City of Linden
UNION COUNTY, NEW JERSEY

OFFICE OF CITY CLERK
City Hall – 301 North Wood Avenue
(908) 474-8452
Fax: (908) 474-8451

Joseph C. Bodek, RMC, RPPO
City Clerk

Jennifer Honan
Deputy City Clerk

October 14, 2020

Mr. Charles R. Crane
Opra+request-16894-9109c9e3@requests.opramachine.com

File Number: 2020-759

Re: OPRA Request – 45 Furber Avenue

Dear Mr. Charles R. Crane:

The City of Linden received your Open Public Records Act (OPRA) request on September 29, 2020. The official Records Custodian, Joseph C. Bodek, received your OPRA request on September 29, 2020.

You requested the following: See Attached

The records are now being provided to you as per your request, with redactions. In accordance with N.J.S.A. 47:1A-1 (24). Privacy Interest– "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

If you feel that your request for access to a government record has been improperly denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision of the City of Linden to deny access. I have attached information, from the Government Records Council regarding the process to file a complaint.

Sincerely,

Joseph C. Bodek
Custodian of Records
City of Linden

New Jersey Government Records Council ("GRC")

What to do if your request for a record has been denied

The New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 *et seq.*) permits a person who believes that he or she has been unlawfully denied access to a public record either to file a complaint with the GRC or to file suit in Superior Court to challenge the decision and compel disclosure. This poster describes the procedures for taking such actions.

To file a complaint with the GRC:

- Visit the GRC's website at www.nj.gov/grc for information and to register your complaint. In the alternative, you may contact the GRC by telephone at 1-866-850-0511 or by e-mail at government.records@dca.nj.gov.
- When you file the written complaint, the GRC will offer both you and the public agency non-adversarial, impartial mediation. If mediation is not accepted or is not successful, the GRC will investigate the complaint.
- In some cases, the GRC can award attorney's fees to a complainant or impose a fine against a records custodian.
- There is no fee to file a complaint with the GRC.

To file a complaint in Superior Court:

- A requestor may start a summary (expedited) lawsuit in the Superior Court. A written complaint and order to show cause must be filed with the court.
- The court requires a filing fee, and you must serve the lawsuit papers on the appropriate parties.
- The court will schedule a hearing to resolve the dispute.
- If you disagree with the court's decision, you may appeal the decision to the Appellate Division of the Superior Court.
- If you are successful, you may be entitled to reasonable attorney's fees.
- You may wish to consult with an attorney to learn about initiating and pursuing a summary lawsuit in the Superior Court.
- Filing suit in Superior Court may result in a faster resolution, because the courts adjudicate cases every day, whereas the GRC only meets once a month.

Government Records Council, P.O. Box 819, Trenton, New Jersey 08625-0819

Joe Bodek #2020-759

From: Charles R Crane <opra+request-16894-9109c9e3@requests.opramachine.com>
Sent: Tuesday, September 22, 2020 6:22 PM
To: Joe Bodek
Subject: OPRA request - Plans and Permits

Dear Linden City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: All Construction Permits on file, Construction Plans on file, Easements on file and any survey on file from January 1, 1975 for 45 Furber Ave. Linden NJ 07036

Yours faithfully,
Charles R Crane
Current Owner

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-16894-9109c9e3@requests.opramachine.com

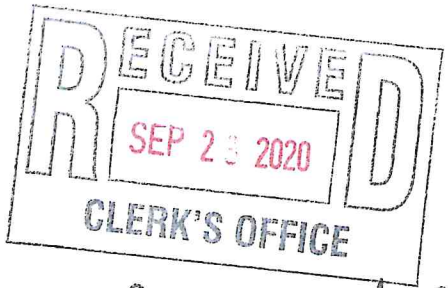
Is jbodek@linden-nj.org the wrong address for OPRA requests to Linden City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=linden_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/plans_and_permits

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.



Processed 9/29/2020 JR

Karen Lukenda
President

City of Linden
Union County, New Jersey
BOARD OF HEALTH
605 South Wood Avenue
Linden, New Jersey 07036

NANCY KOBLIS
Health Officer
908-474-8409
Fax: 908-474-1836

HOUSING DEPARTMENT
908-474-8413

PUBLIC HEALTH NURSES
908-474-8420

MEMORANDUM

MEMO TO: **Joseph C. Bodek, City Clerk**

MEMO FROM: **Nancy Koblis, Health Officer**

DATE **October 02, 2020**

RE: **OPRA Request: Charles R. Crane (2020-759)**

Linden Health Department has no document on file containing this information.

