



NEW BRUNSWICK

OPEN PUBLIC RECORDS ACT REQUEST FORM

City Clerk's Office
78 Bayard Street
Room 201

Date Received: 1/24/2024

Tracking Number:

24-01-060

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Jennifer Yap

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: opra+request-57575-697537ed@requests.opramachine.com

Preferred Delivery: E-Mail

Payment Information

Maximum Authorized Cost 0

Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual
cost of material

If you are requesting records containing personal information: Under penalty of N.J.S.A.
2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of
New Jersey, any other state, or the United States.

Signature: Date:

Record Request Information:

Location:

☐ Includes Common Law Request

OPEN & CLOSED PERMITS for 188 Ward St New Brunswick, NJ 08901. Any and all permits within the past 30 years.

AGENCY USE ONLY:

Est. Document Cost:

Est. Delivery Cost:

Est. Extras Cost:

Total Est. Cost:

Deposit Amount:

Estimated Balance:

Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be
delivered in seven business days, detail
reason here.

In Progress - Open

Denied - Closed

Filled - Closed

Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking # Total

Rec'd Date Deposit

Ready Date Bal. Due

Total Pages Bal. Paid

Final Cost:

Records Provided:

Custodian Signature:

Date:



Construction

Property Summary

[Portal](#) | [Refresh](#) | [Open All](#)
[Close All](#)

Owner: ARIAS, MILVIA
 Location: 188 WARD ST
 Block: 278
 Lot: 26
 Lead Parcel: Yes
 Qualifier:
 Zoning: R-5A
 Ward: NB_CDBG_ELIGIBLE

▼ About the Owner...

▼ About the Property...

▼ About the Taxes...

▼ Projects...

▼ OPRA...

▲ Construction...

Applications... [Shorten](#)

Permit Issue Date	Control Number	Permit Number	Work Type	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
4/26/2011	C-11-00426	11-0292	Alteration	E	CA and Close Date Issued	5/9/2011	CA	\$550	AIR QUALITY CONTROL SYSTEMS
A/C REPLACE - 2ND FLOOR ONLY									
3/30/2011	C-11-00341	11-0227	Alteration	B	CA and Close Date Issued	7/28/2011	CA	\$4,000	MIRACLE HOME IMPROVEMENT
REPLACE VINYL SIDING									
3/2/2011	C-11-00207	11-0151	Alteration	F	CA and Close Date Issued	5/9/2011	CA	\$1,000	MIRACLE HOME IMPROVEMENT
REMOVAL OF 275 GAL ABOVE GROUND #2 FUEL OIL TANK									
3/2/2011	C-11-00181	11-0150	Alteration	P	CA and Close Date Issued	5/9/2011	CA	\$2,000	LOPEZ, MILVIA
INSTALL GAS PIPES/WATER HEATER/BOILER OIL TO GAS CONVERSION									
5/12/2010	C-10-00523	10-0364	Alteration	B P E	CA and Close Date Issued	7/23/2010	CA	\$2,200	AREAS, MELVIN
REPAIR FIRE DAMAGE ON SECOND FLOOR AND REMOVE ILLEGAL BATHROOM IN BASEMENT									

Would you like to add a application to this parcel? [Yes](#)Inspections... [Expand](#)

Date	Control Number	Permit Number	Subcode	Type	Inspector	Result	Comment	Result Comment
7/27/2011	C-11-00341	11-0227	Building	Final	Leo Marmurczak	Pass	SIDING	

5/5/2011	C-11-00341	11-0227	Building		InActive Leo Marmurczak InActive	Fail	THURSDAY AFTERNOON 1:00-3:30
5/5/2011	C-11-00426	11-0292	Electrical	Final	Ken Krug InActive	Pass	THURSDAY AFTERNOON 1:00-3:30
5/5/2011	C-11-00181	11-0150	Plumbing	Final	Bill Schrum InActive	Pass	THURSDAY AFTERNOON 1:00-3:30
5/5/2011	C-11-00207	11-0151	Fire	Final	Ken Krug Fire InActive	Pass	THURSDAY AFTERNOON 1:00-3:30
4/5/2011	C-11-00341	11-0227	Building		Leo Marmurczak InActive	Fail	*U PICK *
3/3/2011	C-11-00181	11-0150	Plumbing	AIR TEST	Bill Schrum InActive	Pass	THURSDAY AFTERNOON 1:00-3:30
7/6/2010	C-10-00523	10-0364	Building	Final	Leo Marmurczak InActive	Pass	TUESDAY MORNING 9:30-12:00
7/6/2010	C-10-00523	10-0364	Plumbing	Final	Bill Schrum InActive	Pass	TUESDAY MORNING 9:30-12:00
7/6/2010	C-10-00523	10-0364	Electrical	Final	Ken Krug InActive	Pass	TUESDAY MORNING 9:30-12:00

