

NEW! NEW! NEW!
UPPER AND LOWER CASE

2019 - TWP OF UNION

IDENTIFICATION

Work Site Location 1963 MOUNTAINVIEW AVE

Twp of Union, NJ 07083

Owner in Fee	EUERAS COMMUNITY SERVICE
Address	24 W. WORLDS FAIR DRIVE

Telephone (732) 805-1912

Contractor **NOWELLE, LLC**

Address PO BOX 853

FRANKLIN LAKES, NJ 07417

Telephone (973) 726-0488 FAX

Lic No/Bldrs Reg No. 46606 Fed. Emp. No.060037720

Home Imprv. Reg No. / Exempt Reason -

☒ **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 the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be _____.

☐ **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 (0 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

Home Warranty No.

Type of Warranty Plan [] State [] Private

Use Group	I/R-5
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
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91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Maximum Live Load 40

Construction Class

Max. Occupancy Load

Description of Work/Use

NEW SINGLE FAMILY DWELLING

A. Manawadi 1/4/17
CONSTRUCTION OFFICIAL

PermitsNJ

Fee	\$35.00
-----	---------

Paid To	\$35.00
---------	---------

Collected by: TDA

Check No. 1019

PNJF260 rev. (5/2013)

Printed On: 01/04/2017 09:29



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.

Print name here

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
PUBLISHED WEEKLY
535 N. Dearborn Ave., Chicago 10, Ill.
Subscription price: Five dollars per annum in advance.
Entered as Second-Class Matter, May 2, 1917. Postpaid.
Acceptance for mailing at special rate of postage provided for in
Act of October 3, 1917. Authorized for mailing at special rate of postage
provided for in Act of October 3, 1917. Postpaid.
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Postmaster: Send address changes in this journal to THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 535 N. Dearborn Ave., Chicago 10, Ill.

THE JOURNAL OF THE

Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair, viewing a screen displaying a target (a red dot) and a starting point (a green dot). The subject's hand is positioned at the starting point, and the target is located at a distance of 10 cm from the starting point. The subject is instructed to move the hand to the target. The distance between the starting point and the target is labeled as 10 cm. The subject's hand is shown in a starting position, and the target is shown as a red dot on the screen. The distance between the starting point and the target is labeled as 10 cm.

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
☐	No Plans Required	_____	_____	☐	Failure	☐	Approval
☐	All	_____	_____	☐	Footings	☐	07/12
☐	Footings/Foundations	_____	_____	☐	Footings Bonding	☐	07/18
☐	Structural/Framework	_____	_____	☐	Foundation	☐	09/07
☐	Exterior	_____	_____	☐	Slab	☐	DL
☐	Interior	_____	_____	☐	Frame	☐	
Joint Plan Review Required:				☐	Truss Sys./Bracing	☐	
☐	Elec. ☐	Plumb. ☐	Fire ☐	☐	Barrier-Free	☐	
SUBCODE APPROVAL for PERMIT				☐	Insulation	☐	09/22
☐	Date: _____		☐	Finishes - Base Layer	☐	☐	DL
☐	Approved by: _____		☐	Finishes - Final	☐	☐	
☐	SUBCODE APPROVAL for CERTIFICATE		☐	Energy	☐	☐	
☐	CO ☐	CCO ☐	CA ☐	Mechanical	☐	☐	
☐	Date: _____		☐	TCO	☐	☐	
☐	Approved by: _____		☐	Other	☐	☐	
☐			☐	Final	☐	☐	12/07
☐			☐	Barrier-Free	☐	☐	DL

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-5
No. of Stories		1	
Constr. Class	Present	Proposed	
If Industrialized Building:			

Height of Structure 19 ft. State Approved HUD

Area — Largest Floor 2155 sq. ft.

Est. Cost of Bldg. Work:

New Bldg. Area/All Floors 0 sq. ft. 1. New Bldg. \$ 155,000.00

Volume of New Structure 3500 cu. ft. 40

2. Rehabilitation \$ 155,000.00

3. Total (1 + 2) \$ 310,000.00

Max. Occupancy Load 0

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

	TYPE OF WORK:	FEE (Office Use Only)
☒ [X]	New Building	\$959.00
☐ []	Addition	_____ 0.00
☐ []	Rehabilitation	_____ 0.00
☐ []	Roofting	_____ 0.00
☐ []	Sliding	_____ 0.00
☐ []	Fence _____ Height (exceeds 6')	_____ 0.00
☐ []	Sign _____ Sq. Ft.	_____ 0.00
☐ []	Pool	_____ 0.00
☐ []	Retaining Wall _____ Sq. Ft.	_____ 0.00
☐ []	Asbestos Abatement Subchapter 8	_____ 0.00
☐ []	Lead Haz. Abatement NJAC 5:17	_____ 0.00
☐ []	Radon Remediation	_____ 0.00
☐ []	Other _____	_____ 0.00
☐ []	Demolition	_____ 0.00

