BOROUGH OF METUCHEN
Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(908) 632-8515

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10-2-95
Date Issued 10-4-95
Control #
Permit # 95-519

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

Block 51.6 Lot 35
Work Site Location 317 WEST CHESTNUT AVE
METUCHEN N.J.
Owner in Fee RONALD STAWINSKI
Address 317 WEST CHESTNUT AVE
METUCHEN NJ
Tele. (908) [redacted]
Contractor
Address
Tele. (____)
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 10/2/95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

Ronald W. Stawinski
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER TANK FILL		50

Paid [X] Check # 004
Collected by:

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 50

U.C.C. Form F-140B

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

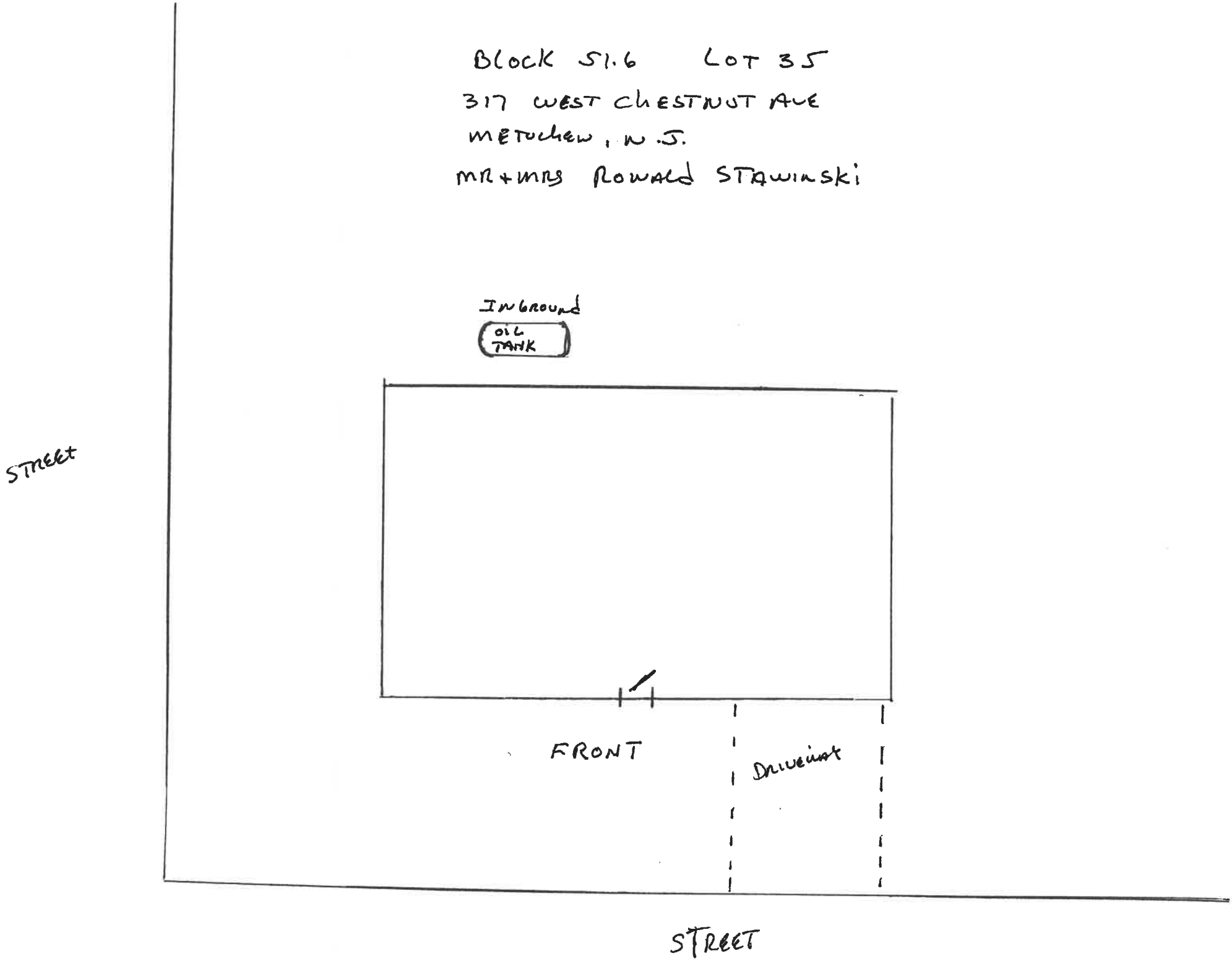
OWNER MOVED
TO SALVAGE SLIPS
PERMIT NOT FINALED

