Borough of Metuchen

NOTICE OF ISSUANCE OF BUILDING PERMIT

Owner GEO. HAUSSER

Address 49 SUMMIT AVE.

Contractor CHAMPION POOLS

Address GREENBROOK, N.J.

Block 154

Lot 25.02

Street 49 SUMMIT AVE.

Fee $10.00

Estimated Cost of Construction $3000—

Square Footage

Description of Construction 16'x 32' IN GROUND POOL—

(NO PLUMBING)

This Permit Expires 6 Months From Date of Issue.

No 1459

Date 5-24-77

Signed [signature] Building Inspector

White to Assessor
Yellow to File
Blue to Police
Green to Plumbing Inspector

BOROUGH OF METUCHEN
BUILDING DEPARTMENT

A. PERMIT APPLICATION FOR:

New Residence ( )	Residence Addition ( )	Alteration
New Business ( )	Business Addition ( )	Residence ( )
New Industrial ( )	Industrial Addition ( )	Business ( )
Above-Ground Pool ( )	In-Ground Pool (✓)	Sign ( )
	Demolition ( )	Siding ( )

Other . . . . . .

Location: 49 Summit Ave

Block: 154 Lot: 25.2 Zone: . . . . .

Owner: Geo. T. Haussler Address: 49 Summit Ave.

Contractor: Champion Pools Address: Greenbrook N.J.

Present Use: Yes Future Use: . . . . . .

Date: 5/24/77 Owner's Signature: Geo. T. Haussler

* *

B. ZONING INFORMATION

Lot Width: 100 ! Lot Depth: 99 ! Lot Area: . . . .

Setbacks: Front: . . . Left Side: . . . Right Side: . . .

Rear: . . .

Attach copy of survey with proposed work indicated.

* *

C. BUILDING INFORMATION

Existing Area: . . . . . Floors: . . . . . Area to be Added: . . . . .

Description of Construct. 16'x32' INGROUND SWIMMING POOL - No. LIGHTING, No PERMANENT FILL SPOUT (POOL TO BE FILLED WITH HOSE) - FILTER UNIT NOT TO BE WITHIN 20' MIN. SETBACK AREA.

NOTE: Metuchen has adopted the National Building Code

Estimated Cost: 3,000

~~[illegible]~~ ELECTRICAL INSPECTION ON ALL ELECT. CONNECT

* *

D. GRADING INFORMATION

This is to certify that the subject work will not adversely affect the drainage pattern of all adjacent lots.

George Haussler
Owner's Signature

Copy of Grading Plans Attached:

Yes: . . . No: . . .

* *

OFFICIAL USE ONLY

Date	Fee	Permit No.
5-24-77	$ 10.00	1459

INSPECTION TO BE MADE PRIOR TO INSTALLATION OF POOL LINER - (549-8111)

PLAN OF SURVEY
MADE FOR
GEORGE T. HAUSSER
SITUATE IN
BOROUGH OF METUCHEN - MD.CO. - N. J.

Scale 1" = 20'