Violations...

There is no violation data for the selected parcel.

Would you like to add an violation to this parcel? [Yes](#)**Ongoing Applications...**

There is no application data for the selected parcel.

Would you like to add an application to this parcel? [Yes](#)

- ▼ Pet...
- ▼ Complaints...
- ▼ Commerce...
- ▼ Clerk...
- ▼ Land Use...
- ▼ Engineering...
- ▼ Code Enforcement...
- ▼ Fire...
- ▼ Fire Prevention...

- ▼ Attachments...
- ▼ Comments...



CONSTRUCTION PERMIT

Date Issued 3/30/2011
Control # C-11-00341
Permit # 11-0227

IDENTIFICATION Block: 278 Lot: 26 Qualifier _____
Work Site Location: 188 WARD STREET NEW BRUNSWICK, NJ Contractor MIRACLE HOME IMPROVEMENT
08901 Address 199 JOYCE KILMER AVENUE NEW BRUNSWICK NJ
Owner in Fee LOPEZ, MILVIA 08901
188 WARD STREET NEW BRUNSWICK NJ 08901 Telephone: (732) 343-4726
Telephone: (908) 208-8884 Lic. No. or Bids. Reg. No. 13VH041320000
Federal Employee 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

DESCRIPTION OF WORK:

REPLACE VINYL 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 \$4,000

[Signature]
Construction Official

3/30/11
Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$100
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	\$0
Other	\$0
Total	\$107
Check No.	1518
Cash	\$0
Credit	\$0
Collected By	Tina Caputo

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 the work installed conforms with 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 granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

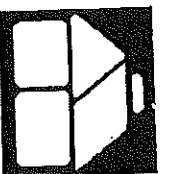
- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

3-30-11
11-110
6287
11-

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

Block 218 Lot 26 Qualification Code _____
Work Site Location 188 Ward St. NW Dunwoode D.J.

Owner in Fee: Melvin Lopez
Tel.: (908) 208 8084 e-mail: _____
Address: 188 Ward St. Brooklyn NY
11207 zip code: 07001

Contractor: Miracle Home Improv. Tel: (331) 343-4721
Address: 199 Joyce Kilmer Av. e-mail: _____

Contractor License No. or Builder Registration No. BK604132000 p. Date _____

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

JOB SUMMARY (Office Use Only)		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	INSPECTIONS
☒ No Plans Required	3/25/11	LDH	Type:
☐ All			Footings
☐ Footing			Footings Bonding
☐ Foundation			Foundation
☐ Frame			Slab
☐ Other			Frame
			Truss Sys./Bracing
			Barrier-Free
			Insulation
			Finishes - Base Layer
			Finishes - Final
			Energy
			Mechanical
			TCO
			Other
			Final
			Barrier-Free

B. BUILDING CHARACTERISTICS

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

1. New Bldg.	\$ _____
2. Rehabilitation	\$ _____
3. Total (1 + 2)	\$ <u>4060</u>

Est. Cost of Bldg. Work:

1. New Bldg.	\$ _____
2. Rehabilitation	\$ _____
3. Total (1+2)	\$ <u>4060</u>

D. TECHNICAL SITE DATA

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

C. CERTIFICATION IN LIEU OF OATH

DESCRIPTION OF WORK

Install 18 squares of vinyl 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 _____
☐ Demolition

