIFICATE IDENTIFICATION

Date Issued: 06/15/2010
Control #: 45668
Permit #: 20071517

Block: 171.02 Lot: 26 Qual: _____
Work Site Location: 58 CONDOR DRIVE
TOWNSHIP OF MARLBORO
Owner in Fee: SHAH, GAUTAM & S. & PRITI G.
Address: 58 CONDOR DRIVE
MORGANVILLE NJ 07751
Telephone: _____
Agent/Contractor: SHAH, GAUTAM & S. & PRITI G.
Address: 58 CONDOR DRIVE
MORGANVILLE NJ 07751
Telephone: _____
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No. _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Basement Alteration finish with bathroom rr

Update Desc. of Wk/Use:
Removing Bathroom from Basement Permit

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

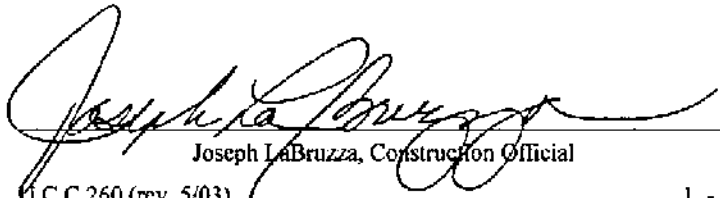
- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period(____ years); see file

☐ **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 _____


Joseph LaBruzza, Construction Official

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees: \$0.00
Paid ☒ Check No: 164
Collected by: VW

MARLBORO TOWNSHIP CONSTRUCTION DEPT.

1979 Township Drive

Marlboro, NJ 07746

Joseph LaBruzza

Construction Official

CONSTRUCTION
PERMIT

Date Issued

P permit #

7/26/07
45068
20071517

IDENTIFICATION Block 171 Lot 15.29 Qualification Code _____
 Work Site Location 58 CONDO DR Contractor 1st owner
MIRHAMVILLE NJ 07711 Address _____
 Owner in Fee SHAH _____
 Address 58 Condo _____
Morhamville, NJ _____
 Tel. _____

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:

x Finishing basement with bathroom

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 \$ 6000

Construction Official

Date

7-24/07

PAYMENTS (Office Use Only)

Building 175-
 Electrical 120
 Plumbing 65
 Fire Protection 65
 Elevator Devices _____
 Other _____
 DCA State Permit Fee 11
 Cert. of Occupancy _____
 Other _____
 Total 436
 Check No. 169
 Cash _____
 Collected by [Signature]

(see reverse side)



PERMIT UPDATE

Date Update Issued 49610
Permit #
Date Permit Issued

IDENTIFICATION Block 171 Lot 15.29 Qualification Code _____
Work Site Location _____ Contractor _____
Address _____
Owner in Fee GAUTAM SHAM
Address 58 CONDOR DR Tel. (____) _____
Murphyville, NJ 07741 Lic. No. or Bldrs. Reg. No. _____
Tel. _____

I am hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Remove Bathroom from
Basement Permit

Estimated Cost of Work \$ _____

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

Construction Official

Date

U.C.C. 5-190 (rev. 1/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

Reorder from OCS Printing (909) 398-4375

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee _____
Cert. of Occupancy _____
Other NF _____
Total _____
Check No. _____
Cash _____
Collected by _____

MARLBORO TOWNSHIP CONSTRUCTION DEPT.

1979 Township Drive
Marlboro, NJ 07746
Joseph LaBruzza
Construction Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/26/07
Control # A 5668

Date Issued
Permit # 2 0071517

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

Block 171.02 Lot 15-29-26 Qualification Code _____

Work Site Location SK CONDO DR

MURKINVILLE, NJ 07751

Owner in Fee SHAH

Address _____

Tel. _____

Contractor 1111111111

Address _____

Tel. (____) _____ FAX (____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	
☐ No Plans Required			Type:	Failure	Approval
☐ All			Footings	Failure	Initial
☐ Footing	<u>2-16-07</u>		Footings Bonding		
☐ Foundation			Foundation		
☐ Frame	<u>R</u>		Slab		
☐ Other			Frame	<u>7/26/08</u>	<u>RL</u>
			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation <u>& Fire Stop</u>	<u>5/1/08</u>	<u>RL</u>
			Finishes -Base Layer		
SUBCODE APPROVAL			Finishes -Final		
☐ CO <u>8-24-09</u> ☐ CCO ☐ CA			Energy		
Date: _____			Mechanical		
Approved by: <u>[Signature]</u>			TGO		
			Other	<u>7/21/09</u>	<u>RL</u>
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:

Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____

No. of Stories _____ 2. Rehabilitation \$ _____

Height of Structure _____ Ft. 3. Total (1+2) \$ 3500.00

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Build Bathroom and
Finish Basement

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ 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)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ 175

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
Joseph LaBruzza
Construction Official



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received

Control #

Date Issued

Permit #

7/26/07

45668

20071517

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

Block 171 Lot 15-29 Qualification Code _____

Work Site Location 58 CONDER DR

MORGANTVILLE, NJ 07751

Owner in Fee SHAH

Address _____

Tel. _____

Contractor Home owner

Address _____

Tel. (____) _____ FAX (____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

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

Build Bathroom and
Finish Basement

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
☐ No Plans Required			Type:	Failure	Failure	Approval	Initial
☐ All			Footling				
☐ Footling	<u>2-16-07</u>		Footling Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer				
			Finishes -Final				
SUBCODE APPROVAL			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date: _____			TCO				
Approved by: _____			Other				
			Final				
			Barrier-Free				

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ 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)

\$ _____

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. Rehabilitation \$ _____

3. Total (1+2) \$ 3500.00

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 175

TOTAL FEE \$ _____

171.02
26
MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746

JOSEPH LABRUZZA

Construction Official



142
ELECTRICAL SUBCODE
TECHNICAL SECTION



7/26/07
Date Received
Control # 45668

Date Issued
Permit # 20071517

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

Block 171 Lot 58 Qualification Code CONDUCTOR

Work Site Location 58 CONDUCTOR DR

Owner In Fee 5144

Address _____

Tel (____) _____

Contractor Homeowner

Address _____

Tel (____) _____ FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature _____

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

D. TECHNICAL SITE DATA

92 SIZE ITEMS
20
5
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

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

FEE (Office Use Only)

\$ 65

65

Administrative Surcharge \$
Minimum Fee \$ 65
State Permit Surcharge Fee \$
TOTAL FEE \$ 120

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
Joint Plan Review Required:			Rough	03/17/08 11/23/08 4/24/09 08/08/09
☐ Building ☐ Plumbing			Barrier-Free	
☐ Fire ☐ Elevator			Trench	
☒ Elec. Plans Approved			Temp. Serv.	
Date: <u>6/14/07</u>			Constr. Serv.	
Approved by: <u>[Signature]</u>			TCO	
			Other	
			Service	
			Final	6/17/09
			Barrier-Free	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
☒ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued	
Date: <u>6/14/07</u>			Annual Pool Inspection	
Approved by: <u>[Signature]</u>			Date of Grounding and Bonding Certification	

add 2 outlets
not Home

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOSEPH LABRUZZA
Construction Official



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received
Control # 45668
Date Issued
Permit #

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

Block 171 Lot 15.29 Qualification Code _____

Work Site Location 58 CONDOR DR

MORRISVILLE, NJ 07751

Owner in Fee SHAW

Address _____

Tel _____

Contractor Homeowner

Address _____

Tel (____) _____ FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed ☒

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

Building Occupied as Basement Utility Co. _____

Est. Cost of Elec. Work \$ 400.00

JOB SUMMARY (Office Use Only)						
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
	Date	Initial	Type:	Failure	Failure	Approval
[] No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
[] Building [] Plumbing			Trench			
[] Fire [] Elevator			Temp. Serv.			
[] Elec. Plans Approved			Constr. Serv.			
Date: _____			TCO			
Approved by: _____			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			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.

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

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

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ 65
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOSEPH LABRUZZA
Construction Official



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received 3/26/07
Control # 45668
Date Issued
Permit # 20071517

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

Block 171 Lot 15.29 Qualification Code _____

Work Site Location 58 CONDOR DR

MORRISVILLE, NJ 07751

Owner In Fee SHAW

Address _____

Tel _____

Contractor Homeowner

Address _____

Tel (____) _____ FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed ☒

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

Building Occupied as Resident Utility Co. _____

Est. Cost of Elec. Work \$ 4,000.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature _____

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
<u>12</u>		Lighting Fixtures
<u>20</u>		Receptacles
<u>5</u>		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
TOTAL NUMBERS		
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
<u>1</u>		KW Elec. Sign/Outline Light
		<u>Swamp Pump</u>

FEE (Office Use Only)

\$ 65

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
[] Building [] Plumbing			Barrier-Free				
[] Fire [] Elevator			Trench				
[] Elec. Plans Approved			Temp. Serv.				
Date: <u>6/14/07</u>			Constr. Serv.				
Approved by: <u>[Signature]</u>			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			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				

Administrative Surcharge \$ _____
Minimum Fee \$ 65
State Permit Surcharge Fee \$ 1
TOTAL FEE \$ 121

171.02
26

Check work (12.00)

7/24/07
15668
20071517

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOSEPH LABRUZZA
Construction Official



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL 1-800-272-1000.

Block 171 Lot 58 Qualification Code 10
Work Site Location 58 CONWORTH DR
MURKINVILLE NJ 07751

Owner In Fee SHAH
Address _____

Tel _____
Contractor H. MEUNIER
Address _____

Tel (____) _____ FAX (____) _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [X] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:
Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
[] No Plans Required		Alarm System	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____
[] Building [] Plumbing		Standpipe	_____	_____	_____
[] Electric [] Elevator		Fire Pump	_____	_____	_____
[X] Fire Plans Approved		Pre-Eng. System	_____	_____	_____
Date: <u>2/20/07</u>		Mechanical	_____	_____	_____
Approved by: _____		Smoke Control	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____
[] CO [] CCO [X] CA		Flam/Combust Tanks	_____	_____	_____
Date: <u>3/15/07</u>		Fireplace Venting	_____	_____	_____
Approved by: _____		Final	_____	_____	_____
		Other	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Edwin Bomx

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

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems	_____	_____
[] System	_____	_____
[X] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fired Appliances [] Gas or [] Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

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

15668

MARLBORO TOWNSHIP CONSTRUCTION DEPT.

1979 Township Drive

Marlboro, NJ 07746

JOSEPH LABRUZZA

Construction Official

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received

Control # 45668

Date Issued

Permit #

 7/26/07
 20071517

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

Block 171 Lot 15.29 Qualification Code _____Work Site Location 58 CONDOM DRMORRANVILLE, NJ 07751Owner in Fee SHAH

Address _____

Tel _____

Contractor Homeowner

Address _____

Tel (____) _____ FAX (____) _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☐ New or ☒ Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System: _____Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing☐ Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: ☐ Flammable or ☐ Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Alarm System	_____	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____	_____
☐ Building ☐ Plumbing		Standpipe	_____	_____	_____	_____
☐ Electric ☐ Elevator		Fire Pump	_____	_____	_____	_____
☒ Fire Plans Approved		Pre-Eng. System	_____	_____	_____	_____
Date: <u>2/20/07</u>		Mechanical	_____	_____	_____	_____
Approved by: _____		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Flam/Combust Tanks	_____	_____	_____	_____
Date: _____		Fireplace Venting	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____
		Other	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized

to make this application. _____

Applicant's Signature/Contractor's Signature

☐ Certified Contractor☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems	_____	_____
☐ System	_____	_____
☒ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fired Appliances ☐ Gas or ☐ Oil	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 65

TOTAL FEE \$ _____

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOSEPH LABRUZZA
Construction Official



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received
Control # 45668
Date Issued
Permit # 20071517

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

Block 171 Lot 15-29 Qualification Code DR
Work Site Location 58 CONDO DR
MURKIN LLC, NJ 07751
Owner in Fee SHAH
Address 58 CONDO DR
MARLBORO, NJ 07751
Tel () Contractor ITM TOWNSHIP
Address
Tel () FAX ()
Contractor License No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Bathroom Waste Pump
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work \$ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:		Slab				
[] Building [] Electric		Rough				
[] Fire [] Elevator		Water				
[X] Plumbing Plans Approved		Sewer				
Date: <u>2/29/08</u>		Shower Pan				
Approved by: <u>[Signature]</u>		Gas Piping				
SUBCODE APPROVAL		LPGas Tank				
[] CO [] CCO [] CA		Fuel Oil Piping				
Date: _____		Mechanical				
Approved by: _____		TCO				
		FINAL				

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
+	Water Closet	\$
	Urinal/Bidet	
	Bath Tub	10
1	Lavatory	10
1	Shower	
	Floor Drain	
	Sink	10
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Subcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

Description of work

Total Fee \$

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOSEPH LABRUZZA
Construction Official



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received
Control # 45668
Date Issued
Permit #

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

Block 171 Lot 15-29 Qualification Code _____
Work Site Location 58 CONDOX DR
MORRISVILLE, NJ 07751
Owner in Fee SHAH
Address 58 Condox Dr
Morrisville, NJ 07751
Tel (_____) _____
Contractor Homeowner
Address _____
Tel (_____) _____ FAX (_____) _____
Contractor License No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed Bath room
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 800.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Slab	_____	_____	_____	_____
Joint Plan Review Required:		Rough	_____	_____	_____	_____
☐ Building	☐ Electric	Water	_____	_____	_____	_____
☐ Fire	☐ Elevator	Sewer	_____	_____	_____	_____
☐ Plumbing Plans Approved		Shower Pan	_____	_____	_____	_____
Date: _____		Gas Piping	_____	_____	_____	_____
Approved by: _____		LPGas Tank	_____	_____	_____	_____
SUBCODE APPROVAL		Fuel Oil Piping	_____	_____	_____	_____
☐ CO	☐ CCO	Mechanical	_____	_____	_____	_____
Date: _____		TCO	_____	_____	_____	_____
Approved by: _____		FINAL	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	10
1	Lavatory	10
1	Shower	_____
_____	Floor Drain	_____
1	Sink	10
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
1	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____

Administrative Subcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 65

Description of work

Total Fee \$ _____

MARLBORO TOWNSHIP CONSTRUCTION DEPT.
1979 Township Drive
Marlboro, NJ 07746
JOSEPH LABRUZZA
Construction Official



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control # 45668
Date Issued
Permit #

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

Block 171 Lot 15-29 Qualification Code

Work Site Location 58 CONDOX DR

MORGANVILLE, NJ 07751

Owner in Fee SHAH

Address

Tel

Contractor Htm downer

Address

Tel () FAX ()

Contractor License No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Waste Pump

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval Initial
☐ No Plans Required		Slab			
Joint Plan Review Required:		Rough			
☐ Building	☐ Electric	Water			
☐ Fire	☐ Elevator	Sewer			
☐ Plumbing Plans Approved		Shower Pan			
Date:		Gas Piping			
Approved by:		LPGas Tank			
SUBCODE APPROVAL		Fuel Oil Piping			
☐ CO	☐ CCO	Mechanical			
Date:					
Approved by:		TCO			
		FINAL			

C. CERTIFICATION IN LIEU OF OATH

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

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$
	Urinal/Bidet	
	Bath Tub	
<u>1</u>	Lavatory	<u>10</u>
<u>1</u>	Shower	<u>10</u>
	Floor Drain	
<u>1</u>	Sink	<u>10</u>
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Slacks	
	Other	
	Other	

Administrative Subcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$ 65
Description of work
Total Fee \$

Construction Official



Permit #

Est. Cost of Plumbing Work \$ 800.00

Administrative

(rev 01/04)

OFFICE OF THE CONSTRUCTION OFFICIAL

Project Inspection Activity Report

Marlboro Township
1979 Township Drive
Marlboro, NJ 07746
732-536-0200

Permit No.: 20071517
Issued On: July 27, 2007
Closed On:

IDENTIFICATION

Work Site Location: 58 CONDOR DRIVE

Block : 171

Lot : 15.29

Owner In Fee: SHAH, GAUTAM & S. & PRITI G.

