BLOCK 108 LOT 23 QUALIF/CODE _____ ADDRESS (SITE) 33 Runnymede Rd PERMIT NO. 19-559

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 428-8401

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 33 Runnymede Rd Clark NJ 07066
2. Name of Owner in Fee: Tony DaSilva
   Tel. [redacted] e-mail tonyd78@hotmail.com
   Address 33 Runnymede Rd (street) 07066 (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Medeiros Tel. (973) 467-4120
   Address 21 Lincoln Blvd e-mail _____
   Clark NJ 07066
   License No. OR, if new home, Builder Reg. No. 13VH07677700 Exp. Date 2/31/2020
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Marie
   Tel. 732) 771-5805 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building					4/25/19	MC			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-26-19
Control #
Date Issued
Permit # 19-559

POSTED

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

Block 107 Lot 23 Qualification Code

Work Site Location 33 Bunnymede Rd
Clark NJ 07066

Owner in Fee: Tony D'a Silva

Tel. [redacted] e-mail tonyd78@hotmail.com

Address 33 Bunny mede Rd 07066
street municipality zip code

Contractor: Modern Concretors Tel. (973) 417-1124

Address 33 Lynch Blvd
Clark NJ e-mail

Contractor License No. or Builder Registration No. 13VH07277700 Exp. Date 3/31/2020

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here

Print name here: Dominick Prado

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

16x20
Paver patio - OPEN
Remove old Deck

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[✓] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 6/25/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/6/20	
Barrier-Free				

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [X] 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 _____
- [X] Demolition

FEE (Office Use Only)

$ 126

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 126

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:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 4500.00

UCC/F-110
(rev. 11/09)
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

CONSTRUCTION PERMIT

Date Issued: 6-26-19

Permit # 19-559

IDENTIFICATION Block 108. Lot 23 Qualification Code

Work Site Location 33 Runnymede Rd Clark NJ

Owner in Fee Tony DaSilva

Address 33 Runnymede Rd Clark NJ 07066

Tel. ([redacted]

Contractor Modena Builders.

Address 32 Lincoln Hwy Clark NJ

Tel. (973) 417-1124

Lic. No. or Bldrs. Reg. No. 13VH07677700. 3/31/2020

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK: Install Uncovered Paver Patio - Remove Deck

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 $ $4500

Construction Official

6/25/19

Date

PAYMENTS (Office Use Only)

Building 126

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 9

Cert. of Occupancy

Other

Total 135

Check No.

Cash

Collected by

(see reverse side)

UCC/170
Professional Printing
(856) 468-7933

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

BLOCK 108 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 20-669

CONSTRUCTION PERMIT APPLICATION

REC
JUN 22 2020
BY:

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

I. IDENTIFICATION

1. Proposed Work Site at: 33 Runnymede Rd., Clark
2. Name of Owner in Fee: Tony DaSilva
   Tel. [redacted] e-mail _____
   Address Same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Ecosystems Tel. (732) 679-7474
   Address 6 Inverness Drive e-mail _____
   Old Bridge, NJ
   License No. OR, if new home, Builder Reg. No. 221609 Exp. Date 1/31/21
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 81 0596606 46 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Brian Resnick
   Tel. (732) 679-7474 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	6		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 81		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

billed 13/20

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing					6/25/20	MK			
☐ Fire Protection									
☐ Elevator									
TOTAL COST $3000									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: 1
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

PLUMBING SUBCODE
TECHNICAL SECTION

POSTED

Date Received / Control # 7/24/20

Date Issued / Permit # 20-649

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 33 Runnymede Road Clark, NJ 07066

Owner in Fee: Tony DaSilva

Tel. [redacted] Mail _____

Address Same

Contractor: (street) Diamond Plumbing (municipality) Tel. (732) 803-6510 (zip code)

Address 1 Harrison Ave Apt 248 e-mail _____
Harrison NJ 07029

Contractor License No. 11789 Exp. Date 6/30/21

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

Federal Emp. ID No. 35-2162829 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 $ 210

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: Joseph Mangretta

Print name here: JOSEPH MANGRETTA

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Backflow Preventer

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
____	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	
____	LPGas Tank	
____	Steam Boiler	
____	Hot Water Boiler	
____	Sewer Pump	
____	Interceptor/Separator	
1	Backflow Preventer	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks _____	
____	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 75

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/25/20
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8/6/20	[signature]

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7/24/20

Permit # 20-6069

IDENTIFICATION Block 108 Lot 23 Qualification Code

Work Site Location 33 Runnymede Road
Clark, NJ 07066

Owner in Fee Tony DaSilva

Address same

Tel. [redacted]

Contractor Ecosystems Irrigation

Address 6 Inverness Drive
Old Bridge, NJ 08857

Tel. (732) 679-7474

Lic. No. or Bldrs. Reg. No. 221609

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL UNDERGROUND SPRINKLER SYSTEM