BLOCK 51.6 LOT 35

317 WEST CHESTNUT AVE

METUCHEN, N.J.

MR + MRS RONALD STAWINSKI



BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N.J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 9/19/02
Control #
Permit #99-216

IDENTIFICATION

Block 51.6 Lot 35
Work Site Location 317 West Chestnut Avenue
Metuchen, NJ 08840
Owner in Fee/Occupant Guy Messina
Address 317 West CHestnut Avenue
Metuchen, NJ 08840
Tele. [redacted]
Contractor SAME
Address
Tele. (_____) Fax (_____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Addition (2 Bedrooms)
A/C Unit
Bathroom Renovations

☒ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 20____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

CONSTRUCTION OFFICIAL

Fee $ 28.00
Paid [X] Check No. cash
Collected by: SH

UCC/PRO F-260 (REV 3/96)
Professional Printing
(856) 468-7933

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/5/00
Date Issued 9/7/00
Control #
Permit # 99-216 update

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

Block 51.02 Lot 35-38
Work Site Location 317 WEST CHESTNUT AVE
METUCHEN, N.J.
Owner in Fee GUY MESSINA
Address SAME
Tele. (732) 549-3042 / Joyce [redacted]
Contractor SAME
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed REPLACE EXISTING TOILET, SINK, SHOWER VENT
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/6/00
Approved by: DR

SUBCODE APPROVAL
[✓] CO [ ] CCO [X] CA
Date: 4-10-01
Approved by: DR

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			9-12-00	DR 9-6-00
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
NO ENTRY 4-5-01	9/11/00			DR

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] 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	
X	Lavatory	10
X	Shower	10
	Floor Drain	
X	Sink	10
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 30.00

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Professional Printing
(609) 468-7933

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/14/00
Date Issued 4/14/00
Control #
Permit # 99-216 update

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

Block 51 - 6 Lot 35-38
Work Site Location 317 WEST CHESTNUT AVE
METUCHEN, N.J.
Owner in Fee GUY MESSINA
Address SAME

Tele. ( )
Contractor HOME OWNER
Address SAME

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[X] No Plans Required 4/14/00 SAL
[ ] All
[ ] Footing
[ ] Foundation
[X] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/16/01
Approved by: SAL

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			8/24/2000	SAL
Barrier-Free				
Insulation			9/14/2000	SAL
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5/16/01	SAL
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure 24 Ft.
Area — Largest Floor 392 Sq. Ft.
New Bldg. Area/All Floors 392 Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 20,000
3. Total (1+ 2) $ 20,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature Guy Messina

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TWO NEW BED ROOMS
SHELL & ELECTRICT ONLY

Re-new Permit

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

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 30

U.C.C. F110
(rev. 3/96)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/9/99
Date Issued 4-23-99
Control # 99-216
Permit #

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

Block 51-B Lot 35-38
Work Site Location 317 W. CHESTNUT AVE
METUCHEN
Owner in Fee GUY MESSINA
Address SAME

Tele. ( )
Contractor HOME OWNER
Address SAME

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

X Guy Messina
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Two New Bed Room's
-Shell + electric only

