Verona Township
880 Bloomfield Avenue
Verona, NJ 07044
(973) 857-4834

Date Issued 7/9/2025
Control Number C-24-0396
Permit Number 2024-587
Permit Issue Date 10/21/2024
Certificate Number 2024-587

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 176 GROVE AVENUE Verona Township, NJ Block: 1403 Lot: 90 Qual:
Owner in Fee: LAMKIN, JONATHAN & DIANE M
Owner Address: 176 GROVE AVE VERONA NJ 07044
Telephone:
Contractor Living Water Home Improvement
Address 28 Lakewood Terrace Bloomfield NJ 07003
Telephone: (973) 680-0055 Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: ROOF TEAR OFF - REMOVE AND REPLACE SHAKE & SHINGLES FROM ROOF, INSTALL 5/8 PLYWOOD AND GAF SHINGLES

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Thomas M. Jacobsen
Construction Official
Date Printed: 7/30/2025

Fee: $0.00
Check Number:
Collected By:

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 10/21/2024
Control # C-24-0396
Permit # 2024-587

IDENTIFICATION Block: 1403 Lot: 90 Qualifier
Work Site Location: 176 GROVE AVENUE Verona Township, NJ
Owner in Fee LAMKIN, JONATHAN & DIANE M
176 GROVE AVE VERONA NJ 07044
Telephone:

Contractor Living Water Home Improvement
Address 28 Lakewood Terrace Bloomfield NJ 07003
Telephone: (973) 680-0055
Lic. No. or Bldrs. Reg. No. 13VH01588400
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

ROOF TEAR OFF REMOVE AND REPLACE SHAKE & SHINGLES FROM ROOF, INSTALL 5/8 PLYWOOD AND GAF SHINGLES

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 $10,000

Construction Official

10/21/2024
Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$19
CO Fee	
Other	$0
Total	$94
Check No.	7002
Cash	$0
Credit	$0
Collected By	Kristin Spatola

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/22/2024
Control # C-24-0396
Date Issued 10/21/2024
Permit # 2024-587

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

Block 1403 Lot 90 Qualification Code _____

Work Site Location 176 GROVE AVENUE Verona Township, NJ

Owner in Fee: LAMKIN, JONATHAN & DIANE M

Tel. _____ e-mail _____

Address 176 GROVE AVE VERONA NJ 07044
Street Municipality zip code

Contractor: Living Water Home Improvement Tel. (973) 680-0055 / Cell: (973) 868-3025

Address 28 Lakewood Terrace Bloomfield NJ 07003

Email _____

Contractor License No. or Builder Registration No. 13VH01588400 Exp. Date _____

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

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundations		
☐ Struct/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 _____ Proposed R-5 **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrial Building:

Height of Structure _____ Ft. State Approved _____ HUD _____

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. _____
2. Rehabilitation _____
3. Total (1+2) $10,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ROOF TEAR OFF, REMOVE AND REPLACE SHAKE & SHINGLES FROM ROOF, INSTALL 5/8 PLYWOOD AND GAF SHINGLES

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)

	$ _____
	_____
	_____
Roofing	$75
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ $19
TOTAL FEE	$ $94

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

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

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

F000697374B

I. IDENTIFICATION

1. Proposed Work at: 176 GROVE AVE VERONA
2. Owner Name: JOSEPH ESSER Tel. (201) 239-8518
   Address 176 GROVE AVE VERONA.
3. Principal Contractor: BELL-GRAY CONT. Tel. (___) 239-5921
   Address 76 FRANKLIN ST CEDAR GROVE NJ.
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 226140148
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work DON GRAY Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☒ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 30,000 00
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☑ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____ 00094_060974 4828

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

0002MBTT

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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.

☑ **Check if contractor.**

AGENT NAME Donald E. Gray TEL. (201) 239-5924

ADDRESS 76 Franklin St. Cedar Grove NJ.

SIGNATURE Donald E. Gray

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 232
DATE ISSUED 2/16/85
Block ____ Lot ____
Subdivision ____

A. IDENTIFICATION

Owner JOSEPH ESSER
Address 176 GROVE AVE. VERONA, NJ.
Tel. (20) 239-8518
Work Site Address SAME

Agent DON GRAY BILL GRAY
Address 76 FRANKLIN ST. COURT, CEDAR GROVE NJ.
Tel. (201) 239-5924
Lic. No. ____
Federal Emp. No. 226140148

PAYMENTS

Permit Fee $ 64.08
Fees Remitted $ ____
☐ Check No. ____
☐ Cash
☐ Other ____
Collected By P. Lyons
Date ____

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER ____

Description of work:

Addition 11 x 24 in rear

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: $ 30,000

P. Lyons
CONSTRUCTION OFFICIAL

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

Garden State Electrical Inspection Services, Inc.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 23
DATE ISSUED 8/14/85
REVISION DATE
Block 72 Lot 90
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Joe Esser
Address [illegible]

Tel. ( )

Work Site Address same

Contractor Foley Electric Inc.
Address 14 Ocean St.
Pequannock, N.J.
Tel. 201 633-1166
Lic.No./Bus. Permit. 5345
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Richard Foley
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
10	Switching Outlets	$		H.V.A.C. Equipment	$
17	Lighting Outlets			Switching Devices	
10	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
09	Switches				
11	Lighting Fixtures			Other Town	40.00
10	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$ 44.00
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 44.00

40.00
4.00
44.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ 1000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83)

OFFICE COPY

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 752
DATE ISSUED 2/14/85
REVISION DATE

Block 72 Lot 90
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner MR JOSEPH ESSER
Address 176 GROVE AVE
VERONA, NJ.
Tel. (201) 239-8518
Work Site Address SAME

Contractor Don Gray - Bell-Gray Const
Address 76 FRANKLIN ST.
CEDAR GROVE, NJ.
Tel. (201) 239-5924
Lic. No.
Federal Emp. No. 226140148

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Donald E Gray
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

addition
11 X 24

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
	30,000	$ 46.08
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 46.08

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 30,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2322
DATE ISSUED 2/28/85
REVISION DATE

Block 72 Lot 70
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner MR JOSEPH ESSER
Address 176 GROVE AVE
VERONA, NJ.
Tel. (201) 239-8518
Work Site Address SAME

Contractor JOHN GRAY-BELL-GRAY CONST.
Address 76 FRANKLIN ST.
CEDAR GROVE NJ.
Tel. (201) 239-5924
Lic. No.
Federal Emp. No. 226140148

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

John Russell Gray
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Addition
11 X 24

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fee
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
	$2,600	$ 46.80
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 46.80

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 30,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO.
DATE ISSUED
REVISION DATE

Block 72 Lot 10
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner MR JOSEPH ESSER
Address 176 GROVE AVE
IRONIA, NJ.
Tel. (201) 239-8518
Work Site Address SAME

Contractor BOB GRAY-BELL-GRAY CONST
Address 716 FRANKLIN ST.
CEDAR GROVE, NJ.
Tel. (201) 239-5924
Lic. No.
Federal Emp. No. 226140148

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Robert E Gray
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

ADDITION
11 x 24'

TYPE OF WORK:

- [ ] New Building
- [X] Addition
- [ ] Alteration/Renovation
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence
  - [ ] Sign
  - [ ] Pool
  - [ ] Elevator
  - [ ] Other

	Fee Basis	Fee
	30,000	$ 645.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 645.00

[X] See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____
Total Building Area–All Floors _____ Sq. Ft.
Height of Structure _____ Ft.
Volume of Structure _____ Cu. Ft.
Area–Largest Floor _____ Sq. Ft.
Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ 30,000

D. COMMENTS

[ ] Partial Releases [ ] Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

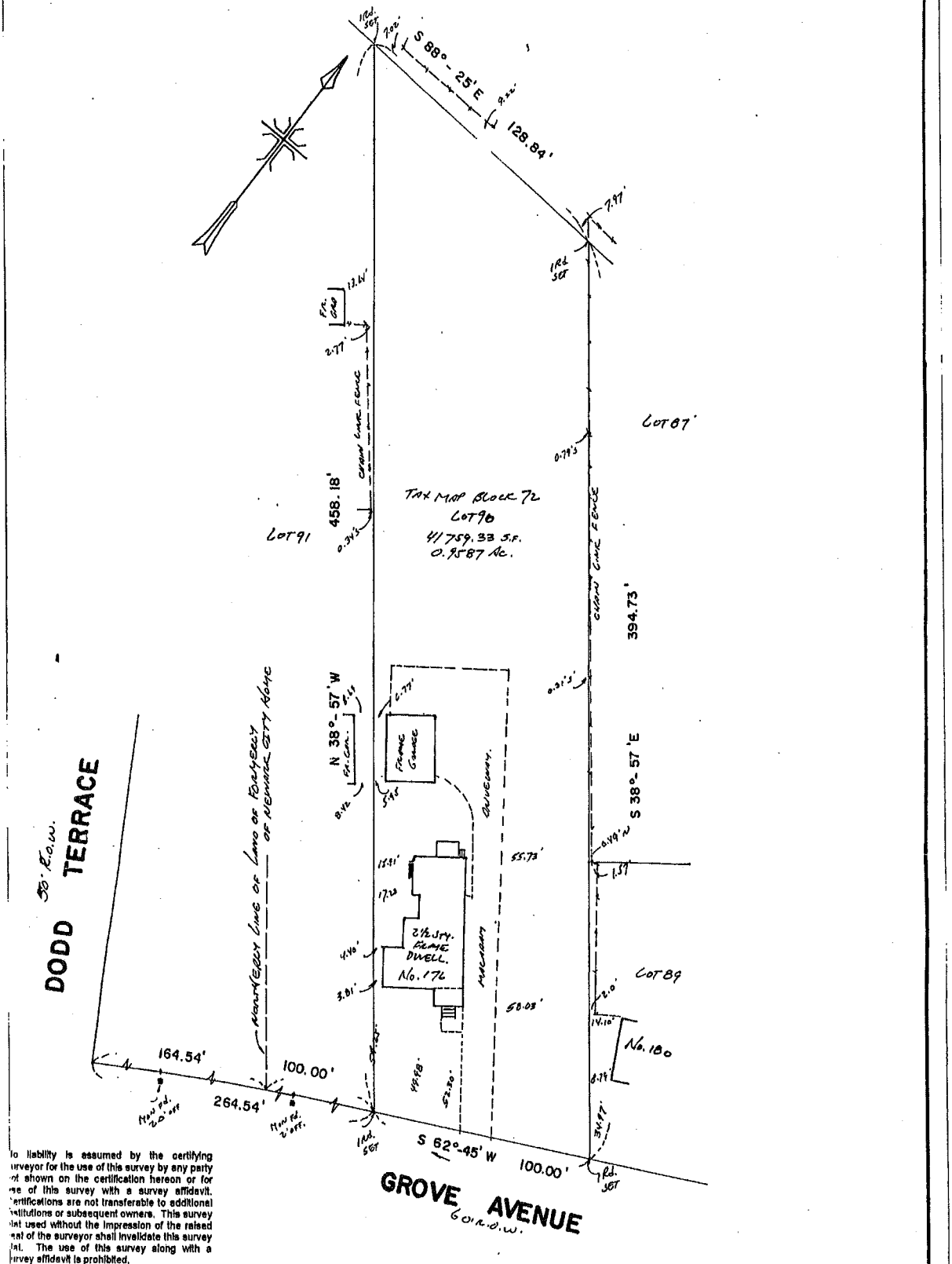
☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				



No liability is assumed by the certifying surveyor for the use of this survey by any party not shown on the certification hereon or for use of this survey with a survey affidavit. Certifications are not transferable to additional institutions or subsequent owners. This survey plat used without the impression of the raised seal of the surveyor shall invalidate this survey plat. The use of this survey along with a survey affidavit is prohibited.

CERTIFIED TO

Clare B. Esser

7/2/90

176 Grove
Kelly Vasile
239-4540

TITLE No

MAP OF PROPERTY SITUATED IN THE
TOWNSHIP OF VERONA
ESSEX COUNTY, NJ

JOB No 01-064
REV DATE
DATE APRIL 24, 2001
SCALE 1" = 40'

JMH ASSOCIATES
403-0830
FAX 403-0803
P.O. BOX 30
CALDWELL, N.J. 07006

JAMES M. HELB, PE, LS, PP
PROFESSIONAL ENGINEER & LAND SURVEYOR
PROFESSIONAL PLANNER
NJ LICENSE No 24272
NJ LICENSE No 3832

James M. Helb DATE 4-24-2001

Newport Pl
Newport Pl
GROVE
AVENUE

176 GROVE AVE.

29 C 49

App. No. ..... Plan No. 14853

Application for Erection or Alteration of Building

Application is hereby made to {alter / erect} Re-building garage building as per subjoined detailed statement of Specification for {alteration / erection} of Buildings, and ..... herewith submit plans and drawings of such proposed building, and ..... do hereby agree that the provisions of the building law will be complied with, whether the same are specified herein or not.

(Sign here) Sam Leone

Verona, N. J., May 15, 1978

1. State how many buildings to be erected 1
2. How occupied; if for dwelling, state number of families .....
3. Give name of street or avenue and number thereof 176 Grove Ave.
4. Give map 29, block C and lot No. 49. Also fill in diagram on back.
5. Give size of lot, front .....; rear .....; depth .....
6. Give size of building, front 30, rear 30, depth 22. No. of stories in height 1
7. Give height of building from grade to highest point of roof beams 15'-0
8. State cost or value of each building $7,500.00
9. Depth of foundation wall, top of cellar floor to nearest tier of joists or construction 3'-6"
10. Thickness of foundation walls ..... Kind of mortar used .....
11. Of what material will foundation wall be built? Block Depth from surface of ground? .....
12. Give thickness and material of footing 12". Width of same .....
13. Will chimneys be lined with flue lining? ..... State size ..... × .....
14. Will chimneys be capped as required? ..... Does yard width comply with zoning ordinance? .....
15. Give material (.....) and thickness of outer walls in inches: Basement .....; 1st story 4"; 2d story .....; 3d story .....; 4th story .....; 5th story .....
16. Give material (.....) and thickness of party walls in inches: Basement .....; 1st story .....; 2d story .....; 3d story .....; 4th story .....; 5th story .....
17. Give height (.....), thickness (.....) and material (.....) of parapet walls.
18. Will through partitions be fire-stopped? .....
19. Give size of sills (2 × 8), corner posts (4 × 6), studding (2 × 4), ties (2 × 4), plates (2 × 4), headers (2 × 10), trimmers (..... × .....).
20. Will headers be hung in metal stirrups? No
21. Will all headers and trimmers be framed away from chimneys and fireplaces? .....
22. State methods of enclosing Frame
23. Will roof be flat, peak or mansard? Peak material of roofing? Asphalt shingle
24. State material of floor beams CONCRETE; of roof beams .....
25. Give sizes of beams or joists: 1st floor .....; 2d floor .....; 3d floor .....; ceiling joists .....; roof 2 x 6
26. State distance on centers: 1st floor .....; 2d floor .....; 3d floor .....; ceiling joists .....; roof 16"
27. Will joists be bridged every 8 feet? ..... Anchored every 8 feet? .....
28. If floors or walls are to be supported by columns or girders, give particulars .....
29. Detailed statement to cover necessary details replacing garage 30 x 22

660 SQ. FT.

DEMOLISH 18 X 28 = 504 SQ FT

30. Certificate for occupancy will be required on completion of building.

Remarks: .....

Owner Joseph Esser Address 176 Grove Ave.

Architect " " Address " " "

Builder Sam Leone Address 46 Personette Ave. Verona

(To be filed in duplicate)

PROJECT # 102645

18.54
4.19
52.70

6930 CU. FT.

CARD MADE

If a Wall or Part of a Wall Already Built is to be Used, Fill in the Following:

The undersigned gives notice that.....intends to use the.....wall of building

.....

.....as a party wall in the erection of the building hereinbefore described, and respectfully requests that the same be examined and a permit granted therefor. The foundation wall ..... built of.....inches thick;.....feet below curb; the upper wall ..... built of.....inches thick;.....feet deep;..... feet in height.

(Sign here).....

Plan No. 1485 3

Application for Erection or Alteration
of
BUILDINGS

VERONA, N. J.

Submitted May 15 1928

LOCATION
176 Grove Ave

Owner J. Esser

Architect " "

Builder E. Fiore

Permit No. 1485 3 Fee $ 42 50

Cost $ 7500 00

Granted May 15 1928

Robert Cook
Inspector of Buildings

Show location of lot, buildings, set-backs and names of streets.

BLOCK NO. 72 LOT NO. 98 SUBDIVISION _____ PERMIT NO. 737

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____		_____		_____

U.C.C. Form F-100 (8/83)

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
8/14/85	ELECTRICAL				8/22/85	passed
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 46.08
PLUMBING	
ELECTRICAL	44.00 8/14/85
FIRE PROTECTION	
OTHER _____	
SUBTOTAL	$
– LESS: 20% of subtotal (when plan review performed by state agency).	( )
D.C.A. TRAINING FEE .0006 x _____ =	3.00
CERTIFICATE OF OCCUPANCY	15.00 7/25/85
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 64.08

DATE 7/16/85 Collected By J Hughes

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			( )
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

BLOCK 72 LOT 90 QUALIFICATION CODE _____ ADDRESS (SITE) 176 GROVE AVE PERMIT NO. 2004-045

F0008973749

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 176 GROVE AVE VERONA NJ 07044
2. Name of Owner in Fee: CLAIR ESSER Tel. (973) 239-8518
   Address 176 GROVE AVE (street) VERONA (municipality) NJ 07044 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: CUSTOM AIR COND Tel. (973) 237-0785
   Address 451 MAIN STREET LITTLE FALLS NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-1898014 FAX: (973) 237-0799
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work FRED ROMANO
   Tel. (973) 237-0785 FAX (973) 237-0799

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	60		
2. Electrical		40		
3. Plumbing		60		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$	9		
9. DCA Training Fee				
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	155		

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

4828

00094_060574

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☒ Alteration CENTRAL AIC	800
5. ☐ Fire Protection	
6. ☒ Plumbing	800
7. ☒ Electrical	800
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	9600

OPTIONAL (for office use only)

	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 3/96)

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(e)1.vii:

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. 5:32-2.15(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.

