City of Linden
UNION COUNTY, NEW JERSEY

OFFICE OF CITY CLERK
City Hall – 301 North Wood Avenue
(908) 474-8452
Fax: (908) 474-8451

Joseph C. Bodek, RMC, RPPO
City Clerk

Jennifer Honan
Deputy City Clerk

November 1, 2022

Pam Hoff
Opra+request-36069-d1dad347@requests.opramacine.com

File Number: 2022-893

Re: OPRA Request – 136 Springfield Road

Dear Pam Hoff:

The City of Linden received your Open Public Records Act (OPRA) request on October 17, 2022. The official Records Custodian, Joseph C. Bodek, received your OPRA request on October 18, 2022.

You requested the following: See Attached

The records are now being provided to you as per your request, via email with redactions. In accordance with N.J.S.A. 47:1A-1 (24) and Privacy Interest, N.J.S.A. 47:1A-1.1(19) N.J.S.A., Personal Identifying Information "Driving license number and computer" a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

If you feel that your request for access to a government record has been improperly denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision of the City of Linden to deny access. I have attached information, from the Government Records Council regarding the process to file a complaint.

Sincerely,

Joseph C. Bodek
Custodian of Records
City of Linden

New Jersey Government Records Council ("GRC")

What to do if your request for a record has been denied

The New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 *et seq.*) permits a person who believes that he or she has been unlawfully denied access to a public record either to file a complaint with the GRC or to file suit in Superior Court to challenge the decision and compel disclosure. This poster describes the procedures for taking such actions.

To file a complaint with the GRC:

- Visit the GRC's website at www.nj.gov/grc for information and to register your complaint. In the alternative, you may contact the GRC by telephone at 1-866-850-0511 or by e-mail at government.records@dca.nj.gov.
- When you file the written complaint, the GRC will offer both you and the public agency non-adversarial, impartial mediation. If mediation is not accepted or is not successful, the GRC will investigate the complaint.
- In some cases, the GRC can award attorney's fees to a complainant or impose a fine against a records custodian.
- There is no fee to file a complaint with the GRC.

To file a complaint in Superior Court:

- A requestor may start a summary (expedited) lawsuit in the Superior Court. A written complaint and order to show cause must be filed with the court.
- The court requires a filing fee, and you must serve the lawsuit papers on the appropriate parties.
- The court will schedule a hearing to resolve the dispute.
- If you disagree with the court's decision, you may appeal the decision to the Appellate Division of the Superior Court.
- If you are successful, you may be entitled to reasonable attorney's fees.
- You may wish to consult with an attorney to learn about initiating and pursuing a summary lawsuit in the Superior Court.
- Filing suit in Superior Court may result in a faster resolution, because the courts adjudicate cases every day, whereas the GRC only meets once a month.

Government Records Council, P.O. Box 819, Trenton, New Jersey 08625-0819

Joe Bodek <jbodek@linden-nj.gov>

2022-893

OPRA request - OPRA request Property address 136 Springfield Road, Linden, NJ

1 message

pam hoff <opra+request-36069-d1dad347@requests.opramachine.com> Mon, Oct 17, 2022 at 10:15 AM
To: OPRA requests at Linden City <jbodek@linden-nj.org>

Dear Linden City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
Please forward all permits opened and closed and any violations on the property located at
136 Springfield Road, Linden, NJ
Block 257 Lot 9

Yours faithfully,

pam hoff

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-36069-d1dad347@requests.opramachine.com

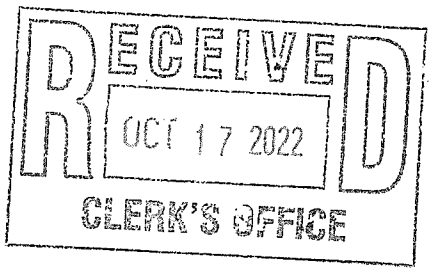
Is jbodek@linden-nj.org the wrong address for OPRA requests to Linden City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=linden_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opra_request_property_address_13

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.



City of Linden
Union County, New Jersey

FIRE PREVENTION BUREAU
302 South Wood Avenue
Linden, New Jersey 07036
Phone: (908) 474-4560
Fax: (908) 474-0318

Christopher Rooney
Deputy Chief
Fire Official

William M. Hasko, Jr.
Fire Chief

MEMORANDUM

TO: Mr. Joseph C. Bodek,
City Clerk

FROM: D.C. Chris Rooney
Fire Official

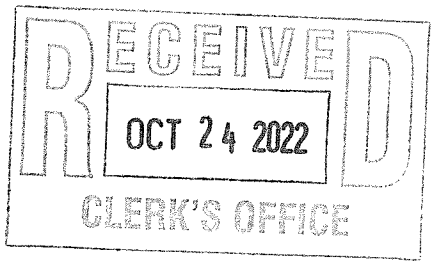
RE: OPRA Request-Pam Hoff 2022-893

DATE: October 21, 2022

****

Please be advised there are no records for 136 springfield Rd

RC:sb



City of Linden

Union County, New Jersey

HEALTH DEPARTMENT

605 South Wood Avenue, Linden, New Jersey 07036

Phone: 908-474-8409 | Fax: 908-474-1836

health@linden-nj.gov https://linden-nj.gov/

Karen Lukenda
President

Aimee Puluso
Health Officer

MEMORANDUM

MEMO TO: **Joseph C. Bodek, City Clerk**

MEMO FROM: **Aimee Puluso, Health Officer**

DATE: **October 24, 2022**

RE: **OPRA Request: Pam Hoff (2022-893)**

Attached are documents from the Health Department relative to this request.

