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

☐ 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: _____

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

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost:

Total _____
Deposit _____
Bal. Due _____
Bal. Paid _____

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	

					InActive		
5/5/2011	C-11-00341	11-0227	Building		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	THURSDAYU 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 08901
Owner in Fee LOPEZ, MILVIA 188 WARD STREET NEW BRUNSWICK NJ 08901
Telephone: (908) 208-8884

Contractor MIRACLE HOME IMPROVEMENT
Address 199 JOYCE KILMER AVENUE NEW BRUNSWICK NJ 08901
Telephone: (732) 343-4726
Lic. No. or Bldrs. Reg. No. 13VH041320000
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] 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 constuction 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

Construction Official 3/30/11 Date

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	
Other	$0
Total	$107
Check No.	1518
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.

RECEIVED
MAR 22 2011
BY

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-30-11
Date Issued
Control # 11-110
Permit # 11-0287

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

Owner in Fee: Milvia Lopez

Tel. (908) 208-8884 e-mail

Address 188 Ward St. New Brunswick N.J 08901
street municipality zip code

Contractor: Miracle home Improv. Tel. (732) 343-4220

Address 194 Joyce Kilmer Ave. e-mail

New Brunswick N.J

Contractor License No. or Builder Registration No. BUR0413200 Exp. Date

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [✓] No Plans Required — 3/25/11 — Liam
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed
Constr. Class Present VB 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) $ 4000

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 18 squares of vinyl siding.

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [X] 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)

$ 100

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)
Downtown Printing Center
732-246-7990

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
Owner in Fee AREAS, MELVIN 188 WARD STREET NEW BRUNSWICK NJ 08901
Telephone: (908) 208-8884

Contractor AREAS, MELVIN
Address 188 WARD STREET NEW BRUNSWICK NJ 08901
Telephone: (908) 208-8884
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] 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 constuction 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

Construction Official

5/12/10
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.

RECEIVED
APR 22 2010

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

5-10-10
CO 170
10-0864

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 188 Ward St. New Brunswick N.J 08901

Owner in Fee: Melvin Arear

Tel. (908) 208-8884 e-mail _____

Address 188 ward St. New Brunswick N.J 08901
street municipality zip code

Contractor: Melvin Arear 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)

PLAN REVIEW — Date — Initial

[✓] No Plans Required 4/28/10 LWA
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed _____
Constr. Class Present VB 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) $ 1,200.00

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.

Melvin Arear
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace burn wiring in attic. Cap off outlets in Basement. Remove eligal bath in basement. Replace sheetrock in second floor walls

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] 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)

$ _____
_____
40
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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)
Downtown Printing Center
732-246-7990

ELECTRICAL SUBCODE
TECHNICAL SECTION

RECEIVED APR 22 2010

Date Received 5-12-10
Control # 10-303
Date Issued
Permit # 10-0364

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

Block ______ Lot ______ Qualification Code ______

Work Site Location 18 Ward St. New Brunswick NJ 08901

Owner in Fee: ______

Tel. ( ) ______ e-mail ______

Address ______ (street, municipality, zip code)

Contractor: A.B. Wolfe Electric LLC Tel. (732) 940-9660

Address 1828 Holly Rd e-mail ______

North Brunswick, NJ 08902

Contractor License No. 11377 Exp. Date ______

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

Federal Emp. ID No. 30-0110113 FAX: (732) 951-0969

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ $400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[ ] Electric Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 4/28/10

Approved by: KWC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued ______

Final Cut-in-Card Date Issued ______

Annual Pool Inspection ______

Date of Grounding and Bonding Certification ______

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
✓		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service $800	
		AMP Subpanels	50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Rewiring Furnace	
		Fix wires Burnt in	

the attic cap off Recepticles on ilegal Basement

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

RECEIVED
APR 22 2010
By

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-12-10
Date Issued
Control # 16-154
Permit # 1003647

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 188 Ward St. N.B N.J 08901

Owner in Fee: _____

Tel. (908) 208-8884 e-mail _____

Address 188 Ward st. N.B N.J 08901
street municipality zip code

Contractor: _____ Tel. (____) _____

Address 188 Ward St. N.B N.J e-mail _____
08901

Contractor License No. Home Owner Exp. Date _____

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

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 4/29/10
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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.