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 $ 1,800.00

Construction Official

Date

U.C.C. F170 (rev. 01/04)

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	75
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	6
Cert. of Occupancy	
Other	
Total	81
Check No.	
Cash	
Collected by	

(see reverse side)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 7/24/20

Date Issued / Permit # 20-649

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 33 Runnymede Road Clark, NJ 07066

Owner in Fee: Tony DaSilva

Tel. [redacted] e-mail _____

Address Same

Contractor: Diamond Plumbing (street / municipality) Tel. (732) 8036510 (zip code)

Address 1 Harrison Ave Apt 248 Harrison NJ 07029 e-mail _____

Contractor License No. 11789 Exp. Date 6/30/21

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

Federal Emp. ID No. 35-2162529 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 $ 210

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Plumbing Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/25/20

Approved by: M Kluda

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
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.

Applicant sign/Contractor sign and seal here: Joseph Mangretta

Print name here: JOSEPH MANGRETTA

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Backflow Preventer

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
____	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	
____	LPGas Tank	
____	Steam Boiler	
____	Hot Water Boiler	
____	Sewer Pump	
____	Interceptor/Separator	
1	Backflow Preventer	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks _____	
____	Other _____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 75

BLOCK 108 LOT 25 QUALIF /CODE _____ ADDRESS (SITE) 33 Runnymede Rd PERMIT NO. 11-164

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 33 RUNNYMEDE RD
2. Name of Owner in Fee: DENNIS MANSOUR
   Tel. [redacted] e-mail ROLLSMAN4@YAHOO.com
   Address: 33 RUNNYMEDE RD CLARK, NJ 07066
   municipality zip code
   [redacted]
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Home Owner Tel. [redacted]
   Address 33 Runnymede Rd e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ Fax (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX (____) _____
6. Responsible Person in Charge once Work has Begun Home Owner
   Tel [redacted] FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK:

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

IIb. SUBCODES:

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	11,000				3/18/11	JMC			
☑ Electrical	1000				3/18/11	CM			
☑ Plumbing	3000				3/18/11	JMC			
☑ Fire Protection	—								
☐ Elevator									
TOTAL COSTS	15000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Undergroound Storage Tanks

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

CONSTRUCTION PERMIT

AS BUILT
Date Issued: 3/22/11

Permit # 11-164

IDENTIFICATION Block 108 Lot 23 Qualification Code _____

Work Site Location 33 RUNNYMEDE RD

Owner in Fee DENNIS MANSOUR

Address 33 RUNNYMEDE RD. CLARK, NJ. 07066

Tel. ([redacted])

Contractor _____

Address _____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Basement Renovations as built

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 $ 15000

Construction Official

3/18/11
Date

PAYMENTS (Office Use Only)

Building	420
Electrical	75
Plumbing	108
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	24
Cert. of Occupancy	
Other	
Total	621
Check No.	
Cash	
Collected by	

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/22/11
Date Issued
Control # 11-164
Permit # AS BUILT

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

Block 108 Lot 23 Qualification Code

Work Site Location 33 Runnymede Rd CLARK NJ 07066

Owner in Fee: DENNIS MANSOUR

Tel.: [redacted] e-mail: [redacted]

Address 33 Runnymede Rd (street) CLARK, NJ 07066 (municipality, zip code)

Contractor: Tel. ( )

Address

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $

C. CERTIFICATION IN LIEU OF OATH

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

Dennis Mansour
Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

$75.00 (x)
$ 8.00
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 83.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 3-22-11

Approved by: C Medalle

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 3-29-11

Approved by: C Medalle

INSPECTIONS

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

Dates (Month/Day)

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

UCC/F-120
Professional Printing
(856) 468-7933

06/08

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 11-164
Permit # AS BUILT

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

Block 108 Lot 23 Qualification Code
Work Site Location 33 RUNNYMEDE RD. CLARK, NJ 07066
Owner in Fee: Dennis MANSOUR
Tel. [redacted] e-mail (C) [redacted]
Address 33 RUNNYMEDE RD CLARK NJ 07066
(street) (municipality) (zip code)
Contractor: Tel. ( )
Address JUFEK & MIGLIARO PLUMBING, INC.
333 HURST ST.
LINDEN, N.J. 07036
908-862-7993
LIC. NO. 8838 & 9552
Contractor License No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FED EMP NO 22325761 FAX: (908) 862-1492

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 $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 3/21/14
Approved by: JM Chada

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			3/24	

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

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 20
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	20
1	Shower	20
	Floor Drain	
1	Sink	20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	20
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 100

C. CERTIFICATION IN LIEU OF OATH

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

Dennis Mansour
Applicant Signature/ Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