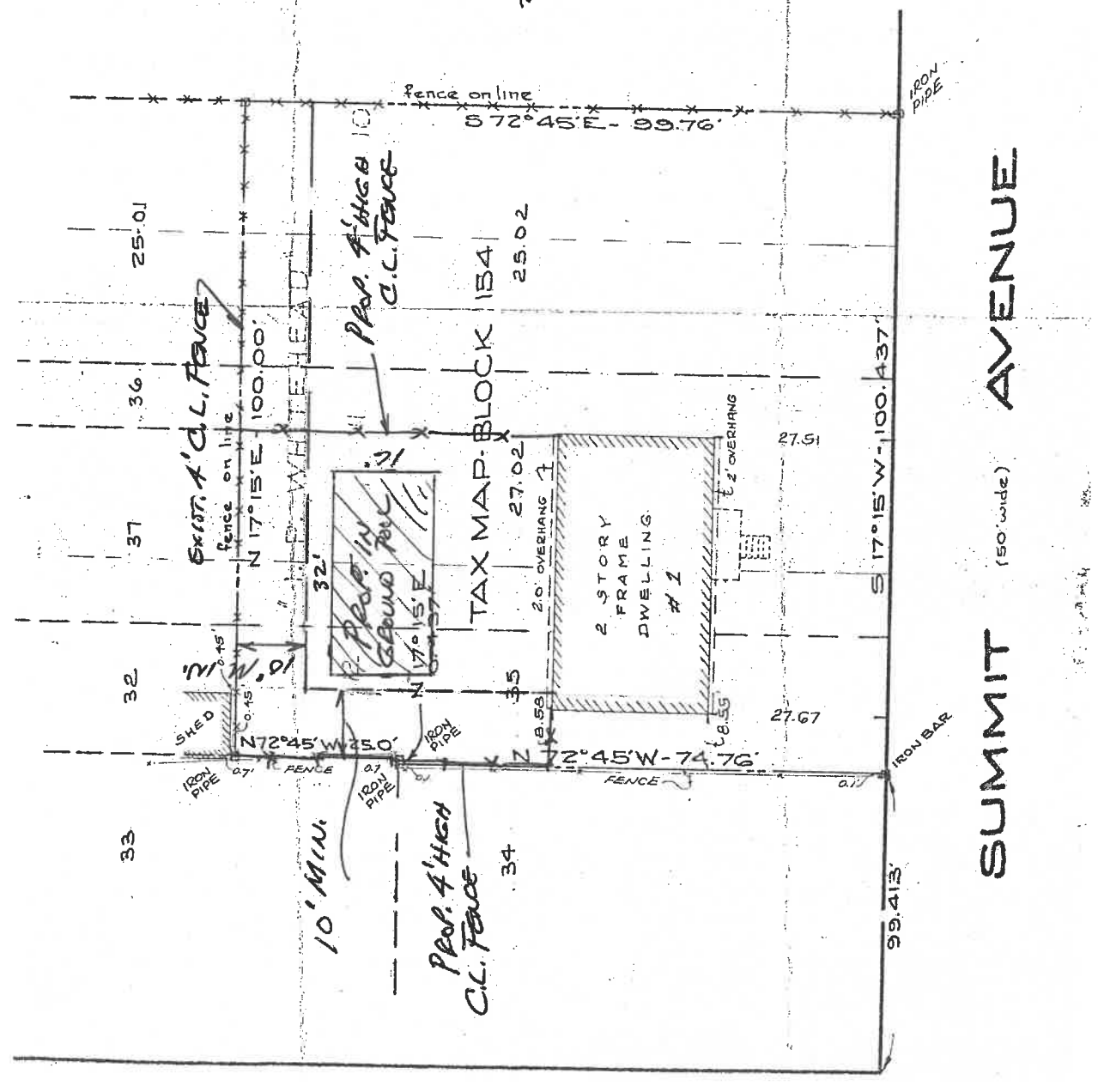
APR. 6, 1973

THIS SURVEY IS CERTIFIED TO:
GEORGE T. HAUSSER & CLEONICE A. H/W
METUCHEN SAVINGS & LOAN ASSN.
U.S. LIFE TITLE INSURANCE CO. OF N.Y.
MAGIC, EQUITABLE TITLE & ABSTRACT CO.

DAILEY - BARTOLONE & ASSOCIATES
engineering - surveying - planning
90 BAYARD STREET
NEW BRUNSWICK, NEW JERSEY

Mariano Bartolone
Mariano Bartolone L.S. lic. no. 9342

TOWN AS "I.P. WHITEHEAD PROPERTY" IS FILED M.C.C.O. AS MAP NO. 122, FILE 122



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

National Headquarters
1800 Davis Street, Camden, N.J. 08104

App. No.

APPLICATION FOR ELECTRICAL INSPECTION
PLEASE PRINT OR TYPE (CLEAR APPLICATIONS HELP GET THE JOB DONE)

THIS SECTION TO BE COMPLETED BY APPLICANT — DATE: JUNE 21 1977

City, Town or Township: METUCHEN — County: MID. — State: N.J.

Street Location: No. 49 — Street: SUMMIT AVE — Pole No.:
(If Located in Rural Area – Please Attach Directions)

Owner: Q. HAUSSER — Owner's P.O. Address:

Occupied As: DWELLING — Building – New ☐ Old ☐

Occupant: SAME — Work – New ☐ Additional ☐

App. for – Rough Wiring ☐ Fixtures ☐ or — Ready for Inspection ____ 19____

Fee Remitted – $ — By Check ☑ 318 Money Order ☐ — Make Payable to Agency

LIST ALL EQUIPMENT AND WIRING

Number of Rough Wiring Outlets	Miscellaneous Equipment
Switches	Elect. Heat: 500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000
Lighting	Amp. Service — Surface Unit — Dishwasher — Range
Receptacles	Water Heater — Air Conditioner — Dryer — Pump
Number of Fixtures	Oven — Garbage Disposal — Wiring and Controls for — Burner
	Amp. Receptacles — Fractional H.P. Vent Fans
	Other Equipment: POOL

MOTORS H.P. Mark Number of Each Size	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100

Applicant's Signature: Francis X. Boyle — License #: 1943 — Permit #: 1943

T/A:

Name of Utility: P.S.

Applicant's Address: 22 MONTCLAIR AVE.

& Phone No.: 549 2019 — Office to be Notified:

City: EDISON — State: N.J. — Zip Code: 08817

SPACE BELOW FOR AGENCY'S USE ONLY

Date Received — Date Inspected

Rough Wiring Outlets	K.W. Surface Unit	K.W. Oven
Outlets	K.W. Range	H.P. Garbage Disposal
Receptacles	K.W. Water Heater	K.W. Dishwasher
Fixtures	H.P. Air Conditioner	K.W. Dryer
Amp. Service Equipment	Burner, Wiring & Controls for	Amp. Receptacle
Amp. Service Conductors	H.P. Pump	Frac. H.P. Vent Fans

MOTORS H.P. Mark Number of Each Size	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1½	2	3	5	7½	10	15	20	25	30	40	50	75	100

APPARATUS — Elect. Heat: 500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000

Corrected Location

CERTIFICATIONS	PROGRESS: Inc. ☐ Lkd. ☐	NOTIFIED	REPORT	CARD	NEW	OLD	FEE PAID
☐ Rough Wiring	VIOLATION: Work Comp. ☐ Inc. ☐	Contractor					FEE 13-
☐ Fixture Approval		Owner					CHECK # 318
☐ Elec. Certificate		Occupant					INV. #
☐ Letter of Approval		Agent					
☐ In-Plant Approval		Elec. Lt. Co.					
Date Issued	Other Side ☐						

(Temp.) Cut-in Card # — (Final) Cut-in Card # — Inspector's Signature

BOROUGH OF METUCHEN
Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(908) 632-8515

CERTIFICATE

Date Issued 6-24-94
Control #
Permit # 94-230

IDENTIFICATION

Block 154 Lot 25.2
Work Site Location 49 Summit Avenue
Metuchen, NJ 08840
Owner in Fee Bob Dingle
Address 49 Summit Avenue
Metuhhen, NJ 08840
Tele. [redacted]
Contractor First Choice Electric Inc.
Address 17 Blossom Street
Edison, NJ 08817
Tele. (908) 985 4513
Lic. No. or Bldrs. Reg. No. 8189
Federal Emp. No. 22 2965338
or Social Security No.

