



CONSTRUCTION PERMIT APPLICATION

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

1. IDENTIFICATION

1. Proposed Work-site at: 35 Sandalwood Drive, Clark, NJ 07066
2. Name of Owner in Fee: Patricia & Michael Augustine Tel. ()
- Address 35 Sandalwood Drive Clark NJ 07066
- street municipality zip code
3. Ownership in Fee: Public Private ✓
4. Principal Contractor: Homeowner Tel. ()
- Address (same as above)
- License No. OR, if new home, Builder Reg. No. Exp. Date
- Federal Emp. No. Social Security No.
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person in Charge of Work Patricia A. Augustine Tel. ()

II. PROPOSED WORK

- | | |
|---|--|
| 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 | |
| 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 Approval	Resubmission Rejection	Re- viewer
			6/9/11	m.k.			
			6/19/11	g.d.			
			6/20/11	g.d.			
			6/21/11	g.d.			
			6/22/11	g.d.			
			6/23/11	g.d.			
			6/24/11	g.d.			
			6/25/11	g.d.			
			6/26/11	g.d.			
			6/27/11	g.d.			
			6/28/11	g.d.			
			6/29/11	g.d.			
			6/30/11	g.d.			
			7/1/11	g.d.			
			7/2/11	g.d.			
			7/3/11	g.d.			
			7/4/11	g.d.			
			7/5/11	g.d.			
			7/6/11	g.d.			
			7/7/11	g.d.			
			7/8/11	g.d.			
			7/9/11	g.d.			
			7/10/11	g.d.			
			7/11/11	g.d.			
			7/12/11	g.d.			
			7/13/11	g.d.			
			7/14/11	g.d.			
			7/15/11	g.d.			
			7/16/11	g.d.			
			7/17/11	g.d.			
			7/18/11	g.d.			
			7/19/11	g.d.			
			7/20/11	g.d.			
			7/21/11	g.d.			
			7/22/11	g.d.			
			7/23/11	g.d.			
			7/24/11	g.d.			
			7/25/11	g.d.			
			7/26/11	g.d.			
			7/27/11	g.d.			
			7/28/11	g.d.			
			7/29/11	g.d.			
			7/30/11	g.d.			
			7/31/11	g.d.			
			8/1/11	g.d.			
			8/2/11	g.d.			
			8/3/11	g.d.			
			8/4/11	g.d.			
			8/5/11	g.d.			
			8/6/11	g.d.			
			8/7/11	g.d.			
			8/8/11	g.d.			
			8/9/11	g.d.			
			8/10/11	g.d.			
			8/11/11	g.d.			
			8/12/11	g.d.			
			8/13/11	g.d.			
			8/14/11	g.d.			
			8/15/11	g.d.			
			8/16/11	g.d.			
			8/17/11	g.d.			
			8/18/11	g.d.			
			8/19/11	g.d.			
			8/20/11	g.d.			
			8/21/11	g.d.			
			8/22/11	g.d.			
			8/23/11	g.d.			
			8/24/11	g.d.			
			8/25/11	g.d.			
			8/26/11	g.d.			
			8/27/11	g.d.			
			8/28/11	g.d.			
			8/29/11	g.d.			
			8/30/11	g.d.			
			8/31/11	g.d.			
			9/1/11	g.d.			
			9/2/11	g.d.			
			9/3/11	g.d.			
			9/4/11	g.d.			
			9/5/11	g.d.			
			9/6/11	g.d.			
			9/7/11	g.d.			

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

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

- | | | | |
|--------------------------------|-----------|---------|-------|
| 1. Number of Stories | _____ | _____ | _____ |
| 2. Height of Structure | _____ | sq. 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 | _____ | _____ | _____ |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (H-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
436 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600



Date Issued 7/3/03
Control #
Permit # 96-835

CERTIFICATE

IDENTIFICATION

Block 3.01 Lot 18
Work Site Location 35 Sandalwood Drive
Clark, NJ
Owner in Fee/Occupant Bar & Michael Augustine
Address same
Tele. [REDACTED]
Contractor Quadrat
Address same
Tele. () Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

☐ CERTIFICATE OF OCCUPANCY

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

☒ 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 .

