Date Issue03/09/01 Control # Permit #01-034

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 9	Lot 5	Qual		
Work Site Location <u>14 CR</u>	ANBURY STATION/HGHTSWN	Contractor		
		Address		
Owner in FeaOBERT A. DE	 			
Address		Telephone()		
		Lic. No. or Bldrs. Reg	. No	
Telephone)		Federal Emp. No		
Is hereby granted permi	ssion to perform the follo	owing work:	PAYMENTS (Office	Use Only)
[X] BUILDING	[] PLUMBING [] ASBESTO	S ABATEMENTChapter 8 onl	lyB)uilding	40
[] ELECTRICAL	[] FIRE PROTECTIONEAD HA	ZARD ABATEMENT	Electrical	0
[] ELEVATOR DEVICES	[] MECHANICAI[] DEMOLIT	ION	Plumbing	0
	[] OTHER		Fire Protection_	0
DESCRIPTION OF WORK:			Mechanical	0
			Elevator Devices	0
VINYL SIDING - TAN			Other	
			DCA State Permit	Fee 3
			Cert. of Occupan	cy 0
NOTE: If construction d	loes not commence within or	ne (1) year of date of i	.s @tiher e,	
or if construction ceas	es for a period of six (6)) months, this permit is	Totall	43
			Check No.	3396
Estimated Cost of Work	\$4,000		Cash	
			Collected By	
	03/09/01	<u>L</u>		

Date

U.C.C. F170 (rev. 3/96)

Construction Official

Total Land Area Disturbed 0 Sq.[F]t.HUD

UCC NEW JERSEY BUILDING SUBCODE TECHNICAL SECTION

Date Receiv@d/09/01
Date Issued03/09/01
Control #
Permit #01-034

CONTRACTORS, NOT	PIFY THIS OFFICE. CALL	UTILITY DIG NO: 1-800-272-	1100Mereby certify th	nat I am the (agent o	of) owner
-			of record and am au	thorized to make thi	s application.
Work Site Locati	Loan CRANBURY STATION/HGE	TSWN			
Owner in FeBOBER	RT A. DEBAUN, JR.		Signature		
Address					
			D. TECHNICAL SITE)ATA	
Tel.()			DESCRIPTION OF WORK	τ	
Contractor					
Address			VINYL SIDING - TAN		
			TYPE OF WORK		FEE (Office Use On
					\$0
Federal Emp. No.			[] Addition		0
			[X] Rehabilitation		40
	_	Dates (Month/Day)	[] Roofing		0
		ailureFailureApprovaInitial			0
				Height (
		d		Sq. Ft.	0
			_		0
[] Struct/Frame			_ [] Pool - In G	round	0
	Frame		=	oatement Subchapter 8	0
				Abatement NJAC 5:17	0
Joint Plan Revie	ew Required: BarrierFre	<u>e</u>			
	_				
SUBCODE APPR - P	PERM [] E fe wishes-B <u>a</u>	s	Other		0
Date:	<u>Fini</u> shes-F <u>i</u>	n	_ []		0
Approved By:	<u>Energy</u>		_ []		0
SUBCODE APPR - C	ERTIF Mechanical_		_ []		0
[] co [] cco	[] CA TCO		[]		0
Date:	Other		_ []		0
Approved By:	Final		_ []		0
	BarrierFr <u>e</u>	e	[]		0
B. BUILDING CHAR	RACTERISTICS		[]		0
Use Group Prese	entR-3 ProposedR-3	Est. Cost of Bldg. Work	x:[] Demolition		0
		1. New Bldg. \$0			
No. of Stories	0	2. Alteration \$4,000		Administrative Surch	na \$ g <u>e</u> 0
Height of Struct	cure0	Et. Total (1+2)\$4,000	Paid X[] Check 3#396	Mi	in\$m <u>um Fee</u> 0
Area Largest Flo	oor0	Sq. Ft.	Collected by KJ		TOTAL FEE 40
New Bldg. Area/A	all Floors 0	Sq.InRdustrialized Build	ing:		
Volume of New St	ructure0	Cu.[F]t.State Approved	s	tate Permit Surcharge	e \$Fe <u>e</u> 3

Date Issue03/06/98 Control # Permit #98-194

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 9	Lot 5	Qual		
Work Site Location <u>14 CR</u>	ANBURY STATION/HGHTSWN	Contractor		
		Address		
Owner in Fe&OBERT A. DE	BAUN, JR.			
Address		Telephone()		
		Lic. No. or Bldrs. Reg	. No	
Telephone()		Federal Emp. No		
Is hereby granted permi	ssion to perform the follow	owing work:	PAYMENTS (Office	Use Only)
[X] BUILDING	[] PLUMBING [] ASBESTO	S ABATE MENI Chapter 8 on	lyBuilding	56
[] ELECTRICAL	[] FIRE PROTECTIONEAD HA	ZARD ABATEMENT	Electrical	0
[] ELEVATOR DEVICES	[] MECHANICAL[] DEMOLIT	ION	Plumbing	0
	[] OTHER		Fire Protection_	0
DESCRIPTION OF WORK:			Mechanical	0
			Elevator Devices	0
			Other	
			DCA State Permit	Fee 3
			Cert. of Occupan	су 0
NOTE: If construction d	loes not commence within or	ne (1) year of date of i	s Sther e,	
or if construction ceas	es for a period of six (6) months, this permit is	· Totall	59
			Check No	2301
Estimated Cost of Work	\$3,500		Cash	
			Collected By	
	08/06/98	3		