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

200 amp service

☐ **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:

CONSTRUCTION OFFICIAL

Fee $ 20.00
Paid [X] Check No. 2076
Collected by: SH

U.C.C. Form F-260B

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

BOROUGH OF METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(201) 632-8515

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6-1-94
Date Issued 6-3-94
Control #
Permit # 94-230

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

Block 154 Lot 25.2
Work Site Location 49 Summit Ave
metuchen, NJ. 08840
Owner in Fee BOB DINGLE
Address 49 Summit Ave.
metuchen, NJ 08840
Tele. ( )
Contractor FIRST CHOICE Electric, Inc.
Address 17 Blossom St.
EDISON NJ 08817
Tele. (908) 985-4573
Lic. No. 8189
Federal Emp. No. 22-2965338 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 6-2-94
Approved by: MJ Board

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 6-14-94
Approved by: MJ Board

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-16-94	MJB

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

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 Stewart
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Fixtures (1)	
1		Receptacles (2)	
2		Switches (3)	
6		Total 1 + 2 + 3	40.00
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
1		Garbage Disposal	25.00
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	200A	Service Entrance	40.00
		Other	

Administrative Surcharge	$ 6.20
Paid [X] Check # 2076 Minimum Fee	$ Deal 70
Collected by: MH TOTAL FEE	$ 126.00

U.C.C. Form F-120A

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

PRO 103

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received

Date Issued 5-3-95

Control #

Permit # 95-200

PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM

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

Block UCC 2.18 Lot A

Work Site Location METUCHEN

Owner in Fee Public Service Electric & Gas

Address 80 Park Plaza

Newark, NJ 07101

Tele. (1-800-854-4444

Contractor LOPATIN

Address 2 Jackson Street

Freehold 07782-0000

Tele. (908) 462-1674

Lic. No. EI2746

Federal Emp. No. 22-1805251 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 110.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5-2-95
Approved by:

[ ] CO [ ] CCO [ ] CA
Date: 6-27-95
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-27-95	

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Line Dept.

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

Signature-Contractor Seal

D. TECHNICAL SITE DATA INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR PUBLIC SERVICE ELECTRIC & GAS COMPANY'S RESIDENTIAL APPLIANCE CYCLING PROGRAM ONLY.

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
01	___ Kw	A/C Unit	8 00
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
00	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
00	___ 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	

Paid [✓] Check # 36133

Collected by: JC

Administrative Surcharge	$ CA 20 00
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 28 00

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/5/05
Date Issued 7/12/05
Control #
Permit # 05-0475

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

Block 154 Lot 25.2
Work Site Location 49 Summit Ave
Metuchen NJ
Owner in Fee/Occupant Duffie
Address (Same)
Tele. [redacted] 548-9395
Contractor McLarnon Electric - Lic. #10318
Address 4 Duffie Place
Piscataway, NJ 08854
Tele. ( ) ~~732-271-4049 FAX: 732-469-3634~~ Fax( )
Lic. No.
Federal Emp. No. ~~Fed ID No. 22-3086559~~

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7-6-05
Approved by: Ronald Mayk

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/4/05
Approved by: Ronald Mayk

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 10-24-05			11-14-05	PM

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	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	~	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	
		.....	30.00
		.....	

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

Div. Regl CAC sim EQ
Same Loca.

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

TOWNSHIP OF WOODBRIDGE
CODE ENFORCEMENT AGENCY
BUILDING DEPARTMENT
1 MAIN ST., WOODBRIDGE, NJ 07095
732-634-4500

Date Received 5/9/06
Control #
Date Issued 5/15/06
Permit # 06-0329

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

Block 154 Lot 25.02 Qualification Code
Work Site Location 49 Summit Ave.
Metuchen, NJ 08840
Owner in Fee [redacted] Robert Dingle
Address Same as above
Tel ([redacted])
Contractor Owen S. Dunigan & Co., Inc.
Address 153 Grove St.
Woodbridge, NJ 07095
Tel (732) 634-0630 FAX (732) 634-2414
Contractor License No. 7121
Federal Emp. No. 22-2851973

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 $ 775.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5/9/06
Approved by: AT

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/25/06
Approved by: AT

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			5/25/06	AT
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			5/25/06	AT

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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	30
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 $

U.C.C. F130 (rev. 01/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/29/15
Control #
Date Issued 6/24/15
Permit # 15-0500

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

Block 154 Lot 25.2 Qualification Code
Work Site Location 49 SUMMIT AVE
Owner in Fee: BOB + DONNA DINGLE
Tel. [redacted] e-mail
Address SAME
street municipality zip code

Contractor: Izzy's Plumbing & Heating L.L.C. Tel. ( )
625 1st Avenue Raritan NJ 08869
Address Tel (732) 452-9600
Fax (732) 452-9601
Master Plumbing Lic. #12359 e-mail INFO@IZZYSPLUMBING.com
Contractor License No. HIC #13VH0605400 Exp. Date 06/17
45-0543792
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B.PLUMBING CHARACTERISTICS

Use Group: Present Proposed

Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 9900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: 6/24/15 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/24/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/30/15
Approved by: 7/3/15 Final

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			6/30/15	

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:
Print name here:
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

DESCRIPTION OF WORK INSTALLATION OF A NEW 95% COMBO BOILER/WATER HEATER UNIT.

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	
1	Water Heater	50
	Fuel Oil Piping	
	Gas Piping	50
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	50
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	150
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

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

UCC/F-130
(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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/29/15
Date Issued 6/24/15
Control #
Permit # 15-0500

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

Block 154 Lot 25.02 Qualification Code

Work Site Location 49 SUMMIT AVE

Owner in Fee: BOB + DONNA DINGLE

Tel. [redacted] e-mail

Address SAME municipality zip code

Contractor: Izzy's Plumbing & Heating L.L.C. 625 1st Avenue Raritan NJ 08869 Tel. ( )

Address Tel (732) 452-9600 Fax (732) 452-9601

Master Plumbing Lic. #12359 HIC #13VHO605400 e-mail

Contractor License No. 45-0543792 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 $ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 6-3-15 RM

[ ] Partial-Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ]Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-3-15

Approved by: Ronald Marych

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 7-1-15

Approved by: Ronald Marych

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/24/15	(M)
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

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:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
POWER FOR BOILER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		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. 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	
1		BOILER	50.00

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

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 10/15/18
Control #
Permit # 18-0663

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 154 Lot 25.2 Qual
Work Site Location 49 SUMMIT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant DINGLE, BOB
Address 49 SUMMIT AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor IZZY'S PLUMBING & HEATING
Address 625 1ST AVENUE
RARITAN, NJ 08869-
Telephone (732)452-9600 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH06054000
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMODEL BATH

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or 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 _____, ____.