Address: 58 CONDOR DRIVE
MORGANVILLE, NJ 07751

Subcodes:

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

Work Type and Description: Altrtn

Number of Updates: 1

HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results			Comment
05/01/2008	05/01/2008	Building	SL	INSULATION : P	:	:	
04/28/2008	04/28/2008	Building	SL	FRAME : P	FireStopping : F	:	Check vertical firestop at insulation
04/24/2008	04/24/2008	Electrical	CN	ROUGH : P	:	:	
04/23/2008	04/23/2008	Electrical	CC	ROUGH : F	:	:	add 2 recepts gfi in unfinished area finishframing
03/14/2008	03/14/2008	Electrical	CC	ROUGH : F	:	:	not home

Total Inspections: Bldg - 2 Elec - 3 Fire - 0 Plmb - 0 Elev - 0 Mech - 0

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

OFFICE OF THE CONSTRUCTION OFFICIAL

Marlboro Township
1979 Township Drive
Marlboro, NJ 07746
732-536-0200

Project Inspection Activity Report

Permit No.: 20071517
Issued On: July 27,2007
Closed On:

IDENTIFICATION

Work Site Location: 58 CONDOR DRIVE

Block : 171.02 Lot : 26

Owner In Fee: SHAH, GAUTAM & S. & PRITI G.

Address: 58 CONDOR DRIVE
MORGANVILLE , NJ 07751

Subcodes:

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

Work Type and Description: Altrtn

Number of Updates: 1

Basement Alteration finish with bathroom

HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results			Comment
08/24/2009	08/24/2009	Building	SL	FINAL : P	:	:	
07/21/2009	07/21/2009	Building	SL	FINAL : F	:	:	Under stair protection
05/01/2008	05/01/2008	Building	SL	INSULATION : P	:	:	
04/28/2008	04/28/2008	Building	SL	FRAME : P	FireStopping : F	:	Check vertical firestop at insulation
06/17/2009	06/17/2009	Electrical	CC	FINAL : P	:	:	
04/24/2008	04/24/2008	Electrical	CN	ROUGH : P	:	:	
04/23/2008	04/23/2008	Electrical	CC	ROUGH : F	:	:	add 2 recepts gli in unfinished area finishframing
03/14/2008	03/14/2008	Electrical	CC	ROUGH : F	:	:	not home
03/09/2009	03/09/2009	Fire	JB	FINAL : P	:	:	

Total Inspections: Bldg - 4 Elec - 4 Fire - 1 Plmb - 0 Elev - 0 Mech - 0

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

OFFICE OF THE CONSTRUCTION OFFICIAL**Project Inspection Activity Report**

Permit No.: 20071517
Issued On: July 27,2007
Closed On:

Marlboro Township
1979 Township Drive
Marlboro, NJ 07746
732-536-0200

IDENTIFICATION

Work Site Location: 58 CONDOR DRIVE

Block : 171.02

Lot : 26

Owner In Fee: SHAH, GAUTAM & S. & PRITI G.

Address: 58 CONDOR DRIVE
MORGANVILLE , NJ 07751

Subcodes:

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

Work Type and Description: Altrtn

Number of Updates: 1

Basement Alteration finish with bathroom rr

HISTORY

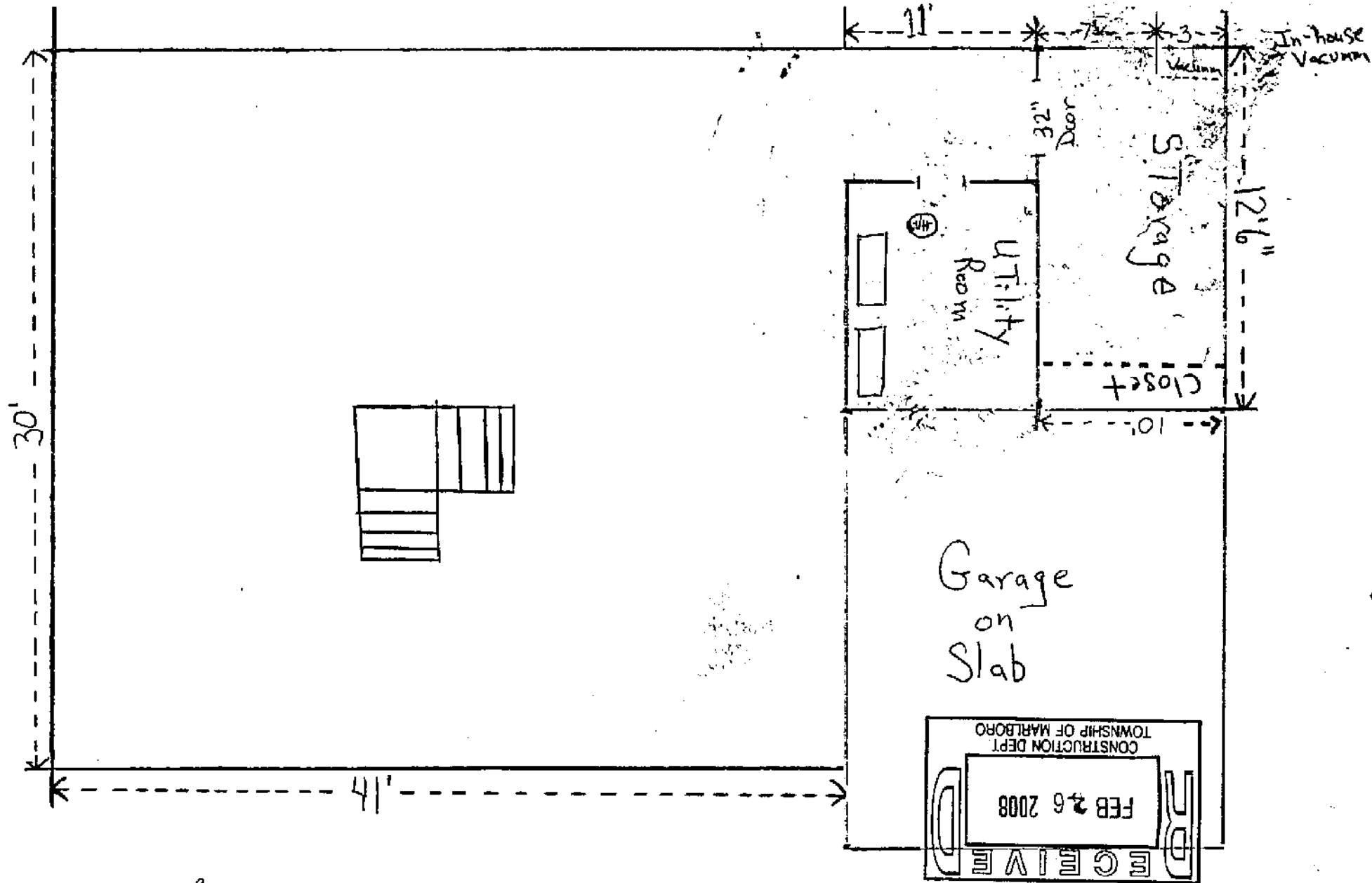
Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results			Comment
08/24/2009	08/24/2009	Building	SL	FINAL : P	:	:	
07/21/2009	07/21/2009	Building	SL	FINAL : F	:	:	Under stair protection
05/01/2008	05/01/2008	Building	SL	INSULATION : P	:	:	
04/28/2008	04/28/2008	Building	SL	FRAME : P	FireStopping : F	:	Check vertical firestop at insulation
06/17/2009	06/17/2009	Electrical	CC	FINAL : P	:	:	
04/24/2008	04/24/2008	Electrical	CN	ROUGH : P	:	:	
04/23/2008	04/23/2008	Electrical	CC	ROUGH : F	:	:	add 2 receipts gfi in unfinished area finishframing
03/14/2008	03/14/2008	Electrical	CC	ROUGH : F	:	:	not home
03/09/2009	03/09/2009	Fire	JB	FINAL : P	:	:	

Total Inspections: Bldg - 4 Elec - 4 Fire - 1 Plmb - 0 Elev - 0 Mech - 0

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

B1.171 Lot 15.29

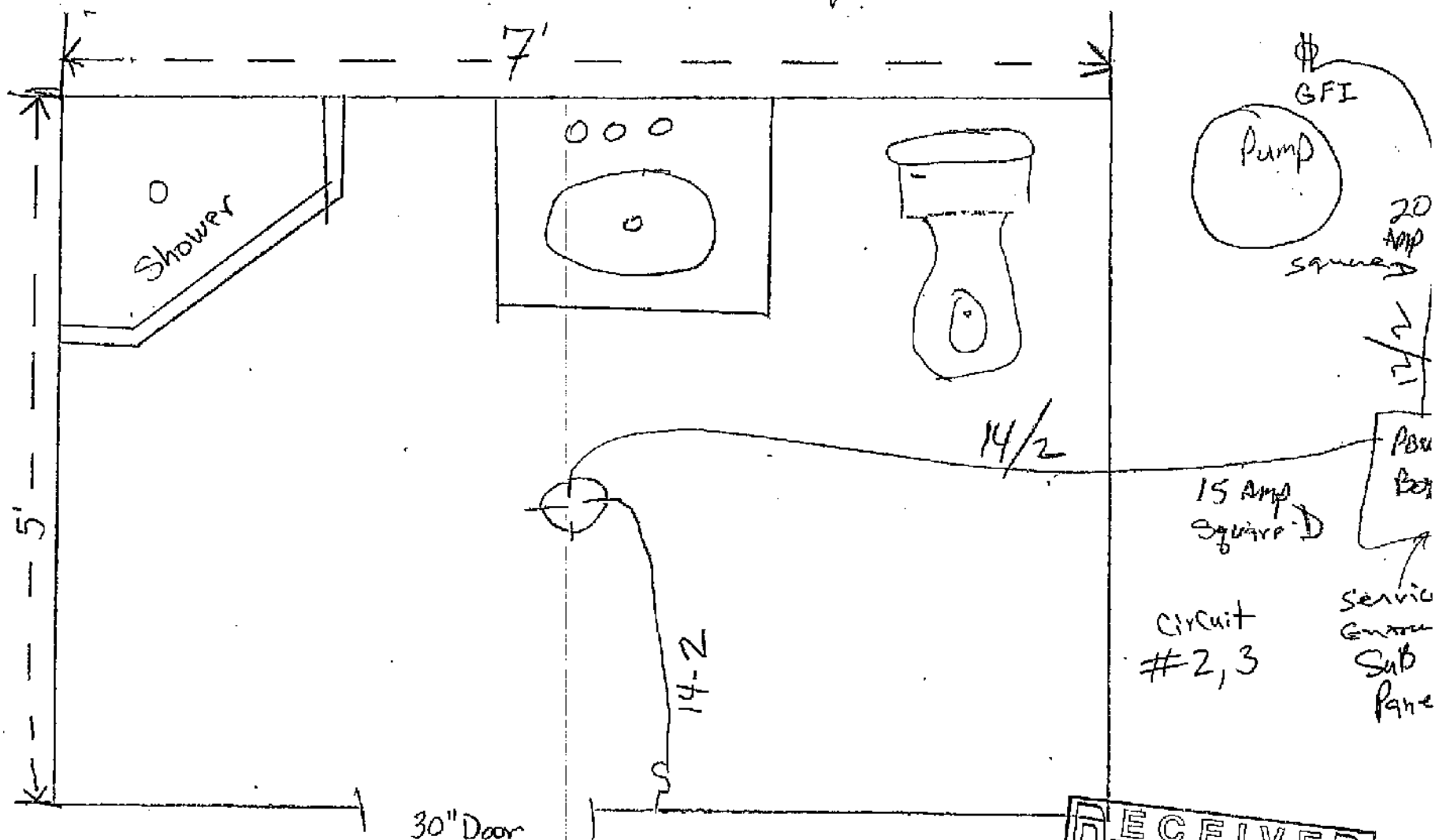
Alteration



Finish Basement

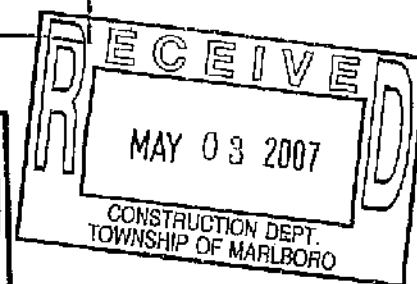
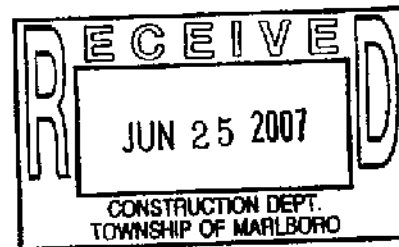
Bl. 171 Lot 15.29

Cur



Basement
Bathroom

Electrical



Joseph LaBruzza
Construction Official

Township of Marlboro
Construction Department
1979 Township Drive
Marlboro, NJ 07746-2229
(732) 536-0200 Fax: (732) 617-7225

Valerie Waricka
Office Manager

Dear Homeowner:

Date: 7-15-2009

Our office is in the process of playing catch-up with permits, dating back to the mid-nineties, that never received final inspection or results of those inspections were never documented. We are doing our best to make this process as painless as possible. We apologize for any inconvenience.