Thank you.

AP:hg

City of Linden

Report a Concern

Admin

Reference #: RAC-2022-00292
Source: Phone Call
Status: Closed
Disposition:

Date Entered: 7/5/2022 12:44:00 PM
Date In Progress: 08/23/2022
Closed Date: 08/24/2022

Concern Details

Type: Swimming Pool
Description: Pool full of water and loaded with mosquitos
Address: 136 SPRINGFIELD RD , LINDEN CITY
Block: 257
Lot: 9
Location:

Complainant Details

Name: [redacted]
Address:
Email:
Phone #

Property Owner Details

Name: DEMARZO DEVELOPMENT LLC
Address: 25 ORCHARD TER CLARK ,NJ 07066
Email:

Work Details

Total Hours: 0.00
Total Material: $0.00
Total Labor: $0.00
Total Cost: $0.00

Status	Date Assigned	Date Completed	Employee Assigned	Work Cost	License Plate #

Violation Details

Notice Date: 07/20/2022
Comply Date: 07/28/2022

Status	Date Abated	Ordinance	Comments
In Violation		Sec. 10-11.5 Insect and Rodent Harborage	

Summons Details

Summons #	Issue Date	Ordinance	Disposition

Notes

Date & Time	By	Note Type	Note
7/21/2022 10:37:00 AM	Justin Panzarella	Internal Note	Louis (person taking care of property)

			[redacted] called the health department. Louis drained the water on top of the tarp and tightened it to be more secure. Verified violations were abated at this time.
7/20/2022 4:45:00 PM	Justin Panzarella	Internal Note	Visited property. Gate unlocked and left open. Pool uncovered with stagnant water inside. Warning summons posted on front door.

Interoffice Memo
CITY CLERK'S OFFICE – CITY OF LINDEN

Date: October 18, 2022

To: Mark Ritacco, Construction Code Official
Amie Puluso, Health Officer
Chief William Hasko, Fire Department

From: Talia Pena-Marin, Bilingual Clerk 1

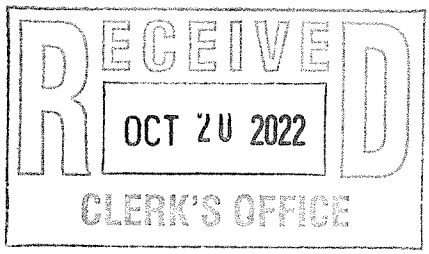
Re: OPRA Requestor: Pam Hoff (2022-893)

Attached please find a request for public records which was received by this office on October 17, 2022.

In accordance with the Open Public Records Act, we must respond to this request on Tuesday, October 25, 2022. If your office is in possession of documents relative to this matter, please provide them to the City Clerk's Office as soon as possible but no later than the above date. **If your response to this request may need additional time to fulfill you must advise this office within one (1) business day.**

Be further advised that if your department has no records relative to the above referenced, please advise us in writing as to same.

Thank you.
Attachments



City of Linden
301 N. Wood Ave.
Linden, NJ 07036
(908) 474-8463

CERTIFICATE

IDENTIFICATION

Date Issued: **4/22/2022**
Control Number: **71456**
Permit Number: **20220474**

Block: **257** Lot:**9** Qual:
Work Site Location: **136 SPRINGFIELD RD**
LINDEN, NJ
Owner in Fee: **DEV DEMARZO**
Address: **136 SPRINGFIELD RD**
LINDEN, NJ 07036
Telephone: [redacted]
Agent/ Contractor: **C. CUETO**
Address: **809 FEATHERBED LANE**
CLARK, NJ 07066
Telephone: [redacted]
Lic. No./Bldrs. Reg. No.: [redacted]
Federal Emp. No.: **-**
Home Warranty No.:
Type of Warranty Plan: [ ] State [ ] Private

Use Group: **U**
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load: **0**
Certificate Exp. Date:

Description of Work/ Use:
REMOE 550 GALLON OIL TANK

[ ] 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.