Construction Official

U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 2601
Collected by: SH

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/17/18
Control #
Date Issued 9/4/18
Permit # 18-0663

3

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

Block 154 Lot 25.2 Qualification Code

Work Site Location 49 SUMMIT AVE

Owner in Fee: ROBERT DINGLE

Tel [redacted] e-mail

Address 49 SUMMIT AVE (street) (municipality)

Contractor: Izzy's Plumbing & Heating L.L.C.
625 1st Avenue Raritan NJ 08869
Tel (732) 452-9600
Fax (732) 452-9601
Master Plumbing Lic. #12359

Tel. (HIC #13VHO605400
45-0543792

Address

e-mail

Contractor License No. or Builder Registration No. Exp. Date 06/19

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: ISAAC MOALEM

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATHROOM LEMODA (3 PIECE) FIXTURE RELOCATE
JACK HAMMER SLAB FOR ROUGH UNDERGROUND
DRYWALL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	8/21/18	
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9/4/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/10/18
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	Rough Bathroom		9/12/18	BL
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/10/18	
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
[X] Other INSULATION
[ ] Demolition

FEE (Office Use Only)
$ 100

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

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 $ 8,000.00
3. Total (1+2) $

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/17/18
Control # 9/4/18
Date Issued
Permit # 18-0663

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

Block 154 Lot 25.2 Qualification Code
Work Site Location 49 SUMMIT AVE
Owner in Fee: ROBERT DINGLE
Tel. [redacted] e-mail
Address [redacted] AVE
street
Contractor: Izzy's Plumbing & Heating L.L.C. Tel. ( )
Address 625 1st Avenue Raritan NJ 08869 zip code
Tel (732) 452-9600
Fax (732) 452-9601
Master Plumbing Lic. #12359 e-mail
HIC #13VHO605400
Contractor License No. 45-0543792 Exp. Date 06/19
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B.PLUMBING CHARACTERISTICS

Use Group: Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 8/21/18 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/21/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/11/18
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Slab				
Rough			9/12/18	AS
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			10/4/18	

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:
Print name here: ISRAEL MOREAU
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

DESCRIPTION OF WORK
BATHROOM REMODEL

NO	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
1	Shower
	Floor Drain
1	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
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
5	Stacks 5
	Garbage Disposal
1	Other BASEBOARD

FEE (Office Use Only)

$ 50

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

UCC/F-130
(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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/17/18
Control #
Date Issued 9/4/18
Permit # 18-0663

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

Block 154 Lot 25.2 Qualification Code

Work Site Location 49 SUMMIT AVE

Owner in Fee: ROBERT DINGLE

Tel. [redacted] e-mail

Address SAME

Contractor: Bar Electric Co. (street, municipality, zip code) Tel. ( )

Address 2325 3rd Ave Hyland Park e-mail

Contractor License No. 13835 Exp. Date 3-21-21

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

Federal Emp. ID No. 22-3245-9561 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 900

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 9-20-18 Approved by: RM

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 9-20-18

Approved by: Ronald Marsh

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 10-10-18

Approved by: Ronald Marsh

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			9/12/18	M
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-10-18	RM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby 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:

Print name here: Oz Bar

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Bathroom Remodel

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
1		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 50.00
		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	

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

Reorder call: 877-531-2233

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 11/15/19
Control #
Permit # 19-0524

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 154 Lot 25.2 Qual
Work Site Location 49 SUMMIT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant DINGLE, ROBERT
Address 49 SUMMIT AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor IZZY'S PLUMBING & HEATING LLC
Address 625 1ST AVENUE
RARITAN, NJ 08869-
Telephone (732)452-9600 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH06054200
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMODEL BATHROOM

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or 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 $ 0
Paid [X] Check No. 2629
Collected by: JC

Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/7/19
Control #
Date Issued 8/14/19
Permit # 19-0524

3

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

Block 154 Lot 25.2 Qualification Code

Work Site Location 49 SUMMIT AVE METUCHEN NJ

Owner in Fee: ROBERT DINGLE

Tel. [redacted] e-mail

Address SAME
street municipality zip code

Contractor: Izzy's Plumbing & Heating, L.L.C. Tel. ( )
Address 625 1st Ave, Raritan, NJ 08869
P: 732.452.9600 F:732.452.9601
Master Plumbing Lic # 36BI01235900
HVACR Lic #19HC00360100
HIC# 13VH06054200
Contractor License No. or Builder Registration No. Exp. Date
EIN# 45-0543792
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: ISRAEL MOALEM

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATHROOM REMODELING
CHANGING WINDOW
MOVING DOOR + BOX RENOVATING CLOSET.
INSULATION.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	8/8/19	
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 8/8/19
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	BATHroom Rough 9/24/19 BL			
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/6/19	
Barrier-Free				

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other BATHROOM + WINDOW INSULATION
- [X] Demolition

FEE (Office Use Only)

$ 150

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

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 $ 10000.00
3. Total (1+2) $

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(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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/7/19
Control # 8/14/19
Date Issued
Permit # 19-0524

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

Block 154 Lot 25.02 Qualification Code

Work Site Location 49 Summit Ave Metuchen NJ 08840

Owner in Fee: Robert Dingle

Tel. [redacted] e-mail

Address 49 Summit Ave Metuchen NJ 08840
street municipality zip code

Contractor: R.B. Electric Inc. Tel. (____)
P.O. Box 521
Cranford, NJ 07016
Phone # (908) 276-0400
N.J. LIC. & B.P. # 8162
Fed. Emp. # 22-3606553

Address e-mail

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.

Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 8/8/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] A
Date: 11/6/19
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough			9.17.19	G
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/6/19	D
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby 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:

Print name here: R. Bianco

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Bathroom renovation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
2		Receptacles GFIC	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	$ 50
		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	

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

To Reorder Call: (908) 276-7710
TC Graphics Inc. Print • Mail

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

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 07/27/21
Control #
Permit # 20-0268

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 154 Lot 25.2 Qual
Work Site Location 49 SUMMIT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant DINGLE, DONNA
Address 49 SUMMIT AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor DECK SAVERS
Address 80 HOMESTEAD DRIVE
MATAWAN, NJ 07747-
Telephone (732)290-2913 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH00035700
Federal Emp. No. 22-3695667

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

DECK (14' X 20')

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or 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 $ 0
Paid [X] Check No. 14406
Collected by: JC

Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/2/20
Control # 6/15/20
Date Issued
Permit # 20-0268

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

Block 154 Lot 25.2 Qualification Code

Work Site Location 49 SUMMIT AVE

Owner in Fee: DONNA DINGLE

Tel. [redacted] e-mail [redacted]

Address 49 SUMMIT AVE. METUCHEN N.J. 08840
street municipality zip code

Contractor: DECK SAVERS Tel. (732) 290-2913

Address 80 HOMESTEAD DRIVE e-mail decksav@hotmail.com
MATAWAN. NJ 07747

Contractor License No. or Builder Registration No. 13VH00035700 Exp. Date 3-31-2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3695667 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 6/3/20
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 6/15/20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8/13/20
Approved by:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing Rem. Deck			7/1/20	BL
Footing Bonding				
Foundation				
Slab				
Frame			7/15/20	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final Rem. Deck			8/12/20	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories ____
Height of Structure 8 ft.
Area — Largest Floor 280 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. $ 15,000
2. Rehabilitation $ ____
3. Total (1+ 2) $ 15,000

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.

