



The Borough of Sayreville
Municipal Clerk's Office

167 Main Street
Sayreville, NJ 08872
Tel: 732-390-7020 • Fax: 732-390-0509

September 10, 2024

Matthew Leslie
opra+request-66343-43ba7f18@requests.opramachine.com

Re: Request for Access to Public Records

Greetings:

As requested pursuant to the Open Public Records Act, enclosed is the response from the Borough of Sayreville Construction Department.

If I can be of any further assistance, please do not hesitate to call my office.

Very truly yours,

Jessica Morelos, RMC
Municipal Clerk

JM/jo

OFFICE OF CONSTRUCTION OFFICIAL
Permit Options Report

From: To: 9/11/2024
Block: 70 Lot: 65 Town(s):Borough of Sayreville

Permit #	Permit Date	Census	Control #	Updates	Partial	Partial Date	Description of Work	Elev	Mech	AltFee	COFee	OtherFee
Block Lot Qual		Cost	Use Group	Bldg	Elec	Fire	Pimb	VAdm	MAdm	VolFee	TCOFee	PenaltyPmt
Work Site			Waived Fees	BAdm	EAdm	FAdm	PAdm	VAdm	MAdm	DCA Min.		WebSurchg
Cubic Feet		Square Feet	Minimum Fees	BTotl	ETotl	FTotl	PTotl	VTotl	MTotl	TFTotl	CertTotl	Total Fee
Owner Name												
20041776	12/6/04	434	32397	0			Furnace direct (gas) replacement					1/11/2008
70 65		\$2,000.00	R-5	\$0.00	\$50.00	\$50.00	\$50.00	\$0.00	\$0.00	\$3.00	\$0.00	\$0.00
123 BISSETT ST.			No Fees Waived	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0 Cu.ft.		0 Sq.ft.										\$0.00
20070615	5/23/07	434	37829	0			replace hot water heater					6/12/2007
70 65		\$1,149.00	R-5	\$0.00	\$0.00	\$0.00	\$75.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00
123 BISSETT ST.			No Fees Waived	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0 Cu.ft.		0 Sq.ft.										\$0.00
20151670	10/16/15	434	57113	0			Roofing-eligible for senior discount					1/20/2016
70 65		\$3,885.00	R-5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.00	\$0.00	\$0.00
123 Bissett St			Municipal Fees Waived	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0 Cu.ft.		0 Sq.ft.										\$0.00
20201296	11/2/20	434	66056	0			Replace water heater - eligible for senior discount					5/25/2021
70 65		\$1,519.00	R-5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.00	\$0.00	\$0.00
123 Bissett St			Municipal Fees Waived	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0 Cu.ft.		0 Sq.ft.										\$0.00
Grand Total				\$0.00	\$50.00	\$50.00	\$125.00	\$0.00	\$0.00	\$15.00	\$0.00	\$240.00
Total Permits: 4			Total Partials: 0				Total Online Surcharge: \$0.00			Total Penalties Collected for Permits Issued		\$0.00
										Total Fees and Penalties Collected		\$240.00



Borough of Sayreville
49 Dolan Street
Sayreville, NJ 08872
732-3907077

CERTIFICATE IDENTIFICATION

Date Issued: 01/20/2016
Control #: 57113
Permit #: 20151670

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: _____
Roofing-eligible for senior discount

Block: 70 Lot: 65
Work Site Location: 123 Bissett St
Sayreville
Owner in Fee: JACKSON, DALE & LAURA
Address: 123 Bissett St
Sayreville NJ 08872

Telephone: _____
Agent/Contractor: Blindt Home Remodeling
Address: 114 Ridge Rd
Colonia NJ 07067

Telephone: _____
Lic. No./ Bldrs. Reg. No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Update Desc. of Wk/Use:

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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

