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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/13/04
Control #
Permit # 04-1037

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

Owner in Fee ROSA MOURO
Address 15 NEW YORK AVE
CLARK NJ 07066
Tel. [redacted] CELL [redacted]
Contractor HOME OWNER
Address

Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame	10/12/04	
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			10/26/04	
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/11/9	
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) $

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.
Rosa M Mouro
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW BASEMENT STAIRS

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
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$ 35

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 35

UCC/F-110 (REV. 7/03)
Professional Printing
(856) 468-7933

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

PROFESSIONAL PRINTING (856) 468-7933

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

CONSTRUCTION PERMIT

Date Issued 10/13/04
Control #
Permit # 04-1037

IDENTIFICATION Block 148 Lot 2

Work Site Location 15 NEW YORK AVE

Owner in Fee ROSA MOURO

Address 15 NEW YORK AVE
CLARK NJ. 07066

Tele. [redacted]

Contractor HOME OWNER

Address

Tele. (____)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Basement Stairs

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 $ 1,500.00

10/12/04
Date

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	35
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other	
Total	37
Check No.	
Cash	37
Collected By:	

(see reverse side)

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

UCC/PRO170 (REV3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 1536
DATE ISSUED 3/12/87
REVISION DATE

Block 148 Lot 2
Subdivision CN

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Edward Punzo
Address 15 New York Ave
Clark N.J. 07066
Tel. [redacted]
Work Site Address Same as above

Contractor S & S Elec. Inc.
Address 510 Rahway Ave
Woodbridge, N.J.
Tel. ( ) 855-1212
Lic.No./Bus. Permit. 7729
Federal Emp. No. 222661800

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$	X	H.V.A.C. Equipment	$ 18 00
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1	$		**COLUMN 2**	$

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$ 18 00
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ 13000

D. COMMENTS

Wiring for a 2 ton condensing unit.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 1536
DATE ISSUED 3/12/87
REVISION DATE
Block 148 Lot 2
Subdivision CN

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Edward Pugsio
Address 15 New York Ave. Clark NJ. 07066
Tel. [redacted]
Work Site Address Same as above

Contractor Weston Elec.
Address 136 Lincoln Ave Fair Haven, N.J. 0770
Tel. (201) 747-5961
Lic.No./Bus. Permit 6290
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

John Westadof
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub		X	Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
1 gas	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$ 35.00
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ 10000

D. COMMENTS

Install (1) gas furnace 80,000 BTU'S
" (1) Condensing unit 2 ton.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

TOWNSHIP OF CLARK
CODE ENFORCEMENT AGENCY
BUILDING DEPARTMENT

CONSTRUCTION PERMIT

PERMIT NO. 1536
DATE ISSUED 3/12/87
Block 148 Lot 2
Zone CN

A. IDENTIFICATION

Owner Edward Puzio
Address 15 New York Ave. Clark, N.J. 07066
Tel. ( ) [redacted]
Work Site Address SAME

Agent Clarke Engineering Co
Address 15 N. Wood Ave. LInden, N.J. 07066
Tel. ( ) 76663
Lic. No. 221 926 689
Federal Emp. No.

PAYMENTS

	AMOUNT
BUILDING	$ 31.82
PLUMBING	35.00
ELECTRICAL	18.00
FIRE PROTECTION	
OTHER	$
	( )
C.O.A. TRAINING FEE .0005 x	
CERTIFICATE OF OCCUPANCY	15.00
TOTAL	$ 99.82

is hereby granted permission to perform the following work:

- [X] BUILDING
- [X] ELECTRICAL
- [X] PLUMBING
- [ ] FIRE PROTECTION
- [ ] OTHER

Description of work:

Furnsih and install one (1) Carrier 2 ton condensing unit, Install customers Whirlpool furnace 80,000 BTU's.

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: $ 3,765.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 Green = Applicant Copy White = Office Copy Gold = Tax Assessor Copy Pink = Office Copy

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

CONSTRUCTION PERMIT

Date Issued: 8/14/07

Permit # 07-725

IDENTIFICATION Block 147 Lot 2 Qualification Code

Work Site Location 15 NEW YORK AVE

Owner in Fee ROSA MOURO

Address 15 NEW YORK AVE
CLARK NJ 07066

Tel. [redacted]

Contractor MANNY D'S HOME IMP.

