BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 4/20/2023
Control # 00012037

Date Issued 5/31/2023
Permit # 23-820

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: BAY STREET CAPITAL

Tel [redacted] e-mail

Address 444 BRICKELL AVE, MIAMI, FL 33139
street municipality zip code

Contractor: BOILING SPRINGS GROUP Tel. (201) 460-8339

Address 15 W. ERIE AVENUE e-mail
RUTHERFORD, NJ 07070

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 05/23/2023
Approved by: JD

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed S-2
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 2,313,020.00
3. Total (1+ 2) $ 2,313,020.00

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

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

C. 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
ALTERATIONS INTERIOR IMPROVEMENTS AND INTERIOR DEMO

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	50,981.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence ____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00

Administrative Surcharge $	0.00
Minimum Fee $	50,981.00
State Permit Surcharge Fee $	4,395.00
TOTAL FEE $	55,376.00

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/20/2023
Control # 00012037

Date Issued 5/31/2023
Permit # 23-820

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: BAY STREET CAPITAL

Tel: [redacted] e-mail

Address 444 BRICKELL AVE, MIAMI, FL 33139
street municipality zip code

Contractor: CENTRAL AIR AND HEAT LLC Tel. (973) 853-3300

Address 7 HILLCREST DR e-mail CENTRALAIR1@GMAIL.COM
HEWITT, NJ 07421

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 05/23/2023
Approved by: JD

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed S-2
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 415,000.00
3. Total (1+ 2) $ 415,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ALTERATIONS INTERIOR IMPROVEMENTS AND INTERIOR DEMO

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	7,304.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence ____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00

Administrative Surcharge $	0.00
Minimum Fee $	7,304.00
State Permit Surcharge Fee $	789.00
TOTAL FEE $	8,093.00

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

Closed

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/20/2023
Control # 00012037
Date Issued 5/31/2023
Permit # 23-820

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: BAY STREET CAPITAL

Tel. [redacted] e-mail

Address 444 BRICKELL AVE, MIAMI, FL 33139
street municipality zip code

Contractor: FUTURE ELECTRIC LLC Tel. (908) 296-8962

Address 803 CHARLES ST e-mail
SOUTH AMBOY, NJ 08879

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed S-2

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 117,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ALTERATIONS INTERIOR IMPROVEMENTS AND INTERIOR DEMO

QTY.	SIZE	ITEMS	FEE (Office Use Only)
92		Lighting Fixtures	
85		Receptacles	
16		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
116		Emergency & Exit Lights	
200		Communications Points	
1		Alarm Devices/F.A.C. Panel	
510		TOTAL NUMBERS	$ 350.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
		KW Elec. Range/Receptacle	0.00
		KW Oven/Surface Unit	0.00
		KW Elec. Water Heater	0.00
		KW Elec. Dryer/Receptacle	0.00
		KW Dishwasher	0.00
		HP Garbage Disposal	0.00
5	7.5	KW Central A/C Unit	50.00
		HP/KW Space Heater/Air Handler	0.00
		KW Baseboard Heat	0.00
8	1	HP Motors 1/+ HP	160.00
		KW Transformer/Generator	0.00
		AMP Service	0.00
2	VAR	AMP Subpanels	130.00
		AMP Motor Control Center	0.00
		KW Elec. Sign/Outline Light	0.00
			0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 1,078.00
State Permit Surcharge Fee	$ 223.00
TOTAL FEE	$ 1,301.00

U.C.C. F120 (rev. 01/21)
Internet version

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

Closed

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/20/2023
Control # 00012037
Date Issued 5/31/2023
Permit # 23-820

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: BAY STREET CAPITAL

Tel. [redacted] e-mail

Address 444 BRICKELL AVE, MIAMI, FL 33139
street municipality zip code

Contractor: MERCHANTS ALARM SYSTEMS Tel. (973) 779-4000

Address 203 PATERSON AVE e-mail
WALLINGTON, NJ 07057

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed S-2

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 19,990.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL FIRE ALARM SYSTEM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
103		Alarm Devices/F.A.C. Panel	
103		TOTAL NUMBERS	$ 110.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
		KW Elec. Range/Receptacle	0.00
		KW Oven/Surface Unit	0.00
		KW Elec. Water Heater	0.00
		KW Elec. Dryer/Receptacle	0.00
		KW Dishwasher	0.00
		HP Garbage Disposal	0.00
		KW Central A/C Unit	0.00
		HP/KW Space Heater/Air Handler	0.00
		KW Baseboard Heat	0.00
		HP Motors 1/+ HP	0.00
		KW Transformer/Generator	0.00
		AMP Service	0.00
		AMP Subpanels	0.00
		AMP Motor Control Center	0.00
		KW Elec. Sign/Outline Light	0.00
			0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 110.00
State Permit Surcharge Fee	$ 38.00
TOTAL FEE	$ 148.00