Date

U.C.C. F170 (rev. 3/96)

Construction Official

Total Land Area Disturbed 0 Sq.[F]t.HUD

UCC NEW JERSEY BUILDING SUBCODE TECHNICAL SECTION

Date Receiv@d/06/98
Date Issued08/06/98
Control #
Permit #98-194

A. IDENTIFICATION-APPLICA	NT: COMPLETE ALL APPLICABLE INFORMATION	.CWHENRICHANGANICON IN LIEU OF OATH	
CONTRACTORS, NOTIFY THIS	OFFICE. CALL UTILITY DIG NO: 1-800-272-	1100Mereby certify that I am the (ager	nt of) owner
Block 9 Lot 5	Qual	of record and am authorized to make	this application.
Work Site Locatilen <u>CRANBUR</u>	Y STATION/HGHTSWN		
Owner in FeBOBERT A. DEBA	JN, JR.	Signature	
Address			
		D. TECHNICAL SITE DATA	
Tel.()		DESCRIPTION OF WORK	
Contractor			
Address			
Tel.()Fax ()_	TYPE OF WORK	FEE (Office Use On
Lic. No. or Bldrs. Reg. No.	o	[] New Building	\$0
Federal Emp. No		[] Addition	0
		[X] Rehabilitation	56
JOB SUMMARY (Office Use O	nl動NSPECTIONS Dates (Month/Day)	[] Roofing	0
PLAN REVIEW Date Initial	l Type: Failur&ailur&pprovaInitial	L [] Siding	0
[] No Plans Req	Footing	[] Fence 0 Heigh	ht (exceeds 6') 0
[] All	Footing Bond	[] Sign <u>0</u> Sq. I	Ft. 0
[] Foot/Found	Foundation	[] Pool - Above Ground	0
[] Struct/Frame	Slab	[] Pool - In Ground	0
[] Exterior	Frame	[] Asbestos Abatement Subchapte	er 80
[] Interior	Truss/Brac	[] Lead Haz. Abatement NJAC 5:1	170
Joint Plan Review Required	d: BarrierFr <u>ee</u>	[] Other	0
[] Elect [] Plumb []	Fimeulation	Other	0
SUBCODE APPR - PERM []	E Fėw ishes-B <u>as</u>	Other	0
Date:	Finishes-Fin	[<u>1</u>	0
Approved By:	Energy	[<u>1</u>	0
SUBCODE APPR - CERTIF	Mechanical	[<u>1</u>	0
[] CO [] CCO [] CA	TCO	_ [<u>1</u>	0
Date:	Other	[]	0
Approved By:	Final	[]	0
	BarrierFree	[]	0
B. BUILDING CHARACTERISTIC	CS	t <u>1</u>	0
Use Group PresentR-3 Pr	oposedk-3 Est. Cost of Bldg. Work	::[] Demolition	0
Constr. ClaBsesent Pr	oposed1. New Bldg. \$0		
No. of Stories	0 2. Alteration \$ 3,500	Administrative Su	urcha \$ g <u>e</u> 0
Height of Structure	0 Et. Total (1+2)\$ 3,500	Paid X[] Check 2#301	Min\$mum Fee 0
		Collected by KW	TOTAL FEE 56
New Bldg. Area/All Floors	0 Sq.ImRdustrialized Buildi	ing:	
Volume of New Structure	0 Cu.[F]t.State Approved	State Permit Surch	arge \$Fee 3

Date Issue0d5/16/21 Control # Permit #21-189

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 23	Lot_110	Qual	
Work Site Location14 CRANBURY	NECK ROAD	Contractor POOL TO	WIN
		Address5500 US HWY.	9 SOUTH
Owner in FeBUONAVOLONTA, JOE		HOWELL, NJ 0	7731-
Address 14 CRANBURY NECK	ROAD	Telephone732 901-907	1
CRANBURY, NJ 0851:	2-	Lic. No. or Bldrs.	Reg. No
Telephone732 896-7750		Federal Emp. N@2-27	63004
Is hereby granted permission	to perform the f	following work:	PAYMENTS (Office Use Only)
[X] BUILDING X []	PLUMBING [] ASBE	ESTOS ABATE MEN® chapter 8	onlyBuilding75
[X] ELECTRICAL [] 1	FIRE PROTECTIONEAL	HAZARD ABATEMENT	Electrical 53
[] ELEVATOR DEVICES [] !	MECHANICAL[] DEMO	OLITION	Plumbing 40
	[] OTHE	ER	Fire Protection 0
DESCRIPTION OF WORK:			Mechanical 0
INGROUND POOL			Elevator Devices0
			Other_
			DCA State Permit Fee97
			Cert. of Occupancy 0
NOTE: If construction does no	ot commence withi	n one (1) year of date on	of is Gther e,
or if construction ceases for	r a period of six	(6) months, this permit	t is Total 265
			Check No. 101
Estimated Cost of Work \$ 51	,050		Cash
			Collected By KW
	06/1	6/21	
Construction Official	Date		

U.C.C. F170 (rev. 3/96)