In an effort to close out old permits it has come to the attention of this department that the following condition exists:

BLOCK 171.02 LOT 26 PERMIT # 20071517
ADDRESS: 58 Condor Dr. May TYPE Basement

- ☐ Open Permit. Project is not completed. Please finalize and call for inspections.
- ☐ Permit is about to expire. Please contact this office for an extension before you need to repay/reapply for the permit.
- ☐ Working without a permit. Must stop work and file immediately.
- ☐ Structure installed without benefit of a permit. Please call and file proper paperwork.
- ☐ Never called for inspections. Please contact this office to set up inspections within the next ten (10) days.
- ☐ Never picked up/paid for permit. Please remit \$_____.
- ☐ Need update. Work has exceeded original permit. Please file appropriate tech cards.
- ☐ Need update for change of contractor.
- ☐ Permit Expired. Must file new application and plans.

The owner and agent contractor bear joint responsibility for bringing about compliance and receiving final inspections. We appreciate your cooperation, should you need more information please contact us.

NEEDED INSPECTIONS:

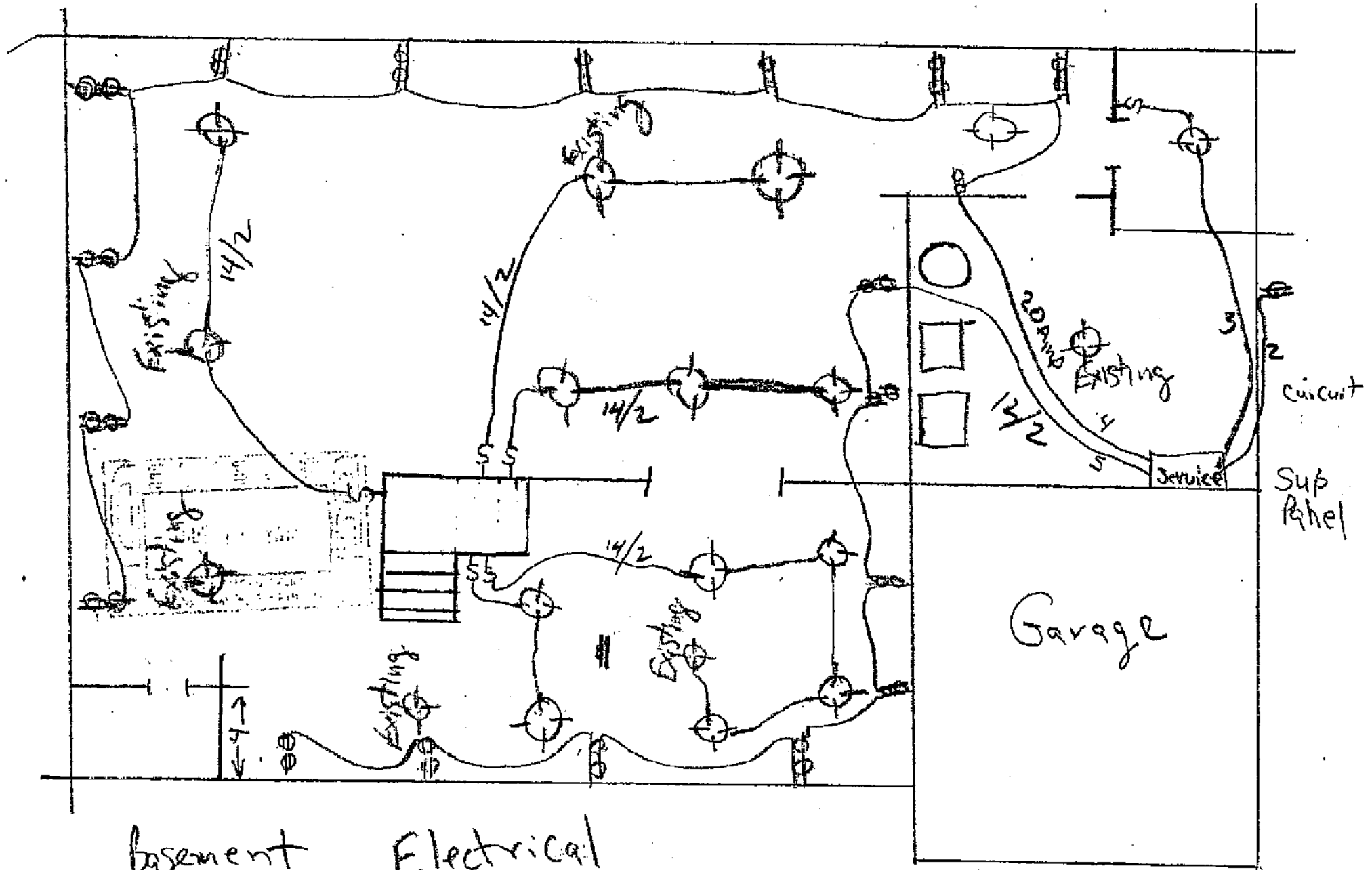
Building
Electric
Fire
Plumbing

Sincerely,

Marlboro Building Department

Bl. 171 Lot 15.29

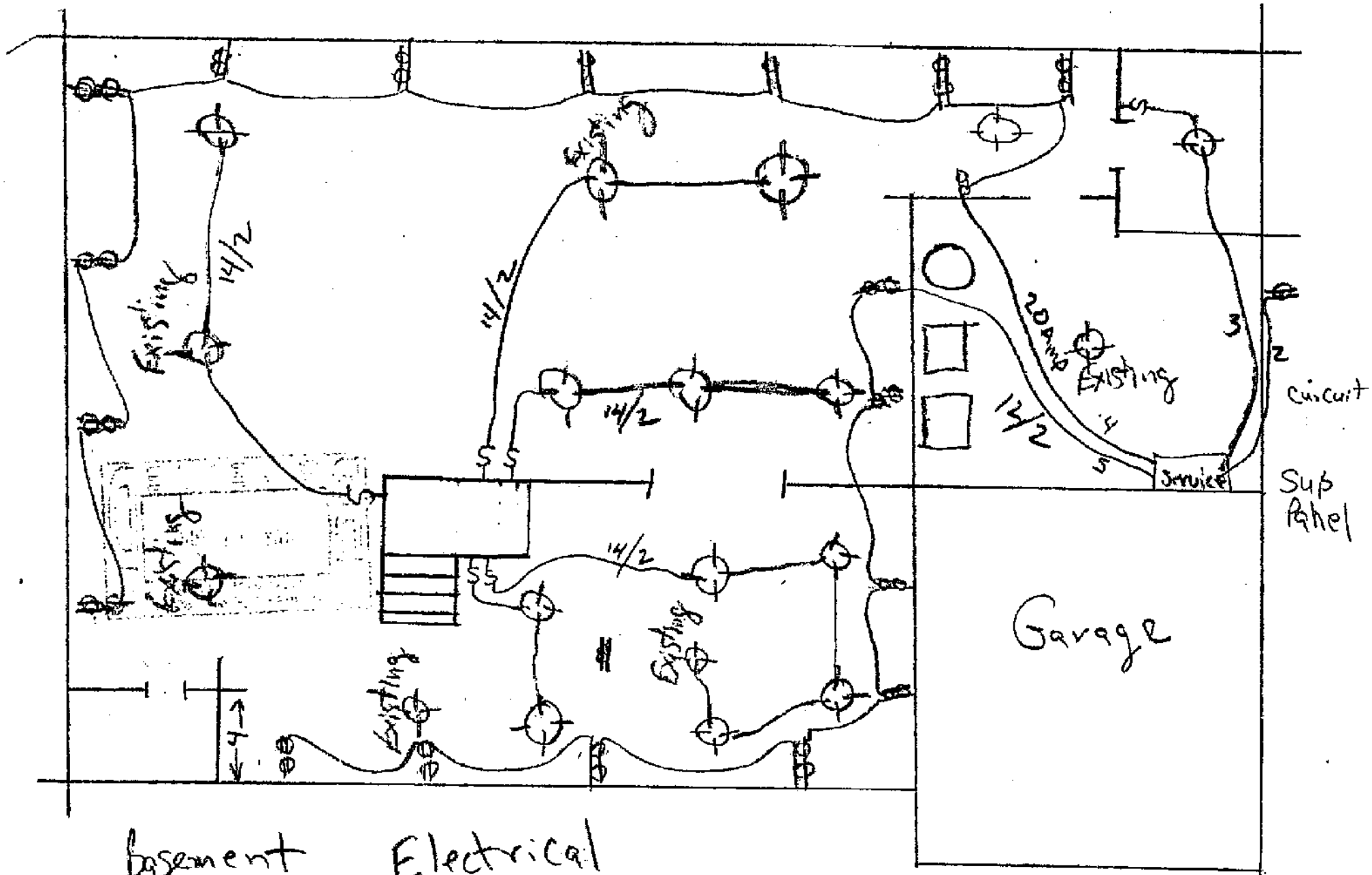
Cur



Basement Electrical

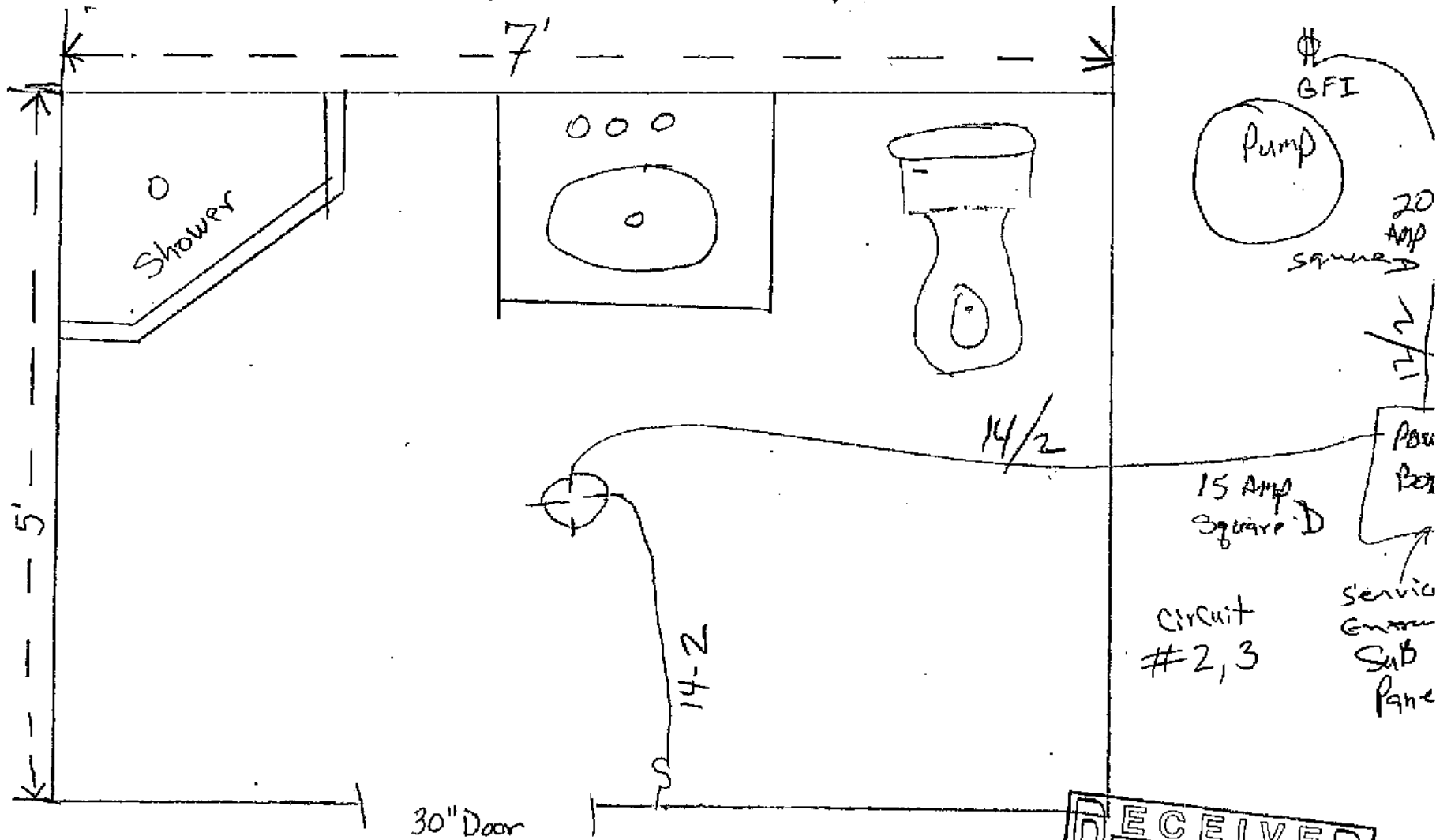
Bl. 171 Lot 15.29

Line



Bl. 171 Lot 15.24

Am



Basement
Bathroom

Electrical

Bl. 171 Lot 15.29

street

Garage

Existing
3" waste

3" PVC

Panel
Box

15 Amp

new
3" PVC

2"

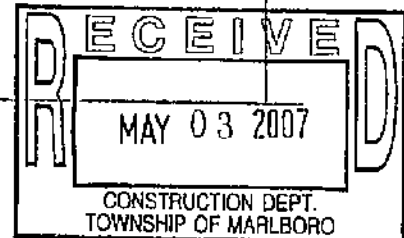
2" vent

2" Side of
House

Hot
Cold

cold
water lines
Hot
Existing

Basement
Plumbing

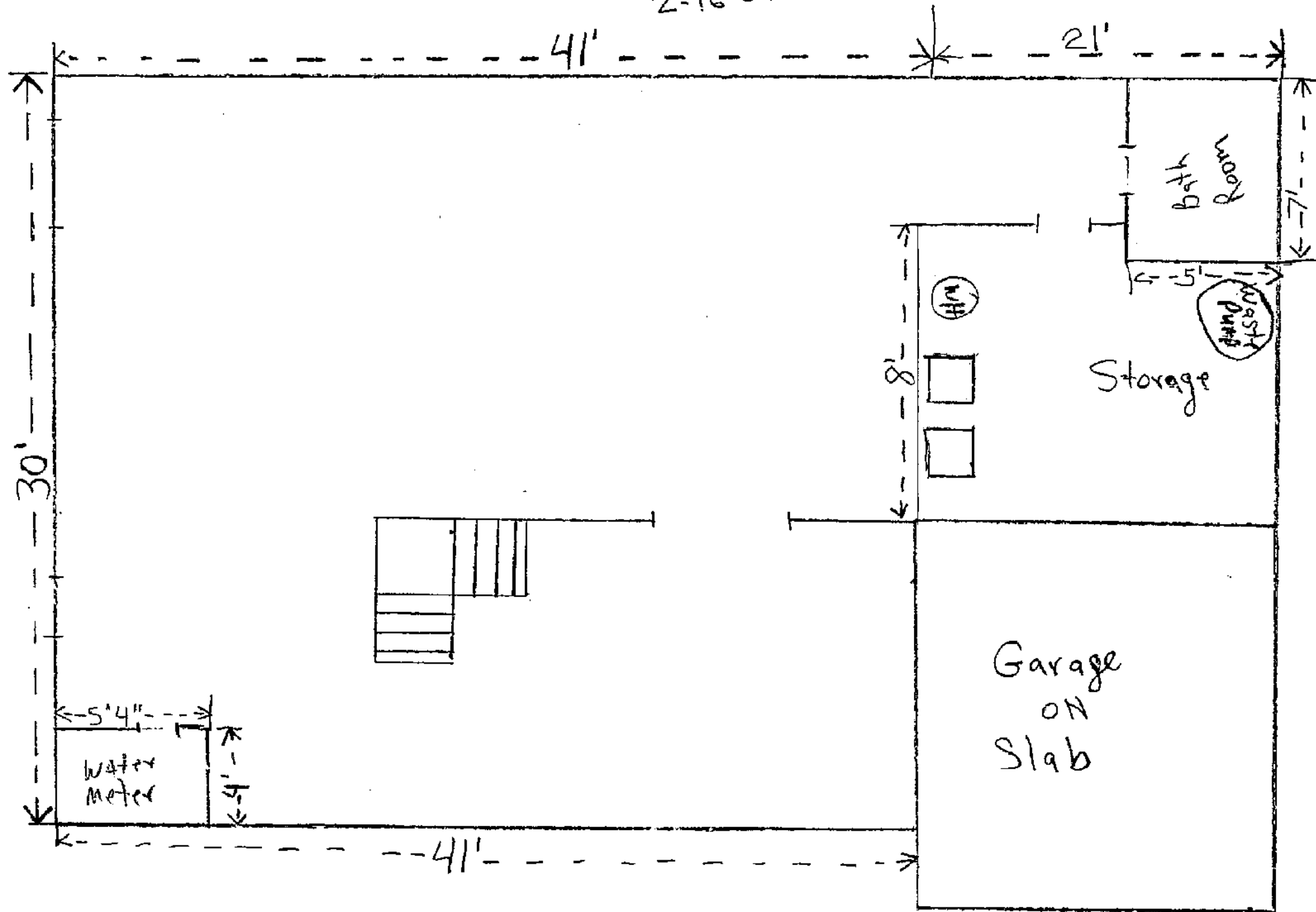


RECEIVED
MAY 03 2007
CONSTRUCTION DEPT.
TOWNSHIP OF MARLBORO

Existing
Wqsts
h,ine

bl. 171 Lot 15.29

R
2-16-07



Finish Basement

Bl. 171 Lot 15.29

street

Garage

Existing
3" waste

3" PVC

Panel Box

15 Amp

new
3" PVC

Pump

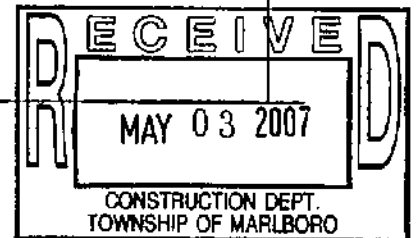
2" vent

vent
2" side of
House

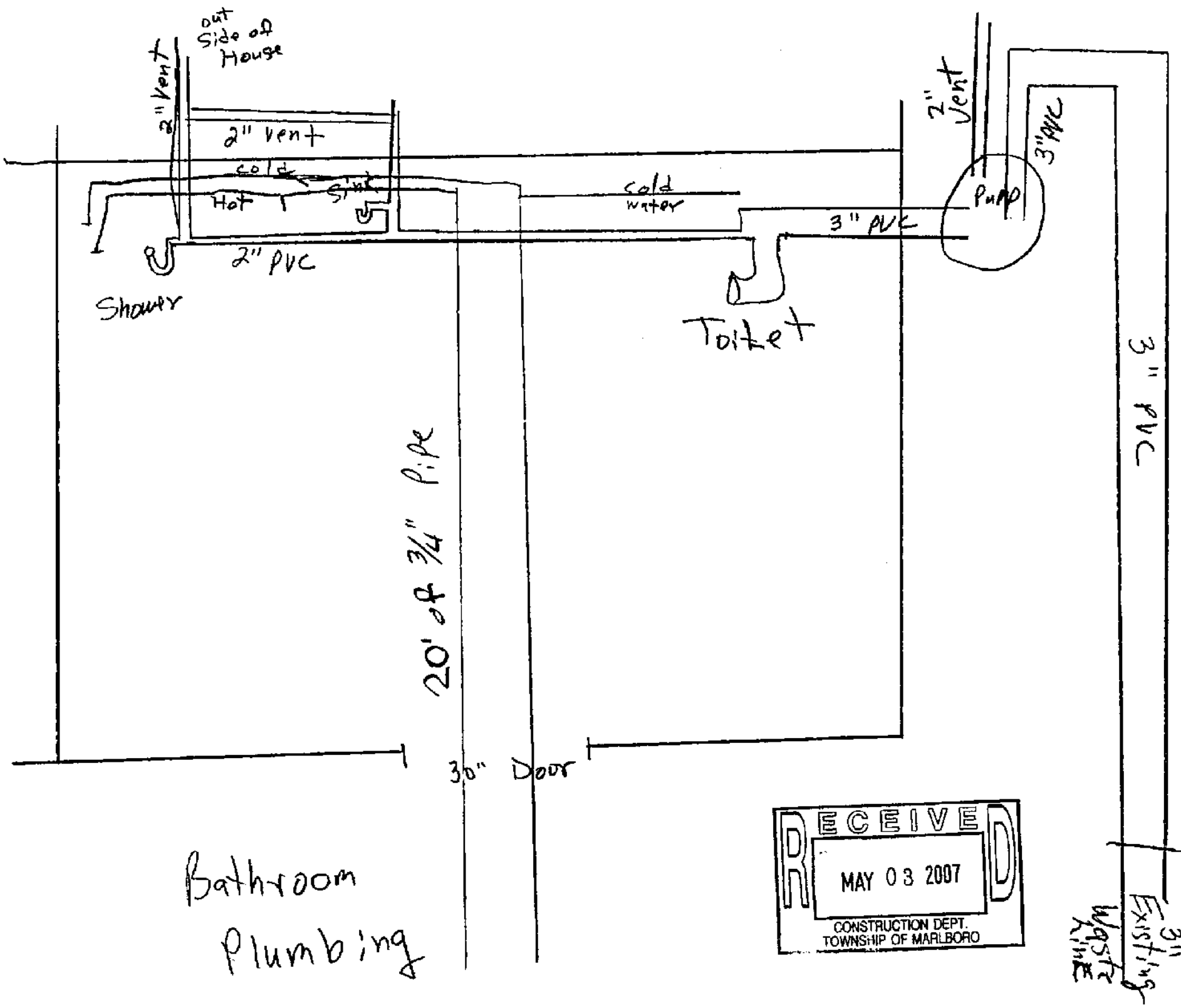
Hot
Cold

Cold
water lines
Hot
Existing

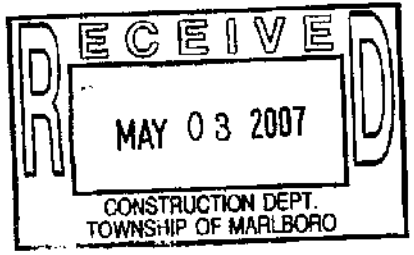
Basement
Plumbing



Bl. 171 Lot 15.29



Bathroom
Plumbing



bl. 171 Lot 15.29

R
2-16-07

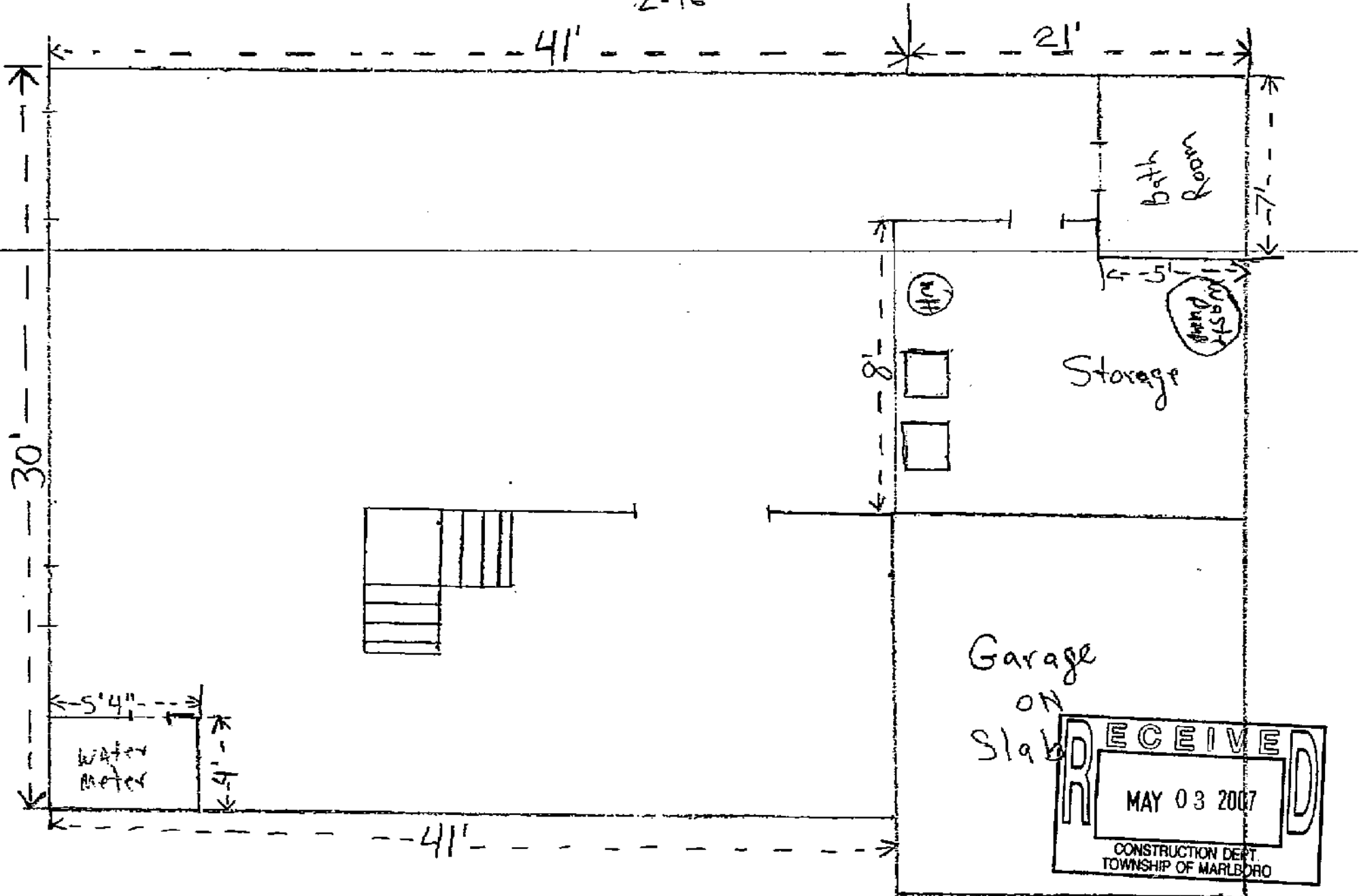
PAGE 03/03

MARLBORO TWP.