Frame, sheetrock, partition walls and install
suspended ceiling in basements.

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:

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

CONSTRUCTION OFFICIAL

[Signature]



CONSTRUCTION PERMIT

Date Issued 10-10-96
Control #
Permit # 96-F35

IDENTIFICATION Block 34.01 Lot 18

Work Site Location 35 Sandalwood Drive
Clark, N.J.

Owner in Fee Patricia Augustine
Address 35 Sandalwood Drive
Clark, N.J.

Tele. ()

Contractor Daron Const.

Address 546 Sheridan Ave

Roselle, N.J.

Tele. ()

Lic. No. or Bids. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER

☐ ELECTRICAL ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK: Frame Sheetrock Basement
Partition walls. Install suspended
ceiling

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 \$ 9400.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building 127

Electrical 45

Plumbing 35

Fire Protection 25

Elevator Devices

Other

DCA Training Fee 8

Cert. of Occ. 35

Other

Total 225

Check No. 656

Cash

Collected By: g

(see reverse side)



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 10-10-96
Date Issued
Control # 96-835
Permit #

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

Block 34.01 Lot 18
Work Site Location 35 Sandalwood Drive
Owner in Fee Clark, N.J. 07066
Address 35 Sandalwood Drive
Clark, N.J. 07066
Tele. () [redacted]
Contractor Home Const
Address 544 Sheridan Ave Home Owner
805 Pile, N.J.
Tele. (908) 941-3712
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted] or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☐ All			Footings		
☐ Foundation			Foundation		
☒ Frame	<u>10/9/96</u>	<u>MLT</u>	Slab		
☐ Other			Frame	<u>10/24/96</u>	<u>MLT</u>
Joint Plan Review Required:			Insulation		
☐ Elec. ☐ Plumb. ☐ Fire			Finishes:		
SUBCODE APPROVAL			Energy		
☒ CO ☐ CCO ☐ CA			Mechanical		
Date:			TCO		
Approved By:			Other		
			<u>Final</u>	<u>2/11/97</u>	<u>MLT</u>

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. \$ 7050.00
2. Alteration \$ 700.00
3. Total (1+2) \$ 7750.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application,
Signature Patricia Q. Augustine

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Frame Sheetrock Basement
Partition walls, install suspended
ceiling

TYPE OF WORK:	(Office Use Only)
☐ New Building	FEE
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

Paid by ☒ Check # 6506 Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA TRAINING FEE \$ 8
TOTAL FEE \$ 170



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received 10-10-96
Date Issued
Control # 96-835
Permit #

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

Block 34.01 Lot 18
Work Site Location 35 Sandalwood Drive
Clark, NJ 07066
Owner in Fee Patricia + Michael Augustine
Address 35 Sandalwood Drive
Clark, NJ 07066
Tele. (808) 376-2445
Contractor Sandbons Electric
Address 44 Cutler Place
Clark, NJ 07066
Tele. (808) 376-2445
Lic. No. 10090
Federal Emp. No. or Social Security No. [REDACTED]
Building Occupied as Single Family Utility Co.
Est. Cost of Elec. Work \$ 1300.00

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Single Family Utility Co.
Est. Cost of Elec. Work \$ 1300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Plumb.
[] Fire [] Elevator
[] Elec. Plans Approved
Date: 10-8-96
Approved by: C. McDaniel
SUBCODE APPROVAL
[] CG [] CO [] CA
Date: 10-8-96
Approved By: C. McDaniel
INSPECTIONS
Type: Failure Dates (Month/Day)
Rough Approval Initial
Temporary
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.