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[V] Frame	4/13/99	AM K
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 24' Ft.
Area — Largest Floor 392 Sq. Ft.
New Bldg. Area/All Floors 392 Sq. Ft.
Volume of New Structure 4704 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 20,000
3. Total (1+ 2) $ 20,000

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

FEE (Office Use Only)

$	
	94
c/o	27
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 8
TOTAL FEE	$ 130

cash VR

U.C.C. F110
(rev. 3/96)

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

BOROUGH of METUCHEN
Construction Code Office
500 Main Street
Metuchen, N. J. 08840
(732) 632-8515

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/5/00
Date Issued 9/7/00
Control #
Permit # 99-216 update

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

Block 51.6 Lot 35-38
Work Site Location 317 WEST CHESTNUT AVE
METUCHEN
Owner in Fee/Occupant GUY MESSINA
Address SAME
Tele. 732 [redacted]
Contractor ~~DAVE MESSINA~~ JIM SAK
Address ~~LINDEN N.J.~~ SOUTH PLAINFIELD
Tele. (732) 636-9031 Fax ( ) _____
Lic. No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed CENTRAL AIR-COND.
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9-8-00
Approved by: M Donnelly

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-28-01
Approved by: M Donnelly

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			9-12-00	MP
Temp. Serv.				
Constr. Serv.				
TCO				
Other			9-11-00	MP
Service			3-28-01	MP
Final				

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

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.

Guy Messina
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	30 00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 30 00

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-23-99
Control #
Permit # 99-216

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

Block 57-6 Lot 35-38
Work Site Location 317 W. CHESTNUT AVE
METUCHEN NJ
Owner in Fee GUY MESSINA
Address 317 W. CHESTNUT AVE
METUCHEN NJ
Tele. ( )
Contractor R&T ELECTRICAL CONTRACTORS
Address 1936 LINDEN AVE
SO PLAINFIELD NJ 07080
Tele. (908) 561-1409
Lic. No. 10915
Federal Emp. No. 22-3113630 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Residence Utility Co. PSE&G
Est. Cost of Elec. Work $ $1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 4-13-99
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 3-22-01
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			8-15-00	MJS
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-22-01	MJS

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 3-27-01
Line Dept.

C. CERTIFICATION IN LIEU OF OATH

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

Richard H Thorne
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Fixtures (1)	
12		Receptacles (2)	
2		Switches (3)	
16		Total 1 + 2 + 3	50 00
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
3		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	150	Service Entrance	50 00
		Other	

Administrative Surcharge $
Paid [X] Check # Cash Minimum Fee $
Collected by: VH TOTAL FEE $ 100 00

U.C.C. Form F-120A

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/9/99
Date Issued 4-23-99
Control #
Permit # 99-216

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

Block 51-6 Lot 35-38
Work Site Location 317 WEST CHESTNUT AVE
MAYWICHEN
Owner in Fee GUY MESSINA
Address SAME
Tele. ( ) [redacted]
Contractor HOME OWNER
Address SAME
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[Y] Fire Plans Approved
Date: 4/13/99
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5/16/2001
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				
Final	3/28/01		5/16/01	SL
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

(owner)

D. TECHNICAL SITE DATA

only 2 bedrooms

DESCRIPTION OF WORK: Second floor addition

Water Supply Source
Method of Alarm/Suppression System Supervision

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ___ Fuel ___

Alarm Systems [ ] 110v Interconnected [ ] System — **NUMBER**

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	6	45—
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		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

cash VR

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 45—

U.C.C. F140
(rev. 3/96)

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

Paid cash
4/23/99 PM

BOROUGH OF METUCHEN MIDDLESEX COUNTY

Tel. (732) 632-8540 • Fax (732) 603-8763 • P.O. Box 592, Metuchen, N.J. 08840

Zoning Permit

Please submit for any building (or land) expansion, modification or change of use, including signs and fences. Submit with a copy of survey indicating improvement. ***$25.00 Fee.***