(✓) Check if contractor.

Agent Name CUSTOM AIR CONDITIONING

Address 451 MAIN STREET
LITTLE FALLS NJ 07424

Telephone (973)237-0789

Signature _____

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

Date Issued 3/19/04
Control #
Permit # 3304-045

CERTIFICATE

IDENTIFICATION

Block 72 Lot 90
Work Site Location 176 Grove Avenue
Owner in Fee/Occupant Mary Esser
Address 176 Grove Ave Verona
Tele. ( )
Contractor Custom Air Conditioning
Address 45 Main St Little Falls NJ
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Central Air

☐ **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 _____, 19____ 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 _____.

Patrick Hyer
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

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

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

NEW 2/4/04 L.W.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2/1/04
Date Issued
Control #
Permit # 2004-045

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

Block 12 Lot 9
Work Site Location 176 GROVE AVE
VERONA NJ 07044
Owner in Fee/Occupant CLAIR ESSER
Address 176 GROVE AVE
VERONA NJ 07044
Tele. (973) 239-8718
Contractor Sharp Electric Inc
Address 34 Ashwood Dr.
Livingston NJ 07039
Tele. (973) 994-3845 Fax (973) 994-4509
Lic. No. 9709
Federal Emp. No. 223141297

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Dwelling Utility Co. PSE+G
Est. Cost of Elec. Work $ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3/19/04
Approved by: L.W.

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		3/8 3/11 3/19	3/19/04	L.W.
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

OVER

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 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	
2	4	KW Central A/C Unit	
2	1	HP/KW Space Heater/Air Handler	40
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Off Bld.

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 40

U.C.C. F120
(rev. 3/96)

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

210-63- #6 GRI
REQUIRED FOR SERVICING
LIMITS

200.7 - C - (1)
BOTH PANEL
OUTSIDE LIMITS.

RUSTY CAGE FOR SILL PANEL

D10 CALL 3/8/04
11 07 A.M.

NEW 3/17/04 h.cea

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3/16/04
Date Issued
Control #
Permit # 2004-045

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

Block 72 Lot 90
Work Site Location 176 GROVE
VERONA, New Jersey 07044
Owner in Fee/Occupant CLAIR ESSLER
Address 176 GROVE AVE
VERONA NJ 07044
Tele. (973) 239-8518
Contractor Sbano Electric Inc.
Address 34 Ashwood Dr.
Livingston NJ 07039
Tele. (973) 994 3845 Fax (973) 994 4539
Lic. No. 9709
Federal Emp. No. 223141297

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as DWELL Utility Co. PSE&G
Est. Cost of Elec. Work $ 175

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3/19/04
Approved by: LMD

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/19/04	LMD

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.

Applicant's Signature/Contractor's Seal and Signature

[X] 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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	125	AMP Subpanels	46
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 46

U.C.C. F120 (rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2/1/04
Date Issued
Control #
Permit # 2004-045

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

Block 12 Lot 9
Work Site Location 176 GROVE AVE
VERONA NJ 07044
Owner in Fee/Occupant CLAIR ESSER
Address 176 GROVE AVE
VERONA NJ 07044
Tele. (973) 239-8518
Contractor Sparta Electric LLC.
Address 311 Highway 0.
Lincoln Park NJ 07035
Tele. (973) 694-9911 3845 Fax (973) 694-4554
Lic. No. 9309
Federal Emp. No. 223511297

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Dwelling Utility Co. PSE+G
Est. Cost of Elec. Work $ 800

JOB SUMMARY (Office Use Only)

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

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

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

_____
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	
2	4	KW Central A/C Unit	
2	1	HP/KW Space Heater/Air Handler	4.00
		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 $ 4.00

U.C.C. F120
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3/16/04
Date Issued
Control #
Permit # 2004-045

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

Block 72 Lot 90
Work Site Location 176 GROVE
VERONA, New Jersey 07044
Owner in Fee/Occupant CLAIR ESSLER
Address 176 GROVE AVE
VERONA NJ 07044
Tele. (973) 239-8518
Contractor [illegible]
Address [illegible]
Tele. ( ) [illegible] Fax ( ) [illegible]
Lic. No. [illegible]
Federal Emp. No. 22-141-[illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as DWLG Utility Co. PSE+G
Est. Cost of Elec. Work $ 175

JOB SUMMARY (Office Use Only)

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

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

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

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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	125	AMP Subpanels	40
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	40

U.C.C. F120 (rev. 3/96)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/1/04
Control #
Permit # 2004-045

IDENTIFICATION Block 72 Lot 90

Work Site Location 176 Grove Ave

Owner in Fee Essex

Address 176 Grove Ave Verona

Tel. ( )

Contractor Custom Air Corp

Address 451 Route 46 Little Falls NJ

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING	[X] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:

Central Air

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 $ 9600

Construction Official

2/1/04
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	46
Plumbing	50
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	13
Cert. of Occupancy	
Other	
Total	159
Check No.	26512
Cash	
Collected by	DH

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/1/04
Control #
Permit # 2004-045

IDENTIFICATION Block 72 Lot 90

Work Site Location 170 Grove Ave

Owner in Fee Assoc.
Address 170 Grove Ave Verona

Tel. ( )

Contractor Custom Air Cond
Address 451 Main St Little Falls NJ

Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Central Air

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 $ 9600

Construction Official

2/1/04
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	46
Plumbing	30
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	13
Cert. of Occupancy	
Other	
Total	159
Check No.	2657
Cash	
Collected by	WH

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

Esser Esser

045

s.)

NA
Call 857-4836 8:30-9:00 a.m.
24 hr. Notice Required

Date Issued 2/1/04
Control #
Permit # 2004-045

FEE (Office Use Only)
$

CONSTRUCTION PERMIT NOTICE

Block 72 Lot 90

Work Site Location: 176 Grove Avenue

AUTHORIZED FOR:

- [X] BUILDING
- [X] ELECTRICAL
- [X] PLUMBING
- [ ] FIRE PROTECTION
- [ ] ELEVATOR DEVICES
- [ ] DEMOLITION
- [ ] OTHER

Description of Work: Central Air

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.

U.C.C. F180
(rev. 3/96)

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

Gas Piping
Solar
TCO

e Surcharge $
..linimum Fee $
DCA Training Fee $
TOTAL FEE $

Fred,
NEED
UP GRADE for
Sub-Panel,
VERONA

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

U.C.C. F130
(rev. 3/96)

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

176 Grove (F)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/1/04
Date Issued
Control #
Permit # 04-145

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

Block 13 Lot 40
Work Site Location 176 GROVE AVE. VERONA NJ 07044
Owner in Fee CLAIR ESSER
Address 176 GROVE AVE VERONA NJ 07044
Tele. (973) 239-8618
Contractor CUSTOM AIR CONDITIONING
Address 451 MAIN STREET LITTLE FALLS NJ 07424
Tele. (973) 237-0755 Fax (973) 237-0759
Lic. No.
Federal Emp. No. 22-1898054

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 $ 800

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			3/8/04	JBT
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

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	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	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	
2	Other PRIMARY CONDENSATE	
1	Other BUILDING DRAIN	
	Other	50

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

U.C.C. F130 (rev. 3/96)

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/1/04
Date Issued
Control #
Permit # 2004-045

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

Block 78 Lot 90
Work Site Location 176 GROVE AVE VERONA NJ 07044
Owner in Fee CLAIR ESSER
Address 176 GROVE AVE VERONA NJ 07044
Tele. (973) 239-8518
Contractor CUSTOM AIR CONDITIONING
Address 451 MAIN STREET LITTLE FALLS NJ 07424
Tele. (973) 232-0789 Fax (973) 237-0759
Lic. No.
Federal Emp. No. 22-1898054

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 $ 800

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

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	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	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	
2	Other PRIMARY CONDENSATE	
1	Other AUXILARY DRAIN	30
	Other	

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

U.C C. F130 (rev. 3/96)

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/1/04
Date Issued
Control #
Permit # 2004-045

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

Block 71 Lot 78 90
Work Site Location 176 GROVE AVE.
VERONA NJ 07044
Owner in Fee CLAIR ESSER
Address 176 GROVE AVE
VERONA NJ 07044
Tele. (973) 239-8518
Contractor CLAYTON AIR CONDITIONING
Address 451 MAIN STREET
LITTLE FALLS NJ 07424
Tele. (973) 237-0786 Fax (973) 237-0759
Lic. No.
Federal Emp. No. 22-1898054

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 $ 800

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	1			
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

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	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	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	
2	Other PRIMARY CONDENSATE	
1	Other AUXILARY DRAIN	
	Other	50

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

U.C.C. F130 (rev. 3/98)

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

PERMIT UPDATE

3/16/04
Date Update Issued
Control #
Permit # 2004-045
Date Permit Issued
2/01/04

IDENTIFICATION Block 72 Lot 90

Work Site Location 176 GROVE AVE. VERONA, N.J. 07044

Owner in Fee CLAIR ESSER

Address 176 GROVE AVE VERONA NJ 07044

Tel. (973) 239-8578

Contractor CUSTOM AIR COND.

Address 451 MAIN STREET LITTLE FALLS NJ 07424

Tel. (973) 237-0785

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. 22-1898054

Is hereby granted permission to perform the following work:

[ ] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK: S.B. FEED PANEL

Estimated Cost of Work $ 175

Construction Official

3/16/04
Date

PAYMENTS (Office Use Only)

Building	
Electrical	46
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	46
Check No.	20529
Cash	
Collected by	PD

U.C.C. F190
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

3/16/04
Date Update Issued
Control #
Permit # 2004-045
Date Permit Issued
2/01/04

IDENTIFICATION Block 72 Lot 90
Work Site Location 176 GROVE AVE. VERONA, N.J 07044
Owner in Fee CLAIR ESSER
Address 176 GROVE AVE. VERONA NJ 07044
Tel. (973) 239-8518

Contractor CUSTOM AIR COND.
Address 451 MAIN STREET LITTLE FALLS NJ 07424
Tel. (973) 237-0785
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 22-1898054

Is hereby granted permission to perform the following work:

[ ] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK: S.B Feed Panel

Estimated Cost of Work $ 175

Patrick Hyman
Construction Official

3/16/04
Date

PAYMENTS (Office Use Only)

Building	
Electrical	46
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	46
Check No.	20529
Cash	
Collected by	PD

U.C.C. F190
(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 2/1/04
Date Issued
Control #
Permit # 0004-045

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

Block 12 Lot 9.6
Work Site Location 176 GROVE AVE
VERONA NJ 07044
Owner In Fee CLAIR ESSER
Address 176 GROVE AVE.
VERONA NJ 07044
Tele. (973) 239-8518
Contractor CUSTOM AIR CONDITIONING
Address 451 MAIN STREET
LITTLE FALLS NJ 07424
Tele. (973) 237-0789 Fax (973) 237-0799
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1898054

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK BLOWER COIL UNIT IN ATTIC WITH DUCT WORK FOR 2ND FLR. A/C BLOWER + COIL UNIT IN BASEMENT WITH DUCT WORK FOR 1ST FLOOR A/C TWO CONDENSING UNITS OUTSIDE ON CONCRETE SLABS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	2/4/04	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] 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			2/19/04	DK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 8000

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [2] Other CENTRAL A.C. COND. SYSTEM
[ ] Demolition

FEE (Office Use Only)

$ _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
50
_____

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

U.C.C. F110 (rev. 3/98)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/1/04
Date Issued
Control #
Permit # 2004-045

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

Block 12 Lot 46
Work Site Location 176 GROVE AVE
VERONA NJ 07044
Owner in Fee CLAIR ESSER
Address 176 GROVE AVE.
VERONA NJ 07044
Tele. (973) 239-8518
Contractor CUSTOM AIR CONDITIONING
Address 451 MAIN STREET
LITTLE FALLS NJ 07424
Tele. (973) 237-0784 Fax (973) 237-0755
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1898054

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK BLOWER & COIL UNIT IN ATTIC WITH DUCT WORK FOR 2ND FLOOR. A/C BLOWER & COIL UNIT IN BASEMENT WITH DUCT WORK FOR 1ST FLOOR A/C TWO CONDENSING UNITS OUTSIDE ON CONCRETE SLABS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	2/1/04	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			3/19/04	YH
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [2] Other CENTRAL A.C. COND. SYSTEM

[ ] Demolition

FEE (Office Use Only)

$	
	50

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

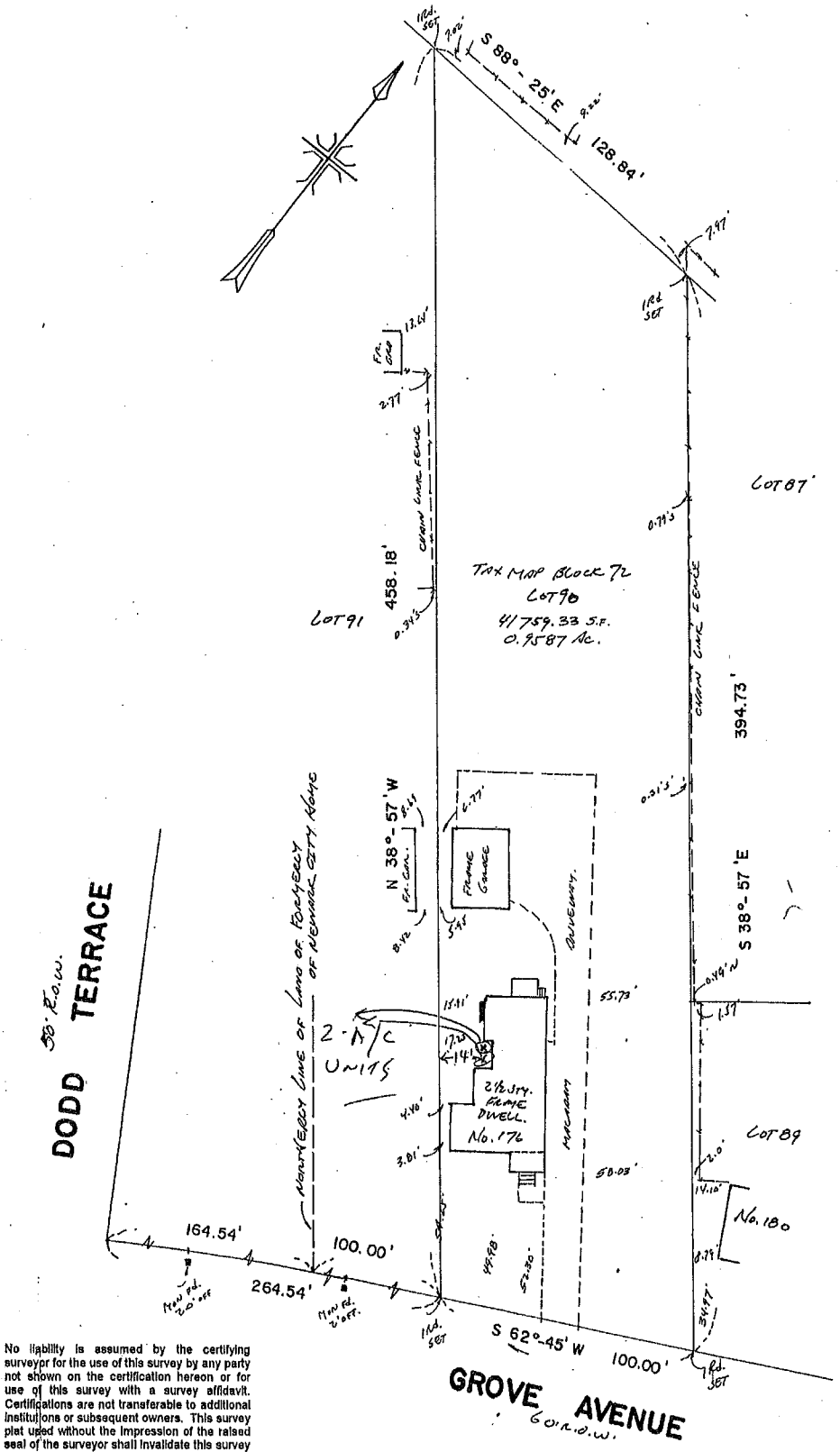
B. BUILDING CHARACTERISTICS

Use Group Present _____ 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.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 8000

U.C.C. F110 (rev. 3/98)

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



No liability is assumed by the certifying surveyor for the use of this survey by any party not shown on the certification hereon or for use of this survey with a survey affidavit. Certifications are not transferable to additional institutions or subsequent owners. This survey plat used without the impression of the raised seal of the surveyor shall invalidate this survey plat. The use of this survey along with a survey affidavit is prohibited.

CERTIFIED TO

Clare B. Esser

TITLE No

MAP OF PROPERTY SITUATED IN THE

TOWNSHIP OF VERONA

ESSEX COUNTY, NJ

JMH ASSOCIATES

403-0830
FAX 403-0803

P.O. BOX 30
CALDWELL, N.J. 07006

JAMES M. HELB, PE, LS, PP

PROFESSIONAL ENGINEER & LAND SURVEYOR
PROFESSIONAL PLANNER

NJ LICENSE No 24272
NJ LICENSE No 3832

DATE 4-24-2001

JOB No 01-064

REV DATE

DATE APRIL 24, 2001

SCALE 1" = 40'

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer		9/1/04							
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 72 LOT 90 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO 2003-521

F0008973750

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 136 Grove Ave
2. Name of Owner in Fee: Mrs. Esser Tel. (732) _____
   Address Same
   street municipality zip code
3. Ownership in Fee: Public _____
4. Principal Contractor: MIKE WATERS Tel. (908) 964-4800
   Address Boilers & Oil Tanks 346 Princeton Avenue
   License No. OR, if new home, Builder's Reg. No. Hillside, NJ 07205 016659 Exp. Date 6-04
   Federal Employee No. 22-3765068 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 50		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 50		

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition	1100.								
	TOTAL COSTS	1100.								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 3/98)

00094_060974 4828

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(e)1.vii:

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. 5:32-2.15(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.