[X] Licensed Electrical Contractor [] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
10		Fixtures (1)
8		Receptacles (2)
24		Switches (3)
Total 1 + 2 + 3		
		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
		Amp Service Entrance
		Other

FEE (Office Use Only)

Paid [X] Check # 6502 Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
Collected by: 9 TOTAL FEE \$ 45



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10-10-96
96-835

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

Block 34.01 Lot 18
Work Site Location 35 Sandelwood Drive
Owner in Fee Patrick + Michael Augustine
Address 35 Sandelwood Drive
Clark NJ 07066
Tele. [REDACTED]
Contractor VENA PLUMBING
Address 439 OAK RIDGE RD.
CLARK, N.J.
Tele. (908) 340-9777
Lic. No. 9588
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]
Use Group Present Proposed [REDACTED]
Building Sewer Size [REDACTED] Public Sewer [REDACTED] Private Septic [REDACTED]
Water Service Size [REDACTED] Public Water [REDACTED] Private Well [REDACTED]
Estimated Cost of Plumbing Work \$ 0.1500

B. PLUMBING CHARACTERISTICS

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS	
[] No Plans Required		Type:	Dates (Month/Day)
Joint Plan Review Required:		Failure	Failure
[] Bldg. [] Elec.		Slab	by EO Husey
[X] Fire [] Elevator		Rough	
[X] Plumb Plan Approved		Water	
Date: <u>10/10/96</u>		Sewer	
Approved by: <u>[Signature]</u>		Fixtures	
		Gas Equipment	
		Gas Piping	
		Solar	
		TCO	

SUBCODE APPROVAL:
[] CO [] CCO [X] CA
Approved By: [Signature]
Date: 6/10/03

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal [Signature]

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10.00
	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	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Paid [X] Check # 4504 Administrative Surcharge \$ 75.00
Minimum Fee \$ 75.00
DCA Training Fee \$ 0.00
Collected by: [Signature] TOTAL \$ 75.00



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

1. IDENTIFICATION

1. Proposed Work Site at 35 Sandalwood Dr. Clark, NJ 07066

2. Name of Owner in Fee: Joseph Burkhard

Tel. () e-mail
Address 35 Sandalwood Drive Clark, NJ 07066

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: A-Better Plumbing + Heating LLC Tel: (732) 382-1785

Address 11 Sanda Juwee Dr. Clark, UT 87016 e-mail _____
License No. OR, if new home, Builder Reg. No. 1D0042 Exp. Date 6-15

Federal Employee No. 76-2674319 FAX: ()

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun Steve Gots

Tel. (732) 382-1785 FAX: (_____) _____

OPTIONAL (for office use only)

II. PROPOSED WORK									
	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing	500.00				7/2/14	MM			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.
2. Height of Structure _____ sq. ft.
3. Area - Largest Floor _____ sq. ft.
4. New Building Area _____ cu. ft.
5. Volume of New Structure _____ sq. 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 _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

4. No. of dwelling units:

Income-
restricted
All Units

B. NON-RESIDENTIAL

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

7/3/14

14-583

IDENTIFICATION Block 3401 Lot 18 Qualification Code _____
Work Site Location 35 Sandalwood Dr. Contractor A-Better Plumbing+Heating LLC
Clark, NJ 07066 Address 11 Sandalwood Drive
Owner in Fee Joseph Burkhard Clark, NJ 07066
Address 35 Sandalwood Dr. Tel. (732) 382-1785
Clark, NJ 07066 Lic. No. or Bldrs. Reg. No. 406-2000-9200 10062
Tel. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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 \$ 500.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 75
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 1
Cert. of Occupancy _____
Other _____
Total 74
Check No. _____
Cash _____
Collected by _____

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

(see reverse side)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

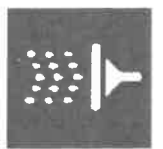
3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

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



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 7/3/14
Control #
Date Issued
Permit # 14-583

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

Block 35 Lot Clark NJ 07066 Qualification Code
Work Site Location Clark NJ 07066
Owner in Fee: Joseph Burkhard e-mail
Tel. [REDACTED]
Address 35 Sandalwood Drive Street Clark, NJ 07066 Municipality Clark, NJ 07066 Zip Code
Contractor: A-Better Plumbing + Heating LLC Tel. (732) 382-1785
Address 11 Sandalwood Drive e-mail
Contractor License No. 10062 Exp. Date 6-15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 46-2674319 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 \$ 500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Partial - Underslab Utilities Approved	Rough				
Date: <u>7/2/14</u> Approved by: <u>[Signature]</u>	Water				
☐ Plumbing Plans Approved	Sewer				
Date: <u>7/2/14</u> Approved by: <u>[Signature]</u>	Fixtures				
Joint Plan Review Required	Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.	Gas Piping				
SUBCODE APPROVAL FOR PERMIT	LP Gas Tank				
Date: <u>7/2/14</u> Approved by: <u>[Signature]</u>	Fuel Oil Piping				
SUBCODE APPROVAL FOR CERTIFICATE	Solar				
☐ CO ☐ CDD ☐ CA	TCO				
Date: <u>7/12/14</u>	FINAL				
Approved by: <u>[Signature]</u>					

