

Prop	erty Information	Request Information	<b>Update Information</b>
File#:	BS-X01693-1942139896	Requested Date: 07/17/2024	Update Requested:
Owner:	WESP, WILLIAM	Branch:	Requested By:
Address 1:	47 EDGEMERE AVE	Date Completed:	Update Completed:
Address 2:		# of Jurisdiction(s):	
City, State Zip	: PLAINSBORO, NJ	# of Parcel(s):	

#### **Notes**

CODE VIOLATIONS Per Plainsboro Township Department of Zoning there are no Code Violation cases on this property.

Collector: Plainsboro Township Department of Zoning Payable Address: 41 Plainsboro Road, Plainsboro, NJ 08536

Business# Phone: (609) 799-0909

PERMITS Per Plainsboro Township Building Department there is an Open Permit on this property.

Permit Number 20180060

permit type - Electrical & Plumbing

Collector: Plainsboro Township Building Department Payable Address: 41 Plainsboro Road, Plainsboro, NJ 08536

Business# Phone: (609) 799-0909

SPECIAL ASSESSMENTS Per Plainsboro Township Department of Finance there are Special Assessments/liens on the property, please

contact the Finance department for further information.

Collector: Plainsboro Township Department of Finance Payable Address: 41 Plainsboro Road, Plainsboro, NJ 08536

Business# Phone: (609) 799-0909

DEMOLITION NO



UTILITIES WATER

Account #: N/A Payment Status: N/A Status: Pvt & Non Lienable

Amount: N/A Good Thru: N/A Account Active: N/A

Collector: New Jersey American Water

Payable Address: 1 Water Street, Camden, NJ 08102

Business # 800-272-1325

UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS AUTHORIZATION

REQUIRED.

SEWER

Account #: N/A
Payment Status: N/A
Status: Pvt & Non Lienable

Amount: N/A Good Thru: N/A Account Active: N/A

Collector: Veolia Northern New Jersey

Payable Address: 69 Devoe Pl, Hackensack, NJ 07601

Business # (800) 422-5987

UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS AUTHORIZATION

REQUIRED.

**GARBAGE** 

GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN



TOWNSHIP OF PLAINSBORO V. FEE SUMMARY (for office use only) Box 278 **Update Update** Plainsboro, NJ 08536 1. Building (609) 799-2700 2. Electrical Applicant Completes: Sections I, II, III (optional), IV, VI and VII 3. Plumbing 4. Fire Protection I. IDENTIFICATION 5. Other \_\_\_ 6. Subtotal 1. Proposed Work-site at: 47 Edge Nere Avenue 7. Less 20% for State Plan Review 8. Subtotal 9. DCA Training Fee 10. Subtotal 3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_X 11. Cert. of Occupancy 12. Other 13. TOTAL VI. BUILDING/SITE CHARACTERISTICS Address \_ 1. Number of Stories \_\_\_ 2. Height of Structure ... License No. OR, if new home, Builder Reg. No. \_\_\_ 3. Area-Largest Floor --sq. ft. 4. Building Area—All Floors ... \_\_\_\_\_ Social Security No. sq. ft. 5. Volume of Structure .cu.ft. 5. Architect or Engineer \_\_\_ 6. Construction Classification 7. Total Land Area Disturbed \_\_ Address 8. Flood Hazard Zone 9. Base Flood Elevation \_ 6. Responsible Person 10. Wetlands yes. In Charge of Work White La DEST . sq. ft. no. 11. Fire Grading 12. Max. Live Load II. PROPOSED WORK Est. Cost 13. Max. Occupancy Load. 1. 🕅 Minor Work VII. DESCRIPTION OF 1000 OPTIONAL (for office use only) (single trade) BUILDING USE 2. 
Small Job (\$5,000) Plans Date Rejection Approval Resubmission Dates Re-Rec'd By A. RESIDENTIALand no prior Date Approval | Rejection Rec'd Date viewer viewer approvals) 3. 

New Building 2. Multi-Family (R-2) 3. 

Two-Family (R-3) BOCA 4. 

Addition 4. 

Two-Family (R-4) CABO 5. 

Alteration 5. 

One-Family (R-3) BOCA 6. 

Fire Protection 7. 

Plumbing 8. 

Electrical No of dwelling units: **Before Construction** 9. 

Asbestos Abatement 10. 

Demolition After Construction \_ Net gain or loss TOTAL COSTS 1000

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

1. ☐ Elevators/Escalators/Lifts/ **Dumbwaiters/Moving Walks** 

2. 

High Pressure Boilers

■ U.C.C. Form F-100A

- 3. 

  Pressure Vessels
- 4. 

  Refrigeration Systems
- 5. Cross-Connections/Backflow Preventers
- 6. ☐ Hazardous Uses/Places of Assembly
- 7. 

