Permits

Permit Number	Permit Issue Date	Location Address	Block	Lot	Application Date	Application Status	Work Description	Work Description Comments	Subcod Used
2011-098	03/07/2011	1 CLARIDGE DRIVE #411	101.	1.	02/28/2011	CA and Close Date Issued	BATH RENOVATION	RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT	B P E
1999-349	07/15/1999	1 CLARIDGE DRIVE	101.	1.	07/15/1999	CA and Close Date Issued	Bath Renovation		B E P
Grand Totals			**202.**	**2.**					

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044
(973) 857-4834

Date Issued 7/15/2011
Control Number C-11-0154
Permit Number 2011-098
Permit Issue Date 3/7/2011
Certificate Number 2011-098

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1 CLARIDGE DRIVE #411 VERONA, NJ 07044 Block: 101 Lot: 1 Qual: C0411

Owner in Fee: GELLER, BENJAMIN & ANNETTE

Owner Address: 1 CLARIDGE DRIVE #411 VERONA NJ 07044

Telephone: (973) 202-5618

Contractor Myhren Builders Inc

Address 13 Malibu Drive Vernon NJ 07462

Telephone: (973) 390-7420 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: BATH RENOVATION - RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Thomas M. Jacobsen

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/9/2023

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

CONSTRUCTION PERMIT

Date Issued 3/7/2011
Control # C-11-0154
Permit # 2011-098

IDENTIFICATION Block: 101 Lot: 1 Qualifier C0411
Work Site Location: 1 CLARIDGE DRIVE #411 VERONA, NJ 07044

Owner in Fee GELLER, BENJAMIN & ANNETTE
1 CLARIDGE DRIVE #411 VERONA NJ 07044

Telephone: (973) 202-5618

Contractor Myhren Builders Inc
Address 13 Malibu Drive Vernon NJ 07462

Telephone: (973) 390-7420
Lic. No. or Bldrs. Reg. No. 13VH01599600
Federal Employee. No. 226235504

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

BATH RENOVATION RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT

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 $11,980

Construction Official

3/7/2011
Date

PAYMENTS (Office Use Only)

Building	$200
Electrical	$60
Plumbing	$80
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	
Other	$0
Total	$361
Check No.	25966
Cash	$10
Credit	$0
Collected By	Kelly Lawrence

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/28/2011
Control # C-11-0154
Date Issued 3/7/2011
Permit # 2011-098

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

Block 101 Lot 1 Qualification Code C0411

Work Site Location: 1 CLARIDGE DRIVE #411 VERONA, NJ 07044

Owner in Fee: GELLER, BENJAMIN & ANNETTE

Address 1 CLARIDGE DRIVE #411 VERONA NJ 07044

Tel. (973) 202-5618 Email

Contractor: Myhren Builders Inc

Address 13 Malibu Drive Vernon NJ 07462

Email

Tel. (973) 390-7420 Fax. (973) 764-6311

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. 226235504

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			3/22/11	GH
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final		5/17/11	7/15/11	GH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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 $10,080
3. Total (1+2) $10,080

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BATH RENOVATION, RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT

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)

Rehabilitation	$200
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$17
TOTAL FEE	$217

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/28/2011
Control # C-11-0154
Date Issued 3/7/2011
Permit # 2011-098

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

Block 101 Lot 1 Qualification Code C0411

Work Site Location: 1 CLARIDGE DRIVE #411 VERONA, NJ 07044

Owner in Fee: GELLER, BENJAMIN & ANNETTE

Address 1 CLARIDGE DRIVE #411 VERONA NJ 07044

Email

Tel. (973) 202-5618

Contractor: Van Natta Mechanical

Address 25 Whitney Road Mahwah NJ 07430

Email

Tel. (201) 391-3700 Fax. (201) 930-0295

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 10386 Expiration Date:

Federal Employee No. 221625260

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work **$1,500**

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5/17/11	ST
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATH RENOVATION, RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$10
1	Shower	$10
	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 Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$3
TOTAL FEE	$83

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/28/2011
Date Issued 3/7/2011
Control # C-11-0154
Permit # 2011-098

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

Block 101 Lot 1 Qualification Code C0411

Work Site Location: 1 CLARIDGE DRIVE #411 VERONA, NJ 07044

Owner in Fee: GELLER, BENJAMIN & ANNETTE

Address 1 CLARIDGE DRIVE #411 VERONA NJ 07044

Email

Tel. (973) 202-5618

Contractor: David's Electric

Address 95 Chestnut Street Rochelle Park NJ 07662

Email

Tel. (201) 843-5756 Fax. (201) 291-0605

Lic No. 10023 Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 223-071-250

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work **$400**

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			3/15/11	RO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/17/11	RM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATH RENOVATION, RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	$46
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$1
TOTAL FEE	$61