FEE (Office Use Only) 959.00

Date Received	10/8/2015
Control #	645948

Date Issued	10/30/2015
Permit #	15-02257

Print name here: _____

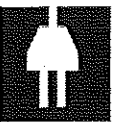
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 2301

Lot 10

Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE

UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22, WEST-STE 7B, GREENBROOK, NJ 08812

Contractor: J. VAN HUNTER ELECTRIC

Address 27 IONIA RD

City

Tel. (973) 584-8441

Zip code

FLANDERS, NJ 07836

Contractor License No. 4497

Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No.

FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present

Proposed R-5

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

Building Occupied as

Utility Co.

Est. Cost of Elec. Work \$ 70,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

INSPECTIONS

Dates (Month/Day)

Initial

[] Partial - Underslab Utilities Approved

Rough

Failure

Approval

09/15

AJD

Date: Approved by:

Barrier-Free

Failure

Approval

09/15

AJD

[] Electric Plans Approved

Trench

Failure

Approval

09/15

AJD

Date: Approved by:

Temp. Serv.

Failure

Approval

09/15

AJD

Joint Plan Review Required:

TCO

Failure

Approval

09/15

AJD

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

Other

Failure

Approval

09/15

AJD

SUBCODE APPROVAL for PERMIT

Service

Failure

Approval

09/15

AJD

Date: Approved by:

Barrier-Free

Failure

Approval

09/15

AJD

Approved by:

Temp. Cut-in-Card Date Issued

Failure

Approval

09/15

AJD

SUBCODE APPROVAL for CERTIFICATE

Final Cut-in-Card Date Issued

Failure

Approval

09/15

AJD

[] CO [] CCO [] CA

Annual Pool Inspection

Failure

Approval

09/15

AJD

Date: Approved by:

Date of Grounding and Bonding

Failure

Approval

09/15

AJD

Approved by:

Certification

Failure

Approval

09/15

AJD

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:

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY	SIZE	ITEMS	DATE RECEIVED	CONTROL #
14		Lighting Fixtures	10/8/2015	645948
41		Receptacles		
20		Switches		
8		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		

Administrative Surcharge \$ 0.00

Minimum Fee \$ 114.00

State Permit Surcharge Fee \$ 0.00

TOTAL FEE \$ 114.00



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 2301 Lot 10 Qualification Code _____
Work Site Location 1963 MOUNTAINVIEW AVE

UNION, NJ 07083

Owner In Fee: PUERTO RICAN FEDERATION SERVICES

Tel. _____ e-mail _____

Address 326 ROUTE 22, WEST-STE 7B, GREENBROOK, NJ 08812

Contractor NORTH EAST FIRE PREV. Municipality _____ Tel. (201) 803-7256

Address 19 2ND AVENUE e-mail _____

HAWTHORNE, NJ 07000

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. 0442

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223745566 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R-5

Constr. Class: Present _____ Proposed _____ Fuel Storage Tank: _____
Capacity _____

Heating System: ☐ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing

OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location of Panel: _____
Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 16,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Under-slab Utilities Approved

Date: _____ Approved by: _____

☐ Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

INSPECTIONS

Type: _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tanks _____

Fireplace Venting _____

Final _____

Other _____

Dates (Monthly/Day)