UCC NEW JERSEY BUILDING SUBCODE TECHNICAL SECTION

Date Receiv@6/07/21 Date Issued06/16/21 Control # Permit #21-189

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTIL	ITY DIG NO: 1-800-272-	110010ereby c	ertify that I am the	(agent of) owner	
Block23 Lot 110 Qual		of record	and am authorized to m	make this application	ı.
Work Site Locatildin CRANBURY NECK ROAD			<u></u>		
Owner in FeBUONAVOLONTA, JOE		Signature			_
Address14 CRANBURY NECK ROAD					
CRANBURY, NJ 08512-		D. TECHNIC	CAL SITE DATA		
Tel.7(32 8)96-7750		DESCRIPTIO	N OF WORK		
ContractoROOL TOWN		INGROUND P	OOL		
Address5500 US HWY. 9 SOUTH					
HOWELL, NJ 07731-					
Tel.7(32 9)01-9071 Fax () -		TYPE OF WO	RK	FEE (Offic	e Use On
Lic. No. or Bldrs. Reg. No		[] New Bu	<u>iildi</u> ng	\$	0
Federal Emp. N22-2763004		[] Additi	.on		0
		[X] Rehabi	.litation		0
JOB SUMMARY (Office Use Onlynspections	Dates (Month/Day)	[] Ro	oofing		0
PLAN REVIEW Date Initial Type: Failu	reFailureApprovaInitial	[] Si	ding.		0
[] No Plans Req Footing		[] Fe	ence 0 I	Height (exceeds 6')	0
[] All Footing Bond		[] Si	.gn <u>0</u> .g	Sq. Ft.	0
[] Foot/Found Foundation		[] Po	ool - Above Ground		0
[] Struct/Frame Slab		[X] Po	ool - In Ground		75
[] Exterior Frame		[] As	bestos Abatement Subch	hapter 8	0
[] Interior Truss/Brac		[] Le	ead Haz. Abatement NJAC	C 5:17	0
Joint Plan Review Required: BarrierFree		[] Ot	ther		0
[] Elect [] Plumb [] Fineulation		_ Ot	ther		0
SUBCODE APPR - PERM [] EFèwishes-Bas		_ Ot	ther		0
Date: Finishes-Fin		[]			0
Approved By: Energy		[]			0
SUBCODE APPR - CERTIF Mechanical		[]			0
[] CO [] CA TCO		[]			0
Date: Other		[]			0
Approved By: Final		[]			0
BarrierFree		[]			0
B. BUILDING CHARACTERISTICS		[]			0
Use Group PresentR-5 ProposedR-5 E	Est. Cost of Bldg. Work	::[] Demoli	tion		0
Constr. ClaBmesent Proposed 1	1. New Bldg. \$ <u>0</u>				
No. of Stories 0	2. Alteration \$ 50,000		Administrativ	ve Surcha f g <u>e</u>	0
Height of Structure 0 E	t. Total (1+2)\$ 50,000	Paid X[] C	:heck #01	Min\$mum Fee	0
Area Largest Floor 0 S	q. Ft.	Collected	by KW_	TOTAL FEE	75
New Bldg. Area/All Floors0 S	q.ImRdustrialized Buildi	ing:			
Volume of New Structure 0 C	u.[F]t.State Approved		State Permit S	Surcharge \$ ee	95
Total Land Area Disturbed 0 S	q.[F]t.HUD			U.C.C. F110	(rev. 11/0

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Receiv@6/07/21
Date Issued06/16/21
Control #
Permit #21-189

CONTRACTORS. NOTIFY THIS OFFICE. DO UTILITY DIG NO: 1-800-272-1000	QTY ITEM		QTY ITEM	
lock23 Lot 110 Qual	0_Lighti	ng Fixtures	0 Motors-Fract HP	
ork Site Locatiken CRANBURY NECK ROAD	1 Recept	acles	0 Emergency & Exit	Lights
	2 Switch	es -	0 Communications Po	ints
wner in FeBUONAVOLONTA, JOE	0 Detect	ors	0 Alarm Devices/F.A	C. Panel
ddress14 CRANBURY NECK ROAD	0 Light	Poles		
CRANBURY, NJ 08512-	QTY SIZE	ITEM	FEE (Offic	e Use Only
el (732)896-7750	3	Total Qty: 1	Fixt/Recept/M <u>isc</u>	33
ontractor.P. HARE ELECTRIC, LLC	1	Pool Permit	with UW Lights	10
ddress436 CEDAR DRIVE	0	Storable Poo	ol/Spa/Hot Tub	0
LANOKA HARBOR, NJ 08734-	0 0	KW Elect Ra	nge/Receptacl <u>e</u>	0
el.7 <u>(32 6)</u> 08-3811	0 0	KW Oven/Sur	face Unit	0
nic. No. or Bldrs. Reg.16020	0 0	_ KW Elect Wa	ter Heater	0
ederal Emp. N26-0684107	0 0	_ KW Elect Dry	yer/Receptacl <u>e</u>	0
	0 0	KW Dishwash	er	0
. ELECTRICAL CHARACTERISTICS	0 0	HP Garbage I	Disposal	0
se GroupPresentR-5 ProposedR-5	0 0	KW Central A	A/C Unit	0
] Pole/Pad # [] Temporary [] Other	0 0	_ HP/KW Space	Heater/Air Handler	0
uilding Occupied as Utility Co	0 0	_ KW Baseboard	d Heat	0
stimated Cost of Electrical Work, \$00	0 0	HP Motors 1	/+ нр	0
	0 0	KW Transform	mer/Generator	0
OB SUMMARY (Office Use On Description Dates (Month/Day)	0 0	AMP Service		0
LAN REVIEW Type FailureFailureApprovaInitial	0 0	AMP Subpane		0
] No Plans Required Rough	0 0	AMP Motor Co	ontrol Center	0
] Partial -Underslab Util RaprierFr	0 0	KW Elect Sig	gn/Outline Light	0
Date: Appr by: Trench		Other 1-2HP	MOTORS	10
] Elect Plans Approved Temp Serv		Other		0
Date: Appr by: Const Serv		Other		0
oint Plan Review Required:TCO	[]			0
] Build [] Plumb [] F@rber				0
UBCODE APPR - PERM [] EService				
Date: Appr by: Final	[][0
UBCODE APPR - CERTIF BarrierFr				
CO [] CCO [] CA Temp. Cut-in-Card Date Issued				
Date:Appr by:Final Cut-in-Card Date Issued				
AnnPoolIns				0
Date of Gnd/Bond Certification				
. CERTIFICATION IN LIEU OF OATH		Administ	rative Surcharge	0
hereby certify that I am the (agent of) owner of record and am au	ahohi [z d d Chec	k1 # 1	Misimum Fee	0
to make this application and perform the work listed on this appli $oldsymbol{c}$			SOTAL FEE	53
-	_		State Permit\$Fee	2
			· · · · · · · · · · · · · · · · · · ·	