UCC/F-130
Professional Printing
(856) 468-7933

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

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

06/08

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/22/11
Date Issued
Control #
Permit # 11-164

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

Block 108 Lot 23 Qualification Code (C)

Work Site Location 33 RUNNYMEDE RD
CLARK, NJ 07066

Owner in Fee: DENNIS MANSOUR

Tel. [redacted] e-mail [redacted]

Address 33 RUNNYMEDE RD (street) CLARK (municipality) NJ 07066 (zip code)

Contractor: _____ Tel. (____) _____

Address _____

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

Federal Emp. ID No. _____ FAX: (____) _____

C. CERTIFICATION IN LIEU OF OATH

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

Dennis Mansour
Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AS BUILT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other AS BUILT	3/16/11	MK
Joint Plan Review Required		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/24/11	MK
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
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ 20
TOTAL FEE	$ 20

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) $ 15,000

UCC/F-110
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

BLOCK 108 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 33 Runnymede Rd PERMIT NO. 10-470

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

POSTED

I. IDENTIFICATION

1. Proposed Work Site at: 33 Runnymede Rd
2. Name of Owner in Fee: Dennis Mansour
   Tel. ([redacted] e-mail _____
   Address Same (street) Clark Twp (municipality) 07066 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: 1 800 Heaters Inc Tel. (732) 417-0099
   Address 2 Gourmet Lane e-mail _____
   Edison, NJ 08837
   License No. OR, if new home, Builder Reg. No. 12352 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH05509300
   Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Leonard Gerardo
   Tel. (732) 417-0099 FAX: (732) 417-0695

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					6/18/10	M.K			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
11. ☐ LPGas Tanks

CONSTRUCTION PERMIT

Date Issued 6/18/10

Permit # 10-476

IDENTIFICATION Block 108 Lot 23 Qualification Code

Work Site Location 33 Runnymede Rd Clark NJ 07066

Owner in Fee Dennis Mansour

Address Same

Tel. ([redacted]

Contractor 1 800 Heaters Inc

Address 2 Gourmet Lane Edison, NJ 08837

Tel. (732) 417-0099

Lic. No. or Bldrs. Reg. No. 12352

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Replacement Hot Water Heater

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 $ 1339

Construction Official

6/18/10
Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 75

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 2

Cert. of Occupancy

Other

Total 77

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev 12/07) For reorder: (609) 390-1400 - OCS Printing - *Now a Member of the Allegra Network*

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 6/18/10

Date Issued
Permit # 10-470

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

Block 108 Lot 23 Qualification Code

Work Site Location 33 Runnymede Rd
Clark NJ 07066
street municipality zip code

Owner in Fee: Dennis Mansour

Tel. [redacted] e-mail

Address same
street municipality zip code

POSTED

Contractor: 1 800 Heaters Inc Tel. (732) 417-0099

Address 2 Gourmet Lane e-mail
Edison, NJ 08837
street municipality zip code

Contractor License No. 12352 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300

Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695

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 $ 1329.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/18/10
Approved by: m Khida

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
T&O				
Final			7/27/10	MK

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. L Lizardo
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement
Hot Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	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	
	Stacks	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 75

BLOCK 108 LOT 23 QUALIF /CODE _____ ADDRESS (SITE) 33 Runnymede Rd PERMIT NO. 04-446

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

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 33 Runnymede Rd
2. Name of Owner in Fee: Dennis Mansour Tel. [redacted]
   Address: 33 Runnymede Rd (street) Clark (municipality) NJ 07066 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Self Tel. ( )
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ Fax ( )
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work Dennis Mansour
   Tel. [redacted] 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. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☒ New Building SHED	2100.				5/3/4	MF			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

CONSTRUCTION PERMIT

Date Issued 5/6/04
Control #
Permit # 04-426

IDENTIFICATION Block 168 Lot 23

Work Site Location 33 Runnymede Rd

Owner in Fee Dennis MANSOUR
Address 33 Runnymede Rd
Clark NJ 07066
Tele. [redacted]

Contractor OWNER
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PUT 10'x18' SHED ON SIDE of House NEXT TO GARAGE on CONCRETE SLAB

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 $ 1200.

5/3/04 Date

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**
Building 38
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 3
Cert. of Occ.
Other
Total 41 14161
Check No.
Cash
Collected By:

(see reverse side)

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

UCC/PRO170 (REV3/96)

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/6/04
Control #
Permit # 04-426.

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

Block 108 Lot 23
Work Site Location 33 Runnymede Rd Clark NJ
Owner in Fee Dennis MANSOUR
Address 33 Runnymede Rd Clark NJ 07066
Tele. ([redacted])
Contractor Self.
Address
Tele. (____) ____ Fax (____) ____
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[ ] No Plans Required
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type*	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7/30/04	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+ 2) $ 2100.

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.