[ ] 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 buildings 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

Mark Ritacco
Construction Official

Fees **$0.00**
Paid [ ] Date

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

BLOCK 257 LOT 09 QUALIFICATION CODE _____ ADDRESS (SITE) 136 Springfield Rd PERMIT NO 06-1700

City of Linden
Construction Code
Department
(908) 474-8460

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 136 Springfield Rd
2. Name of Owner in Fee: George Popczun Tel. [redacted]
   Address same as Above (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor Northeast Regional Remediation Tel. [redacted]
   Address 275 Bloomfield ave, Caldwell NJ. 07006
   License No. OR, if new home, Builder Reg. [redacted] Exp. Date 12-31-06
   Federal Employee No. [redacted] FAX: [redacted]
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge [redacted] Work has Begun Frank Mosier
   Tel. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

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

RECEIVED
SEP 13 2006
CONSTRUCTION CODE

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: Family
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS LN 10406309

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) *I further certify* the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name Northeast Regional Remodeling

Address 275 Bloomfield Ave.
Caldwell N.J. 07006

Telephone [redacted]

Signature Frank Mercer

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ *Temporary Certificate of Compliance*	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 10/13/06
Control #
Permit # 06-1700

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 257 Lot 09 Qual
Work Site Location 136 SPRINGFIELD RD

Owner in Fee/Occupant GEORGE POPCZUN
Address 136 SPRINGFIELD ROAD
LINDEN, NJ 07036-
Telephone [redacted]
Contractor NORTHEAST REGIONAL REMODELING
Address 275 BLOOMFIELD AVENUE
CALDWELL, NJ 07006-
Telephone [redacted] Fax ( ) -
Lic. No. or Bldr [redacted]
Federal Emp. No. [redacted]

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

RIP & RE-ROOF

[ ] **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

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

Fee $ 0
Paid [X] Check No. 1484
Collected by: KM

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 09/15/06
Control #
Permit # 06-1700

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 257 Lot 09 Qual

Work Site Location 136 SPRINGFIELD RD

Owner in Fee GEORGE POPCZUN
Address 136 SPRINGFIELD ROAD
LINDEN, NJ 07036-
Telephone [redacted]

Contractor NORTHEAST REGIONAL REMODELING
Address 275 BLOOMFIELD AVENUE
CALDWELL, NJ 07006-
Telephone [redacted]
Lic. No. of [redacted] No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RIP & RE-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 $ 5,000

Construction Official

09/15/06
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	0
Other	
Total	67
Check No.	1484
Cash	
Collected By	RM

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8460

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9-13-06
Control #
Date Issued 9/15/06
Permit # 06-1700

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

Block 237 Lot 23 Qualification Code
Work Site Location 136 Springfield Ave. Rd.
Owner In Fee George Popejun
Address Same As Above
Tel. [redacted]
Contractor Northeast Regional Remodeling
Address 213 Bloomfield Ave Caldwell N.J. 07006
Tel. [redacted] FAX [redacted]
Contractor License No. or Builder Registration No.
Federal Emp. No [redacted]

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 Grand Masucci

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Tear existing Roof to Sheating and Install Ice shield Fibre underlayment, step flashing Ond vent system 30 YR shingle

RECEIVED
SEP 13 2006

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	9/14/06	AF
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 10/13/06
Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/13/06	AF
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 5000.00

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

FEE (Office Use Only)
$
60.00

Administrative Surcharge $ 7.00
Minimum Fee $
State Training Surcharge Fee $
TOTAL FEE $ 67.00

Paid [✓] Check # 1161
Collected by: [signature]

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Northeast Regional Remodeling, LLC
John T. Zerbini
275 Bloomfield Ave Ste 3
Caldwell NJ 07006

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/29/2006 TO 12/31/2006
VALID

LICENSE/REGISTRATION #

Signature of Licensee, Registrant, Certificate Holder

DIRECTOR

RECEIVED
SEP 13 2006
CONSTRUCTION CODE

BLOCK 251 LOT 4 QUALIFICATION CODE ADDRESS (SITE) 136 SPRINGFIELD RD PERMIT NO. 13-0394

City of Linden
Construction Code
Department
(908) 474-8460

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 136 SPRINGFIELD ROAD
2. Name of Owner in Fee: GEORGE TAPERUN Tel [redacted]
   Address 136 SPRINGFIELD ROAD LINDEN NJ 07036
   address municipality zip code
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor TPT Pool Service 1380 Clifton Avenue Ste. 311 Tel. ( ) ____
   Address ____ Clifton, New Jersey, 07013
   License No. OR, if new [redacted] Exp. Date ____
   Federal Employee No. [redacted] FAX: ( ) ____
5. Architect or Engineer GEORGE TAPERUN Tel [redacted]
   Address 136 SPRINGFIELD RD LINDEN Contact George
6. Responsible Person in Charge once Work has Begun ____
   Tel ( ) ____ FAX: ( ) ____

RECEIVED
MAR 04 2013
CONSTRUCTION CODE

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 60		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

		Fee $	Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration					3-21-13	BY			
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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:

	All Units	Income-restricted
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:

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
10. ☒ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 12/03)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature George Papczun Date 3/4/2013

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name GEORGE PAPCZUN

Address 136 SPRINGFIELD ROAD
LINDEN, NJ 07036

Telephone [redacted]

Signature George Papczun

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

U.C.C. F100-2 (rev. 1/2004)

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	X	X	
☐ N.J. Department of Community Affairs			X	X	X	X	X	X	
☐ N.J. Department of Transportation			X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection			X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐			X	X	X	X	X	X	
☐			X	X	X	X	X	X	

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition

Building _____ Energy _____ Other _____
Electrical _____ Barrier Free _____
Plumbing _____ Flood Hazard _____
Fire Protection _____ As Built Elevation Cert. _____
Mechanical _____ Other _____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy No.				
☐ Temporary Certificate of Compliance No.				
☐ Continued Certificate of Occupancy No.				
☐ Certificate of Compliance No.				
☐ Certificate of Occupancy No.				
☐ Certificate of Approval No.				
☐ Lead Abatement Clearance Certificate No.				

U.C.C. F100-3 (rev. 3/98

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 06/15/15
Control #
Permit # 13-0394

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 257 Lot 09 Qual
Work Site Location 136 SPRINGFIELD RD

Owner in Fee/Occupant GEORGE PAPCZUN
Address 136 SPRINGFIELD ROAD
LINDEN, NJ 07036-
Telephone [redacted]
Contractor TFI POOL SERVICE
Address 1360 CLIFTON AVENUE STE.311
CLIFTON, NJ 07012-
Telephone [redacted] Fax ( ) -
Lic. No. or Bldrs. Reg. [redacted]
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

24' ABOVE GROUND POOL WITH ELECTRIC

[ ] 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

Fee $ 0
Paid [X] Check No. 4248
Collected by: KM

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

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 03/22/13
Control #
Permit # 13-0394

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 257 Lot 09 Qual

Work Site Location 136 SPRINGFIELD RD

Owner in Fee GEORGE PAPCZUN
Address 136 SPRINGFIELD ROAD
LINDEN, NJ 07036-
Telephone [redacted]

Contractor TFI POOL SERVICE
Address 1360 CLIFTON AVENUE STE.311
CLIFTON, NJ 07012-
Telephone [redacted]
Lic. No. of [redacted]
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
24' ABOVE GROUND POOL WITH ELECTRIC

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 $ 4,849

Construction Official

03/22/13
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	60
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	9
Cert. of Occupancy	0
Other	
Total	129
Check No.	4248
Cash	
Collected By	KM

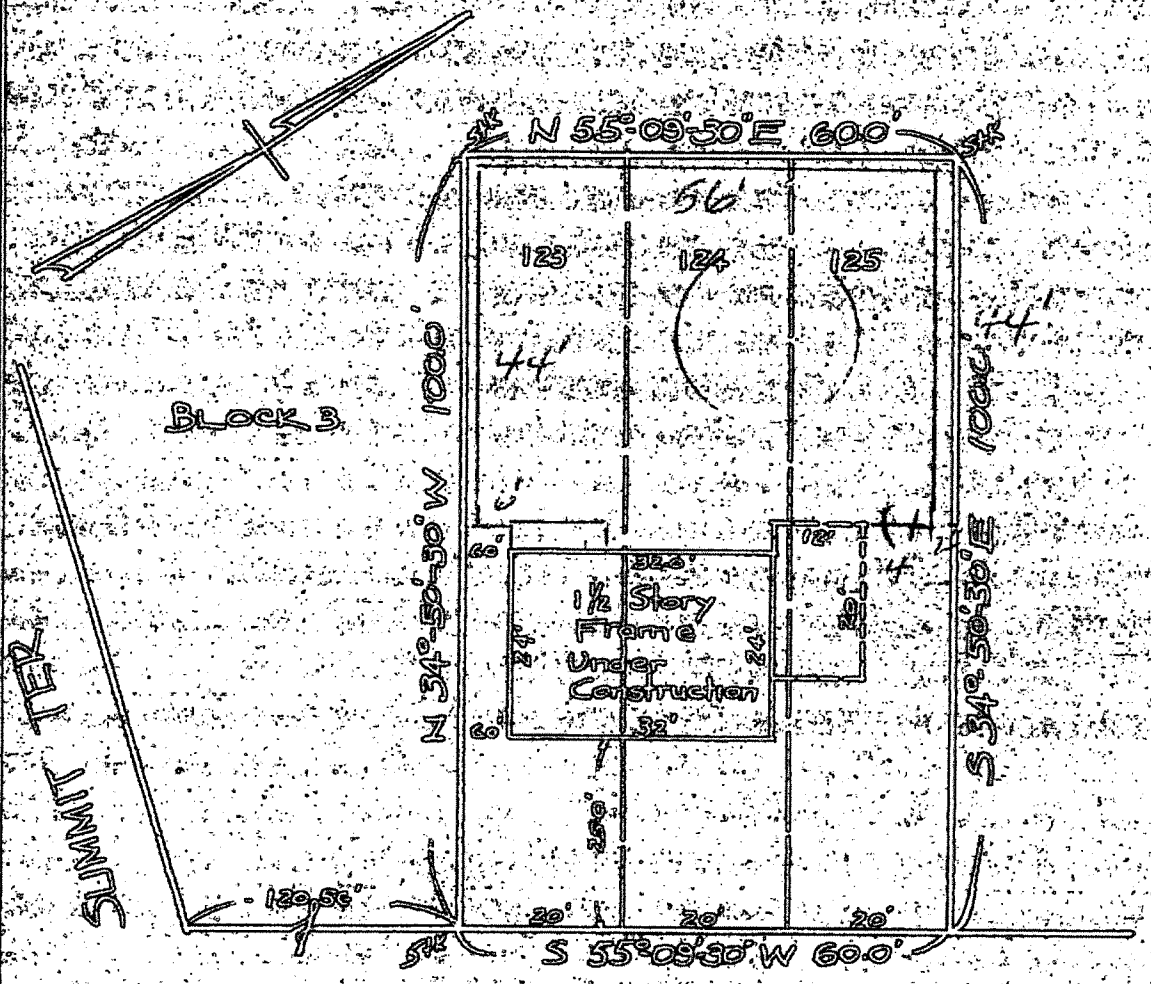
U.C.C. F170 (rev. 3/96)