Sign here: [signature]

Print name here: FRED JACOBS

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
14X20 DECK with STAIRS

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ____
- [ ] Demolition

FEE (Office Use Only)
$ 450
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

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

BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. 732-632-8540 • Fax 732-632-8100 • 500 Main Street • Metuchen, NJ 08840

ZONING PERMIT APPLICATION

SUBMIT WITH ZONING COVERAGE CHECKLIST AND SURVEY / PLANS INDICATING IMPROVEMENT(S)

Permit # 20-127
Received 5-28-20
Issued 6-15-2020
Payment 14405
Amount 25

1. Location

Street Address: 49 SUMMIT AVE.
Block: 154 Lot: 25.2 Zone:

2. Applicant

Name: DONNA DINGLE Phone: (732) 548-9749
Street Address: 49 SUMMIT AVE. Fax:
City / State: METUCHEN Zip: 08840 Email: donnadingle@gmail.com

3. Owner (If other than Applicant)

Name: Phone:
Street Address: Fax:
City / State: Zip: Email:

4. Present or Previous Use of Building and/or Land

☒ Detached Single-Family ☐ Attached Single-Family ☐ Two-Family Residence ☐ Multi-Family Residence
☐ Commercial ☐ Office ☐ Industrial ☐ Other

5. Proposed Use of Building and/or Land

☐ New Principal Structure ☐ Addition / Alteration / Deck / Porch ☐ New Accessory Structure
☐ Parking Lot / Driveway ☐ Patio / Walkway ☐ Fence / Wall
☐ Change of Use / Occupancy ☐ Sign ☐ Other

6. Describe Proposed Work or New Use

NEW DECK 14X20 WITH STAIRS 280 SQ FT.
8 FT HEIGHT

7. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building		
Floor Area to be Occupied		
On-Site Parking Spaces		
Off-Site Parking Space		
Numbers of Employees		
Days & Hours of Operation		

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A ZONING PERMIT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name: Robert Dingle Date: 5/28/20

Signature: Robert Dingle

Last Revised 3/26/2018

Location

Address	49 Summit Avenue			Permit	Z20-
Block	154	Lot	25.2	Zone	R-2

This is to certify that the ☐ existing ☒ proposed use of the building and/or land on the subject property is a:

☒ Use complying with the Land Development Ordinance
☐ Use permitted by variance/exception/waiver …
☐ Valid non-conforming use as established by…
☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

PLANNING BOARD *Type of Approval*	*Ordinance Reference*
☐ Bulk Variance	
☐ Conditional Use	
☐ Site plan	
☐ Minor Subdivision	
☐ Major Subdivision	
ZONING BOARD OF ADJUSTMENT *Type of Approval*	*Ordinance Reference*
☐ Bulk Variance	
☐ Use Variance	
☐ Site Plan	
☐ Minor Subdivision	
☐ Major Subdivision	

Zoning Permit is: ☒Approved ☐Denied

Comments

1.0 Proposed installation of rear deck of the existing detached single-family dwelling shall comply with §110-64 and §110-110 of the Metuchen Land Development Ordinance (MLDO).
2.0 Proposed improvement(s) shall not inhibit natural drainage nor cause drainage issues for adjacent properties or in the public R.O.W.
3.0 Applicant shall obtain any and all other required permits for the work performed from all other jurisdictional agencies/departments; Applicant shall coordinate with the Department of Public Works and Building Department regarding the apron, sidewalk, and curb should such improvements be changed in any way; the sidewalk and apron shall be constructed in concrete.
4.0 Applicant shall notify the Zoning Official when proposed improvement(s) have been completed for a final inspection.
5.0 Applicant shall maintain proposed improvement(s) and all aspects of the property at all times.

Initial Approval

Zoning Officer's Signature _____ Date 6-2-2020

Final Approval

Zoning Officer's Signature _____ Date 7-27-21

If the information given is not accurate and current, this permit will be rendered null and void.

PLAN OF SURVEY
made for
ROBERT W. DINGLE
situate in
METUCHEN & MIDDLESEX Co, N.J.
SCALE 1"=20' OCT. 26, 1993

PAUL BERG ASSOCIATES
LICENSED LAND SURVEYOR
59 CLARENDON COURT
METUCHEN, N.J.