Please Print

Block	51-6	Lot(s)	35-38	Zone	R-2

Site Location (Street Address)

317 WEST CHESTNUT AVE METUCHEN N.J. 08840

Applicant (Full Legal Name)	GUY MESSINA
Address	317 WEST CHESTNUT AVE.
Phone	[redacted]
Owner (full legal Name)	SAME
Address	" "
Phone	

Present or Previous Use of Building and \ or Land

HOME

Proposed Use or Alteration of Building and \ or Land

2 ADDITIONAL BEDROOMS

Non-Residential Use Data

	Present	Proposed
Total Floor Area (Bldg)		
Area to be Occupied		
Off-Street Parking Spaces		
Number of Employees		
Days\Hours of Operation		

Applicant's Signature Guy Messina Date

This is to certify that any ☐ existing ☒ proposed use of building and \ or land on the above described property is a :

☒ Use complying with the Land Development Ordinance
☐ Use permitted by variance approved on ____

☐ Valid non-conforming use as established by:

☐ Finding of the Board of Adjustment on ____
☐ Zoning Officer, on the basis of evidence supplied by the Applicant as specified on the reverse hereof.

☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

☐ ***Planning Board***

X	*Type of Approval*	*Ordinance Reference*
	Site Plan	
	Minor Subdivision	
	Major Subdivision	
	Bulk Variance	
	Conditional Use	

☐ ***Zoning Board of Adjustment***

X	*Type of Approval*	*Ordinance Reference*
	Use Variance	
	Bulk Variance	
	Site Plan	
	Minor Subdivision	
	Major Subdivision	
	Conditional Use	

Zoning Permit is: ☒ **Approved** ☐ **Denied**

1.0 Addition is comforming to the Land Development Ordinance.

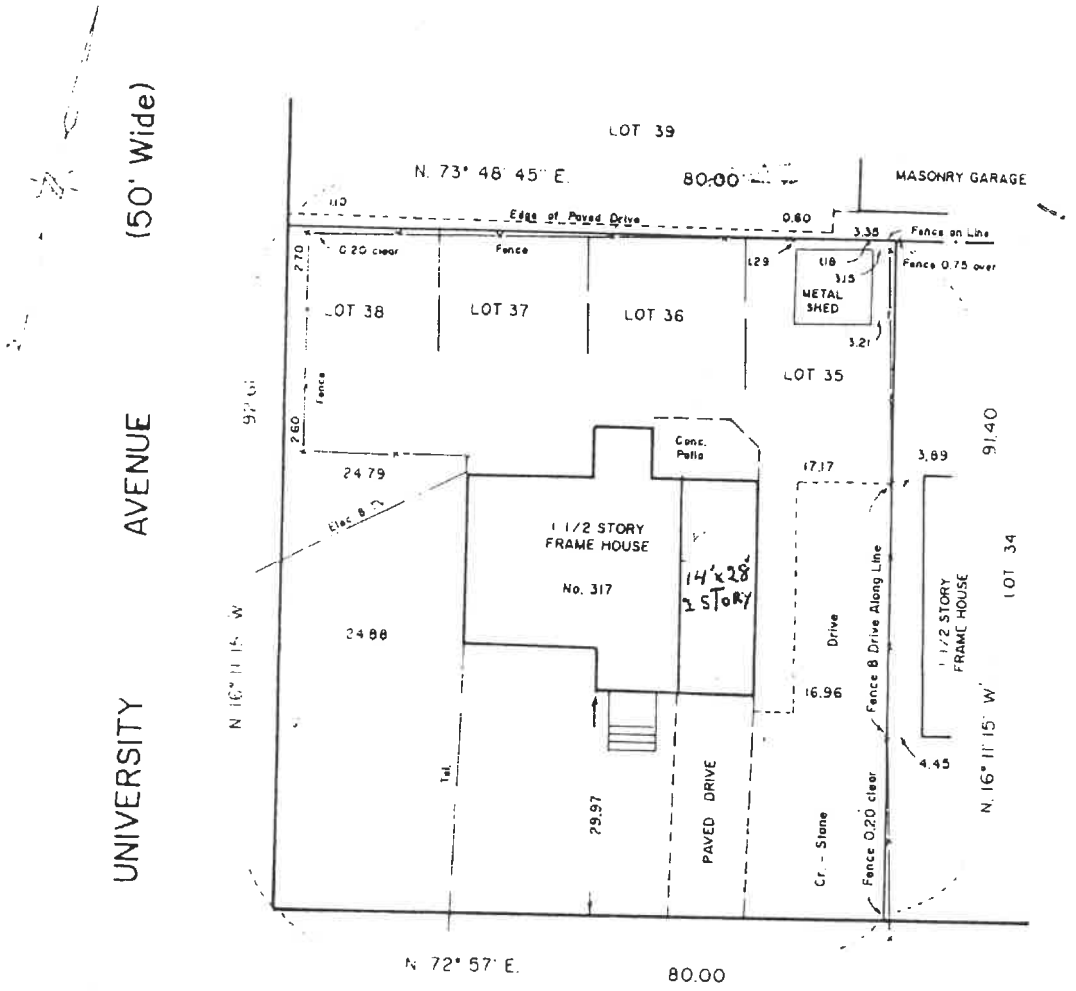
Zoning Officer Signature Harry J. Ayala Date 4/12/99