SURVEY MAP

LOTS 123, 124 & 125 BLOCK 3

MAP OF SUNNYSIDE GARDENS SECTION 1

CITY OF LINDEN UNION CO. N.J.



SPRINGFIELD R.D.

SCALE 1"=200' JUNE 1948		G.E. STEFANICK PROF. ENG. & LAND SURVEYS LINDEN N.J.

RECEIVED
MAR 04 2013

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8460

BUILDING SUBCODE
TECHNICAL SECTION CONSTRUCTION CODE

Date Received 3/4/13
Control # 3122/13
Date Issued
Permit # 13-0394

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

Block 257 Lot 9 Qualification Code
Work Site Location 136 SPRINGFIELD ROAD
LINDEN NJ 07036
Owner in Fee GEORGE PAPUZUN
Address 136 SPRINGFIELD RD
LINDEN
Tel. ( ) [redacted]
Contractor TFI Pool Service
Address 1380 Clifton Avenue Ste. 311
Clifton, New Jersey, 07012
[redacted]
Tel. ( ) Pool Only FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 24' R.A.G Pool

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	3/13/13	

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-6-13
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5-6-13	
Barrier-Free				

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

FEE (Office Use Only)
$ 60

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 6
TOTAL FEE $ 66

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 3274.-

U.C.C. F110
(rev. 07/03)

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3 Pink = Office Copy
4 Gold = Applicant Copy

RECEIVED
MAR 04 2013
CONSTRUCTION

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8461

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/4/13
Control #
Date Issued 3/22/13
Permit # 13-0394

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

Block 257 Lot 4 Qualification Code
Work Site Location 136 SPRINGFIELD ROAD
LINDEN NJ 07036
Owner in Fee GEORGE PAPAZUN
Address 136 SPRINGFIELD ROAD
LINDEN NJ 07036
Tel [redacted]
Contractor DJB ELECTRICAL CONTRACTOR Clarksburg NJ 08510
Address 56 BROOKSIDE PL ELIZABETH NJ 07202
Tel [redacted] FAX ( )
Contractor Lic. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1575.00

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 and perform the work listed on this application.

Applicants Signature/Contractors Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1	20	Receptacles	
		Switches	
		Detectors	
		Light Poles	
	1½	Motors—Fract. HP	
1		Emergency & Exit Light	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	60
		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	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required — Date 3/19/13 Initial
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/29/13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench Board Grd			4/18/13	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/29/13	
Barrier-Free				

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

Administrative Surcharge $
Minimum Fee $ 3
State Permit Surcharge Fee $
TOTAL FEE $ 63

Check # 4248
Cash
EC

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

George Electrician
973-627-1510
Denville

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NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

TFI Pool Service, LLC T/A Atlantis Pool Service
Anthony Ferrara
23 Kenzel Avenue
Nutley NJ 07110

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/19/2012 TO 12/31/2013
VALID