  Sprinklers

III. DO YOU WANT: (optional) 1. 

Partial Releases 2. 

Prototype Processing

- 8. 

  Smoke Control Systems in Open Wells
- 9. 
  Underground Storage Tanks

- 6. 

  One-Family (R-4) CABO
- B. NON-RESIDENTIAL
  - 1. State Specific Use:
  - 2. Use Group:
  - 3. Change in Use Group, Indicate Former:

Form#20101

# CERTIFICATION IN LIEU OF OATH I. OWNER SECTION (to be completed if the applicant is the owner in fee) I hereby certify that I am the owner in fee of the property listed on Page 1. Mark the following applicable boxes: A. ( ) Lfurther certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy. I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY. )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii: I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1. C. ( ) I further certify that I will perform or supervise the following work: C.1. ( ) Building C.2. ( ) Fire Protection D.

agree to advise all contract f Taxation and to comply understand that if any of ) Check if contractor. gent Name  ddress  Telephone (	with all New the above sta	Jersey tax laws.	fully false, I ar	m subject	to punish	ne New Jers	sey Division
agree to advise all contract for Taxation and to comply understand that if any of the Check if contractor.  Gent Name	with all New the above sta	Jersey tax laws.	fully false, I ar	m subject		ne New Jers	sey Division
agree to advise all contract for Taxation and to comply understand that if any of the Check if contractor.  Gent Name	with all New the above sta	Jersey tax laws.	•	,		ne New Jers	sey Division
agree to advise all contract f Taxation and to comply understand that if any of  ) Check if contractor.	with all New the above sta	Jersey tax laws.	•	,		ne New Jers	sey Division
agree to advise all contract f Taxation and to comply understand that if any of	with all New	Jersey tax laws.	•	,		ne New Jers	sey Division
agree to advise all contract f Taxation and to comply	with all New	Jersey tax laws.	•	,		ne New Jers	sey Division
agree to advise all contract f Taxation and to comply	with all New	Jersey tax laws.	•	,		ne New Jers	sey Division
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further certify the following ounty, and local prior appro	ovals have bee	n given, including	such certificat	tion as the	constructi	on official m	nay require.
roposed work is authorize oplication as his agent.	d by the own	er in fee; and I I	nave been aut	horized by	the own	er in fee to	make this
be completed if the app hereby certify the following				nstruction	Code. N.J	J.A.C. 5:32-	2.15(d): the
AGENT SECTION					•	·	
gnature				Date _			
			•				
unity, and local prior appro- understand that if any of t	vals have beer	n given, including	such certificati	ion as the c	onstruction	on official m	ay require.
urther certify the followings	as required by	the Uniform Con	struction Code	. N.J.A.C. 5	5:23-2.15(	a)5: All requ	ired State,
" Division of Taxation	and to compl	y with all New Jo	ersey tax laws	. ·			,,
( ) agree to advise all o	contractors on	this project that	they are requ	ired to be	registered	d with the N	ew Jersev

X. CERTIFICATES ISSUED (office use of Cocupancy Certificate of Occupancy Certificate of Approval	IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)  Name of Code & Edition  Building	Other	□ N.J. Dept. of Envi- ronmental Protect. □ Utility Dig No.	□ N.J. Dept. of Community Affairs □ N.J. Department □ of Transportation	☐ Health Department ☐ Soil Conservation	1 1	☐ Water Authority ☐ Fire Department	☐ Zoning Board ☐ Sewer Authority	CHECKLIST (office use only)  □ Planning Board	VIII. PRIOR APPROVALS
(office use only) Occupancy Occupancy Occupancy Occupancy	O SPECIAL REGULATIONS AN Name of Code & Edition						:	,	Prelimin. Initial	LOCAL ; APPROVAL
NO. NO. NO. NO.	PPLICABLE (offic								Final Date	OVAL ;
	Energy-Barrier  As Built  Other		$\bigvee \bigvee$						Prelimin. Initial	COUNTY
	e								Final Date	NTY OVAL
	Name of Code &								Prelimin. Initial	REGIONAL APPROVAL
DATE EXP	& Edition				X				Final Date	REGIONAL APPROVAL
EXPIRED									Prelimin.	STATE APPROVAL
	Other								Final Date	STATE PPROVAL
		***************************************		• • • • • • • • • • • • • • • • • • • •						COMMENTS

TOWNSHIP OF PLAINSBORO 641 Plainsboro Road Box 278 Plainsboro, NJ 08536 (609) 799-0668