Fees: \$0.00

Paid ☒ Check No.: 695

Collected by: tr

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

1/20/16
Kirk J. Mück Construction Official



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 10 Work Site Location 103 BISHOP DRIVE FOR Qualification Code _____
SAVERILL F. SENIOR DISCOUNT

Owner in Fee: 0912 Tel. [REDACTED] e-mail _____
 Address 103 BISHOP DR. SAVERILL NJ zip code _____
 Contractor: Daniel & Son Inc. Tel. () _____
 Address 114 Ridge Rd. e-mail _____
Colonie NY

Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	
☒ No Plans Required	9/2/15		
☐ All			
☐ Footings/Foundations			
☐ Structural/Framework			
☐ Exterior			
☐ Interior			
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			
INSPECTIONS			
Footings			
Footings/Bonding			
Foundation			
Slab			
Frame			
Truss Sys./Bracing			
Barrier-Free			
Insulation			
Finishes -Base Layer			
Finishes -Final			
Energy			
Mechanical			
TCO			
Other			
Final			
Barrier-Free			
SUBCODE APPROVAL for PERMIT			
Date: 9/2/15			
Approved by: [Signature]			
SUBCODE APPROVAL for CERTIFICATE			
() CO () CA			
Date: 10/16/15			
Approved by: [Signature]			

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____ HUD _____

State Approved _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 3885.00

U.C.C. F110 (rev. 12/07)
Internet version

Date Received
Control #

10/16/15

Date Issued
Permit #

2015 1670

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

Transfer log to drive Sheehy.
 Replace any rotted wood.
 Install Ice shield
 Install felt paper
 Install New Strip Flashing
 Install New Log to wall Flashing
 Clean up debris over all Decks.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence _____ Sq. Ft.
- ☐ 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)

\$ 97

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

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



Borough of Sayreville
49 Dolan Street
Sayreville, NJ 08872
732-3907077

CERTIFICATE IDENTIFICATION

Date Issued: 05/25/2021
Control #: 69056
Permit #: 20201296

Block: 70 Lot: 65 Qual: _____
Work Site Location: 123 Bissett St
Sayreville
Owner in Fee: JACKSON, DALE & LAURA
Address: 123 Bissett St
Sayreville NJ 08872

Telephone: _____
Agent/Contractor: 1 800 Heaters Inc
Address: 2 Gourmet Ln Unit G & H
Edison NJ 08837

Telephone: _____
Lic. No./Bldrs. Reg.No.: 12352 Federal Emp. No.: _____
Social Security No.: _____

[] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

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: _____
Replace water heater - eligible for senior discount

Update Desc. of Wk/Use: _____

Tax Collector Approval _____ Date _____
Water & Sewer Approval _____ Date _____

[] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

[] Total removal of lead-based paint hazards in scope of work

[] Partial or limited time period(____ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] CERTIFICATE OF COMPLIANCE

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

Fees: \$0.00

Paid [X] Check No.: 60005

Collected by: tr

Kirk J. Mlick
Kirk J. Mlick Construction Official

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 10 Lot 65 Qualification Code _____
Work Site Location Supreme 13 Bissett 00872
Owner In Fee: State Jackson
Tel. same e-mail _____
Address same municipality _____ Tel. _____
Contractor: 1 800 Heaters Inc
Address 2 Gourmet Lane, Unit G & H Edison, NJ 08837

Contractor License No. 12352 Exp. Date 06/30/2021
Home Improvement Contractor Registration No. or Exemption Reason 13VH05509300
Federal Emp. ID No. [redacted] FAX: [redacted]

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 \$ 1500

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☒ No Plans Required	Type _____
☒ Partial - Understate Utilities Approved	Slab _____
Date: _____ Approved by: _____	Rough _____
☒ Plumbing Plans Approved	Water _____
Date: _____ Approved by: _____	Sewer _____
Joint Plan Review Required:	Fixtures _____
☒ Bldg. ☒ Elec. ☒ Fire ☒ Elev.	Gas Equipment _____
SUBCODE APPROVAL FOR PERMIT	
Date: <u>10/13/2020</u>	Gas Piping _____
Approved by: <u>[signature]</u>	LPGas Tank _____
SUBCODE APPROVAL FOR CERTIFICATE	
Date: <u>10/13/2020</u>	Fuel Oil Piping _____
Approved by: <u>[signature]</u>	Solar _____
	TCC _____
	Final _____

