331
(3)

Reply all | Delete | Junk | Block sender | ...

Internal review of OPRA request - Public records

M

Maria <opra+request-30197-bcf4c136@requests.opramachine.com>
Fri 3/18/2022 2:19 PM

To: Grace D. Sequeira

*** CAUTION ***
This message came from an EXTERNAL address. DO NOT click on links or attachments unless you know the sender and the content is safe. Suspicious? Forward the message to spamreport@elizabethnj.org<mailto:spamreport@elizabethnj.org>

Dear Grace D. Sequeira,

What I need to know is that if the aforementioned property currently has any open permits or if they have previously applied for permits? Thank you!!

Yours sincerely,

Maria

-----Original Message-----

Good Morning,

Please specify which public records for the address 643 Devine Avenue you

are requesting.

Grace Sequeira

City Clerk's Office

Deputy Municipal Clerk

INTEROFFICE MEMORANDUM

Memo

To: Joanna Ramirez, Clerk 2

From: Calisa Mitchell, Health Department

Date: March 21, 2022

Re: 643 Devine Avenue

THE CITY OF ELIZABETH HEALTH DEPARTMENT CURRENTLY HAS NO FILES ON RECORD FOR THE ABOVE-MENTIONED REQUEST. THERE ARE NO OPEN FILES OR VIOLATIONS ON RECORD PERTAINING TO THE ABOVE ADDRESS.

CITY OF ELIZABETH
BUREAU OF CONSTRUCTION

INTEROFFICE MEMORANDUM

MARCH 17, 2022

TO: Joanna Ramirez, Clerk 2

FROM: Deborah Ramos, Bureau of Construction

SUBJECT: Request for Government Records

RE: 643 Devine Avenue

We did a thorough review of our current records and we were **able** to locate requested documents under the above-mentioned property. Attached are copies. If you have any questions or concerns, please contact us at (908)820-4084.

Thank you.

1-21-16
sn

BLOCK 6 LOT 262 QUALIFICATION CODE ADDRESS (SITE) 643 Devine Ave ~~Elizabeth, New Jersey 07202~~ PERMIT NO. 16-0146

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 643 Devine Ave, Elizabeth, NJ
2. Name of Owner in Fee: Durant, Frank -1
   Tel. e-mail
   Address 643 Devine Ave (street) Elizabeth (municipality) 07202 (zip code)
3. Ownership in Fee: Public Private ✓
4. Principal Contractor: Trinity Solar Tel
   Address 2211 Allenwood Rd. e-mail
   Wall, NJ 07719 email: trinity.permitting@trinitysolarsystems.com
   License No. OR, if new home, Builder Reg. No. Exp. Date ~~12-31-15~~ 3/31/16
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. FAX:
5. Architect or Engineer Contact
   Address e-mail
   Tel. FAX:
6. Responsible Person in Charge once Work has Begun Charles Bonicker
   Tel FAX:

V. FEE SUMMARY (for office use only)

		Update	Upd:
1. Building	$ 75		
2. Electrical	150		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	58		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 283		

VI. BUILDING/SITE CHARACTERISTICS

	(office use)
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	Resubmission Dates Rejection	Re-viewer
☒ Building	2,544				1/26/16				
☒ Electrical	28,079				1-27-16				
☐ Plumbing	0								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	30623								

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-t*
   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

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
12. ☐ Fire A

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 **Trinity Solar**

Address **2211 Allenwood Rd.**

Wall, NJ 07719

Telephone

Signature Thomas Pallack

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

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.				

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908-8204091

CERTIFICATE
IDENTIFICATION

Date Issued: 05/06/2016
Control #: 6010
Permit #: 20160146

Block: 6 Lot: 262 Qual:
Work Site Location: 643 DEVINE AVENUE
ELIZABETH
Owner in Fee: DURANT FRANK & MAUREEN
Address: 643 DEVINE AVE
ELIZABETH NJ 07202
Telephone:
Agent/Contractor: TRINITY SOLAR
Address: 2211 ALLENWOOD ROAD
WALL NJ 07719
Telephone:
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
INSTALLATION OF RACKING ON ROOF FOR SOLAR PANELS.
ADD STRUCTURAL UPGRADES

Update Desc. of Wk/Use:
UPGRADE- RACKING ON ROOF FOR SOLAR PANELS WITHOUT ROOF REINFORCEMENT

] CERTIFICATE OF OCCUPANCY

his serves notice that said building or structure has been constructed in accordance with the ew Jersey Uniform Construction Code and is approved for occupancy.

X] CERTIFICATE OF APPROVAL

his serves notice that the work completed has been constructed or installed in accordance with ie New Jersey Uniform Construction Code and is approved. If the permit was issued for minor ork, this certificate was based upon what was visible at the time of inspection.

] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

f this is a temporary Certificate of Occupancy or Compliance, the following conditions must be iet no later than or will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the 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

M.M Atty c/o

RAYWANT P. SARRAN Construction Official

Fees: $0.00
Paid[X]Check No.: 25720-96
Collected by: SM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

1-22-16 SM

Control Number: 6010
Application Date: 01/20/2016

CONSTRUCTION PERMIT

16-0146

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 6 Lot: 262 Qualification Code:
Work Site Location: 643 DEVINE AVENUE ELIZABETH

Owner In Fee: DURANT FRANK & MAUREEN
Address: 643 DEVINE AVE
ELIZABETH NJ 07202

Telephone:

Use Group(s): R-5

Contractor: TRINITY SOLAR
Address: 2211 ALLENWOOD ROAD
WALL NJ 07719

Telephone:

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
INSTALLATION OF RACKING ON ROOF FOR SOLAR PANELS.
ADD STRUCTURAL UPGRADES

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	30,623.00
Cost of Demolition:	0.00
Total Cost:	$30,623.00

PAYMENTS (Office Use Only)	
Building	$75.00
Electrical	$130.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$58.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$263.00**
All Fees Waived:	No

Amount to be Paid: **$263.00**

CK 25720-25696

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.

RAYWANT P. SARRAN
Construction Official

1/21/16
Date

Note:

205

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

3/22/16 SM

Control Number: 6553
Application Date: 03/18/2016

16-0461

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 6 Lot: 262 Qualification Code:
Work Site Location: 643 DEVINE AVENUE ELIZABETH

Owner In Fee: DURANT FRANK & MAUREEN
Address: 643 DEVINE AVE
ELIZABETH NJ 07202

Telephone:

Use Group(s): R-5

Contractor: TRINITY SOLAR
Address: 2211 ALLENWOOD ROAD
WALL NJ 07719

Telephone:

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING
[ ]ELECTRICAL
[ ]ELEVATOR DEVICES
[ ]ASBESTOS ABATEMENT
(Subchapter 8 only)

[ ]PLUMBING
[ ]FIRE PROTECTION
[ ]MECHANICAL
[ ]LEAD HAZARD ABATEMENT

[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
REVISED - STRUCTURAL UPGRADE

PAYMENTS (Office Use Only)	
Building	$75.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	Yes

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1.00
Cost of Demolition:	0.00
Total Cost:	$1.00

Amount to be Paid: No Fee

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.

RAYWANT P. SARRAN
Construction Official

Date 3/21/16

Note: PURSUANT TO CITY ORDINANCE #3722, THERE SHALL BE NO CONSTRUCTION WORK IN OPERATION WITHIN THE BOUNDARIES OF THE CITY OF ELIZABETH ON SUNDAY AND LEGAL HOLIDAYS.

TY OF ELIZABETH

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 03/18/2016
Control #: 6553 SA

Date Issued: 3/22/16
Permit #: 20160146 - 1

IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN HANGING CONTRACTORS, NOTIFY THIS OFFICE.

k: 6 Lot: 262 Qualification Code:

c Site Location: 643 DEVINE AVENUE

er Details

e: DURANT FRANK & MAUREEN

ress: 643 DEVINE AVE
ELIZABETH NJ 07202

phone:

ail:

Contractor Details

Contractor: TRINITY SOLAR
ATTN:

Address: 2211 ALLENWOOD ROAD
WALL NJ 07719

Telephone:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 13012443

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:
UPGRADE- RACKING ON ROOF FOR SOLAR PANELS
WITHOUT ROOF REINFORCEMENT

UILDING CHARACTERISTICS

Group	Present: R-5	Proposed:	
str. Class	Present:	Proposed:	
of Stories	1		
ght of Structure	59	Ft.	
a - Largest Floor	34452	Sq. Ft.	
v Bldg. Area/All Floors		Sq. Ft.	
ume of New Structure		Cu. Ft.	
al Land Area Disturbed	34452	Sq. Ft.	
x. Live Load			
x. Occupancy Load			

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	1.00
3. Demolition	0.00
4. Total (1+2+3)	$1.00

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$20.00

Administrative Surcharge
Minimum Fee No fee
State Permit Surcharge Fee
TOTAL FEE $75.00

B SUMMARY (Office Use Only)

AN REVIEW	Date	Initial
]No Plans Required		
]All		
]Footings/Foundations		
]Structural/Framework	3/21/16	
]Exterior		
]Interior		
]Other		

int Plan Review Required:
] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

JBCODE APPROVAL for PERMIT
ite: 3/21/16
pproved by:

JBCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
ate:
pproved 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			4/19/16	
Barrier-Free				

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

TY OF ELIZABETH

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 03/18/2016
Control #: 6553 SA

Date Issued: 3/22/16
Permit #: 20160146 - 1

IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN IANGING CONTRACTORS, NOTIFY THIS OFFICE.

c: 6 Lot: 262 Qualification Code:

t Site Location: 643 DEVINE AVENUE

er Details

e: DURANT FRANK & MAUREEN

ess: 643 DEVINE AVE
ELIZABETH NJ 07202

phone:

ail:

Contractor Details

Contractor: TRINITY SOLAR
ATTN:

Address: 2211 ALLENWOOD ROAD
WALL NJ 07719

Telephone:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 13012443

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:
UPGRADE- RACKING ON ROOF FOR SOLAR PANELS
WITHOUT ROOF REINFORCEMENT

UILDING CHARACTERISTICS

Group	Present: R-5	Proposed:
str. Class	Present:	Proposed:
of Stories	1	
ght of Structure	59 Ft.	
a - Largest Floor	34452 Sq. Ft.	
v Bldg. Area/All Floors	Sq. Ft.	
ume of New Structure	Cu. Ft.	
al Land Area Disturbed:	34452 Sq. Ft.	
c. Live Load		
c. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	1.00
3. Demolition	0.00
4. Total (1+2+3)	$1.00

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$20.00

Administrative Surcharge
Minimum Fee No fee
State Permit Surcharge Fee
TOTAL FEE $75.00

B SUMMARY (Office Use Only)

AN REVIEW	Date	Initial
]No Plans Required		
]All		
]Footings/Foundations		
]Structural/Framework	3/21/16	
]Exterior		
]Interior		
]Other		

nt Plan Review Required:
] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

IBCODE APPROVAL for PERMIT
te: 3/21/16
pproved by:

IBCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
te: _____
pproved 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				
Barrier-Free				

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

3/17/16 ep

BUILDING SUBCODE
TECHNICAL SECTION

Revision # 65

Date Received
Control #

Date Issued
Permit # 16-0146

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

Block 6 Lot 262 Qualification Code

Work Site Location 643 Devine Ave
Elizabeth, New Jersey 07202

Owner In Fee: Durant, Frank

Tel. e-mail

Address 643 Devine Ave
(street, municipality, zip code)

Contractor: TRINITY SOLAR Tel.

Address 2211 ALLENWOOD ROAD e-mail trinity.permitting@trinitysolarsystems.com
WALL, NJ 07719

Contractor License No. or Builder Registration No. Exp. Date 3/31/16

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[✓] Structural/Framework	3/21/16	KB
[ ] 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:	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				
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 $
3. Total (1+ 2) $ 0

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: Thomas Pollock

Print name here: THOMAS POLLOCK

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Revised engineer letter stating that the actual span of the roof framing is 10'-6", NOT 14'. Also, the existing structure is definitely capable to support all loads without any structural upgrades.

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)
$

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

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

TY OF ELIZABETH

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 01/20/2016 SM
Control #: 6010

Date Issued: 1-22-16
Permit #: 16-046

IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN HANGING CONTRACTORS, NOTIFY THIS OFFICE.

k: 6 Lot: 262 Qualification Code:

c Site Location: 643 DEVINE AVENUE

er Details

e: DURANT FRANK & MAUREEN

ess: 643 DEVINE AVE
ELIZABETH NJ 07202

phone

ail:

Contractor Details

Contractor: TRINITY SOLAR
ATTN:

Address: 2211 ALLENWOOD ROAD
WALL NJ 07719-

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 13012443

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:
INSTALLATION OF RACKING ON ROOF FOR SOLAR PANELS.
ADD STRUCTURAL UPGRADES

UILDING CHARACTERISTICS

Group	Present: R-5	Proposed:	
str. Class	Present:	Proposed:	
of Stories			
ght of Structure		Ft.	
a - Largest Floor		Sq. Ft.	
v Bldg. Area/All Floors		Sq. Ft.	
ume of New Structure		Cu. Ft.	
al Land Area Disturbed		Sq. Ft.	
c. Live Load			
c. Occupancy Load			

If Industrialized Building
State Approved _____ HUD _____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	2,544.00
3. Demolition	0.00
4. Total (1+2+3)	$2,544.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Pylon Sign Sq. Ft.
- [ ] Ground or Wall Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall 0.00 Sq. Ft.
- [ ] Asbestos Abatement
- [ ] Lead Haz. Abatement
- [ ] Radon Remediation
- [ ] Other 1:
- [ ] Other 2:
- [ ] Other 3:
- [ ] Demolition

FEE (Office Use Only)

$51.00

Administrative Surcharge	
Minimum Fee (CK 25720 - 25696)	
State Permit Surcharge Fee	$5.00
TOTAL FEE	$80.00

B SUMMARY (Office Use Only)

AN REVIEW	Date	Initial
]No Plans Required		
]All		
]Footings/Foundations		
]Structural/Framework	1/21/16	
]Exterior		
]Interior		
]Other		

nt Plan Review Required:
] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

BCODE APPROVAL for PERMIT
te: 1/21/16
proved by:

BCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
te: _____
proved 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				
Barrier-Free				

F110(rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

#1010

Date Received
Control #

Date Issued
Permit #

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

Block 6 Lot 262 Qualification Code

Work Site Location
643 Devine Ave, Elizabeth, NJ

Owner in Fee: Durant, Frank -1

Te e-mail frankdurant1018@yahoo.com

Address 643 Devine Ave
street municipality zip code

Contractor: **Trinity Solar** Te

Address **2211 Allenwood Rd.** e-mail

Wall, NJ 07719 **email: Trinity.permitting@trinitysolarsytems.com**

Contractor License No. or Builder Registration No. **13VH01244300** Exp. Date **3-31-16**

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[✓] Structural/Framework	11/24/15	
[ ] 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:	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				
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 $
3. Total (1+2) $ 2,544

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: Thomas Pollock

Print name here: **Tom Pollock**

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALLATION OF RACKING ON ROOF FOR SOLAR PANELS
Add structural upgrades

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 **Racking**
[ ] Demolition

FEE (Office Use Only)
$

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 01/20/2016
Control #: 6010

Date Issued: 1-22-16
Permit #: P6-0146

OF ELIZABETH

DENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN ANGING CONTRACTORS, NOTIFY THIS OFFICE.

k: 6 Lot: 262 Qualification Code:

k Site Location: 643 DEVINE AVENUE

ıer in Fee: DURANT FRANK & MAUREEN

ress: 643DEVINE AVE
ELIZABETH NJ 07202

ail:

phone:

tractor: Trinity Solar

lress:

ıail:

DESCRIPTION OF WORK:
INSTALLATION OF RACKING ON ROOF FOR SOLAR PANELS. ADD STRUCTURAL UPGRADES

Telephone:
Fax:

ne Improvement Registration No. or Exemption Reason:

ıtractor License No.: Exp Date: Federal Emp. No.:

ELECTRICAL CHARACTERISTICS

: Group: Present R-5 Proposed

]Pole/Pad # [ ]Temporary [ ] Other

lding Occupied as Utility Co.

lew Building $0.00 2. Rehabilitation $28,079.00

)emolition $0.00 Est.Cost of Elec.Work (1+2+3) $28,079.00

Summary(Office Use Only)

AN REVIEW
No Plans Required
Partial-Underslab Utilities Approved
e: Approved by:
ctric Plans Approved
e: Approved by:
nt Plan Review Required
Building [ ] Plumbing
Fire [ ] Elevator

BCODE APPROVAL for PERMIT
te: 1/22/16
proved by:

BCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
te: 4/7/16
proved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			4/7/16	
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

CERTIFICATION IN LIEU OF OATH

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

pplicant's Signature/Contractor's seal and Signature Print Name

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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 Htr./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	
		KW Photovoltaic Systems	
1	60.00	Other 3: DISCONNECT	$65.00
		Other 4: INVERTER/SOLAR	$65.00
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee CK 25720-25696	
State Permit Surcharge Fee	$53.00
TOTAL FEE	$183.00

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

C.C.F120(rev. 11/09)

OF ELIZABETH

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 01/20/2016
Control #: 6010

Date Issued: 1-22-16
Permit #: 16-0146

DENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN ANGING CONTRACTORS, NOTIFY THIS OFFICE.

k: 6 Lot: 262 Qualification Code:

k Site Location: 643 DEVINE AVENUE

ner in Fee: DURANT FRANK & MAUREEN

ress: 643DEVINE AVE
ELIZABETH NJ 07202

ail:

phone:

ntractor: Trinity Solar

dress:

ail:

me Improvement Registration No. or Exemption Reason:

ntractor License No.: Exp Date:

DESCRIPTION OF WORK:
INSTALLATION OF RACKING ON ROOF FOR SOLAR PANELS. ADD STRUCTURAL UPGRADES

Telephone:
Fax:

Federal Emp. No.:

ELECTRICAL CHARACTERISTICS

Group: Present R-5 Proposed

]Pole/Pad # [ ]Temporary [ ] Other

ilding Occupied as Utility Co.

New Building $0.00 2. Rehabilitation $28,079.00

Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $28,079.00

Summary(Office Use Only)

AN REVIEW
] No Plans Required
] Partial-Underslab Utilities Approved
te: Approved by:
ctric Plans Approved
te: Approved by:
nt Plan Review Required
] Building [ ] Plumbing
] Fire [ ] Elevator

JBCODE APPROVAL for PERMIT
te: 1/22/16
proved by:

JBCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
ate:
proved by:

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

Temp Cut-in-Card Date Issued
Final Cut-in-Card Date Issue
Annual Pool Inspection
Date of Grounding and Bonding Certification

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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 Htr./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	
		KW Photovoltaic Systems	
1	60.00	Other 3: DISCONNECT	$65.00
		Other 4: INVERTER/SOLAR	$65.00
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

9/12/16

Administrative Surcharge	
Minimum Fee CK	25720-25696
State Permit Surcharge Fee	$53.00
TOTAL FEE	$183.00

CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's seal and Signature

Print Name

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

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

LCC F120(rev. 11/09)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

NEC 2011

Date Received 1-11-16 AM
Control #
Date Issued
Permit #

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

Block 6 Lot 262 Qualification Code

Work Site Location 643 Devine Ave. Elizabeth, NJ

Owner in Fee: Durant, Frank -1

Tel. e-mail frankdurant1018@yahoo.com

Address 643 Devine Ave (street) (municipality) (zip code)

Contractor: Trinity Solar Tel.

Address 2211 Allenwood Rd. e-mail

Wall, NJ 07719 e-mail: trinity.permitting@trinitysolarsystems.com

Contractor License No Exp. Date 3-31-18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 28,079

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: Charles P Bonicker

Print name here: **Charles Bonicker**

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALLATION OF INVERTERS AND PV SOLAR PANELS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		**PRODUCTION METER**	
2		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	60	AMP ~~Service~~ Disconnect	
		AMP Subpanels	
		AMP Motor Control Center	
1	10	KW ~~Elec. Sign/Outline Light~~ Inverter	
1	10.14	**KW PV Solar System**	

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

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: 1/21/16
Approved by:

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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.

BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

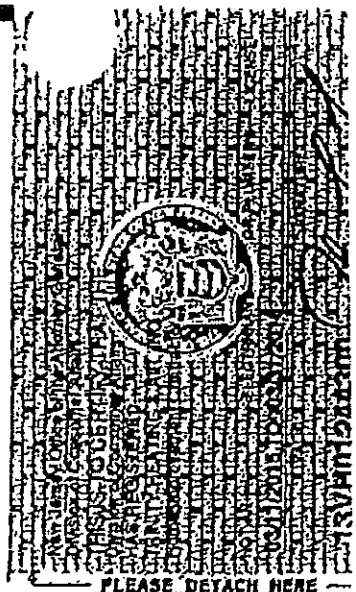
State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

TRINITY HEATING & AIR, INC.
Tom Pollock
2211 Allenwood Road
Wall NJ 07719

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor



PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATIO CERTIFICATE ID CARD IS LOS PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

03/11/2015 TO 03/31/2016
VALID

13VH01244300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

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 Exam. of Electrical Contractors

HAS LICENSED

TRINITY HEATING & AIR INC DBA TRINITY SOLAR
CHARLES P BONICKER
1371 Bridport Drive
Toms River NJ 08755

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/03/2015 TO 03/31/2018
VALID

34EB01547400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensed/Registrant/Certificate Holder

ACTING DIRECTOR

Trinity-Solar

2211 Allenwood Road, Wall, NJ 07719 Date: 3/15/16

From: *trinity-permitting@trinitysolarsystems.com*

To: Construction Department

Hi,

Once the Update or Revision has been approved, please contact our office so that we may schedule final inspections. If you could please fax, email, or call us directly, it would be appreciated.

Our office # is 732-780-3779 Ext. 9045

Our office fax # is 848-220-9139

Customer Name: Durant, Frank

Address: 643 Devine Ave.

Block: 6 **Lot:** 262 **Permit #:** 16-0146

Description of work done for the following:

Update, or Revision	Update, or Revision	Update, or Revision	Update, or Revision
For:	For:	For:	For:
Building	**Electrical**	**Plumbing**	**Fire**

Thank You,

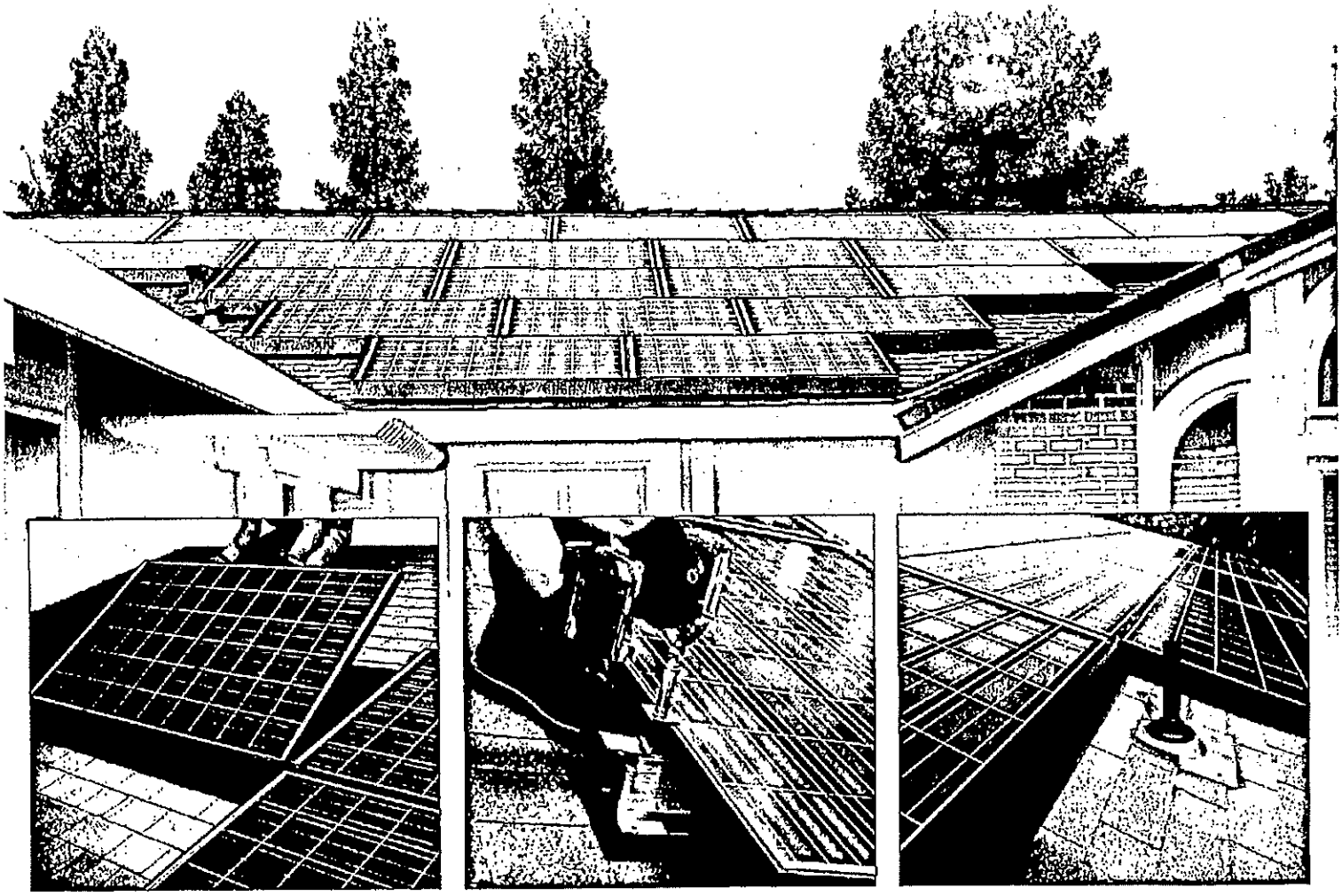
Kevin McCormack

Trinity SOLAR

Permitting Department T: (732) 780-3779 ext. 9040 E: trinity.permitting@trinitysolarsystems.com

EcoX

The new EcoX is an innovative, rail-less racking system, proven to organize the installation process. The flexible design offers a clean aesthetic, simplified logistics, and delivers a higher quality installation at a lower cost per watt.



Fast.

Modules drop in from above and there is never a need to reach over or walk on modules. Pre-assembled components and quick connections make EcoX easy to install.

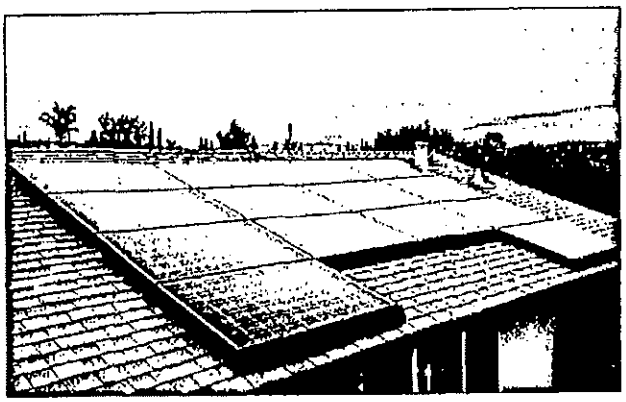
Simple.

Universal components mount to standard framed modules. With a single socket size and a wide range of adjustment, it is quick and easy to install any array with a clean, finished look.

Supported.

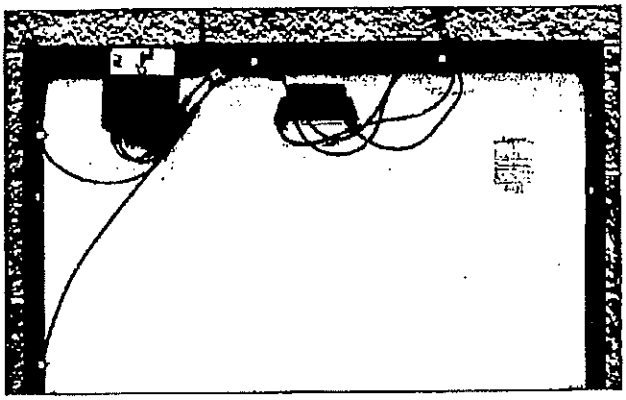
The Ecolibrium field support team offers on-site installation training and ongoing technical support. And from project planning to logistics to installation, we are dedicated to customer service.

EcolibriumSolar



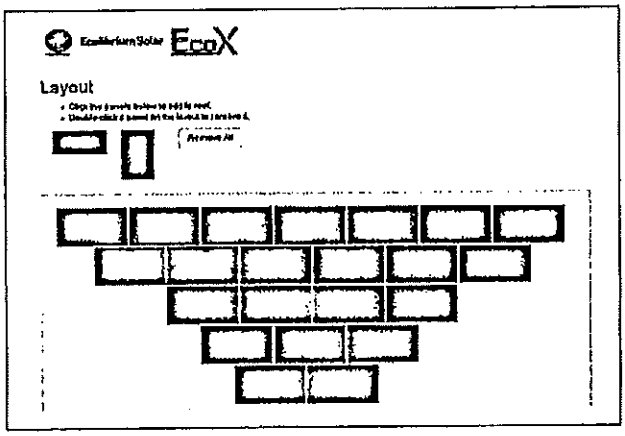
Aesthetic Design

A wide range of adjustment makes it easy to install a straight, level system. Components are designed to blend into the array, and the aesthetic skirt creates a finished look. Alternatively, a skirt free option is available to provide a more traditional look.



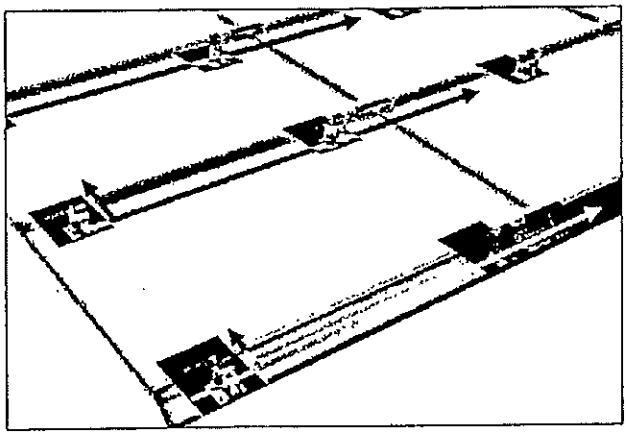
Cable Management

Whether installing with Microinverters, Power Optimizers, or String Inverters, EcoX provides wire management provisions to both prep the modules, and to route homerun or trunk cables throughout the array.



Flexible System Design

The EcoX Estimator is a powerful racking system design tool. The user inputs all site conditions and can layout multiple roof surfaces. The EcoX Estimator outputs a site specific design package with engineering specs and bill of materials.



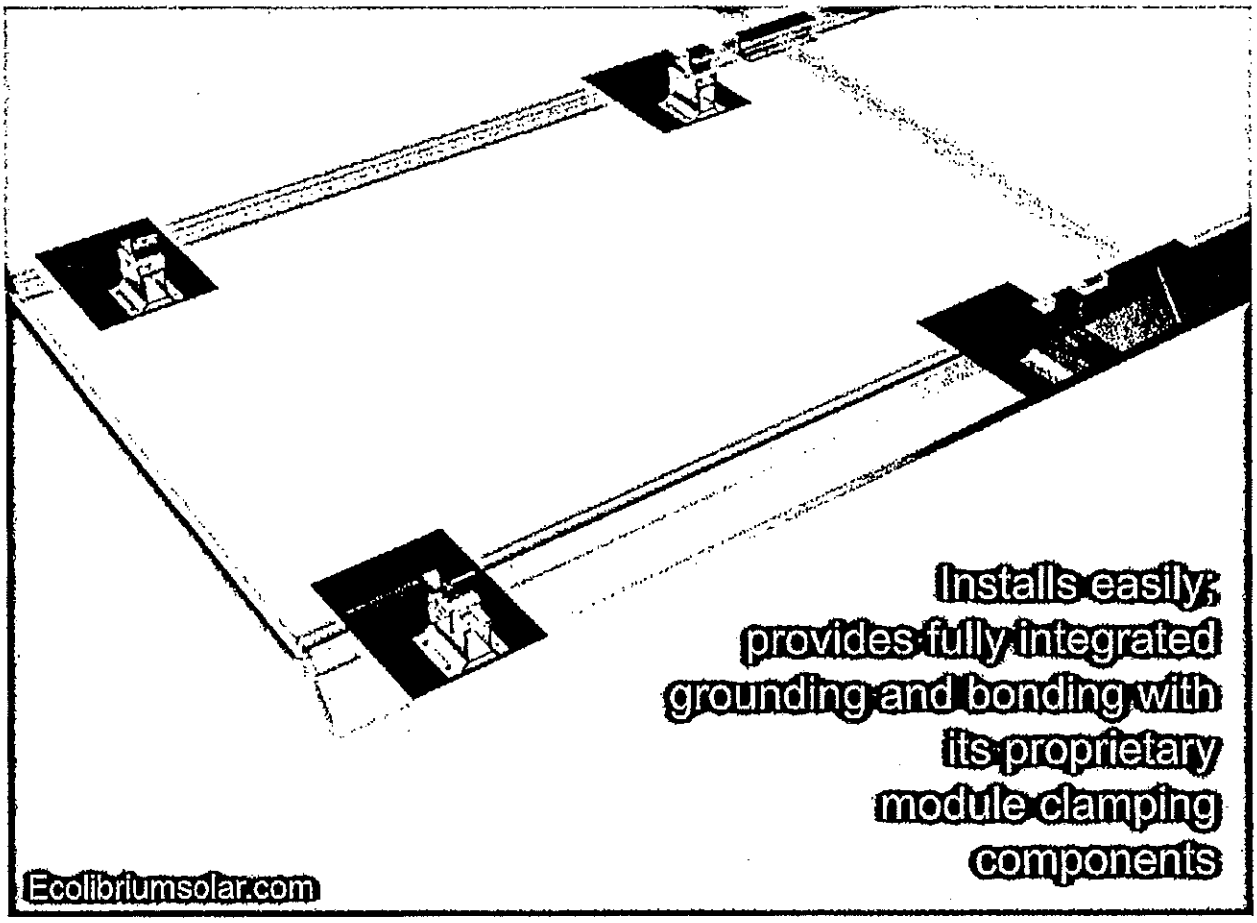
Single Point Grounding

EcoX and approved modules create a continuously bonded system. The installer can connect a finished array to ground with a single bonding lug.

Technical Specifications	
Materials	Racking components: Aluminum, stainless hardware, dark bronze anodized upper surface, mill finish lower surfaces Flashings: Aluminum, black powder coated finish
Grounding/Bonding Validation	UL2703 - *see installation manual for specific module approvals*
Fire Resistance Validation	UL2703 - Class A, Type 1 and Type 2 modules
Mechanical Load Validation	UL2703 - *see installation manual for specific module approvals*
Flashing Validation	ICC-ES AC286/UL441 Rain Test for Roof Flashing
Adjustability	1" vertical range, 3.5" North/South range, connect anywhere in East/West direction
Warranty	15 years

EcoX

Ecolibrium Solar



EcoX is an innovative, simple, and easy to install flush-mount solar racking system. By eliminating the mounting rail, EcoX offers a flexible system layout and streamlines the installation process.

EcoX utilizes aluminum components with stainless steel hardware, ensuring the system will withstand harsh installation environments. With EcoX, the racking and modules work together as a system, creating an interconnected, continuously bonded structure.

EcoX Features & Benefits

- Certified to UL2703
- Certified System Grounding and Bonding via module Clamp and Coupling Assemblies
- Load tested to UL2703, Section 21
- Rain tested to ICC AC286-12, Section 4.1
- Certified for use with approved 60 cell modules
- Class A Fire Rating (with or without Skirt)

UL LISTED

ICC INTERNATIONAL CODE COUNCIL

EcoX XYZZ

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EcoX

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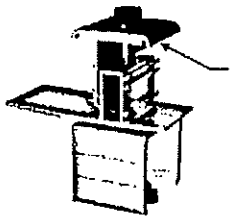
System Components

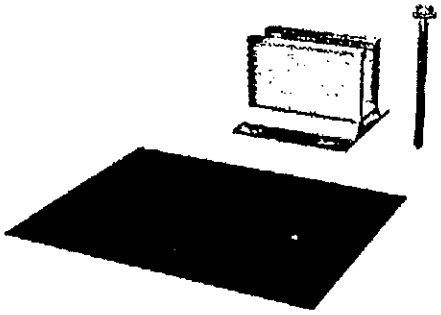


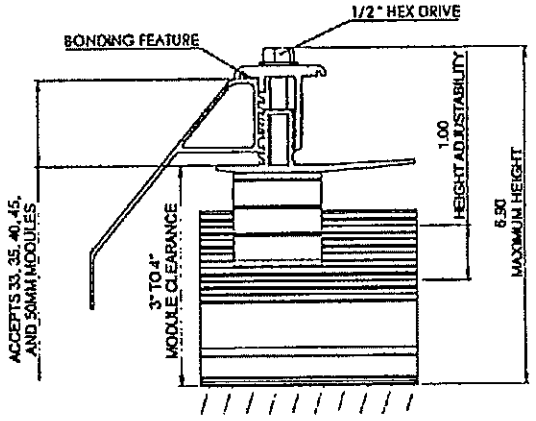
Clamp Assembly

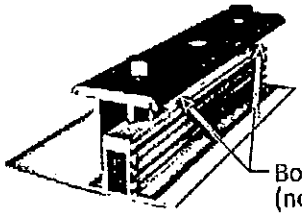
The Clamp Assembly is mounted to the Base of the Attachment Kit. Upper and Lower Clamp secures edges of Modules and engage Skirt on Skirt row. The Strut Bolt and Strut Nut secure Clamp Assembly to Base and Modules to Clamp Assembly. Factory Installed Bond Clip bonds Skirt to Attachment Kit on south row, and Module to Attachment Kit on subsequent rows.

Attachment Kit

The Attachment Kit is secured to the roof and supports the array via the Clamp Assembly. Its features include grooves along the sides of Base which provide adjustability of the Clamp Assembly in *height* and *uphill-downhill* directions. The base is attached via a single lag screw with a pre-installed sealing washer or utilizing its alternate four attachment holes.

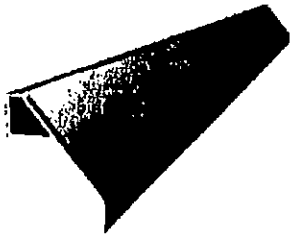






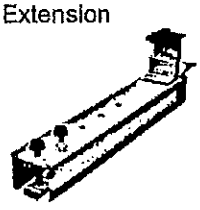
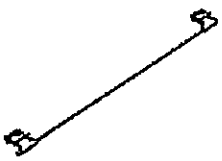
Coupling Assembly

Couplings connect up to four Modules together, they include indicator marks to set a 1/2" gap between Modules. On the first downhill row, Couplings secure adjacent Skirts at their joints. Couplings include factory installed Bond Clips (two per Coupling) bond Modules left and right.



Skirt

Skirts are used on the first downhill row to enhance the appearance along the edge of the array. Dovetail Engagement positions height of and locks Skirt to Clamp Assemblies and Couplings. Factory cut to length to match specific Modules. Available in three configurations (height variances) to fit the most common Module sizes.

Bonding Clip	North Row Extension	Junction Box Bracket	Power Accessory Bracket	Dynobond Jumper	Connector Bracket
					

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EcoX
Grounding and Bonding

Ecolibrium Solar

Bonding Approval:

Grounding and Bonding is a challenge with any solar installation. This paper outlines the grounding and bonding certification and approval of the EcoX rail-less racking system, and outlines specific bond connections between components.

What is EcoX?

EcoX is a rail-less racking system designed to support flush-to-roof Solar PV installations. The EcoX system attaches to the roof, and the EcoX components connect individual modules together into an array. EcoX system provides a reliable mechanical support system to mount modules to the roof for the life of a PV installation. In addition, EcoX racking and approved modules create a continuously bonded system. This paper outlines the bonding certification, and shows how bond points are established with the EcoX system.

How EcoX Grounding and Bonding Certified?

EcoX is certified to UL2703. UL2703 is a system certification, designed to rate the racking system with specific approved modules. This testing ensures the EcoX components combined with approved modules create a reliable bond path. The testing consists of multiple test cycles to simulate weathering and corrosion, and validates that the system will remain bonded over time. A copy of the test certificate is included on the following page.

What modules are approved for use with EcoX?

The UL2703 certification includes specific modules that have been tested and validated for use with EcoX. Additional modules may be added over time.

What agency certifies EcoX?

EcoX has been tested and certified to UL2703 by TUV Rheinland PTL, a Nationally Recognized Test Laboratory.

How is the EcoX system labeled?

The EcoX label applied to the back of the skirt component documents the system certification. The bond connections within the EcoX system are documented in this paper. The EcoX UL Certificate documents that the system and all provided EcoX components, along with the listed modules, have passed the UL2703 bonding testing.

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TÜV Rheinland PTL

Solar / Fuel Cell Technologies
Photovoltaic Modules

Attn: Mr. Chris Bamat
Lead Validation Engineer
Ecolibrium Solar
340 West State Street
Unit 22
Athens, OH 45701

July 06, 2015

Letter of Conformance – Bonding Tests

Type of Equipment: PV Mounting System
Model Designation: EcoX2
Serial Number: N/A
Test Requirement: UL 2703

TÜV Rheinland Reference File: L1-ELS150128a (RevB)
TÜV Rheinland Project Number: ELS150128a

Dear Mr. Bamat,

Ecolibrium Solar's **EcoX2 PV mounting system** has been successfully evaluated for electrical Bonding according to the requirements of UL 2703.

Congratulations on this achievement.

The following modules have been evaluated and qualified for use on the EcoX2 racking system with respect to Bonding.

Manufacturer	Module Type/Series
Yingli Solar	YGE 60 (YL2XXP-29B)
Yingli Solar	Panda 60 (YL2XXC-30b)
Trina Solar	TSM-PX05.XX
SunEdison	F-Series: F2XXXXX-XX
SolarWorld	Pro - SW XXX POLY
SolarWorld	Plus - SW XXX MONO BLACK
SolarWorld	Plus - SW XXX MONO
Canadian Solar	CS6P Monocrystalline (CS6P-XXXM)
Canadian Solar	CS6P Polycrystalline (CS6P-XXXP)
Hyundai	HIS-XXXXRW (60-cell)
Hyundai	HIS-XXXXRG (60 cell)
Hyundai	HIS-XXXXMG (60-cell)

Manufacturer	Module Type/Series
Q-Cells	Q.PRO-G3
Q-Cells	Q.PRO BFR-G3
LG Solar	LGXXXN1C-A3 (Mono Neon)
LG Solar	LGXXXS1K-A3
LG Solar	LGXXXS1C-A3
LG Solar	LGXXXN1C-G3
LG Solar	LGXXXA1C-B3
Jinko Solar	JKMxxxP-60
Jinko Solar	JKMxxxM-60
Jinko Solar	JKMxxxMM - 60
Jinko Solar	JKMxxxP - 60
Suntva	QPT XXX-60-4-180

This letter may be used as a letter of conformance (LOC) indicating these PV modules are suitable for use on the EcoX2 PV mounting system with respect to electrical Bonding. The EcoX2 racking system installation manual may be updated to include these modules.

Sincerely,

Jack Castagna, PE
Solar Components Program Manager
TÜV Rheinland PTL

Page 1 of 1

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Boston, MA 02110
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Member of
TUV Rheinland Group

EcoX
Grounding and Bonding

EcolibriumSolar

EcoX Bonding Description:

The outline below provides a general guide to explain how the EcoX system functions.

Integrated Bonding:

EcoX components feature integrated bonding. In general, these features "bite" or embed into the aluminum of the module frame and racking components during clamping, creating a bonded connection. The continuity of these connections, and of the EcoX components, is verified and documented by the UL2703 Certification.

Torque requirements:

All EcoX components should be torqued to 14 ft-lbs.

Bonding Continuous Rows:

The clamps and couplings in the EcoX system create a continuous bonded row. Clamps, couplings, and other components bond on the south (or downhill) side of the component. Once a given row of clamps and couplings is installed, all EcoX components in that row are bonded to the skirt or row of modules on the *downhill* side.

Row to Row Bonding:

Once continuous rows are installed, a bonding clip is used on a single clamp in each row. This bonds the row of skirts to the first row of modules, and each row of modules to the adjacent row. The result is a continuously bonded array, with all racking components and module frames bonded together.

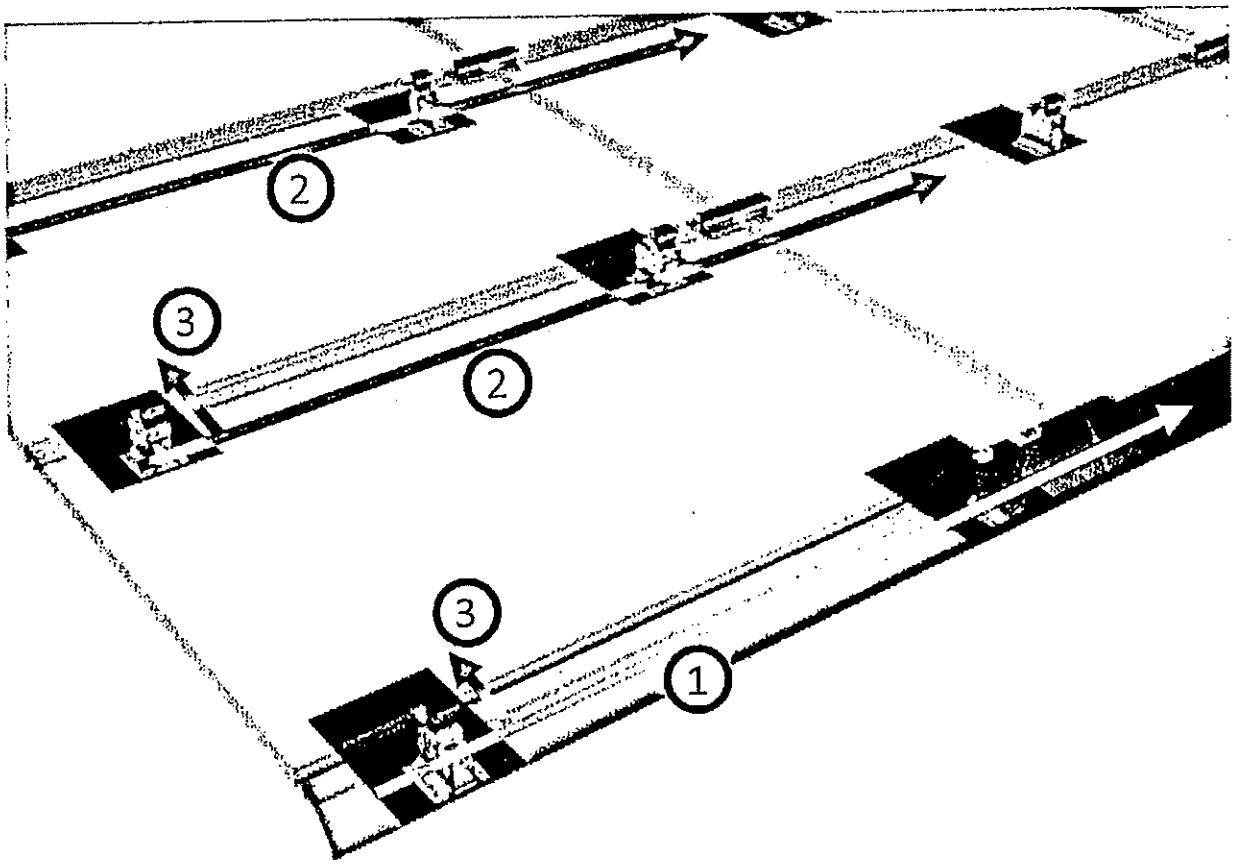
Final Ground Connection:

It is the installer's responsibility to connect the array to a final ground point.

EcoX
Grounding and Bonding

Ecolibrium Solar

System Bonding Overview:



1 **Skirt row continuous bond:**
Continuous bond from base and clamp to skirt. Couplings bond skirt to skirt. Complete row of skirts and EcoX components clamped to skirt are bonded.

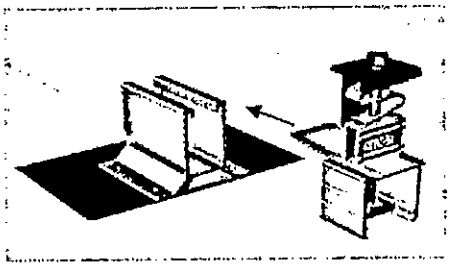
2 **Module row continuous bond:**
Continuous bond from flashing through clamp to module. Couplings bond module to module. Complete row of modules and EcoX components clamped to modules are bonded.

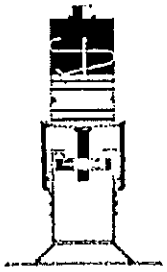
3 **Row to row bonding:**
Bond clip added to uphill side of one clamp per row. This bonds skirt row to modules on downhill row, and module row to next module row on each subsequent row.

Component Connections:

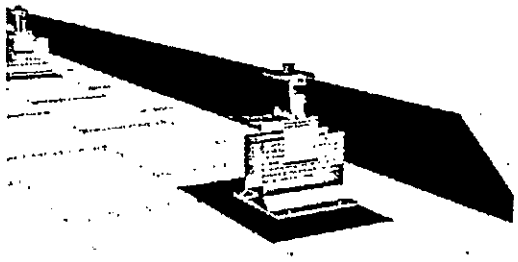
The following outlines bond connection mechanisms between Components:

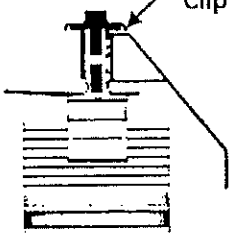
Clamp Assembly to Base:
The clamp slides onto the base. The strut nut (highlighted in yellow) has teeth that embed in the base.



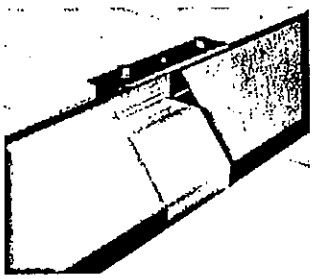


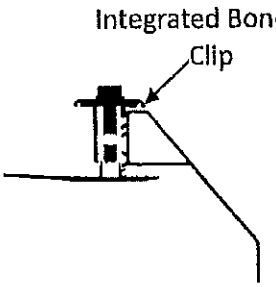
Clamp to Skirt:
The clamp features an integrated bonding clip. This clip bites onto the skirt on the downhill row.

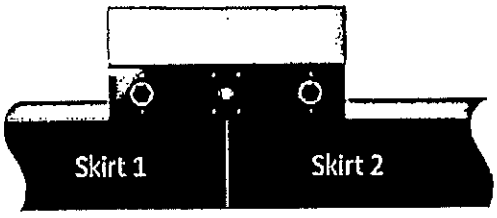




Coupling Bonds Skirt to Skirt:
The coupling features two integrated bond clips. These clip bond each skirt to the neighboring skirt.





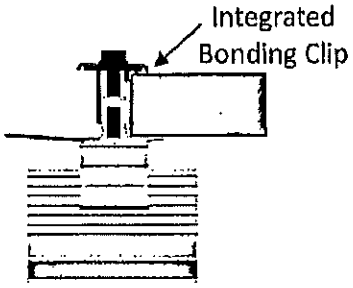


EcoX

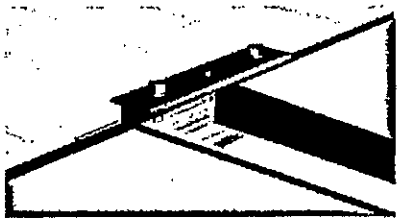
Ecolibrium Solar

Grounding and Bonding

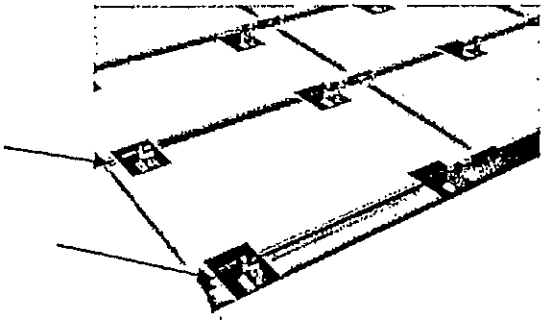
Clamp to Module:
The clamp features an integrated bonding clip. The clamp bonds to the module downhill from the clamp.

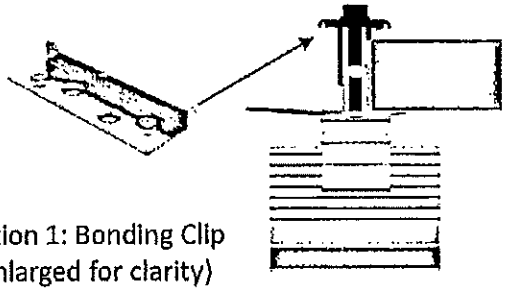


Coupling Bonds Module to Module:
The coupling features two integrated bond clips. On module rows, the coupling bonds each module to the neighboring module.

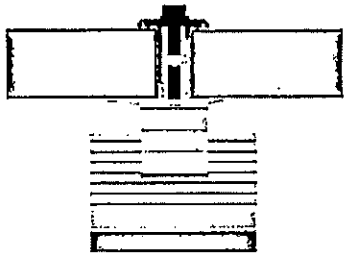


Bond Row to Row:
Additional bonding must be added to bond the skirt row to the first row of modules, and to bond each row of modules together. This can be accomplished by adding a bond clip to the to the uphill side of each clamp. Alternately, and approved bonding jumper may be used. This is required between the skirt and the first row of modules, and between every row of modules. Either side of the array is acceptable.

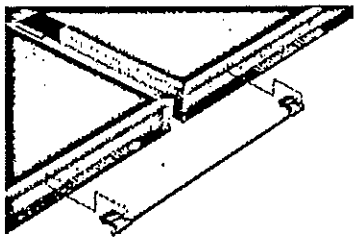




Option 1: Bonding Clip
(Enlarged for clarity)



Option 2: Bonding Jumper



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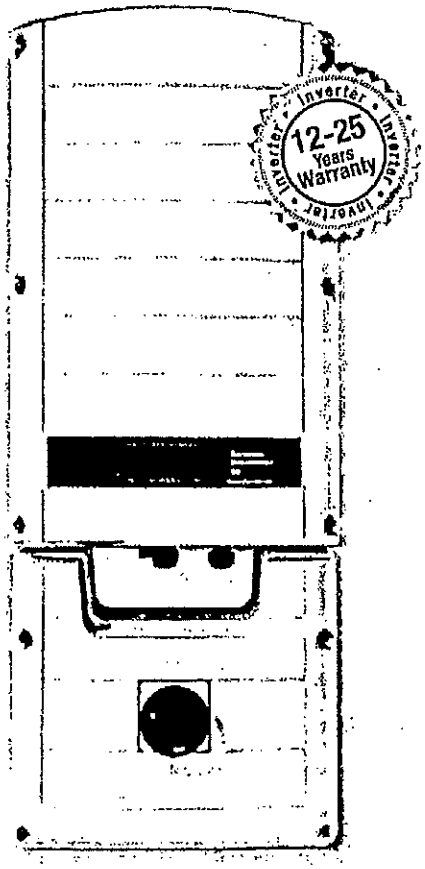
solaredge

SolarEdge Single Phase Inverters

For North America

SE3000A-US / SE3800A-US / SE5000A-US / SE6000A-US /
SE7600A-US / SE10000A-US / SE11400A-US

INVERTERS



The best choice for SolarEdge enabled systems

- Integrated arc fault protection (Type 1) for NEC 2011 690.11 compliance (part numbers ending in "-U")
- Superior efficiency (98%)
- Small, lightweight and easy to install on provided bracket
- Built-in module-level monitoring
- Internet connection through Ethernet or Wireless
- Outdoor and indoor installation
- Fixed voltage inverter, DC/AC conversion only
- Pre-assembled AC/DC Safety Switch for faster installation

Single Phase Inverters for North America

SE3000A-US / SE3800A-US / SE5000A-US / SE6000A-US / SE7600A-US / SE10000A-US / SE11400A-US

	SE3000A-US	SE3800A-US	SE5000A-US	SE6000A-US	SE7600A-US	SE10000A-US	SE11400A-US	
OUTPUT								
Nominal AC Power Output	3300	3840	5200 @ 208V 5520 @240V	6000	7680	9980 @ 208V 10080 @240V	11520	VA
Max. AC Power Output	3650	4150	5600 @ 208V 6000 @240V	6000	8350	10800 @ 208V 10950 @240V	12000	VA
AC Output Voltage Min.-Nom.-Max.* 183 - 208 - 229 Vac	-	-	✓	-	-	✓	-	
AC Output Voltage Min.-Nom.-Max.* 211 - 240 - 264 Vac	✓	✓	✓	✓	✓	✓	✓	
AC Frequency Min.-Nom.-Max.*	59.3 - 60 - 60.5 (with HI country setting 57 - 60 - 60.5)							Hz
Max. Continuous Output Current	14	16	25 @ 208V 23 @ 240V	25	32	48 @ 208V 42 @ 240V	48	A
GFDI	1							A
Utility Monitoring, Islanding Protection, Country Configurable Thresholds	Yes							
INPUT								
Recommended Max. DC Power** (STC)	4100	4800	6500	7500	9600	12400	14400	W
Transformer-less, Ungrounded	Yes							
Max. Input Voltage	500							Vdc
Nom. DC Input Voltage	325 @ 208V / 350 @ 240V							Vdc
Max. Input Current***	11	13	17 @ 208V 17 @ 240V	18	23.5	33 @ 208V 30.5 @ 240V	35	Adc
Max. Input Short Circuit Current	30				45			Adc
Reverse-Polarity Protection	Yes							
Ground-Fault Isolation Detection	600kΩ Sensitivity							
Maximum Inverter Efficiency	97.7	98.2	98.3	98.3	98	98	98	%
CEC Weighted Efficiency	97.5	98	97.5 @ 208V 98 @ 240V	97.5	97.5	97 @ 208V 97.5 @ 240V	97.5	%
Nighttime Power Consumption	< 2.5				< 4			W
ADDITIONAL FEATURES								
Supported Communication Interfaces	RS485, RS232, Ethernet, ZigBee (optional)							
STANDARD COMPLIANCE								
Safety	UL1741, UL1699B (Part numbers ending in "-U"), UL1998 , CSA 22.2							
Grid Connection Standards	IEEE1547							
Emissions	FCC part15 class B							
INSTALLATION SPECIFICATIONS								
AC output conduit size / AWG range	3/4" minimum / 24-6 AWG				3/4" minimum / 8-3 AWG			
DC input conduit size / # of strings / AWG range	3/4" minimum / 1-2 strings / 24-6 AWG				3/4" minimum / 1-2 strings / 14-6 AWG			
Dimensions with AC/DC Safety Switch (HxWxD)	30.5 x 12.5 x 7 / 775 x 315 x 172		30.5 x 12.5 x 7.5 / 775 x 315 x 191		30.5 x 12.5 x 10.5 / 775 x 315 x 260			in / mm
Weight with AC/DC Safety Switch	51.2 / 23.2		54.7 / 24.7		88.4 / 40.1			lb / kg
Cooling	Natural Convection				Fans (user replaceable)			
Noise	< 25				< 50			dBA
Min.-Max. Operating Temperature Range	-13 to +140 / -25 to +60 (CAN version**** -40 to +60)							°F / °C
Protection Rating	NEMA 3R							

* For other regional settings please contact SolarEdge support

** Limited to 125% for locations where the yearly average high temperature is above 77°F/25°C and to 135% for locations where it is below 77°F/25°C.
For detailed information, refer to http://www.solaredge.us/files/pdfs/inverter_dc_oversizing_guide.pdf

*** A higher current source may be used; the inverter will limit its input current to the values stated.

**** CAN P/Ns are eligible for the Ontario FIT and microFIT (microFIT exc. SE11400A-US-CAN)

RoHS

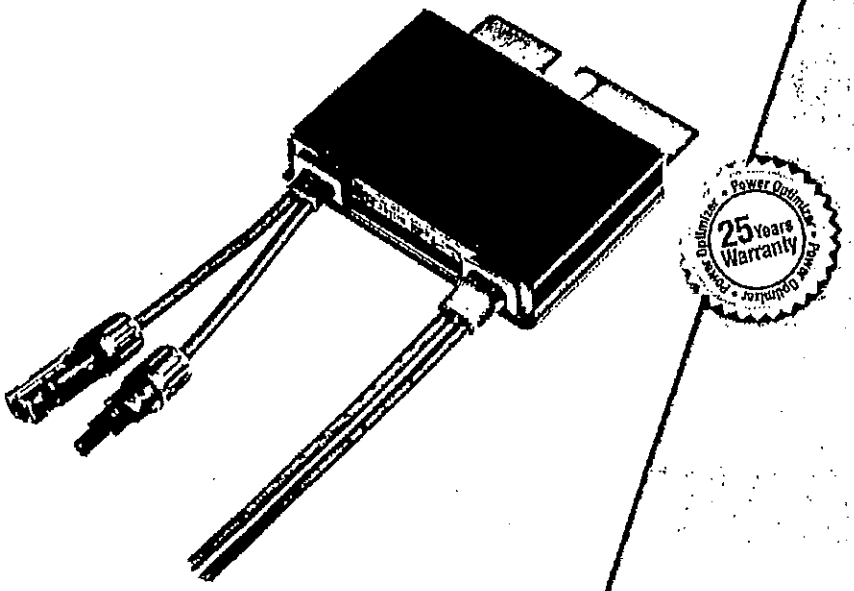
solaredge

SolarEdge Power Optimizer

Module Add-On For North America

P300 / P320 / P400 / P405

POWER OPTIMIZER



PV power optimization at the module-level

- Up to 25% more energy
- Superior efficiency (99.5%)
- Mitigates all types of module mismatch losses, from manufacturing tolerance to partial shading
- Flexible system design for maximum space utilization
- Fast installation with a single bolt
- Next generation maintenance with module-level monitoring
- Module-level voltage shutdown for installer and firefighter safety

SolarEdge Power Optimizer

Module Add-On for North America

P300 / P320 / P400 / P405

	P300 (for 60-cell modules)	P320 (for high-power 60-cell modules)	P400 (for 72 & 96-cell modules)	P405 (for thin film modules)	
INPUT					
Rated Input DC Power[1]	300	320	400	405	W
Absolute Maximum Input Voltage (Voc at lowest temperature)	48		80	125	Vdc
MPPT Operating Range	8 - 48		8 - 80	12.5 - 105	Vdc
Maximum Short Circuit Current (Isc)	10	11	10		Adc
Maximum DC Input Current	12.5	13.75	12.5		Adc
Maximum Efficiency	99.5				%
Weighted Efficiency	98.8				%
Overvoltage Category	II				
OUTPUT DURING OPERATION (POWER OPTIMIZER CONNECTED TO OPERATING SOLAREDGE INVERTER)					
Maximum Output Current	15				Adc
Maximum Output Voltage	60			85	Vdc
OUTPUT DURING STANDBY (POWER OPTIMIZER DISCONNECTED FROM SOLAREDGE INVERTER OR SOLAREDGE INVERTER OFF)					
Safety Output Voltage per Power Optimizer	1				Vdc
STANDARD COMPLIANCE					
EMC	FCC Part15 Class B, IEC61000-6-2, IEC61000-6-3				
Safety	IEC62109-1 (class II safety), UL1741				
RoHS	Yes				
INSTALLATION SPECIFICATIONS					
Maximum Allowed System Voltage	1000				Vdc
Compatible Inverters	All SolarEdge Single Phase and Three Phase inverters				
Dimensions (W x L x H)	128 x 152 x 27.5 / 5 x 5.97 x 1.08		128 x 152 x 35 / 5 x 5.97 x 1.37	128 x 152 x 48 / 5 x 5.97 x 1.89	mm / in
Weight (including cables)	770 / 1.7		930 / 2.05	930 / 2.05	gr / lb
Input Connector	MC4 Compatible				
Output Wire Type / Connector	Double Insulated; MC4 Compatible				
Output Wire Length	0.95 / 3.0		1.2 / 3.9		m / ft
Operating Temperature Range	-40 - +85 / -40 - +185				°C / °F
Protection Rating	IP68 / NEMA6P				
Relative Humidity	0 - 100				%

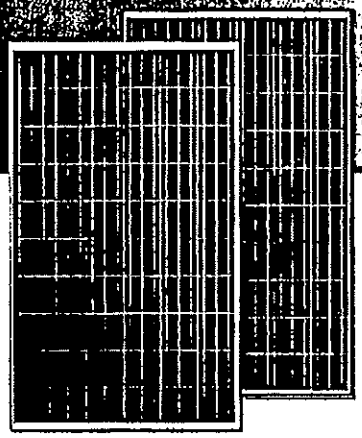
[1] Rated STC power of the module. Module of up to +5% power tolerance allowed.

PV SYSTEM DESIGN USING A SOLAREDGE INVERTER[2]	SINGLE PHASE	THREE PHASE 208V	THREE PHASE 480V	
Minimum String Length (Power Optimizers)	8	10	18	
Maximum String Length (Power Optimizers)	25	25	50	
Maximum Power per String	5250	6000	12750	W
Parallel Strings of Different Lengths or Orientations	Yes			

[2] It is not allowed to mix P405 with P300/P400/P600/P700 in one string.

CanadianSolar
Make The Difference

CS6P-250|255|260P



*Black frame product can be provided upon request.

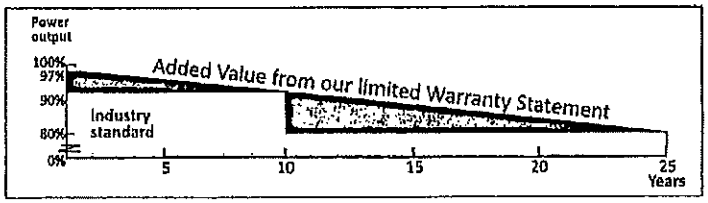
PRODUCT | KEY FEATURES

- Excellent module efficiency up to 16.16%
- High performance at low irradiance above 96.5%
- Positive power tolerance up to 5w
- High PTC rating up to 91.96%
- Anti-glare module surface available
- IP67 junction box long-term weather endurance
- Heavy snow load up to 5400pa
- Salt mist, ammonia and blown sand resistance, for seaside, farm and desert environment

THE BEST IN CLASS

Canadian Solar's modules are the best in class in terms of power output and long term reliability. Our meticulous product design and stringent quality control ensure our modules deliver an exceptionally high PV energy yield in live PV system as well as in PVsyst's system simulation. Our accredited in-house PV testing facilities guarantee all module component materials meet the highest quality standards possible.

PRODUCT | WARRANTY & INSURANCE



25 Year Industry leading linear power output warranty
10 Year Product warranty on materials and workmanship

25 YEARS Warranty Insurance — Canadian Solar provides 100% non-cancellable, immediate warranty Insurance

PRODUCT & MANAGEMENT SYSTEM | CERTIFICATES*

IEC 61215 / IEC 61730: VDE/CE/MCS/JET/KEMCO/SII/CEC AU/ INMETRO/CQC/CGC
UL 1703 / IEC 61215 performance: CEC listed (US) / FSEC (US Florida)
UL 1703: CSA | IEC 61701 ED2: VDE | IEC 62716: TUV | IEC60068-2-68: SGS
PV CYCLE (EU) | UNI9177 Reaction to Fire: Class 1

ISO9001: 2008	I Quality management system
ISOTS16949:2009	I The automotive industry quality management system
ISO14001:2004	I Standards for environmental management system
QC080000:2012	I The certificate for hazardous substances process management
OHSAS18001:2007	I International standards for occupational health and safety

*Please contact your sales representative for the entire list of certificates applicable to your products

CANADIAN SOLAR INC.

Founded in 2001 in Canada, Canadian Solar Inc., (NASDAQ: CSIQ) is the world's TOP 3 solar power company. As a leading manufacturer of solar modules and PV project developer with about 6 GW of premium quality modules deployed around the world in the past 13 years, Canadian Solar is one of the most bankable solar companies in Europe, USA, Japan and China. Canadian Solar operates in six continents with customers in over 90 countries and regions. Canadian Solar is committed to providing high quality solar products, solar system solutions and services to customers around the world.

www.canadiansolar.com
support@canadiansolar.com
Canadian Solar Inc.
545 Speedvale Avenue West
Guelph | Ontario N1K 1E6 | Canada

CanadianSolar
Make The Difference

ELECTRICAL DATA | STC

Electrical Data	CS6P-250P	CS6P-255P	CS6P-260P
Nominal Maximum Power (Pmax)	250 W	255 W	260W
Optimum Operating Voltage (Vmp)	30.1 V	30.2 V	30.4V
Optimum Operating Current (Imp)	8.30 A	8.43 A	8.56A
Open Circuit Voltage (Voc)	37.2 V	37.4 V	37.5V
Short Circuit Current (Isc)	8.87 A	9.00 A	9.12A
Module Efficiency	15.54 %	15.85 %	16.16%
Operating Temperature	-40 °C~+85 °C		
Maximum System Voltage	1000V (IEC) / 1000V (UL) / 600V (UL)		
Maximum Series Fuse Rating	15 A		
Application Classification	Class A		
Power Tolerance	0 ~ +5 W		

*Under Standard Test Conditions (STC) of irradiance of 1000W/m², spectrum AM 1.5 and cell temperature of 25℃.

ELECTRICAL DATA | NOCT

Electrical Data	CS6P-250P	CS6P-255P	CS6P-260P
Nominal Maximum Power (Pmax)	181 W	185 W	189W
Optimum Operating Voltage (Vmp)	27.5 V	27.5 V	27.7V
Optimum Operating Current (Imp)	6.60 A	6.71 A	6.80A
Open Circuit Voltage (Voc)	34.2 V	34.4 V	34.5V
Short Circuit Current (Isc)	7.19 A	7.29 A	7.39A

*Under Nominal Operating Cell Temperature(NOCT), irradiance of 800 W/m², spectrum AM 1.5, ambient temperature 20℃, wind speed 1 m/s.

MODULE | MECHANICAL DATA

Specification	Data
Cell Type	Poly-crystalline, 6inch
Cell Arrangement	60 (6 x 10)
Dimensions	1638 x 982 x 40mm (64.5 x 38.7 x 1.57in)
Weight	18.5kg (40.8 lbs)
Front Cover	3.2mm tempered glass
Frame Material	Anodized aluminium alloy
Junction BOX	IP67, 3 diodes
Cable	4mm²(IEC)/4mm²&12AWG 1000V(UL1000V)/ 12AWG(UL600V), 1000mm (650mm is optional)
Connectors	MC4 or MC4 comparable
Standard Packaging	24pcs, 504kg (quantity and weight per pallet)
Module Pieces Per Container	672pcs (40'HQ)

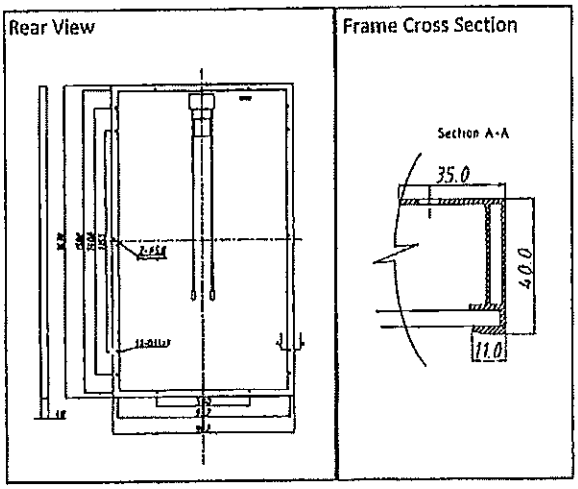
TEMPERATURE CHARACTERISTICS

Specification	Data
Temperature Coefficient (Pmax)	-0.43 %/°C
Temperature Coefficient (Voc)	-0.34 %/°C
Temperature Coefficient (Isc)	0.065 %/°C
Nominal Operating Cell Temperature	45±2 °C

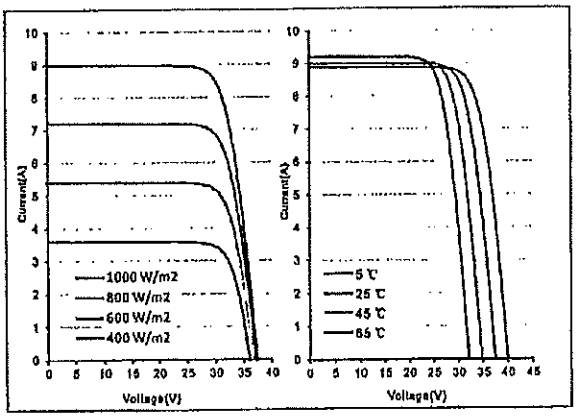
PERFORMANCE AT LOW IRRADIANCE

Industry leading performance at low irradiation, +96.5% module efficiency from an irradiance of 1000W/m² to 200W/m² (AM 1.5, 25 ℃)

MODULE | ENGINEERING DRAWING



CS6P-255P | I-V CURVES

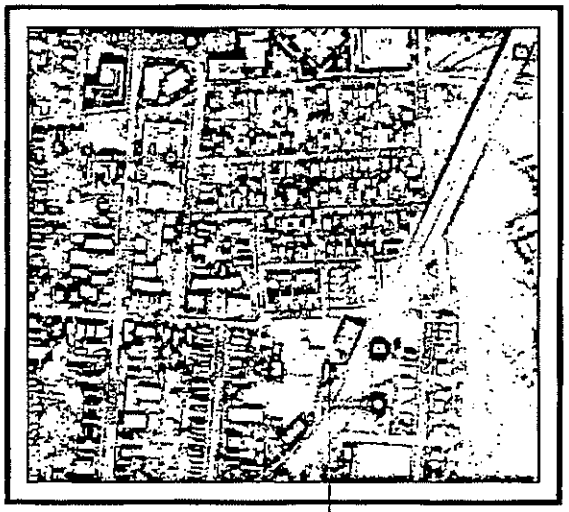


Partner Section

As there are different certification requirements in different markets, please contact your sales representative for the specific certificates applicable to your products. The specification and key features described in this Datasheet may deviate slightly and are not guaranteed. Due to on-going innovation, research and product enhancement, Canadian Solar Inc. reserves the right to make any adjustment to the information described herein at any time without notice. Please always obtain the most recent version of the datasheet which shall be duly incorporated into the binding contract made by the parties governing all transactions related to the purchase and sale of the products described herein.

ROOF MOUNTED
SYSTEM
VENUE
07202

DEVINE AVENUE



VICINITY MAP
SCALE: NTS

TILITY

MENTS
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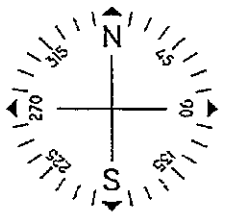
ABBREVIATIONS CONTINUED

JB	JUNCTION BOX
kCMIL	THOUSAND CIRCULAR MILS
kVA	KILO-VOLT AMPERE
kW	KILO-WATT
kWH	KILO-WATT HOUR
L	LINE
MCB	MAIN CIRCUIT BREAKER
MDP	MAIN DISTRIBUTION PANEL
MLO	MAIN LUG ONLY
MTD	MOUNTED
MTG	MOUNTING
N	NEUTRAL
NEC	NATIONAL ELECTRICAL CODE
NIC	NOT IN CONTRACT
NO #	NUMBER
NTS	NOT TO SCALE
OCP	OVER CURRENT PROTECTION
P	POLE
PB	PULL BOX
PH Ø	PHASE
PVC	POLY-VINYL CHLORIDE CONDUIT
PWR	POWER
QTY	QUANTITY
RGS	RIGID GALVANIZED STEEL
SN	SOLID NEUTRAL
SWBD	SWITCHBOARD
TYP	TYPICAL
U.O.I.	UNLESS OTHERWISE INDICATED

SHEET INDEX



Issued / Revisions		
P2	ISSUED TO TOWNSHIP FOR PERMIT	1/6/2016
NO.	DESCRIPTION	DATE

Project Title:

DURANT, FRANK

TRINITY ACCT #: 2015-74880

Project Address:

643 DEVINE AVENUE
ELIZABETH, NJ 07202

Drawing Title:

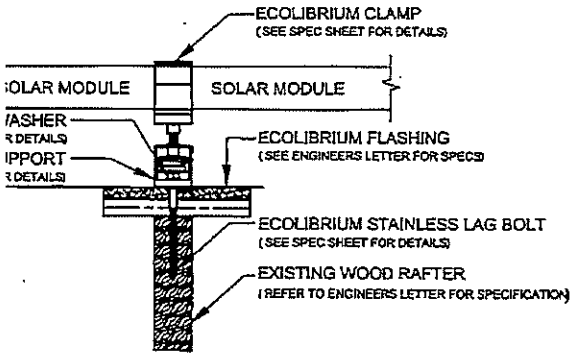
PROPOSED 10.14kW
SOLAR SYSTEM

Drawing Information

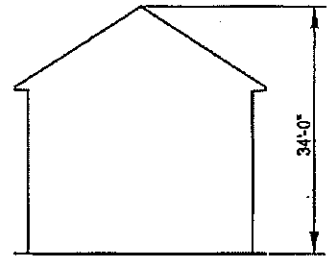
DRAWING DATE:	1/6/2016
DRAWN BY:	JC
REVISED BY:	

System Information:

TOTAL SYSTEM SIZE:	10.14kW
TOTAL MODULE COUNT:	39
MODULES USED:	CANADIAN SOLAR 260
MODULE SPEC #:	CS6P-260P
UTILITY COMPANY:	PSE&G
UTILITY ACCT #:	6654015606
UTILITY METER #:	1667299
DEAL TYPE:	SUNRUN



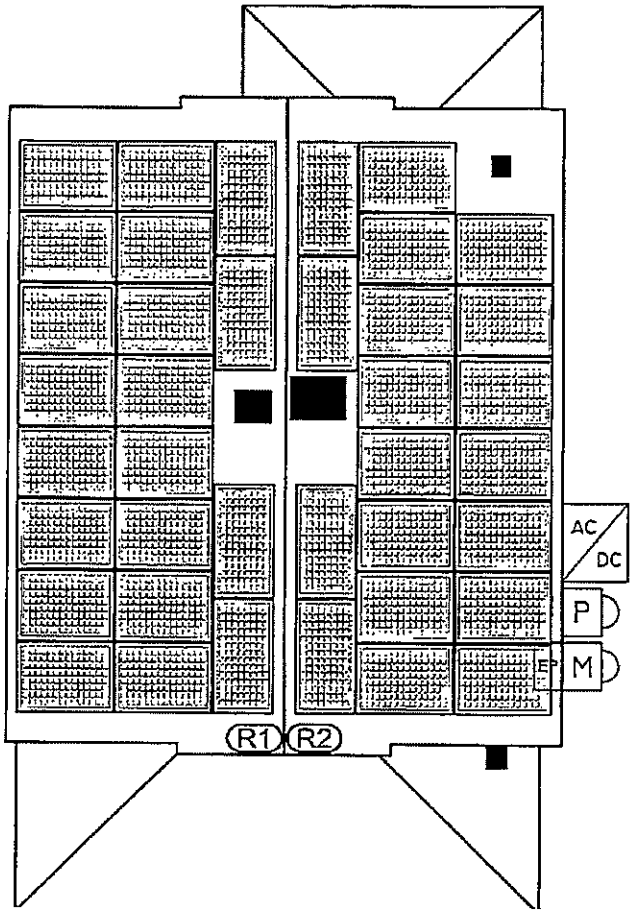
ILE ATTACHMENT ON ASPHAULT SHINGLE ROOF
TO SCALE

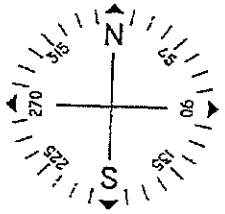


SOLAR MODULES SHALL NOT EXCEED PEAK HEIGHT.

HEIGHT FROM GROUND LEVEL TO PEAK OF ROOF
SCALE: NOT TO SCALE

BACK





Issued / Revisions		
P1	ISSUED TO TOWNSHIP FOR PERMIT	1/6/2016
NO.	DESCRIPTION	DATE

Project Title:

DURANT, FRANK

TRINITY ACCT #: 2015-74880

Project Address:

643 DEVINE AVENUE
ELIZABETH, NJ 07202

Drawing Title:

PROPOSED 10.14kW
SOLAR SYSTEM

Drawing Information

DRAWING DATE:	1/6/2016
DRAWN BY:	JC
REVISED BY:	

System Information:

TOTAL SYSTEM SIZE:	10.14kW
TOTAL MODULE COUNT:	39
MODULES USED:	CANADIAN SOLAR 260
MODULE SPEC #:	CS6P-260P
UTILITY COMPANY:	PSE&G
UTILITY ACCT #:	6654015606
UTILITY METER #:	1667299
DEAL TYPE:	SUNRUN

ARRAY CIRCUIT WIRING NOTES
Licensed Electrician Assumes all Responsibility for Determining Onsite Conditions and Executing Installation in Accordance with NEC 2011

1.) LOWEST EXPECTED AMBIENT TEMPERATURE BASED ON ASHRAE MINIMUM MEAN EXTREME DRY BULB TEMPERATURE FOR ASHRAE LOCATION MOST SIMILAR TO INSTALLATION LOCATION. LOWEST EXPECTED AMBIENT TEMP = −16°C

2.) HIGHEST CONTINUOUS AMBIENT TEMPERATURE BASED ON ASHRAE HIGHEST MONTH 2% DRY BULB TEMPERATURE FOR ASHRAE LOCATION MOST SIMILAR TO INSTALLATION LOCATION. HIGHEST CONTINUOUS TEMP = 33°C

3.) 2005 ASHRAE FUNDAMENTALS 2% DESIGN TEMPERATURES DO NOT EXCEED 47°C IN THE UNITED STATES (PALM SPRINGS, CA IS 44.1°C). FOR LESS THAN 9 CURRENT-CARRYING CONDUCTORS IN A ROOF-MOUNTED SUNLIT CONDUIT AT LEAST 0.5" ABOVE ROOF AND USING THE OUTDOOR DESIGN TEMPERATURE OF 47°C OR LESS (ALL OF UNITED STATES).

4.) PHOTOVOLTAIC POWER SYSTEMS SHALL BE PERMITTED TO OPERATE WITH UNGROUNDED PHOTOVOLTAIC SOURCE AND OUTPUT CIRCUIT AS PER NEC 690.35

5.) ALL EQUIPMENT INSTALLED OUTDOORS SHALL HAVE A NEMA 3 RATING.

CALCULATIONS FOR CURRENT CARRYING CONDUCTORS

REQUIRED CONDUCTOR AMPACITY PER STRING
[NEC 690.8(B)(1)] (15.00*1.25)1 = 18.75A

AWG #10, DERATED AMPACITY
AMBIENT TEMP: 55°C, TEMP DERATING FACTOR: .76
RACEWAY DERATING = 4 CCC: 0.80
(40*.76)0.80 = 24.32A

24.32A ≥ 18.75A, THEREFORE WIRE SIZE IS VALID

TOTAL AC REQUIRED CONDUCTOR AMPACITY
42.00A*1.25 = 52.50A

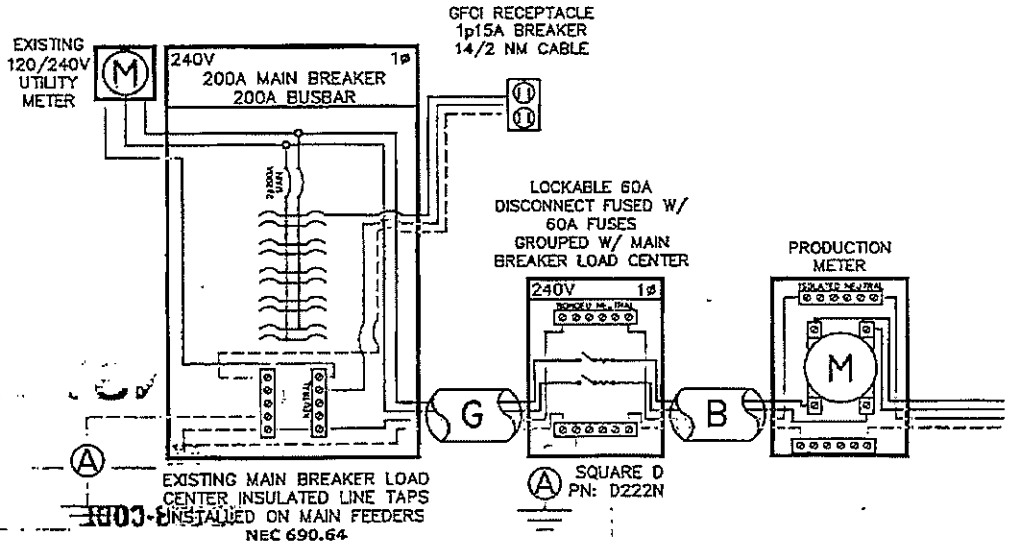
AWG #6, DERATED AMPACITY
AMBIENT TEMP: 30°C, TEMP DERATING: 1.0
RACEWAY DERATING ≤ 3 CCC: N/A
75A*1.0 = 75A

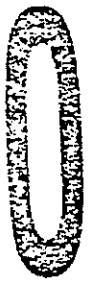
75A ≥ 52.50A, THEREFORE AC WIRE SIZE IS VALID

CALCULATION FOR PV OVERCURRENT PROTECTION
TOTAL INVERTER CURRENT: 42.00A
42.00A*1.25 = 52.50A
—> 60A OVERCURRENT PROTECTION IS VALID

PV MODULE SPECIFICATIONS	
CANADIAN SOLAR 260 (CS6P-260P)	
Imp	8.56
Vmp	30.4
Voc	37.5
Isc	9.12

INVERTER #1 - SE10000A-US			
DC		AC	
Imp	28.97	Pout	10000
Vmp	350	Iout	42
Voc	500	Imax	52.5
Isc	30	Vnom	240





PLAN R

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BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

TRINITY HEATING & AIR, INC.
Tom Pollock
2211 Allenwood Road
Wall NJ 07719

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/11/2015 TO 03/31/2016
VALID

13VH01244300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registered Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATIO CERTIFICATE ID CARD IS LOS PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A BLUE-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 Exam of Electrical Contractors

HAS LICENSED

TRINITY HEATING & AIR INC DBA TRINITY SOLAR
CHARLES P BONICKER
1371 Bridport Drive
Toms River NJ 08755

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/03/2015 TO 03/31/2016
VALID

34EB01547400
LICENSE/REGISTRATION/CERTIFICATE #

Charles P Bonicker
Signature of Licensed/Registered Certificate Holder

ACTING DIRECTOR

elbd 5/11/16P

BLOCK 6 LOT 262 QUALIFICATION CODE _____ ADDRESS (SITE) 643 Devine Ave PERMIT NO. 15-1925

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 643 Devine Ave Elizabeth
2. Name of Owner in Fee: Frank Durant Tel.
   Address 643 Devine Ave Elizabeth NJ
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: KIJ Contracting Tel. ( ) _____
   Address P.O. Box 5446 Somerset NJ 08875
   License No. OR, if new home, Builder Reg. No. 13VH02041100 Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Dwayne
   Tel. _____ FAX: ( ) _____

1 FAMILY

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	95		
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	$	85		

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

OPTIONAL (for office use only)

	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. ☑ a. Repair					10/1/16	BR			
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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 Walls
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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. 5:23-2.15(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 KIS Contracting

Address P.O. Box 5446 Somerset NJ 08875

Telephone ( ) -

Signature _____

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

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							X	X	
☐ 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	
☐ COAH									
☐									

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. _____	_____	_____	_____	_____

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908-8204091

CERTIFICATE

IDENTIFICATION

Date Issued: 10/08/2015
Control #: 4993
Permit #: 20151925

Block: 6 Lot: 262 Qual:

Work Site Location: 643 DEVINE AVENUE
ELIZABETH

Owner in Fee: DURANT FRANK & MAUREEN

Address: 643 DEVINE AVE
ELIZABETH NJ 07202

Telephone:

Agent/Contractor: KIJ CONTRACTING

Address: P.O. BOX 5440
SOMERSET NJ 08875

Telephone:

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
RIP OFF ROOF & RE-ROOF

Update Desc. of Wk/Use:

] **CERTIFICATE OF OCCUPANCY**

his serves notice that said building or structure has been constructed in accordance with the ew Jersey Uniform Construction Code and is approved for occupancy.

X] **CERTIFICATE OF APPROVAL**

his serves notice that the work completed has been constructed or installed in accordance with ie New Jersey Uniform Construction Code and is approved. If the permit was issued for minor 'ork, this certificate was based upon what was visible at the time of inspection.

] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

f this is a temporary Certificate of Occupancy or Compliance, the following conditions must be iet no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the 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

RAYWANT P. SARRAN Construction Official

Fees: $0.00
Paid[X]Check No.: 391-92
Collected by: SM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

10-5-15 SA

Control Number: 4993
Application Date: 10/01/2015

CONSTRUCTION PERMIT

15-1925

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 6 Lot: 262 Qualification Code:
Work Site Location: 643 DEVINE AVENUE ELIZABETH

Owner In Fee: DURANT FRANK & MAUREEN
Address: 643 DEVINE AVE
ELIZABETH NJ 07202

Telephone:

Use Group(s): R-5

Contractor: KIJ CONTRACTING
Address: P.O. BOX 5440
SOMERSET NJ 08875

Telephone:

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
RIP OFF ROOF & RE-ROOF

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,000.00
Cost of Demolition:	0.00
Total Cost:	$5,000.00

PAYMENTS (Office Use Only)	
Building	$75.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$10.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$85.00
All Fees Waived:	No

Amount to be Paid: **$85.00**

Cash

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.

RAYWANT P. SARRAN
Construction Official

10/1/15
Date

Note:

TY OF ELIZABETH

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 10/01/2015
Control #: 4993 SM

Date Issued: 10-5-15
Permit #: 15-1925

IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN HANGING CONTRACTORS, NOTIFY THIS OFFICE.

k: 6 Lot: 262 Qualification Code:

k Site Location: 643 DEVINE AVENUE

ıer Details

ıe: DURANT FRANK & MAUREEN

ress: 643 DEVINE AVE
ELIZABETH NJ 07202

:phone

ail:

Contractor Details

Contractor: KIJ CONTRACTING
ATTN:

Address: P.O. BOX 5440
SOMERSET NJ 08875-

Telephone:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 1302041100

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:
RIP OFF ROOF & RE-ROOF

BUILDING CHARACTERISTICS

: Group	Present: R-5	Proposed:
ıstr. Class	Present:	Proposed:
of Stories		
ght of Structure		Ft.
a - Largest Floor		Sq. Ft.
w Bldg. Area/All Floors		Sq. Ft.
lume of New Structure		Cu. Ft.
al Land Area Disturbed		Sq. Ft.
x. Live Load		
x. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	5,000.00
3. Demolition	0.00
4. Total (1+2+3)	$5,000.00

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$75.00

Administrative Surcharge	
Minimum Fee cash	
State Permit Surcharge Fee	$10.00
TOTAL FEE	$85.00

B SUMMARY (Office Use Only)

AN REVIEW	Date	Initial
]No Plans Required		
]All		
]Footings/Foundations		
]Structural/Framework		
]Exterior		
]Interior		
]Other	10/4/15	

int Plan Review Required:
] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

JBCODE APPROVAL for PERMIT
ate: 10/1/15
pproved by:

JBCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
ate: 10/8/15
pproved 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			10/7/15	
Barrier-Free				

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

CF110(rev. 11/09)

TY OF ELIZABETH

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 10/01/2015 Sm
Control #: 4993

Date Issued: 10-5-15
Permit #: 15-1925

. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN HANGING CONTRACTORS, NOTIFY THIS OFFICE.

ck: 6 Lot: 262 Qualification Code:

k Site Location: 643 DEVINE AVENUE

ıer Details

ıe: DURANT FRANK & MAUREEN

ress: 643 DEVINE AVE
ELIZABETH NJ 07202

phone

ail:

Contractor Details

Contractor: KIJ CONTRACTING
ATTN:

Address: P.O. BOX 5440
SOMERSET NJ 08875-

Telephone: Fax:

E-mail:

Federal Emp. No: 4

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 1302041100

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:
RIP OFF ROOF & RE-ROOF

BUILDING CHARACTERISTICS

Group	Present: R-5	Proposed:
str. Class	Present:	Proposed:
of Stories		
ght of Structure		Ft.
a - Largest Floor		Sq. Ft.
w Bldg. Area/All Floors		Sq. Ft.
lume of New Structure		Cu. Ft.
al Land Area Disturbed		Sq. Ft.
x. Live Load		
x. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	5,000.00
3. Demolition	0.00
4. Total (1+2+3)	$5,000.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [X] Roofing
- [ ] Siding
- [ ] Fence_____ Height (exceeds 6')
- [ ] Pylon Sign Sq. Ft.
- [ ] Ground or Wall Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall 0.00 Sq. Ft.
- [ ] Asbestos Abatement
- [ ] Lead Haz. Abatement
- [ ] Radon Remediation
- [ ] Other 1:
- [ ] Other 2:
- [ ] Other 3:
- [ ] Demolition

FEE (Office Use Only)

$75.00

Administrative Surcharge	
Minimum Fee	cash
State Permit Surcharge Fee	$10.00
TOTAL FEE	$85.00

B SUMMARY (Office Use Only)

AN REVIEW	Date	Initial
]No Plans Required		
]All		
]Footings/Foundations		
]Structural/Framework		
]Exterior		
]Interior		
]Other	10/1/15	

int Plan Review Required:
] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

UBCODE APPROVAL for PERMIT
ate: 10/1/15
pproved by:

UBCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
ate: _____
pproved 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				
Barrier-Free				

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

6-262

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/30/15
Control #

Date Issued
Permit #

91

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

Block 6 Lot 262 Qualification Code

Work Site Location 643 Devine Ave

Owner in Fee: FRANK DURANT

Tel. ( ) e-mail

Address 643 Devine Ave Elizabeth NJ
street municipality

Contractor KIJ Contracting Tel. ( )

Address P.O. Box 5446 e-mail KIJCONTRACTING
Somerset NJ 08875 @GMAIL.COM

Contractor License No. or Builder Registration No. 13VH02041100 Exp. Date 3/31/2016

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	CO 1/15	
[ ] 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:	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed 1 FAMILY
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 $
3. Total (1+ 2) $ 5000.00

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: Duayne Wiggins

Print name here: DUAYNE WIGGINS

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL SHINGLE ROOF

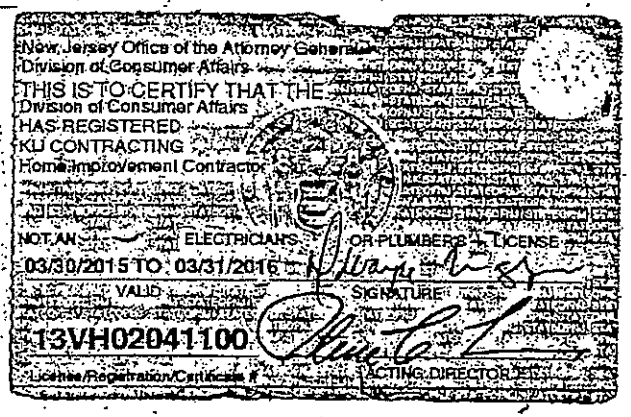
TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

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

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


New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
KU CONTRACTING
Home Improvement Contractor
NOT AN ELECTRICIANS OR PLUMBERS LICENSE
03/30/2015 TO 03/31/2016
VALID
SIGNATURE
13VH02041100
License/Registration/Certificate #
ACTING DIRECTOR

BLOCK 6 LOT 262 QUALIFICATION CODE _____ ADDRESS (SITE) 643 Devine Ave PERMIT NO. 15-0771

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 643 Devine Ave
2. Name of Owner in Fee: Frank Ducant Tel. ( )
   Address 643 Devine Ave Elizabeth
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Tomasso Bros Tel. ( )
   Address 642 E. Jersey St Elizabeth
   License No. OR, if new home, Builder Reg. No 13VH05945 Exp. Date _____
   Federal Employee No _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Tom Tomasso
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 85		
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	$ 85		

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

OPTIONAL (for office use only)

	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	1500								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration					6/27/15	BB			
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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. 5:23-2.15(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 Tomasso Bros

Address 612 E. Jersey St

Elizabeth NJ 07206

Telephone ( )

Signature Tomasso

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

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.									
☐ COAH									
☐									

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.				

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908-8204091

CERTIFICATE
IDENTIFICATION

Date Issued: 05/12/2015
Control #: 3551
Permit #: 20150771

Block: 6 Lot: 262 Qual: _____
Work Site Location: 643 DEVINE AVENUE
ELIZABETH
Owner in Fee: DURANT FRANK & MAUREEN
Address: 643 DEVINE AVE
ELIZABETH NJ 07202
Telephone: _____
Agent/Contractor: TOMASSO INC
Address: P.O. BOX 239
ELIZABETH NJ -
Telephone: _____
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. N: ___
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
REMOVE 1 550 GALLON OIL TANK

Update Desc. of Wk/Use:

] **CERTIFICATE OF OCCUPANCY**

his serves notice that said building or structure has been constructed in accordance with the ew Jersey Uniform Construction Code and is approved for occupancy.

X] **CERTIFICATE OF APPROVAL**

his serves notice that the work completed has been constructed or installed in accordance with ie New Jersey Uniform Construction Code and is approved. If the permit was issued for minor ork, this certificate was based upon what was visible at the time of inspection.

] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

this is a temporary Certificate of Occupancy or Compliance, the following conditions must be ict no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the 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

RAYWANT P. SARRAN Construction Official

Fees: $0.00
Paid[X]Check No.: 1750
Collected by: SM

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

5-415 5m

Control Number: 3551
Application Date: 04/27/2015

CONSTRUCTION PERMIT

15-0271

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 6 Lot: 262 Qualification Code:
Work Site Location: 643 DEVINE AVENUE ELIZABETH

Owner In Fee: DURANT FRANK & MAUREEN
Address: 643 DEVINE AVE
ELIZABETH NJ 07202

Telephone:

Use Group(s): U

Contractor: TOMASSO INC
Address: P.O. BOX 239
ELIZABETH NJ -

Telephone:

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 1 550 GALLON OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,500.00
Total Cost:	$1,500.00

PAYMENTS (Office Use Only)	
Building	$85.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$85.00**
All Fees Waived:	No

Amount to be Paid: **$85.00**

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.

RAYWANT P. SARRAN
Construction Official

4/27/15
Date

CK 1750

Note:

ITY OF ELIZABETH

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 04/27/2015
Control #: 3551

Date Issued: 5-4-15
Permit #: 15-0771

IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN HANGING CONTRACTORS, NOTIFY THIS OFFICE.

ck: 6 Lot: 262 Qualification Code:

rk Site Location: 643 DEVINE AVENUE

ner Details

ne: DURANT FRANK & MAUREEN

dress: 643 DEVINE AVE
ELIZABETH NJ 07202

ephon

ail:

Contractor Details

Contractor: TOMASSO INC
ATTN:

Address: P.O. BOX 239
ELIZABETH NJ -

Telephone.

E-mail:

Federal Emp. No

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

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 1 550 GALLON OIL TANK

BUILDING CHARACTERISTICS

Group	Present: U	Proposed:
str. Class	Present:	Proposed:
of Stories		
ght of Structure	Ft.	
a - Largest Floor	Sq. Ft.	
r Bldg. Area/All Floors	Sq. Ft.	
ume of New Structure	Cu. Ft.	
l Land Area Disturbed	Sq. Ft.	
c. Live Load		
c. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	0.00
3. Demolition	1,500.00
4. Total (1+2+3)	$1,500.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence_____ Height (exceeds 6')
- [ ] Pylon Sign Sq. Ft.
- [ ] Ground or Wall Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall 0.00 Sq. Ft.
- [ ] Asbestos Abatement
- [ ] Lead Haz. Abatement
- [ ] Radon Remediation
- [ ] Other 1: TANK up to 550 Gallons
- [ ] Other 2:
- [ ] Other 3:
- [X] Demolition

FEE (Office Use Only)

$85.00

Administrative Surcharge
Minimum Fee CK 1750
State Permit Surcharge Fee
TOTAL FEE $85.00

3 SUMMARY (Office Use Only)

N REVIEW	Date	Initial
]No Plans Required		
]All		
]Footings/Foundations		
]Structural/Framework		
]Exterior		
]Interior		
]Other	4/27/15	

t Plan Review Required:
] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

3CODE APPROVAL for PERMIT
e: _____
roved by: _____

3CODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
e: 5/18/15
roved 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			5/7/15	AH
Barrier-Free				

F110(rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

#355

[redacted]

Date Received 4/27/15
Control #
Date Issued
Permit #

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 643 Devine Ave Elizabeth

Owner in Fee: FRANK DURANT

Tel. (____) _____ e-mail _____

Address 643 Devine Ave Elizabeth
street municipality

Contractor: TOMASSO BROS Tel. _____

Address 612 E. Jersey St e-mail _____
Elizabeth NJ 07206

Contractor License No. or Builder Registration No. 13VH05945 Exp. Date 4/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 1522900

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[✓] Exterior	4/27/15	
[ ] 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:	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				
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 $ 1500 ±
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: Ray Tomasso
Print name here: Ray Tomasso

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove (1) 550 Gallon oil TANK (UST)

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 oil TANK.
[ ] Demolition

FEE (Office Use Only)
$ _____
Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

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

CITY OF ELIZABETH

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 04/27/2015
Control #: 3551 SM

Date Issued: 5-4-15
Permit #: 15-0771

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

ck: 6 Lot: 262 Qualification Code:

rk Site Location: 643 DEVINE AVENUE

ner Details

me: DURANT FRANK & MAUREEN

dress: 643 DEVINE AVE
ELIZABETH NJ 07202

ephon

nail:

Contractor Details

Contractor: TOMASSO INC
ATTN:

Address: P.O. BOX 239
ELIZABETH NJ

Telephone

E-mail:

Federal Emp. No

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

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 1 550 GALLON OIL TANK

BUILDING CHARACTERISTICS

Group	Present: U	Proposed:	
nstr. Class	Present:	Proposed:	
. of Stories			
ght of Structure		Ft.	
a - Largest Floor		Sq. Ft.	
v Bldg. Area/All Floors		Sq. Ft.	
lume of New Structure		Cu. Ft.	
al Land Area Disturbed		Sq. Ft.	
x. Live Load			
x. Occupancy Load			

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	0.00
3. Demolition	1,500.00
4. Total (1+2+3)	$1,500.00

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1: TANK up to 550 Gallons
[ ] Other 2:
[ ] Other 3:
[X] Demolition

FEE (Office Use Only)

$85.00

Administrative Surcharge
Minimum Fee CK 1750
State Permit Surcharge Fee
TOTAL FEE $85.00

B SUMMARY (Office Use Only)

AN REVIEW — Date — Initial

]No Plans Required
]All
]Footings/Foundations
]Structural/Framework
]Exterior
]Interior
]Other 4/27/15

t Plan Review Required:
] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

BCODE APPROVAL for PERMIT
e: _____
proved by: _____

BCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
e: _____
proved by: _____

INSPECTIONS — Dates(Month/Day)

Type:	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				
Barrier-Free				

F110(rev. 11/09)

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

STATE OF NEW JERSEY

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

TOMASSO BROS
612 E JERSEY ST
Elizabeth, NJ 07206

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
TANK TESTING

4/30/2017
EXPIRATION DATE

US465945
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

CITY OF ELIZABETH, NEW JERSEY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462
Phone: (908) 820-4052
Fax: (908) 820-4718

KRISHNA H. GARLIC
Director

J. CHRISTIAN BOLLWAGE
Mayor

MEMORANDUM

To: Joanna Ramirez, Clerk 2
From: Will Alston, Environmental/Pollution Inspector
Date: March 21, 2022
Subject: Request for government records

878 NORTH AVENUE

As per your request (OPRA), please find attached all public records, documentation, and or environmental assessments pertaining to the stated address.

HARBOR CONSULTANTS INC.

October 19, 2017

Krishna H. Garlic, Director,
Health Department
City of Elizabeth
50 Winfield Scott Plaza
Elizabeth, NJ 07201

Re: City of Elizabeth Redevelopment Study – Request for Records
Preliminary Investigation Report
City of Elizabeth
Harbor Consultants, Inc. Project Number 2017001.H

Dear Krishna H. Garlic,

The City of Elizabeth Council will be adopting a Resolution authorizing our firm to conduct a redevelopment study of fourteen (14) properties identified as 729-763 Meadow Street (8-1299.A), 703 & R 703-727 Spring Street (8-1699.D), 705-725 Spring Street (8-1699.C), 902-940 North Avenue East (8-1309), 850 North Avenue East (8-1308.J), R 850 - R878 North Avenue East (8-1308.K), 852-864 North Avenue East (8-1308.L), 864 - 878 North Avenue East (8-1308.M), 880 North Avenue East (8-1308.N), 882-888 North Avenue East (8-1308.O), 890 - 900 North Avenue East (8-1308.P), 901-949 Woodruff Lane (8-1699.B), 863 - 871 Woodruff Lane (8-1864), and 873 - 889 Woodruff Lane (8-1865), as depicted on the attached map. As part of this preliminary investigation our office is requesting a comprehensive review of any available records on file with the City on each of the subject properties listed on the attached map.

These records may be used as part of our preliminary investigation report. When the records are ready, please notify our office and we will pick them up at City Hall.

Thank you for your assistance in this matter. Please contact me at 908-276-2715 ext. 115 or via my email address at michaelm@hcicg.net should you have any questions.

Very Truly Yours,
Harbor Consultants, Inc.

Michael J. Mistretta, PP, LLA

cc: Gordon Haas, Planning Board Chairman
William R. Holzapfel, City Attorney

October 2017

HARBOR CONSULTANTS

0 0.05 Miles

Block–Lot	Street Address	Owner	Lot Area
8-1299.A	729-763 Meadow St	Narayanswarupdasji LLC	3.63 +/- acres
8-1308.J	850 North Ave E	STCP LLC	0.08 +/- acres
8-1308.K	R850-R878 North Ave E	Somet Truck Center NJ LLC	1.60 +/- acres
8-1308.L	852-864 North Ave E	RP & EC Elizabeth, LLC-Fallah, CHOA	0.69 +/- acres
8-1308.M	864-878 North Ave E	878 North Ave Realty, LLC	1.40 +/- acres
8-1308.N	880 North Ave East	888 North Ave Realty, LLC	0.35 +/- acres
8-1308.O	882-888 North Ave E	888 North Ave Realty, LLC	0.34 +/- acres

Block–Lot	Street Address	Owner	Lot Area
8-1308.P	890-900 North Ave E	Papetti Hyer Egg Prod Michael Foods	0.51 +/- acres
8-1309	902-940 North Ave E	State of New Jersey	3.73 +/- acres
8-1699.B	901-949 Woodruff Ln	STCP LLC	2.32 +/- acres
8-1699.C	705-725 Spring St	Sevan Associates, INC	1.29 +/- acres
8-1699.D	703 & R703-727 Spring St	Spring Street Development	4.67 +/- acres
8-1864	863-871 Woodruff Lane	Somet Truck Center NJ LLC	3.83 +/- acres
8-1865	873-889 Woodruff Lane	Van Buren Enterprises, LLC G Duffy	1.03 +/- acres

Total Redevelopment Study Area	*25.47 +/-acres*

Information Shown in Table is Per Municipal Tax Records Only
Aerial Photograph Per New Jersey 2015 High Resolution Orthophotography

BY CITY COUNCIL AS A WHOLE:

WHEREAS, the Director of the Department of the Planning and Community Development has requested that the City Council adopt a resolution authorizing the Planning Board of the City of Elizabeth to conduct a study to determine whether 729-763 Meadow Street (Block 8, Lot 1299.A), 703 & R 703-727 Spring Street (Block 8, Lot 1699.D), 705-725 Spring Street (Block 8, Lot 1699.C), 902-940 North Avenue East (Block 8, Lot 1309), 850 North Avenue East (Block 8, Lot 1308.J), R 850-R878 North Avenue East (Block 8, Lot 1308.K), 852-864 North Avenue East (Block 8, Lot 1308.L), 864-878 North Avenue East (Block 8, Lot 1308.M), 880 North Avenue East (Block 8, 1308.N), 882-888 North Avenue East (Block 8, Lot 1308.O), 890-900 North Avenue East (Block 8, Lot 1308.P), 901-949 Woodruff Lane (Block 8, Lot 1699.B), 863-871 Woodruff Lane (Block 8, Lot 1864), and 873-889 Woodruff Lane (Block 8, Lot 1865) are areas in need of redevelopment without the power of condemnation; now, therefore, be it

RESOLVED, that the City Council of the City of Elizabeth authorizes the Planning Board of the City of Elizabeth to conduct a study to determine whether 729-763 Meadow Street (Block 8, Lot 1299.A), 703 & R 703-727 Spring Street (Block 8, Lot 1699.D), 705-725 Spring Street (Block 8, Lot 1699.C), 902-940 North Avenue East (Block 8, Lot 1309), 850 North Avenue East (Block 8, Lot 1308.J), R 850-R878 North Avenue East (Block 8, Lot 1308.K), 852-864 North Avenue East (Block 8, Lot 1308.L), 864-878 North Avenue East (Block 8, Lot 1308.M), 880 North Avenue East (Block 8, 1308.N), 882-888 North Avenue East (Block 8, Lot 1308.O), 890-900 North Avenue East (Block 8, Lot 1308.P), 901-949 Woodruff Lane (Block 8, Lot 1699.B), 863-871 Woodruff Lane (Block 8, Lot 1864), and 873-889 Woodruff Lane (Block 8, Lot 1865) are areas in need of redevelopment without the power of condemnation.

ADOPTED BY CITY COUNCIL OF ELIZABETH, NJ AT MEETING
OCT 24 2017
YOLANDA M. ROBERTS
CITY CLERK

City Clerk

Mark

HARBOR CONSULTANTS INC.

RECEIVED
OCT 25 2017
DIRECTOR'S OFFICE
DEPT. OF HEALTH & HUMAN SERVICES

October 19, 2017

Krishna H. Garlic, Director,
Health Department
City of Elizabeth
50 Winfield Scott Plaza
Elizabeth, NJ 07201

Re: City of Elizabeth Redevelopment Study – Request for Records
Preliminary Investigation Report
City of Elizabeth
Harbor Consultants, Inc. Project Number 2017001.H

Dear Krishna H. Garlic,

The City of Elizabeth Council will be adopting a Resolution authorizing our firm to conduct a redevelopment study of fourteen (14) properties identified as 729-763 Meadow Street (8-1299.A), 703 & R 703-727 Spring Street (8-1699.D), 705-725 Spring Street (8-1699.C), 902-940 North Avenue East (8-1309), 850 North Avenue East (8-1308.J), R 850 - R878 North Avenue East (8-1308.K), 852-864 North Avenue East (8-1308.L), 864 - 878 North Avenue East (8-1308.M), 880 North Avenue East (8-1308.N), 882-888 North Avenue East (8-1308.O), 890 - 900 North Avenue East (8-1308.P), 901-949 Woodruff Lane (8-1699.B), 863 - 871 Woodruff Lane (8-1864), and 873 - 889 Woodruff Lane (8-1865), as depicted on the attached map. As part of this preliminary investigation our office is requesting a comprehensive review of any available records on file with the City on each of the subject properties listed on the attached map.

These records may be used as part of our preliminary investigation report. When the records are ready, please notify our office and we will pick them up at City Hall.

Thank you for your assistance in this matter. Please contact me at 908-276-2715 ext. 115 or via my email address at michaelm@hcicg.net should you have any questions.

Very Truly Yours,
Harbor Consultants, Inc.

Michael J. Mistretta, PP, LLA

cc: Gordon Haas, Planning Board Chairman
William R. Holzapfel, City Attorney

CITY OF ELIZABETH, NEW JERSEY

DEPARTMENT OF PLANNING and COMMUNITY DEVELOPMENT
OFFICE OF THE DIRECTOR
50 Winfield Scott Plaza, Elizabeth, N.J. 07201-2462
Phone: (908) 820-4072
Fax: (908) 820-3776

EDUARDO J. RODRIGUEZ
Director

J. CHRISTIAN BOLLWAGE
Mayor

October 13, 2017

Honorable City Council
City of Elizabeth
Elizabeth, New Jersey 07201

Re: **RESOLUTION: AUTHORIZE THE PLANNING BOARD TO CONDUCT A STUDY TO DETERMINE IF 729-763 MEADOW STREET, 703 & R 703-727 SPRING STREET, 705-725 SPRING STREET, 902-940 NORTH AVE E, 850 NORTH AVE E, R 850-R878 NORTH AVE E, 852-864 NORTH AVE E, 864-878 NORTH AVE E, 880 NORTH AVE E, 882-888 NORTH AVE E, 890-900 NORTH AVE E, 901-949 WOODRUFF LANE, 863-871 WOODRUFF LANE, AND 873-889 WOODRUFF LANE ARE AREAS IN NEED OF REDEVELOPMENT WITHOUT THE POWER OF CONDEMNATION**

Ladies and Gentlemen:

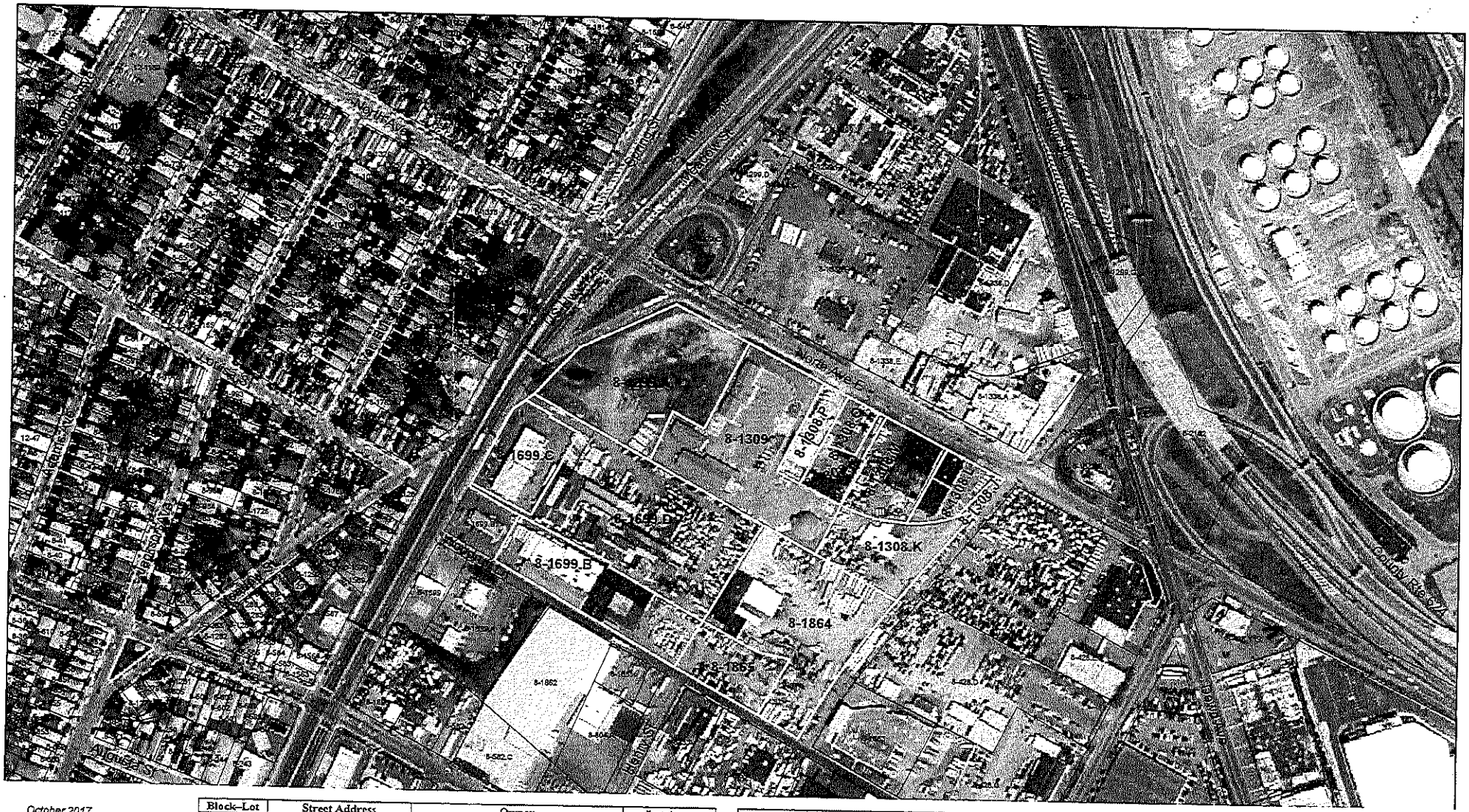
I respectfully request your Honorable Body to authorize the Planning Board to conduct a study to determine if 729-763 Meadow Street (8-1299.A), 703 & R 703-727 Spring Street (8-1699.D), 705-725 Spring Street (8-1699.C), 902-940 North Avenue East (8-1309), 850 North Avenue East (8-1308.J), R 850-R878 North Avenue East (8-1308.K), 852-864 North Avenue East (8-1308.L), 864-878 North Avenue East (8-1308.M), 880 North Avenue East (8-1308.N), 882-888 North Avenue East (8-1308.O), 890-900 North Avenue East (8-1308.P), 901-949 Woodruff Lane (8-1699.B), 863-871 Woodruff Lane (8-1864), and 873-889 Woodruff Lane (8-1865) are areas in need of redevelopment without the power of condemnation.

I have attached a map for your perusal of the parcels listed above. Thank you for your attention regarding this matter.

Respectfully submitted,

Eduardo J. Rodriguez
Director, Planning & Community Development

cc: The Honorable J. Chris Bollwage, Mayor
Bridget Anderson, Business Administrator
William R. Holzapfel, City Attorney
Victor Vinegra, City Planner
Patrick McNamara, Planning Board Attorney
Marta Rivera, Board Secretary
Phyllis Reich, Project Coordinator - Redevelopment



October 2017

HARBOR CONSULTANTS

0 0.05 Miles

Block–Lot	Street Address	Owner	Lot Area
8-1299.A	729-763 Meadow St	Narayanswarupdasji LLC	3.63 +/- acres
8-1308.J	850 North Ave E	STCP LLC	0.08 +/- acres
8-1308.K	R850-R878 North Ave E	Somet Truck Center NJ LLC	1.60 +/- acres
8-1308.L	852-864 North Ave E	RP & EC Elizabeth, LLC-Fallah, CHOA	0.69 +/- acres
8-1308.M	864-878 North Ave E	878 North Ave Realty, LLC	1.40 +/- acres
8-1308.N	880 North Ave East	888 North Ave Realty, LLC	0.35 +/- acres
8-1308.O	882-888 North Ave E	888 North Ave Realty, LLC	0.34 +/- acres

Block–Lot	Street Address	Owner	Lot Area
8-1308.P	890-900 North Ave E	Papetti Hygr Egg Prod Michael Foods	0.51 +/- acres
8-1309	902-940 North Ave E	State of New Jersey	3.73 +/- acres
8-1699.B	901-949 Woodruff Ln	STCP LLC	2.32 +/- acres
8-1699.C	705-725 Spring St	Sevan Associates, INC	1.29 +/- acres
8-1699.D	703 & R703-727 Spring St	Spring Street Development	4.67 +/- acres
8-1864	863-871 Woodruff Lane	Somet Truck Center NJ LLC	3.83 +/- acres
8-1865	873-889 Woodruff Lane	Van Buren Enterprises, LLC G Duffy	1.03 +/- acres

Total Redevelopment Study Area	*25.47 +/-acres*

Information Shown in Table is Per Municipal Tax Records Only
Aerial Photograph Per New Jersey 2015 High Resolution Orthophotography

DEPARTMENT OF PUBLIC WORKS
INTEROFFICE MEMORANDUM

TO: ***Joanna Ramirez, Clerk 2***

FROM: ***Antoinette Mazza, Administrative Clerk***

DATE: ***March 22, 2022***

SUBJECT: ***643 Devine Avenue***

We are in receipt of a Request for Government Records from your office for the above referenced property. The Department of Public Works conducted a search of its files. This search proved unsuccessful in that we have no information relative to the property in question with regard to the documents requested.

If you require any further assistance or have any questions, please feel free to call me at extension 4101.

Interoffice Memorandum

CITY OF ELIZABETH

Department of Public Works

DIVISION OF ENGINEERING

50 WINFIELD SCOTT PLAZA, ELIZABETH, NJ 07201

DATE: March 23, 2022

TO: Joanna Ramirez, Clerk 2

FROM: David Reis, Senior Engineering Aide

SUBJECT: **REQUEST FOR GOVERNMENT RECORDS**
643 Devine Avenue

We are in receipt of a Request for Government Records from your office for Maria, received on Monday March 21, 2022, for the above referenced property. The Division of Engineering conducted a search of their files for the referenced site. This search proved unsuccessful in that we have no information relative to the property in question regarding the documents requested.

If you require any further assistance or have any questions, please feel free to call me at extension 4736.

DR: dr
cc: John F. Papetti Jr., Director of Public Works
Daniel J. Loomis, PE, City Engineer
File