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

Applicant Sign / Contractor Sign AND Seal here: [Signature]
Print name here: STEVE GATES [☒] 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 (replacement only)	
1	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

UCC/F-130 (rev. 11/09)
Professional Printing (856) 468-7933
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$ 75



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 35 Sandalwood Drive Clark, NJ 07066

Owner in Fee Joseph Burkhard

Verifying Individual Steve Gates Company A-Better Plumbing + Heating LLC

Address 11 Sandalwood Drive Clark NJ 07066

Tel: _____ Fax: (____) _____

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney: Size _____

- ☐ "B" Label Vent ☐ Chimney-Interior
☐ "L" Label Vent ☐ Chimney-Exterior
☒ Flexible Liner ☐ Masonry Chimney-Tile Lined
☐ Power Vent/Exhauster ☐ Masonry Chimney-Unlined
☐ Other _____

Type _____ Fuel Type _____ BTU Rating (input/hour) _____
Appliance 1: Water Heater Oil / Gas / Other: _____
Appliance 2: _____ Oil / Gas / Other: _____
Appliance 3: _____ Oil / Gas / Other: _____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Steve Gates 6-30-14
Signature _____ Date _____

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date _____

Verification Not Submitted:

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

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

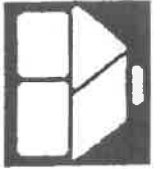
All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

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



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received 3/21/07.
Date Issued
Control # 07-185
Permit #

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

Block 37.01 Lot 18 Qualification Code
Work Site Location 35 Southwood Drive
Clark NJ 07066

Owner in Fee:
Tel. [redacted] e-mail JBurkhard@camdair.net
Address 35 Southwood Drive Clark NJ 07066
street municipality zip code
Contractor: GEORGE MADDALE Tel. (508) 220-1326
Address 645 Covey St. e-mail N/A
Filer: Clark NJ 07066

Contractor License No. or Builder Registration No. 13K40253/600 Exp. Date
Federal Emp. ID No. FAX: ()

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Date / Initial	Failure	Dates (Month/Day)
☒ No Plans Required	3/17/07	Failure	Approval
☐ All			
☐ Footing			
☐ Foundation			
☐ Frame			
☐ Other			
Joint Plan Review Required:			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator
SUBCODE APPROVAL			
☐ CO	☐ CCO	☐ CA	
Date:			
Approved by:			
	Other		
	Final		
	Barrier-Free		

B. BUILDING CHARACTERISTICS	
Use Group	Present
Constr. Class	Present
No. of Stories	
Height of Structure	
Area — Largest Floor	
New Bldg. Area/All Floors	
Volume of New Structure	
Total Land Area Disturbed	

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Rehabilitation \$14,000
3. Total (1+2) \$14,000

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature [Signature]

DESCRIPTION OF WORK
New Roof
New Siding

TYPE OF WORK:	HEIGHT (exceeds 6')	Sq. Ft.
☐ New Building		
☐ Addition		
☐ Rehabilitation		
☒ Roofing		
☒ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Radon Remediation		
☐ Other		
☐ Demolition		

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

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

4-8-03
03-250

IDENTIFICATION Block 34-01 Lot 18

Work Site Location 35 SANDALWOOD DR
CLARK N.J.

Contractor VEHA PLUMBING
Address 435 OAK RIDGE RD
CLARK N.J.

Owner in Fee MICHAEL AND ART AUGUSTINE
Address 35 SANDALWOOD DR
CLARK N.J.