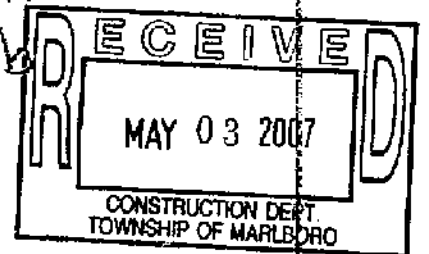
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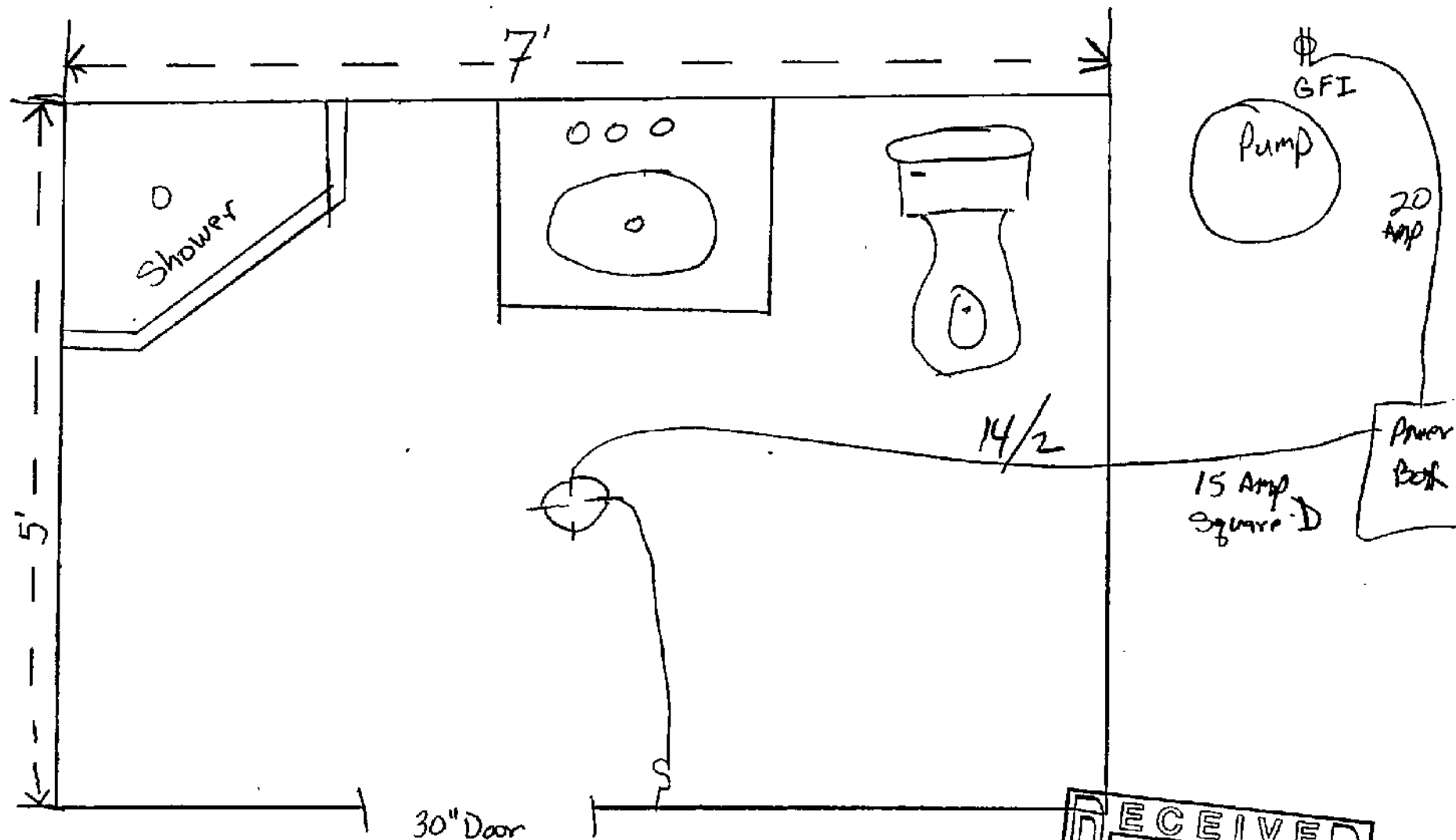
03/03/2007



Found Basement

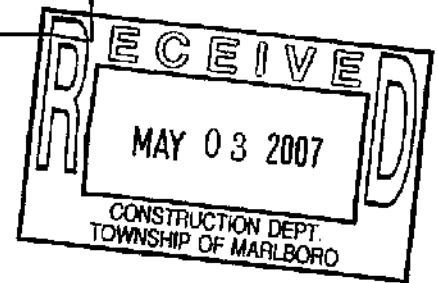


Bl. 171 Lot 15.29



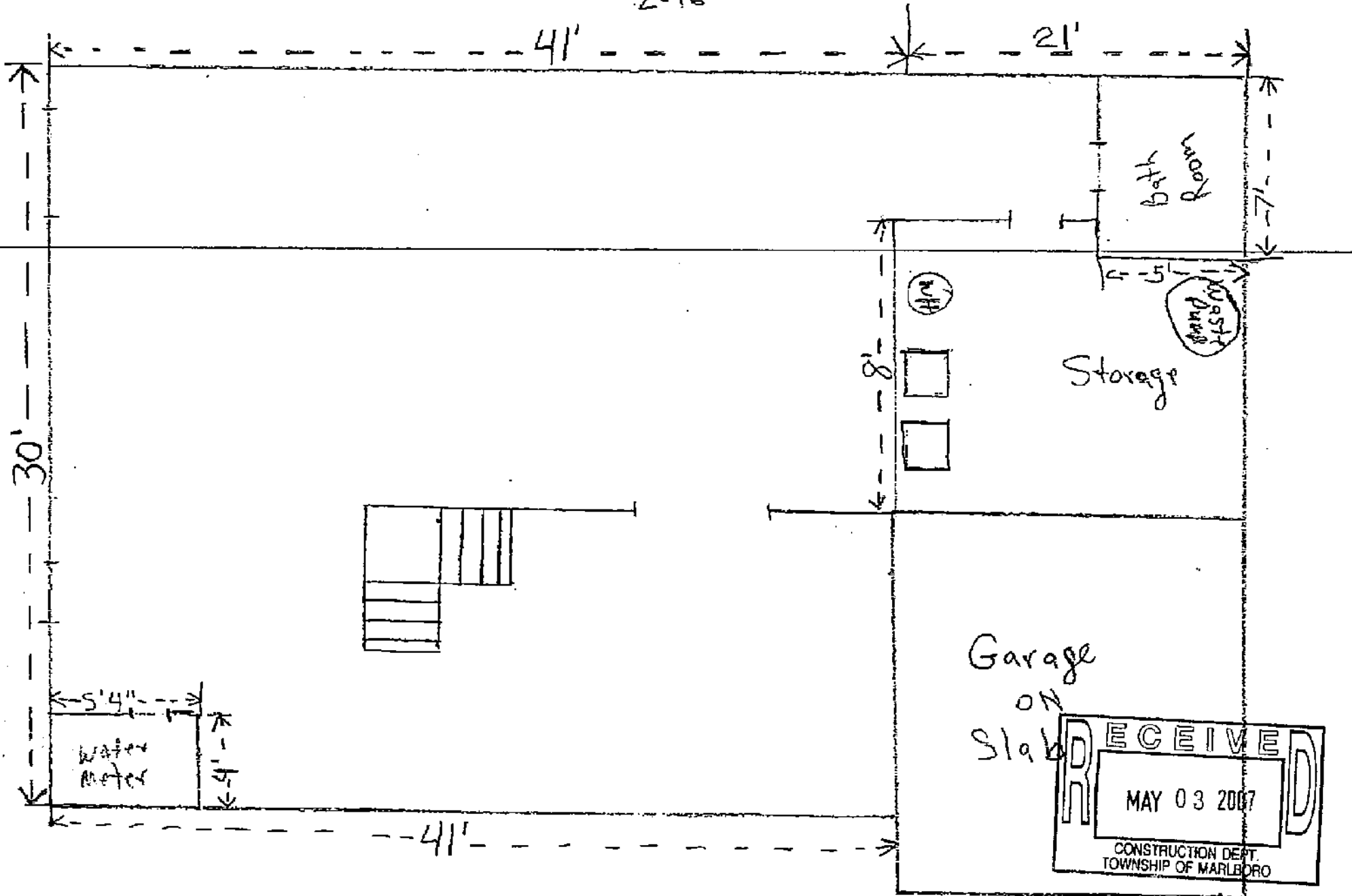
Basement
Bathroom

Electrical

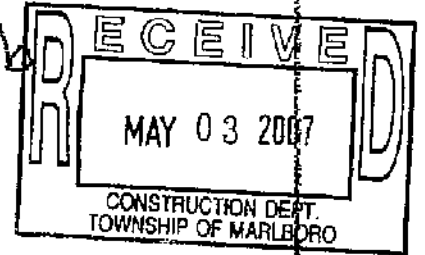


Bl. 171 Lot 15.29

R
2-16-07



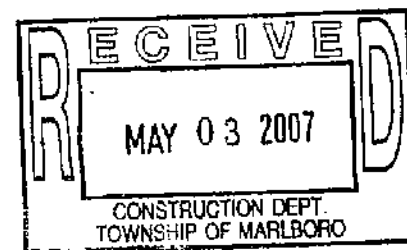
Garage
ON
Slab



Found Basement

Hand-drawn plumbing diagram for a bathroom. The diagram shows a shower, toilet, and sink. A 2-inch vent pipe runs from the shower and sink to the roof. A 2-inch PVC pipe runs from the shower to the toilet. A 3-inch PVC pipe runs from the toilet to a pump. A 3-inch vent pipe runs from the pump to the roof. A 3-inch PVC pipe runs from the pump to the exterior. A 30-inch door is shown at the bottom. The diagram is labeled "Bathroom Plumbing" and "RECEIVED MAY 03 2007 CONSTRUCTION DEPT. TOWNSHIP OF MARLBORO".