Signature/Contractor Seal

UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

Date Receiv@6/07/21 Date Issued06/16/21 Control # Permit #21-189

			DCA State Permi	t\$ Fee	0
to make this application and perform the work listed on this appli				OTAL FEE	40
I hereby certify that I am the (agent of) owner of record and am a	uPtabiodr:	i%ze] d Cl	heck 1#01 Mi	\$imum Fee	24
C. CERTIFICATION IN LIEU OF OATH			Administrative Surc	narge_	0
DateAppt Dyfinat	r J.				<u> </u>
Date: Appr by: Final	•				0
SUBCODE APPR - CERTIF Solar					0
Date: Appr by: FuelOil Pip SUBCODE APPR - CERTIF Solar					
SUBCODE APPR - PERM [] ELBGas Tank	•				0
[] Build [] Elect [] FGme Piping					0
Joint Plan Review Required:Gas Equip					0
Date: Appr by: Fixtures					0
					-
[] Plumb Plans Approved Sewer			Other Other		0
Date: Appr by: Water					0
[] Partial -Underslab UtilRapph			Other 2 MAIN DRAIN		16
[] No Plans Required Slab		0	Stacks		0
PLAN REVIEW Type FailureFailureApprovaInitial		0	Water Service Connection		_
JOB SUMMARY (Office Use OnDNSPECTIONS Dates (Month/Day)		0	Sewer Connection		0
		0	Greasetrap		0
Estimated Cost of Plumbing Work \$50		0	Backflow Preventer		0
Water Sewer Size [] Public Water [] Private Wel:		0	Interceptor / Separator		_
Building Sewer Size [] Public Sewer [] Private Sep	tic		Sewer Pump		0
Use Group - Present5 Proposed		0	Hot Water Boiler		0
B. PLUMBING CHARACTERISTICS		0	Steam Boiler		0
-		0	Gas Piping		0
Federal Emp. N22-2763004		0	Fuel Oil Piping		0
Lic. No. or Bldrs. Reg. No		0	Water Heater		0
Tel.7(32 9)01-9071 Fax () -		0	Hose Bibb		0
HOWELL, NJ 07731-		0	Washing Machine		0
Address500 US HWY. 9 SOUTH		0	Drinking Fountain		0
ContractorPOOL TOWN		0	Dishwasher		0
Tel.7(32 8)96-7750		0	Sink		0
CRANBURY, NJ 08512-		0	Floor Drain	-	0
Address14 CRANBURY NECK ROAD		0	Shower	-	0
Owner in FeBUONAVOLONTA, JOE		0	Lavatory		0
HOLK DICE BOOK BALL ON HOLD		0	Bath Tub		0
Work Site Locatile CRANBURY NECK ROAD		0	Urinal / Bidet		0
Block23 Lot 110 Qual	Q.	TY O	FIXTURE/EQUIPMENT Water Closet	FEE (Office	0
CONTRACTORS. NOTIFY THIS OFFICE. DO UTILITY DIG NO: 1-800-272-1000					