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

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044
(973) 857-4834

Date Issued 9/29/1999
Control Number
Permit Number 1999-349
Permit Issue Date 7/15/1999
Certificate Number 1999-349

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1 CLARIDGE DRIVE , NJ Block: 101 Lot: 1 Qual: C0411
Owner In Fee: GELLER
Owner Address: 1 CLARIDGE DRIVE NJ
Telephone:
Contractor GELLER
Address 1 CLARIDGE DRIVE NJ
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-2 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use:

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Thomas M. Jacobsen

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/8/2023

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

CONSTRUCTION PERMIT

Date Issued 3/7/2011
Control # C-11-0154
Permit # 2011-098

IDENTIFICATION Block: 101 Lot: 1 Qualifier C0411
Work Site Location: 1 CLARIDGE DRIVE #411 VERONA, NJ 07044

Owner in Fee GELLER, BENJAMIN & ANNETTE
1 CLARIDGE DRIVE #411 VERONA NJ 07044

Telephone: (973) 202-5618

Contractor Myhren Builders Inc
Address 13 Malibu Drive Vernon NJ 07462

Telephone: (973) 390-7420
Lic. No. or Bldrs. Reg. No. 13VH01599600
Federal Employee. No. 226235504

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

BATH RENOVATION RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT

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 $11,980

Construction Official

3/7/2011
Date

PAYMENTS (Office Use Only)

Building	$200
Electrical	$60
Plumbing	$80
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	
Other	$0
Total	$361
Check No.	25966
Cash	$10
Credit	$0
Collected By	Kelly Lawrence

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

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1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/28/2011
Control # C-11-0154
Date Issued 3/7/2011
Permit # 2011-098

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

Block 101 Lot 1 Qualification Code C0411

Work Site Location: 1 CLARIDGE DRIVE #411 VERONA, NJ 07044

Owner in Fee: GELLER, BENJAMIN & ANNETTE

Address 1 CLARIDGE DRIVE #411 VERONA NJ 07044

Tel. (973) 202-5618 Email

Contractor: Myhren Builders Inc

Address 13 Malibu Drive Vernon NJ 07462

Email

Tel. (973) 390-7420 Fax. (973) 764-6311

Contractor License No. or, if new home, Bldrs Reg. No. ______ Exp. ______

Home improvment Contractor Registration No. or Exemption Reason(is applicable): ______

Federal Emp. ID No. 226235504

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			3/22/11	GH
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final		5/17/11	7/15/11	GH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed R-5

Constr. Class Present ______ Proposed ______

Number of Stories ______

Height of Structure ______ Ft.

Area - Largest Floor ______ Sq. Ft.

New Blbg. Area / All Floors ______ Sq. Ft.

Volume of New Structure ______ Cu. Ft.

Total Land Area Disturbed ______ Sq. Ft.

If Industrial Building:
State Approved ______
HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. ______
2. Rehabilitation $10,080
3. Total (1+2) $10,080

C. CERTIFICATION IN LIEU OF OATH

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

______
Signature

Print Name Here: ______

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BATH RENOVATION, RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$200
☐ 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	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$17
TOTAL FEE	$217

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/28/2011
Control # C-11-0154
Date Issued 3/7/2011
Permit # 2011-098

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

Block 101 Lot 1 Qualification Code C0411

Work Site Location: 1 CLARIDGE DRIVE #411 VERONA, NJ 07044

Owner in Fee: GELLER, BENJAMIN & ANNETTE

Address 1 CLARIDGE DRIVE #411 VERONA NJ 07044

Email

Tel. (973) 202-5618

Contractor: Van Natta Mechanical

Address 25 Whitney Road Mahwah NJ 07430

Email

Tel. (201) 391-3700 Fax. (201) 930-0295

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 10386 Expiration Date:

Federal Employee No. 221625260

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work **$1,500**

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5/17/11	ST
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATH RENOVATION, RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$10
1	Shower	$10
	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 Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$3
TOTAL FEE	$83

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/28/2011
Date Issued 3/7/2011
Control # C-11-0154
Permit # 2011-098

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

Block 101 Lot 1 Qualification Code C0411

Work Site Location: 1 CLARIDGE DRIVE #411 VERONA, NJ 07044

Owner in Fee: GELLER, BENJAMIN & ANNETTE

Address 1 CLARIDGE DRIVE #411 VERONA NJ 07044

Email

Tel. (973) 202-5618

Contractor: David's Electric

Address 95 Chestnut Street Rochelle Park NJ 07662

Email

Tel. (201) 843-5756 Fax. (201) 291-0605

Lic No. 10023 Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 223-071-250

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $400

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			3/15/11	RO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/17/11	RM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATH RENOVATION, RENOVATE MASTER BATHROOM - DIRECT REPLACEMENT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	$46
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$1
TOTAL FEE	$61

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