BLOCK 166.02 LOT 20 QUALIFICATION CODE C0206 ADDRESS (SITE) 7 David Drive PERMIT NO. 24-CP-0087

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 19 Plauderville Avenue #APT 206 Garfield, NJ 07026
2. Name of Owner in Fee: Yurly Zhukovskiy
   Tel. (201) 637-4709 e-mail permits@goldmedalservice.com
   Address Same (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 936-5404
   Address 11 Cotters Lane e-mail permits@goldmedalservi.
   East Brunswick, NJ 08816
   License No. OR, if new home, Builder Reg. No. 1694 Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 843313183 FAX: (732) 390-3793
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun Joseph Todaro
   Tel. (732) 936-5404 FAX: (732) 390-3793

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	65		
3. Plumbing	91		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	20		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 176		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed ____ sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☒ Minor Work
- ☒ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	3,000				2/23/24	BP			
☒ Plumbing	7,200				2/12/24	VB			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$10,200								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

APPROVED

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Gold Medal Plumbing Heating Cooling Electric, Inc

Address 11 Cotters Lane

East Brunswick, NJ 08816

Telephone (732) 936-5404

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

City of Garfield
111 Outwater Lane
Garfield, NJ 07026-2621
973-340-2000 Ext. 5530

CERTIFICATE

IDENTIFICATION

Date Issued: **3/14/2024**
Control Number: **2024-0133**
Permit Number: **24-CP-0087**

Block: **166.02** Lot:**20** Qual:**C0206**
Work Site Location: **19 PLAUDERVILLE AVE**
GARFIELD, NJ 07026
Owner in Fee: **ZHUKOVSYAYA, D & ZHUKOVSKIY, YURLY**
Address: **19 PLAUDERVILLE AVE #206**
GARFIELD, NJ 07026
Telephone:
Agent/ Contractor: **GOLD MEDAL SERVICE LLC**
Address: **11 COTTERS LANE**
EAST BRUNSWICK, NJ 08816
Telephone: **(732)936-5404**
Lic. No./Bldrs. Reg. No.: **13VH09901100**
Federal Emp. No.: **830357354**
Home Warranty No.:
Type of Warranty Plan: [ ] State [ ] Private

Use Group: **R-5**
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp. Date:

Description of Work/ Use:
REPLACE AC/HEAT

[ ] 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.

[X] 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 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 buildings 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

Robert Schultz

Robert Schultz, Construction Official

Fees **$0.00**

Paid [ ]

Date

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

City of Garfield

ELECTRICAL SUBCODE
TECHNICAL SECTION #1

Date Received **2/12/2024** Date Issued **2/20/2024**
Control # **2024-0133** Permit # **24-CP-0087**

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

Block **166.02** Lot **20** Qualification Code **C0206**
Work Site Location **19 PLAUDERVILLE AVE**
Owner in Fee **ZHUKOVSYAYA, D & ZHUKOVSKIY, YURLY**
Telephone e-mail
Address **19 PLAUDERVILLE AVE #206, GARFIELD NJ 07026**
Contractor **GOLD MEDAL SERVICE LLC**
Telephone **(732)936-5404** e-mail **PERMITS@GOLDMEDALSERVICE.COM**
Address **11 COTTERS LANE, EAST BRUNSWICK NJ 08816**
Contractor License No. **18342** Exp. Date **3/31/2024**
Home Improvement Contractor Registration No. or Exemption Reason **13VH09901100**
Federal Emp. ID No. **830357354** Fax

B. ELECTRICAL CHARACTERISTICS
Use Group Present **R-5** Proposed
[ ] Pole/ Pad # [ ] Temporary [ ] Other:
Building Occupied as Utility Co.
1. New/ Addition: 2. Rehabilitation: **$ 3,000.00**
3. Demolition: Est. Cost of Electrical Work (1+2+3): **$ 3,000.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
[x] Electric Plans Approved
Date: 02/12/2024 Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 02/12/2024 Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [x] CA
Date: 3/19/24 Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier Free				
Trench				
Temp. Serv				
Constr. Serv				
TCO				
Other				
Service				
Final			3/19/24	
Barrier Free				
Temp Cut-In-Card Date Issued				
Final Cut-In-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Cert.				

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:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE AC/HEAT

QTY.	SIZE	ITEMS	FEE (Office Use only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/ F.A.C. Panel	
		Microinverters	
		Other 1:	
		Other 2:	
2		TOTAL NUMBERS	$ 50.00
		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	
1	5.00	KW Central A/C Unit	$ 15.00
		HP/ KW Space Htr./ Air	
		KW Baseboard Heat	
		HP Motors 1/ +HP	
		KW Transformer/ Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/ Outlet 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	$ 6.00
		TOTAL FEE	$ 71.00

City of Garfield

MECHANICAL SUBCODE
TECHNICAL SECTION #1

Date Received **2/12/2024** Date Issued **2/20/2024**
Control # **2024-0133** Permit # **24-CP-0087**

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

Block **166.02** Lot **20** Qualification Code **C0206**

Work Site Location **19 PLAUDERVILLE AVE**

Owner in Fee **ZHUKOVSYAYA, D & ZHUKOVSKIY, YURLY**

Telephone e-mail

Address **19 PLAUDERVILLE AVE #206, GARFIELD NJ 07026**

Contractor **GOLD MEDAL SERVICE LLC**

Telephone **(732)936-5404** e-mail **PERMITS@GOLDMEDALSERVICE.COM**

Address **11 COTTERS LANE, EAST BRUNSWICK NJ 08816**

Contractor License No. or Builder Registration Number Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason **13VH09901100**