(✓) Check if contractor.

Agent Name MIKE WATERS
Boilers & Oil Tanks

Address 346 Princeton Avenue
Hillside, NJ 07205

Telephone (908) 964-4869

Signature_____

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

Dec. 23 2003 07:11PM P3

FAX NO. :

FROM :z

DePALMA OIL CO.

713 Pinewood Road
Union, New Jersey 07083
(908) 688-0759 or (201) 432-5219

Fed. ID# NJD065788556
Transport#S6689
FAC #NYD981566565

12/90

#NY000098845

95 INC

MANIFEST # Non-HAZ (ESSER)

Name MIKE WATERS

Address Jobsite 176 Grove Ave, Verona, N.J.

Date 9/9/03 Phone

QTY	Description	Price	Amount
(1)	Removed 850 gals. of		
	oil/sludge from A		
	550 Abandonment		
	Permit # 9003-521		
	(B) 72 (L) 90		
		Tax	
		900.23	

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/20/03
Date Issued
Control #
Permit # 2003-521

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

Block 72 Lot 40
Work Site Location 176 Grove Avenue

Owner in Fee Mrs. Esser
Address
MIKE WATERS
Tele. ( ) Boilers & Oil Tanks
Contractor 346 Princeton Avenue
Address Hillside, NJ 07205

Tele. (908) 964-4660 Fax ( )
Lic. No. or Bldrs. Reg. No. 06639 Exp. 6-04
Federal Emp. No. 22-3265002

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	8/20	PP
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free			9/10/03	PP

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed
Constr. Class Present 5 Proposed
No. of Stories 2
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 1100.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Abandon 1550 Gal. Oil Tank w/ Sand in Front Yard

TYPE OF WORK:

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

FEE (Office Use Only)

$ 50

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

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 8/20/03
Date Issued
Control #
Permit # 2003-521

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

Block 72 Lot 40
Work Site Location 176 Avenue Aine nue.

Owner in Fee Mrs Esser
Address
Tele. ( )
Contractor MIKE WATERS
Address Boilers & Oil Tanks
346 Princeton Avenue
Hillside, NJ 07205

Tele. ( ) 964-4600 Fax ( )
Lic. No. or Bldrs. Reg. No. 01687 Exp 6-04
Federal Emp. No. 22-3765062

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	8/20/03	PH
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free			9/10/03	PH

B. BUILDING CHARACTERISTICS

Use Group Present Utility Proposed
Constr. Class Present 5 Proposed
No. of Stories 2
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 1100.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Abandon 4550 Gal. Oil Tank w/ Sand in Tank

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

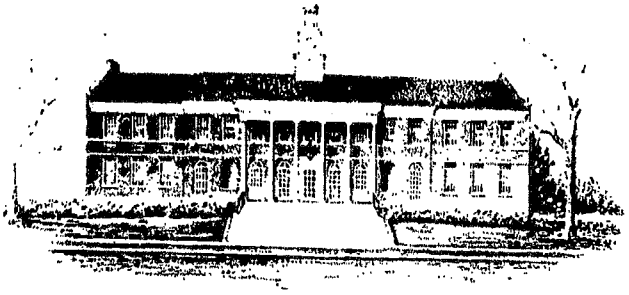
[X] Demolition

FEE (Office Use Only)

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

U.C.C. F110 (rev. 3/98)

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



Township of Verona

880 Bloomfield Avenue
Verona, New Jersey 07044

OFFICE OF THE CONSTRUCTION OFFICIAL

Telephone: (973) 857-4834 Fax: (973) 857-5134

Permit – 2003-521

Date : September 10, 2003

Issued to: Ms. Esser
176 Grove Avenue
Verona, NJ 07044

For property at: 176 Grove Avenue, Verona, NJ

Work Description: Fill Oil Tank

This Certificate shall evidence only that a general inspection of the work covered by the above permit has been made and approved by the undersigned.

The tank was inspected on September 10, 2003.

Patrick Hynes
Construction Official

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/20/03
Control #
Permit # 2003-521

IDENTIFICATION Block 72 Lot 90

Work Site Location 176 Stone Ave
Owner in Fee Essex
Address 176 Stone Ave Verona
Tel. ( )

Contractor Mike Wytten
Address 346 Princeton Ave Hillside NJ
Tel. ( )
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
Sell 350 gal tank

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 $ 1100

Construction Official

8/20/03
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	50
Check No.	
Cash	
Collected by	PKL

(see reverse side)

U.C.C. F170
(rev. 5/2K)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/20/03
Control #
Permit # 2003-521

IDENTIFICATION Block 72 Lot 90

Work Site Location 176 Hine Ave

Owner in Fee Wesley N
Address 176 Hine Ave Wenona

Tel. ( )

Contractor N.C. Walker
Address 246 Princeton Ave Hillsdale NJ

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Lic 550 sq ft deck

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 $ 1110.00

Construction Official

8/20/03
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	50
Check No.	
Cash	
Collected by	

U.C.C. F170
(rev. 5/2K)

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

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

72 90

BLOCK ~~105~~ LOT ~~5~~ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 2001-845

F0008973751

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: ~~167~~ Clove 176 Grove
2. Name of Owner in Fee: Clair Esser Tel. 239-7117
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: B. Szpara Tel. (890) 0636
   Address _____
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. ~~145-32-6582~~ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (973)-890-0636 FAX (____) SAME

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 50		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	2		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 52		

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

00094_060974 4828

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2800								

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change In Use Group, Indicate Former:

U.C.C. F100-1 (rev. 3/95)

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(e)1.vii:

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 B. DeSpirito Date 1-23-01

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. 5:32-2.15(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 BARRY M. SZPARA

Address 147 Hobson Ave WAYNE NJ.

Telephone (973) - 890 - 0636

Signature B. DeSpirito

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

CONSTRUCTION PERMIT

Date Issued 1/26/01
Control #
Permit # 2001-045

IDENTIFICATION Block 65 79 Lot E 90

Work Site Location 176 HAMILTON AVE

Owner in Fee CLAIR ESSER

Address SAME

Tel. ( ) 239-7117

Contractor B, S & PAPA

Address 47 HOBSON AVE WAYNE

Tel. ( ) 890-0636

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. 145-32-6582

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

VINYL Siding 3 Sides

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 $ 2800.00

Construction Official

1/26/01
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occupancy	
Other	
Total	52
Check No.	
Cash	
Collected by	CH

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

CONSTRUCTION PERMIT

Date Issued 1/26/01
Control #
Permit # 7001-045

IDENTIFICATION Block ~~65~~ 79 Lot ~~E~~ 90
Work Site Location ~~457 Route~~ 1-10
Owner In Fee CLAIR ESSEX
Address SAME
Tel. ( ) 239-1111

Contractor B. SZPARA
Address 47 HOKSOM AVE WAYNE
Tel. ( ) 890-0636
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 145-32-6582

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
Vinyl Siding 3 Sides

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 $ 2800.00

Construction Official

1/26/01
Date

PAYMENTS (Office Use Only)
Building 50
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 2
Cert. of Occupancy
Other
Total 52
Check No.
Cash
Collected by CN

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/24/01.
Date Issued
Control #
Permit # 2001-045

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

Block 12 65 Lot ~~5~~ 90
Work Site Location ~~169~~ 176 GROVE
Owner In Fee AARON ESSER
Address
Tele. ( ) 239-7117
Contractor B. SAPARA
Address 47 HOGSON AVE WAYNE N.J.
Tele. (973) 890-0636 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 145-32-6580

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 B. Sapara

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

VINYL SIDING 3 SIDES OF HOUSE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] 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			3/24/01	DO
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present 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.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2800.00
2. Alteration $
3. Total (1+2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] 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)

	$
	50
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 2
TOTAL FEE	$ 52

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 1/26/01
Date Issued
Control #
Permit # 2001-045

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

Block 12 Lot 90
Work Site Location 116 6 Rock
Owner in Fee ESSER
Address
Tele. ( ) 239-7117
Contractor B. SAPARA
Address 47 Hobson Ave Wayne N.J.
Tele. (973) 890-0636 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 145-32-6580

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 B. Sapara

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vinyl Siding 3 Sides of House

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			3/24/01	DO
Barrier-Free				

TYPE OF WORK: X
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] 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)

$	
	50
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 2
TOTAL FEE	$ 52

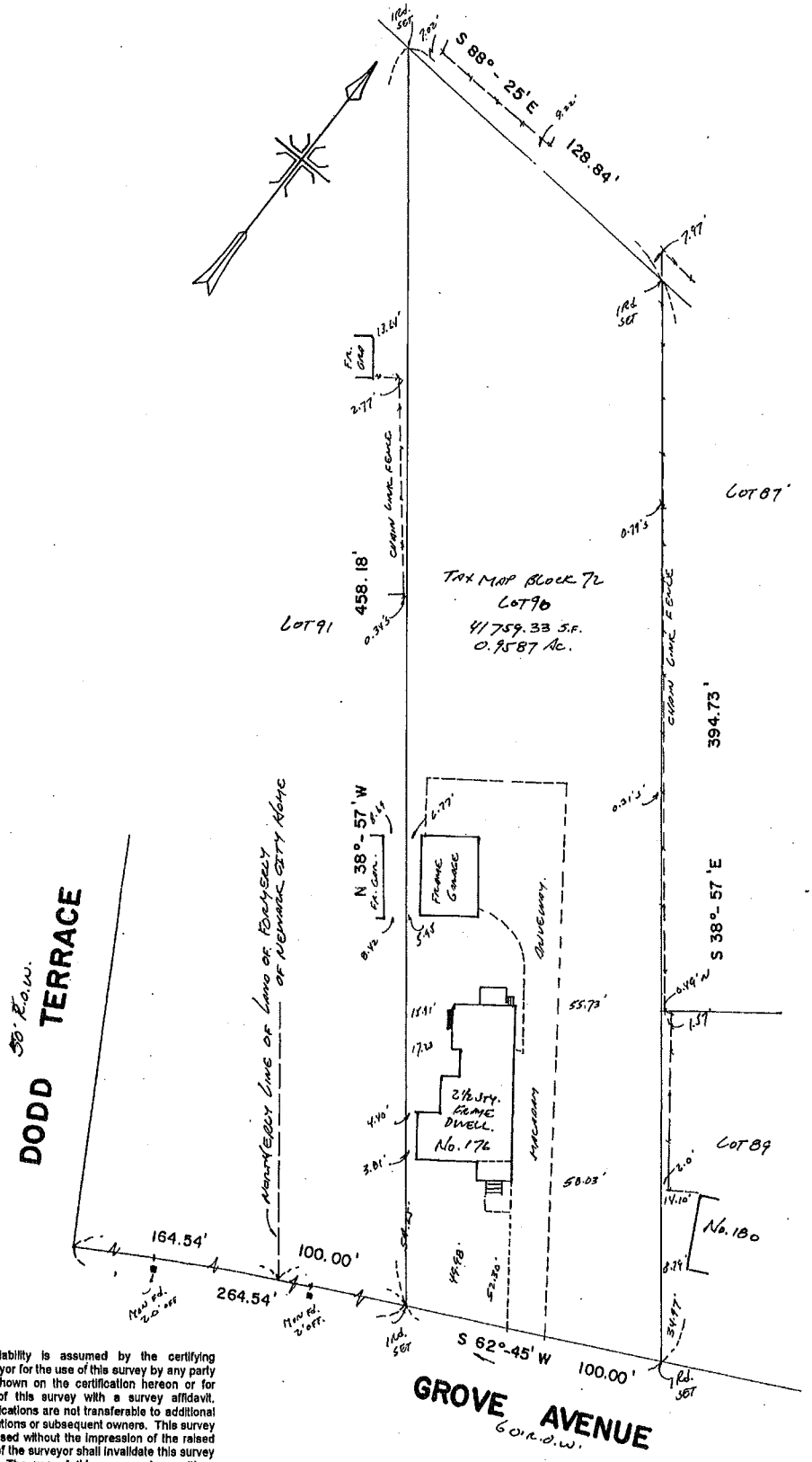
B. BUILDING CHARACTERISTICS

Use Group Present _____ 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.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2800.00
2. Alteration $
3. Total (1+ 2) $

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

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



No liability is assumed by the certifying surveyor for the use of this survey by any party not shown on the certification hereon or for use of this survey with a survey affidavit. Certifications are not transferable to additional institutions or subsequent owners. This survey plat used without the impression of the raised seal of the surveyor shall invalidate this survey plat. The use of this survey along with a survey affidavit is prohibited.

CERTIFIED TO

Clare B. Esser

7/2/90

1176 Grove
Kelly Vasile
239-4540

TITLE No

MAP OF PROPERTY SITUATED IN THE

TOWNSHIP OF VERONA

ESSEX COUNTY, NJ

JMH ASSOCIATES

403-0830
FAX 403-0803

P.O. BOX 30
CALDWELL, N.J. 07006

JAMES M. HELB, PE, LS, PP

PROFESSIONAL ENGINEER & LAND SURVEYOR
PROFESSIONAL PLANNER

NJ LICENSE No 24272
NJ LICENSE No 3832

DATE 4-24-2001

JOB No 01-064

REV DATE

DATE APRIL 24, 2001

SCALE 1" = 40'

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 72 LOT 90 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 1998-541

F0008973752

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 176 Grove Ave
2. Name of Owner in Fee: Essex Tel. ( ) _____
   Address 176 Grove Ave
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Bells Heating Tel. 239-6047
   Address 1237 Stoney Ave Verona
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		155	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		5	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	160	

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

00094_060974 4828 *0002MBLIX*

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing	6,800								
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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(e)1.vii:

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. 5:32-2.15(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.

( ) Check if contractor.

Agent Name William Harrington

Address 237 Grove Ave

Verona NJ

Telephone (973) 239-6147

Signature William Harrington

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/8/98
Control #
Permit # 1998-541

IDENTIFICATION Block 72 Lot 90

Work Site Location 176 Grove Ave

Owner in Fee J. Esser

Address 176 Grove Ave Verona

Tel. ( )

Contractor Bitts Heating

Address 237 Grove Ave Verona NJ

Tel. ( ) 239-6947

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: 2 Boilers / 2 Backflow preventors

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 $ 6800

Construction Official

9/8/98
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	155
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5
Cert. of Occupancy	
Other	
Total	160
Check No.	
Cash	
Collected by	PA

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/8/98
Control #
Permit # 1998-541

IDENTIFICATION Block 72 Lot 90

Work Site Location 176 Grove Ave
Owner in Fee J. Eyser
Address 176 Grove Ave Verona
Tel. ( )

Contractor Bill's Heating
Address 237 Lloyd Ave Wing NJ.
Tel. ( ) 284-6647
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: 2 Boilers / 2 Backflow preventors

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 $ 6800

Construction Official

9/8/98
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	155
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5
Cert. of Occupancy	
Other	
Total	160
Check No.	
Cash	
Collected by	PM

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

CERTIFICATE

Date Issued 10/13/98
Control # 10/13/98
Permit # 1998-541

IDENTIFICATION

Block 72 Lot 9.0
Work Site Location 176 Grove Ave
Owner in Fee Essar
Address 176 Grove Ave Verona
Tele (____)
Contractor Betts Heating
Address 237 Grove Ave Verona
Tele (____) 239-6147
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

2 Boilers

☐ **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.

☐ **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 _____.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

Patrick Thomas
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

UCC Form F-2608

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX [illegible]

176 GROVE AVE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/8/98
Date Issued
Control #
Permit # 1998-541

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

Block 13 Lot 90
Work Site Location 176 Grove Ave

Owner in Fee Mr. Jon Essery
Address 176 Grove Ave
Verona NJ.
Tele. (973) 239-8518
Contractor R. Ellis Heating
Address 237 Grove Ave
Verona NJ
Tele. (973) 239-6147 Fax ( ) _____
Lic. No. _____
Federal Emp. No. _____

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 $ 6800

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			9/24/98	TB
Gas Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

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

William Harrington
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
2 X	Hot Water Boiler	70
	Sewer Pump	
	Interceptor/Separator	
2 X	Backflow Preventer	50
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$ 35
Minimum Fee	$
DCA Training Fee	$ 5
TOTAL FEE	$ 160

U.C.C. F130 (rev 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/8/98
Date Issued
Control #
Permit # 1998-541

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

Block 12 Lot 90
Work Site Location 176 Grove Ave

Owner in Fee Mr Jon Essery
Address 176 Grove Ave
Verona NJ
Tele. (973) 239-8518
Contractor Bills Heating
Address 287 Grove Ave
Verona NJ
Tele. (973) 239-6147 Fax ( )
Lic. No.
Federal Emp. No.

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 $ 6800

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

William Harrington
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
2	Hot Water Boiler	70
	Sewer Pump	
	Interceptor/Separator	
2	Backflow Preventer	50
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$ 35
Minimum Fee	$
DCA Training Fee	$ 5
TOTAL FEE	$ 160

U.C.C. F130 (rev 3/98)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/8/98
Date Issued
Control #
Permit # 1998-541

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

Block 12 Lot 90
Work Site Location 176 Grove Ave

Owner in Fee Mr Jon Esseus
Address 176 Grove Ave
Verona N.J.
Tele. (973) 239-8518
Contractor Bills Heating
Address 257 Grove Ave
Verona NJ
Tele. (973) 239-6149 Fax ( ) _____
Lic. No. _____
Federal Emp. No. _____

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 $ 6800

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

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

William Harrington
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
2X	Hot Water Boiler	70
	Sewer Pump	
	Interceptor/Separator	
2X	Backflow Preventer	50
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$	35
Minimum Fee	$	
DCA Training Fee	$	5
TOTAL FEE	$	160

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK:_____ LOT:_____ PERMIT#:_____

WORKSITE ADDRESS:_____

Certifying Individual(Print Name)

Name: WILLIAM HARRINGTON

Address

Street: 237 GROVE AVE

State: VERONA, N.J.