U.C.C. F120 (rev. 01/21)
Internet version

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

Closed

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/20/2023
Control # 00012037

Date Issued 5/31/2023
Permit # 23-820

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: BAY STREET CAPITAL

Tel. [redacted] e-mail

Address 444 BRICKELL AVE, MIAMI, FL 33139

Contractor: CENTRAL AIR AND HEAT@C@ LLC (street / municipality) Tel. (973) 853-3300 (zip code)

Address 7 HILLCREST DRIVE e-mail centralair1@gmail.com

HEWITT, NJ 07421

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

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

Fire Alarm Contractor No. 13VH01351700 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX: (973) 853-1188

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed S-2

Constr. Class: Present ____ Proposed ____

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

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

Location:

Total Cost of Fire Protection Work $ 5,000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 06/23) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: ALTERATIONS INTERIOR IMPROVEMENTS AND
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices CO/ NO2 DET.	1	$0.00
TOTAL	1	$50.00
Suppression Systems		
Fire Pump ____ GPM Type ____	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	4	$220.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		270.00
State Permit Surcharge Fee $		10.00
TOTAL FEE $		280.00

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Closed

Date Received 4/20/2023
Control # 00012037

Date Issued 5/31/2023
Permit # 23-820

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: BAY STREET CAPITAL

Tel [redacted] e-mail

Address 444 BRICKELL AVE, MIAMI, FL 33139
street municipality zip code

Contractor: MERCHANTS ALARM SYSTEMS Tel. (973) 779-4000

Address 203 PATERSON AVE e-mail
WALLINGTON, NJ 07057

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed S-2

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 19,991.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK INSTALL FIRE ALARM SYSTEM
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	28	$0.00
Supervisory Devices (i.e., tampers, low/high air)	10	$0.00
Signaling Devices (i.e., horn/strobes, bells)	65	$0.00
Other Devices	0	$0.00
TOTAL	103	$375.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		375.00
State Permit Surcharge Fee $		38.00
TOTAL FEE $		413.00

JOB SUMMARY (Office Use Only)

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

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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 4/20/2023
Control # 00012037

Date Issued 5/31/2023
Permit # 23-820

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: BAY STREET CAPITAL

Tel. [redacted] e-mail

Address 444 BRICKELL AVE, MIAMI, FL 33139
street municipality zip code

Contractor: BOB EUBANKS PLUMBING AND HEATING Tel. (908) 654-8909

Address 11 EAST BROAD ST e-mail
WESTFIELD, NJ 07090

Contractor License No. 13VH00551700 Exp. Date 12/31/2006

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed S-2

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 140,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 04/26/2023
Approved by: VF

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ALTERATIONS INTERIOR IMPROVEMENTS AND INTERIOR DEMO

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
6	Water Closet	120.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
13	Lavatory	260.00
0	Shower	0.00
2	Floor Drain	40.00
2	Sink	40.00
0	Dishwasher	0.00
1	Drinking Fountain	20.00
0	Washing Machine	0.00
1	Hose Bibb	20.00
1	Water Heater	75.00
0	Fuel Oil Piping	0.00
4	Gas Piping	120.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
2	Sewer Pump	170.00
1	Interceptor/Separator	85.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
3	Stacks	255.00
0	Other	0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 1,205.00
State Permit Surcharge Fee	$ 266.00
TOTAL FEE	$ 1,471.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 4/20/2023
Control # 00012037

Date Issued 5/31/2023
Permit # 23-820

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: BAY STREET CAPITAL

Tel. [redacted] e-mail

Address 444 BRICKELL AVE, MIAMI, FL 33139
street municipality zip code

Contractor: CENTRAL AIR AND HEAT LLC Tel. (973) 853-3300

Address 7 HILLCREST DR e-mail CENTRALAIR1@GMAIL.COM
HEWITT, NJ 07421

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed S-2

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 04/26/2023
Approved by: VF

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL RTU

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$ 0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Stacks	0.00
7	Other SEE BELOW	200.00

EXT FANS; MAKEUPAIR

Administrative Surcharge	$	0.00
Minimum Fee	$	200.00
State Permit Surcharge Fee	$	10.00
TOTAL FEE	$	210.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 2/26/2024
Control # 00014346
Date Issued 4/24/2024
Permit # 23-820+A

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: BAY STREET CAPITAL

Tel [redacted] e-mail

Address 444 BRICKELL AVE, MIAMI, FL 33139
street municipality zip code

Contractor: FUTUREELECTRIC LLC Tel. (908) 296-8962

Address 5 WEDGEWOOD LANE e-mail
HOMDEL, NJ 07733

Contractor License No. 03/24 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 26-4212216 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present S-2 Proposed S-2