Address 15 NEW YORK AVE
CLARK NJ 07066

Tel. (732) 245-0350

Lic. No. or Bldrs. Reg. No. 13VH01446900

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE WINDOWS + SIDING

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 $ 30,000

Construction Official

8/13/07
Date

PAYMENTS (Office Use Only)

Building 50
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 14
Cert. of Occupancy
Other
Total 64
Check No.
Cash 102
Collected by

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/14/07
Control #
Permit # 07-725

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

Owner in Fee: ROSA MOURO

Tel. ([redacted] CELL e-mail [redacted]

Address 15 NEW YORK AVE
street municipality zip code

Contractor: HANNY D'S HOME IMP. Tel. (732) 245-0350

Address 15 NEW YORK AVE e-mail

Contractor License No. or Builder Registration No. 13VH01446900 Exp. Date 12/31/07

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required 8/13/07 MC
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/5/09	MC
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) $ 30,000

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.

Rosa M Mouro
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE WINDOWS
REPLACE SIDING

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
[ ] Radon Remediation
[✓] Other ~~WINDOWS~~
[ ] Demolition

FEE (Office Use Only)
$ 30
~~132~~

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-110 (REV. 08/05)
Professional Printing
(856) 468-7933

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

CONSTRUCTION PERMIT

Date Issued: 8/16/07

Permit # 07 736

IDENTIFICATION Block 148 Lot 2 Qualification Code

Work Site Location 15 NEW YORK AVENUE CLARK NJ 07066

Owner in Fee ROSA M. MOURO

Address 15 NEW YORK AVE CLARK NJ 07066

Tel. [redacted]

Contractor MANUEL DA SILVA

Address 15 NEW YORK AVE

Tel. (732) 245-0350

Lic. No. or Bldrs. Reg. No. 13VH01446900

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DUMPSTER IN STREET 4-6 WEEKS

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 $ 300 + $114 PER TON

Construction Official

Date 8/16/07

PAYMENTS (Office Use Only)
Building 50
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other 50
Total
Check No.
Cash
Collected by

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/14/07
Control #
Permit # 07-736

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 NJ 07066

Owner in Fee: ROSA M MOURO

Tel. [redacted] e-mail

Address 15 NEW YORK AVE (street) CLARK (municipality) 07066 (zip code)

Contractor: MANNY D'S HOME IMPROVMENT Tel. (732) 245-0350

Address 15 NEW YORK AVE e-mail
CLARK NJ 07066

Contractor License No. or Builder Registration No. 13VH01446900 Exp. Date

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	8/16	9/11
[✓] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
(Final)			8/15/07	MK
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) $

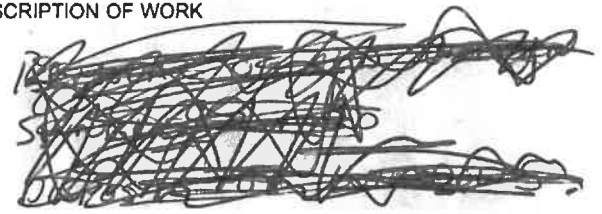
C. CERTIFICATION IN LIEU OF OATH

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

Rosa M Mouro
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK



DUMPSTER IN STREET 4-6 WEEKS

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
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 92

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

UCC/F-110 (REV. 08/05)
Professional Printing
(856) 468-7933

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 3/17/03
Control #
Permit # 03-179

IDENTIFICATION Block 148 Lot 2

Work Site Location 15 NEW YORK AVE

Owner in Fee ROSA MOURO
Address 15 NEW YORK AVE
CLARK NJ 07066
Tele. [redacted]

Contractor HOME OWNER
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

UP GRADE CIRCUIT PANEL
TO 200AMP 40 CIRCUIT.

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 $ 1,000.00

3-17-03
Date

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	50
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occ.	
Other	
Total	51
Check No.	Cash
Cash	
Collected By:	

(see reverse side)

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

UCC/PRO170 (REV3/96)

PROFESSIONAL PRINTING (856) 468-7933

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/17/03
Date Issued
Control #
Permit # 03-179

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
Work Site Location 15 NEW YORK AVE

Owner in Fee/Occupant ROSA MOURO
Address 15 NEW YORK AVE
CLARK NJ 07066
Tele. ([redacted])
Contractor HOME OWNER
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SINGLE DWELLING Utility Co. PSE&G
Est. Cost of Elec. Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/17/03
Approved by: CM/JDS

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4-22-03
Approved by: C. Medalis

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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	
200	AMP	AMP Service	50.
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	51.00

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.