Company

Name: BILL'S HEATING

City: VERONA NJ

Zip: 07044

Phone# (973) 239-6147

Check The Appropriate Box

Type of replacement:

[ ] Oil to Gas Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement

[ ] Other (describe):_____

Existing vent/chimney:

[ ] B label vent
[ ] L label vent
[X] Masonry chimney-Tile lined
[ ] Flexible liner
[ ] Power vent/exhauster
[ ] Other (describe):_____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS CERTIFICATION

r Oil to Gas Conversions:

ereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue m its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined l sized for the appliance being installed.

Signature Date

to Oil or Gas to Gas Replacements:

ereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the sting chimney/vent is appropriately lined and sized for the appliance being installed.

tification Not Submitted:

ioose not to submit a certification. I understand that I will be required to be present for the inspection emove and reinstall the chimney vent connector.

William Harrington 9-8-98
Signature Date

ect Vent Appliance:
certification required:

Signature Date

IS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL SPECTION.

0

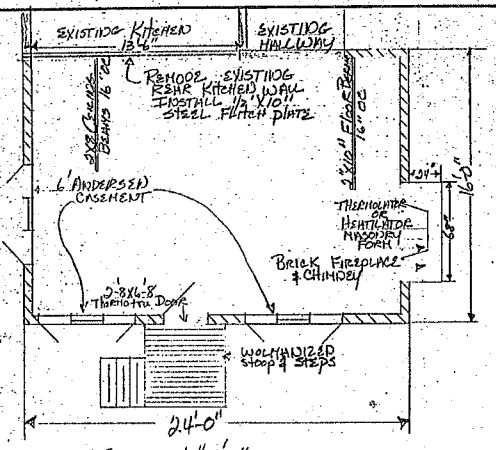
OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

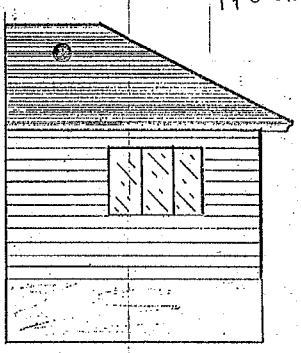
Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

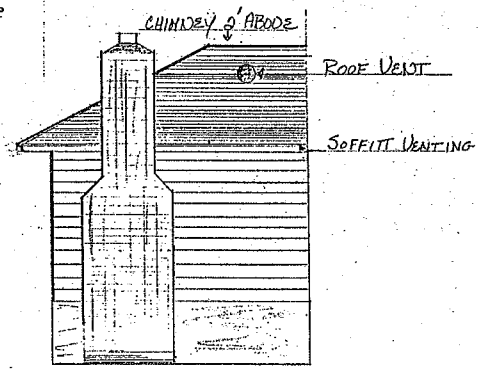


SCALE 1/4"=1'-0"

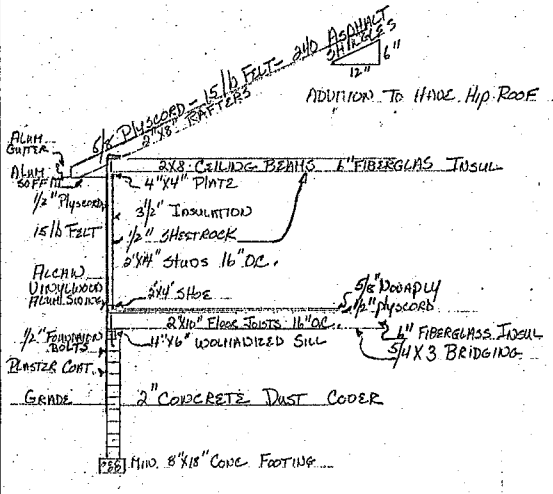
BLOCK → 72
LOT → 90
Permit #85-737
Address:
176 Grove Ave

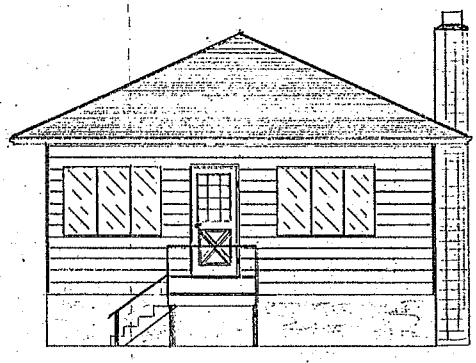


NORTH VIEW



SOUTH VIEW





REAR VIEW

MR & MRS JOSEPH ESSER		
SCALE:	APPROVED BY:	DRAWN BY
DATE:		REVISED
		DRAWING NUMBER

BLOCK 72 LOT 90 QUALIFICATION CODE Tank Removal ADDRESS (SITE) 176 Grove Ave PERMIT NO. 2015-301

F0008963262

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: 176 Grove Ave
2. Name of Owner in Fee: Claire Esser
   Tel. (973) 207-7005 e-mail
   Address 176 Grove Ave (street) Verona (municipality) (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: DellaVolpe Bros Tel. (973) 477 0121
   Address 12 Lodge St Belleville NJ 07109 e-mail
   License No. OR, if new home, Builder Reg. No. US0122P Exp. Date 7-15
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Joe DellaVolpe
   Tel. (973) 477-0121 FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 75		

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	1500								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: 1 family
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

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.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

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 Marc Della Volpe

Address 12 Lady St
Belleville NJ

Telephone _____

Signature Marc Della Volpe

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 7/30/2015
Control Number C-15-0389
Permit Number 2015-301
Permit Issue Date 5/7/2015
Certificate Number 2015-301

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 176 GROVE AVENUE VERONA, NJ 07044 Block: 72 Lot: 90 Qual:

Owner in Fee: ESSER, CLARE B.

Owner Address: 176 GROVE AVENUE VERONA NJ 07044

Telephone:

Contractor Della Volpe Bros

Address 12 Lake Street Belleville NJ 07109

Telephone: (973) 477-0121 Fax:

License Number or Builders Registration Number: US01229 Federal Emp. Number: 241-318-813

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REMOVAL OF UNDERGROUND STORAGE TANK 550 GALLON TANK FROM FRONT YARD PREVIOUSLY ABANDONED / SANDFILLED

Certificate Comments: CERTIFICATE DATE BASED ON RECEIPT OF MANIFESTS & NO FURTHER ACTION LETTER FROM STATE

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/19/2015

U.C.C. F260 (rev. 08/05)

15-1201

CONSTRUCTION PERMIT

Date Issued 12/15/15

Permit # 2015-918

IDENTIFICATION Block 72 Lot 98 Qualification Code

Work Site Location 10 Dodd Terr. Verona 07044

Owner in Fee D. DePalma

Address same

Tel. (973) 857-1557

Contractor 1 800 Heaters Inc

Address 2 Gourmet Lane, Unit G & H Edison, NJ 08837

Tel. (732) 970-8074

Lic. No. or Bldrs. Reg. No. 12352

Is hereby granted permission to perform the following work:

[ ] BUILDING	[X] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[X] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:

Replacement Hot Water Heater

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 $ 1159.-

Construction Official

12/9/15
Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing 100
Fire Protection 50
Elevator Devices
Other
DCA State Permit Fee 2
Cert. of Occupancy
Other
Total 112
Check No. 2243
Cash
Collected by KS

(see reverse side)

U.C.C. F170 (rev. 01/04) For reorder: Call Allegra - Marketing - Print - Mail (609) 390-1400

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

C-15-1001

CONSTRUCTION PERMIT

Date Issued 12/12/12

Permit # 2015-918

IDENTIFICATION Block 72 Lot 98 Qualification Code

Work Site Location 10 Dodd Terr. Verona, NJ 7044

Owner in Fee D. DePalma

Address same

Tel. (973 857-1557

Contractor 1 800 Heaters Inc

Address 2 Gourmet Lane, Unit G & H Edison, NJ 08837

Tel. (732) 970-8074

Lic. No. or Bldrs. Reg. No. 12352

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Replacement Hot Water Heater

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 $ 1159.-

Construction Official

12/19/15

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 100

Fire Protection 50

Elevator Devices

Other

DCA State Permit Fee 2

Cert. of Occupancy

Other

Total 112

Check No. 2043

Cash

Collected by KS

(see reverse side)

U.C.C. F170 (rev. 01/04) For reorder: Call Allegra - Marketing - Print - Mail (609) 390-1400

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

BOB MARTIN
Commissioner

Unregulated Heating Oil Tank Program
Mail Code 401-05
P.O. Box 420
Trenton, NJ 08625-0420
Phone #: 609-633-0544
Fax #: 609-984-6004

July 23, 2015

Clare Esser
208 Hampton Place
Pompton Plains, NJ 07444

Re: Area of Concern: One – 550 gallon #2 Heating Oil Underground Storage Tank System
Unrestricted Use - No Further Action Letter and Covenant Not to Sue
Block 72, Lot 90
176 Grove Avenue
Verona Borough Township, Essex County
Program Interest #:699492, Activity Number: CSP150001
Communications Center Number: 15-05-29-1116-32

Dear Ms. Esser:

Pursuant to N.J.S.A. 58:10B-13.1 and N.J.A.C. 7:26C, the New Jersey Department of Environmental Protection (Department) makes a determination that no further action is necessary for the remediation of the area of concern specifically referenced above, except as noted below, so long as you did not withhold any information from the Department. This action is based upon information in the Department's case file and your final certified report dated June 2015. In issuing this No Further Action Determination and Covenant Not to Sue, the Department has relied upon the certified representations and information provided to the Department.

By issuance of this No Further Action Determination, the Department acknowledges the completion of a Remedial Investigation and Remedial Action pursuant to the Technical Requirements for Site Remediation (N.J.A.C. 7:26E) for the area of concern specifically referenced above and no other areas.

NO FURTHER ACTION CONDITIONS

As a condition of this No Further Action Determination pursuant to N.J.S.A. 58:10B-12o, you and any other person who was liable for the cleanup and removal costs, and remains liable pursuant to the Spill Act, shall inform the Department in writing within 14 calendar days whenever your name or address changes. Any notices submitted pursuant to this paragraph shall reference the above case numbers and shall be sent to: Site Remediation Program, P.O. Box 420, Trenton, NJ 08625.

By operation of law a Covenant Not to Sue pursuant to N.J.S.A. 58:10B-13.1 applies to this remediation. The Covenant Not to Sue is subject to any conditions and limitations contained herein. The Covenant Not to Sue remains effective only as long as the real property referenced above continues to meet the conditions of this Conditional No Further Action Letter.

Thank you for your attention to these matters. If you have any questions, please contact Stephen Tatar at (609) 633-0580.

Sincerely,

Yacoub Yacoub, Bureau Chief
Unregulated Heating Oil Tank Program

c: Susan Portuese, Montclair Health Dept.
Michael Festa, Essex County Health Dept.
Municipal Clerk, Verona Borough Township
Roger Bakos, R. Bakos Consulting
Mark Gruzlovic, NJDEP/Unregulated Heating Oil Tank Program
File Copy

176 GROVE
VERONA
5-22-15

973-484-7668
973-484-7669

F. ROVER & SON
IRON AND STEEL BALING SCRAP

Harrison, N.J., _____ 20 ____

Received From _____

Address _____

GROSS		[illegible]			RECEIVED BY
TARE		[illegible]		[illegible]	TRUCK
NET		[illegible]		[illegible]	
CHECKED BY				[illegible]	
MATERIAL	TIN	STEEL	MOTORS	CAST IRON	
PRICE					FIGURED BY
AMOUNT					TOTAL [illegible]

REMARKS

DELIVERED & RECEIVED BY _____

THIS IS TO CERTIFY THAT I DELIVERED THE ABOVE MATERIAL FROM THE ABOVE NAMED SUPPLIER, who is the owner of this material. This will also certify that I, on behalf of the above named supplier, am familiar with the Rover list of unacceptable/prohibited materials, and that the above load does not contain any unacceptable/prohibited materials, including any Class I (chlorofluorocarbons) or Class II (hydrochloro fluorocarbons) refrigerants (FREON), which under Federal Clean Air Act, must be reclaimed, not vented. It is understood that the seller is lawful owner of material described above for which full value is received.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/7/15

Date Issued / Permit # 2015301

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

Block 72 Lot 90 Qualification Code

Work Site Location 116 GROVE AVE.

Owner in Fee: CLARE ESSER

Tel. ( ) e-mail

Address

Contractor: DELLA VOLPE BROS Tel. ( )

Address 12 LAKE ST e-mail

BELLEVILLE NJ 07109

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

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

Federal Emp. ID No. FAX: ( )

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

REMOVE 550 GAL OIL TANK IN FRONT YARD

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	Date (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				

TYPE OF WORK
[ ] New/Existing
[ ] Addition
[ ] Relocation
[ ] Reside
[ ] 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)

$ 75

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 75

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present 5B Proposed

If Industrialized Building:
State Approved HUD

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

UCC F110 (rev 11/03)

For reorder call (609) 303-1400
Allegra Marketing • Print • Mail

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 5/7/15

Permit # 2015-301

IDENTIFICATION Block 72 Lot 90 Qualification Code

Work Site Location 176 Grove Ave Verona

Owner in Fee Claire Esser

Address 176 Grove Ave Verona

Tel. (973) 207-7005

Contractor Della Valle Bros

Address 12 Cafe St Belleville NJ 07109

Tel. (973) 477-0121

Lic. No. or Bldrs. Reg. No. US01229

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Remove 550 Gal oil tank

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 $ 1500

Construction Official

5/7/15
Date

PAYMENTS (Office Use Only)

Building	75
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	75
Check No.	11628
Cash	
Collected by	KS

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

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

CONSTRUCTION PERMIT

Date Issued 5/7/15

Permit # 2015-301

IDENTIFICATION Block 72 Lot 90 Qualification Code

Work Site Location 176 Grove Ave
Verona

Owner in Fee Claire Esser
Address 176 Grove Ave
Verona
Tel. (973) 207-7005

Contractor Della Volpe Bros
Address 12 Lake St
Belleville NJ 07109
Tel. (973) 477-0121
Lic. No. or Bldrs. Reg. No. US01229

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Remove 550 Gal oil tank

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 $ 1500

Construction Official

5/7/15
Date

PAYMENTS (Office Use Only)

Building	75
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	75
Check No.	11628
Cash	
Collected by	KS

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

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 5/7/15

Permit # 2015-301

IDENTIFICATION Block 33 Lot 11 Qualification Code

Work Site Location

Owner in Fee

Address

Tel. ( )

Contractor

Address

Tel. ( )

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

DESCRIPTION OF WORK:

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 $ 1500

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No. 1102

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/7/15

Date Issued / Permit # 2015-301

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

Block 72 Lot 40 Qualification Code

Work Site Location 176 Grove Ave Verona

Owner in Fee: Claire Esser

Tel. (973) 207-7005 e-mail

Address 176 Grove Ave (street) Verona (municipality)

Contractor: DellaVolpe Bros Tel. (973) 477-0121

Address 12 Lake St e-mail

Belleville NJ

Contractor License No. or Builder Registration No. US0122 9 Exp. Date 7-15

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: 7/30/15
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 UST	5/28/15			
Final			7/30/15	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
No. of Stories 1
Height of Structure 1 family ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ~~5-B~~ Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 1500
2. Rehabilitation $
3. Total (1+ 2) $

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: Marc DellaVolpe

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 550 sgl oil tank in front yard
previously abandoned Sand Filled

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
[X] Other TANK Removal
[ ] Demolition

FEE (Office Use Only)

$	125
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	125

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/7/15

Date Issued / Permit # 2015-301

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

Block 12 Lot 70 Qualification Code

Work Site Location 176 Grove Ave Verona

Owner in Fee: Claire Esser

Tel. (973) 207-7005 e-mail

Address 176 Grove Ave Verona (street / municipality)

Contractor: DellaVolpe Bros Tel. (973) 477-0121

Address 12 Lake St e-mail

Belleville NJ

Contractor License No. or Builder Registration No. US01279 Exp. Date 7-15

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 [X] CA
Date: 5/13/15
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 (MS)	5/6/15		7/20/15	
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
No. of Stories
Height of Structure 1 family ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present 5B Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 1500
2. Rehabilitation $
3. Total (1+ 2) $

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: Marc DellaVolpe

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove 550 sgl oil tank in front yard
previously abandoned Sand Filled

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
[X] Other TANK Removal
[ ] Demolition

FEE (Office Use Only)

$	125
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	125

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/7/15

Date Issued / Permit # 2015-301

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

Block 72 Lot 70 Qualification Code

Work Site Location 176 Grove Ave Verona

Owner in Fee: Claire Esser

Tel. (973) 207-7505 e-mail

Address 176 Grove Ave Verona (street / municipality)

Contractor: DeMallo Pipe Bros Tel. (973) 477-0121 (zip code)

Address 12 Lake St e-mail

Bellville NJ

Contractor License No. or Builder Registration No. US01129 Exp. Date 1 x

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 [X] CA
Date: 7/30/15
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 UST	7/30/15			
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed

No. of Stories 1

Height of Structure 1 Family ft.

Area — Largest Floor 1 sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present 5B Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 150 0
2. Rehabilitation $
3. Total (1+ 2) $

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: Marc DellaMaggiore

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 550 gal oil tank in front yard
previously abandoned
Steel filled

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
[X] Other Tank Removal
[ ] Demolition

FEE (Office Use Only)

$	150
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	150

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

176 Grove Ave

R. Bakos Consulting
200 Perrine Rd., Suite 201
Old Bridge, NJ 08857
Phone: 732 525-2313
Fax: 732 525-9590

FAX TRANSMITTAL LETTER

TO: Kelly @ Verona Code Off DATE: 7-28-15

FROM: ROGER BAKOS

REFERENCE: Permit # 2015 301

Number of pages including Transmittal Sheet: 2

Kelly
The UST was closed via removal. It was previously abandon in place and sand filled - therefore No Liquid manifest. The UST disposal Receipt is Attached.