Failure _____

Failure _____

Approval _____

Initial _____

11/22

JP

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/Contractor

sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices _____

TOTAL

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other _____

Date Received 10/8/2015

Control # 645948

Date Issued 10/30/2015

Permit # 15-02267

NUMBER 0 FEE (Office Use Only) \$ 0.00

Suppression Systems 0 \$ 0.00

Fire Pump 0 \$ 0.00

Dry Pipe/Alarm Valves 0 \$ 0.00

Pre-action Valves 0 \$ 0.00

Sprinkler Heads (Dry and Wet) 18 \$ \$50.00

Standpipes 0 \$ 0.00

Pre-engineered Systems 0 \$ 0.00

Wet Chemical 0 \$ 0.00

Dry Chemical 0 \$ 0.00

CO₂ Suppression 0 \$ 0.00

Foam Suppression 0 \$ 0.00

FM200 Suppression 0 \$ 0.00

Other 0 \$ 0.00

Other Systems 0 \$ 0.00

Kitchen Hood Exhaust System 0 \$ 0.00

Smoke Control System 0 \$ 0.00

Fuel-Fired Appliances 3 \$ \$120.00

Fireplace Venting/Metal Chimney 0 \$ 0.00

Other 0 \$ 0.00

Administrative Surcharge \$ 0.00

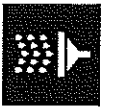
Minimum Fee \$ 205.00

State Permit Surcharge Fee \$ 0.00

TOTAL FEE \$ 205.00



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 2301 Lot 10 Qualification Code _____

Work Site Location 1963 MOUNTAINVIEW AVE

Union, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. _____ e-mail _____

Address 326 ROUTE 22, WEST-STE 7B, GREENBROOK, NJ 08812

Contractor: RICHARD A. JOSEPH P AND H, INC. Tel. (973) 670-7688 zip code _____

Address 38 E. SHORE DRIVE e-mail _____
NEWTON, NJ 07860

Contractor License No. 9375 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223161169 FAX: _____

B. PLUMBING CHARACTERISTICS Use Group Present Proposed R-5

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 12,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		Initial
	Type	Failure	Failure	Approval		
☐ No Plans Required	Slab					
☐ Partial - Underslab Utilities Approved	Rough					
Date: _____ Approved by: _____	Water					
☐ Plumbing Plans Approved	Sewer			09/07		VF
Date: _____ Approved by: _____	Fixtures					
Joint Plan Review Required:	Gas Equipment					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Piping					
SUBCODE APPROVAL for PERMIT	LP Gas Tank					
Date: _____	Fuel Oil Piping					
Approved by: _____	Solar					
SUBCODE APPROVAL for CERTIFICATE	TCO					
☐ CO ☐ CCO ☐ CA	Final			11/21		RK
Date: _____						
Approved by: _____						

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: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	\$ 20.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
2	Lavatory	20.00
1	Shower	10.00
3	Floor Drain	30.00
1	Sink	10.00
1	Dishwasher	10.00
0	Drinking Fountain	0.00
1	Washing Machine	10.00
0	Hose Bibb	0.00
1	Water Heater	30.00
0	Fuel Oil Piping	0.00
1	Gas Piping	15.00
0	LP Gas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
1	Sewer Connection	150.00
1	Water Service Connection	30.00
3	Stacks	30.00
	Other	0.00

Date Received 10/8/2015
Control # 645948
Date Issued 10/30/2015
Permit # 15-02257

Administrative Surcharge	\$ 0.00
Minimum Fee	\$ 375.00
State Permit Surcharge Fee	\$ 0.00
TOTAL FEE \$	375.00



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 2301

Lot 10

Qualification Code _____

Work Site Location 1963 MOUNTAINVIEW AVE

UNION, NJ 07083

Owner In Fee: PUERTO RICAN FEDERATION SERVICES

Tel. _____ e-mail _____

Address 326 ROUTE 22, WEST-STE 7B, GREENBROOK, NJ 08812

Contractor: J. VAN HUNTER ELECTRIC

at _____ municipality _____

Tel. (973) 584-8441 Zip code _____

Address 27 IONIA RD

e-mail _____

FLANDERS, NJ 07836

Contractor License No. 4497

Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____

FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 50.00

JOBS SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Type:	Failure	Failure	Approval	Initial
☐ Partial -Underslab Utilities Approved	Rough				
Date: _____	Barrier-Free				
Approved by: _____	Trench				
☐ Electric Plans Approved	Temp. Serv.				
Date: _____	Constr. Serv.				
Approved by: _____	TCO				
Joint Plan Review Required:	Other				
☐ Bldg. ☐ Plumb: ☐ Fire: ☐ Elev.	Service				
SUBCODE APPROVAL for PERMIT	Final				
Date: _____	Barrier-Free				
Approved by: _____	Temp. Cur-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE	Final Cut-in-Card Date Issued				
☐ CO ☐ CCO ☐ CA	Annual Pool Inspection				
Date: _____	Date of Grounding and Bonding				
Approved by: _____	Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