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS	Dates (Month/Day)			
Type:	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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: +A- INSTALLATION OF CODE WAREHOUSE LIGHTING PRIOR PERMIT 23-820

QTY.	SIZE	ITEMS	FEE (Office Use Only)
350		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
350		TOTAL NUMBERS	$ 245.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
		KW Elec. Range/Receptacle	0.00
		KW Oven/Surface Unit	0.00
		KW Elec. Water Heater	0.00
		KW Elec. Dryer/Receptacle	0.00
		KW Dishwasher	0.00
		HP Garbage Disposal	0.00
		KW Central A/C Unit	0.00
		HP/KW Space Heater/Air Handler	0.00
		KW Baseboard Heat	0.00
		HP Motors 1/+ HP	0.00
		KW Transformer/Generator	0.00
		AMP Service	0.00
		AMP Subpanels	0.00
		AMP Motor Control Center	0.00
		KW Elec. Sign/Outline Light	0.00
			0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 245.00
State Permit Surcharge Fee	$ 95.00
TOTAL FEE	$ 340.00

U.C.C. F120 (rev. 01/21)
Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 2/23/2023
Control # 00011658

Date Issued 3/15/2023
Permit # 23-407

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH AVE LLC

Tel. [redacted] e-mail

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
street municipality zip code

Contractor: BK CONSTRUCTION Tel. (917) 207-4305

Address 833 TUCKAHOE ROAD e-mail BARRYKRASNAQI@GMAIL.C
YONKERS, NY

Contractor License No. or Builder Registration No. 13VH07804400 Exp. Date 3/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SLAB CONCRETE REPLACEMENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/28/2023
Approved by: JD

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 18,000.00
3. Total (1+ 2) $ 18,000.00

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	540.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00

Administrative Surcharge $	0.00
Minimum Fee $	540.00
State Permit Surcharge Fee $	35.00
TOTAL FEE $	575.00

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 11/20/2023
Control # 00013666

Date Issued 12/15/2023
Permit # 23-2036

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH AVE LLC

Tel. e-mail

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
street municipality zip code

Contractor: MILE SQUARE ROOFING CO., INC Tel. (201) 525-1901

Address 10 CONTINENTAL DRIVE e-mail KHOLLIS@MSRCINC.COM
STANHOPE, NJ 07874

Contractor License No. or Builder Registration No. 13VH03714700 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222623778 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 0.00
2. Rehabilitation $ 235,600.00
3. Total (1+ 2) $ 235,600.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TPO FULLY ADHERED ROOF : (SMALLER ROOF) REMOVE THE EXISTING ROOF SYSTEM DOWN TOO CONCRETE DECK. INSTALL .5` POLYISOCYANURATE ROOF INSULATION. 60 MIL TPO MEMBRANE TO BE FULLY ADHERED. ROOF TO RECEIVE 20 YEAR NDL WARRANTY FROM MANUFACTUER. NO TORCH WORK- NO FLAME

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	3,187.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence ____ Height (exceeds 8')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 3,187.00
State Permit Surcharge Fee	$ 448.00
TOTAL FEE	$ 3,635.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 4/18/2023
Control # 00012010

Date Issued 5/2/2023
Permit # 23-680

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: BAY STREET CAPITAL

Tel [redacted] e-mail

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
street municipality zip code

Contractor: BOILING SPRINGS GROUP@C@ INC. Tel. (201) 460-8339

Address 15 WEST ERIE AVENUE e-mail am@boilingspringsgroup.com
RUTHERFORD, NJ 07070

Contractor License No. or Builder Registration No. 13VH02113500 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2806851 FAX: (201) 460-0931

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 04/21/2023
Approved by: JD

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 0.00
2. Rehabilitation $ 0.00
3. Total (1+ 2) $ 0.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR RENOVATION/ALTERATION

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[ ] Rehabilitation	0.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence ____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other ____	0.00
[X] Demolition Interior	250.00

Administrative Surcharge $	0.00
Minimum Fee $	250.00
State Permit Surcharge Fee $	0.00
TOTAL FEE $	250.00

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Closed

Date Received 1/6/2023
Control # 00011325

Date Issued 2/9/2023
Permit # 23-244

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH AVE LLC

Tel. e-mail [redacted]

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
street municipality zip code

Contractor: LANDMARK FIRE PROTECTION INC. Tel. (973) 276-9008

Address 43 STILES LANE e-mail PAC@LANDMARKFIRE.COM

PINE BROOK, NJ 07058

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2413548 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 100,000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 01/06/2023
Approved by: JP

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK INSTALL OVERHEAD ABOVE GROUND FEED MAIN TO

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$200.00
Administrative Surcharge $		0.00
Minimum Fee $		200.00
State Permit Surcharge Fee $		190.00
TOTAL FEE $		390.00