Signature/Contractor Seal

Update IssueOT/27/18
Control #
Permit # 17-258+A
Permit IssueOt8/02/17

UCC NEW JERSEY PERMIT UPDATE

DENTIFICATION BLOCK 23 LOT_	Qual	
Nork Site Location14 CRANBURY NECK ROP	AD Contractor RFQ TES	STING SERVICES
	Address14 DOWNING	PLACE
owner in FeBUONAVOLONTA, JOE	HARRINGTON I	PARK, NJ 07640-
Address 14 CRANBURY NECK ROAD	Telephone201 314-40	09
CRANBURY, NJ 08512-	Lic. No. or Bldrs.	Reg.40Wb7
Celephone732 }96-7750	Federal Emp. No1-3	694756
s hereby granted permission to perfo	rm the following work:	PAYMENTS (Office Use Only)
[] BUILDING X [] PLUMBING	[] ASBESTOS ABATEMENTSchapter 8	B onlyBuilding0
[] ELECTRICAL [] FIRE PROT	ECTIONEAD HAZARD ABATEMENT	Electrical 0
[] ELEVATOR DEVICES [] MECHANICA	I[] DEMOLITION	Plumbing 50
	[] OTHER	Fire Protection 0
DESCRIPTION OF WORK:		Mechanical 0
ANNUAL BACKFLOW TESTING (1)		Elevator Devices 0
		Other
		DCA State Permit Fee 1
		Cert. of Occupancy 0
		Other
		Total 51
		Check No. 7038
Sstimated Cost of Work \$ 150		Cash_
·		Collected By KW
	07/27/18	<u> </u>
Construction Official	Date	

U.C.C. F190 (rev. 3/96)