Dennis Mansour
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PLACE A 10' x 18' SHED ON CONCRETE SLAB. Right SIDE of HOUSE - NEXT TO GARAGE.

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

FEE (Office Use Only)

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ 38.
TOTAL FEE	$ ____

UCC/PRO F-110 (REV 3/96)
Professional Printing
(856)468-7933

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

BLOCK ~~108~~ LOT 16.22 QUALIF /CODE _____ ADDRESS (SITE) 33 RunnymeDe RD PERMIT NO. 02-013

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 33 RunnymeDe RD

2. Name of Owner in Fee: DENNIS MARSOUR Tel. ([redacted]
   Address: 33 RunnymeDe RD
   street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: ALPINE Const Tel. (732) 2133328
   Address PO BOX 266 AVENEL NJ. 07001

   License No. OR, if new home, Builder Reg. No. 7589 Exp. Date
   Federal Employee No. 095624866 Fax ( )

5. Architect or Engineer Owner Tel. ( ) Same
   Address 33 RunnymeRD Clark NS

6. Responsible Person in Charge of Work JOHN HOSSEIN
   Tel. (732) 213 3328 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. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	26 ft.	
3. Area—Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	1760 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	216 sq. ft.	
8. Flood Hazard Zone	0	
9. Base Flood Elevation	0 ft.	
10. Wetlands yes	sq. ft.	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☒ Addition					1/10/02	MK			
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing									
7. ☒ Electrical					1-8-02 CM				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 4/29/02
Control #
Permit # 020013

IDENTIFICATION

Block 108 Lot 23
Work Site Location 33 Runnymeade Road
Clark, N.J.
Owner in Fee/Occupant Dennis Mansour
Address 33 Runnymeade Road
Clark, N.J.
Tele. [redacted]
Contractor Alpine Construction
Address P.O. Box 266
Avenel, N.J.
Tele. (732) 213-3328 Fax (_____)
Lic. No. or Bldrs. Reg. No. 7589
Federal Emp. No. 095624866

Home Warranty No. _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

12' by 18' addition off rear of home.

☒ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 20_____ or the owner will be subject to fine or order to vacate:

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

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

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

CONSTRUCTION OFFICIAL

UCC/PRO F-260 (REV 3/96)
Professional Printing
(856) 468-7933

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 1-6-02
Control #
Permit # 02-013

IDENTIFICATION Block 108 Lot 23

Work Site Location 33 Runnymede RD
Clark NJ.
Owner in Fee Dennis MANSOUR
Address 33 Runnymede RD
Tele [redacted]

Contractor Alpine Const
Address PO Box 266 Avenel NJ 07001
Tele. (732) 2133328
Lic. No. or Bldrs. Reg. No. 7589
Federal Emp. No. 095624866

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

12'x18' Addition

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 $ 15000

1/8/02
Date

Jm Chuda.
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	47
Electrical	45
Plumbing	35
Fire Protection	35
Elevator Devices	
Other	
DCA Training Fee	4
Cert. of Occ.	35
Other	
Total	201
Check No.	3066
Cash	
Collected By:	

(see reverse side)

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

UCC/PRO170 (REV3/96)

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-8-02
Date Issued
Control # 02-013
Permit #

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

Block ~~108~~ B 108 Lot ~~5~~ 23
Work Site Location 33 Runnymede RD
Clark NJ 07001
Owner in Fee
Address 33 Runnymede RD Clark NJ
Tele. [redacted]
Contractor Alpine Const
Address PO Box 266 Avenel NJ 07001
Tele. (732) 2133378 Fax ( )
Lic. No. or Bldrs. Reg. No. 0956248 66
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Addition 12'x18'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1/8/01	MK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 4/2
Approved by: Wanda

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			1/8/02	MK
Foundation				
Slab			1/25/02	MK
Frame			1/31/02	MK
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/2/2	MK
Barrier-Free				

Dates (Month/Day)

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

[ ] Demolition

C/O

FEE (Office Use Only)

	$
	47
	35
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 4
TOTAL FEE	$ 86

B. BUILDING CHARACTERISTICS

Use Group	Present R	Proposed
Constr. Class	Present R	Proposed
No. of Stories		
Height of Structure	2 STORY	Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors	216	Sq. Ft.
Volume of New Structure	2592	Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 13000
2. Alteration $
3. Total (1+ 2) $

CK 11 3066

UCC/PRO F-110 (REV 3/96)
Professional Printing
(856)468-7933

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1-8-02
Date Issued
Control # 02-013
Permit #

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

Block 108 Lot 23
Work Site Location 33 Runnymede RD
Clark N.J. 07066
Owner in Fee/Occupant Dennis Mansour
Address 33 Runnymede RD Clark NJ 07
Tele. [redacted]
Contractor Dennis Mansour
Address Same
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-8-02
Approved by: C. Medalle