All work subject
to field inspection

Recorder at:
NJ State Plumbing Board
609-390-1400
Allegan Marketing, Print & Mail - Marmora, NJ

Date Received Control # 112-20
Date Issued Permit # 2006, 1296

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: [signature]
Print name here: Leonard Gerardo [X] Licensed Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Replacement Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal	
	Bath	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
1	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrapp	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge \$ 15.00
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



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

Block 70 Lot 65
Work Site Location 173 Bissett Street
Sauveville New Jersey 07
Owner in Fee/Occupant Dale Jackson
Address 123 Bissett Street
Sauveville New Jersey 08872
Tele. [REDACTED]
Contractor Chris Kirsten Plumbing + Heating Co
Address P.O. Box 132
Englishtown New Jersey 07726
Tele. [REDACTED] Fax ()
Federal Emp. No. 9362

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
☐ Pole/Ped # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required			Type: Rough				
Joint Plan Review Required:			Temp. Serv.				
☐ Building ☐ Plumbing			Constr. Serv.				
☐ Fire ☐ Elevator			TCO				
☐ Elec. Plans Approved			Other				
Date: <u>11-22-04</u>			Service				
Approved by: <u>[Signature]</u>			Final				

SUBCODE APPROVAL

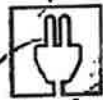
☐ CO ☒ CCE ☐ CA
Date: 11/22/04
Approved by: [Signature]

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

☐ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received 12-06-04
Date Issued
Control #
Permit # 2004.1776

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			\$
		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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		<u>Direct Rep. Expense (GAS)</u>	
		Administrative Surcharge	\$ <u>50.00</u>
		Minimum Fee	\$ <u> </u>
		DCA Training Fee	\$ <u> </u>
		TOTAL FEE	\$ <u> </u>



ELECTRICAL 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 70 Lot 65
 Work Site Location 123 Bissett Street
Sayreville New Jersey 07
 Owner in Fee/Occupant Dale Jackson
 Address 123 Bissett Street
Sayreville New Jersey 08872
 Tele [REDACTED]
 Contractor Chris Kirsten Plumbing + Heating Co
 Address P.O. Box 132
Englishtown New Jersey 07726
 Tele [REDACTED] Fax ()
 Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☒ No Plans Required ☐ Initial ☐ Initial
 Joint Plan Review Required:
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Elec. Plans Approved
 Date: 11-22-04
 Approved by: [Signature]

SUBCODE APPROVAL

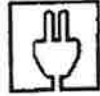
☐ CO ☐ CCO ☐ CA
 Date: _____
 Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

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

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

☐ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received 12-06-04
 Date Issued 2004.1176
 Control # _____
 Permit # _____

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	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 1/4 HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ 50.00
 Minimum Fee \$ _____
 DCA Training Fee \$ _____
 TOTAL FEE \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**

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

Block 70 Lot 65
Work Site Location 123 Bissett Street
Sayreville New Jersey 0
Owner in Fee Dale Jackson
Address 123 Bissett Street
Sayreville New Jersey 08872
Tele. [REDACTED]
Contractor Chris Kirsten Plumbing & Heating Co
Address P.O. Box 132
Englishtown New Jersey 07126
Tele. [REDACTED] Fax () [REDACTED]
Lic. No. 9362
Federal Emp. No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Private Well
Building Sewer Size Public Water
Water Service Size Public Water
Est. Cost of Plumbing Work \$ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required		Type:	Failure	Failure	Approval
Joint Plan Review Required:		Slab			Initial
[] Building	[] Electric	Rough			
[] Fire	[] Elevator	Water			
[] Plumbing Plans Approved		Sewer			
Date:	<u>12-20-09</u>	Fixtures			
Approved by:	<u>E. Mangano</u>	Gas Equipment			
SUBCODE APPROVAL		Gas Piping			
<u>1/1/10</u>		Solar			
Date: <u>1/1/10</u>		TCO			
Approved by: <u>pd</u>					