Tele. (732) 340-9777
Lic. No. or Bldrs. Reg. No. 5588

Tele. [REDACTED]

Federal Emp. No. [REDACTED]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACE 50 GAL GAS 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 \$ 650
4-8-03 L

Date

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 35
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 1
Cert. of Occ. _____
Other _____
Total 36
Check No. 7045
Cash _____
Collected By: [Signature]

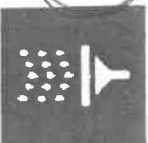
(see reverse side)

UCC/PRO170 (REV3/96)

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



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4-5-03
03-250

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

Block 34.01 Lot 18

Work Site Location 35 SANDHURD DR

Owner In Fee CLARK, N.J. 07066

Address 35 SANDHURD DR

Tele. CLARK, N.J.

Contractor VENA PLUMBING

Address 435 OAK RIDGE RD

Tele. CLARK, N.J.

Lic. No. 9588 Fax ()

Federal Emp. No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 650

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 4-8-03

Approved by: AK

SUBCODE APPROVAL

☐ CO ☐ CCO

Date: 4/15/03

Approved by: AK

INSPECTIONS

Type: Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Solar

TCO

4/15/03

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

NO. FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

FREE (Office Use Only)

Administrative Surcharge
Minimum Fee
DCA Training Fee
TOTAL FEE

\$ 36

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

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

Professional Printing

(856) 468-7933

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

1. IDENTIFICATION

U.C.C. Form F-100A



CERTIFICATE

Date Issued 4/20/94
Control #
Permit # 93-139

IDENTIFICATION

Block 34.01 Lot 18
Work Site Location 35 Sandalwood Drive
Clark, N. J. 07066
Owner In Fee Michael & Patricia Augustine
Address 35 Sandalwood Drive
Clark, N. J. 07066
Tele. ()
Contractor Larry Goodwin
Address 1003 Featherbed Lane
Edison, N. J.
Tele. ()
Lic. No. or Bids. Reg. No.
Federal Emp. No.
or Social Security No. [REDACTED]

Home Warranty No.
Use Group P3
Maximum Live Load
Description of Work/Use:
20' X 23' wood deck,
Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

CONSTRUCTION OFFICIAL [Signature]

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



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

3/29/93
93-139

IDENTIFICATION Block

~~18~~ 34.01

Lot

~~3A~~ 18

Work Site Location

35 SANDALWOOD DR

CLARK N.J.

Contractor

LARRY Goodwin

Address

1003 FEATHER BELLA

Owner in Fee

MICHAEL & PATRICIA AUGUSTINE

Address

35 SANDALWOOD DR

CLARK N.J.

Tele. (908)

396-3230

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

20x23 wood 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 \$

\$6,000.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

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

PAYMENTS (Office Use Only)

Building	90.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	5.00
Cost of Occ. C/A	25.00
Other	
Total	120.00
Check No.	1444
Cash	
Collected By:	



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 3/29/93
Date Issued
Control #
Permit # 93-139

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

Block 34-01 Lot 18
Work Site Location 35 SANDALWOOD DR. N.E.
Owner in Fee MICHAEL & PATRICIA AUGUSTINE
Address 35 SANDALWOOD DR. N.E.
Telephone 206-270-6666
Contractor LANEY BOEDER
Address 1003 FEATHER BED LANE
EDISON N.D. 08820
Telephone (206) 396-3230
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☒ All	<u>3/29/93</u>	<u>MB</u>	Footing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ SC ☐ CA			TCO		
Date: <u>3/29/93</u>			Other		
Approved By: <u>MB</u>			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$ <u>6,000</u>
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

20x23 wood Deck

(Office Use Only)
FEE

\$ 90.00

25.00

Paid ☐ Check # 1444 Administrative Surcharge \$
Collected by: DCA TRAINING FEE Minimum Fee \$
TOTAL FEE \$ 120.00



V. FEE SUMMARY (for office use only)

1. Building	\$	2000
2. Electrical		

Update | Update

V. FEE SUMMARY (for office use only)	
1. Building	\$ 20.00
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	\$ 2.00
10. Subtotal	\$
11. Cert. of Occupancy	
12. Other	
13. TOTAL	\$ 22.00