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4-2-02
Approved by: C. Medalle

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			1-31-02	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Dennis Mansour 1/7/02
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
20		Lighting Fixtures
10		Receptacles
6		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)	
TOTAL NUMBERS	$ 45
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 45

CA 3064

UCC/PRO F-120 (REV3/96)
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(856)468-7933

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 02-013
Permit #

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

Block ~~108~~ 108 Lot ~~5~~ 23
Work Site Location 33 Runnymede RD Clark NJ

Owner in Fee Dennis Mansour
Address 33 Runnymed RD Clark NJ

Tele. [redacted]
Contractor Dennis Mansour
Address same

Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present R Proposed
Building Sewer Size 4" Public Sewer Private Septic
Water Service Size 3/4 Public Water Private Well
Est. Cost of Plumbing Work $ 1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1/8/2002
Approved by: A.S.R

SUBCODE APPROVAL
[ ] CO [/] CCO [ ] CA
Date: 1/21/2
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
~~Slab~~				
Rough			1/31/02	
Water				
Sewer			1/18/02	
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
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.

Dennis Mansour 1/7/02
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10.00
	Urinal/Bidet	
1	Bath Tub	10.00
*	Lavatory	
	Shower	
	Floor Drain	
1	Sink	10.00
	Dishwasher	
	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	

Administrative Surcharge	$	
Minimum Fee	$	35.00
DCA Training Fee	$	
TOTAL FEE	$	

CK PT 3064

UCC/PRO F-130 (REV3/96)
Professional Printing
(856) 468-7933

1.White= Inspector Copy 2. Canary= Office Copy
3. Pink= Office Copy 4. White Tag

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-8-13
Date Issued 02-01-13
Control #
Permit #

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

Block ~~10~~ B 108 Lot ~~5~~ 23

Work Site Location 33 RUMMEDERD Clark NJ

Owner in Fee

Address 33 RUMMEDERD

Tele. [redacted]

Contractor ALPine Construction

Address P.O. Box 266 Avenel NJ. 07001

Tele. (732) 2133328 Fax ( )

Lic. No.

Federal Emp. No. 095 62 418 66

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 100

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 1/8/01

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			1/8/01	DW
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.

Signature

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

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D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [ ] Flammable Liquid [ ] Combustible Liquid

[ ] LPG [ ] LNG Capacity ____ Fuel ____

Alarm Systems [ ] 110v Interconnected [ ] System **NUMBER**

	NUMBER	FEE (Office Use Only)
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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

3066

BLOCK 63 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 33 Runnymede Rd PERMIT NO. 99-196

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 33 Runnymede Rd Clark NJ
2. Name of Owner in Fee: Dennis MANSOUR Tel. ([redacted]
   Address 33 Runnymede Rd 07066
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Dennis Mansour Tel. ([redacted]
   Address 33 Runnymede Rd
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Dennis MANSOUR
   Tel. [redacted] 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. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration Deck	1250				3/23/99	MK			
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1250.								

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

CERTIFICATE

Date Issued 4/15/99
Control #
Permit # 99-196

IDENTIFICATION

Block 63 Lot 6
Work Site Location 33 Runnymede Road
Clark, New Jersey 07066
Owner in Fee Dennis Mansour
Address 33 Runnymede Road
Clark, New Jersey 07066
Tele. (___) [redacted]
Contractor Homeowner
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Wood Deck 18' X 10'.

☒ **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.

☐ **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/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

M. F. Ihrda
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CLARK TOWNSHIP
Construction Department
430 Westfield Avenue
Clark, New Jersey 07066
(732) 388-3600 Ext. 3029

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-24-99
Date Issued
Control #
Permit # 99-196

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

Block 63 Lot 6
Work Site Location 33 Runnymede Rd Clark NJ
Owner in Fee DENNIS MANSOUR
Address 33 Runnymede Rd
Tele. ([redacted]
Contractor Homeowner
Address Same
Tele. [redacted] Fax ( )
Lic. No. or Bldrs. Reg. 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 Dennis Mansour

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

WOOD DECK
18'X10'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing	3/23/99	MK
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 4/15/99
Approved by: [signature]

INSPECTIONS	Failure	Failure	Approval	Initial
Footing			4/6/99	MK
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/15/99	MK
Barrier-Free				

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

FEE (Office Use Only)

$	
4/6	35
	46
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1
TOTAL FEE	$ 82

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 1250.

dh # 424

U.C.C. F110 (rev. 3/96)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 3-24-99
Control #
Permit # 99-196

IDENTIFICATION Block 63 Lot 6

Work Site Location 33 RUNNYMEDE RD

Owner in Fee DENNIS MANSOUR

Address 33 RUNNYMEDE Rd

Tel. [redacted]

Contractor DENNIS MANSOUR (Homeowner)

Address 33 Runnymede Rd

Tel. [redacted]

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

WOOD DECK 18'X10'

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 $ 1250.