в

UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

Date Receiv@70/24/18 Date Issued07/27/18 Control # Permit #17-258+A

Block23	ory 0 r 0 Drain 0 asher 0 ing Fountain 0 ng Machine 0 Bibb 0 Heater 0 Oil Piping 0 tiping 0
Work Site Locatids CRANBURY NECK ROAD 0 Urina 0 Bath 0 Bath 0 Common in Februonavolonta, JOE 0 Lavat Addressl4 CRANBURY NECK ROAD 0 Showe CRANBURY, NJ 08512- 0 Floor Tel.762 896-7750 0 Sink Contractorsports Testing Services 0 Dishw Addressl4 DOWNING FLACE 0 Drink HARRINGTON PARK, NJ 07640- 0 Washi Tel.201 384-4009 Fax () - 0 Hose Lic. No. or Bldrs. Reg40sso. 0 Water Federal Emp. Nb1-3694756 0 Full Use Group - Presents 0 Gas P B. PLUMBING CHARACTERISTICS 0 Steam Use Group - Presents PResposed 0 Hot W Building Sewer Size [] Public Sewer [] Private Septic 0 Sewer Water Sewer Size [] Public Water [] Private Well 0 Interestinated Cost of Plumbing Work \$50 0 Backf JOB SUMM	1 / Bidet 0 Tub 0 ory 0 ory 0 Tr 0 Drain 0 orgasher 0 ing Fountain 0 mg Machine 0 Bibb 0 Heater 0 Oil Piping 0
Owner in FeBUONAVOLONTA, JOE	Tub 0 ory 0 or 0 Tub 0 ory 0 or 0 Tub 0 Tu
Owner in FeBUONAVOLONTA, JOE	ory 0 or 0 Drain 0 easher 0 ing Fountain 0 ng Machine 0 Bibb 0 Heater 0 Oil Piping 0 tiping 0
Addressi4 CRANBURY NECK ROAD CRANBURY, NJ 08512- Tel.732 896-7750 0 Sink ContractorFQ TESTING SERVICES 0 Dishw Addressi4 DOWNING PLACE 0 Drink HARRINGTON PARK, NJ 07640- 10 Hose: Tel.201 3R4-4009 Fax () - 0 Washi: Tel.201 3R4-4009 Fax () - 0 Water Federal Emp. Nbl-3694756 0 Fuel of Gas P B. PLUMBING CHARACTERISTICS 0 Gas P B. PLUMBING CHARACTERISTICS Use Group - Present5 Proposed Use Group - Present5 Proposed	0 0 0 0 0 0 0 0 0 0
Tel.7G2 896-7750 0 Sink ContractorFQ TESTING SERVICES 0 Dishw. Address[4 DOWNING PLACE 0 Drink HARRINGTON PARK, NJ 07640- 0 Washi: Tel.201 3R4-4009 Fax () - 0 Washi: Tel.201 3R4-4009 Fax () - 0 Washi: Federal Emp. Nbl-3694756 0 Fuel of Gas P B. PLUMBING CHARACTERISTICS 0 Sewer B. PLUMBING CHARACTERISTICS 0 Steam Use Group - Present5 PRoposed 0 Hot W. Building Sewer Size [] Public Sewer [] Private Septic 0 Sewer Water Sewer Size [] Public Water [] Private Well 0 Inter- Estimated Cost of Plumbing Work \$50 0 Backf JOB SUMMARY (Office Use OnDespections Dates (Month/Day) 0 Sewer PLAN REVIEW Type FailureFailureApprovaInitial 0 Water [] No Plans Required Slab 0 Stack [] Partial -Underslab UtilRappir Other Date: Appr by: Water 0 Other Date: Appr by: Fixtures [] Joint Plan Review Required: Gas Equip []	Drain
Tel.762 896-7750	0 asher 0 ing Fountain 0 ng Machine 0 Bibb 0 Heater 0 Oil Piping 0
Dishw Address14 DOWNING PLACE	asher 0 ing Fountain 0 ng Machine 0 Bibb 0 Heater 0 Oil Piping 0 Tiping 0
Address14 DOWNING PLACE 0 Drink HARRINGTON PARK, NJ 07640- 0 Washi Tel.2013L4-4009 Fax () - 0 Water Lic. No. or Bldrs. Reg40476. 0 Water Federal Emp. Nb1-3694756 0 Fuel of Gas P. B. PLUMBING CHARACTERISTICS 0 Gas P. B. PLUMBING CHARACTERISTICS 0 Steam Use Group - Presents Profosed 0 Hot W. Building Sewer Size [] Public Sewer [] Private Septic 0 Sewer Water Sewer Size [] Public Water [] Private Well 0 Inter- Estimated Cost of Plumbing Work \$50 0 Backf. JOB SUMMARY (Office Use Oningpections Dates (Month/Day) 0 Sewer PLAN REVIEW Type FailureFailureApprovalinitial 0 Water [] No Plans Required Slab 0 Stack. [] Partial -Underslab UtilRappin 0 Other Date: Appr by: Water 0 Other Date: Appr by: Fixtures [] Joint Plan Review Required: Gas Equip []	ing Fountain 0 ng Machine 0 Bibb 0 Heater 0 Oil Piping 0
HARRINGTON PARK, NJ 07640-	ng Machine 0 Bibb 0 Heater 0 Oil Piping 0 tiping 0
Tel 201 314-4009 Fax () -	Bibb 0 Heater 0 Oil Piping 0
Lic. No. or Bldrs. Reg40#6.	Heater
Federal Emp. Nb1-3694756 0 Fuel or	Oil Piping 0 iping 0
B. PLUMBING CHARACTERISTICS	riping 0
B. PLUMBING CHARACTERISTICS	
Use Group - Presements	Roilor
Building Sewer Size	
Water Sewer Size [] Public Water [] Private Well 0 Interception Estimated Cost of Plumbing Work \$50 0 Backf.	ater Boiler 0
Estimated Cost of Plumbing Work \$50	Pump 0
0 Grease JOB SUMMARY (Office Use OnTMSPECTIONS Dates (Month/Day) 0 Sewer PLAN REVIEW Type FailureFailureApprovalInitial 0 Water No Plans Required Slab 0 Stack Partial -Underslab UtilRapph Other Date: Appr by: Water Other Plumb Plans Approved Sewer Other Date: Appr by: Fixtures [] Joint Plan Review Required: Gas Equip []	ceptor / Separator0
JOB SUMMARY (Office Use On INSPECTIONS Dates (Month/Day) 0 Sewer PLAN REVIEW Type Failure Failure Approval Initial 0 Water [] No Plans Required Slab 0 Stack [] Partial - Underslab Util Rapper Other Date: Appr by: Water Other [] Plumb Plans Approved Sewer Other Date: Appr by: Fixtures [] Joint Plan Review Required: Gas Equip []	low Preventer 0
PLAN REVIEW Type FailureFailureApprovalInitial 0 Water [] No Plans Required Slab 0 Stack [] Partial -Underslab UtilRapph Other Date:Appr by:Water Other [] Plumb Plans Approved Sewer Other Date:Appr by:Fixtures [] Joint Plan Review Required: Gas Equip []	etrap0
[] No Plans Required Slab	Connection 0
[] Partial -Underslab UtilRapph Other Date:Appr by:Water Other [] Plumb Plans Approved SewerOther Other Date:Appr by:Fixtures[] [] Joint Plan Review Required: Gas Equip[] []	Service Connection 0
Date: Appr by: Water Other [] Plumb Plans Approved Sewer Other Date: Appr by: Fixtures [] Joint Plan Review Required: Gas Equip []	0
[] Plumb Plans Approved Sewer Other Date: Appr by: Fixtures [] Joint Plan Review Required: Gas Equip []	BACKFLOW TES 50
Date: Appr by: Fixtures [] Joint Plan Review Required: Gas Equip []	0
Joint Plan Review Required:Gas Equip []	0
	0
[] Puild [] Floot [] Fire Diving	0
[] Bulld [] Elect [] reae Fibing []	0
SUBCODE APPR - PERM [] ElleGas Tank []	0
Date:Appr by:FuelOil Pip []	0
SUBCODE APPR - CERTIF Solar []	0
[] CO [] CCO [] CA TCO []	0
Date:Appr by:Final []	0
C. CERTIFICATION IN LIEU OF CATH	
	Administrativo Cunchanco
I hereby certify that I am the (agent of) owner of record and am auPahiodru % zejd Check #03_ to make this application and perform the work listed on this application and perform the work listed on this application.	Administrative Surcharge 0 8 Misimum Fee 0

Signature/Contractor Seal

DCA State Permit\$Fee

Date Issue08/02/17 Control # Permit #17-258

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 23	Lot_110	Qual	
Work Site Location <u>14 CRANB</u>	URY NECK ROAD	Contractor FANA REM	ODELING, INC.
		Address1612 REED ROA	D
Owner in FeBUONAVOLONTA, 3	JOE	PENNINGTON, N	J 0853 4 -
Address 14 CRANBURY NEG	CK ROAD	Telephone609 #77-2855	j
CRANBURY, NJ 08	3512-	Lic. No. or Bldrs. R	eg. No
Telephone732 896-7750		Federal Emp. N52-237	1818
Is hereby granted permissi	ion to perform the fol	lowing work:	PAYMENTS (Office Use Only)
[X] BUILDING [] PLUMBING [] ASBEST	IOS ABATE MENB chapter 8	onlyBuilding 40
[] ELECTRICAL [] FIRE PROTECTIONEAD I	HAZARD ABATEMENT	Electrical 0
[] ELEVATOR DEVICES [] MECHANICAI[] DEMOL	ITION	Plumbing 0
	[] OTHER_		Fire Protection 0
DESCRIPTION OF WORK:			Mechanical 0
REMOVE ROOFING AND REPLACE	CE		Elevator Devices0
			Other_
			DCA State Permit Fee15
			Cert. of Occupancy 0
NOTE: If construction does	s not commence within	one (1) year of date of	fis Gther e,
or if construction ceases	for a period of six ((6) months, this permit	is Total 55
			Check No. 2713
Estimated Cost of Work \$	8,000		Cash
			Collected By KW
	08/02/	17	
Construction Official	Date		

U.C.C. F170 (rev. 3/96)

Total Land Area Disturbed 0 Sq.[F]t.HUD

UCC NEW JERSEY BUILDING SUBCODE TECHNICAL SECTION

Date Receiv@d/13/17
Date Issued08/02/17
Control #
Permit #17-258

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO:		
	of record and am authorized	
Work Site Locatiles CRANBURY NECK ROAD	or record and an authorized	to make this application.
Owner in FeBUONAVOLONTA, JOE	Signature	
Address14 CRANBURY NECK ROAD		
CRANBURY, NJ 08512-	D. TECHNICAL SITE DATA	
Tel.7(32 8)96-7750	DESCRIPTION OF WORK	
ContractoFANA REMODELING, INC.	REMOVE ROOFING AND REPLACE	
Address1612 REED ROAD		
PENNINGTON, NJ 08534-		
Tel.6(09 4)77-2855 Fax () -	TYPE OF WORK	FEE (Office Use On
Lic. No. or Bldrs. Reg. No	[] New Building	\$0
Federal Emp. N52-2371818	[] Addition	0
	[X] Rehabilitation	0
JOB SUMMARY (Office Use OnlyNSPECTIONS Dates (Mon	nth/Day) [X] Roofing	40
PLAN REVIEW Date Initial Type: FailureFailureApp	provaInitial [] Siding	0
[] No Plans Req Footing	[] Fence <u>0</u>	Height (exceeds 6') 0
[] All Footing Bond	[] Sign0	Sq. Ft0
[] Foot/Found Foundation	[] Pool - Above Ground	0
[] Struct/Frame Slab	[] Pool - In Ground	0
[] Exterior Frame	[] Asbestos Abatement S	ubchapter 80
[] Interior Truss/Brac	[] Lead Haz. Abatement 1	NJAC 5:170
Joint Plan Review Required: BarrierFree	[] Other	0
[] Elect [] Plumb [] Fineulation	Other	0
SUBCODE APPR - PERM [] Eftewishes-Bas	Other	0
Date: Finishes-Fin		0
Approved By: Energy	[]	0
SUBCODE APPR - CERTIF Mechanical	[<u>]</u>	0
[] CO [] CA TCO	[<u>]</u>	0
Date: Other	[]	0
Approved By: Final	[<u>1</u>	0
BarrierFree	[<u>]</u>	0
B. BUILDING CHARACTERISTICS	[]	0
Use Group PresentR-5 ProposedR-5 Est. Cost of	f Bldg. Work:[] Demolition	0
Constr. ClaBmesent Proposed 1. New Bldg	. \$0	
No. of Stories 0 2. Alteration	on \$ 8,000 Administra	ative Surcha \$ g <u>e</u> 0
Height of Structure 0 Ft. Total (1-	+2)\$ 8,000 Paid X[] Check 2#713	Min\$mum Fee 0
Area Largest Floor0 Sq. Ft.	Collected by KW	TOTAL FEE 40
New Bldg. Area/All Floors 0 Sq.ImRdustria	lized Building:	
Volume of New Structure 0 Cu.[F]t.State	Approved State Permi	t Surcharge \$Fee 15

Date Issue0d8/19/08 Control # Permit #08-236

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 23	Lot_110	Qual		
Work Site Location <u>14 CRA</u>	NBURY NECK ROAD	Contractor CLOVE	R ELECTRIC SERVICE	
		AddressPO BOX 330)	
Owner in FeBUONAVOLONTA	, JOE	SPOTSWOOD	, NJ 08884-	
Address 14 CRANBURY 1	NECK ROAD	Telephone732 #16-	0126	
CRANBURY, NJ	08512-	Lic. No. or Bldrs	s. Reg.9 W 21	
Telephone732 396-7750		Federal Emp. N26-	-1075382	
Is hereby granted permis	ssion to perform the foll	owing work:	PAYMENTS (Office	Use Only)
[] BUILDING	[] PLUMBING [] ASBESTO	S ABATE MENT chapter	8 onlyBuilding	0
[X] ELECTRICAL	[] FIRE PROTECTIONEAD HA	ZARD ABATEMENT	Electrical	119
[] ELEVATOR DEVICES	[] MECHANICAL[] DEMOLIT	'ION	Plumbing	0
	[] OTHER_		Fire Protection_	0
DESCRIPTION OF WORK:			Mechanical	0
ELECTRICAL RENOVATIONS			Elevator Devices_	0
			Other	
			DCA State Permit	Fee 2
			Cert. of Occupanc	:y 0
NOTE: If construction do	oes not commence within o	ne (1) year of dat	e of is Gther e,	
or if construction cease	es for a period of six (6) months, this per	mit is Total	121
			Check No.	
Estimated Cost of Work	\$1,800			х
			Collected By	KW
	08/19/08	8		
Construction Official	Date			