MAP OF PROPERTY SITUATED AT
317WEST CHESTNUT AVENUE
BOROUGH OF METUCHEN, MIDDLESEX COUNTY, NEW JERSEY

Lots 35, 36, 37 & 38, Block 51-F, on "REVISED MAP OF PROPERTY BELONGING TO RADIO ASSOCIATES"
Filed June 22, 1928, Map No. 1230, File No. 689
Tax Map Lots 35, 36, 37 & 38, Block 51.06 35-38

CAUTION: IF THIS DOCUMENT DOES NOT CONTAIN A RAISED IMPRESSION SEAL OF THE PROFESSIONAL, IT IS NOT AN AUTHORIZED DOCUMENT AND MAY HAVE BEEN ALTERED.

THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE DESCRIPTION FURNISHED BY TRIDENT ABSTRACT COMPANY



WEST CHESTNUT AVENUE (60' Wide)

This survey is certified as having been prepared under my direct supervision and is further certified to
GUY MESSINA and TERESA STACHOWICZ
IMPERIAL CREDIT INDUSTRIES, INC., A CALIFORNIA CORPORATION, its successors and/or assigns
TICOR TITLE INSURANCE COMPANY - (File No. TA-057426)
MERYL J. WASSERMAN-SHAPIRO, ESQ.

This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including but not limited to, use of survey for survey affidavit, resale of property, or to any other person not listed in certification either directly or indirectly.

HARRYL. PAFF ASSOCIATES, INC.

Alphonse Ziemienski

ALPHONSE ZIEMIENSKI Agent
NEW JERSEY LAND SURVEYOR LICENSE NO. 8693

WAIVER OF SETTING CORNER MARKERS OBTAINED FROM ULTIMATE USER PURSUANT TO THE BOARD OF ENGINEERS AND LAND SURVEYORS REGULATION N.J.A.C. 13:40 - 5.1 (d)