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

UCC/PRO F-130 (REV 3/96)

Professional Printing

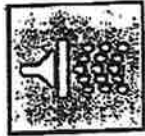
(856) 468-7933

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy



Date Received 12-06-09
Date Issued 12-06-09
Control # 2004.1776
Permit # 2004.1776

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Sink	
	Carbon Monoxide	
	Alarms Required	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	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	

FEYNACE Signet
(GAS) Replacement 25

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



FIRE PROTECTION 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 76 Lot 65 Qualification Code _____
Work Site Location 123 Bissett Street
Sayreville New Jersey
Owner in Fee Dale Jackson
Address 123 Bissett Street
Sayreville New Jersey 08872
Tel [REDACTED] FAX () _____
Contractor Cheryl Kirsten Plumbing & Heating Co
Address P.O. Box 132
Englishtown New Jersey 07726
Tel [REDACTED] 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. [REDACTED]

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 [] Solar
Type: [] Gas [] Oil [] Electric [] Other Direct Repl. Gas Furnace

Location: Basement Location of Main Control Valve: _____

Fuel Storage Tank: _____ Capacity _____

Fuel Type: [] Flammable or [] Combustible

Total Cost of Fire Protection Work \$ 4000

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				
[] Fire Plans Approved	Pre-Eng. System				
Date: <u>11/14/08</u>	Mechanical				
Approved by: <u>[Signature]</u>	Smoke Control				
SUBCODE APPROVAL	TCO				
[] CO [] CCO [] CA	Flam/Combust Tanks				
Date: <u>1-11-08</u>	Fireplace Venting				
Approved by: <u>SWM</u>	Final				
	Other				

Date Received
Control # 12-06-04

Date Issued
Permit # 2004-1776

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the owner of record and am authorized to make this application.
Applicant's Signature [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., tamper, low/high air)			
Signaling Devices (i.e., horn/strobes, bells)			
Other Devices			
TOTAL			
Suppression Systems			
Fire Pump <u>gfm</u>			
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 \$ 150



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 70 Lot 65 Qualification Code _____

Work Site Location 123 BISSETT ST.

Owner in Fee: DALE JACKSON + DAUSE

Tel. () _____ e-mail _____

Address _____

Contractor: P&L PLUMBING Tel. _____

Address 300 COLUMBUS CIRCLE • EDISON, NJ 08837 e-mail _____

Contractor License No. 12108 Exp. Date 13VH01759800

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

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 149

JOB SUMMARY (Office Use Only)		INSPECTIONS		DATES (Month/Day)	
PLAN REVIEW	NO. PLANS REQUIRED	TYPE	SLAB	FAILURE	APPROVAL
1	1	Building	1	Electric	
1	1	Fire	1	Elevator	
1	1	Plumbing Plans Approval			
Date: <u>4/22/07</u>	Approved by: <u>[Signature]</u>				
SUBCODE APPROVAL					
CO: <u>1</u>	COG: <u>1</u>	CA: <u>1</u>			
Date: <u>4/23/07</u>	Approved by: <u>[Signature]</u>				

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

[X] Licensed Plumbing Contractor [] Exempt Applicant

REORDER from OCS Printing 609-390-1400

Date Received 5/23/07
Control # _____

Date Issued _____
Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

**Replacement
Hot Water Heater**

QTY. _____

FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

FEE (Office Use Only)
\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 475.00

TOTAL FEE \$ 475.00