[redacted]
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

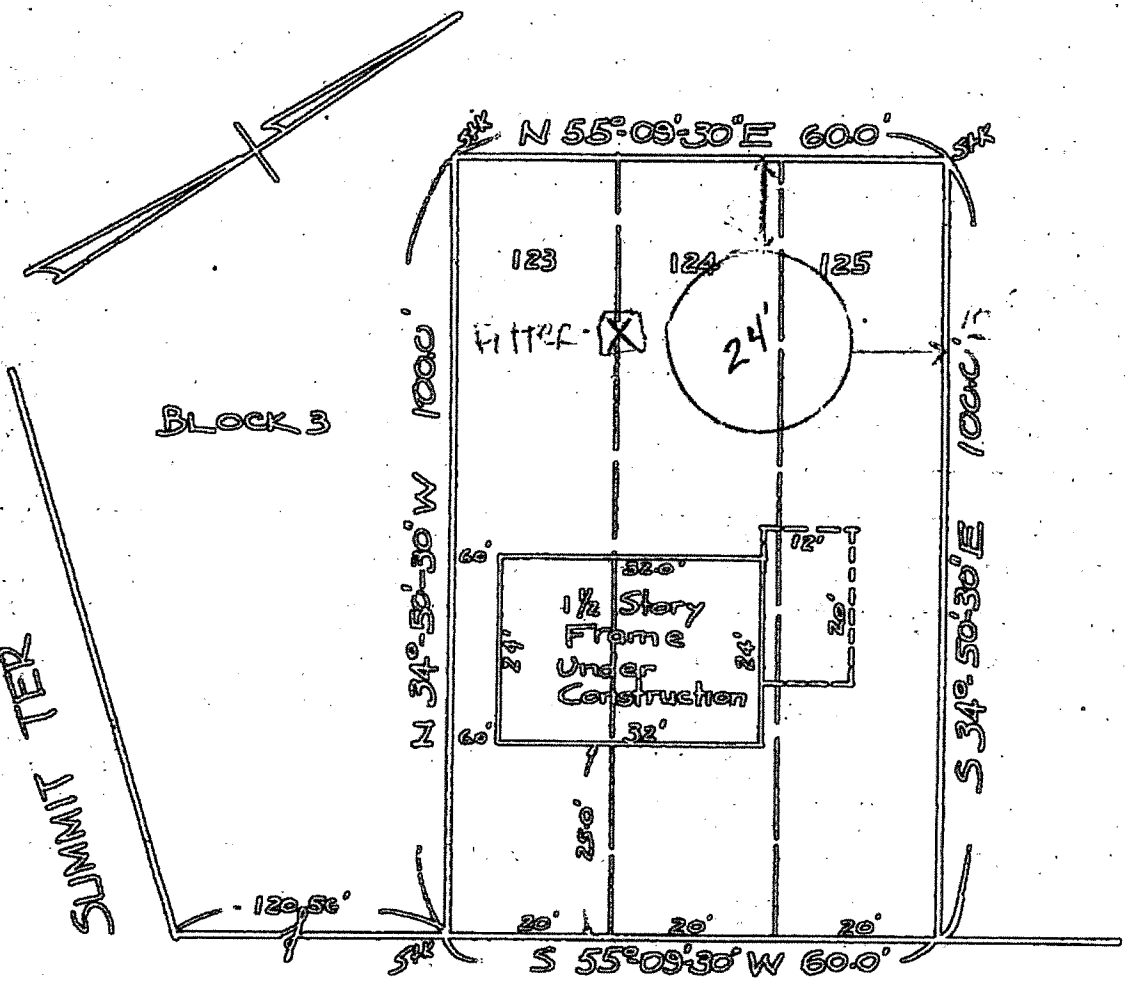
New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
TFI Pool Service, LLC T/A Atlantis Pool Service
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/19/2012 TO 12/31/2013
SIGNATURE
ACTING DIRECTOR
[redacted]
License/Registration/Certificate #