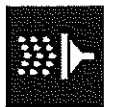
DESCRIPTION OF WORK: COMMUNICATION AND ALARM DEVICES

QTY.	SIZE	ITEMS	DATE RECEIVED
		Lighting Fixtures	9/15/2016
		Receptacles	Control # 645948
		Switches	Date Issued 9/15/2016
		Detectors	Permit # 15-02257+2
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UV 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 \$	0.00
Minimum Fee \$	0.00
State Permit Surcharge Fee \$	0.00
TOTAL FEE \$	0.00



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 2301 Lot 10 Qualification Code
Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22, WEST-STE 7B, GREENBROOK, NJ 08812

Contractor A-PLUS CONTRACTING LLC P.O. BOX 247 WYCKOFF, NJ 07481

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 9,600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type	Failure	Failure	Approval
☐ No Plans Required		Slab			
☐ Partial -Under-slab Utilities Approved		Rough			
Date: Approved by:		Water			
☐ Plumbing Plans Approved		Sewer			
Date: Approved by:		Fixtures			
Joint Plan Review Required:		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL FOR PERMIT		LP Gas Tank			
Date: Approved by:		Fuel Oil Piping			
SUBCODE APPROVAL FOR CERTIFICATE		Solar			
☐ CO ☐ CCO ☐ CA		TCO			
Date: Approved by:		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:

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LP Gas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
2.	Stacks	50.00
	Other WARM AIR FURNACES AND	

Date Received 9/20/2016
Control # 645948
Date Issued 11/4/2016
Permit # 15-02257+3



FIRE PROTECTION SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-4100.

Block 2301 Lot 10 Qualification Code _____

Work Site Location 1963 MOUNTAINVIEW AVE

UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. _____ e-mail _____

Address 326 ROUTE 22, WEST-STE 7B, GREENBROOK, NJ 08812

Contractor: ADVANCED ALARM SYSTEMS INC Municipality _____ Tel. (973) 403-7777 Fax code _____

Address 10 KINGSBRIDGE ROAD SUITE 12 e-mail _____

FAIRFIELD, NJ 07004

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R-5 Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: ☐ Flammable or ☐ Combustible

Heating System: ☐ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing

OR ☐ Conversion or ☐ Replacement Location of Panel: _____

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System: _____

☐ Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ INSPECTIONS _____

☐ No Plans Required _____ Type: _____ Failure _____ Approval _____ Initial _____

☐ Partial - Underslab Utilities Approved _____ Alarm System _____

Date: _____ Approved by: _____ Suppression Sys. _____

☐ Fire Protection Plans Approved _____ Standpipe _____

Date: _____ Approved by: _____ Fire Pump _____

Joint Plan Review Required: _____ Pre-Eng. System _____

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev. Mechanical _____

SUBCODE APPROVAL for PERMIT _____ Smoke Control _____

Date: _____ TCO _____

Approved by: _____ Flam/Combust Tanks _____

SUBCODE APPROVAL for CERTIFICATE _____ Fireplaces Venting _____

☐ CO ☐ CCO ☐ CA _____ Final _____

Approved by: _____ Other _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor _____

sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA ☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: CO DETECTORS

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

☐ System _____

☐ 110v Interconnected _____

☐ CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 11/22/2016
Control # 645948
Date Issued 12/7/2016
Permit # 15-02257+4



BUILDING SUBCODE TECHNICAL SECTION



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

Block 2301 Lot 10 Qualification Code
Work Site Location 1963 MOUNTAINVIEW AVE UNION, NJ 07083

Owner In Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22, WEST-STE 7B, GREENBROOK, NJ 08612

Contractor: BOULDER HILL ESCAVATION Municipality Tel. (201) 956-1474 Zip code

Address 14 BERGEN ST SUITE A e-mail

HACKENSACK, NJ 07601

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type		Failure	Approval
☐ No Plans Required			Footings			
☐ All			Footings Bonding			
☐ Footings/Foundations			Foundation			
☐ Structural/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer			
Date:			Finishes -Final			
Approved by:			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
☐ CO ☐ CCO ☐ CA			TCO			
Date:			Other			
Approved by:			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	Proposed	Constr. Class	Present	Proposed
No. of Stories	0			If Industrialized Building:		
Height of Structure	0			State Approved		HUD
Area — Largest Floor	0			sq. ft.		
New Bldg. Area/All Floors	0			sq. ft.		
Volume of New Structure	0			cu. ft.		
Max. Live Load	0			1. New Bldg.		0.00
Max. Occupancy Load	0			2. Rehabilitation		7,000.00
				3. Total (1 + 2)		14,000.00