8' AND 6' FEED MAIN

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Clord

Date Received 4/28/2023
Control # 00012105

Date Issued 6/22/2023
Permit # 23-244+B

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH AVE LLC

Tel. [redacted] e-mail [redacted]

Address 800 SOUTH POINTE DR, MIAMI, FL 33139

Contractor: LANDMARK FIRE PROTECTION INC. (street / municipality) Tel. (973) 276-9008 (zip code)

Address 43 STILES LANE e-mail PAC@LANDMARKFIRE.COM
PINE BROOK, NJ 07058

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

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

Fire Alarm Contractor No. P00265 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2413548 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed B

Constr. Class: Present ____ Proposed ____

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

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

Location:

Total Cost of Fire Protection Work $ 10,000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 05/11/2023
Approved by: JP

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: INSTALL WATER FEED TO SHED DRY SPRINKLER
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump ____ GPM Type ____	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$100.00
Administrative Surcharge $		0.00
Minimum Fee $		100.00
State Permit Surcharge Fee $		19.00
TOTAL FEE $		119.00

INSTALL WATER FEED

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Closed

Date Received 3/23/2023
Control # 00011830

Date Issued 3/28/2023
Permit # 23-244+A

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH AVE LLC

Tel. [redacted] e-mail [redacted]

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
(street, municipality, zip code)

Contractor: LANDMARK FIRE PROTECTION INC. Tel. (973) 276-9008

Address 43 STILES LANE e-mail PAC@LANDMARKFIRE.COM
PINE BROOK, NJ 07058

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2413548 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 23,650.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 03/24/2023
Approved by: JP

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: UNDERGROUND SERVICE TO SHED

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$300.00
	Administrative Surcharge $	0.00
	Minimum Fee $	300.00
	State Permit Surcharge Fee $	45.00
	TOTAL FEE $	345.00

8` AND 6` UNDERGROUND PIP

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 11/21/2023
Control # 00013694

Date Issued 12/12/2023
Permit # 23-1998

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

Block 605 Lot 15 Qualification Code _____

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH AVE LLC

Tel. [redacted] e-mail [redacted]

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
street municipality zip code

Contractor: P. MAIO CONSTRUCTION Tel. (201) 983-8023

Address 323 NEWTON SWARTSWOOD RD e-mail PPM423@AOL.COM
NEWTON, NJ 07860

Contractor License No. or Builder Registration No. 13VH02443400 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
STORING OF STRUCTURE AND REPAIR OF COLUMNS.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/06/2023
Approved by: JD

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	$	0.00
2. Rehabilitation	$	75,000.00
3. Total (1+ 2)	$	75,000.00

TYPE OF WORK:

	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	635.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence _____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other _____	0.00
[ ] Demolition	0.00

Administrative Surcharge	$	0.00
Minimum Fee	$	635.00
State Permit Surcharge Fee	$	143.00
TOTAL FEE	$	778.00

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

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/17/2024
Control # 00014751

Date Issued 5/21/2024
Permit # 24-953

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: 601 LEHIGH AVE LLC

Tel: [redacted] e-mail

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
street municipality zip code

Contractor: VOLLERS EXCAVATING AND CONSTRUCT Tel. (908) 725-1026

Address 3311 US HIGHWAY 22 e-mail DANDREW@vOLLERS.CC
NORTH BRANCH, NJ 08876

Contractor License No. or Builder Registration No. 13VH00756700 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-1535882 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 04/18/2024
Approved by: JE

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed

No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 116,000.00
3. Total (1+ 2) $ 116,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DEMOLITION OF SMOKESTACK

TYPE OF WORK:

	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[ ] Rehabilitation	0.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence _____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other _____	0.00
[X] Demolition	300.00

Administrative Surcharge $	0.00
Minimum Fee $	300.00
State Permit Surcharge Fee $	0.00
TOTAL FEE $	300.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 1/11/2024
Control # 00014040

Date Issued 2/7/2024
Permit # 24-348

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: 601 LEHIGH AVE LLC

Tel [redacted] e-mail

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
street municipality zip code

Contractor: P. MAIO CONSTRUCTION Tel. (201) 983-8023

Address 323 NEWTON SWARBWOOD ROAD e-mail ppm423@oal.com
NEWTON, NJ 07860

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed

No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 10,000.00
3. Total (1+ 2) $ 10,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE AND REPLACE FRONT STEPS

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	350.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence ____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 350.00
State Permit Surcharge Fee	$ 19.00
TOTAL FEE	$ 369.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 10/11/2023
Control # 00013397

Date Issued 11/16/2023
Permit # 23-1825

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH AVE LLC

Tel. e-mail

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
street municipality zip code