SURVEY MAP

LOTS 123, 124 & 125 BLOCK 3

MAP OF SUNNYSIDE GARDENS SECTION 1

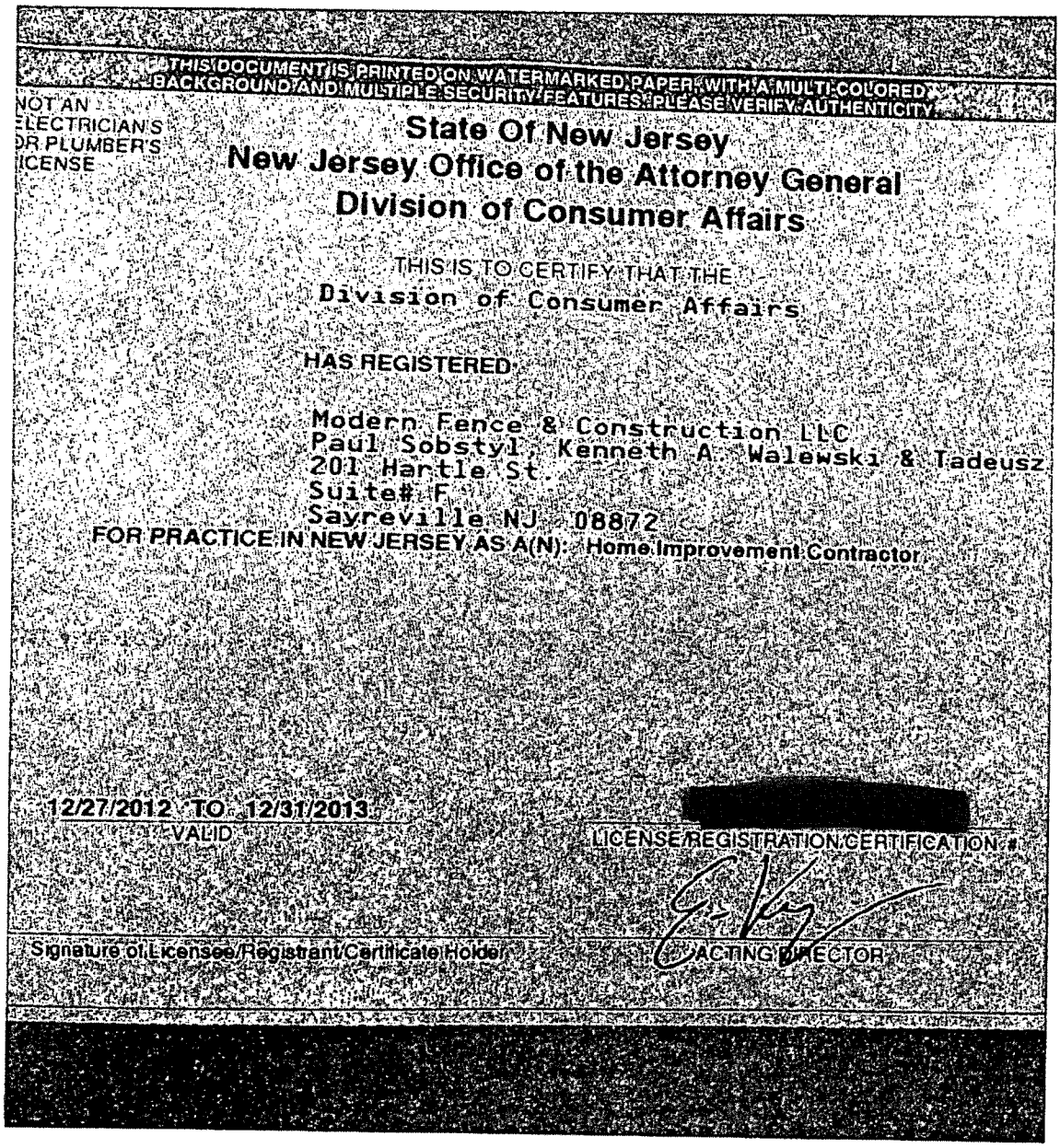
CITY OF LINDEN UNION CO. N.J.



SPRINGFIELD RD.

SCALE 1"=20.0' JUNE 1948		G. E. STEFANICK PROF. ENG. & LAND SURVEYOR LINDEN N.J.

Subject: License
From: Maciej Malinowski (mike@modernfenceco.com)
To: georgepopczun@yahoo.com;
Date: Monday, February 25, 2013 2:51 PM



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NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Modern Fence & Construction LLC
Paul Sobstyl, Kenneth A. Walewski & Tadeusz
201 Hartle St.
Suite# F
Sayreville NJ 08872

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

12/27/2012 TO 12/31/2013
VALID

[redacted]
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

Thank you for your business!

Maciej "Mike" Malinowski

Page No. 1165 of Pages.

JB Electrical Contracting LLC
56 Brookside Road
Clarksburg-Millstone, NJ 08510
Lic. [redacted]
Bonded & Insured
[redacted]
FAX [redacted]

PROPOSAL

[redacted]

DATE 2/26/13

TO George PAPCZUN JR
136 Spring Field Rd
Linden NJ

JOB NAME / LOCATION

JOB NUMBER

JOB PHONE

We hereby submit specifications and estimates for:

(1) 3/4 PVC Conduit For Pole
(2) Run Wires
(3) 4x4 Post
(4) Twist Lock outlet
(5) Bubble cover.
(6) Grounding & Bonding
(7) Timer.

John
[redacted]

1575.00

#4246 Deposit 850-

WE PROPOSE hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of:

dollars ($).

Payment to be made as follows:

Customer Dig Trench.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

Authorized Signature [signature]

Note: This proposal may be withdrawn by us if not accepted within days.