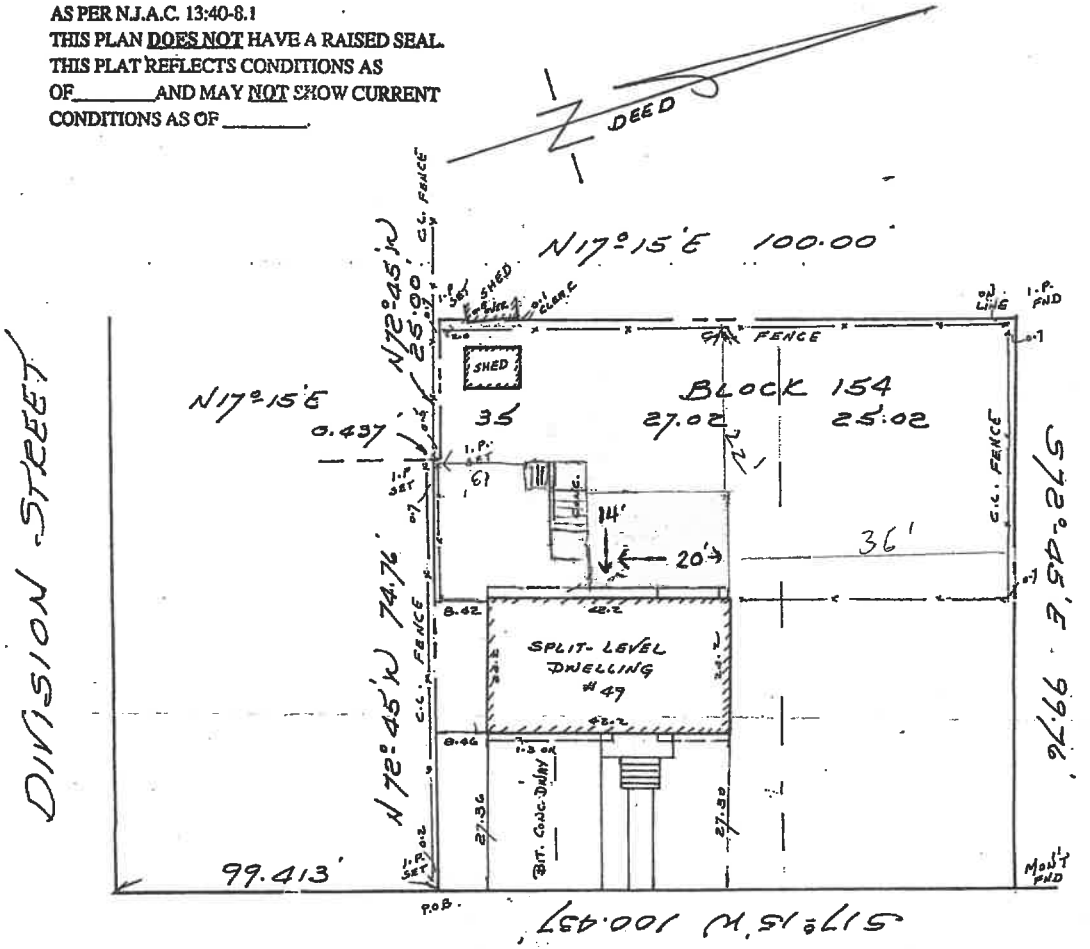
Paul Berg Jr.
N.J. L.S. LIC. #10626

THIS SURVEY IS CERTIFIED TO:
ROBERT W. DINGLE
DONNA DINGLE H/W
COLUMBIA NATIONAL, INCORPORATED, ITS SUCCESSORS AND/OR ASSIGNS.
INVESTORS TITLE AGENCY, INC., TEXAS AMERICA TITLE INSURANCE COMPANY
JOHN WILEY, JR., ESQ

BEING KNOWN AS LOTS 25.02, 27.02 & 35 IN BLOCK 154 ON THE BOROUGH OF METUCHEN TAX MAP.

WARNING

AS PER N.J.A.C. 13:40-8.1
THIS PLAN DOES NOT HAVE A RAISED SEAL.
THIS PLAT REFLECTS CONDITIONS AS OF_____AND MAY NOT SHOW CURRENT CONDITIONS AS OF _____.



9087

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 03/03/21
Control #
Permit # 20-0455

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 154 Lot 25.2 Qual
Work Site Location 49 SUMMIT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant DINGLE, BOB
Address 49 SUMMIT AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor ASAP CARPENDRY INC.
Address 14 VOLKMAR PLACE
METUCHEN, NJ 08840-
Telephone (908)565-4914 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH03270500
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMODEL KITCHEN, REMOVE WINDOW AND NON-LOAD BEARING WALL
NEW SLIDING PATIO DOOR

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

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or 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 $ 0
Paid [X] Check No. 9455
Collected by: JC

Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/3/2020
Control #
Date Issued 8/24/2020
Permit # 20-0455

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

Block 154 Lot 25.2 Qualification Code

Work Site Location 49 Summit Ave

Owner in Fee: Bob Dingle

Tel: [redacted] e-mail

Address 49 Summit Ave Metuchen 08840
(street) (municipality) (zip code)

Contractor: ASAP Carpentry Inc. Tel. (908) 565 4914

Address 14 Volkmar Pl Metuchen

e-mail AsapCarpentry@gmail.com

Contractor License No. or Builder Registration No. 13VH03270500 Exp. Date 3/31/21

Federal Emp. ID No. 30-0050056 FAX: (732) 548 4652

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: Kit Kacani

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove non load bearing wall
Add new sliding patio door
Remove window.
Install Kitchen

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	8/11/20	
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 8/11/20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2/23/21
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			9/2/20	
Truss Sys./Bracing				
Barrier-Free				
Insulation			9/3/20	
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/23/21	
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 _____
- [ ] Demolition

FEE (Office Use Only)

$ _____
Apr 0

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

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____
No. of Stories 2
Height of Structure 26 Ft.
Area — Largest Floor 1000 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 $ 15000
3. Total (1+2) $ 15000

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/3/2020
Control #
Date Issued 8/24/2020
Permit # 20-0455

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

Block 154 Lot 25.2 Qualification Code

Work Site Location 49 Summit Ave Metuchen

Owner in Fee: Bob Dingle

Tel. [redacted] e-mail

Address 49 Summit Ave (street) Metuchen (municipality) 08840 (zip code)

Contractor: PHIL PIZZOCARO Tel. (908) 337-5455

Address 621 TERRILL RD FANWOOD, NJ 07023 e-mail

Contractor License No. 8764 Exp. Date 6-21

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group: Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1000 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: 8/24/20 Approved by: RS

Joint Plan Review Required

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

SUBCODE APPROVAL for PERMIT

Date: 8/24/20

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 2/23/21

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9/2/20	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			2/23/21	

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:

Print name here: PHIL PIZZOCARO

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

DESCRIPTION OF WORK

Relocate sink, Relocate gas stove 10'

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	20
	Floor Drain	
1	Sink	20
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	75
	Fuel Oil Piping	
1	Gas Piping	115
	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 $	

UCC/F-130
(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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/3/2020
Date Issued 8/24/2020
Control #
Permit # 20-0455