Contractor: MILE SQUARE ROOFING COMPANY Tel. (201) 525-1901

Address 10 CENTINENTAL DRIVE e-mail Khollis@msrcinc.com
STANHOPE, NJ 07874

Contractor License No. or Builder Registration No. 13VH03714700 Exp. Date 3/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222623778 FAX: (201) 525-1930

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/13/2023
Approved by: JD

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed

No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 1,042,400.00
3. Total (1+ 2) $ 1,042,400.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ROOF - NO TORCH

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	21,748.00
[X] Roofing	0.00
[ ] Siding	0.00
[ ] Fence ____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00
Administrative Surcharge	$ 0.00
Minimum Fee	$ 21,748.00
State Permit Surcharge Fee	$ 1,981.00
TOTAL FEE	$ 23,729.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 12/14/2023
Control # 00013890

Date Issued 12/27/2023
Permit # 23-1825+A

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH AVE LLC

Tel. e-mail

Address 800 SOUTH POINTE DR, MIAMI, FL 33139
street municipality zip code

Contractor: MILE SQUARE ROOFING COMPANY Tel. (201) 525-1901

Address 10 CENTINENTAL DRIVE e-mail Kholis@msrcinc.com
STANHOPE, NJ 07874

Contractor License No. or Builder Registration No. 13VH03714700 Exp. Date 3/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2623778 FAX: (201) 525-1930

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
+A=ADDING NEW EXTERIOR LADDER FOR ROOF ACCESS WITH LOCKABLE DOOR NO TORCH WORK - NO FLAME

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:

		FEE (Office Use Only)
[ ] New Building		$ 0.00
[ ] Addition		0.00
[X] Rehabilitation		70.00
[ ] Roofing		0.00
[ ] Siding		0.00
[ ] Fence ____	Height (exceeds 6')	0.00
[ ] Sign 0	Sq. Ft.	0.00
[ ] Pool		0.00
[ ] Retaining Wall 0	Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8		0.00
[ ] Lead Haz. Abatement NJAC 5:17		0.00
[ ] Radon Remediation		0.00
[ ] Other		0.00
[ ] Demolition		0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 75.00
State Permit Surcharge Fee	$ 4.00
TOTAL FEE	$ 79.00

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed B
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg.	$ 0.00
2. Rehabilitation	$ 1,700.00
3. Total (1+ 2)	$ 1,700.00

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Open

Date Received 4/12/2022
Control # 00008949

Date Issued 6/6/2022
Permit # 22-1038

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: ENTERPRISE REALTY ASSOCIATES LLC

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083
street municipality zip code

Contractor: BK CONSTRUCTION GROUP LLC Tel. (201) 712-5896

Address 250 PEHLE AVE #600 e-mail
YONKERS, NY 10710

Contractor License No. or Builder Registration No. 13VH10516100 Exp. Date 3/31/2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 38-3969709 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 05/03/2022
Approved by: JD

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed

No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 0.00
3. Total (1+ 2) $ 0.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DEMOLISH OFFICE BUILD AND FREEZER ROOM

TYPE OF WORK:

	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[ ] Rehabilitation	0.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence _____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other _____	0.00
[X] Demolition	250.00

Administrative Surcharge $	0.00
Minimum Fee $	250.00
State Permit Surcharge Fee $	0.00
TOTAL FEE $	250.00

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

Closed

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/24/2021
Control # 00006114
Date Issued 8/9/2021
Permit # 21-1342

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: ENTERPRISE REALTY ASSOCIATES LLC

Tel. [redacted] e-mail [redacted]

Address 601 LEHIGH AVE, UNION ,NJ 07083
street municipality zip code

Contractor: A AND J PEREIRA ELECTRICAL Tel. (908) 328-4190

Address 12 COTTAGE LANE e-mail KHALL110@COMCAST.NET
SPRINGFIELD, NJ 07081

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed B

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 07/02/2021
Approved by: DG

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

INSPECTIONS	Dates (Month/Day)			
Type:	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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REMOVE AND REPLACE FIRE PUMP CONTROL PANEL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 0.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
		KW Elec. Range/Receptacle	0.00
		KW Oven/Surface Unit	0.00
		KW Elec. Water Heater	0.00
		KW Elec. Dryer/Receptacle	0.00
		KW Dishwasher	0.00
		HP Garbage Disposal	0.00
		KW Central A/C Unit	0.00
		HP/KW Space Heater/Air Handler	0.00
		KW Baseboard Heat	0.00
1	1	HP Motors 1/+ HP	20.00
		KW Transformer/Generator	0.00
2	100	AMP Service	130.00
		AMP Subpanels	0.00
		AMP Motor Control Center	0.00
		KW Elec. Sign/Outline Light	0.00
			0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 150.00
State Permit Surcharge Fee	$ 3.00
TOTAL FEE	$ 153.00