ACCEPTANCE OF PROPOSAL — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature [signature: George Papczun]

Signature

Date of Acceptance:

BLOCK 257 LOT 9 ADDRESS (SITE) 136 Springfield RD PERMIT NO. 5176

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 136 Springfield Road
2. Name of Owner in Fee: Margaret Waliska T[redacted]
   Address 136 Springfield Road, Linden, NJ 07036
   (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: John Karmazin Tel.[redacted]
   Address 64 Heald Street Carteret NJ 07008
   License No. OR, if new home, Builder Reg. No.[redacted] Exp. Date ____
   Federal Emp. No. ____ Social Security No. [redacted]
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work John Karmazin T[redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		40.00	
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	$	40.00	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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 ____

II. PROPOSED WORK

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

OPTIONAL (for office use only)

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

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

9

LDS LN 10406310

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name John KARHAZIN

Address 64 HEALD ST
CARTERET

Telephone [redacted]

Signature _____ Date 10-3-90

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition	
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

CERTIFICATE

Date Issued 10-4-90
Control #
Permit # 5176

IDENTIFICATION

Block 257 Lot 9
Work Site Location 136 Springfield Road

Owner in Fee Margaret Valiska
Address 136 Springfield Road
Linden, NJ 07036
Tele. [redacted]
Contractor John Karmazin
Address 64 Heald St.
Carteret, NJ 07008
Tele. [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No.
or Social Security No. [redacted]

Home Warranty No.
Use Group R-3
Maximum Live Load
Description of Work/Use:

Plumbing work

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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 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:

Thomas Canary
CONSTRUCTION OFFICIAL

Fee $ 20.00
Paid [x] Check No.
Collected by: [illegible]

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 10/16/90
Control #
Permit # 5176

IDENTIFICATION Block 257 Lot 9

Work Site Location 136 Springfield Ave.. Linden, NJ 07036
Owner In Fee Margaret Valiska
Address 136 Springfield Avenue Linden, NJ 07036
Tele [redacted]

Contractor John Karmazin
Address 64 Herald St. Carteret, NJ07008
Tele [redacted]
Lic. No. or Bldrs. Reg. [redacted] Exp. Date
Federal Emp. No.
or Social Security No. [redacted]

is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Plumbing

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 $ 800.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building	
Plumbing	20.00
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	C.A. 20.00
Total	40.00
Check No.	
Cash	YES
Collected By:	FG

(see reverse side)

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. *The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall* be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

U.C.C. Form 1708

P2628

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/4/90
Date Issued 10/16/90
Control #
Permit # 5176

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

Block 251 Lot 9
Work Site Location 136 Spring Field Rd.
Linden NJ 07036
Owner in Fee MARGARET GALISKA
Address 136 Spring Field Rd.
Linden NJ 07036
Tele [redacted]
Contractor John KARHAZIN
Address 64 Heald St.
Carteret NJ 07008
Tel [redacted]
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed _____
Building Sewer Size _____
Water Service Size ¾ Copper
Estimated Cost of Plumbing Work $ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 10-4-90
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 10-4-90

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water Service			10-4-90	JAS.
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

[signature]
Signature-Contractor Seal

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	
	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	
1	Water Service Connection	20.00
	Gas Service Connection	
	Active Solar System	
	Other	

C. of A Administrative Surcharge $ 20.00
Paid [✓] Check # Cash Minimum Fee $ _____
Collected by: [signature] TOTAL $ 40.00

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CJ

ZP-13-0394

CITY OF LINDEN
CONSTRUCTION OFFICE
301 NORTH WOOD AVENUE
LINDEN, NEW JERSEY 07036

ZONING PERMIT

JOB SITE LOCATION: 136 SPRINGFIELD ROAD

NAME OF APPLICANT: GEORGE PAPCZUN

CONTRACTOR OR OWNER: _____ LICENSE #: _____

ADDRESS: SAME PHON[redacted]

ZONE: _____ BLOCK: 257 LOT: 9 SURVEY" _____

FENCE/WALL: HEIGHT: 6'0" LENGTH: 56', 156' TOTAL

SHED: SIZE & HEIGHT: _____ APPROX SQ. FEET: _____

DRIVEWAY, PATIO, SIDEWALK: _____

DECK (POOL) ABOVE GROUND, IN GROUND: ~~FENCE~~ SIZE: 24' ROUND

SIGNAGE: SIZE _____ APPROX. SQ. FT.: _____ ELECTRIC: _____

ADDITIONS, ALTERATIONS ONE & TWO FAMILY: _____

ACCESSORY BUILDING: SIZE _____ ; HEIGHT _____

NEW ONE OR TWO FAMILY DWELLINGS: _____

COMMERCIAL ALTERATIONS/ADDITIONS: _____

NEW CONSTRUCTION COMMERCIAL: _____

SITE PLAN APPROVED: YES _____ NO _____

OCCUPANCY REVIEW: _____

BUSINESS / OCCUPANCY TYPE: _____

PREVIOUS OCCUPANCY (DESCRIBE): _____

SIGNATURE OF OWNER/CONTRACTOR: George Papczun

APPROVED: Side ; Rear Yard Fence DATE: 3-14-13

NOT APPROVED: _____ DATE: _____

ZONING OFFICER SIGNATURE: _____

COMMENTS/RESTRICTIONS: _____

INSPECTION APPOINTMENT DATE & TIME: _____

RECEIVED
MAR 04 2013
CONSTRUCTION CODE

D
3/15/13

Paid [ ] Check # 4242
Collected by: [illegible]