CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10/9/15

Permit # 15-1066

IDENTIFICATION Block 129 Lot 1 Qualification Code

Work Site Location 48 ~~front~~ ave - 6 grand ~~avenue~~ Street
Clark NJ 07066

Owner in Fee Steven Steinberg

Address 48 bront ave - 6 grand avenue
Clark NJ 07066

Tel. (redacted)

Contractor Brien Deegan Contracting

Address 61 Terrill Rd. Plainfield, NJ 07062

Lic# 13VH00909000 Exp 3/31/16

Tel. (Fed ID# 22-3367857

Lic. No. or Bl 908-322-6405 908-561-8593 FAX

deeganroofing2000@yahoo.com

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) [X] OTHER roof

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 $ 9,500

Construction Official

10/9/15
Date

PAYMENTS (Office Use Only)

Building	
Electrical	75
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	18
Cert. of Occupancy	
Other	
Total	93
Check No	13962
Cash	
Collected by	

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/9/15

Date Issued / Permit # 15-1006

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

Block _____ Lot _____ Qualification Code _____

Work Site Location [redacted] 6 Grand ~~Avenue~~ St Clark NJ 07066

Owner in Fee: Steven Steinberg

Tel. ([redacted] e-mail _____

Address 48 Brant ave- 6 grand avenue clark NJ 07066
street municipality zip code

Contractor: Brien Deegan Contracting ___ Tel. (_____) _____

Address 61 Terrill Rd. Plainfield, NJ 07062 ___ e-mail _____

Lic# 13VH00909000 Exp 3/31/16

Contractor Lic Fed ID# 22-3367857 _____ Exp. Date _____

Home Improv 908-322-6405 908-561-8593 FAX son (if applicable): _____

Federal Emp. deeganroofing2000@yahoo.com FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[✓] No Plans Required 10/9/15 MK

[ ] 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	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/12/15 MK	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5

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.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 9,500
3. Total (1+ 2) $ 9,500

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: [signature]

Print name here: Brien Deegan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing layers down to wood surface. Prep existing decking. Install ice shield. Paper using 15# felt. Replace existing vent collars & flashing. Cleanup & remove all debris. Reshingle using T-30 shingles.

POSTED

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)

$ _____

75

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 75

CONSTRUCTION PERMIT

Date Issued 9/16/22

Permit # 22-702

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 6 Grand St. Clark NJ 07066

Owner in Fee Stephen Steinberg

Address Same

Tel. [redacted]

Contractor American Specialty Plg., Htg. & Air, Inc. D.B.A. Good Tidings Plg., Htg. & Cooling

Address 1225 Westfield Ave. Clark, NJ 07066

Tel. (732) 382-4433

Lic. No. or Bldrs. Reg. No. 8637

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:

Replace Gas 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 $ 2400

Construction Official _____ Date 9/8/22

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other mech	75
DCA State Permit Fee	5
Cert. of Occupancy	
Other	
Total	80
Check No.	
Cash	
Collected by	

(see reverse side)

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

COMPLETED

Date Received / Control # 9/14/22

Date Issued / Permit # 22-702

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 6 Grand Street Clark NJ 07066

Owner in Fee: Stephen Steinberg

Tel. [redacted] e-mail _____

Address Same (street / municipality / zip code)

Contractor: Good Tidings Plumbing Heating & Cooling Tel. (732) 382-4433

Address 1225 Westfield Avenue, Clark, NJ 07066 e-mail _____

Contractor License No. #8637 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason 13VH02439800

Federal Emp. ID No. 22-3039108 FAX: (732) 382-0001

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 2400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9/8/22

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			9/19/22	[signature]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: DMK / Pres.

Print name here: David McKenna

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace gas Water Heater

NO.	FIXTURE/EQUIPMENT
1	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
	Other

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 75

Reorder at:
ucc.allegramarmora.com • 609-390-1400
Allegra Marketing, Print & Mail - Marmora, NJ

U.C.C. F145 (rev. 12/18)