The Borough of Sayreville

Municipal Clerk's Office

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

April 17, 2026

Rasheedah Andrews
opra+request-89462-85b688e4@requests.opramachine.com

Re: Request for Access to Public Records

Greetings:

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

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

Very truly yours,

Jessica Morelos

Jessica Morelos, RMC
Municipal Clerk

JM/jo

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OPRA Request Redaction Index

The table below identifies the records that are being denied in whole or in part that are responsive to your request, as well as the legal basis for each denial, as is required by N.J.S.A. 47:1A-6.

List of all records provided, with redactions, or denied in their entirety. DOCUMENT DESCRIPTION or BATES NUMBER	If records are disclosed with redactions, give a general nature description of the redactions.	If records were denied in their entirety, give a general nature description of the record.	List the legal explanation and/or statutory citation for the denial of access to records in their entirety or with redactions.
Construction Permit Applications	Telephone number Email addresses EIN Number		N.J.S.A. 47:1A-1.1; Preservation of Privacy Interest

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Board to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County. Your request is now considered closed.

CONSTRUCTION PERMIT

Date Issued 8/8/94
Control #
Permit # 94-0753

IDENTIFICATION Block 248-1 248.01 Lot 31-51

Work Site Location 51 LANTERN LANE
SAYREVILLE NJ 08872

Owner in Fee CHRISTOPHER GALAMB
Address 51 LANTERN LANE
SAYREVILLE NJ 08872
Tele. [redacted]

Contractor OWNER
Address 51 LANTERN LANE SAYREVILLE NJ.

Tele. [redacted]
Lic. No. or Bldrs. Reg. No. N/A Exp. Date N/A
Federal Emp. No. N/A
or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
15'x16' deck on back of house

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 1,400.—

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	$30.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	ZONING $20.00
DCA Training Fee	2.00
Cert. of Occ APPROVAL	35.00
Other	
Total	$87.00
Check No.	1720
Cash	
Collected By:	TREASURER 8/8/94

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-15-01
Control #
Permit # 2001.0496

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

Block 2114.01 Lot 31.51
Work Site Location 51 LAFAYETTE CT. SAYREVILLE
Owner in Fee [redacted] Rogusa
Address 51 LAFAYETTE CT.
Tele. ([redacted])
Contractor COASTAL SERVICE CO. & SON
Address 181 BROOK HARBOR LANE
TOMS RIVER NJ 08753
Tele. [redacted]
Lic. No. 1809
Federal Emp. No [redacted] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 485.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5/16/01
Approved by:

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

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

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
1	Water Heater	35
	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	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 35
Collected by: TOTAL $ 35

UCC Form F-130B

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 8-28-07
Date Issued
Control #
Permit # 2007.1173

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

Block 248.01 Lot 31.51 Qualification Code

Work Site Location 51 LANTERN LN
SAYREVILLE NJ

Owner in Fee: FERNANDO LORA

Tel. ( ) e-mail

Address SAME AS ABOVE
street municipality zip code

Contractor: All Seasons Elec + HVAC Tel. [redacted]

Address 29 Grove St. N.P. NJ 07060 e-mail

Contractor License No. 14262 Exp. Date

Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Electrical Work$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8/10/07
Approved by: M Final

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/21/07
Approved by: M Final

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/21/07	M
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's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] 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	
		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	70K	FURNACE	75

Replacement

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. 07/05)
Professional Printing
(856) 468-7933

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-28-07
Control #
Date Issued
Permit # 2007. 1173

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

Block 248.01 Lot 31.51 Qualification Code
Work Site Location 57 LANTERN LN
SAYREVILLE NJ 08872
Owner in Fee FERNANDO LORA
Address SAME AS ABOVE

Tel ( )
Contractor ALL SEASONS ELECTRIC + HVAC
Address 29 GRANGE ST.
NORTH PLAINFIELD NJ 07060
Tel [redacted] FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity
Total Cost of Fire Protection Work $ 200.00

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

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's Signature/Contractor's Signature
[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: REPLACE FURNACE

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	1	50
Fireplace Venting/Metal Chimney		
Other		

Carbon Monoxide Alarms Required

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8/24/07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/24/07
Approved by: KIRK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/12/07	KA
Other				

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

~~CITY OF LINDEN~~
~~301 N. Wood Avenue~~
~~Linden, NJ 07036~~
~~(908) 474-8412~~

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8-28-07
Control #
Date Issued
Permit # 2007.1173

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

Block 248.01 Lot 31.51 Qualification Code
Work Site Location 51 LANTERN LN. SAYREVILLE, NJ.
Owner in Fee FERNANDO LARA
Address SAME AS ABOVE

Tel ( )
Contractor ALL SEASON Electric / HVAC
Address 29 COMPRE ST North Plainfield NJ. 07060
Tel [redacted] FAX ( )
Contractor License No.
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 $ 535.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved As Noted
Date: 8/28/07
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/21/07
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping	CO		12/21/07	
Solar				
TCO				

Replacement

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 Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	60
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other FURNACE	15
	Other	

Carbon Monoxide Alarms Required

Administrative Surcharge	$
Minimum Fee	$ 15
State Permit Surcharge Fee	$
TOTAL FEE	$

All work subject to field inspection

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

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

CERTIFICATE
IDENTIFICATION

Date Issued: 09/05/2018
Control #: 38404
Permit #: 20071173

Block: 248.01 Lot: 31.51 Qual:
Work Site Location: 51 LANTERN LANE
SAYREVILLE
Owner in Fee: Lora Fernando & Palladino Roseann
Address: 51 LANTERN LANE
SAYREVILLE NJ 08872
Telephone:
Agent/Contractor: All Seasons Electric & HVAC
Address: 29 Grove Street
North Plainfield NJ 07060
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
replace furnace

Update Desc. of Wk/Use:

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

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

9/5/18

Kirk J. Miick Construction Official

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Fees: $0.00
Paid[X]Check No.: 4454
Collected by: tr

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR