

BLOCK

701-29

LOT

1

ADDRESS (SITE)

PERMIT NO.

308-91

RECEIVED

MAR 11 1991

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



CONSTRUCTION PERMIT APPLICATION

BUILDING IDENTIFICATION

1. Proposed Work-site at: PAGNETTA PLAZA 270 CHAMBERLAIN RD

2. Name of Owner In Fee: ALISTATE INS. Co. Tel. (908) 685-7864

Address 721 RT 202-206 SUITE 300 BRIDGEWATER
street municipality zip code 08807

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: JOHN PAMULA Tel. (201) 8068498

Address 1206 SOUTHARD CT. FLEMINGTON, N.J.

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person
In Charge of Work _____ Tel. (____) _____

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
 2. ☐ Small Job (\$5,000 and no prior approvals)
 3. ☐ New Building
 4. ☐ Addition
 5. ☒ Alteration
 6. ☒ Fire Protection
 7. ☐ Plumbing
 8. ☒ Electrical
 9. ☐ Asbestos Abatement
 10. ☐ Demolition

TOTAL COSTS 16,000

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
WP	3/11/91		3/13/91	AK	12/5/94		PK
	3-14-91		3-14-91		7-30-91		
					4-12-91		

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
 6. ☐ Hazardous Uses/Places of Assembly
 7. ☐ Sprinklers
 8. ☐ Smoke Control Systems in Open Wells
 9. ☐ Unapproved Storage Tanks

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 120		
2. Electrical			
3. Plumbing			
4. Fire-Protection	40		
5. Other			
6. Subtotal	\$ 160		
7. Less 20% for State Plan Review	5		
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	\$ 185		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
 2. Height of Structure _____ ft.
 3. Area—Largest Floor _____ sq. ft.
 4. Building Area—All Floors _____ sq. ft.
 5. Volume of 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 _____ sq. ft.
 no _____
 11. Fire Grading _____
 12. Max. Live Load _____
 13. Max. Occupancy Load _____

(office use only)

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:

INSURANCE OFFICE

2. Use Group:

B

3. Change in Use Group,
Indicate Former Use

LDS BR 10409546

20K

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 John P. Parnell Date Mar. 11, 1991

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____

Address _____

Telephone () _____

Signature John P. Parnell Date Mar. 11, 1991

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other <i>Zoning</i>	<i>JK</i>	<i>3/12/91</i>	<i>Column, 2/17/91</i>						
☐									
☐									

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

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

X. CERTIFICATES ISSUED	(office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

3/18/91

308.91

IDENTIFICATION Block

701.29

Lot

Work Site Location

270 Chambersbridge Rd

Contractor

Address

J. Panylia

Owner in Fee

Allstate Ins

Address

721 Rt 202-206
Bridgewater

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

308*#

or Social Security No.

BLOCK

0.00

is hereby granted permission to perform the following work:

[☒] BUILDING [] PLUMBING [] OTHER
[] ELECTRICAL [☒] FIRE PROTECTION

DESCRIPTION OF WORK:

Com'l Altee

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 \$

16,000

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

120 1 #

Plumbing

BUILDING

120.00

Electrical

FIRE

40.00

Fire Protection

405

5.00

Other

C 10

20.00

Other

TOTAL

185.00

DCA Training Fee

CHECK

195.00

Cert. of Occ.

2500

0.00

Other

Total

3/18/91 400.55 0009A005

13:40

Check No.

Cash

Collected By:

St



Date Received
Date Issued
Control #
Permit #

3/18/91

308-91

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

Block 701-29 Lot 1
Work Site Location PARKVIEW PLAZA 270 CHAMBERLAIN
RD. BACK.
Owner in Fee ACUSTHIE, MS.
Address _____

Tele. (____) _____
Contractor JOHN PARMUCH HOME INC. CO
Address 1206 SOUTHWARD CT, FLEMINGTON NJ
08822
Tele. (201) 806 8498
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Req.		Type:	Failure Failure Approval Initial
☐ All		Footing	
☐ Footing		Foundation	
☐ Foundation		Slab	
☐ Frame		Frame	
☐ Other		Insulation	
Joint Plan Review Required:		Finishes:	
☐ Elec. ☐ Plumb. ☐ Fire		Energy	
SUBCODE APPROVAL		Mechanical	
☐ CO ☐ CCO ☐ CA		TCO	
Date: <u>10/5/91</u>		Other	
Approved By: <u>[Signature]</u>		Final	

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
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.

Signature [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TYPE OF WORK:	(Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☐ Alteration	\$ _____
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Other	\$ _____
☐ Demolition	\$ _____
☐ Miscellaneous	\$ _____
☐ Fence _____ Height	\$ _____
☐ Sign _____ Sq. Ft.	\$ _____
☐ Pool	\$ _____
☐ Elevator	\$ _____
☐ Asbestos Abatement	\$ _____
☐ Other	\$ _____

Paid ☐ Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	TOTAL FEE \$ _____



Date Received
Date Issued
Control #
Permit #

01831

Buck

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

Block 701, 29
Work Site Location 101
Rich Hill
Owner in Fee Rich Hill
Address Rich Hill

Tele. () DRR ELECTRIC
Contractor 400 W. 9th St. S. OTHARD RD.
Address Hogsett
Tele. () 905-4500
Lic. No. 5897
Federal Emp. No. 222584121 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. TCRC
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Rough	<u>4-4-91</u> <u>DEH</u>
☐ Bldg. ☐ Plumb. ☐ Fire	Temporary	
☐ Elec. Plans Approved	Constr. Serv.	
Date: _____	TCO	
Approved by: _____	Other	
	Service	
SUBCODE APPROVAL:	Final	<u>4-16-91</u> <u>BR</u>
☐ CO ☐ CC ☐ CA	Temp. Cut-in-Card Date Issued	<u>4-12-91</u>
Date: <u>4-12-91</u>	Final Cut-in-Card Date Issued	<u>4-12-91</u>
Approved by: <u>BR</u>	Line Dept.	<u>PP</u>

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 _____

☒ Licensed Electrical Contractor ☐ Exempt Applicant _____
Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
<u>3</u>		Fixtures (1)
<u>1</u>		Receptacles (2)
<u>2</u>		Switches (3)
<u>6</u>		Total 1 + 2 + 3
		Range
		Oven(s)
		Surface Unit
		Dishwasher
		Garbage Disposal
		Dryer
		A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		Whirlpool/spa
		Pool Bonding
		Pool Filter Motor
		Pool Lights
		Water Heater(s)
		Central heat:
		oil, gas or elec.
		Baseboard Heat Units
		Thermostats
		Heat Pump
		Pump(s)
		Motor Control Center/Sub Panels
		Signs
		Light Standards
		Motors--Fractional H.P.
		Motors--All Others
		Transformers
		Generators
		Service Entrance
		Other

Paid by Check # 4034 Minimum Fee
Collected by: _____ TOTAL FEE

FEE (Office Use Only)

91 APR 1 PM 2:13



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

3/18/91
308-91

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

Block 201-29 Lot 1
Work Site Location PAGNETTA PLAZA
270 CHAMBERS BRIDGE RD
Owner in Fee AUSTIN INSURANCE
Address _____

Tele. () 504 849 8498
Contractor JOHN PAMULA
Address 1206 SEWARD CT FLEMINGTON NJ 08822
Tele. () _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Constr. Class. _____ Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
[] Bldg. [] Plumb. [] Elec.	Suppression Test	
[] Fire Plans Approved	Fire Alarm Test	
Date: <u>3-14-91</u>	Smoke Test	
Approved by: <u>[Signature]</u>	Mechanical	
SUBCODE APPROVAL:	TCO	
[] CO [] CC [] CA	Other <u>Test</u>	
Date: <u>3/29/91</u>	Other	
Approved by: <u>[Signature]</u>	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.

[Signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Common cell.

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

Number

FEE (Office Use Only)

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____

CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliances _____
OTHER _____

Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 460



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

3/18/91
308-91

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

Block 201-29 Lot 1
Work Site Location PAGNETTA PLAZA
200 CHAMBERS BRIDGE RD
Owner in Fee AUSTINITE INSURANCE
Address _____

Tele. () JOHN PAMULA
Contractor 1206 SOUTHWARD CT ELEMINTON NJ 08822
Address _____
Tele. (201) 806 8498
Lic. No. _____ or Social Security No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems ☐ New ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:		
☐ Bldg. ☐ Plumb. ☐ Elec.	Suppression Test	
☐ Fire Plans Approved	Fire Alarm Test	
Date: <u>3-14-91</u>	Smoke Test	
Approved by: <u>[Signature]</u>	Mechanical	
SUBCODE APPROVAL:	TCO	
☐ CO ☐ CCO ☐ CA	Other	
Date: _____	Other	
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.

[Signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Common cell.

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Number

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Smoke Detectors
Heat Detectors
TOTAL

Stand Pipes
Kitchen Hood Exhaust Systems

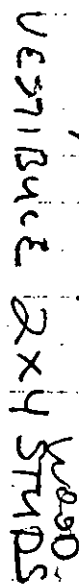
Pre-Engineered Systems

CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
OTHER [Signature]

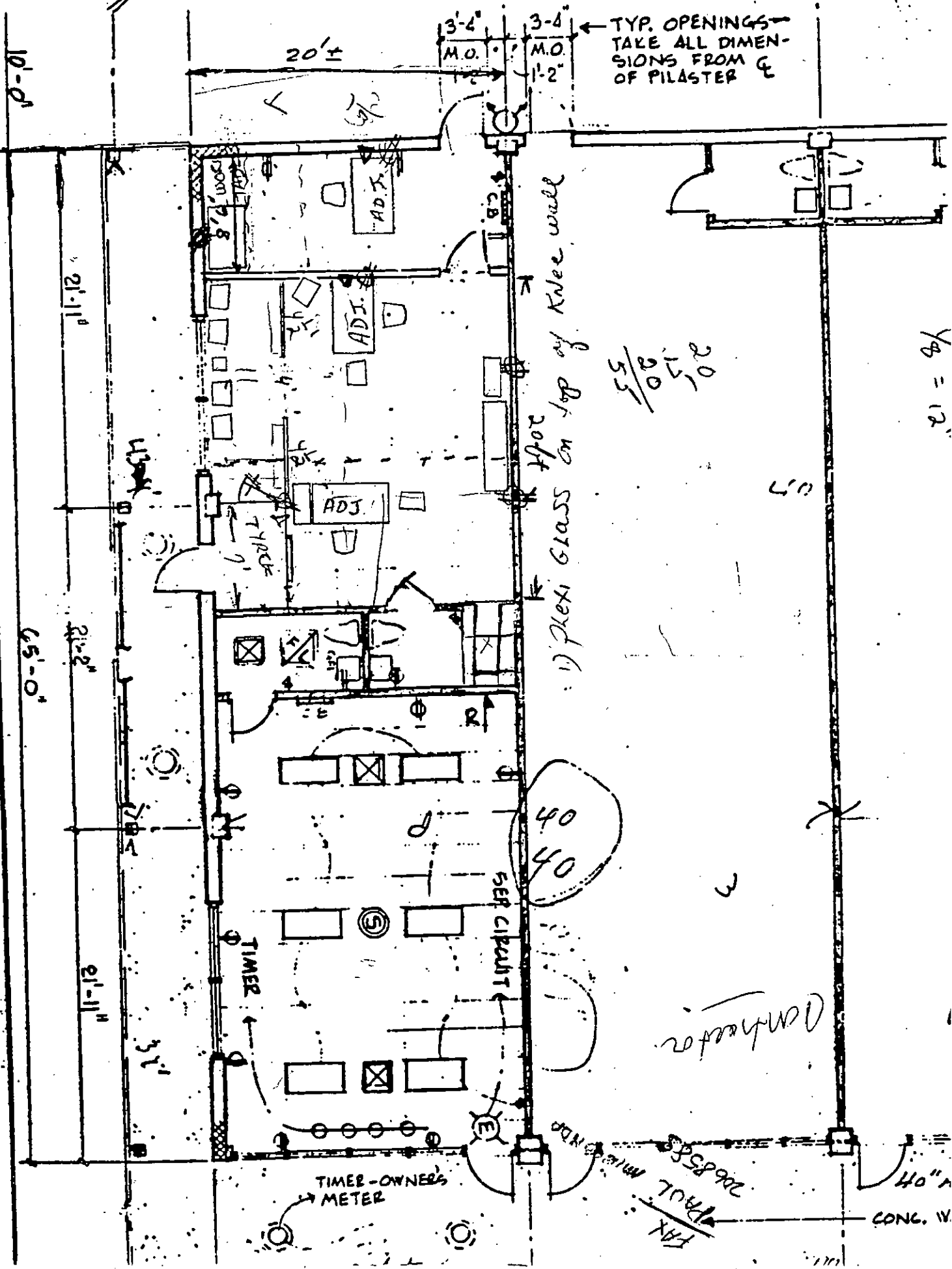
Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 46

FEE (Office Use Only)



John

TYP. OPENINGS -
TAKE ALL DIMEN-
SIONS FROM C
OF PILASTER



1/8" = 12"

Amateur

FAX 2065858902

CONG. W.