U.C.C. F120 (rev. 01/21)
Internet version

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

Closed

Date Received 5/24/2021
Control # 00006114

Date Issued 8/9/2021
Permit # 21-1342

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: ENTERPRISE REALTY ASSOCIATES LLC

Tel. (973) 868-1014 e-mail [redacted]

Address 601 LEHIGH AVE, UNION ,NJ 07083

Contractor: INDUSTRIAL VALLEY GAS AND DIESEL (legal) (municipality) Tel. (856) 228-4077 (zip code)

Address 19 BARCLAY DRIVE e-mail KHALL110@COMCAST.NET

TURNERSVILLE, NJ 08012

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 7,000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: DIESEL CONTROL PANEL

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other DIESEL CONTROL PANEL	1	$80.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		80.00
State Permit Surcharge Fee $		14.00
TOTAL FEE $		94.00

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/24/2021
Control # 00006114

Date Issued 8/9/2021
Permit # 21-1342

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: ENTERPRISE REALTY ASSOCIATES LLC

Tel. [redacted] e-mail [redacted]

Address 601 LEHIGH AVE, UNION ,NJ 07083

Contractor: DYNASTY FIRE PROTECTION (street / municipality) Tel. (973) 954-2443 (area code)

Address 88 CORTLAND ST. e-mail KENRIQUEZ@DYNASTYFIRE.CO

BELLEVILLE, NJ 07109

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

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

Fire Alarm Contractor No. Exp. Date 1/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 472781956 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 8,000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: REPLACEMENT JOCKEY PUMP
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	1	$100.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		100.00
State Permit Surcharge Fee $		16.00
TOTAL FEE $		116.00

U.C.C. F140 (rev. 06/23) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/24/2021
Control # 00006114

Date Issued 8/9/2021
Permit # 21-1342

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: ENTERPRISE REALTY ASSOCIATES LLC

Tel. [redacted] e-mail [redacted]

Address 601 LEHIGH AVE, UNION ,NJ 07083
street

Contractor: CITY FIRE EQUIPMENT CO INC municipality Tel. (973) 560-1600 zip code

Address 783 RIDGEDALE AVENUE e-mail SGOPAW@CITYFIRE.COM
EAST HANOVER, NJ 07936

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

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

Fire Alarm Contractor No. 34BF00021200 Exp. Date 1/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX: (800) 509-1619

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 4,100.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: ALARM VALVES
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		100.00
State Permit Surcharge Fee $		8.00
TOTAL FEE $		108.00

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Open

Date Received 4/29/2021
Control # 00005842

Date Issued 5/6/2021
Permit # 21-735

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: ENTERPRISE REALTY ASSOCIATES LLC

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION ,NJ 07083
street municipality zip code

Contractor: CITY FIRE EQUIPMENT CO INC Tel. (973) 560-1600

Address 733 RIDGEDALE AVENUE e-mail
EAST HANOVER, NJ 07936

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

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

Fire Alarm Contractor No. 34BF00021200 Exp. Date 1/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 221733611 FAX: (800) 509-1619

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 2,538.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 04/30/2021
Approved by: JP

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

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 06/23) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: DRY PIPE

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	1	$60.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		60.00
State Permit Surcharge Fee $		5.00
TOTAL FEE $		65.00

Open

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/24/2021
Control # 00006109

Date Issued 6/10/2021
Permit # 21-735+A

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: ENTERPRISE REALTY ASSOCIATES LLC

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION ,NJ 07083

Contractor: CITY FIRE EQUIPMENT CO INC (street / municipality) Tel. (973) 560-1600 (zip code)

Address 733 RIDGEDALE AVENUE e-mail pcoviello@cityfire.com
EAST HANOVER, NJ 07936

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

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

Fire Alarm Contractor No. 34BF00021200 Exp. Date 1/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 221733611 FAX: (800) 509-1619

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 6,400.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 05/24/2021
Approved by: JP

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: ~~A~~= REPLACEADDITIONAL LENGTH OF 6` PIPE

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	6	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	1	$0.00
TOTAL	7	$50.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	2	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		60.00
State Permit Surcharge Fee $		13.00
TOTAL FEE $		73.00

U.C.C. F140 (rev. 06/23) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/1/2012
Control # 213911

Date Issued 4/23/2012
Permit # 12-00622

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH ASSOCIATES, LLC.

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083
street municipality zip code

Contractor: KENTUCKY CABINET Tel. (908) 687-8443

Address 601 LEHIGH AVE. e-mail
UNION, NJ 07083

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 7,000.00
3. Total (1+ 2) $ 7,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SPRAY BOOTH

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	168.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence ____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00

Administrative Surcharge $	0.00
Minimum Fee $	168.00
State Permit Surcharge Fee $	19.00
TOTAL FEE $	187.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 3/1/2012
Control # 213911
Date Issued 4/23/2012
Permit # 12-00622

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: 601 LEHIGH ASSOCIATES, LLC.

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083
street municipality zip code

Contractor: SPARK ELECTRIC Tel. (908) 296-3378

Address 144 W. STEARNS ST. e-mail
RAHWAY, NJ 07065

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 200583297 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

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
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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: WIRING FOR SPRAY BOOTH

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 36.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
		KW Elec. Range/Receptacle	0.00
		KW Oven/Surface Unit	0.00
		KW Elec. Water Heater	0.00
		KW Elec. Dryer/Receptacle	0.00
		KW Dishwasher	0.00
		HP Garbage Disposal	0.00
		KW Central A/C Unit	0.00
		HP/KW Space Heater/Air Handler	0.00
		KW Baseboard Heat	0.00
		HP Motors 1/+ HP	0.00
		KW Transformer/Generator	0.00
		AMP Service	0.00
		AMP Subpanels	0.00
		AMP Motor Control Center	0.00
		KW Elec. Sign/Outline Light	0.00
			0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 46.00
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 46.00

U.C.C. F120 (rev. 01/21)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Closed

Date Received 3/1/2012
Control # 213911

Date Issued 4/23/2012
Permit # 12-00622

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH ASSOCIATES, LLC.

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083

Contractor: MAPLE RIDGE SERVICES, INC. (street / municipality) Tel. (000) 000-0000 (zip code)

Address 179 N. MAPLE AVE. e-mail
BASKING RIDGE, NJ 07920

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 3,300.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK:
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	8	$35.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		35.00
State Permit Surcharge Fee $		0.00
TOTAL FEE $		35.00

U.C.C. F140 (rev. 06/23) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Open

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/8/2015
Control # 651422
Date Issued 12/10/2015
Permit # 15-02567

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: 601 LEHIGH ASSOCIATES, LLC.

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083
street municipality zip code

Contractor: CERTIFIED ELECTRIC Tel. (732) 671-0546

Address 33 BLEVINS AVE e-mail
MIDDLETOWN, NJ 07748

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 27 EMERGENCY EXIT LIGHTS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
27		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 36.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
		KW Elec. Range/Receptacle	0.00
		KW Oven/Surface Unit	0.00
		KW Elec. Water Heater	0.00
		KW Elec. Dryer/Receptacle	0.00
		KW Dishwasher	0.00
		HP Garbage Disposal	0.00
		KW Central A/C Unit	0.00
		HP/KW Space Heater/Air Handler	0.00
		KW Baseboard Heat	0.00
		HP Motors 1/+ HP	0.00
		KW Transformer/Generator	0.00
		AMP Service	0.00
		AMP Subpanels	0.00
		AMP Motor Control Center	0.00
		KW Elec. Sign/Outline Light	0.00
			0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 36.00
State Permit Surcharge Fee	$ 10.00
TOTAL FEE	$ 46.00

U.C.C. F120 (rev. 01/21)
Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Opes

Date Received 1/23/2009
Control #
Date Issued 1/23/2009
Permit # 09-00095

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: 601 LEHIGH ASSOCIATES, LLC.

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083
street municipality zip code

Contractor: AIR GROUP Tel. (800) 545-1020

Address ONE PRINCE RD. e-mail
WHIPPANY, NJ 07981

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 15,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS	Dates (Month/Day)			
Type:	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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 2 NEW HVAC SYSTEM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
2		Receptacles	
		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 36.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
		KW Elec. Range/Receptacle	0.00
		KW Oven/Surface Unit	0.00
		KW Elec. Water Heater	0.00
		KW Elec. Dryer/Receptacle	0.00
		KW Dishwasher	0.00
		HP Garbage Disposal	0.00
		KW Central A/C Unit	0.00
		HP/KW Space Heater/Air Handler	0.00
		KW Baseboard Heat	0.00
		HP Motors 1/+ HP	0.00
		KW Transformer/Generator	0.00
		AMP Service	0.00
		AMP Subpanels	0.00
		AMP Motor Control Center	0.00
		KW Elec. Sign/Outline Light	0.00
			0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 108.00
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 108.00

U.C.C. F120 (rev. 01/21)
Internet version

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

Open

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/23/2009
Control #

Date Issued 1/23/2009
Permit # 09-00095

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH ASSOCIATES, LLC.

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083

Contractor: AIR GROUP (street / municipality) Tel. (800) 545-1020 (zip code)

Address ONE PRINCE RD. e-mail

WHIPPANY, NJ 07981

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 15,000.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: INSTALL 2 HVAC UNITS
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	2	$35.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	2	$80.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		115.00
State Permit Surcharge Fee $		0.00
TOTAL FEE $		115.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Open

Date Received 1/23/2009
Control #

Date Issued 1/23/2009
Permit # 09-00095

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner In Fee: 601 LEHIGH ASSOCIATES, LLC.