PERMIT NO DATE ISSUED REVISION DATE	
Block	_Lot <u>5</u> {

A. IDENTIFICATION		
		CERTIFICATION IN LIEU OF OATH:
APPLICANT — Complete unshaded areas only	When changing contractors, notify this office	(Complete for Minor Work and
Owner 12 )11 1 10 M 11 10 KD	Contractor A VA	Small Job Only)
Address 47 Edgemere	Address	I hereby certify that the proposed work
TUNNETERS NO	uh Tu	is authorized by the owner of record and I have been authorized by the
Tel. () 100 0010	Tel. ( )	owner to make this application as his agent.
Work Site Address 117 Edgemere	Lic. No	AGENT SIGNATURE
	Federal Emp. No	AGENT SIGNATURE
B. TECHNICAL SITE DATA		
DESCRIPTION OF WORK	TYPE OF WORK:	Fee Basis Fee
Give detail description including materials used,	New Building	ş <u></u> \$
dimensions, etc.	Addition	
ILL ES CATTERIA	Alteration/Renovation  Alteration/Renovation	
14 SQ GAF TIMET LINE Shingles	Siding	
Tringles	Other	
	Demolition	
	Miscellaneous	
	Fence	
	☐ Sign	
	☐ Elevator	
	Other	
		SUBTOTAL \$
	Mi	nimum Buildina
		e (if applicable) \$
	To	tal Building Fee
See Plans	(Gr	eater of Minimum
	or	Subtotal) \$
C DILLIDING CHARACTERIC	TICC	
C. BUILDING CHARACTERIS	11CS D. C	OMMENTS

No. of Stories \_\_\_\_\_\_ Ft. Volume of Structure \_\_\_\_\_ Sq. Ft.

Area — Largest Floor \_\_\_\_\_ Sq. Ft.

Estimated Cost of Building Work: \$ \_\_\_\_\_\_ CO

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		Partial Releases	Protot	ype Processing
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PLAN REVIE	M WIND INS	PECTION - BU	ILDING	
DATE		JOB CONE	DITION/COMMENTS	
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			Marilana O	
Fire Grading:	Maximu	m Live Load:	Maximum Occupano	y Load:
JOB SUMMAR	RΥ			
PLAN REVIEW		INSPECTIONS -		
	Date Initials	Туре	Failure Dates	Approval Date
No Plans Required		☐ Footing/Foundation		
☐ All	<del></del>	Slab		
Footing/Foundation	<del></del>	Frame		
Frame		☐ Architectural		, ,
Architectural		Insulation		
Other		Finishes		
INSPECTIONS FINAL		Energy		
□ со □ ссо	⊠ CA	Mechanical		:
Date: 10-30-90	<del></del> .	☐ TCO		
Inspected By: PM		Other		

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CERTIFICATION	INL 1	IEII	ΩE.	OATH	
CERTIFICATION	IIV E	_IEU	UT.	VAID	

OWNER SECTION (to be completed if the applicant is the owner in fee)	
hereby certify that I am the owner in fee of the property listed on Page 1.	
Mark the following applicable boxes:	
A. ( ) I further certify that a new home (private residence) will be constructed on this property for my pancy. This dwelling is to be occupied by myself and is not to be used for any purpose other residential use. I attest that all construction, plumbing, or electrical work will be done, in whole of by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknown home is not covered under the New Home Warranty and Builders Registration Act (N.J.S. and that such fact shall be disclosed to any person purchasing this property within ten years of the of a certificate of occupancy.	er than single fami or in part, by me o knowledge that sai .A. 46:3B-1 et seq
I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESTRIED THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACT PLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.	TO, DURING, AN CTORS I HIRE, EN
B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.	.C. 5:23-2.15(e)1.v
I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an renovation, or repair to an existing single family residence owned and occupied by myself and I erty listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be existing single family residence that is owned and occupied by myself and located on the prope	located on the property of, a
C. ( ) I further certify that I will perform or supervise the following work: C.1. ( ) Building ' C.2. ( ) Fire Protection	
I further certify that I will perform the following work: C.3. ( ) Electrical C.4. ( ) Plumbing	
D. ( ) I agree to advise all contractors on this project that they are required to be registered with the Ne Taxation and to comply with all New Jersey tax laws.	
I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All rea and local prior approvals have been given, including such certification as the construction official may rea	quired State, coun quire.
I understand that if any of the above statements are willfully false, I am subject to punishment.	
SignatureDate	
	•
II. AGENT SECTION (to be completed if the applicant is not the owner in fee)  I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the contraction of the properties of the propertie	ne proposed work
authorized by the owner in fee; and I have been authorized by the owner in fee to make this application a	s his agent.
I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All reand local prior approvals have been given, including such certification as the construction official may re	equired State, coun
I agree to advise all contractors on this project that they are required to be registered with the New Jersey and to comply with all New Jersey tax laws.	y Division of Taxati
I understand that if any of the above statements are willfully false, I am subject to punishment.	•
Check if contractor.	
DETEC DEINCETON	
Agent Name PETRO-PRINCETON 800 STATE RD 609-924-3530	
AddressPRINCETON N J. 08542	
	<del></del>
Telephone ()	
Signature Willer	
III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C	5. 5:17.