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

Block 154 Lot 25.2 Qualification Code
Work Site Location 49 Summit Ave

Owner in Fee: Bob Dingle
Tel. [redacted] e-mail
Address 49 Summit Ave (street) Metuchen (municipality) 08840 (zip code)

Contractor: M. Gray Elec Tel. (732) 295-1510
Address 1213 Dallas St
Pt Pleasant e-mail
Contractor License No. 9748 Exp. Date 3/21
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 273 542 447 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 8/5/20 Approved by: (N)
Joint Plan Review Required:
[ ]Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL or **PERMIT**
Date: 8/5/20
Approved by: (N)

SUBCODE APPROVAL for **CERTIFICATE**
[ ] CO [ ] CCO [ ] CA
Date: 2/23/21
Approved by: (N)

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough			9/2/20	(N)
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/23/21	(N)
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby 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: M Gray
Print name here: M Gray
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Plugs & switches for kitchen

QTY	SIZE	**ITEMS**	**FEE (Office Use Only)**
6		Lighting Fixture	
8		Receptacles	
5		Switches	
2		Detectors	
		Light Poles	
1		Motors—Fract. HP Hood	10
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
19		TOTAL NUMBERS	$ 150
		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	
1		KW Dishwasher	75
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	285
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 04/16/21
Control #
Permit # 20-0796

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 154 Lot 25.2 Qual
Work Site Location 49 SUMMIT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant DINGLE, BOB
Address 49 SUMMIT AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor IZZYS PLBG. & HTG.
Address 625 1ST AVENUE
RARITAN, NJ 08869-
Telephone (732)452-9600 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 19HC00360100
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

A/C

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or 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 _____, ____.

A/c/o 4/20/21

Construction Official

Fee $ 0
Paid [X] Check No. 2687
Collected by: SH

U.C.C. F260 (rev. 3/96)

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 12/18/2020
Control #
Date Issued 12/30/2020
Permit # 20-0796

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

Block 154 Lot 27.02 Qualification Code
Work Site Location 49 Summit Ave, Metuchen, NJ 08840

Owner in Fee: Bob & Donna Dingle
Tel. [redacted] e-mail
Address street city zip code

Contractor: Izzy's Plumbing & Heating, L.L.C.
625 1st Ave, Raritan, NJ 08869
P: 732.452.9600 F:732.452.9601
Master Plumbing Lic # 36BI01235900
HVACR Lic #19HC00360100
HIC# 13VH06054200
EIN# 45-0543792
Tel.
Address e-mail
Contractor License No. Exp. Date 06/21
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [✓] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [✓] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: 12/30/20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12/30/20
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 2/24/21
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			2/24/21	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here: ISRAEL MOALAM
[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Move Condenser LOCATION
INSTALL new unit with new AIR HANDLER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other AIR HANDLER & Condenser	70

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

Reorder at:
ucc.allegramarmora.com • 609-390-1400
Allegra Marketing, Print & Mail - Marmora, NJ

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/18/2020
Control #
Date Issued 12/30/2020
Permit # 20-0796

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

Block 154 Lot 25.02 Qualification Code

Work Site Location 49 Summit Ave, Metuchen, NJ 08840

Owner in Fee: Bob & Donna Dingle

Tel. [redacted] e-mail

Address

Contractor: Bar Electric Co. (street / municipality / zip code) Tel. (908) 612-3904

Address 232 S. 3rd Ave e-mail
Highland Park

Contractor License No. 13835 Exp. Date

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

Federal Emp. ID No. 22-345-9565 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 12/21/20 (D)
Approved by: (D)

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] C/A
Date: 2/23/21
Approved by: (D)

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/23/21	(D)
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby 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:

Print name here: Bar

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: A/C Condens. Unit Service call

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		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	75
1	30A	KW Central A/C Unit	75
1		HP/KW Space Heater/Air Handler Plumb.	
		KW Baseboard Heat	150
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder call: 877-531-2233

BOROUGH OF METUCHEN — MIDDLESEX COUNTY

Tel. 732-632-8540 • Fax 732-632-8100 • 500 Main Street • Metuchen, NJ 08840

Received 12-9-20
Issued 12-30-20
Payment #2686
Amount $25

ZONING PERMIT APPLICATION

SUBMIT WITH ZONING COVERAGE CHECKLIST AND SURVEY / PLANS INDICATING IMPROVEMENT(S)

1. Location

Street Address: 49 Summit Ave, Metuchen, NJ 08840
Block: 154 Lot: 27.02 Zone: R-2

2. Applicant

Name: Bob & Donna Dingle Phone: [redacted]
Street Address: 49 Summit Ave Fax:
City / State: Metuchen, NJ Zip: 08840 Email:

3. Owner (If other than Applicant)

Name: Phone:
Street Address: Fax:
City / State: Zip: Email:

4. Present or Previous Use of Building and/or Land

☒ Detached Single-Family ☐ Attached Single-Family ☐ Two-Family Residence ☐ Multi-Family Residence
☐ Commercial ☐ Office ☐ Industrial ☐ Other

5. Proposed Use of Building and/or Land

☐ New Principal Structure ☐ Addition / Alteration / Deck / Porch ☐ New Accessory Structure
☐ Parking Lot / Driveway ☐ Patio / Walkway ☐ Fence / Wall
☐ Change of Use / Occupancy ☐ Sign ☑ Other A/C UNIT

6. Describe Proposed Work or New Use

Move A/C UNIT FROM REAR OF House TO Side OF House

7. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building		
Floor Area to be Occupied		
On-Site Parking Spaces		
Off-Site Parking Space		
Numbers of Employees		
Days & Hours of Operation		

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A ZONING PERMIT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name: Robert W. Dingle Date: 11/24/2020

Signature: Robert W Dingle

Last Revised 3/26/2018

Location 5

Address	49 Summit Avenue			Permit	Z20-
Block	154	Lot	27.02	Zone	R-2

This is to certify that the ☐ existing ☒ proposed use of the building and/or land on the subject property is a:

☒ Use complying with the Land Development Ordinance
☐ Use permitted by variance/exception/waiver ...
☐ Valid non-conforming use as established by...
☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