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



CONSTRUCTION PERMIT

Date Issued 5/12/2010
Control # C-10-00523
Permit # 10-0364

IDENTIFICATION Block: 278 Lot: 26 Qualifier ✓
Work Site Location: 188 WARD STREET NEW BRUNSWICK, NJ 08901 Contractor AREAS, MELVIN
Address 188 WARD STREET NEW BRUNSWICK NJ 08901
Owner in Fee AREAS, MELVIN Telephone: (908) 208-8884
188 WARD STREET NEW BRUNSWICK NJ 08901 Lic. No. or Bldrs. Reg. No. _____
Telephone: (908) 208-8884 Federal Employee 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

DESCRIPTION OF WORK:

REPAIR FIRE DAMAGE ON SECOND FLOOR AND REMOVE ILLEGAL BATHROOM IN BASEMENT

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 \$2,200

[Signature]
Construction Official

5/20/10
Date

PAYMENTS (Office Use Only)

Building	\$48
Electrical	\$50
Plumbing	\$50
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$151
Check No.	1504
Cash	\$0
Credit	\$0
Collected By	Tina Caputo

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

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 the work installed conforms with 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 granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

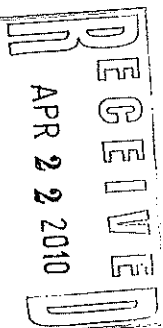
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

2-10-00
60170
10-0364

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

Block 08901 Lot 08901
Work Site Location 188 Ward St. New Brunswick N.J.
Qualification Code 08901

Owner in Fee: Melvin Area
Tel. (908) 208-8884 e-mail
Address 188 Ward St. New Brunswick N.J. 08901
City New Brunswick State N.J. Zip 08901
Contractor: Melvin Area Tel. 908 208-8884
Address 188 Ward St. New Brunswick e-mail

Contractor License No. or Builder Registration No. Home owner Exp. Date
Federal Emp. ID No. FAX: ()

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		Initial	
PLAN REVIEW	Date	Type	Failure	Failure	Approval		
☒ No Plans Required	<u>4/22/10</u>	<u>Engr</u>					
☐ All		Footings					
☐ Footing		Foundation Bonding					
☐ Foundation		Slab					
☐ Frame		Frame					
☐ Other		Truss Sys/Bracing					
Joint Plan Review Required:		Barrier-Free					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation					
SUBCODE APPROVAL		Finishes -Base Layer					
☐ CO ☐ CCO ☐ CA		Finishes -Final					
Date:		Energy					
		Mechanical					
		TCO					
Approved by:		Other					
		Final					
		Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group RS Present RS Proposed RS
Const. Class UP Present UP Proposed UP
No. of Stories 1
Height of Structure 1 Ft.
Area - Largest Floor 1 Sq. Ft.
New Bldg. Area/All Floors 1 Sq. Ft.
Volume of New Structure 1 Cu. Ft.
Total Land Area Disturbed 1 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 1800.00
2. Rehabilitation \$ 1800.00
3. Total (1+2) \$ 3600.00

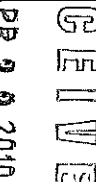
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of
the above described property and am authorized to make this application.
Signature Melvin Area

D. TECHNICAL SITE DATA

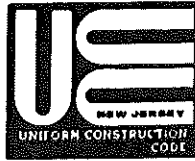
DESCRIPTION OF WORK
Replace worn wiring in
office. cap off outlets in
Basement- Remove illegal
bath in basement.
Replace sheet rock in second floor
walls

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☒ Rehabilitation	<u>40</u>
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other	
☐ Demolition	

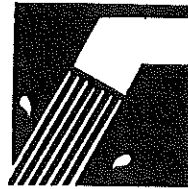
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



TOTAL FEE \$



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. PM-107
DATE ISSUED 6-16-84
REVISION DATE _____
Block 278 Lot 26
Subdivision _____

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner Steven Capella
Address 188 WARD ST
N.B N.J. 08901
Tel. (201) 247-2730
Work Site Address Same