Construction Official

3/23/99
Date

PAYMENTS (Office Use Only)

Building	46
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	35
Other	
Total	82
Check No	424
Cash	
Collected by	

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

BLOCK 108 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 98-638

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 33 Runnymede Rd, Clark, NJ 07066
2. Name of Owner in Fee: Dennis Mansour Tel. ([redacted]
   Address 33 Runnymede Rd, Clark, NJ 07066 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Clarke Engineering Co Tel. (908) 862-1203
   Address 15 No. Wood Ave, Linden NJ 07036
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 221 926 689 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Jeffrey D Clarke
   Tel. (908) 862-1203 FAX (908) 862-7440

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ● Plumbing	6,104.00								
7. ● Electrical	35000				6-30 ✓ CM				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	6454.00								
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

CONSTRUCTION PERMIT

Date Issued 8/3/98
Control #
Permit # 98-638

IDENTIFICATION Block 108 Lot 23

Work Site Location 33 Runnymede Road
Clark, NJ 07066
Owner in Fee Dennis Mansour
Address 33 Runnymede Road
Clark, NJ 07066
Tele. ([redacted]

Contractor Clarke Engineering Co.
Address 15 No. Wood Avenue
Linden, NJ 07036
Tele. (908) 862-1203
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 221 926 689
or Social Security No. _____

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER _____
[X] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Installation of a Carrier condensing unit, Model # 38TXA036 overhead unit with all necessary ductwork.

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 $ 6,454.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	35
Plumbing	60
Electrical	45
Fire Protection	
Other	
Other	
DCA Training Fee	5
Cert. of Occ.	
Other	
Total	145
Check No.	2973
Cash	
Collected By:	

U.C.C. Form F-170A

(see reverse side)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 8/3/98
Date Issued
Control #
Permit # 98-638

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

Block 108 Lot 23
Work Site Location 33 Runnymede Road
Clark, NJ 07066
Owner in Fee/Occupant Dennis Mansour
Address 33 Runnymede Road
Clark, NJ 07066
Tele. ([redacted]
Contractor Time Electric
Address 607 Cook Avenue
Middlesex, NJ 08846
Tele. (732) 748-9354 Fax ( )
Lic. No. 11695
Federal Emp. No. 22 344 4327

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-30-98
Approved by: C. Medallis

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/11/98
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other A/C			8/11/98	
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

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	45
		KW Dishwasher	
		HP Garbage Disposal	
1	3.2	KW Central A/C Unit Carrier #38TXA036	
		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	
		.....	
		.....	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 45

U.C.C. F120 (rev. 3/96)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/3/98
Date Issued
Control #
Permit # 98-638

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

Block 108 Lot 23
Work Site Location 33 Runnymede Road, Clark, NJ 07066
Owner in Fee Dennis Mansour
Address 33 Runnymede Road, Clark, NJ 07066
Tele. ([redacted])
Contractor Clarke Engineering Company
Address 15 North Wood Avenue, Linden, New Jersey 07036
Tele. (____) 862-1203
Lic. No. or Bldrs. Reg. No. 76663
Federal Emp. No. 221 926 689 or Social Security 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 Jeffrey D Clarke

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of a Carrier 3 ton overhead condensing unit, Model #38TXA036 with all necessary ductwork.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req. 7/8/98 MC
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ~~Carrier c/u #38TXA036 with all necessary ductwork.~~
[ ] ~~Other~~
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ ~~6,454.00~~

Paid [ ] Check # 2973
Collected by: _____
Administrative Surcharge $ _____
Minimum Fee $ _____
DCA TRAINING FEE $ _____
TOTAL FEE $ 35

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6/30/98
Date Issued 8/3/98
Control #
Permit # 98-638

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

Block 108 Lot 23
Work Site Location 33 Runnymede Road
Clark, NJ 07066
Owner in Fee Dennis Mansour
Address 33 Runnymede Road
Clark, NJ 07066
Tele. [redacted]
Contractor Clarke Engineering Co.
Address 15 No. Wood Avenue
Linden, NJ 07036
Tele. (908) 862-1203 Fax (908) 862-7440
Lic. No.
Federal Emp. No. 221 926 689

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 6,104.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 6/30/98
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] GCO [X] CA
Date: 8/11/98
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO			8/11/98	

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.