Rosa M Mouro
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

UCC/PRO F-120 (REV3/96)
Professional Printing
(856)468-7933

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 6/3/02
Control #
Permit # 02-464

IDENTIFICATION Block 148 Lot 2

Work Site Location 15 NEW YORK AVE

Owner in Fee ROSA MOORO
Address 15 NEW YORK AVE
CLARK NJ 07066
Tele. [redacted]

Contractor ROSA MOORO . HOME OWNER
Address 15 NEW YORK AVE
CLARK NJ 07066
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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 $ 2,000.00

Date

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	46.
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other	
Total	48
Check No.	2976
Cash	
Collected By:	

(see reverse side)

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

UCC/PRO170 (REV3/96)

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/2/05
Date Issued
Control #
Permit # 05-464

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

ck 148 Lot 2
rk Site Location 15 NEW YORK AVE

ner in Fee ROSA MOORO
dress 15 NEW YORK AVE
CLARK NJ 07066
e. [redacted]
ntractor ROSA MOORO (HOME OWNER)
dress 15 NEW YORK AVE
CLARK NJ 07066
e. ([redacted] Fax ( )
. No. or Bldrs. Reg. No.
deral 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.

Rosa M. Moore
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE OLD ROOF SHINGLES
REPLACE W/NEW ROOF SHINGLES
AND ROOF RIDGE VENT AND
WEATHER WATCH.

OB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
] No Plans Required	6/3/05	MLK
] All		
] Footing		
] Foundation		
] Frame		
] Other		

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

UBCODE APPROVAL
] CO [ ] CCO [ ] CA
Date:
pproved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other			7/20/05	MLK
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[✓] 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)

$	
	46.
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 2.
TOTAL FEE	$ 48.00

BUILDING CHARACTERISTICS

e Group Present _____ Proposed _____
nstr. Class Present _____ Proposed _____
. of Stories _____
ight of Structure _____ Ft.
ea — Largest Floor _____ Sq. Ft.
w Bldg. Area/All Floors _____ Sq. Ft.
lume of New Structure _____ Cu. Ft.
tal Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Alteration $ 2000.00
3. Total (1+ 2) $ 2000.00

UCC/PRO F-110 (REV 3/96)
Professional Printing
(856)468-7933

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

CLARK

PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM

CONSTRUCTION PERMIT

Date Issued 10/29/92

Control #

Permit # 92-9151

IDENTIFICATION Block 148 Lot 2

Work Site Location 15 NEW YORK AVE
CLARK NJ 07066-1241

Owner in fee EDWARD PUZIO
Address 15 NEW YORK AVE
CLARK NJ 07066-1241
Tele. ([redacted]

Contractor LOPATIN
Address 582 Park Avenue
Freehold 07782-0000
Tele. (800) 732-5877
Lic. No. or Bldrs. Reg. No. EI2746 Exp. Date 0700700
Federal Emp. No. 22-1805251
or Social Security No.

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

DESCRIPTION OF WORK:

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR
PUBLIC SERVICE ELECTRIC & GAS COMPANY'S
RESIDENTIAL APPLAINCE CYCLING PROGRAM ONLY

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 $ 110.00

WO# 49302

F 170/REV for PSE&G

CONSTRUCTION OFFICIAL

INSPECTOR

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	23.00
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	7244
Check No.	
Cash	
Collected By:	

(see reverse side)

CLARK

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received

Date Issued 10/29/92

Control #

Permit # 92-9151

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 148 Lot 2
Work Site Location 15 NEW YORK AVE
CLARK NJ 07066-1241
Owner in Fee EDWARD PUZIO
Address 15 NEW YORK AVE
CLARK NJ 07066-1241
Tele. [redacted]
Contractor LOPATIN
Address 582 Park Avenue
Freehold 07782-0000
Tele. (800) 732-5877
Lic. No. EI2746
Federal Emp. No. 22-1805251 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 $ 110.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 11/9/92
Approved by: M Fund

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 11/9/92
Approved by: M Fund

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/10/92	MT

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.

Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR PUBLIC SERVICE ELECTRIC & GAS COMPANY'S RESIDENTIAL APPLAINCE CYCLING PROGRAM ONLY

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

Administrative Surcharge $
Paid [ ] Check # 7244 Minimum Fee $
Collected by: TOTAL FEE $ 23.00

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

F 120A/REV for PSE&G