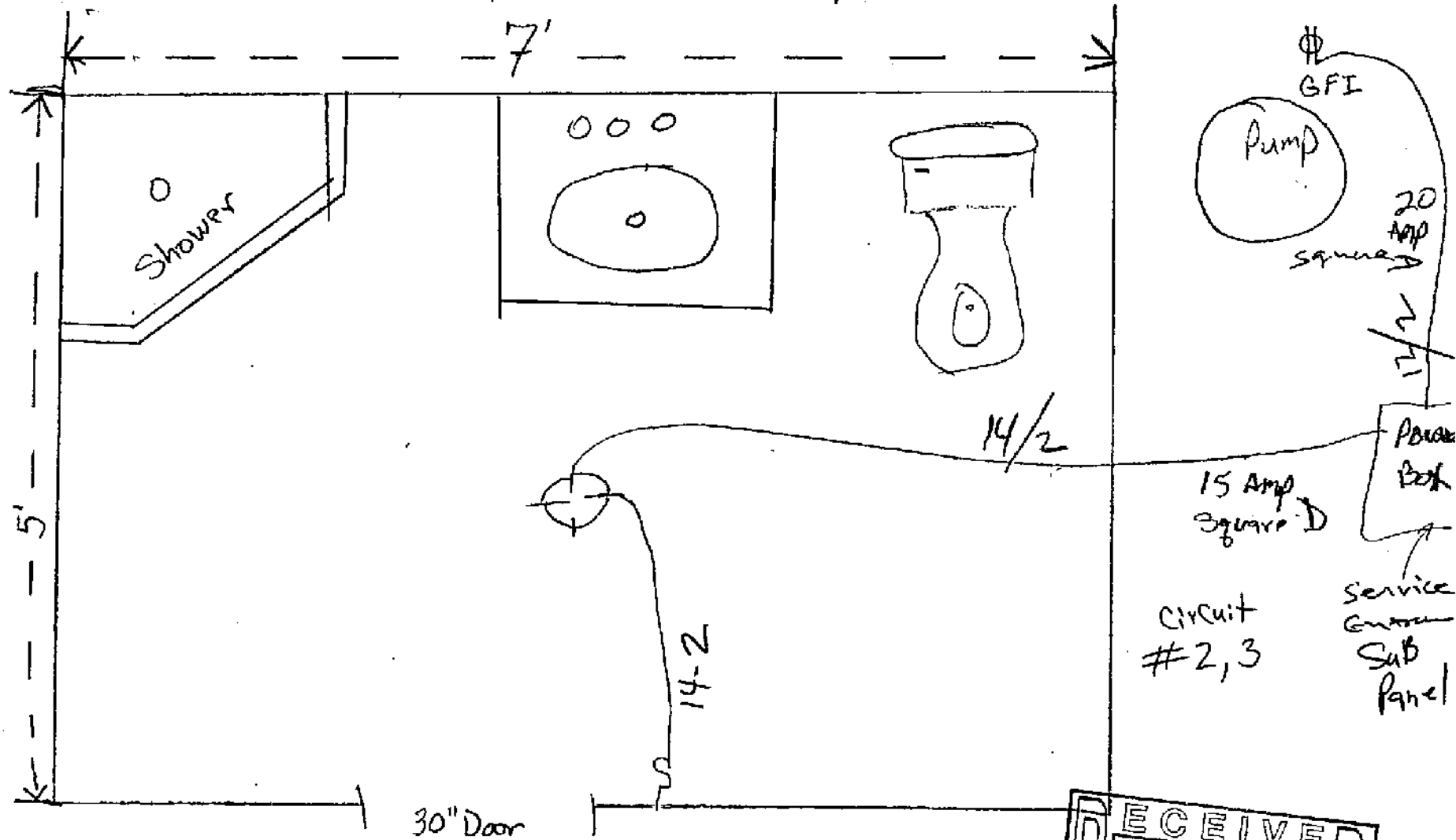
Bathroom
Plumbing



Existing
Waste
Line

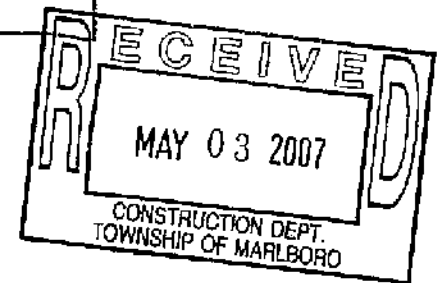
Bl. 171 Lot 15.29

Cur



Basement
Bathroom

Electrical



Bl. 171 Lot 15.29

street

Garage

Existing
3" waste

3" PVC

15 Amp

NEW
3" PVC

NEW

2" vent

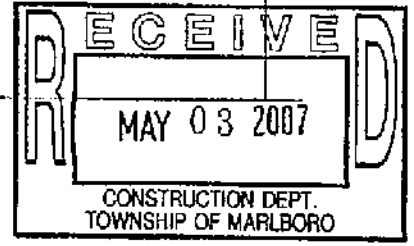
2" vent

2" Side of House

Hot
Cold

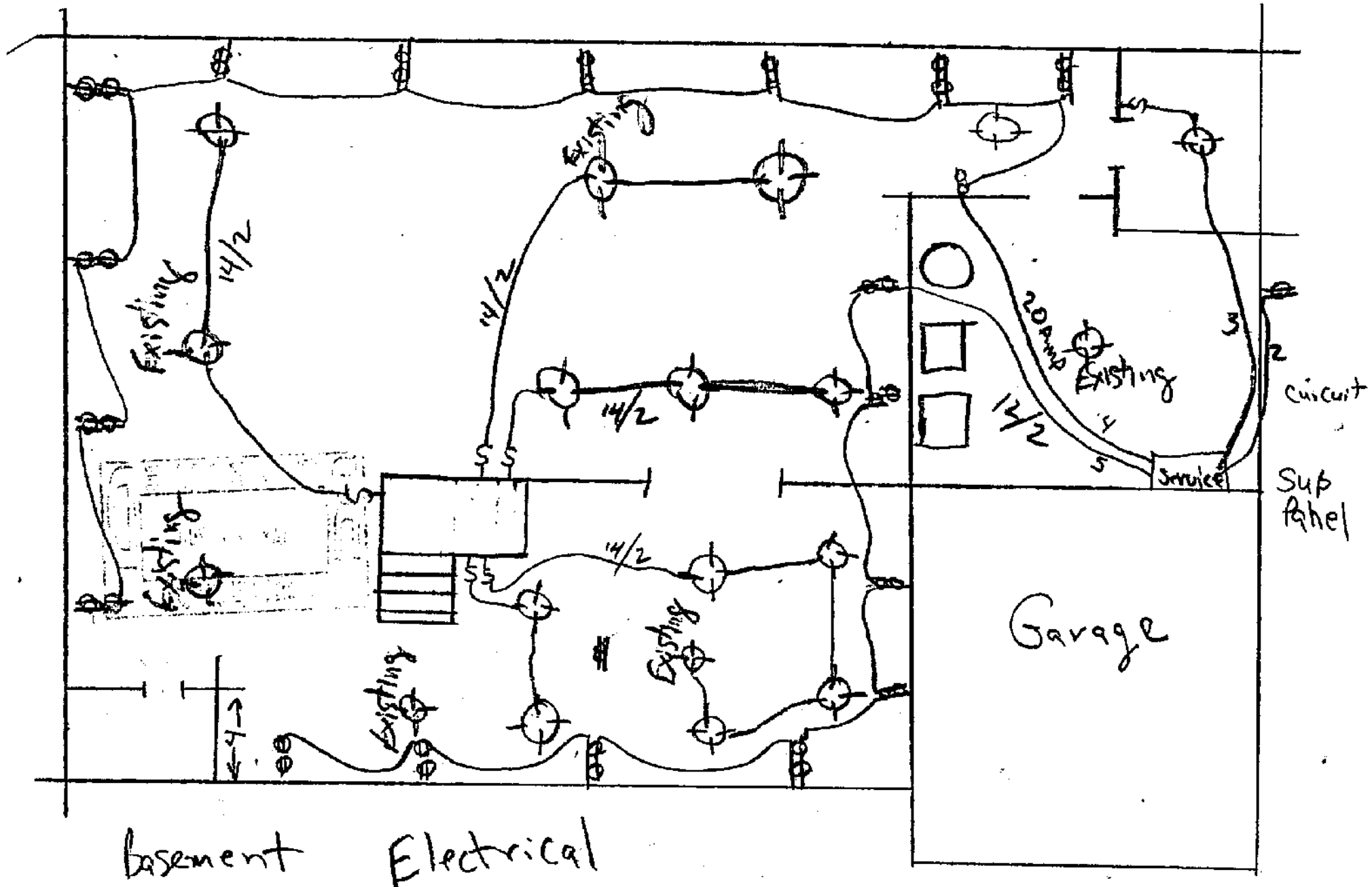
Cold
water lines
Hot
Existing

Basement
Plumbing



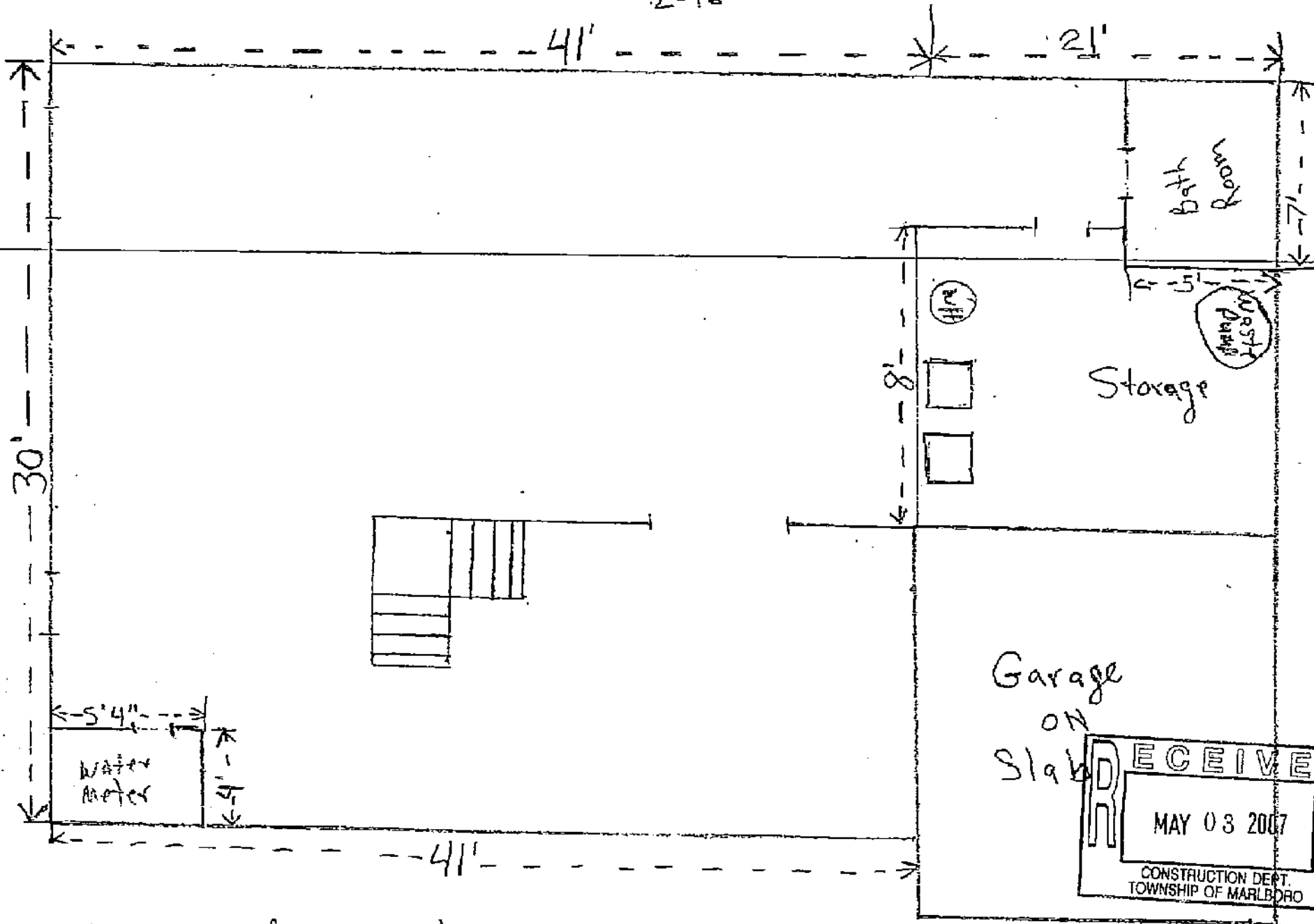
Bl. 171 Lot 15.29

Cur

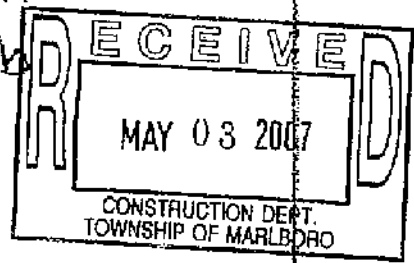


