



**BUILDING SUBCODE
TECHNICAL SECTION**



Open

Date Received 7/8/2010
Control # 126218
Date Issued 7/16/2010
Permit # 10-01088

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

Block 5212 Lot 11 Qualification Code _____
 Work Site Location 2026 LENTZ AVE
UNION, NJ 07083
 Owner in Fee: GONCALVES, J AND HENRIQUES, M
 Tel. _____ e-mail _____
 Address 790 COLONIAL ARMS RD, UNION, NJ 07083
 Contractor: J.P. GENERAL CONSTRUCTION Tel. (973) 280-3407
 Address 57 LLEWELLYN AVE e-mail _____
WEST ORANGE, NJ 07052
 Contractor License No. or Builder Registration No. 13VH02110000 Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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

No. of Stories 0 If Industrialized Building: State Approved _____ HUD _____

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

Est. Cost of Bldg. Work:

1. New Bldg.	\$	<u>0.00</u>
2. Rehabilitation	\$	<u>4,000.00</u>
3. Total (1+ 2)	\$	<u>4,000.00</u>

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DECK

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign 0 Sq. Ft.
- Pool
- Retaining Wall 0 Sq. Ft.
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other _____
- Demolition

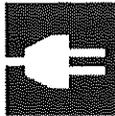
FEE (Office Use Only)

\$	<u>0.00</u>
	<u>0.00</u>

Administrative Surcharge \$	<u>0.00</u>
Minimum Fee \$	<u>96.00</u>
State Permit Surcharge Fee \$	<u>7.00</u>
TOTAL FEE \$	<u>103.00</u>



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Closed

Date Received 6/19/2020
Control # 00003472
Date Issued 7/2/2020
Permit # 20-876

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

Block 5212 Lot 11 Qualification Code _____

Work Site Location 2026 LENTZ AVE
UNION, NJ 07083

Owner in Fee: LAGUERRE, RENETTE

Tel. _____ e-mail _____

Address 2026 LENTZ AVE, UNION, NJ 07083

Contractor: CHARLES K SPARKS EL CONTR INC Tel. (973) 266-1155

Address 41 SANFORD STREET e-mail ckselectric@aol.com
EAST ORANGE, NJ 07017

Contractor License No. 34EB00836500 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 222232786 FAX: 9732661188

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2,600.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	07/16	DG
Date: <u>06/24/2020</u>		Final	_____	_____	_____	_____
Approved by: _____ DG		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____		Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____		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 Elec. Contractor Certif'd Landscape Irrigation Contr' Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 200 AMP SERVICE

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
_____	0	KW Elec. Range/Receptacle	_____ 0.00
_____	0	KW Oven/Surface Unit	_____ 0.00
_____	0	KW Elec. Water Heater	_____ 0.00
_____	0	KW Elec. Dryer/Receptacle	_____ 0.00
_____	0	KW Dishwasher	_____ 0.00
_____	0	HP Garbage Disposal	_____ 0.00
_____	0	KW Central A/C Unit	_____ 0.00
_____	0	HP/KW Space Heater/Air Handler	_____ 0.00
_____	0	KW Baseboard Heat	_____ 0.00
_____	0	HP Motors 1/+ HP	_____ 0.00
_____	0	KW Transformer/Generator	_____ 0.00
1	200	AMP Service	_____ 65.00
_____	0	AMP Subpanels	_____ 0.00
_____	0	AMP Motor Control Center	_____ 0.00
_____	0	KW Elec. Sign/Outline Light	_____ 0.00
_____	0	_____	_____ 0.00

Administrative Surcharge \$	_____ 0.00
Minimum Fee \$	_____ 65.00
State Permit Surcharge Fee \$	_____ 5.00
TOTAL FEE \$	_____ 70.00



**BUILDING SUBCODE
TECHNICAL SECTION**



Closed

Date Received 5/14/2015
Control # 552491
Date Issued 7/27/1999
Permit # 99-1077

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

Block 5212 Lot 11 Qualification Code _____
 Work Site Location 2026 LENTZ AVE
UNION, NJ 07083
 Owner in Fee: GONCALVES, J AND HENRIQUES, M
 Tel. _____ e-mail _____
 Address 790 COLONIAL ARMS RD, UNION, NJ 07083
street municipality zip code
 Contractor: GONCALVES, J AND HENRIQUES, M Tel. _____
 Address 790 COLONIAL ARMS RD 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	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Frame	_____	_____	_____	_____
Joint Plan Review Required:			Truss Sys./Bracing	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Insulation	_____	_____	_____	_____
Date: _____			Finishes -Base Layer	_____	_____	_____	_____
Approved by: _____			Finishes -Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3 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
 BLDG - ROOF

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ 0 _____ Sq. Ft.
- Pool
- Retaining Wall _____ 0 _____ Sq. Ft.
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00

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

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