R. Bakos Consulting

200 Perrine Rd., Suite 201
Old Bridge, NJ 08857

Phone: 732-525-2313
Fax: 732-525-9590

July 27, 2015

Building Department
Township of Verona
880 Bloomfield Avenue.
Verona, NJ 07044

Subject: Permit # 2015301
176 Grove Ave., Verona, NJ

The Building Department in the Township of Verona has an open permit, #2015301, for the removal of one residential heating oil tank. The tank failed inspection. A Remedial Investigation was conducted and the New Jersey Department of Environmental Protection issued the enclosed letter of No Further Action dated July 23, 2015.

This document should allow you to close out the permit.

If you have any questions regarding the above, please call me at 732 525-2313.

Very truly yours,

Roger Bakos

Roger Bakos

RB:mtr
Enclosures

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

DELLA VOLPE BROS
12 LAKE STREET
Belleville, NJ 07109

Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
Is hereby approved to perform the following services:

CLOSURE
SUBSURFACE EVALUATION

07/31/2015
EXPIRATION DATE

US01229
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

IMPORTANT NOTICE TO HOMEOWNERS AND CONTRACTORS
FOR THE INSTALLATION OF
SMOKE AND CARBON MONOXIDE DETECTORS

Effective April 7, 2003, the New Jersey Uniform Construction Code (NJUCC) requires that smoke detectors and carbon monoxide detectors be installed in all residences if **a permit for any type of construction** is secured. The following items explain the permit implications for repairs and alterations, additions and new construction and how they relate to the Rehabilitation Code.

NJUCC 5:23-6.4 thru 6.6 (Rehabilitation Sub-Code Repairs, Renovations, & Alterations):

Any type of permit for an existing residence requires that smoke detector(s) and carbon monoxide detector(s) be installed in the vicinity (10' or less) of any bedroom. This would include such permits as roofs, siding, baths, kitchens, etc. **A separate permit or inspection for these items is not required**; rather it is the contractor's or homeowner's responsibility that they be installed. These items can be battery operated.

NJUCC 5:23-6.32(f)1. (Rehabilitation Sub-Code, Additions over 25% & Reconstructions):

If the square footage of an addition to a residence is more than 25% of the floor area of the largest floor of the existing building or if the work is deemed a reconstruction, then smoke detectors complying with the building sub-code (one in each bedroom, one outside of the bedroom and one on each level of the building that are hard wired with battery back-up) must be installed throughout the addition and the building. In addition, a carbon monoxide detector must be installed as in the section above. **A fire permit and inspection is required.**

NJUCC 5:23-6:32(f)2. (Rehabilitation Sub-Code, Addition between 5% and 25%):

If the square footage of an addition to a residence is between 5% and 25% of the floor area of the largest floor of the existing building, hardwired interconnected smoke detectors with battery back-up must be installed in each story of the dwelling, including basements. A carbon monoxide detector is required as above. **A fire permit and inspection is required.**

New Construction: The same requirements as for additions over 25% apply to all new construction.

OWNER CERTIFICATION:
(Applicant must complete this form and submit with permit application)

I HEREBY ACKNOWLEDGE RECEIPT OF ABOVE "NOTICE" OF SMOKE DETECTOR AND CARBON MONOXIDE DETECTOR REQUIREMENTS. ADDITIONALLY I ACKNOWLEDGE THAT I MAY BE SUBJECT TO PENALTY OR SUMMONS FOR FAILING TO INSTALL AND MAINTAIN THE REQUIRED SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS.

_____
SIGNATURE (PROPERTY OWNER)

**
_____
SIGNATURE (AGENT/CONTRACTOR)
** AGENT/CONTRACTOR ACKNOWLEDGES THAT THE PROPERTY OWNER WILL RECEIVE THIS NOTICE BY VERBAL OR WRITTEN COMMUNICATION.

NAME OF OWNER ADDRESS OF PROPERTY BLOCK/LOT

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

Emergency C-20-0258 Emergency

BLOCK 1403 LOT 90 QUALIFICATION CODE Water Service ADDRESS (SITE) 176 Grove PERMIT NO. 2020-204

F0008951388

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 176 grove St
2. Name of Owner in Fee: Paul J OSTERMAYER
   Tel. (973) 902-6988 e-mail speedy4service@verizon.net
   Address 176 grove St (street) Verona (municipality) 9 (zip code)
3. Ownership In Fee: Public ____ Private ✓
4. Principal Contractor: A Speedy Sewer+Drain Tel. (973) 748-6333
   Address 25 Orange St e-mail speedy4service@verizon.net
   ~~Montclair NJ~~ Bloomfield NJ
   License No. OR, if new home, Builder Reg. No. 10157 Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 22-2984885 FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Louis Marano
   Tel. (973) 748-6333 FAX: ( ) ____

V. FEE SUMMARY (for office use only)

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

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 ____

4901

00094_062808

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ 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									
☑ Plumbing	5,000-				9/28/20				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	5,000-								

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

U.C.C. F100-1 (rev. 8/08)

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.

(✓ Check if contractor.

Agent Name A Speedy Sewer + Drain Svc Corp

Address 25 Orange St
Bloomfield NJ 07003

Telephone (973) 748-6333

Signature _____

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

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 4/28/2020
Control Number C-20-0258
Permit Number 2020-204
Permit Issue Date 4/28/2020
Certificate Number 2020-204

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 176 GROVE AVENUE Verona Township, NJ Block: 1403 Lot: 90 Qual:

Owner In Fee: OSTERMAYER, FIONA & PAUL

Owner Address: 176 GROVE AVENUE VERONA NJ 07044

Telephone:

Contractor OSTERMAYER, FIONA & PAUL

Address 176 GROVE AVENUE VERONA NJ 07044

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use:
WATER SERVICE REPLACEMENT

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

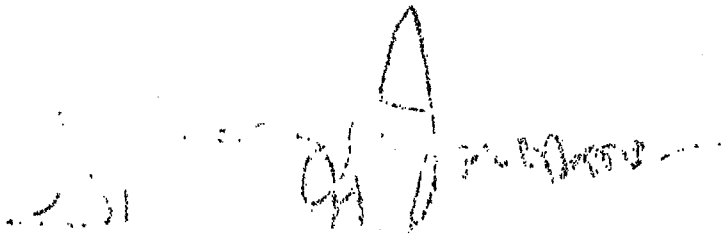
Thomas M. Jacobsen

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 4/28/2020

U.C.C. F260 (rev. 08/05)



IC-20-0258

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4/28/2020
Permit # 2020-204

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

Block 1403 Lot 90 Qualification Code

Work Site Location 176 grove Ave Verona

Owner in Fee: Paul OSTERMAYER

Tel. 973 902-6988 e-mail

Address 176 grove Ave Verona NJ
street municipality zip code

Contractor: A Speedy Sewer Tel.

Address 25 Orange St e-mail Speedy4Service
Bloomfield NJ 07003

Contractor License No. 10157 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2984889 FAX: 973 748-4008

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 3/4" Public Sewer Private Septic

Water Service Size 3/4" Public Water Private Well

Est. Cost of Plumbing Work $ 5000

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: Louis Marano

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacing water SVC

QTY.	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	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water Service Connection	17.5
	Stacks	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 17.5
TOTAL FEE $ 17.5

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. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4-28-2020
Approved by:

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

U.C.C. F130 (rev. 10/17)

A SPEEDY SEWER & DRAIN SERVICE, INC. 24064

Vendor/Payee: TOWNSHIP OF VERONA

Check Number: 24064

Check Date: 4/24/2020

Check Amount:

RE: 176 GROVE ST, INVOICE: Emergency water SVC,

C-20-0258 Emergency Water Service

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Ostermeyer BLOCK: 1403 LOT: 90

WORKSITE ADDRESS: 176 Grove DATE: 4/27/20

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft._____ Cubic Ft._____ x 0.06 $_____

State Permit Fee: Cubic Ft._____ x 0.00371 $_____

Minimum Fee: $65.00 $_____

ALTERATIONS/REPAIRS:

BUILDING FEE: $25 per $1000 Est. Cost $_____

STATE PERMIT FEE: $_____ Est. Cost x $1.90 per $1000 of Alteration $_____

ELECTRICAL FEE: Minimum Fee: $65.00 $_____

PLUMBING FEE: Minimum Fee: $80 com /$65 res; $15 per fixture; $75 per special device $_____

FIRE PROTECTION FEE: Minimum Fee: $65.00 $_____

ELEVATOR FEE: $_____

DEMOLITION FEE: $300 commercial / $150 1&2 family residential / $75 accessory structure $_____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $100.00 $_____

TOTAL FEE: $_____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING			1. 2.		
ELECTRIC			1. 2.		
PLUMBING			1. 2.	4/28/20	
FIRE			1. 2.		
HEALTH			1. 2.		

SUBCODE	ADDITIONAL COMMENTS
BUILDING	
ELECTRICAL	
PLUMBING	
FIRE	

C-20-0258

CONSTRUCTION PERMIT

Date Issued 4/28/2020

Permit # 2020-204

IDENTIFICATION Block 1403 Lot 90 Qualification Code

Work Site Location 176 Grove Ave Verona NJ 07044

Owner in Fee Ostermeyer

Address

Tel. (773) 902-6988

Contractor A Speedy Sewer

Address 25 Orange St Bloomfield NJ 07003

Tel. ( )

Lic. No. or Bldrs. Reg. No. 10157

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Water Service (Emergency)

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 $ 5000

Construction Official

4-28-20

Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	75
Fire Protection	
Elevator Devices	1
Other	1
DCA State Permit Fee	10
Cert. of Occupancy	
Other	
Total	85
Check No.	240604
Cash	
Collected by	KS

(see reverse side)

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

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

1-2020-0258-1

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/28/2020

Permit # 2020-204

IDENTIFICATION Block 1403 Lot 90 Qualification Code

Work Site Location 176 Grove Ave Verona NJ 07044

Owner in Fee Ostermeyer

Address

Tel. (973) 902-6988

Contractor A Speedy Sewer

Address 25 Orange St Bloomfield NJ 07003

Tel. ( )

Lic. No. or Bldrs. Reg. No. 10157

Is hereby granted permission to perform the following work:

[ ] BUILDING	[✓] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:

Water Service (Emergency)

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 $ 5000

Construction Official

4-28-20
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	75
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	10
Cert. of Occupancy	
Other	
Total	85
Check No.	24064
Cash	
Collected by	KS

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

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As-Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 1403 LOT 97 QUALIFICATION CODE 200 AMP Service ADDRESS (SITE) 176 Grove Ave PERMIT NO. 2022-047

C-21-06054

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 176 Grove Ave
2. Name of Owner in Fee: Fiona Ostermayer
   Tel. (973) 632 3980 e-mail
   Address same (street) Verona (municipality) NJ (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Greenway Electric Tel. (973) 743 4040
   Address 7 Oak Place Suite 1 e-mail cassie@greenwayelectric.com
   Montclair NJ 07042
   License No. OR, If new home, Builder Reg. No. 34EB17/9600 Exp. Date 3/31/24
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 45-1491670 FAX: ( )
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Bessie Skenderaj
   Tel. (973) 743 4040 FAX: (973) 740 4030

7/13/21 KS called

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 65		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 4		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 69		

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 ____

5087 00094_065999 2022-047 SF *0002Y1RG*

IIa. PROPOSED WORK

- [X] Minor Work
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] 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									
[X] Electrical	2,000				7/13/21	KS			
[ ] Plumbing									
[ ] Fire Protection									
[ ] Elevator									
TOTAL COST	2,000								

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
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LPGas Tanks

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 Greenway Electric

Address 2 Oak Plaza Suite 1
Montclair NJ 07042

Telephone (973) 783-4340

Signature _____

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

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 2/3/2022
Control Number C-21-0654
Permit Number 2022-047
Permit Issue Date 1/26/2022
Certificate Number 2022-047

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 176 GROVE AVENUE Verona Township, NJ Block: 1403 Lot: 90 Qual:

Owner in Fee: OSTERMAYER, FIONA & PAUL

Owner Address: 176 GROVE AVENUE VERONA NJ 07044

Telephone:

Contractor GREENWAY ELECTRIC

Address 7 OAK ROAD SUITE 1 MONTCLAIR NJ 07043

Telephone: (973) 743-4040 Fax: (973) 743-3040 Federal Emp. Number: 45-1491670

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRIC SERVICE - 200 AMP SERVICE

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 2/4/2022

U.C.C. F260 (rev. 08/05)

Fee: $0.00
Check Number:
Collected By:

C-21-06514

CONSTRUCTION PERMIT

Date Issued 1/26/22

Permit # 2022-047

IDENTIFICATION Block 1403 Lot 90 Qualification Code

Work Site Location 126 Grove Verona NJ 07044

Owner in Fee Ostermayer

Address

Tel. (973) 632.3980

Contractor Greenway Electric LLC

Address 7 Oak Place Suite 1 Montclair NJ 07042

Tel. (973) 743.4040

Lic. No. or Bldrs. Reg. No. 34EB01719600

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✓] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

200 AMP Service

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 $ 2000

Construction Official

Date 2-13-21

PAYMENTS (Office Use Only)	
Building	
Electrical	65
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	4
Cert. of Occupancy	
Other	
Total	69
Check No.	1302
Cash	
Collected by	KS

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

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

C-21-01654

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 1/24/22
Control #
Date Issued
Permit # 2022-047

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

Block 1403 Lot 90 Qualification Code

Work Site Location 176 Grove Ave
Verona, NJ

Owner in Fee: Fiona & Paul Ostermayer

Tel. (973) 632-3980 e-mail

Address SAME
street municipality zip code

Contractor: Greenway Electric LLC Tel. (973) 743-4040

Address 7 Oak Place Suite 1 e-mail cassie@greenwayelectricnj
Montclair, NJ 07042

Contractor License No. 34EB01719600 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 45-149167 FAX: (973) 743-3040

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as single family Utility Co. PSEG

Est. Cost of Elec. Work $ 2,000

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Besnik Skenderaj

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
SERVICE UPGRADE TO 200AMP

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	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	165
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 165

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/3/2022
Approved by:

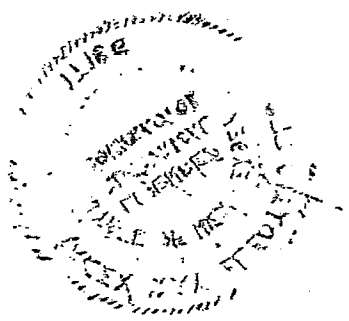
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approved	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/3/2022	
Barrier-Free				
Temp. Cut-In Card Date Issued				
Final Cut-In Card Date Issued			2/3/2022	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

CTC



Verona Township
Building Department (973) 857-4834

DR\UR # _____

CUT-IN-CARD

MUNICIPALITY Verona Township

LOCATION 176 GROVE AVENUE UTILITY CO _____

Verona Township, NJ BLK 1403 LOT 90

OWNER OSTERMAYER, FIONA & PAUL OCCUPANT OSTERMAYER, FIONA & PAUL

"Installation in the above premises has been inspected and
is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 amp 120/240v, 2 meters

INSTALLED BY GREENWAY ELECTRIC LICENSE NO 17196

DATE 2/3/2022 PERMIT # 2022-047 INSPECTOR Richard Roman

☐ FAXED IN 2/3/2022 Lic. No: 9900

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Examiners of Electrical Contractors

HAS LICENSED

GREEN WAY ELECTRIC LLC
BESNIK SKENDERAJ
7 Oak Place
Suite 1
Montclair NJ 07043

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/19/2021 TO 03/31/2024
VALID

Signature of Licensee/Registrant/Certificate Holder

34EB01719600
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

200 AMP Service
[C-21-0059]

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Ostermayer BLOCK: 1403 LOT: 9D

WORKSITE ADDRESS: 176 Grove DATE: 7/12/21

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft._____ Cubic Ft._____ x 0.06 $_____

State Permit Fee: Cubic Ft._____ x 0.00371 $_____

Minimum Fee: $65.00 $_____

ALTERATIONS/REPAIRS:

BUILDING FEE: $25 per $1000 Est. Cost $_____

STATE PERMIT FEE: $_____ Est. Cost x $1.90 per $1000 of Alteration $_____

ELECTRICAL FEE: Minimum Fee: $65.00 $_____

PLUMBING FEE: Minimum Fee: $80 com /$65 res; $15 per fixture; $75 per special device $_____

FIRE PROTECTION FEE: Minimum Fee: $65.00 $_____

ELEVATOR FEE: $_____

DEMOLITION FEE: $300 commercial / $150 1&2 family residential / $75 accessory structure $_____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $100.00 $_____

TOTAL FEE: $_____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING			1. 2.		
ELECTRIC			1. 2.	7/13/21	
PLUMBING			1. 2.		
MECHANICAL			1. 2.		
FIRE			1. 2.		
HEALTH			1. 2.		