HARRY L. PAFF ASSOCIATES, INC.
PROFESSIONAL LAND SURVEYORS

ALPHONSE ZIEMIENSKI
LICENSE NO. 8693

1810 EAST SECOND STREET — SCOTCH PLAINS, N.J. 07076

SCALE 1 IN. = 20 FT. DATE SEPT. 11, 1995

JOB NO. 5331C N.B. 2360 P. 64

BOROUGH OF METUCHEN
500 MAIN STREET
METUCHEN, NJ 08840

Date Issued 05/25/16
Control #
Permit # 16-0001

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 51.6 Lot 35-38 Qual
Work Site Location 317 W. CHESTNUT AVE.
METUCHEN, NJ 08840
Owner in Fee/Occupant MESSINA, GUY & TERESA
Address 317 W. CHESTNUT AVENUE
METUCHEN, NJ 08840-
Telephone [redacted]
Contractor FRED GARAFFA
Address 27 ITHACA AVENUE
OCEANPORT, NJ 07757-
Telephone (732)768-6189 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH02862400
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification 5B
Maximum Occupancy Load 0
Description of Work/Use:

REMODEL AND ADDITION TO EXISTING BATHROOM

[X] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Construction Official

Fee $ 100
Paid [X] Check No. 2745
Collected by: SH

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/10/15
Control #
Date Issued 1/4/16
Permit # 16-0001

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

Block 51.06 Lot 35,36,37,38 Qualification Code

Work Site Location 317 West Chestnut Ave
Metuchen NJ 08840

Owner in Fee: Guy & Teresa Messina

Tel. [redacted] e-mail [redacted]

Address 317 West Chestnut Ave NJ 08840
street municipality zip code

Contractor: FRED GARAFFA Tel. (732) 768-6189

Address 27 ITHACA AVE, OCEANPORT, N.J.

e-mail SAMO FRED RYAN.909@GMAIL.COM

Contractor License No. or Builder Registration No. 13VH02862400 Exp. Date 11/4/15

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here

Print name here: FRED GARAFFA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Removal Bathroom Addition 49/59 ft.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	12/11/15	
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/11/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/12/16
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			2/25/16	316 FF
Truss Sys./Bracing				
Barrier-Free				
Insulation			3/4/16	
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/12/16	
Barrier-Free				

TYPE OF WORK

- [ ] New Building
- [✓] Addition
- [ ] Rehabilitation
- [✓] Roofing
- [✓] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [✓] Demolition

FEE (Office Use Only)

	$ 19
	[redacted]
	[redacted]
	363
Administrative Surcharge	$
Minimum Fee	$ 376
State Permit Surcharge Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____
No. of Stories 2
Height of Structure 18'
Area — Largest Floor
New Bldg. Area/All Floors 471
Volume of New Structure ~~523~~ 523 cu
Max. Live Load
Max Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
Ft. State Approved _____ HUD 24,000
Sq. Ft. **Est. Cost of Bldg. Work:**
Sq. Ft. 1. New Bldg. $ 15,000-
cu. ft. 2. Rehabilitation $ 14,500-
3. Total (1+2) $ 29,500

UCC/F-110 (rev. 11/09)
Professional Printing (856) 468-7933

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

AWAE

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/16/15
Control #
Date Issued 1/4/16
Permit # 16-0001

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

Block 51.6 Lot 35 Qualification Code R-5

Work Site Location 317 W. CHESTNUT AVE METUCHEN, N.J.

Owner in Fee: MESSINA / STACHOWITZ Guy + Teresa Messino

Tel. [redacted] e-mail [redacted]

Address 317 W. CHESTNUT AVE METUCHEN N.J. 08840
street municipality zip code

Contractor: Edward A. Berger Plumb Co. Inc. Tel. (732) 792-8292

Address 50 TAYLORS Mill Rd. MANALAPAN, N.J. 07726 e-mail BeckerPlum@AOL.com

Contractor License No. [redacted] 9446 Exp. Date

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

Federal Emp. ID No. 22-3516022 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 Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Plumbing Plans Approved

Date: 12/17/15 Approved by: (initials)

Joint Plan Review Required

[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12/17/15

Approved by: (initials)

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [✓] COC [ ] CA

Date: 3/31/16

Approved by: (signature) 4/21/16 Final

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Slab				
Rough	2/25/16		3/10/16	(initials) for w/ documentation
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			3/31/16	(initials)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Sign / Contractor Sign AND Seal here: (signature)