Contractor Owner
Address _____

Tel. (_____) _____
Lic.No./Bus. Permit _____
Federal Emp. No. _____

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 fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee	
	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1	\$ <u>32.00</u>
	Bathtub			Air Conditioner Unit		COLUMN 2	\$ <u>15.00</u>
2	Lavatory/Sink	<u>16.00</u>		Indirect Connection			
1	Shower/Floor Drain	<u>8.00</u>		Sewer Ejector		SUBTOTAL	\$
	Washing Machine			Grease Trap		Minimum Plumbing Fee	
1	Dishwasher	<u>8.00</u>		Interceptor		(If applicable)	\$
	Commercial Dishwasher			Backflow Device		Total Plumbing Fee	
	Water Heater			Reduced Pressure		(Greater of Minimum	
	Domestic Boiler/ Furnace			Backflow Device		or Subtotal)	\$ <u>47.00</u>
	Steam Boiler			Vent Stack			
	Water Util. Connection			Solar System			
	Sewer Util. Connection			Other <u>Cap A</u>	<u>15.00</u>		
	Hose Bibb			Other			
	Water Cooler			Other			
				Other			
	COLUMN 1	\$ <u>32.00</u>		COLUMN 2	\$ <u>15.00</u>		

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material	Size
Building Sewer—	Material <u>P.V.C.</u>	Size <u>2"</u>
Water Service—	Material <u>Cu.</u>	Size <u>3/4" & 1/2"</u>
Venting —	Material	Size

Estimated Cost of Plumbing Work: \$ 100.00

D. COMMENTS

☐ Partial Release ☐ Prototype Processing



CONSTRUCTION PERMIT

Date Issued 3/2/2011
Control # C-11-00181
Permit # 11-0150

IDENTIFICATION Block: 278 Lot: 26 Qualifier LOPEZ, MILVIA
Work Site Location: 188 WARD STREET NEW BRUNSWICK, NJ 08901 Contractor LOPEZ, MILVIA
Address 188 WARD STREET NEW BRUNSWICK NJ 08901
Owner in Fee LOPEZ, MILVIA
188 WARD STREET NEW BRUNSWICK NJ 08901 Telephone: (908) 208-8884
Lic. No. or Bids. Reg. No. _____
Federal Employee. 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

DESCRIPTION OF WORK:

INSTALL GAS PIPES/WATER HEATER/BOILER OIL TO GAS CONVERSION

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 \$2,800.00

[Signature]
Construction Official

3-2-11
Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$105
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$108
Check No.	0556
Cash	\$0
Credit	\$0
Collected By	Tina Caputo

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 the work installed conforms with the requirements of the Uniform Construction Code.

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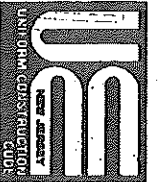
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

FEB 15 2011



**PLUMBING
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 278 Lot 26 Qualification Code _____

Work Site Location 188 Ward St New Brunswick N.J.

08901

Owner in Fee: Nilvia Areas Corp

Tel. (908 208-8184) e-mail _____

Address 188 Ward St New Brunswick N.J. street municipality zip code

Contractor: Brown Heating Tel. (732 297-6126) e-mail _____

Address 1498 Jersey Ave e-mail _____

No Burns, N.J. 08902

Contractor License No. 6647 Exp. Date 6/30/11

Federal Emp. ID No. 222381288 FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Works 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required: _____

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 2-12-11

Approved by: WJH

SUBCODE APPROVAL

☐ 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's Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

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

NO. FUTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Garbage Disposal

Other Initial new

Date Received
Date Issued
Control #
Permit #

11-65
11-DISTD

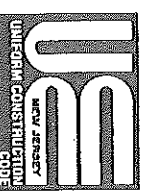
FEE (Office Use Only)

\$

UCC/F-130 (REV. 07/05)

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

RECEIVED
FEB 15 2011



FIRE
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 018 Lot 018 Qualification Code 0001

Work Site Location New Brunswick N.J.

Owner in Fee Mulvaney

Address 1st Ward St.

Tel (908) 888-8888

Contractor M.H. Home Improv.

Address 114 Torcafiner Rd.

