



CONSTRUCTION PERMIT

Date Issued: 1/18/22

Permit # 22-035

IDENTIFICATION Block 148
Work Site Location 15 New York Ave
Owner in Fee Reuter
Address 15 New York Ave
Tel. [REDACTED]

Lot 2

Qualification Code

Contractor Bursky Snyder Service
Address 281 Central Ave
Piscataway
Tel. ()
Lic. No. or Bldrs. Reg. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

HVAC

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 \$ 8000
[Signature]
Construction Official

12/23/21
Date

PAYMENTS (Office Use Only)

Building _____
Electrical 75
Plumbing mech 75
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 15
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

UCC/170
Professional Printing
(856) 468-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 148 Lot 2 Qualification Code _____
Work Site Location 15 New York Ave Clark

Owner in Fee: John Reuter

Tel. _____ e-mail _____

Address same _____ e-mail _____

Contractor: Binsky & Snyder Service LLC _____ Tel. (732) 369-0400

Address 281 Centennial Avenue _____ e-mail diana.cagliano@binsky.com

Piscataway NJ 08854

Contractor License No. 19HC00153400 _____ Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: (732) 369-0200

B. MECHANICAL CHARACTERISTICS

Use Group Present: _____ Proposed: _____

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 \$ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: _____ Approved by: _____

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

☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/23/21 _____

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

Date: ☐ CA ☐ CCO _____

Approved by: _____

INSPECTIONS

Type: _____

Gas Piping _____

Appliance _____

Chimney/Vent _____

Oil Piping _____

Oil Tank _____

LPG Tank _____

Hydronic Piping _____

Fireplace _____

Chimney Cert. _____

Other _____

DATES

Failure _____

Failure _____

Approval _____

Initial _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace Furnace, A/C

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: _____

Print name here: Robert B. Snyder, Jr.

Control # 1118122

Date Issued

Permit #

22-035

NO.

FIXTURE/EQUIPMENT

Water Heater _____

Fuel Oil Piping Connections _____

Gas Piping Connections _____

Steam Boiler _____

Hot Water Boiler _____

Hot Air Furnace _____

Oil Tank _____

LPG Tank _____

Fireplace _____

Generator _____

Other 1

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

645



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 148 Lot 2 Qualification Code _____
Work Site Location 15 New York Ave Clark

Owner in Fee: John Reuter

Tel. _____ e-mail _____

Address same

Contractor: Binsky & Snyder Service Tel. (732) 369-0400
Address 281 Centennial Avenue e-mail diana.caggiano@binsky.com
Piscataway NJ 08854

Contractor License No. _____ Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason 19HC00153400

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 \$ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[☒] No Plans Required

[] Partial - Under-slab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 12/12/21

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

[] Partial - Under-slab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 12/12/21

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

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: [Signature]
[X] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Furnace, A/C

QTY. SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Frac. 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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Furnace

FEE (Office Use Only)

\$ _____