bl. 171 Lot 15.29

2-16-07

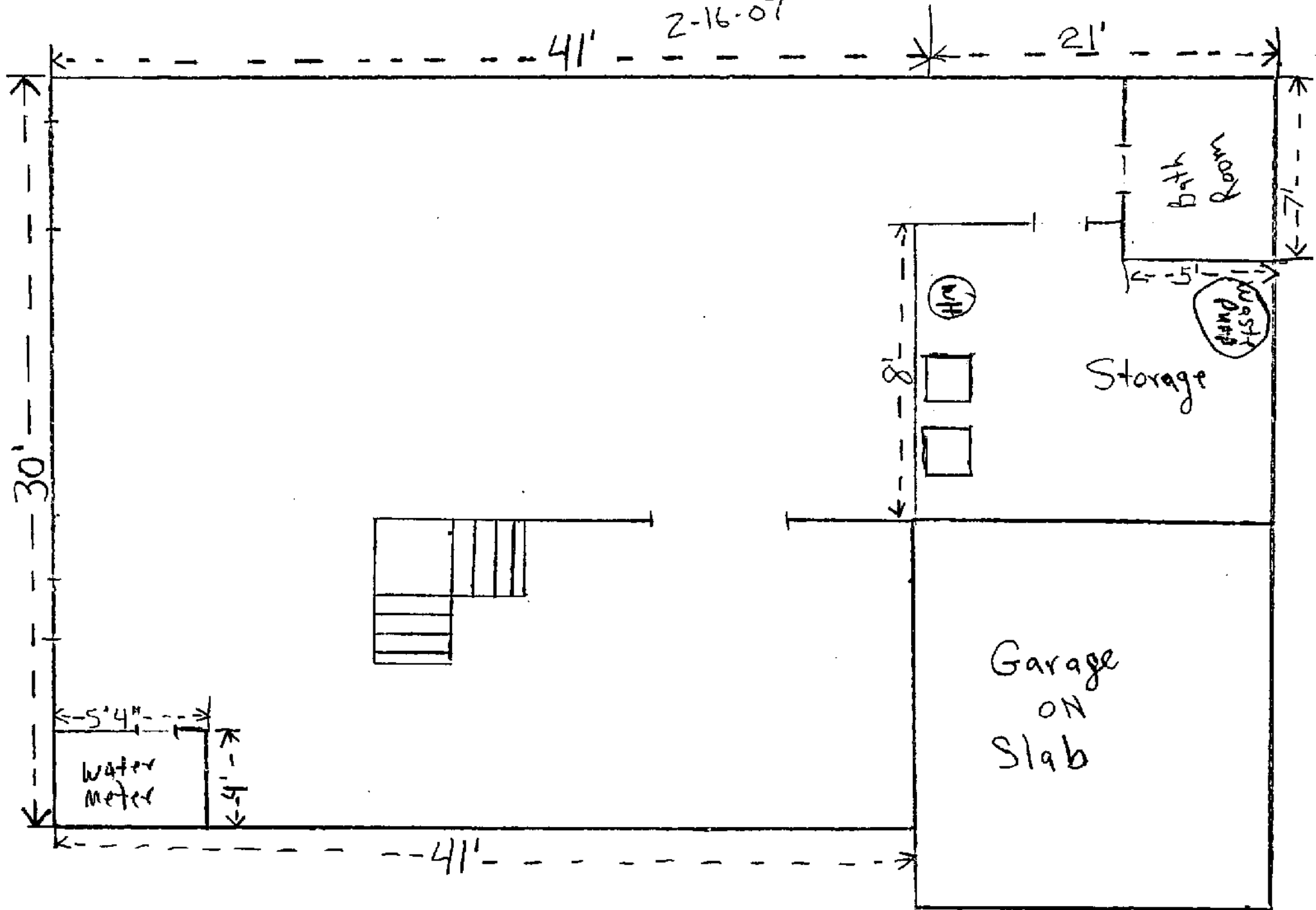


Cruck Basement



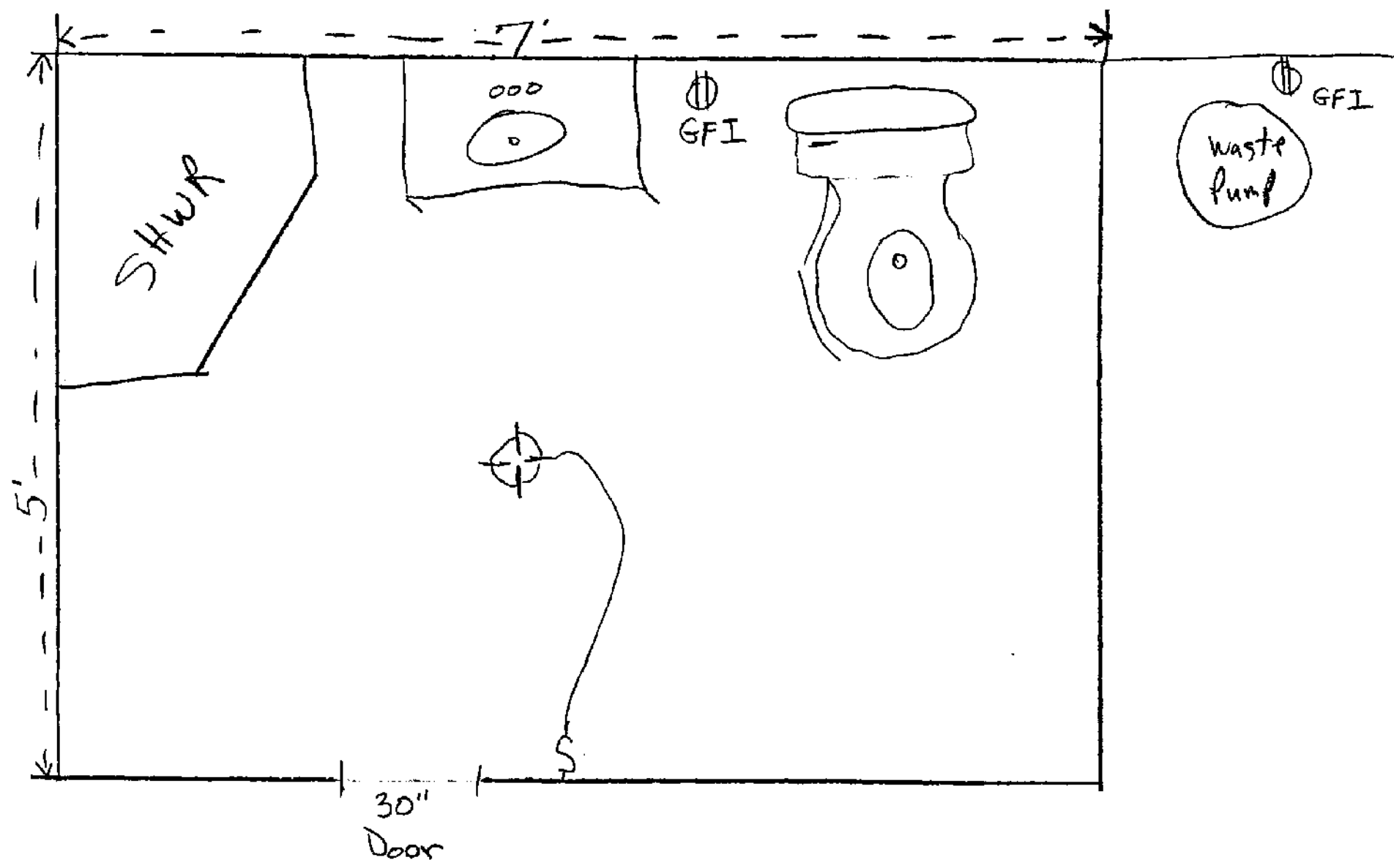
Bl. 171 Lot 15.29

R
2-16-07



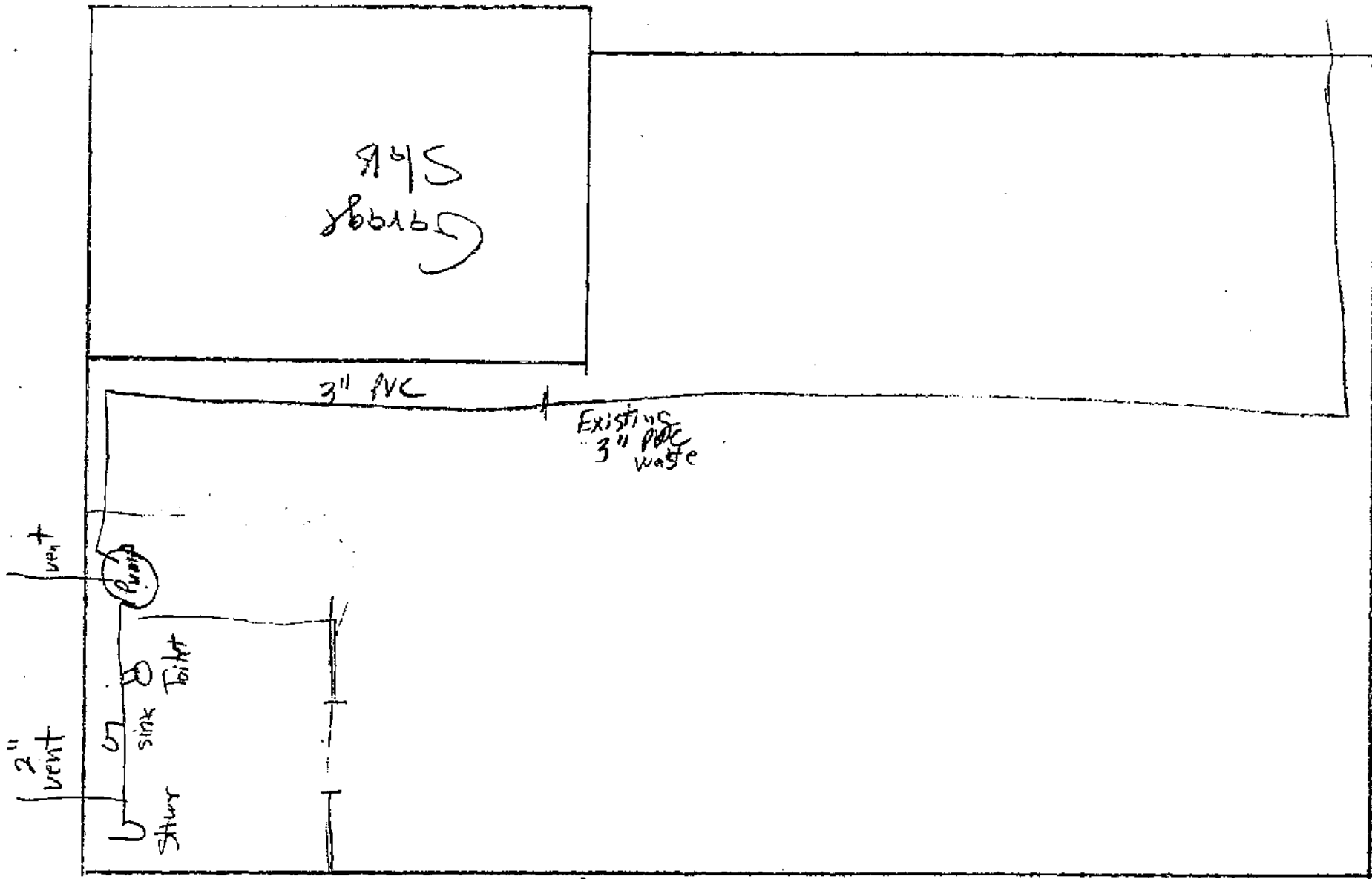
Finish Basement

B1.171 Lot 15.29



Basement Bathroom

B1. 171 Lot 15.29



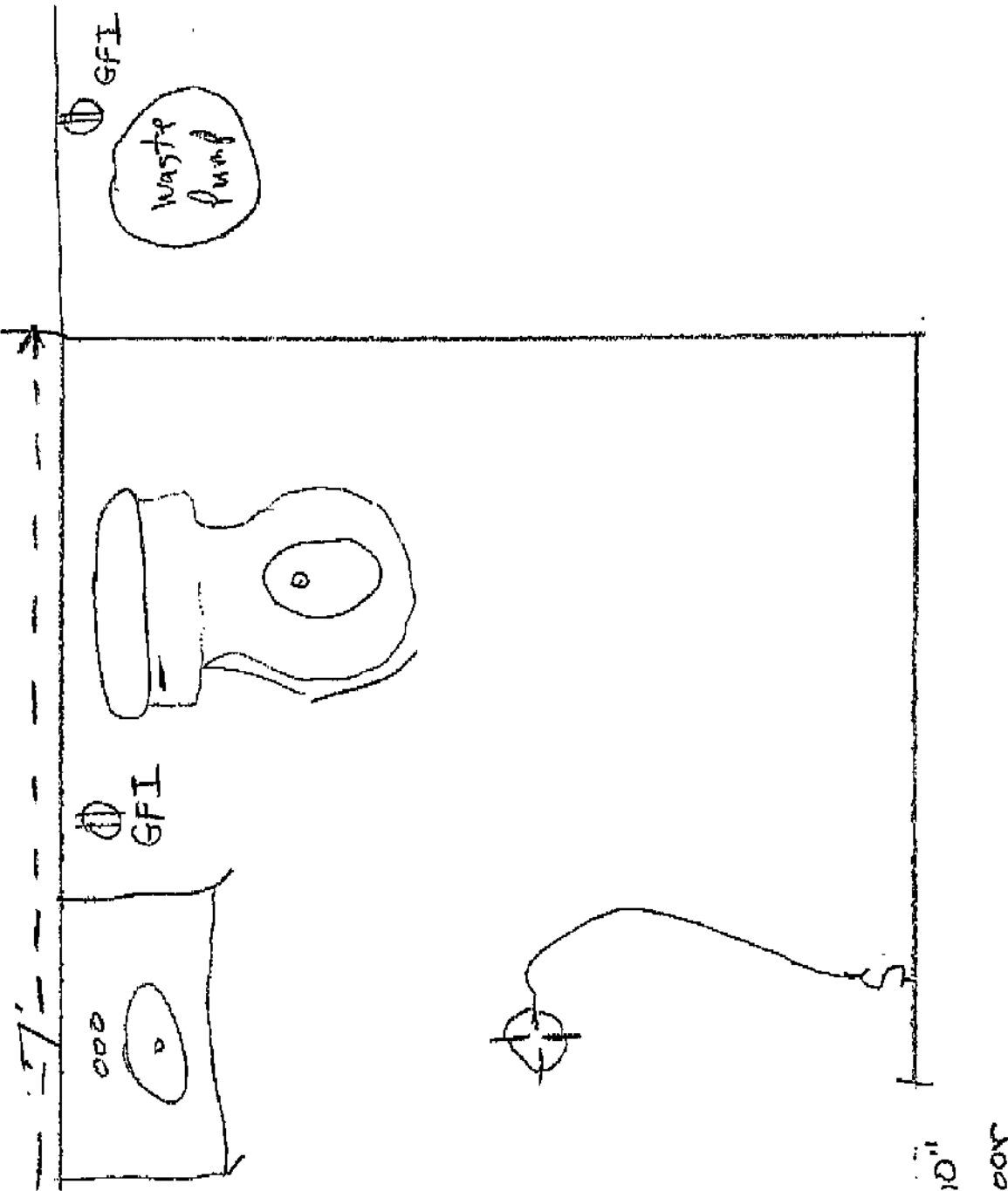
basement plumbing

TRANSMISSION VERIFICATION REPORT

TIME : 03/08/2007 09:19
NAME : MARLBORO TWP.
FAX : 7326177225
TEL : 7325360200
SER.# : 000D5J454491

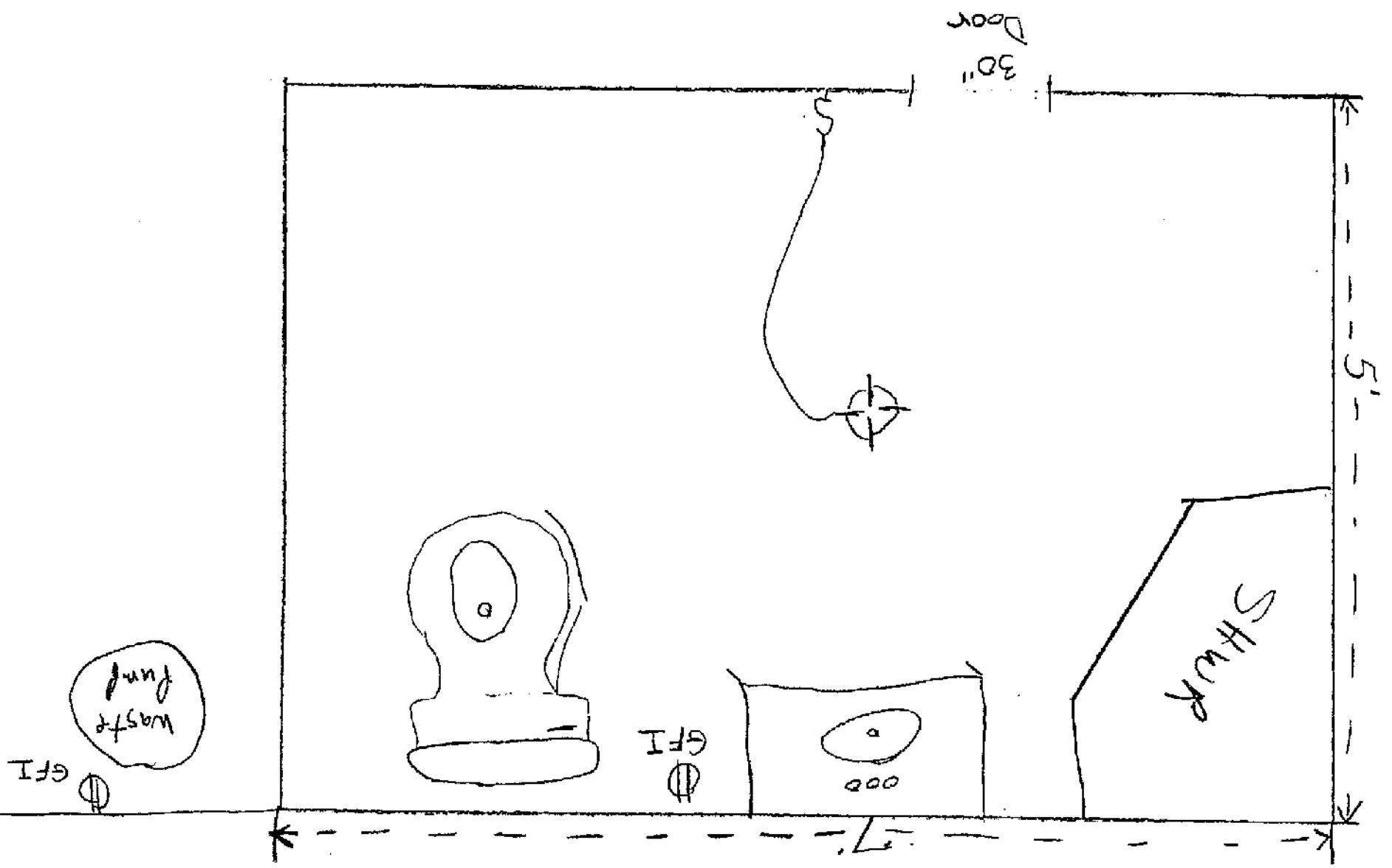
DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