Tel (908) 345-4328 FAX (908) 345-4328

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 130404130000

Fire Alarm Contractor No. 130404130000

Federal Emp. No. 130404130000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [] New or [] Existing

Constr. Class: Present Proposed Location of Panel: Fire Suppression/Standpipe System:

Heating System: [] New or [] Existing [] HVAC [] New or [] Existing

Type: [] Gas [] Oil [] Electric [] Solar Location of Main Control Valve: Other

Location: Baldwin

Fuel Storage Tank: Flammable or [] Combustible Capacity 50.00

Total Cost of Fire Protection Work \$ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type: Alarm System	Failure Failure Approval Initial
[] Joint Plan Review Required:	Suppression Sys.	
[] Building [] Plumbing	Standpipe	
[] Electric [] Elevator	Fire Pump	
[] Fire Plans Approved	Pre-Eng. System	
Date: <u> </u>	Mechanical	
Approved by: <u> </u>	Smoke Control	
SUBCODE APPROVAL	TCO	
[] CO [] CCO [] CA	Flam/Combust Tanks	
Date: <u> </u>	Fireplace Venting	
Approved by: <u> </u>	Final	
	Other	

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]
Permit #
Applicant's Signature/Contractor's Signature [Signature]
[] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Install New Smoke fire for water heater 4' x 5' x 1' on 2nd floor

Method of Alarm/Suppression System Supervision	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, waterflow)		
Supervisory Devices (i.e., tamper, low/high air)		
Signaling Devices (i.e., horns/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump <u> </u> GPM Type <u> </u>		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other <u> </u>		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances <u>X</u> Gas or [] Oil		
Fireplace Venting/Metal Chimney		
Other <u> </u>		

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



CONSTRUCTION PERMIT

Date Issued 3/2/2011
Control # C-11-00207
Permit # 11-0151

IDENTIFICATION Block: 278 Lot: 26 Qualifier _____
Work Site Location: 188 WARD STREET NEW BRUNSWICK, NJ 08901 Contractor MIRACLE HOME IMPROVEMENT
Address 199 JOYCE KILMER AVENUE NEW BRUNSWICK NJ 08901
Owner in Fee LOPEZ, MILVIA Telephone: (732) 343-4726
188 WARD STREET NEW BRUNSWICK NJ 08901 Lic. No. or Bldrs. Reg. No. 13VH041320000
Telephone: _____ Federal Employee. 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

DESCRIPTION OF WORK:

REMOVAL OF 275 GAL #2 FUEL TANK

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

Construction Official [Signature]

Date 3-2-11

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$75
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$75
Check No.	0545
Cash	\$0
Credit	\$0
Collected By	Tina Caputo

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 the work installed conforms with 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 granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

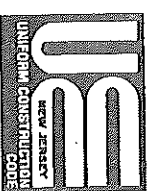
- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

RECEIVED
FEB 24 2011



FIRE
SUBCODE
TECHNICAL SECTION

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

BY: Lot 188 Ward St. Qualification Code 08401

Work Site Location 188 Ward St. P.O. 08401

Owner in Fee 188 Ward St.

Address 188 Ward St. U.S. District 08401

Tel () 188 Ward St.

Contractor M.H.T. Home Improvements LLC

Address 188 Ward St. U.S. District 08401

Tel () 343-4220 FAX () 343-4220

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 130404730000

Fire Alarm Contractor No. 130404730000

Federal Emp. No. 130404730000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed Fire Alarm System: New or Existing

Const. Class: Present Proposed Location of Panel:

Heating System: New or Existing HVAC Fire Suppression/Standpipe System:

Type: Gas Oil Electric Solar New or Existing

Location: Other Location of Main Control Valve:

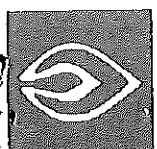
Fuel Storage Tank: Location of Main Control Valve:

Fuel Type: Flammable or Combustible Capacity

Total Cost of Fire Protection Work \$ 1000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/owner/contractor) and am authorized to make this application. 11-0151



Date Received 3-2-11
Date Issued 11-30
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent/owner/contractor) and am authorized to make this application. 11-0151

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Remove oil tank
oil tank in under porch & 2 fuel oil
275 gallons

Water Supply Source
Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks
Alarm Systems
[] System
[] 110v interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horns/strobes, bells)
Other Devices

TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe/Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes

Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other

Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances Gas or Oil
Fireplace Venting/Metal Chimney
Other