Federal Emp. ID No. **830357354** Fax

B. MECHANICAL CHARACTERISTICS

Use Group: 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:

1. New Building 2. Rehabilitation **$ 7,200.00**
3. Demolition Estimated Cost of Mechanical Work: **$ 7,200.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[x] Mechanical Plans Approved
Date: 02/12/2024 Approved by: _____
[ ] Elevator Layout Drawings
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 02/12/2024 Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[x] CA [ ] CCO
Date: 3/13/24
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE AC/HEAT

NO.	FIXTURE/ EQUIPMENT	Fee (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	**$ 91.00**
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other 1:	
	Other 2:	
	Other 3:	
	Other 4:	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	**$ 14.00**
	TOTAL FEE	**$ 105.00**

U.C.C. F145 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three copies

CONSTRUCTION PERMIT

Date Issued 2/20/2024

Permit # 24-CP-0087

IDENTIFICATION Block 166.02 Lot 20 Qualification Code C0206

Work Site Location 19 Plauderville Avenue #APT 206
Garfield, NJ 07026

Owner in Fee Yurly Zhukovskiy

Address Same

Tel. (201) 637-4709

Contractor GOLD MEDAL SERVICE

Address 11 COTTERS LANE
EAST BRUNSWICK, NJ 08816

Tel. (732) 936-5404

Lic. No. or Bldrs. Reg. 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 Mechanical

DESCRIPTION OF WORK:

Replace Magicpak

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 $ 10200.

Robert Schultz

Construction Official

2/13/24

Date

PAYMENTS (Office Use Only)

Building

Electrical 65

Plumbing 91

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 20

Cert. of Occupancy

Other

Total 176

Check No.

Cash

Collected by

U.C.C. F170 (rev. 01/04)

(see reverse side)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

City of Garfield
111 Outwater Lane
Garfield, NJ 07026-2621
Phone: 973-340-2000 Ext. 5530
Fax: 973-340-7623

Permit Number: **24-CP-0087**
Update Number:
Control Number: **2024-0133**
Application Date: **2/12/2024**
Permit Date: **2/20/2024**

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: **166.02** Lot: **20** Qualifier: **C0206**

Work Site Location	**19 PLAUDERVILLE AVE** **GARFIELD NJ 07026**	Contractor Telephone	**GOLD MEDAL SERVICE LLC** **(732)936-5404**
Owner in Fee	**ZHUKOVSYAYA, D & ZHUKOVSKIY,**	Address	**11 COTTERS LANE** **EAST BRUNSWICK NJ 08816**
Telephone			
Address	**19 PLAUDERVILLE AVE #206** **GARFIELD NJ 07026**	Lic. No. / Bldrs. Reg. No	**13VH09901100**
Use Group(s):	**R-5**	Federal Emp. No.	**830357354**

is hereby granted permission to perform the following work:

[X] Electrical **[X] Mechanical**

DESCRIPTION OF WORK:
REPLACE AC/HEAT

ESTIMATED COST OF WORK:

Cost of Construction:	**$0.00**
Cost of Alteration:	**$10,200.00**
Cost of Demolition:	**$0.00**
Total Cost:	**$10,200.00**

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void

Robert Schultz Date: **2/20/2024**

Robert Schultz
Construction Official

:: Failure to obtain all required inspections may result in administrative action
:: Final inspections are required before final payment is to be made to contractor
:: An approved set of plans must be kept at the worksite at all times

Notes:

PAYMENTS (Office Use Only)

Building	
Electrical	**$65.00**
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	**$91.00**
VolFee (DCA)	
AltFee (DCA)	**$20.00**
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$176.00**
No Fees Waived	

Amount to be Paid: **$0.00**

Check Amount:	$176.00
Payment Date:	2/20/2024
Collected By:	Deanna Eisenman
Reference No:	9688
Total Check Amount	**$176.00**
Grand Total:	**$176.00**

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control # 2024-0133
Date Issued 2/20/24
Permit # 24-CP-0087

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

Block 166.02 Lot 20 Qualification Code C0206

Work Site Location 19 Plauderville Avenue #APT 206
Garfield, NJ 07026

Owner in Fee: Yurly Zhukovskiy

Tel. (201) 637-4709 e-mail permits@goldmedalservice.com

Address Same
street

Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc. Tel. (732) 936-5404
municipality zip code

Address 11 Cotters Lane e-mail permits@goldmedalservice.c
East Brunswick, NJ 08816

Contractor License No. or Builder Registration No. 1694 Exp. Date

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

Federal Emp. ID No. 843313183 FAX: (732) 390-3793

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 7,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[✓] Mechanical Plans Approved
Date: 2/19/24 Approved by: R
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES 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.

Sign here:

Print name here: Joseph Todaro

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Magicpak (AC/Heat)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other	

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 plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 2024-0133
Date Issued 2/20/24
Permit # 24-CP-0087

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

Block 166.02 Lot 20 Qualification Code C0206

Work Site Location 19 Plauderville Avenue #APT 206
Garfield, NJ 07026

Owner in Fee: Yurly Zhukovskiy

Tel. (201) 637-4709 e-mail permits@goldmedalservice.com

Address Same
street municipality zip code

Contractor: Gold Medal Service, LLC Tel. (732) 936-5404

Address 11 Cotters Lane e-mail permits@goldmedalservice.
East Brunswick, NJ 08816

Contractor License No. 18342 Exp. Date

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

Federal Emp. ID No. 843313183 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 2/20/24 Approved by: R

Joint Plan Review Required:
[ ] Bldg. [ ] 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
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:

Print name here: Joseph Todaro

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Magicpak AC/Heat

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		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	5	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	
1		Package unit	

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

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

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