Thank you.

NK:bl

City of Linden
Union County, New Jersey

Lawrence J. Kolesa
Deputy Chief
Fire Official

FIRE PREVENTION BUREAU
302 South Wood Avenue
Linden, New Jersey 07036
(908) 474-4560
Fax: (908) 474-0318

William M. Hasko
Fire Chief

MEMORANDUM

TO: Mr. Joseph C. Bodek,
City Clerk

FROM: D.C. Lawrence Kolesa
Fire Official

7RE: OPRA Request-Charles R Crane 2020-759

DATE: October 5, 2020

****

Please be advised these are the records for 45 Furber Ave

Ssb.

RECEIVED
OCT - 6 2020
CLERK'S OFFICE

OIL BURNER INSPECTION REPORT

BUREAU OF COMBUSTIBLES

Permit No. 3969 Inspection Date February 28, 1941

Premises 45 Furber Avenue Owner Adelaide Olsen
Make of Burner Mohawk Type Pressure Serial No.
Installed by Joseph Toker Company Phone El. 2-0700
Address 727 Livingston Street, Elizabeth, NJ
Underwriters Serial No. A-137230
Location—Remote Control Switch Head of stairs
Location—Storage Tank Outside Gallons 550
Installed by Above
Address Above
Fireproofing As required Safety Valve Yes
Condition of Smoke Pipe Good
Vent Pipe—Size 1 1/4 inches Height Above Ground 4 ft.
Electric Wiring Condition Good
Remarks

(CONVERTED) TO GAS
Abandoned TANK - OK. 4/22/43

(*Signed*) D. C. Ashell *Inspec*

Interoffice Memo

CITY CLERK'S OFFICE - CITY OF LINDEN

Date: September 30, 2020

To: Mark Ritacco, Construction Official
William Hasko, Fire Chief
Nancy Koblis, Health Officer
Nick Pantina, City Engineer

From: Jennifer Honan, Deputy Municipal Clerk

Re: OPRA Requestor: Charles R. Crane (#2020-759)

Attached please find a request for public records which was received by this office on September 29, 2020.

In accordance with the Open Public Records Act, we must respond to this request on or by Thursday, October 8, 2020. If your office is in possession of documents relative to this matter, please provide them to the City Clerk's Office as soon as possible but no later than the above date.

Be further advised that if your department has no records relative to the above referenced, please advise us in writing as to same.

Thank you.
Attachments

City of Linden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 06/17/2019
Control #: 65124

Date Issued:
Permit #: 0

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

Block: 222 Lot: 13 Qualification Code:

Work Site Location: 45 FURBER AVE

Owner in Fee: MIKE POBLOCKI

Address: 45FURBER AVE
LINDEN NJ 07036

E-mail:

Telephone: [redacted]

Contractor: MIKE POBLOCKI

Address: 45 FURBER AVE
LINDEN NJ 07036

E-mail:

Telephone: [redacted]

Fax:

DESCRIPTION OF WORK:
FIREPLACE & 1 WATER HEATER

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____

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

Building Occupied as _____ Utility Co. _____

1. New Building $0.00 2. Rehabilitation $0.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $0.00

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

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

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 Issue				
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 Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
		TOTAL NUMBER
		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 Htr./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
		KW Photovoltaic Systems
		Other 3:
		Other 4:
		Other 5:
		Other 6:
		Other 7:
		Other 8:
		Other 9:

FEE (Office Use Only)

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE

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

City of Linden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 07/21/2010
Control #: 45916

Date Issued: 07/21/2010
Permit #: 20101069

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

Block: 222 Lot: 13 Qualification Code:

Work Site Location: 45 FURBER AV

Owner Details

Name: RAYMOND JOHNS
Address: 45 FURBER AVENUE
LINDEN NJ 07036
Telephone: (908) 4517270
E-mail:

Contractor Details

Contractor: HOMEOWNER
ATTN:
Address: 45 FURBER AVE
LINDEN NJ 07036
Telephone: (908) 451-7270 Fax: ( ) / - -
E-mail:
Federal Emp. No: -
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-3	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories		If Industrialized Building	
Height of Structure	Ft.	State Approved _____	HUD_____
Area - Largest Floor	Sq. Ft.		
New Bldg. Area/All Floors	Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure	Cu. Ft.	1. New Building	0.00
Total Land Area Disturbed	Sq. Ft.	2. Rehabilitation	1,500.00
Max. Live Load	0	3. Demolition	0.00
Max. Occupancy Load		4. Total (1+2+3)	$1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS

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

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:
DECK / AC UNIT/ BATH TUB/WATER HEATER/ GAS PIPING

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Pylon Sign 0 Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other 1: DECK
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

	$60.00
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$63.00

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

City of Linden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 07/21/2010 Control #: 45916

Date Issued: 07/21/2010 Permit #: 20101069

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

Block: 222 Lot: 13 Qualification Code:

Work Site Location: 45 FURBER AV

Owner in Fee: RAYMOND JOHNS

Address: 45FURBER AVENUE
LINDEN NJ 07036

E-mail:

Telephone: (908) 4517270

Contractor: HOMEOWNER
ATTN:

Address: 45 FURBER AVE
LINDEN NJ 07036

E-mail:

DESCRIPTION OF WORK:
DECK / AC UNIT/ BATH TUB/WATER HEATER/ GAS PIPING

Telephone (908) 451-7270

Fax: ( ) / - -

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date:

Federal Emp. No.: -

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-3 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $600.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $600.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
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 Issue				
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 Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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	2.00	KW Central A/C Unit	$30.00
1	2.00	HP/KW Space Htr./Air Handler	$30.00
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$61.00

U.C.C.F120(rev. 11/09)

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

City of Linden

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 07/21/2010 Date Issued: 07/21/2010

Control #: 45916 Permit #: 20101069

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

Block: 222 Lot: 13 Qualification Code:

Work Site Location: 45 FURBER AV

Owner in Fee : RAYMOND JOHNS

Address : 45 FURBER AVENUE
LINDEN NJ 07036

Email:

Telephone: [redacted]

Contractor: HOMEOWNER

ATTN:

Address: 45 FURBER AVE
LINDEN NJ 07036

Telephone: [redacted]

Fax: ( ) / - -

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.: _-

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-3 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $2,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
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 and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
DECK / AC UNIT/ BATH TUB/WATER HEATER/ GAS PIPING

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
1	Bath Tub	$15.00
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$15.00
	Fuel Oil Piping	
1	Gas Piping	$15.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	$15.00
State Permit Surcharge Fee	$3.00
TOTAL FEE	$63.00

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

City of Linden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 04/08/2003
Control #: 28623

Date Issued: 04/08/2003
Permit #: 20030429

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

Block: 222 Lot: 13 Qualification Code:

Work Site Location: 45 FURBER AV

Owner Details

Name: RAYMOND JOHNS
Address: 45 FURBER AVENUE
LINDEN NJ 07036
Telephone: (908) 4517270
E-mail:

Contractor Details

Contractor: RAYMOND JOHNS
Address: 45 FURBER AVENUE
LINDEN NJ 07036
Telephone: (908) 4517270 Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-3	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure		Ft.	
Area - Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	
Max. Live Load	0		
Max. Occupancy Load			

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	2,000.00
3. Demolition	0.00
4. Total (1+2+3)	$2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS

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

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:
2ND ROOF

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Pylon Sign 0 Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2.00
TOTAL FEE	$52.00

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

City of Linden

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 06/10/1998 Date Issued: 06/10/1998

Control #: 17597 Permit #: 19980760

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

Block: 222 Lot: 13 Qualification Code:

Work Site Location: 45 FURBER AV

Owner in Fee : JOHNS, RAYMOND

Address : 45 FURBER AVENUE
LINDEN NJ 07036

Email:

Telephone: [redacted]

Contractor: ROBERT VAN HORN

ATTN:

Address: 1870 WINDING BROOK WAY
WESTFIELD NJ 07090

Telephone: [redacted]

Fax:

E-mail:

Contractor License No.: Expiration Date:

Federal Emp. No: [redacted]

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-3 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $1,200.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $1,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
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 and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
WATER SERVICE CONNECTION.

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
1	Water Service Connection	$30.00
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$31.00

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