Melvin Orr

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
1	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Garbage Disposal _____	
	Other _____	50

Demo ILLEGAL BATH IN BASEMENT

Remove fixture and cap off lines

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

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

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

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

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. PM-107
DATE ISSUED 6-12-84
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.

Steven Capella
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			Air Conditioner Unit	
2	Lavatory/Sink	16.00		Indirect Connection	
1	Shower/Floor Drain	8.00		Sewer Ejector	
	Washing Machine			Grease Trap	
1	Dishwasher	8.00		Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other C of A	15.00
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 32.00		COLUMN 2	$ 15.00

Fee	
COLUMN 1	$ 32.00
COLUMN 2	$ 15.00
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 47.00

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage – Material _____ Size _____
Building Sewer – Material P.V.C. Size 4"
Water Service – Material Cu. Size 3/4 x 1/2"
Venting – Material _____ Size _____
Estimated Cost of Plumbing Work: $ 600.00

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
Work Site Location: 188 WARD STREET NEW BRUNSWICK, NJ 08901
Owner in Fee LOPEZ, MILVIA 188 WARD STREET NEW BRUNSWICK NJ 08901
Telephone: (908) 208-8884

Contractor LOPEZ, MILVIA
Address 188 WARD STREET NEW BRUNSWICK NJ 08901
Telephone: (908) 208-8884
Lic. No. or Bidrs. 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

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

Note: If constuction 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?

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

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 15 2011

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-65
Control #
Permit # 11-0150

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 Copez

Tel. (908) 208-8884 e-mail

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

Contractor: Remm Heating Tel. (732) 297-6626

Address 1495 Jersey Ave e-mail
No Brunswick N.J. 08902

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

Federal Emp. ID No. 222381288 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work$ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2-17-11
Approved by: WH

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
1	~~Dishwasher~~ GAS STOVE	40
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater 40 gall NEW	65
	Fuel Oil Piping	
55' 1"	Gas Piping	
	LPGas Tank	
1	Steam Boiler Oil to EXIST, NG gas	
	Hot Water Boiler CONVERSION	
	Sewer Pump	
	Interceptor/Separator BURNER	105
	Backflow Preventer ONLY	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other Install New	

gas piping for one family house
stove - water heater
Boiler

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 11F

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 Milvia Ayala

Address 188 Ward St.
N.B N.J 08901

Tel (908) 820-8882

Contractor M.H.I Home Improv.

Address 199 Joyce Kilmer Ave.
New Brunswick N.J 08901

Tel (732) 343-4724 FAX ( ) _____

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. 13VH041320000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [X] New OR [ ] Existing [ ] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: Basement

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [X] *Flammable* OR [ ] *Combustible* *Capacity* _____

Total Cost of Fire Protection Work $ 50.00

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. _____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install New Smoke Pipe for water heater 4"w 5ft. run of 26 gage pipe

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

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

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

UCC/F-140 (REV. 1/04)

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

Owner in Fee: LOPEZ, MILVIA
188 WARD STREET NEW BRUNSWICK NJ 08901

Telephone:

Contractor: MIRACLE HOME IMPROVEMENT
Address: 199 JOYCE KILMER AVENUE NEW BRUNSWICK NJ 08901

Telephone: (732) 343-4726
Lic. No. or Bldrs. 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:

REMOVAL OF 275 GAL #2 FUEL TANK

Note: If constuction 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

3/2/11
Date

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

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.

RECEIVED
FEB 24 2011
By

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-2-11
Date Issued 11-30
Control #
Permit # 11-0151

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 188 Ward St.
New Brunswick N.J 08901

Owner in Fee Melvia area
Address 188 ward St.
New Brunswick N.J 08901

Tel (_____)

Contractor M.H.I home Improv. LLC
Address 194 Joyce Kilmer Ave.
New Brunswick N.J 08901

Tel (732) 343-4724 FAX (_____)

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. 13U704133000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [X] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: Under Porch oil Tank

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [X] Combustible Capacity 300 gal

Total Cost of Fire Protection Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 2/25/11
Approved by: Kevin

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
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. Michael Hall
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove oil tank
Oil Tank in under Porch #2 FUEL OIL

Water Supply Source 275 GALLON

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	75
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