U.C.C. F170 (rev. 3/96)

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Receiv@d/05/08
Date Issued08/19/08
Control #
Permit #08-236

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. W	HEN'ECHANCIANG	SITE DATA			
CONTRACTORS. NOTIFY THIS OFFICE. DO UTILITY DIG NO: 1-800-272-1000	QTY ITEM		QTY ITEM		
Block23 Lot 110 Qual	0 Lighting Fixtures		0 Motors-Fract HP	0 Motors-Fract HP	
Work Site Locatilen CRANBURY NECK ROAD	1 Recept	acles	0 Emergency & Exit	Lights	
	0 Switch	<u>ie</u> s	0 Communications P	oints	
Owner in FeBUONAVOLONTA, JOE	0 Detect	ors	0Alarm Devices/F.	A.C. Panel	
Address14 CRANBURY NECK ROAD	0 Light	Poles			
CRANBURY, NJ 08512-	QTY SIZE	ITEM	FEE (Offi	ice Use Only	
Tel (732)896-7750	1	Total Qty:	Fixt/Recept/Misc	33	
ContractorLOVER ELECTRIC SERVICE	0	_ Pool Permit	with UW Lights	0	
AddressPO BOX 330	0	_ Storable Po	ool/Spa/Hot Tub	0	
SPOTSWOOD, NJ 08884-	0 0	_ KW Elect Ra	inge/Receptacle	0	
Tel.7 <u>(32 4</u> 11 <u>6-0126 Fax (</u>) -	0 0	KW Oven/Sur	face Unit	0	
Lic. No. or Bldrs. Reg.9702L	0 0	_ KW Elect Wa	ter Heater	0	
Federal Emp. N26-1075382	0 0	_ KW Elect Dr	yer/Receptacle	0	
	0 0	KW Dishwash		0	
B. ELECTRICAL CHARACTERISTICS	0 0	HP Garbage	Disposal	0	
Use GroupPresentR-5 ProposedR-5	0 0	KW Central	A/C Unit	0	
[] Pole/Pad # [] Temporary [] Other	0 0	_ HP/KW Space	Heater/Air Handler	0	
Building Occupied as Utility Co	0 0	_ KW Baseboar	d Heat	0	
Estimated Cost of Electrical Work, \$00	0 0	HP Motors 1		0	
	0 0	KW Transfor	mer/Generator	0	
JOB SUMMARY (Office Use OnDNSPECTIONS Dates (Month/Day)	1 200	AMP Service	<u> </u>	43	
PLAN REVIEW Type FailureFailureApprovaInitial	1 200	AMP Subpane	els	43	
[] No Plans Required Rough	0 0	AMP Motor C	Control Center	0	
[] Partial -Underslab Util BaprierFr	0 0	KW Elect Si	.gn/Outline Light	0	
Date: Appr by: Trench		Other		0	
[] Elect Plans Approved Temp Serv		Other		0	
Date: Appr by: Const Serv		Other		0	
Joint Plan Review Required:TCO	[]			0	
[] Build [] Plumb [] F@ther	[]			0	
SUBCODE APPR - PERM [] EService	[]			0	
Date:Appr by:Final	[]			0	
SUBCODE APPR - CERTIF BarrierFr	[]			0	
[] CO [] CCO [] CA Temp. Cut-in-Card Date Issued	[]			0	
Date:Appr by:Final Cut-in-Card Date Issued	[]			0	
AnnPoolI <u>ns</u>	[]			0	
Date of Gnd/Bond Certification					
C. CERTIFICATION IN LIEU OF OATH		Administ	rative Surcharge	0	
I hereby certify that I am the (agent of) owner of record and am $a\Psi$	Mi\$imum Fee	0			
to make this application and perform the work listed on this applied $\boldsymbol{\varepsilon}$	30TAL FEE	119			
		DCA	State Permit\$F <u>ee</u>	2	
Signature/Contractor Seal					

TOWNSHIP OF CRANBURY

Finance Division Office of the Tax Assessor

MEMORANDUM

TO:

Debbie Rubin, Township Clerk

FROM:

David J. Levy, Tax Assessor

SUBJECT:

OPRA Request, 14 Cranbury Neck Road

DATE:

June 17, 2024

There is currently an open permit for an in-ground pool that was issued on June 16, 2021. This permit has not been closed as of this date. Once it is, an added assessment will be imposed upon the property at an amount to be determined.

ADDED ASSESSMENT WORKSHEET

							DATE	6/16/2021
OWNER	JOSE	PH AND	CHERYL E	BUONAVO	LANTA		BLOCK	23
LOCATION		14 CRAI	NBURY NE	CK ROAD)	_	LOT	110
							QUAL CODE	
CLASS	(1)	(2)	(3)	(4)	(5)	(15)		
PERMIT NUI	MBER		21-189			CO DATE		
TYPE OF AD	DED	INGROU	IND POOL	24 X 41				
INSPECTION	DATE					ADDED CAL	CULATION	
DATE OF OC	CUPANCY					YEAR		
TALKED WIT	'H					ADDED		
						MONTHS		
						PRO RATED)	

SKETCH AND NOTES