03/08 09:18
7325912235
00:00:34
03
OK
STANDARD
ECM



15.29

Basement Bath room



Bl. 171 Lot 15.29

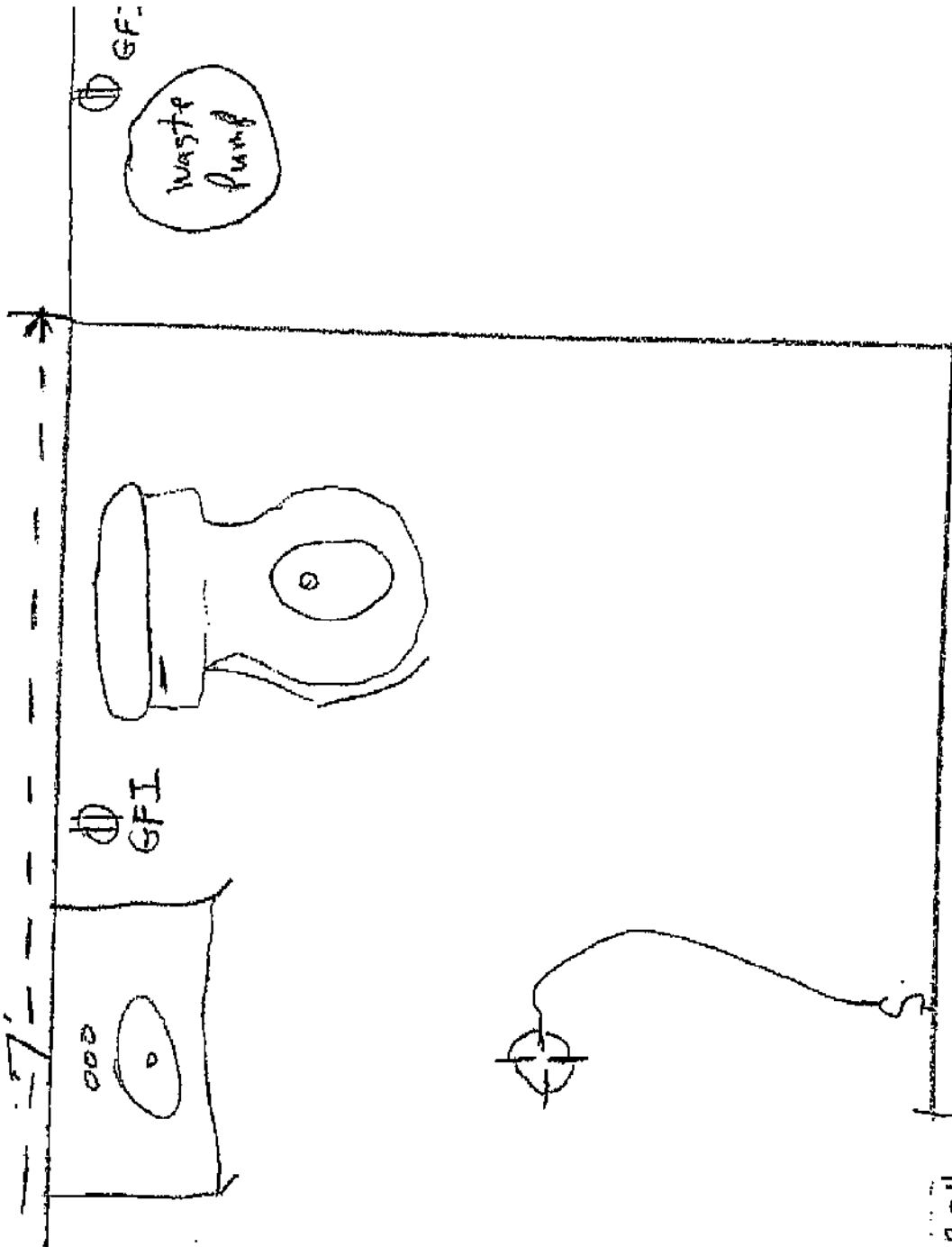
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 FAX : 7325177225
 TEL : 7325360200
 SER. # : 000D6J454491

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

03/08 09:21
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 BUSY
 STANDARD

BUSY: BUSY/NO RESPONSE



Bathroom

15.29

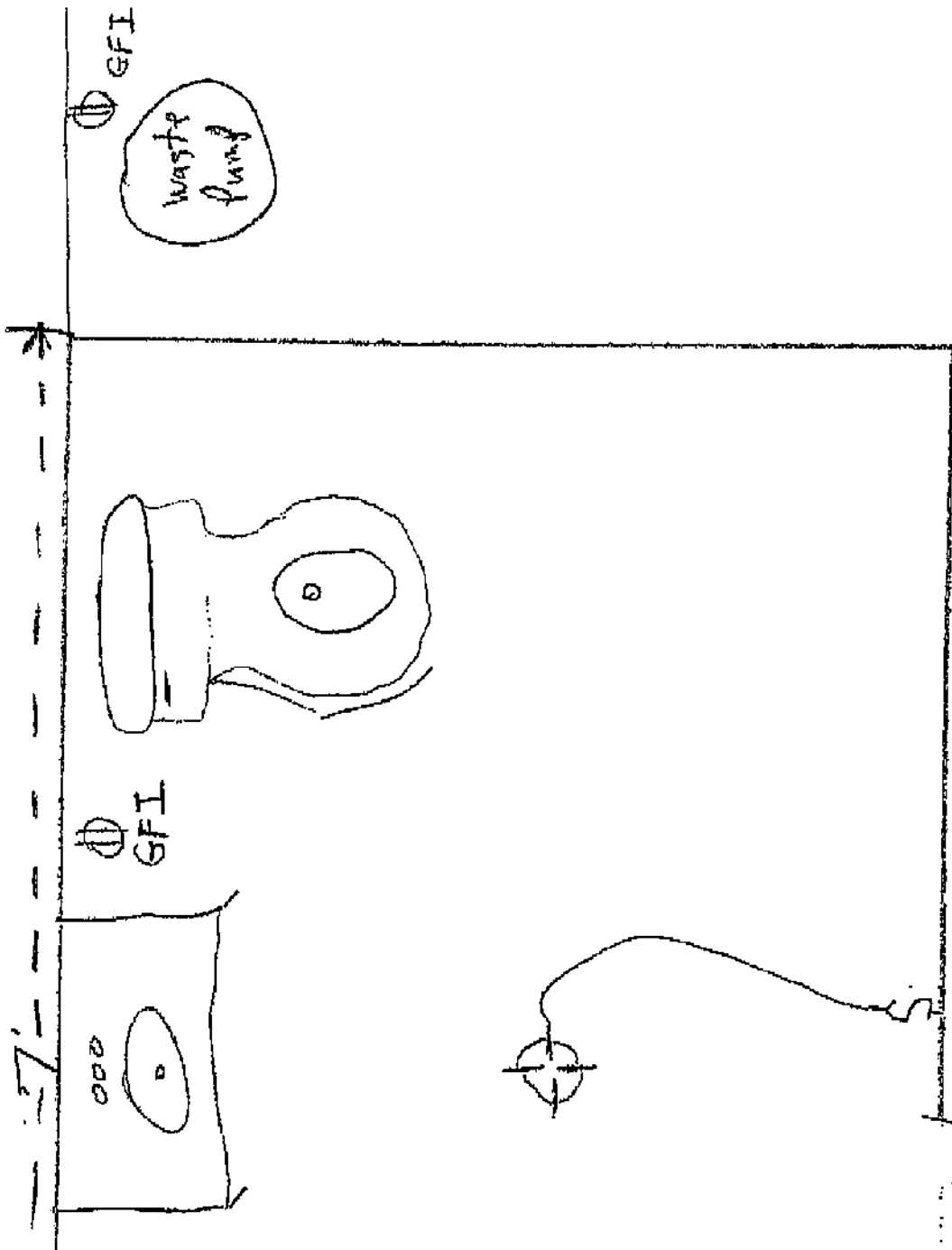
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TEL : 7325360200
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FAX NO. / NAME
DURATION
PAGE(S)
RESULT
MODE

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00:00:00
00
BUSY
STANDARD

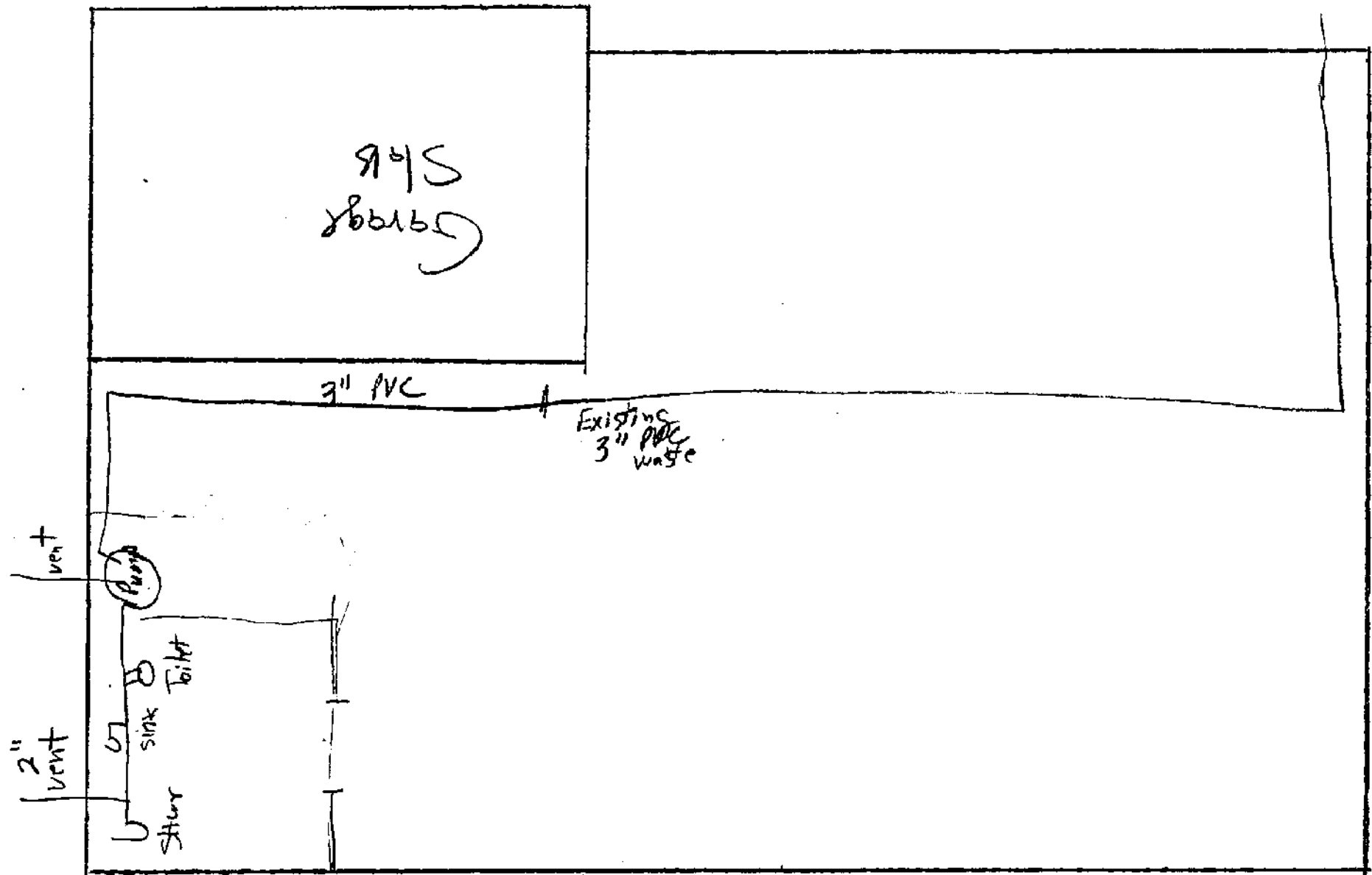
BUSY: BUSY/NO RESPONSE



- 15.29

Bathroom

Bl. 171 Lot 15.29



basement Plumbing

Marlboro Township

Agent : SHAH, GAUTAM & S. & PRITI G.
58 CONDOR DRIVE
MORGANVILLE, NJ-07751

Contractor : SHAH, GAUTAM & S. & PRITI G.
CONDOR DRIVE
MORGANVILLE, NJ-07751

Ref : Application #. 45668

Subject : Plumbing Review for 58 CONDOR DRIVE

Date : May 07, 2007

Subcode Notes

Need permit filled in properly. Sketch not to code. H.O. actually doing the work himself?

5/7/07 same as above.

6/1/07 Same as above

6/5/07 need permit filled in properly.
H.O. actually doing the work himself??

Marlboro Township

Agent : OIN, YANA & MOIN, IRINA
47 CRINE ROAD
MORGANVILLE, NJ-07751

Contractor :

Ref : Application #. 46608

Subject : Electrical Review for 47 CRINE ROAD

Date : June 04, 2007

Subcode Notes

COMPLETE ELECTRICAL WIRING DIAGRAM WIRE SIZES, BREAKER SIZES, NUMBER CIRCUITS

Marlboro Township

Agent : SHAH, GAUTAM & S. & PRITI G.
58 CONDOR DRIVE
MORGANVILLE NJ-07751

Contractor : SHAH, GAUTAM & S. & PRITI G.
CONDOR DRIVE
MORGANVILLE NJ-07751

Ref : Application #. 45668

Subject : Plumbing Review for 58 CONDOR DRIVE

Date : May 07, 2007

Subcode Notes

Need permit filled in properly. Sketch not to code. H.O. actually doing the work himself?

5/7/07 same as above.

6/1/07 Same as above

6/5/07 need permit filled in properly.
H.O. actually doing the work himself??

Marlboro Township

Agent : SHAH, GAUTAM & S. & PRITI G.
58 CONDOR DRIVE
MORGANVILLE, NJ-07751

Contractor : SHAH, GAUTAM & S. & PRITI G.
CONDOR DRIVE
MORGANVILLE, NJ-07751

Ref : Application #. 45668

Subject : Electrical Review for 58 CONDOR DRIVE

Date : February 27, 2007

Subcode Notes

WIRING DIAGRAM REQUIRED SHOW WIRE SIZES, BREAKER SIZES, NUMBER CIRCUITS, SERVICE ENTRANCE LOCATION

TRANSMISSION VERIFICATION REPORT

TIME : 03/08/2007 09:09
NAME : MARLBORO TWP.
FAX : 7326177225
TEL : 7325360200
SER.# : 000D5J454491

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RESULT	OK
MODE	STANDARD ECM

Marlboro Township

Agent : SHAH, GAUTAM & S. & PRITI G.
58 CONDOR DRIVE
MORGANVILLE, NJ-07751

Contractor : SHAH, GAUTAM & S. & PRITI G.
CONDOR DRIVE
MORGANVILLE, NJ-07751

Ref : Application #. 45668

Subject : Plumbing Review for 58 CONDOR DRIVE

Date : February 28, 2007

Subcode Notes

Need permit filled in properly. Sketch not to code. H.O. actually doing the work himself?

Marlboro Township

Agent : SHAH, GAUTAM & S. & PRITI G.
58 CONDOR DRIVE
MORGANVILLE, NJ-07751

Contractor : SHAH, GAUTAM & S. & PRITI G.
CONDOR DRIVE
MORGANVILLE, NJ-07751

Ref : Application #. 45668

Subject : Plumbing Review for 58 CONDOR DRIVE

Date : February 28, 2007

Subcode Notes

Need permit filled in properly. Sketch not to code. H.O. actually doing the work himself?