Print name here: Edward A. Berber

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

DESCRIPTION OF WORK

Remodel Bathroom with 49 sq. ft. Addition

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	15
	Urinal/Bidet	
1	Bath Tub	15
1	Lavatory	15
1	Shower	15
	Floor Drain	
	Sink	
	Dishwasher	60
	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	

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

UCC/F-130 (rev. 11/09) Professional Printing (856) 468-7933

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/16/15
Control #

Date Issued 1/4/16
Permit # 16-0001

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

Block 516 Lot 35 Qualification Code 5B

Work Site Location 317 W. CHESTNUT AVE METUCHEN NJ

Owner in Fee MESSINA

Address 317 W. CHESTNUT AVE METUCHEN

Tel [redacted]

Contractor ASAP ELECTRIC

Address 107 MADISON ST PORT READING

Tel (732) 742-9687 FAX (732) 969 3006

Contractor License No. 14968

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1000

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

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
2		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		HEATER FAN	
		TOTAL NUMBERS	$ 100.00
		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	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 12-16-15

Approved by: Ronald Mayo

SUBCODE APPROVAL

[ ] CO [ ] COO [ ] POA

Date: 12-16-15

Approved by: Ronald Mayo

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			2-25	RM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free			5-12-16	RM
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. 732-632-8540 • Fax 732-632-8100 • 500 Main Street • Metuchen, NJ 08840

ZONING PERMIT APPLICATION

SUBMIT WITH ZONING COVERAGE CHECKLIST AND SURVEY / PLANS INDICATING IMPROVEMENT(S)

Permit #	215-397
Received	11/30/15
Issued	12-31-15
Payment	CK 2746
Amount	~~$50~~

1. Location

Street Address 317 West Chestnut Ave. METUCHEN, NJ. 08840

Block 51.06 Lot 35, 36, 37 & 38 Zone Residential

2. Applicant

Name Guy Teresa Messina Phone [redacted]

Street Address 317 West Chestnut Ave Fax

City / State METUCHEN, NJ Zip 08840 Email [redacted]

3. Owner (If other than Applicant)

Name Phone

Street Address As above Fax

City / State Zip Email

4. Present or Previous Use of Building and/or Land

☒ Detached Single-Family ☐ Attached Single-Family ☐ Two-Family Residence ☐ Multi-Family Residence

☐ Commercial ☐ Office ☐ Industrial ☐ Other

5. Proposed Use of Building and/or Land

☐ New Principal Structure ☒ Addition / Alteration / Deck / Porch ☐ New Accessory Structure

☐ Parking Lot / Driveway ☐ Patio / Walkway ☐ Fence / Wall

☐ Change of Use / Occupancy ☐ Sign ☐ Other Bathroom

6. Describe Proposed Work or New Use

Bathroom addition - personal use

7. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building		
Floor Area to be Occupied		
Off-Street Parking Spaces	N/A	
Numbers of Employees		
Days & Hours of Operation		

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A ZONING PERMIT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name GUY MESSINA & Teresa Messina Date 10-30-15

Signature Guy Messina & Teresa

Last Revised 2/3/2015

B

Location

Address 317 West Chestnut Avenue Permit

Block 51.06 Lot 35 - 38 Zone R-2

This is to certify that the ☐ existing ☒ proposed use of the building and/or land on the subject property is a:

☒ Use complying with the Land Development Ordinance

☐ Use permitted by variance/exception/waiver …

☐ Valid non-conforming use as established by…

☐ Use requiring the following approval(s) before issuance of a Zoning Permit:

PLANNING BOARD	
Type of Approval	*Ordinance Reference*
☐ Bulk Variance	
☐ Conditional Use	
☐ Site plan	
☐ Minor Subdivision	
☐ Major Subdivision	

ZONING BOARD OF ADJUSTMENT	
Type of Approval	*Ordinance Reference*
☐ Bulk Variance	
☐ Use Variance	
☐ Site Plan	
☐ Minor Subdivision	
☐ Major Subdivision	

Zoning Permit is: ☒Approved ☐Denied

Comments

1.0 Proposed partial second floor addition (8'-0" x 7'-0", approximately 56 square feet) with a cantilever of approximately 1'-0" at the rear of the existing detached single-family dwelling complies with §110-64 of the Metuchen Land Development Ordinance (MLDO).

2.0 Proposed improvements shall be constructed in accordance to architectural plans prepared by Joseph M. Hyland, dated November 24, 2015.

3.0 Proposed improvement(s) shall not inhibit natural drainage nor cause drainage issues for adjacent properties or in the public R.O.W.

4.0 Applicant shall obtain any and all other required permits for the work performed from all other jurisdictional agencies/departments.

5.0 Applicant shall notify the Zoning Official when proposed improvement(s) have been completed for a final inspection.

6.0 Applicant shall provide photographs in lieu of a final "as-built" survey prior to the issuance of a Certificate of Approval/Occupancy.

7.0 Applicant shall maintain proposed improvement(s) and all aspects of the property at all times.

Initial Approval

Zoning Officer's Signature  Date 12-8-2015

Final Approval

Zoning Officer's Signature Date 5-25-2016

If the information given is not accurate and current, this permit will be rendered null and void.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/6/17
Control #
Date Issued 7/14/17
Permit # 17-0495

4

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

Block 516 Lot 35 Qualification Code

Work Site Location 317 West Chestnut Ave Metuchen

Owner in Fee: Guy Messina

Tel. e-mail

Address 317 West Chestnut Ave Metuchen
street municipality zip code

Contractor: Tel.

Address e-mail

A-1 AFFORDABLE CONSTRUCTION
164 GETTY AVENUE
CLIFTON NJ 07011
TEL: (973)272-1344 FAX: (201)731-0207
LIC# 13VH00843200
TAX ID: 22-3386524

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 1700

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required SKETCH
[ ] Partial -Underslab Utilities Approved
Date: 7/7/17 Approved by: BL
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/7/17
Approved by: B. LAPHAM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [X] CA
Date: 7/13/17
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final CHIM. LINER			7/13/17	BL
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.

Applicant/Contractor sign here:

Print name here: George Solimene

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: install Stainless Steel (SMW) chimney liner

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	0	
Suppression Systems		
Fire Pump ____ GPM Type ____	(1)	
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet) CHIM LINER		
Standpipes STAINLESS STEEL 6"		50 —
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

U.C.C. F140 (rev. 02/11)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12/29/22
Control #
Date Issued 1/3/22
Permit # 23-0004

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

Block 51.06 Lot 35 Qualification Code

Work Site Location 317 W Chestnut Ave, Metuchen, NJ 08840

Owner in Fee: Teresa Messina

Tel. (732) 272-8745 e-mail

Address 317 W Chestnut Ave (street) Metuchen (municipality) 08840 (zip code)

Contractor: TSES, Ince dba Tank Solutions Tel. (908) 964-2717

Address 180 Market Street e-mail info@oiltanksolutions.com

Kenilworth, NJ 07033

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason US00334 Exp 10/31/2025

Federal Emp. ID No. 222291151 FAX: (908) 964-4244

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present HOME Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar [ ] Other REMOVAL UST

Location: BackYard

Total Cost of Fire Protection Work $ 1495

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity 550

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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/Contractor sign here:

Print name here: Theodore P Slack

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source REMOVAL 550 GALLON UST

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	1	
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	0	200
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 Coca Now!		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	
Fireplace Venting/Metal Chimney		
Other Out of Service		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 1/3/23 Approved by: BL

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1/3/23

Approved by: BLATHEROM

SUBCODE APPROVAL for CERTIFICATE

[ ] 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				

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.