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

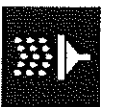
DESCRIPTION OF WORK
DEMOLITION OF ONE FAMILY ONE

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	\$ 0.00
☐ Addition	\$ 0.00
☐ Rehabilitation	\$ 0.00
☐ Roofing	\$ 0.00
☐ Sliding	\$ 0.00
☐ Fence	\$ 0.00
☐ Sign	\$ 0.00
☐ Pool	\$ 0.00
☐ Retaining Wall	\$ 0.00
☐ Asbestos Abatement Subchapter 8	\$ 0.00
☐ Lead Haz. Abatement N.J.A.C. 5:17	\$ 0.00
☐ Radon Remediation	\$ 0.00
☐ Other	\$ 0.00
☒ Demolition	\$ 75.00

Administrative Surcharge	\$ 0.00
Minimum Fee	\$ 75.00
State Permit Surcharge Fee	\$ 0.00
TOTAL FEE	\$ 75.00



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block 2301 Lot 10
Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail
Address 326 ROUTE 22, WEST-STE 7B, GREENBROOK, NJ 08812

Contractor: NOUVELLE, LLC
P. O. BOX 853
FRANKLIN LAKES, NJ 07417

Contractor License No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:
B. PLUMBING CHARACTERISTICS
Use Group Present R-5

Building Sewer Size Public Sewer
Water Service Size Public Water
Est. Cost of Plumbing Work \$ 750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required	Type				
☐ Partial-Underslab Utilities Approved	Slab				
Date: Approved by:	Rough				
☐ Plumbing Plans Approved	Water				
Date: Approved by:	Sewer				
Joint Plan Review Required:	Fixtures				
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.	Gas Equipment				
SUBCODE APPROVAL for PERMIT	Gas Piping				
Date:	LP Gas Tank				
Approved by:	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE	Solar				
☐ CO ☐ CCO ☐ CA	TCO				
Date:	Final				
Approved by:					

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:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
CAP SEWER FOR DEMOLITION FOR ONE FAMILY	0	Water Closet	0.00
	0	Urinal/Bidet	0.00
	0	Bath Tub	0.00
	0	Lavatory	0.00
	0	Shower	0.00
	0	Floor Drain	0.00
	0	Sink	0.00
	0	Dishwasher	0.00
	0	Drinking Fountain	0.00
	0	Washing Machine	0.00
	0	Hose Bibb	0.00
	0	Water Heater	0.00
	0	Fuel Oil Piping	0.00
	0	Gas Piping	0.00
	0	LP Gas Tank	0.00
	0	Steam Boiler	0.00
	0	Hot Water Boiler	0.00
	0	Sewer Pump	0.00
	0	Interceptor/Separator	0.00
	0	Backflow Preventer	0.00
	0	Greasetrap	0.00
	1	Sewer Connection	150.00
	0	Water Service Connection	0.00
	0	Stacks	0.00
	0	Other	0.00

Date Received 2/29/2016
Control # 657006
Date Issued 3/3/2016
Permit # 16-00434

Administrative Surcharge	\$ 0.00
Minimum Fee	\$ 150.00
State Permit Surcharge Fee	\$ 0.00
TOTAL FEE	\$ 150.00



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE UNION, NJ 07083

Owner In Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22, WEST-STE 7B, GREENBROOK, NJ 08812

Contractor: ABOVE ENVIRONMENTAL SERVICES municipality Tel. (973) 702-7021 e-mail

Address P. O. BOX 801 VERNON, NJ 07462

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present U Proposed

Const. Class: Present Proposed

Heating System: [] New OR [] Modification to Existing

OR [] Conversion OR [] Replacement

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

[] Other

Location: Location of Panel: Fire Alarm System: [] New OR [] Existing

Total Cost of Fire Protection Work \$ 1,025.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW/

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: Approved by:

[] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Elev. Mechanical

SUBCODE APPROVAL for PERMIT

Date: TCO Smoke Control

Approved by: Flam/Combust Tanks

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: Final 04/13 DM

Approved by: Other

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor

sign here:

Print name here:

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: TANK REMOVAL

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other

Date Received 3/30/2016
Control # 659531

Date Issued 3/30/2016
Permit # 16-00630

Administrative Surcharge \$ 0.00
Minimum Fee \$ 40.00
State Permit Surcharge Fee \$ 0.00
TOTAL FEE \$ 40.00