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083
street municipality zip code

Contractor: AIR GROUP Tel. (800) 545-1020

Address ONE PRINCE RD. e-mail
WHIPPANY, NJ 07981

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 15,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL 2 HVAC UNITS

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$ 0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
2	Gas Piping	30.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Stacks	0.00
2	Other SEE BELOW	50.00

WARM AIR FURNACES AND HVAC

Administrative Surcharge	$	0.00
Minimum Fee	$	80.00
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	80.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 4/4/2018
Control # 727557

Date Issued 4/11/2018
Permit # 18-00690

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH ASSOCIATES, LLC.

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083
street municipality zip code

Contractor: DINOMITE PLUMBING Tel. (201) 446-7524

Address PO BOX 543 e-mail
ORADELL, NJ 07649

Contractor License No. 11259 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223840218 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE SEWER LINE

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

Administrative Surcharge	$	0.00
Minimum Fee	$	150.00
State Permit Surcharge Fee	$	6.00
TOTAL FEE	$	156.00

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

Closed

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/14/2015
Control # 559002

Date Issued 5/23/2001
Permit # 01-725

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

Block 605 Lot 15 Qualification Code

Work Site Location 601 LEHIGH AVE
UNION TWP, NJ 07083

Owner in Fee: 601 LEHIGH ASSOCIATES, LLC.

Tel. [redacted] e-mail

Address 601 LEHIGH AVE, UNION, NJ 07083

Contractor: 601 LEHIGH ASSOCIATES, LLC. (street / municipality) Tel. (000) 000-0000 (zip code)

Address 601 LEHIGH AVE e-mail

UNION, NJ 07083, NJ

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 0.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK: FIRE - OPEN FACED SPRAY BOOTHS
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		0.00
State Permit Surcharge Fee $		0.00
TOTAL FEE $		0.00

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

NOTICE OF VIOLATION

Township of Union
Building Department
1976 Morris Avenue
Union, NJ 07083

601 LEHIGH AVE LLC
800 SOUTH POINTE DR
MIAMI, FL 33139

Closed

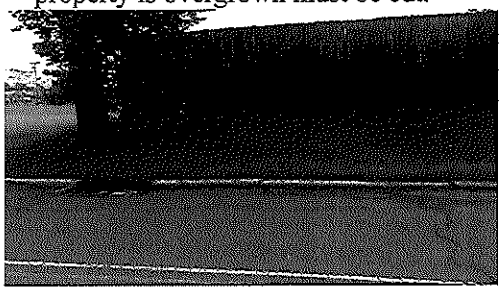
Reference # 2023-04-0722
Notice Date: 04/28/2023

The following orders are issued for correction of violations found upon inspection of the premises located at:

Address: **601 LEHIGH AVE, UNION, NJ 07083**
Block: **605** Lot: **15**
Building Owner: **601 LEHIGH AVE LLC**
Address: **800 SOUTH POINTE DR, MIAMI, FL 33139**

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE THE LISTED DATES BELOW
Failure to comply will result in fines and court appearance.

1) **Inspection Date: 04/28/2023** **Comply Date: 05/08/2023**
440-18 Condition of lot and use of storage trailers
property is overgrown must be cut.



Further details of the cited ordinances can be viewed at www.ecode360.com/uN1023?needHash=true

Township of Union
Housing Inspector
Troy Hutchins

NOTICE OF VIOLATION

Township of Union
Building Department
1976 Morris Avenue
Union, NJ 07083

ENTERPRISE REALTY ASSOCIATES LLC
601 LEHIGH AVE
UNION ,NJ 07083

Summons issued
Closed

Reference # 2021-04-0091
Notice Date: 04/27/2021

The following orders are issued for correction of violations found upon inspection of the premises located at:

Address: **601 LEHIGH AVE, UNION, NJ 07083**
Block: **605** Lot: **15**
Building Owner: **ENTERPRISE REALTY ASSOCIATES LLC**
Address: **601 LEHIGH AVE, UNION ,NJ 07083**

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE THE LISTED DATES BELOW

Failure to comply will result in fines and court appearance.

1) **Inspection Date: 04/27/2021** **Comply Date: 03/23/2021**
170-129. Outdoor storage.
Storage of trucks, trailers, and chassis on property is prohibited.

2) **Inspection Date: 04/27/2021** **Comply Date: 03/23/2021**
170-136.2.1. Certificate of continued occupancy.
Violation of CO--renting parking for trucks and trailers.

Further details of the cited ordinances can be viewed at www.ecode360.com/uN1023?needHash=true

Township of Union
Housing Inspector
Dan Piparo
908-557-5936