1. White-Inspector copy 2. Canary-Applicant copy

Date Issued: 4/26/2011
Control #: C-11-00426
Permit #: 11-0292

CONSTRUCTION PERMIT

IDENTIFICATION	Block [illegible] Lot [illegible]	Qualifier	
Work Site Location	1[illegible] WARD STREET, NEW BRUNSWICK, NJ 08901	Contractor	AIR QUALITY CONTROL SYSTEMS
		Address	201 CREST HILL ROAD, TOMS RIVER NJ 08755
Owner in Fee	[illegible]		
	1[illegible] WARD STREET, NEW BRUNSWICK NJ 08901	Telephone	(732) 914-[illegible]
		Lic. No. or Bldrs. Reg. No.	[illegible]
Telephone	(908) 20[illegible]	Federal Employer No.	22-[illegible]

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 constuction 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 4-28-11

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

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.

RECEIVED
MAR 29 2011

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4-26-11
Control # 11-155
Date Issued
Permit # 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 188 WARD ST
NEW BRUNSWICK NJ 08901

Owner in Fee: MELVIA ARNS

Tel. (908) 208 8884 e-mail

Address
street municipality zip code

Contractor: POWER FACTOR ELECTRIC Tel. ( )
744 PERRINEVILLE RD
Address PERRINEVILLE, N.J. 08535 e-mail
LIC.# 14942 PH.# 609-448-3600

Contractor License No. Exp. 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 $ 550.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/3/11
Approved by: Kevin

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: John Conner

Print name here: JOHN CONNER

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: A/C + 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	
1	2-TON	KW Central A/C Unit 15AMP	50
1	220VOLT	HP/KW ~~Space Heater~~ /Air Handler	25
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	75

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

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

A. IDENTIFICATION

Owner Steven Capella Agent Owner
Address 188 Mabel 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

Mark B. Murphy
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

[redacted]

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

PERMIT NO. E129
DATE ISSUED 6/8/84
Block 278 Lot 26
Subdivision

A. IDENTIFICATION

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

Agent Home Owner
Address
Tel. ( )
Lic. No. Home Owner.
Federal Emp. No.

PAYMENTS

Permit Fee $ 76.00
Fees Remitted $ 76.00
☒ Check No. MO 2249783
☐ Cash
☐ Other
Collected By: JJP
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 & receptable
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

Michael B. Gugliotta
CONSTRUCTION OFFICIAL

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

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

A. IDENTIFICATION

Owner CAPELLA
Address 188 WARD ST. NEW BRUNSWICK
Tel. ( )
Work Site Address SAME 188 Ward St.

Agent D.V. Ryan & Son
Address 252 AMBOY AVE WOODBRIDGE, N.J.
Tel. ( ) 634-0885
Lic. No. 4601
Federal Emp. No.

PAYMENTS

Permit Fee $ 39 00
Fees Remitted $ 39.00
☐ Check No. 21059
☐ Cash
☐ Other
Collected By: B S
Date: 5-29-84

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

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

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

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. P-M098
DATE ISSUED 5-21-84
REVISION DATE
Block 278 Lot 26
Subdivision

IDENTIFICATION

PLICANT — *Complete unshaded areas only*

er CAPELLA
ress 186 WARD ST. NEW BRUNSWICK, N.J.
( )
Site Address SAME

When changing contractors, notify this office

Contractor D.V. RYAN & SONS INC
Address 252 AMBOY AVE WOODBRIDGE N.J.
Tel. ( ) 634-0885
Lic.No./Bus. Permit 4601
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

TECHNICAL SITE DATA

all fixtures

E OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
✓	Water Closet/Bidet/Urinal	$ 8.00		Garbage Disposal	$
	Bathtub Replace	~~8.00~~		Air Conditioner Unit	
	Lavatory/Sink	8.00		Indirect Connection	
✓	Shower/Floor Drain	8.00		Sewer Ejector	
	Washing Machine			Grease Trap	
	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 C.O.A.	15.00
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 24.00		COLUMN 2	$ 15.00

Fee	
COLUMN 1	$ 24.00
COLUMN 2	$ 15.00
SUBTOTAL	$ 39.00
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 39.00

PLUMBING CHARACTERISTICS

GROUP: _____ Present _____ Proposed
age — Material _____ Size _____
ling Sewer— Material _____ Size _____
r Service— Material _____ Size _____
ing — Material _____ Size _____
mated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Release ☐ Prototype Processing

orm F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy