MECHANICAL INSPECTION
TECHNICAL SECTION

Open

Date Received 6/7/2022
Control # 00009454

Date Issued 3/3/2023
Permit # 23-365

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

Block 1019 Lot 6 Qualification Code

Work Site Location 233 MONTICELLO ST
UNION, NJ 07083

Owner In Fee: COWAN, MADELENE

Tel. [redacted] e-mail

Address 233 MONTICELLO ST, UNION, NJ 07083
street municipality zip code

Contractor: NORTHEAST ENERGY CONSERVATION Tel. (862) 200-6100

Address 16 CHAPIN ROAD, STE 910 e-mail GREG-PLET@NECINJ.NET
PINEBROOK, NJ 07058

Contractor License No. 13VH05562700 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 20-345-9390 FAX: (973) 244-2405

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed: R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 06/09/2022
Approved by: VF
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	DATES Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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 sign/Contractor sign and seal here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL CHIMNEY LINER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Heater	$ 0.00
0	Fuel Oil Piping Connections	0.00
0	Gas Piping Connections	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Hot Air Furnace	0.00
0	Oil Tank	0.00
0	LPG Tank	0.00
0	Fireplace	0.00
0	Generator	0.00
1	Other	0.00
		0.00
	Administrative Surcharge $	65.00
	Minimum Fee $	4.00
	State Permit Surcharge Fee $	69.00
	TOTAL FEE $	

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/14/2015
Control # 567960

Date Issued 4/12/2005
Permit # 05-535

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

Block 1019 Lot 6 Qualification Code

Work Site Location 233 MONTICELLO ST
UNION TWP, NJ 07083

Owner in Fee: PAPRIKIC, TOMISLAV AND BILJANA

Tel. ( ) e-mail

Address 520 JERSEY AVE, ELIZABETH, NJ 07208
street municipality zip code

Contractor: PAPRIKIC, TOMISLAV AND BILJANA Tel. ( )

Address 520 JERSEY AVE e-mail
ELIZABETH, NJ 07208,

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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 R-3 Proposed R-3
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 0.00
2. Rehabilitation $ 0.00
3. Total (1+ 2) $ 0.00

U.C.C. F110
(rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - ABOVE GROUND POOL

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[ ] Rehabilitation	0.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00
Administrative Surcharge	$ 0.00
Minimum Fee	$ 0.00
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 0.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Open

Date Received 5/14/2015
Control # 544494

Date Issued 11/30/2004
Permit # 04-2578

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

Block 1019 Lot 6 Qualification Code _____

Work Site Location 233 MONTICELLO ST
UNION TWP, NJ 07083

Owner in Fee: PAPRIKIC, TOMISLAV AND BILJANA

Tel. ( ) _____ e-mail _____

Address 520 JERSEY AVE, ELIZABETH, NJ 07208
street municipality zip code

Contractor: PAPRIKIC, TOMISLAV AND BILJANA Tel. ( )

Address 520 JERSEY AVE e-mail _____
ELIZABETH, NJ 07208,

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

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

Federal Emp. ID No. _____ FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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 R-3 Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 0.00
2. Rehabilitation $ 0.00
3. Total (1+ 2) $ 0.00

U.C.C. F110
(rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - DECK

TYPE OF WORK:

	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[ ] Rehabilitation	0.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence _____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other _____	0.00
[ ] Demolition _____	0.00
Administrative Surcharge	$ 0.00
Minimum Fee	$ 0.00
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 0.00

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3 Pink = Office Copy 4 Gold = Applicant Copy