Office Use Only

12. Max. Occupancy Load	
-------------------------	--

Est. Cost

OPTIONAL (for office use only)

BUILDING USE

Net gain or loss _____

III. DO YOU WANT: (optional)

1 ☐ Partial Releases 2. ☐ Prototype Processing



CONSTRUCTION PERMIT

Date Issued 1/11/93
Control #
Permit # 93-018

IDENTIFICATION Block 34-01 Lot 18
Work Site Location 35 SANDALWOOD DR CLARK Contractor RONALD W. SAGAK
Owner in Fee PAT AUGUSTINE Address 823 OLD RARITAN RD CLARK N.J.
Address 35 SANDY HILL DR CLARK Tele. (908) 582-0518
Tele. (908) [REDACTED] Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. or Social Security No. [REDACTED]

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Re-roof 2nd roof

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 \$ 1075.00

[Signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)

Building	<u>30.00</u>
Plumbing	
Electrical	
Fire Protection	
Other	
Other	<u>4/4 25.00</u>
DCA Training Fee	<u>2.00</u>
Cert. of Occ.	
Other	
Total	<u>57.00</u>
Check No.	<u>6480</u>
Cash	
Collected By:	

(see reverse side)



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 35 Sandalwood Dr. Tel. [REDACTED]

2. Name of Owner in Fee: Augustine Address 35 Sandalwood Dr. Clark 07016
street municipality zip code

3. Ownership in Fee: Public X Private _____

4. Principal Contractor: Emerald Plumbing & Heating Co. Inc. Tel. (908) 381-2166
Address 1135 Jefferson Ave. Rahway, N.J.

License No. OR, if new home, Builder Reg. No. 7269 Exp. Date 93

Federal Emp. No. 22-2779159 Social Security No. _____

5. Architect or Engineer NONE Tel. (____) X
Address _____

6. Responsible Person Edward R. Huey Tel. (908) 381-2166
In Charge of Work _____

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	<u>575</u>
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	<u>575</u>

III. DO YOU WANT: (optional)

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing	<u>3500</u>	
4. Fire Protection		
5. Other		
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	\$	<u>3500</u>

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____
2. Height of Structure	_____ ft.
3. Area—Largest Floor	_____ sq. ft.
4. Building Area—All Floors	_____ sq. ft.
5. Volume of 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. Fire Grading	_____
12. Max. Live Load	_____
13. Max. Occupancy Load	_____

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: _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 3/4/92
Control #
Permit # 92-102

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

Block 34.01 Lot 18

Work Site Location 35 Sandhollow Dr. Clark, N.J.

Owner in Fee Augustine
Address 35 Sandhollow Dr. Clark, N.J.

Tele. () Clark, N.J.

Contractor Emerald Pleg, & H & C Corp

Address 1135 Jefferson Ave. Rahway, N.J. 07065

Tele. () 908 381-2146

Lic. No. 7269

Federal Emp. No. 22-2779159 or Social Security No. ---

B. PLUMBING CHARACTERISTICS

Use Group Present N/A Proposed ---

Building Sewer Size N/A

Water Service Size N/A

Estimated Cost of Plumbing Work \$ 575

JOB SUMMARY (Office Use Only)

PLAN REVIEW: ☐ No Plans Required

Joint Plan Review Required: ☐ Bldg. ☐ Elec. ☐ Fire

☒ Plumbing Plans Approved

Date: 3/13/92 Approved by: [Signature]

SUBCODE APPROVAL: ☐ CO ☐ CCO ☐ CA

Date: ---

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 Plumbing Contractor ☐ Exempt Applicant

Edward P. Huey III
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO. FEE (Office Use Only)

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Gas Piping *

Fuel Oil Piping

Water Heater

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Water Cooled A/C or Refrigeration Unit

Sewer Connection

Water Service Connection

Gas Service Connection

Active Solar System

Other

Administrative Surcharge \$ 35.00
Paid ☐ Check # 8670 Minimum Fee \$ 35.00
Collected by: --- TOTAL \$ 35.00

* 1 Oven 18,000 BTU
* 1 Stove 36,000 BTU