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

UCCF-140 (REV. 1/04)
Professional Printing
TOTAL FEE \$

4/26/2011
C-11-00426
11-0292

PERMIT

IDENTIFICATION: Project No. 100-20, Subproject No. 100-20
 Work Site Location: 185 WARD STREET NEW BRUNSWICK, NJ 08901
 Owner in Fee: ARIS MILWA
 185 WARD STREET NEW BRUNSWICK, NJ 08901
 Telephone: (908) 206-8264
 Contractor: AIR QUALITY CONTROL SYSTEMS
 Address: 201 CREST HILL ROAD TCMS RIVER NJ 08765
 Telephone: (732) 914-0332
 Lic. No. or Bid's Reg. No.: 13VH02003200
 Federal Employee No.: 22-3971175

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:

A/C REPLACE - 2ND FLOOR 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 - \$550

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$75
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$76
Check No.	8055
Cash	\$0
Credit	\$0
Collected By	Tina Caputo

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 the work installed conforms with 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 granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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



ELECTRICAL SUBCODE



RECEIVED
MAR 29 2011

Date Received
Control #
Date Issued
Permit #

4-286-11
11455
11-0292

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

Block 278 Lot 26 Qualification Code _____

Work Site Location 18840 RD ST

Owner in Fee: MELVIA ARS

Tel. (908) 208 8884 e-mail _____

Address _____

City _____ State _____ Zip _____

Contractor: POWER FACTOR ELECTRIC INC. Tel. (____) _____

Address: 744 PERRINEVILLE RD Email _____

PERRINEVILLE, N.J. 08535

Contractor License No. LIC.# 14342 PH.# 609.448-3500 Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 650.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required	Type: _____	Failure	Approval
☐ Partial -Underslab Utilities Approved	Rough		
Date: _____ Approved by: _____	Barrier-Free		
☐ Electric Plans Approved	Trench		
Date: _____ Approved by: _____	Temp. Serv.		
Joint Plan Review Required:	Constr. Serv.		
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO		
SUBCODE APPROVAL FOR PERMIT	Other		
Date: <u>4/27/11</u>	Service		
Approved by: <u>[Signature]</u>	Final		
SUBCODE APPROVAL FOR CERTIFICATE	Barrier-Free		
☐ CO ☐ CCO ☐ CA	Temp. Cut-in-Card Date Issued		
Date: _____	Final Cut-in-Card Date Issued		
Approved by: _____	Annual Pool Inspection		
	Date of Grounding and Bonding		

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: Sam J. Jovine

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ALC + AIR HANDLER

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 <u>Space Heater</u> (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	

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

DIVISION OF INSPECTIONS
AND CODE ENFORCEMENT
201-745-5075
New Brunswick, N.J. 08901



CONSTRUCTION PERMIT

PERMIT NO.	<u>P-M 107</u>
DATE ISSUED	<u>6-11-84</u>
Block	_____ Lot _____
Subdivision	_____

A. IDENTIFICATION

Owner Steven Capella Agent G. J. J. J.
Address 188 Wabed St Address _____
N.B.
Tel. () 247-0730 Tel. () _____
Work Site Address same Lic. No. _____
Federal Emp. No. 152-56-0134

PAYMENTS

Permit Fee \$ 47.00
Fees Remitted \$ 47.00
☐ Check No. _____
☐ Cash _____
☐ Other _____
Collected By: B.S.
Date: 6-11-84

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☐ ELECTRICAL
☒ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

Description of work:

Replace 4 fixtures.

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: \$ 600.00

Michael B. Murphy
CONSTRUCTION OFFICIAL

DIVISION OF INSPECTIONS
AND CODE ENFORCEMENT
201-745-5075
New Brunswick, N.J. 08901



CONSTRUCTION PERMIT

PERMIT NO.	<u>E/29</u>
DATE ISSUED	<u>6/8/84</u>
Block	<u>278</u> Lot <u>26</u>
Subdivision	

A. IDENTIFICATION

Owner Steven Capella Agent Home Owner
Address 188 WARD ST Address _____
N.B. N.J.
Tel. (201) 247-2730 Tel. () _____
Work Site Address SAME AS ABOVE Lic. No. Home Owner
Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 76.00
Fees Remitted \$ 76.00
☒ Check No. MO 2249983
☐ Cash
☐ Other _____
Collected By: [Signature]
Date: 6/8/84