Jeffrey D Clarke
Signature — Contractor's Seal

[ ] 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	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	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	
1	Other Carrier c/u #38TXA036	
	Other	
	Other	

Administrative Surcharge	$	60.-
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

BLOCK 108 LOT 33 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 97-860

11/24/97

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 33 Runnymede rd
2. Name of Owner in Fee: Brink Home Improvement Tel. ([redacted])
   Address 33 Runney Mede rd Clark
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: EDISON HEATING AND COOLING Tel. (_____) _____
   Address 219 Metuchen Road
   License No. OR, if new home, Builder Reg No. South Plainfield, N.J. 07080 Exp. Date _____
   Federal Employee No. _____ 908-906-2232 FAX: (_____) _____
5. Architect or Engineer 2228475 Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Nick Luongo
   Tel. (_____) 906 2232 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. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☑ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☑ Fire Protection					11/25/97	FWO			
6. ☑ Plumbing					11/24/97	CRH			
7. ☑ Electrical					11-25-97	CM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2500								

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

BLOCK 108 LOT 25 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 97-560

11/24/97

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 33 Runnymede rd
2. Name of Owner in Fee: Brink Home Improvement Tel. ([redacted]
   Address 33 Runney Mede rd Clark
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: EDISON HEATING AND COOLING Tel. ( ) _____
   Address 219 Metuchen Road
   License No. OR, if new home, Builder Reg No. South Plainfield, N.J. 07080 Exp. Date _____
   Federal Employee No. 908-906-2232 FAX: ( ) _____
5. Architect or Engineer 222847591 Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Nick Luongo
   Tel. ( ) 906 2232 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.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☑ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☑ Fire Protection					11/25/97	FWO			
6.	☑ Plumbing					11/24/97	CLP			
7.	☑ Electrical					11-25-97	CM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	2500								

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 12-1-97
Control #
Permit # 97-860

IDENTIFICATION Block 108 Lot 23
Work Site Location 33 RUNNEYMEDE RD CLARK
Owner in Fee BRINK Home improvement
Address 33 RUNNEYMEDE RD CLARK
Tel. [redacted]

Contractor EDISON Heating + Cooling
Address 129 mc KINLY AVE SO. PLAINFIELD
Tel. (908) 755-1777
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 222897591

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

GAS TO GAS.

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 $ $4000.00

Wilder
Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	45
Plumbing	45
Fire Protection	50
Elevator Devices	
Other	
DCA Training Fee	3
Cert. of Occupancy	
Other	
Total	143
Check No.	6584
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 3/96)

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

M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

FIRE SUBCODE TECHNICAL SECTION

Date Received 12-1-97
Date Issued
Control #
Permit # 97-560

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

Block 108 Lot 23
Work Site Location 33 Runneymede rd Clark
Owner in Fee BRINK Home Improvement
Address 33 Runneymede rd Clark
Tele. ([redacted])
Contractor EDISON HEATING AND COOLING
Address 219 Metuchen Road South Plainfield, N.J. 07080
Tele. ( ) 908-906-2232 Fax ( )
Lic. No.
Federal Emp. No. 222 897 591

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other Gas Boiler
Location: Replacement of
Total Cost of Fire Protection Work $ 2000.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 12/5/97
Approved by: J. Ohanian

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
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.

Nick Runzo
Signature

006584

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
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		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [✓] or Oil [ ] Fired Appliances		
Other Gas Boiler Replacement		50.00
Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	50.00

U.C.C. F140
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-1-97
Date Issued
Control #
Permit # 97-860

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

Block 108 Lot 20
Work Site Location 33 Runneymede rd Clark
Owner in Fee/Occupant Bank home Improvement
Address 33 Runneymede rd Clark
Tele. ([redacted]
Contractor
Address EDISON HEATING AND COOLING 219 Meluchen Road South Plainfield, N.J. 07080
Tele. ( ) 908-906-2232 Fax ( )
Lic. No.
Federal Emp. No. 222 697 591

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [X] Other Gas Boiler Replacement
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-25-97
Approved by: CW

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-2-98
Approved by

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/2/98	CW

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		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 45
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		Reconnect existing electrical

FEE (Office Use Only)

TOTAL NUMBERS	$
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 45

Q 6584

U.C.C. F120 (rev. 3/96)

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11/27/97
Date Issued
Control #
Permit # 97-860

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

Block 108 Lot 23
Work Site Location 33 runneymede rd clark
Owner in Fee Bink Home Improvement
Address 33 runneymede rd Clark
Tele. [redacted]
Contractor Hunterton Plumb/HTG
Address 129 McKinley ST S PLFD
Tele. (908) 753 1777 Fax ( )
Lic. No. 6960
Federal Emp. No. 222 897 591

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 $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required REPLACEMENT
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11/27/97
Approved by: CAO

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1/31/02
Approved by: CAO

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
			1/31/02	CAO

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.