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

BLOCK 1403 LOT 40 QUALIFICATION CODE Sump pump ADDRESS (SITE) 176 Grove PERMIT NO. 2021-744

C.21-09169

CONSTRUCTION PERMIT APPLICATION

Called Contr. w/cost 10/28/21

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

I. IDENTIFICATION

1. Proposed Work Site at: 176 Grove Avenue, Verona
2. Name of Owner in Fee: Fiona Ostrmayer
   Tel. (973) 902-6988 e-mail
   Address Same (street) Verona Twp (municipality) 07044 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: RAdata, LLC Tel. (973) 927-7303
   Address 27 Ironia Road, Unit 1 e-mail mc2@radata.com
   Flanders, NJ 07836
   License No. OR, if new home, Builder Reg. No. MIB90001 Exp. Date 04/29/2022
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 22-3140424 FAX: (973) 927-8221
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. (____) ____ FAX: (____) ____
6. Responsible Person in Charge once Work has Begun David Grammer Esq
   Tel. (973) 927-7303 FAX: (973) 927-8221

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 65		
2. Electrical	105		
3. Plumbing	75		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	4		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 209		

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 ____

5087 0094_065999 2021-744 SF

IIa. PROPOSED WORK

- ☒ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☒ Radon Remediation
- ☐ 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	$985.00				10-27-21	TD			
☒ Electrical	$250.00				10/26/21	RP			
☒ Plumbing	985.00				inbitm				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$2220.00								

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

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 **RAdata, LLC**

Address **27 Ironia Road, Unit 1**

Flanders, NJ 07836

Telephone **(973) 927-7303**

Signature David Grammer (EM)

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 2/3/2022
Control Number C-21-0969
Permit Number 2021-744
Permit Issue Date 11/18/2021
Certificate Number 2021-744

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 176 GROVE AVENUE Verona Township, NJ 07044 Block: 1403 Lot: 90 Qual:

Owner in Fee: OSTERMAYER, FIONA & PAUL

Owner Address: 176 GROVE AVENUE VERONA NJ 07044

Telephone:

Contractor RAdata, Inc

Address 27 Ironia Road Unit 2 Flanders NJ 07836

Telephone: (973) 927-7303 Fax: (973) 927-4980 Federal Emp. Number: 22-3140424

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SUMP PUMP - & SUMP PUMP PIT WITH LINER

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

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This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official
Date Printed: 2/4/2022

N.C.C. F260 (rev. 08/05)

Fee: $0.00
Check Number:
Collected By:

C.21-09169

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/18/21

Permit # 2021-744

IDENTIFICATION Block 1403 Lot 90 Qualification Code

Work Site Location 176 Grove Avenue
Verona NJ 07044

Owner In Fee Fiona Ostrmayer

Address 176 Grove Avenue
Verona NJ 07044

Tel. ( ) (973) 902-6988

Contractor RAdata, LLC

Address 27 Ironia Road, Unit 2
Flanders, NJ 07836

Tel. (973) 927-7303

Lic. No. or Bldrs. Reg. No. MIB90001

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 RADON~~

DESCRIPTION OF WORK:
Excavate + Install 1 Sump pit + liner; Install one Sump pump

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 $ ~~2222~~ $2220.00

Construction Official

10-27-21
Date

PAYMENTS (Office Use Only)

Building	65
Electrical	65
Plumbing	75
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	4
Cert. of Occupancy	
Other	
Total	209
Check No.	69741
Cash	
Collected by	KS

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

(see reverse side)

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

C-21-09169

BUILDING SUBCODE TECHNICAL SECTION

Date Received Control # 11/18/21

Date Issued Permit # 2021-744

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

Block 1403 Lot 90 Qualification Code

Work Site Location 176 Grove Avenue

Verona NJ 07044

Owner in Fee: Fiona Ostrmayer

Tel. (973) 902-6988 e-mail postermayer@hotmail.com

Address same (street) Verona Twp (municipality) 07044 (zip code)

Contractor: RAdata, LLC Tel.

Address 27 Ironia Road, Unit 2 e-mail mc2@radata.com

Flanders, NJ 07836

Contractor License No. or Builder Registration No. MIB90001 Exp. Date 04/29/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223140424 FAX: 973-927-8221

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior 12-02-21

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

SUBCODE APPROVAL for PERMIT
Date: 12-02-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-3-22
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			2/3/22	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ ~~1874~~ ~~1985~~
2. Rehabilitation $ 985
3. Total (1+ 2) $

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: David Grammer Ed

Print name here: David Grammer

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Excavate / Install one sump pump pit + liner; Install one sump pump

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 Sump Pump System
- [ ] Demolition

FEE (Office Use Only)

$ 105

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 65

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

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

C-21-0929

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/18/21

Date Issued / Permit # 2021-744

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

Block 1103 Lot 50 Qualification Code

Work Site Location 176 Grove Avenue Verona NJ 07044

Owner in Fee: Fiona Datmeyer

Tel. (973) 902-6088 e-mail same Verona Twp 07044

Address street municipality zip code

Contractor: RAdata Water Treatment LLC Tel. 973 927-7303

Address 27 Ironia Road, Unit 1 e-mail mc2@radata.com

Flanders, NJ 07836

Contractor License No. 12830 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 82-1450000 FAX: 973 927-8221

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 $ 1200 985

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 [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-22-21
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2/3/22	

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: Drew Lovasi

Print name here: Drew Lovasi

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
~~Water Treatment~~ Sump pump

QTY.	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	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
X (1)	Other ~~Water Treatment~~ Sump Pump	175

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 175

U.C.C. F130 (rev. 10/17)

C-21-09609

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/18/21

Date Issued / Permit # 2021-744

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

Block 1403 Lot 90 Qualification Code

Work Site Location 176 Grove Avenue, Verona, NJ 07044

Owner In Fee: Fiona Ostrmayer

Tel. (973) 902-6988 e-mail

Address Same (street) Verona Twp (municipality) 07044 (zip code)

Contractor: RAdata, Inc. Tel. (973) 927-7303

Address 27 Ironia Road, Unit 1, Flanders, NJ 07836 e-mail mc2@radata.com

Contractor License No. ~~17783~~ 16447 Exp. Date 03/31/2021 2024

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

Federal Emp. ID No. 22-3140424 FAX: (973) 927-8221

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
- [✓] No Plans Required
- [ ] Partial -Underslab Utilities Approved Date: Approved by:
- [ ] Electric Plans Approved Date: Approved by:

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

SUBCODE APPROVAL for PERMIT Date: 10/26/21 Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE [ ] CO [ ] CCO [ ] CA Date: 2/15/22 Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/22/22	
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: [signature]

Print name here: ~~Matthew Perchiano~~ Rocco A. Dimichino

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

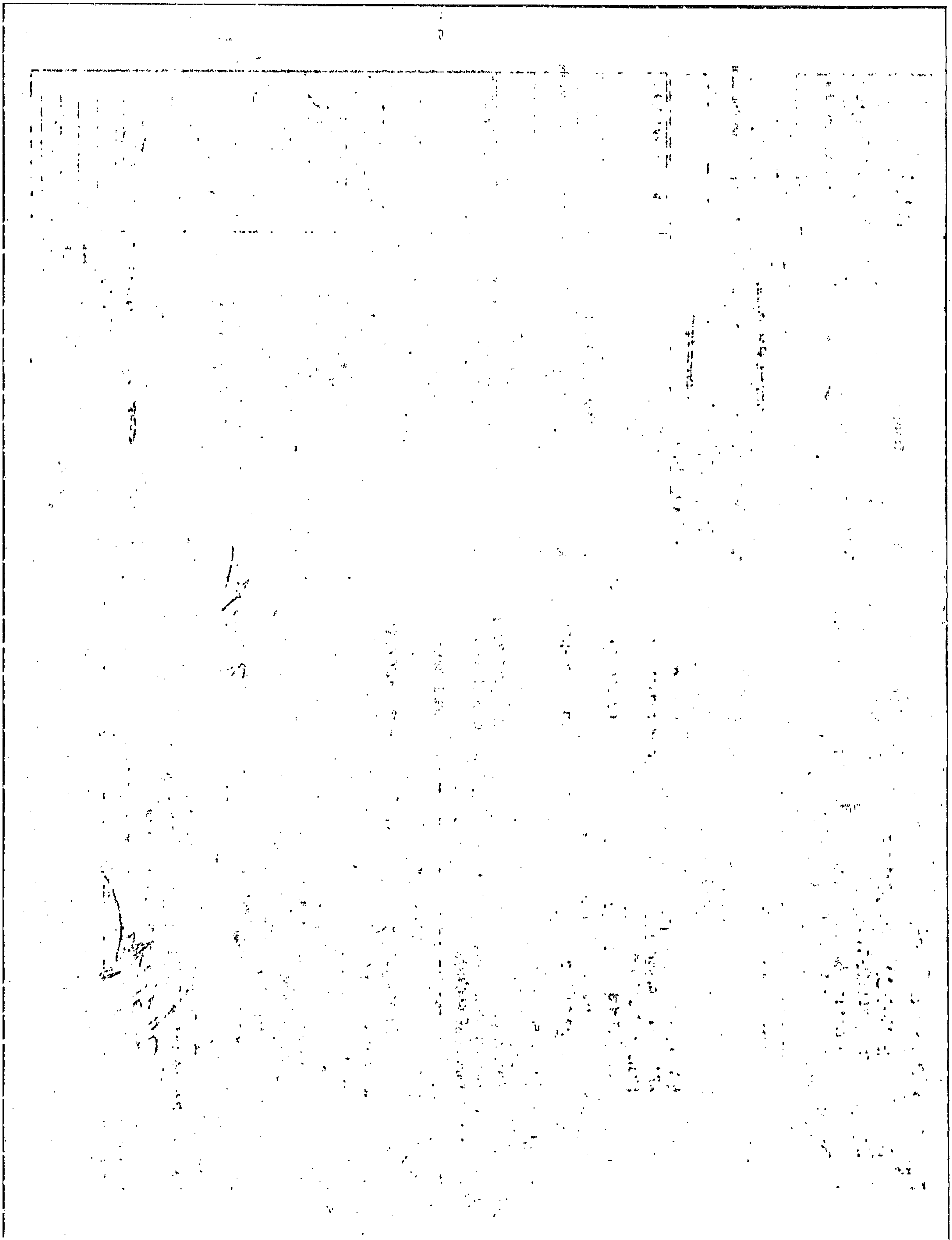
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: sump excavation ~~Radon Fan~~

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		~~Radon~~ sump excavation	65

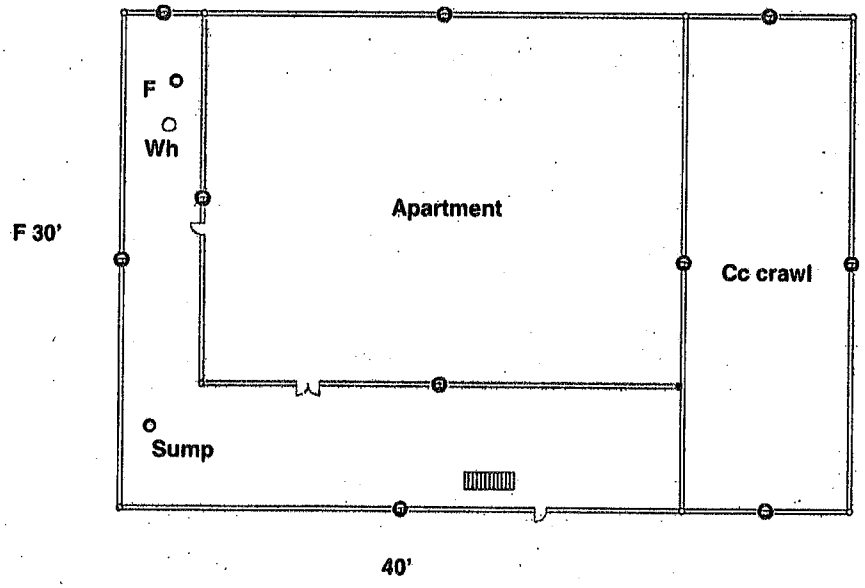
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 65
TOTAL FEE	$

Reorder at: ucc.allegramarmora.com • 609-380-1400 Allegra Marketing, Print & Mail - Marmora, NJ



Sw mit 14245

9/5/21. 176 Grove Avenue Verona, NJ 07044

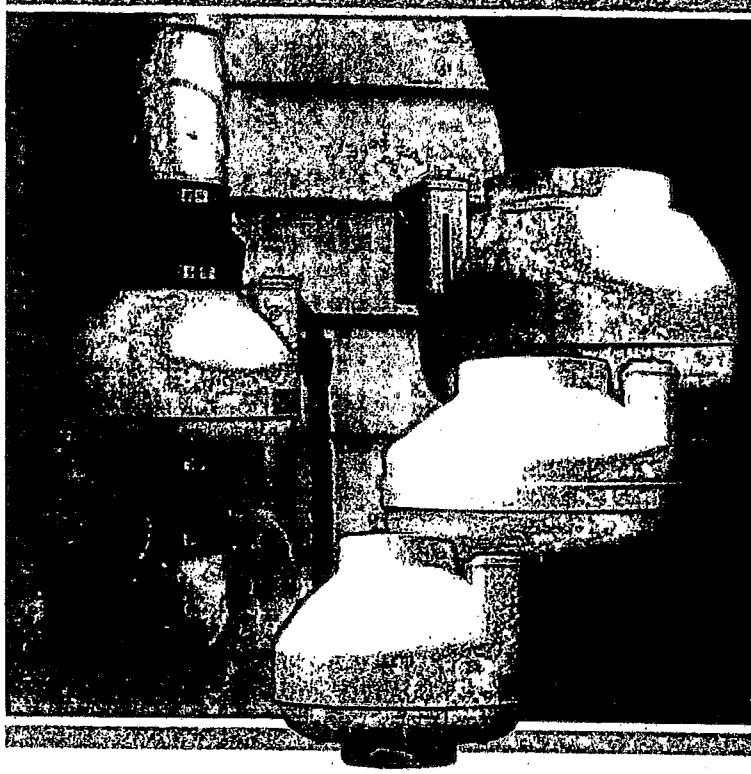


F 30'

40'

RadonAway™
The World's Leading Radon Fan Manufacturer

RP Series



Radon Mitigation Fans

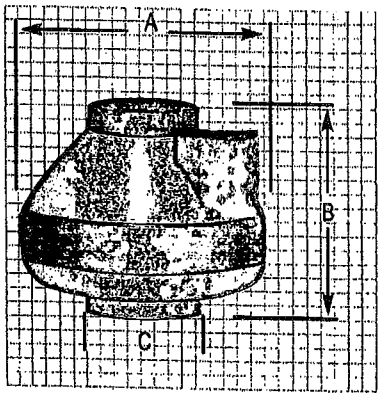
All RadonAway fans are specifically designed for radon mitigation. RP Series Fans provide superb performance, run ultra-quiet and are attractive. They are ideal for most sub-slab radon mitigation systems.

Features:

- Five-year hassle-free warranty
- Quiet and attractive
- Thermally protected
- Motorized impeller
- ETL Listed - for indoor or outdoor use
- Meets all electrical code requirements
- Rated for commercial and residential use

Model	Watts	Max. Pressure "WC	Typical CFM vs. Static Pressure WC					A"	B"	C"
			0"	.5"	1.0"	1.5"	2.0"			
RP140	14-20	0.8	134	68	-	-	-	9.7	7.9	4
RP145	37-71	2.1	173	132	94	55	11	9.7	7.9	4
RP260	52-72	1.8	275	180	105	20	-	11.8	9.9	6
RP265	86-140	2.5	327	260	207	139	57	11.8	9.9	6
RP380	103-156	2.3	510	393	268	165	35	13.41	10.53	8

Choice of model is dependent on building characteristics including sub-slab materials and should be made by a radon professional.



For Further Information Contact:

Radata
WATER TREATMENT & RADON SERVICES
1-800-44 RADON

Visit our website at: www.radata.com

973-927-7303 800-447-2366

4/09
P/N 02008

SUB- SLAB VENTILATION (ACTIVE)

Principle of Operation: In active sub-slab ventilation, a fan is used to suck soil gas away from the foundation by means of individual suction pipes which are inserted in the region under the concrete slab. The pipes can be inserted vertically downward through the slab from the inside of the house, or can be inserted horizontally through a foundation wall at a level beneath the slab (when the slab is near grade level). The intent of the system is to create a low -pressure region underneath the entire slab. Depending upon the permeability of the surrounding soil, this pressure field can extend beyond the immediate sub-slab area to the exterior face of the footings. This pressure field, if effective, would prevent soil gas from entering the void network inside the hollow-block foundation walls in the region around the footings. Sometimes the treatment can extend under the footings or through block walls to inhibit soil gas entry into the house through openings in the below-grade foundation wall. When the sub-slab ventilation fan is operated in suction, the system can be pictured as using the crushed rock that is often under the slab as long as a large collector, into which the soil gas in the vicinity of the house is drawn and then exhausted outdoors.

The central issues with sub-slab ventilation are the number of ventilation points needed, where they must be placed, and the static pressure needed in the ventilation pipes in order to effectively treat all soil gas entry routes. These factors will be determined largely by the permeability distribution under the slab, i.e., the ease with which suction (or pressure) at one point can extend to other parts of the slab to surrounding soil. Other considerations influencing the number, location, and pressure of the ventilation points are the location and nature of the entry routes, and the presence of unclosed openings in the slab or walls.

A sub-slab ventilation system is operated with the fan in suction, to reduce soil gas pressure lower than the pressure in the house, drawing soil gas away from entry routes.

Sometimes wall-related entry routes will not be adequately treated by sub-slab ventilation. Such cases can result, for example when soil permeability under the footing is poor, or when there is insufficient communication between the sub-slab and the block wall void network. In these cases, the sub-slab system might have to be supplemented by some form of wall treatment.

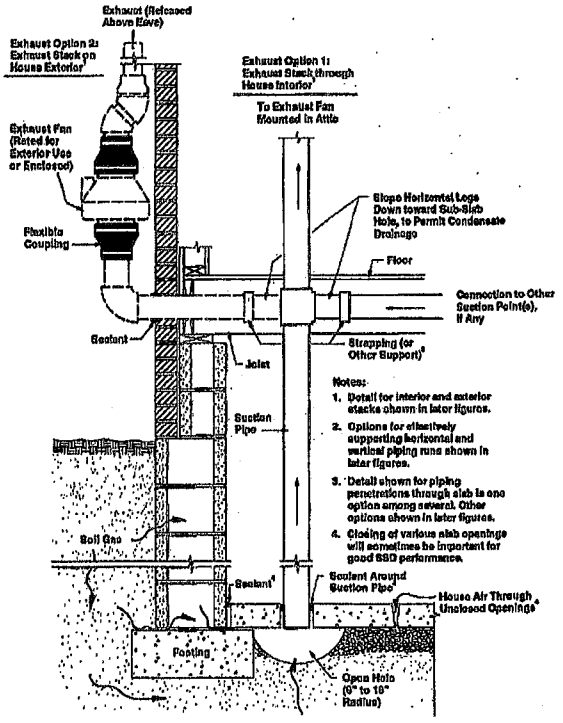


Figure 1. Sub-slab depressurization (SSD) using pipes inserted down through the slab from indoors.

Information excerpted from EPA/625/R-93/011 "Radon Reduction Techniques for Existing Detached Houses"

Information supplied by: RAdata 800-447-2366 SINCE 1984

27 Ironia Road, Unit 2 Flanders, New Jersey 07836
973-927-7303 973-927-4980 fax
1-800-447-2366

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

STATE OF NEW JERSEY

Department of Environmental Protection-Radon Section
Mail Code 25-01, PO Box 420, Trenton, NJ 08625-0420

HEREBY CERTIFIES THE GOOD STANDING OF

RADATA, LLC
27 IRONIA RD STE 2
FLANDERS NJ 07836-9172

AS A: RADON MITIGATION BUSINESS

04/29/2021 thru 04/29/2022
Effective Date Expiration Date

MIB90001
CERTIFICATION NUMBER

Jenny Goodman
MANAGER

THIS CERTIFICATION HAS BEEN ISSUED IN ACCORDANCE WITH N.J.A.C. 7.28-27 AND THE CONDITIONS SET FORTH IN YOUR APPLICATION

PLEASE INFORM THE DEP OF ANY ADDRESS CHANGE.

DISPLAY THIS PART PUBLICLY AT YOUR LOCAL BUSINESS

DOC# 210547400

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
HEREBY CERTIFIES THE GOOD STANDING OF:

RADATA, LLC
27 IRONIA RD STE 2
FLANDERS NJ 07836-9172

AS A: RADON MITIGATION BUSINESS

MIB90001 | 04/29/2021 thru 04/29/2022
Certification No. | Effective Date | Expiration Date

PLEASE INFORM THE DEP OF ANY ADDRESS CHANGE.

DOC# 210547400

PLEASE DETACH HERE

IF YOUR CERTIFICATE IS LOST PLEASE NOTIFY:

NJDEP - RADON SECTION
MAIL CODE 25-01
PO Box 420
TRENTON, NJ 08625-0420
(609) 984-5425

PLEASE DETACH HERE

EXPIRATION DATE: 04/29/2022

YOUR CERTIFICATION NUMBER IS MIB90001 . PLEASE USE IT IN ALL CORRESPONDENCE WITH THE RADON SECTION. USE THIS SECTION TO REPORT NAME AND/OR ADDRESS CHANGES.

COMPLETE BELOW WITH NEW INFORMATION AND FORWARD TO THE RADON SECTION AT:

NJDEP - RADON SECTION
MAIL CODE 25-01
PO BOX 420
TRENTON, NJ 08625-0420

OLD ADDRESS

TELEPHONE WITH AREA CODE.
( )

NEW ADDRESS

TELEPHONE WITH AREA CODE
( )

DOC# 210547400

Sump Pump
C-21-0916

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Ostmayer BLOCK: 1403 LOT: 90

WORKSITE ADDRESS: 176 Grove DATE: 10/20/21

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft._____ Cubic Ft._____ x 0.06 $_____

State Permit Fee: Cubic Ft._____ x 0.00371 $_____

Minimum Fee: $65.00 $_____

ALTERATIONS/REPAIRS:

BUILDING FEE: $25 per $1000 Est. Cost $_____

STATE PERMIT FEE: $_____ Est. Cost x $1.90 per $1000 of Alteration $_____

ELECTRICAL FEE: Minimum Fee: $65.00 $_____

PLUMBING FEE: Minimum Fee: $80 com /$65 res; $15 per fixture; $75 per special device $_____

FIRE PROTECTION FEE: Minimum Fee: $65.00 $_____

ELEVATOR FEE: $_____

DEMOLITION FEE: $300 commercial / $150 1&2 family residential / $75 accessory structure $_____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $100.00 $_____

TOTAL FEE: $_____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING			1. 2.	10/27/21	
ELECTRIC			1. 2.	10/26/21	
PLUMBING			1. 2.	10/21/21	
MECHANICAL			1. 2.		
FIRE			1. 2.		
HEALTH			1. 2.		

SUBCODE	ADDITIONAL COMMENTS
BUILDING	
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 1403 LOT 90 ~~QUALIFICATION CODE~~ Kitchen ADDRESS (SITE) 176 Grove PERMIT NO. 2019-342

C-190429

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 176 GROVE ST VERONA NJ
2. Name of Owner in Fee: PAUL & FIONA OSTERMAYER
   Tel. (973) 902-6988 e-mail POSTERMAYER@Hotmail.com
   Address 176 GROVE ST. VERONA NJ (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: SEVEN OAKS CONST. Tel. (908) 399-3986
   Address 36 ETHAN DR. #1 e-mail SEVENOAKSCONSTRUCTION@YAHOO.COM
   NEW PROVIDENCE NJ 07974
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00500800
   Federal Emp. ID No. 45-0474923 FAX: ( ) ____
5. Architect or Engineer OZ ARCHITECURE Contact ____
   Address 3003 LARIMER ST DENVER, CO e-mail ____
   Tel. (303) 861-5704 FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun MICHAEL HEALEY
   Tel. (908) 399-3986 FAX: ( ) ____

Called 6/21/19 KS

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 220		
2. Electrical	60		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	23		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 303		

VI. BUILDING/SITE CHARACTERISTICS

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 ____

(office use only)

00094_065999 5087 2019-342 SF

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☒ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ 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	10400			6-10-19	6-18-19				
☒ Electrical	1600				6-6-19				
~~☒ Plumbing~~									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	12000								

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

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(✓) Check if contractor.

Agent Name MICHAEL HEALEY

Address 36 ETHAN DR. #1
NEW PROVIDENCE, NJ 07974

Telephone 908 399-3986

Signature Michael J Healey

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 5/11/2021
Control Number C-19-0429
Permit Number 2019-342
Permit Issue Date 6/21/2019
Certificate Number 2019-342

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 176 GROVE AVENUE VERONA, NJ 07044 Block: 1403 Lot: 90 Qual:
Owner in Fee: OSTERMAYER, FIONA & PAUL
Owner Address: 176 GROVE AVENUE VERONA NJ 07044
Telephone:
Contractor SEVEN OAKS CONSTRUCTION LLC
Address 67 WALTON AVENUE NEW PROVIDENCE NJ 07974
Telephone: (908) 399-3986 Fax: Federal Emp. Number: 45-0474923
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: KITCHEN ALTERATION - - PARTIAL KITCHEN ALTERATION

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Thomas M. Jacobsen

Construction Official
Date Printed: 1/26/2022

U.C.C. F260 (rev. 08/05)

Fee: $0.00
Check Number:
Collected By:

C-19-0429

CONSTRUCTION PERMIT

Date Issued 6/21/19

Permit # 2019-342

IDENTIFICATION Block 1403 Lot 90 Qualification Code

Work Site Location 176 GROVE ST VERONA NJ

Owner in Fee PAUL & FIONA OSTERMAYER

Address 176 GROVE ST VERONA NJ

Tel. (973) 902-6988

Contractor SEVEN OAKS CONST. LLC

Address 36 ETHAN DR. #1 NEW PROVIDENCE NJ 07974

Tel. (908) 399-3986

Lic. No. or Bldrs. Reg. No. ~~13HV~~ 13VH00500800

Is hereby granted permission to perform the following work:

- [X] BUILDING
- [X] ELECTRICAL
- [ ] ELEVATOR DEVICES
- [ ] ~~PLUMBING~~
- [ ] FIRE PROTECTION
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] LEAD HAZARD ABATEMENT
- [ ] DEMOLITION
- [ ] OTHER

DESCRIPTION OF WORK: PARTIAL Kitchen RENOVATION

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 $ 12,000

Construction Official

6-21-19
Date

PAYMENTS (Office Use Only)

Building	220
Electrical	60
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	23
Cert. of Occupancy	
Other	
Total	303
Check No.	4263
Cash	
Collected by	KT

(see reverse side)

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

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials; sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

C19-0429

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 6/21/19

Date Issued
Permit # 2019-342

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

Block 1403 Lot 90 Qualification Code

Work Site Location 176 GROVE AVE VERONA NEW JERSEY

Owner In Fee: PAUL & FIONA OSTERMAYER

Tel. (973) 902-6988 e-mail

Address 176 GROVE ST VERONA, NJ (street, municipality)

Contractor: SEVEN OAKS CONSTR, LLC Tel. (908) 399-3986

Address 316 ETHAN DR. #1 e-mail SEVENOAKSCONSTRUCTION@yahoo.com
NEW PROVIDENCE NJ 07974

Contractor License No. or Builder Registration No. 13VH00500800 Exp. Date 3/31/20

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00500800

Federal Emp. ID No. 45-0474923 FAX: ( )

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: Michael J Healey

Print name here: MICHAEL J. HEALEY

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PARTIAL KITCHEN RENOVATION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	6.21.19	MM
Joint Plan Review Required:		
[ ] Elec [ ] Plumb [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	6-19-19	
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [X] CA		
Date:	9.19.19	
Approved by:		

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			6.27.19	MM
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			9.19.19	MM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ ~~10,100~~ 10,400
3. Total (1+ 2) $ _____

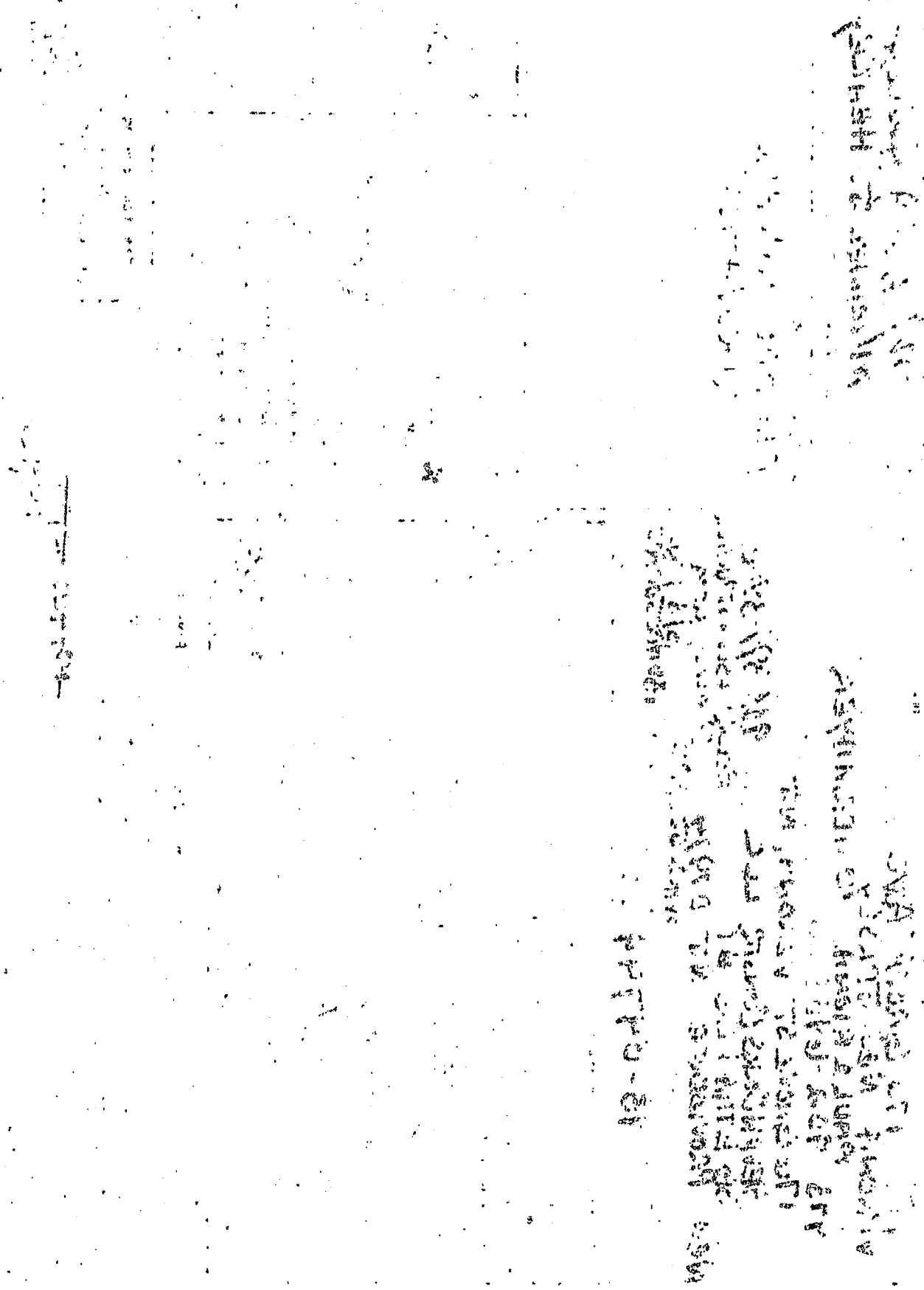
TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation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

FEE (Office Use Only)

$	220
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	220

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

6-27-19 F.B. as discussed (3 areas) - photo - submit.



Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 6/21/2019
Control Number C-19-0429
Permit Number 2019-342

Construction Inspection

Identification

Work Site Location: 176 GROVE AVENUE VERONA, NJ 07044
Block: 1403
Lot: 90
Owner in Fee: OSTERMAYER, FIONA & PAUL
Owner Address: 176 GROVE AVENUE VERONA NJ 07044
Telephone:

Inspection Details

Start Date: 6/27/2019
Start Time: 12:00
Subcode: Building
Inspector: Bill Noss
Inspection Level: Progress inspection
Inspection Type: FRAMING
Result: Pass
Result Comments: 1. Install fireblocking as discussed (3-areas) - photo - submit tobuilding inspector next inspection.
Inspection Comment: SCHEDULED BY CONTRACTOR

C19-0429

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/21/19
Control #
Date Issued
Permit # 2019-342

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

Block 1403 Lot 90 Qualification Code

Work Site Location 176 GROVE AVE VERONA NJ

Owner In Fee: PAUL & FIONA OSTERMAYER

Tel. (973) 902-6988 e-mail

Address

Contractor: (street) LONG HILL ELECTRICAL CONTRACTORS (municipality) Tel. (908) 647-2228 (zip code)

Address 46 GATES AVE GILLETTE, NJ 07933 e-mail LONGHILLELECTRIC@VERIZON.NET

Contractor License No. 14557 Exp. Date

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

Federal Emp. ID No. 81-0572372 FAX: (908) 647-2101

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1600

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: Anthony DiNorscio

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: WIRING PER PLANS - Kitchen

QTY.	SIZE	ITEMS	FEE (Office Use Only)
9		Lighting Fixtures	
4		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
8		TOTAL NUMBERS	$ 60
		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 $ 60

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved Date 6-6-19 Approved by:

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

SUBCODE APPROVAL for PERMIT Date: 6-6-19 Approved by:

SUBCODE APPROVAL for CERTIFICATE [ ] CO [ ] CCO [ ] CA Date: 8/11/21 Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			6-27-19	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	9/14/21		8/11/21	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

- cut sheet for overhead cut in Box
- GFCI + Disc for DW
- Flush pg wdws on Backsplash

C-19-0429

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Ostermayer BLOCK: 1403 LOT: 20

WORKSITE ADDRESS: 176 Grove DATE: 6/4/19

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft.____ Cubic Ft.____ x 0.05 $____

State Permit Fee: Cubic Ft.____ x 0.00371 $____

Minimum Fee: $60.00 $____

ALTERATIONS/REPAIRS:

BUILDING FEE: $20 per $1000 Est. Cost $____

STATE PERMIT FEE: $____ Est. Cost x $1.90 per $1000 of Alteration $____

ELECTRICAL FEE: Minimum Fee: $60.00 $____

PLUMBING FEE: Minimum Fee: $75 com /$60 res; $15 per fixture; $75 per special device $____

FIRE PROTECTION FEE: Minimum Fee: $60.00 $____

ELEVATOR FEE: $____

DEMOLITION FEE: $300 commercial / $100 1&2 family residential / $50 accessory structure $____

MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: $60.00 $____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $75.00 $____

TOTAL FEE: $____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING	6-10-19		1. Revised Drawings 6/10/19 2. Drawings "fixed" 6/14/19	6-18-19	
ELECTRIC			1. 2.	6-6-19	
PLUMBING			1. 2.		
FIRE			1. 2.		
HEALTH			1. 2.		

SUBCODE	ADDITIONAL COMMENTS
BUILDING	
ELECTRICAL	
PLUMBING	
FIRE	

Bill Noss

From: Bill Noss
Sent: Monday, June 10, 2019 8:51 AM
To: 'postermayer@hotmail.com'
Cc: Thomas Jacobsen; 'sevenoaksconstruction@yahoo.com'
Subject: 176 Grove Avenue - plan review.
Attachments: MX-3070N_20190610_075143.pdf

Dear Mr. & Mrs. Ostermayer:

Please refer to the attached plan review comments for the above referenced address. If you have any questions please feel free to contact me at the following number: 973-857-4834, M-F, 8:30 to 9:30 and 12:30 to 1:30.

Sincerely,

Bill Noss
Building Subcode Official
Verona, New Jersey

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Building Plan Review

Control Number: C-19-0429	Permit Number:	Tube Number:	
Application Date: 6/5/2019	Permit Issue Date:		
Received Date: 6/5/2019	Result: Fail	Result Date:	6/10/2019

Work Site Location:	176 GROVE AVENUE VERONA, NJ 07044		
	Block: 1403	Lot: 90	Qualifier:
Owner:	OSTERMAYER, FIONA & PAUL		
Owner Address:	176 GROVE AVENUE VERONA NJ 07044		
Telephone:			
Agent:	SEVEN OAKS CONSTRUCTION LLC		
Agent Address:	67 WALTON AVENUE NEW PROVIDENCE NJ 07974		
Telephone:	(908) 399-3986		
Contractor:	SEVEN OAKS CONSTRUCTION LLC		
Contractor Address:	67 WALTON AVENUE NEW PROVIDENCE NJ 07974		
Telephone:	(908) 399-3986		
Engineer:			
Engineer Address:			
Telephone:			
Architect:			
Architect Address:			
Telephone:			

Plan Review Comments: Drawing A-101:
1. Indicate who is responsible for drawings (as name is crossed out with ink pen). If owner, then identify as owner, sign and date. If architect, then sign and seal drawings. No other parties allowed to claim responsibility, section 5:23-2.15(f)1 ix(1), pg 23-24.3, NJ-UCC.

Existing Demolition Plan:
1. Indicate direction of existing ceiling joists as well as load(s) above which may determine bearing walls and header types/sizes.

Plan Review Subcode Notes: Owner to respond to plan review with (2) revised signed (per instructions herein) drawings.

IMPORTANT NOTICE TO HOMEOWNERS AND CONTRACTORS
FOR THE INSTALLATION OF
SMOKE AND CARBON MONOXIDE DETECTORS

Effective April 7, 2003, the New Jersey Uniform Construction Code (NJUCC) requires that smoke detectors and carbon monoxide detectors be installed in all residences if **a permit for any type of construction** is secured. The following items explain the permit implications for repairs and alterations, additions and new construction and how they relate to the Rehabilitation Code.

NJUCC 5:23-6.4 thru 6.6 (Rehabilitation Sub-Code Repairs, Renovations, & Alterations):

Any type of permit for an existing residence requires that smoke detector(s) and carbon monoxide detector(s) be installed in the vicinity (10' or less) of any bedroom. This would include such permits as roofs, siding, baths, kitchens, etc. **A separate permit or inspection for these items is not required**; rather it is the contractor's or homeowner's responsibility that they be installed. These items can be battery operated.

NJUCC 5:23-6.32(f)1. (Rehabilitation Sub-Code, Additions over 25% & Reconstructions):

If the square footage of an addition to a residence is more than 25% of the floor area of the largest floor of the existing building or if the work is deemed a reconstruction, then smoke detectors complying with the building sub-code (one in each bedroom, one outside of the bedroom and one on each level of the building that are hard wired with battery back-up) must be installed throughout the addition and the building. In addition, a carbon monoxide detector must be installed as in the section above. **A fire permit and inspection is required.**

NJUCC 5:23-6:32(f)2. (Rehabilitation Sub-Code, Addition between 5% and 25%):

If the square footage of an addition to a residence is between 5% and 25% of the floor area of the largest floor of the existing building, hardwired interconnected smoke detectors with battery back-up must be installed in each story of the dwelling, including basements. A carbon monoxide detector is required as above. **A fire permit and inspection is required.**

New Construction: The same requirements as for additions over 25% apply to all new construction.

OWNER CERTIFICATION:
(Applicant must complete this form and submit with permit application)

I HEREBY ACKNOWLEDGE RECEIPT OF ABOVE "NOTICE" OF SMOKE DETECTOR AND CARBON MONOXIDE DETECTOR REQUIREMENTS. ADDITIONALLY, I ACKNOWLEDGE THAT I MAY BE SUBJECT TO PENALTY OR SUMMONS FOR FAILING TO INSTALL AND MAINTAIN THE REQUIRED SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS.

SIGNATURE (PROPERTY OWNER)

** Michael DiSealey
SIGNATURE (AGENT/CONTRACTOR)

** AGENT/CONTRACTOR ACKNOWLEDGES THAT THE PROPERTY OWNER WILL RECEIVE THIS NOTICE BY VERBAL OR WRITTEN COMMUNICATION.

NAME OF OWNER | ADDRESS OF PROPERTY | BLOCK/LOT

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					

BLOCK 1403 LOT 90 QUALIFICATION CODE 2 Water Heaters ADDRESS (SITE) 176 Grove PERMIT NO. 2019-159

C-19-0149

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 176 GROVE AVE
2. Name of Owner in Fee: OSTERMAYER
   Tel. (973) 902-6988 e-mail
   Address 176 (street) GROVE AVE VERONA (municipality) NJ 07044 (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: MarGo Plumbing Heating Cooling Inc. Tel. (973) 890-9878
   Address 210 Stevens Avenue e-mail joe@margoplumbing.com
   Cedar Grove, NJ 07009
   License No. OR, if new home, Builder Reg. No. 10468 Exp. Date 6/19
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02222700
   Federal Emp. ID No. 223642250 FAX: (973) 812-5957
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun Joe Vragolic
   Tel. (973) 890-9878 FAX: ( )

3/12/19 KS called

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		150	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		3	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	153	

VI. BUILDING/SITE CHARACTERISTICS

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

(office use)

5087
00094_065999
2019-159 SF

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ 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									
☒ Plumbing	1,500				3/11/19	KS			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1,500								

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

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

( ) Check if contractor.

Agent Name **MarGo Plumbing Heating Cooling Inc.**

Address **210 Stevens Avenue**

Cedar Grove, NJ 07009

Telephone **(973) 890-9878**

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Verona Township
880 Bloomfield Avenue
Verona, NJ 07044

Date Issued 4/30/2019
Control Number C-19-0144
Permit Number 2019-159
Permit Issue Date 4/3/2019
Certificate Number 2019-159

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 176 GROVE AVENUE VERONA, NJ 07044 Block: 1403 Lot: 90 Qual:
Owner in Fee: OSTERMAYER, FIONA & PAUL
Owner Address: 176 GROVE AVENUE VERONA NJ 07044
Telephone:
Contractor MarGo Plumbing
Address 210 Stevens Avenue Cedar Grove NJ 07009
Telephone: (973) 890-9878 Fax: (973) 812-5957 Federal Emp. Number: 22-3642250
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: REPLACEMENT WATER HEATER

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Thomas A. Jacobsen

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/3/2022

U.C.O. F260 (rev. 08/05)

C-19-0144

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/3/19

Permit # 2019-159

IDENTIFICATION Block 1403 Lot 9D Qualification Code

Work Site Location 176 GROVE AVE VEROUA NJ 07044

Owner in Fee OSTER MAYER

Address 176 GROVE AVE VEROUA NJ 07044

Tel. (973) 902-6988

Contractor MarGo Plumbing Heating Cooling Inc.

Address 210 Stevens Avenue Cedar Grove, NJ 07009

Tel. (973) 890-9878

Lic. No. or Bldrs. Reg. No. 10468

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Replace 2 water heaters

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 $ 1500

Construction Official

3-12-19

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 150

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 3

Cert. of Occupancy

Other

Total 153

Check No. #10311

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

(C-19-0149)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 4/3/19
Permit # 2019-159

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

Block 1403 Lot 90 Qualification Code

Work Site Location 176 GROVE AVE VERONA NJ 07044

Owner In Fee: OSTERMAYER

Tel. 973 983-6988 e-mail

Address 176 GROVE AVE. VERONA, NJ 07044

Contractor: MarGo Plumbing Heating Cooling Inc. (street / municipality) Tel. 973 890-9878 (zip code)

Address 210 Stevens Avenue e-mail joe@margoplumbing.com

Cedar Grove, NJ 07009

Contractor License No. 10468 Exp. Date 6/19

Home Improvement Contractor Registration No. or Exemption Reason 13VH02222700

Federal Emp. ID No. 223642250 FAX: 973 812-5957

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 $ 1,500

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. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/11/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] TCO [ ] CA
Date: 9/30/19
Approved by:

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

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: JOE VRAGOLIC

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace 2 water heaters

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Water Heater	150
	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	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 150

U.C.C. F130 (rev. 10/17)

To reorder call:
Allegra Marketing, Print & Mail
609-390-1400

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1403 LOT 90 QUALIFICATION CODE _____ PERMIT # 2019-159

WORK SITE ADDRESS 176 GROVE AVENUE VERONA, NJ 07044

Owner in Fee OSTERHAYER

Verifying Individual Joe Vraglic Company Marco Plumbing

Address 210 Stevens ave (Street) cedar Grove (City) NJ (State) 07009 (Zip Code)

Tel: (973) 890-9878 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney: Size _____

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[X] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Water heater	Oil / (Gas) / Other:	40,000
Appliance 2:	Water heater	Oil / (Gas) / Other:	40,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

[signature] Signature 2-19-19 Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

GORAN VRAGOLIC
T/A MARGO P and H and COOL CONTRS
210 STEVENS AVE
CEDAR GROVE NJ 07009-1149

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/01/2017 TO 06/30/2019
VALID

Signature of Licensee/Registrant/Certificate Holder

36BI01046800
LICENSE/REGISTRATION/CERTIFICATION #

DIRECTOR

B-19-0144

TOWNSHIP OF VERONA

BUILDING PERMIT APPLICATION FEE SCHEDULE

OWNER NAME: Ostermayer BLOCK: 1403 LOT: 90

WORKSITE ADDRESS: 176 Grove DATE: 3/11/19

NEW CONSTRUCTION AND ADDITIONS:

BUILDING FEE: Square Ft._____ Cubic Ft._____ x 0.05 $_____

State Permit Fee: Cubic Ft._____ x 0.00371 $_____

Minimum Fee: $60.00 $_____

ALTERATIONS/REPAIRS:

BUILDING FEE: $20 per $1000 Est. Cost $_____

STATE PERMIT FEE: $_____ Est. Cost x $1.90 per $1000 of Alteration $_____

ELECTRICAL FEE: Minimum Fee: $60.00 $_____

PLUMBING FEE: Minimum Fee: $75 com /$60 res; $15 per fixture; $75 per special device $_____

FIRE PROTECTION FEE: Minimum Fee: $60.00 $_____

ELEVATOR FEE: $_____

DEMOLITION FEE: $300 commercial / $100 1&2 family residential / $50 accessory structure $_____

MISCELLANEOUS FLAT FEES: Pools/Signs/Other: Minimum Fee: $60.00 $_____

CERTIFICATE OF OCCUPANCY: Minimum Fee: $75.00 $_____

TOTAL FEE: $_____

APPROVALS	DATE REV 1	DATE REV 2	COMMENTS (REFER TO BACK FOR ADDITIONAL COMMENTS)	APPR DATE	INIT
ZONING			1. 2.		
ENGINEERING			1. 2.		
BUILDING			1. 2.		
ELECTRIC			1. 2.		
PLUMBING			1. 2.	3/11/19	
FIRE			1. 2.		
HEALTH			1. 2.		

SUBCODE	ADDITIONAL COMMENTS
BUILDING	
ELECTRICAL	
PLUMBING	
FIRE	

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

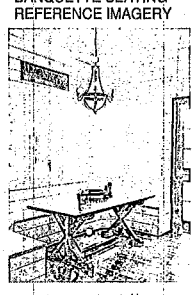
Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

ENTRY BENCH SEATING REFERENCE IMAGERY

BANQUETTE SEATING REFERENCE IMAGERY



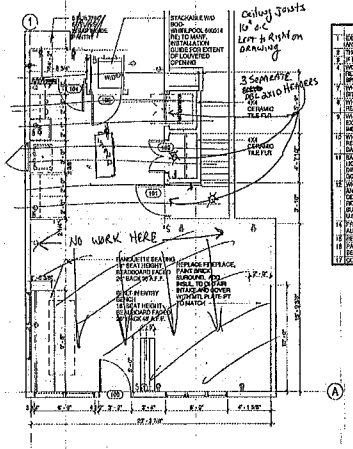
FLOOR PLAN NOTES

1. VERIFY EXISTING CONDITIONS AND DIM. OF EXISTING CONDITIONS
2. FILL OPENING OR WHO WALLS TO BE FRAMED OPENING. MATCH EXIST. BASE AND CASE DETAILS
3. DIMENSIONS ARE TO FACE OF STUD, EXCEPT AT DOOR JAMB DIMENSION OF 4" FROM DOOR OPENING TO ADJACENT PERPENDICULAR PARTITION.
4. WINDOWS ARE DESIGNATED AS "CLEAR" OR "HOLD" BY WALL TO MAINTAIN FURNITURE IS SHOWN FOR FURNITURE AND DASHED ARE FOR LAYOUT PURPOSES ONLY AND IS NIC.
7. FLOORING TO BE CONTINUOUS AND WALL CABINETS TO BE FINISHED UNDER APPLIANCES AND REMOVABLE CABINETS AT TYPIC. ACCESSIBLE UNITS.
8. DEVICES SHALL BE MOUNTED BETWEEN 15" - 48" AFF. DEVICES INCLUDE OUTLETS, THERMOSTATS, SWITCHES, CONTROLS, AND OTHER DEVICES.
9. ABOVE COUNTER HEIGHT TO BE COORDINATED WITH BACKSPLASH TILE (SIM. AND MIN 18" ABOVE FIN. COUNTER
10. ABOVE COUNTER OUTLETS TO BE HORIZONTALLY INSTALLED
11. SALVAGE ENTRY DOOR 100 AND REVERSE THE DOOR SWING
12. SAND AND REFINISH WD FLRG
13. BANQUETTE AND BENT BENCH ARE ALTERNATE WITH NO BACKBOARD

NEW 2X4 WALLS

PROJECT DOOR SCHEDULE

Mark	Height	Width	Door Material	Frame Material	Comments
100	7' - 0"	3' - 0"	WD	WD	E. DR. TO BE TO SWITCH SWING
101	6' - 8"	2' - 10"	WD	WD	2 PNL DR
102	6' - 8"	2' - 0"	WD	WD	2 PNEL LOUVERE D DOOR
103	6' - 8"	2' - 10"	WD	WD	2 PNL DR
104	6' - 8"	2' - 6"	WD	WD	2 PNL DR
107	6' - 8"	2' - 6"	WD	WD	



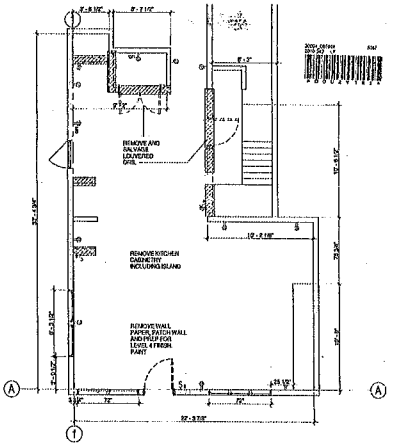
1 NEW FLOOR PLAN

DEMOLITION PLAN NOTES

1. EXISTING INFORMATION SHOWN ON THE DRAWINGS IS BASED ON OBSERVED FIELD OBSERVATIONS AND/OR INFORMATION PROVIDED BY THE OWNER.
2. THE CC SHALL MAINTAIN THE INTEGRITY OF THE EXISTING STRUCTURE AND FIRE/PROOFING AS REQ'D
3. IF HAZARDOUS MATERIALS ARE ENCOUNTERED DURING CONSTRUCTION, NOTIFY THE OWNER.
4. WORK TO BE REMOVED IS ILLUSTRATED IN DASHED LINE WORK. EXISTING CONSTRUCTION TO REMAIN IS ILLUSTRATED IN LIGHT LINE WORK. ALL ITEMS FOR REMOVAL MAY NOT BE SPECIFICALLY NOTED. REMOVE ITEMS AS NECESSARY FOR THE COMPLETION OF THE WORK.
7. WHERE THE TERM "REMOVE" OR "DEMOLISH" IS USED, THE CC SHALL REMOVE ITEM FROM THE SITE AND LEGALLY DISPOSE OF.
8. WHERE THE TERM "SALVAGE" IS USED, THE CC SHALL RETURN THE ITEM OR ITEMS PRODUCT OF, RETURN TO THE OWNER.
9. WHERE THE TERM "REMOVE AND REINSTALL" IS USED, THE CC IS TO DETACH ITEM FROM EXISTING CONSTRUCTION, PREPARE AND CLEAN ITEM FOR REUSE, AND REINSTALL WHERE INDICATED.
10. WHERE THE TERM "EXISTING TO REMAIN" IS USED, THE EXISTING ITEMS ARE NOT TO BE REMOVED. PROTECT FROM DAMAGE AS REQUIRED. THE CC IS TO REPLACE OR REPAIR ITEMS DAMAGED DURING CONSTRUCTION AT NO COST TO THE OWNER.
11. SALVAGE EXISTING ACCESSORY, EQUIPMENT, PLUMBING FIXTURES, DOORS AND FRAMES, CABINETS, AND LIGHT FIXTURES FOR REINSTALLATION. STORE SALVAGEABLE MATERIALS IN A LOCATION AS DIRECTED BY THE OWNER. ALL OTHER MATERIAL AND DEBRIS SHALL BE DISPOSED OF BY THE CC.
12. WHERE MECHANICAL, ELECTRICAL, AND PLUMBING DEVICES ARE REMOVED, ABANDONED PIPING AND/OR CONDUITS SHALL BE CAPPED BELOW THE FLOOR, INSIDE THE PARTITION, OR ABOVE THE CEILING AND AS REQUIRED BY THE AUTHORITY HAVING JURISDICTION. UNUSED WIRING IS TO BE REMOVED BACK TO PANEL BOXES. PATCH AND REPAIR FINISHES AS REQUIRED TO MATCH ADJACENT FINISHES. BLANK COVER PLATES OVER EXISTING BOXES ARE NOT ACCEPTABLE SUBST.
13. PREPARE EXISTING WALLS FOR NEW FINISHES. REMOVE ADHESIVE, PAINT, TAPE, POSTERS, WHITE PEEL ADHESIVES, AND PREPARE SURFACE FOR PAINT OR WALLCOVERING.
14. REMOVE BASE IN AREAS WHERE FLOORING IS BEING REMOVED U.N.O.
15. PATCH AND REPAIR FLOOR AND PARTITION FINISHES WHERE INTERFACING PARTITIONS HAVE BEEN REMOVED. MATCH ADJACENT SURFACE FOR FINISH, COLORS, AND TEXTURE.
17. COORDINATE UTILITY SHUT DOWNS WITH BUILDING OWNER.

FLOOR PLAN LEGEND

- EXISTING WALL
- NEW WALL
- DEMO WALL



2 EXISTING/DEMO PLAN

Paney
6/10/19
(owner)

PAUL OSTERMAYER
176 Grove Ave
Verona

OSTERMAYER HOUSE
176 GROVE AVE, VERONA

PROJ.NO. NONE
DRAWN: TRE
CHECKED: CC
APPROVED: Approver
DATE: 2019/04/22

OSTERMAYER HOUSE
ISSUED FOR: FOR REVIEW

SHEET TITLE: LEVEL 1 FLOOR PLAN

SCALE: As indicated
SHEET NUMBER
A-101