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

Description of work:

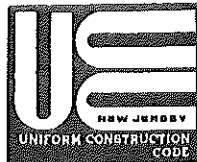
Rewire outlets
Install Box & Receptacle
for elec Range, Dishwasher
Add 4 outlets
3 switches
Change service from 60 to 100 Amp

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: \$ 350.00

[Signature]
CONSTRUCTION OFFICIAL

DIVISION OF INSPECTIONS
AND CODE ENFORCEMENT
201-745-5075
New Brunswick, N.J. 08901



CONSTRUCTION PERMIT

PERMIT NO.	<u>P-M 098</u>
DATE ISSUED	<u>5-21-84</u>
Block	<u>278</u> Lot <u>26</u>
Subdivision	_____

A. IDENTIFICATION

Owner <u>CAPULLA</u>	Agent <u>D.L. Ryan + son</u>
Address <u>188 WARD ST.</u>	Address <u>252 MARBOY AVE</u>
<u>NEW BRUNSWICK</u>	<u>WOOD BRIDGE, N.J.</u>
Tel. () _____	Tel. () <u>634-0885</u>
Work Site Address <u>SAME</u>	Lic. No. <u>7601</u>
<u>188 WARD ST.</u>	Federal Emp. No. _____

PAYMENTS

Permit Fee	\$ <u>39.00</u>
Fees Remitted	\$ <u>39.00</u>
☐ Check No.	<u>21059</u>
☐ Cash	_____
☐ Other	_____
Collected By:	<u>AS</u>
Date:	<u>5-29-84</u>

is hereby granted permission
to perform the following work:

- | | |
|--|--|
| ☐ BUILDING | ☐ ELECTRICAL |
| ☒ PLUMBING | ☐ FIRE PROTECTION |
| ☐ OTHER _____ | |

Description of work:

REPLACE EXISTING
FIXTURES (3)

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

Neil B. [Signature]
CONSTRUCTION OFFICIAL

SION OF INSPECTIONS
CODE ENFORCEMENT
201-745-5075
Brunswick, N.J. 08901

**PLUMBING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. P-M 098
DATE ISSUED 5-21-84
REVISION DATE _____
Block 278 Lot 26
Subdivision _____

IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

or CAPELLA Contractor D.V. RYAN & SONS INC.
Address 188 WARD ST.
NEW BRUNSWICK, N.J.
WOODBRIER N.J.
Tel. () 634-0885
Lic.No./Bus. Permit 4601
Federal Emp. No. _____
Site Address SAAR

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.

Richard Ryan
AGENT SIGNATURE

TECHNICAL SITE DATA

all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
✓	Water Closet/Bidet/Urinal	\$ <u>8.00</u>		Garbage Disposal	\$	COLUMN 1 \$ <u>24.00</u>
✓	Bathtub <u>Replace</u>	<u>8.00</u>		Air Conditioner Unit		COLUMN 2 \$ <u>15.00</u>
✓	Lavatory/Sink	<u>8.00</u>		Indirect Connection		SUBTOTAL \$ <u>39.00</u>
✓	Shower/Floor Drain	<u>8.00</u>		Sewer Ejector		Minimum Plumbing Fee (If applicable) \$
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ <u>39.00</u>
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
	Water Heater			Reduced Pressure Backflow Device		
	Domestic Boiler/Furnace			Vent Stack		
	Steam Boiler			Solar System		
	Water Util. Connection			Other <u>C.O.A.</u>	<u>15.00</u>	
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
	COLUMN 1 \$ <u>24.00</u>			COLUMN 2 \$ <u>15.00</u>		

PLUMBING CHARACTERISTICS

GROUP: _____ Present _____ Proposed _____

Page — Material _____ Size _____

ling Sewer— Material _____ Size _____

r Service— Material _____ Size _____

ing — Material _____ Size _____

ated Cost of Plumbing Work: \$ _____

D. COMMENTS

☐ Partial Release ☐ Prototype Processing