PLANNING BOARD	
Type of Approval	*Ordinance Reference*
☐ Bulk Variance	
☐ Conditional Use	
☐ Site plan	
☐ Minor Subdivision	
☐ Major Subdivision	

ZONING BOARD OF ADJUSTMENT	
Type of Approval	*Ordinance Reference*
☐ Bulk Variance	
☐ Use Variance	
☐ Site Plan	
☐ Minor Subdivision	
☐ Major Subdivision	

Zoning Permit is: ☒Approved ☐Denied

Comments

1.0 Proposed relocating of a new A/C condenser unit to be located in the side yard area of the existing detached single-family dwelling, shall comply with §110-112.6 of the Metuchen Land Development Ordinance (MLDO);
  1.1 Proposed unit(s) shall be screened/buffered (landscaping and/or decorative fencing) to shield from neighbor or public view.
  1.2 Proposed unit(s) shall comply with §110-98 of the MLDO; unit shall not become a nuisance for sound/vibration.
2.0 Proposed improvement(s) shall not inhibit natural drainage nor cause drainage issues for adjacent properties or in the public R.O.W.
3.0 Applicant shall obtain any and all other required permits for the work performed from all other jurisdictional agencies/departments.
4.0 Applicant shall notify the Zoning Official when proposed improvement(s) have been completed for a final inspection.
5.0 Applicant shall maintain proposed improvement(s) and all aspects of the property at all times.

Initial Approval

Zoning Officer's Signature [signature] Date 12-16-20

Final Approval

Zoning Officer's Signature [signature] Date 4-7-21

If the information given is not accurate and current, this permit will be rendered null and void.

PLAN OF SURVEY
made for
ROBERT W. DINGLE
situate in
METUCHEN - MIDDLESEX Co., N.J.
SCALE 1"=20' OCT. 26, 1993

PAUL BERG ASSOCIATES
LICENSED LAND SURVEYOR
59 CLARENDON COURT
METUCHEN, N.J.

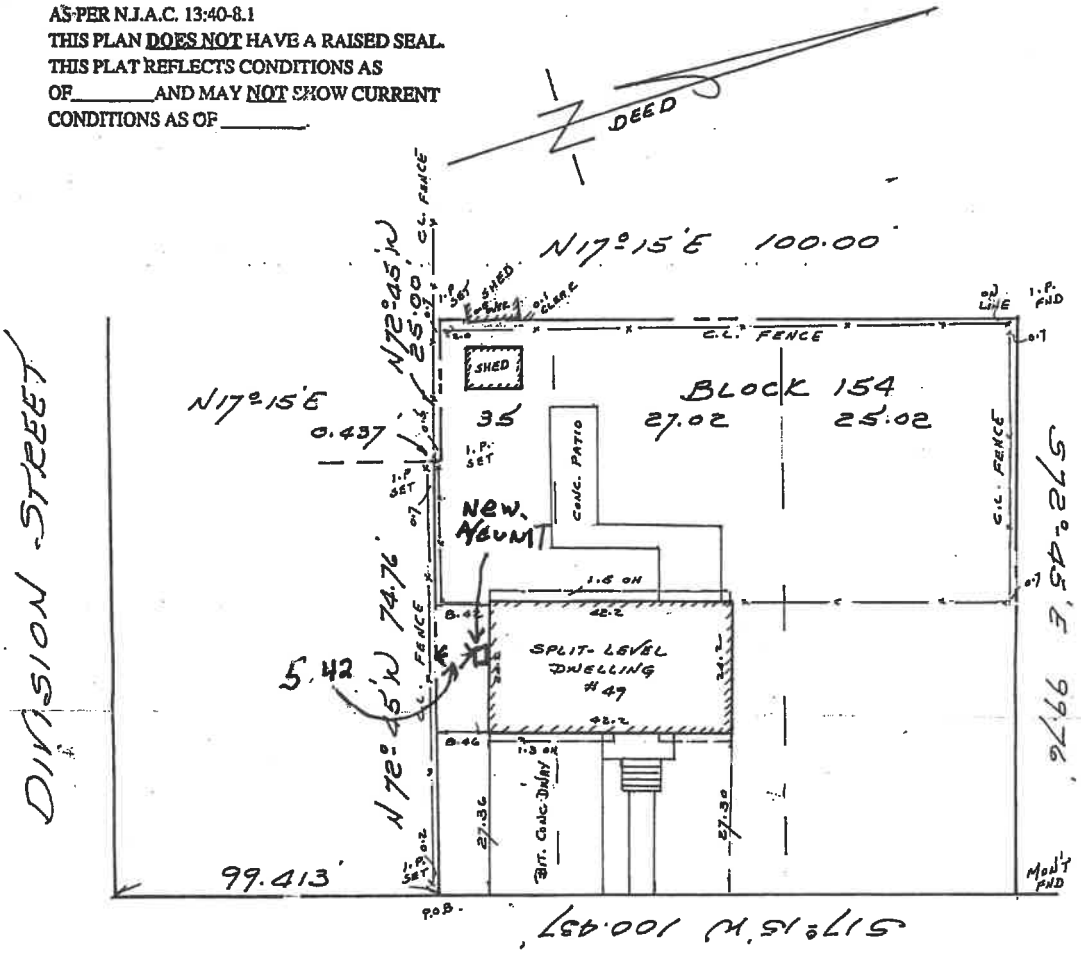
Paul Berg Jr.
N.J. L.S. LIC. #10626

THIS SURVEY IS CERTIFIED TO:
ROBERT W. DINGLE
DONNA DINGLE H/W
COLUMBIA NATIONAL, INCORPORATED, ITS SUCCESSORS AND/OR ASSIGNS.
INVESTORS TITLE AGENCY, INC., TRANSAMERICA TITLE INSURANCE COMPANY
JOHN WILEY, JR., ESQ

BEING KNOWN AS LOTS 26.02, 27.02 & 35 IN BLOCK 154 ON THE BOROUGH OF METUCHEN TAX MAP.

WARNING

AS PER N.J.A.C. 13:40-8.1
THIS PLAN DOES NOT HAVE A RAISED SEAL.
THIS PLAT REFLECTS CONDITIONS AS OF_____AND MAY NOT SHOW CURRENT CONDITIONS AS OF_____.



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