Thomas J. Ahern
Signature — Contractor's Seal

[ ] 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	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	10
✓	Steam Boiler	
✓	Hot Water Boiler	25
	Sewer Pump	
✓	Interceptor/Separator	
✓	Backflow Preventer	10
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Administrative Surcharge	$ 45.00
	Minimum Fee	$
	DCA Training Fee	$
	TOTAL FEE	$

a. 006584

U.C.C. F130
(rev. 3/96)

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

CHIMNEY CERTIFICATION
REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK:_____ LOT:_____ PERMIT#:_____

WORKSITE ADDRESS: 33 runneymede rd

Certifying Individual(Print Name)

Name: BANK home Improvement

Address

Street: 33 Runneymede rd

State: Clark

Company

Name: _____

City: _____

EDISON HEATING AND COOLING
219 Metuchen Road
South Plainfield, N.J. 07080
908-906-2232

Zip: _____

Phone#( ) _____

Check The Appropriate Box

Type of replacement:

[ ] Oil to Gas Conversion
[M] Gas Appliance Replacement
[ ] Oil to Oil Replacement

[ ] Other (describe): _____

Existing vent/chimney:

[ ] B label vent
[ ] L label vent
[M] Masonry chimney-Tile lined
[ ] Flexible liner
[ ] Power vent/exhauster
[ ] Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Nick Ruano 11-3-97
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:
No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FI INSPECTION.

PROFESSIONAL PRINTING
(609) 466-7933

BLOCK 108 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 33 Runnymede RD PERMIT NO. 97-616

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 33 Runnymede RD Clark NJ
2. Name of Owner in Fee: Ronald Brink Tel. ([redacted]
   Address 48 Looker ST (street) Hillside (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private _____ Brian
4. Principal Contractor: Central Jersey Designs Tel. (908) 271-8400
   Address 757A Lincoln Blvd Middlesex, NJ 08846
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-2865044 FAX: (908) 271-8402
5. Architect or Engineer N/A Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work DAVID ULASSIN
   Tel. (908) 271-8400 FAX (908) 271-8402

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration	6300				9/3/97	MK			
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	6300								

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

CONSTRUCTION PERMIT

Date Issued 9-17-97
Control #
Permit # 97-616

IDENTIFICATION Block 108 Lot 28

Work Site Location 33 Runnymeade

Owner in Fee BRILIC

Address 33 Runnymeade

Tel. ( )

Contractor Central Jersey Designs

Address Medford NJ

Tel. ( ) 271-8400

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION 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.

Estimated Cost of Work $ 6300

Construction Official

9/3/97
Date

PAYMENTS (Office Use Only)

Building	159
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5
Cert. of Occupancy	
Other	
Total	164
Check No.	2767
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 3/96)

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

M&M GRAPHICS/MICROGRAPHIX, INC. 1-800-537-1314

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-17-97
Date Issued
Control #
Permit # 97-616

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

Block 108 Lot 23
Work Site Location 33 Runnymede RD
Clark, NJ
Owner in Fee Ronald Brink
Address 48 Looker ST Hillside NJ
Tele. [redacted]
Contractor Central Jersey Designs CO., INC
Address 757A Lincoln Blvd
Middlesex, NJ 08846
Tele. (908) 271-8400 Fax (908) 271-8402
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2865044

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

1. R&R Kitchen Cabinets
2. R&R Roof Shingles

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	9/30/97	HM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

FEE (Office Use Only)

$	
	46
	113

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 5
TOTAL FEE	$ 164

pd ck # 3767

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ 6302
3. Total (1+ 2) $ 6300

U.C.C. F110
(rev. 3/96)

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

BLOCK 108 LOT 23 ADDRESS (SITE) 33 Runnymede PERMIT NO. 97-423

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 33 Runnymede
2. Name of Owner in Fee: Mc Nerney Estate Tel. ([redacted]
   Address Same
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: R B Electric Co. Tel. ( ) _____
   Address 154 Butler Ave Roselle Park, N.J.
   Phone No. 298-1322
   License No. OR, if new home, Builder Reg. No. N.J Lic. No. 8162 Exp. Date _____
   Fed. Emp. No. 22-2948414
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☑ Electrical	800
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

F

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-9-97
Date Issued
Control #
Permit # 97-473

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

Block 108 Lot 23
Work Site Location 33 Runnymede Rd Clark
Owner in Fee Mc Nerney Estate
Address Same
Tele. (____) [redacted]
Contractor R. B. Electric Co.
Address 154 Butler Ave. Roselle Park, N.J.
Phone No. 298-1322
Tele. (____) N.J. Lic. No. 8162
Lic. No. Fed. Emp. No. 22-2948414
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as 1 Fam Utility Co. PSE&G
Est. Cost of Elec. Work $ 2800

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7-9-97
Approved by: CM/JG

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-15-97
Approved By: C. Medalle

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 7-15-97

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.

[/] Licensed Electrical Contractor [ ] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
2		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	45
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	200 Amp	Service Entrance	50
	____	Other	

Paid [/] Check # 321
Collected by: g.

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1
TOTAL FEE	$ 96

U.C.C. Form F-120B

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