		☐ Certificate of Occupancy	Certificate of Compliance	☐ Continued Certificate of Occupancy				Mechanical	Fire Protection	Plumbing	Electrical	Name of Code & Edition	IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only-optional)			☐ Utility Dig No.		N.J. Department of	□ N.J. Department of Transportation	N.J. Department of Community Affairs	☐ Soil Conservation	☐ Health Department	☐ Police Department	☐ Water Authority	☐ Sewer Authority	☐ Zoning Board	☐ Planning Board	☐ Zoning Officer	(office use only)	VIII. PRIOR APPROVALS
ate					æ		e only)		,			aition	ILATIONS AP	_			$\frac{1}{1}$	$\frac{\chi}{k}$	X		:				1	•		(	Prelimin. Initial	LOCAL APPROVAL
No.	No.	No.	No.	No.	. No	: <u>R</u>	2						PLICABLE (					$\langle  $	$\bigvee$	$\bigwedge$					,				Final Date	( <u>P</u>
								Other	As Built Elevation Cert.	Flood Hazard	Barrier Free	Energy	office use only—c			X	$\left\langle \right\rangle$			$\bigvee$					,	$\bigvee$		$\bigvee$	Prelimin. Initial	COUNTY APPROVAL
							DATE ISSUED		ation Cert.			Naille O	optional)						$\bigvee$						. •	$\bigvee$	•	$\bigvee$	Final Date	NTY OVAL
							SSUED				a de constante de la constante	Nation of Code of Edition	O L S O MARKET			X		$\left\langle \left  \right\rangle \right\rangle$		$\bigvee$				· {					Prelimin. Initial	REGI APPR
							DATE EXPIRED	!			!					X		$\langle$							•	$\bigvee$		$\bigvee$	Final Date	REGIONAL APPROVAL
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	•	,					DATE REISSUED								•	X		. /			Į.		X				$\bigvee$	$\bigvee$	Final Date	STATE APPROVAL
							JED																							2
		-		•			DATE EXPIRED	-																						COMMENTS

U.C.C. F100-3 (

U.C.C. F100-2 (rev. 3/96)



Note:

Township of Plainsboro 641 PLAINSBORO ROAD PLAINSBORO, NJ 08536 609 - 799-2700

20010959 Control Number: 25081

\$61.00

**Grand Total** 

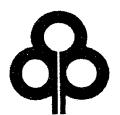
Application Date: 07/31/2001

# **CONSTRUCTION PERMIT**

# **IDENTIFICATION**

# **OWNER/PROPERTY DETAILS**

	Block : 25 Lot	: 13 Qualifier	•					
	Work site Location:	47 Edgemere Ave	nue Plainsboro		Contractor:	PETRO T/A NASSA	U OIL	
	Owner In Fee:	Wesp			Address:	800 STATE ROAD		
	Address:	47 Edgemere Ave	nue			PRINCETON NJ 0	3542-0604	
		Plainsboro NJ			Telephone:	(609 ) - 924-3530	•	
	Telephone:	0		Lic. N	o. / Bldrs. Reg. No.:	<b>(</b> 111, 111)		
	Use Group(s):	U	,		Federal Emp. No.:	-61207261		
			·			·		
S	hereby granted permissio	n to perform the foll	owing work :			PAYMENTS	(Office Use Only	/)
	]BUILDING	[ X	JPLUMBING	[	] DEMOLITION	Building		
[	]ELECTRICAL	[ >	FIRE PROTECTION	[	] OTHER	Electrical	00000	
]	JELEVATOR DEVICE	es [	]MECHANICAL			Plumbing	\$60.00	
[	JASBESTOS ABATEN	MENT [	]LEAD HAZARD ABATE	MENT		Fire Protection		
	(Subchapter 8 of	only)				Elevator Devices  Mechanical		
<u></u>		•				VolFee (DCA)		
	ESCRIPTION OF WORK				•	AltFee (DCA)	\$1.00	
K	emoval and Installation	of tank				Other Fees		
		•				CO Fee		
ES	STIMATED COST OF W	ORK:				CCO Fee		
С	ost of Construction:		0.00			Minimum Fee	\$61.00	
С	ost of Alteration:	1,	700.00			Total All Fees Waived		
С	ost of Demolition:		0.00		Amount	to be Paid:	\$61.00	
	Total Cost:	\$1,	700.00		Amount	to be I ald.		
lf	construction does not	commence within	one year of date of issuance	ce,				
or	if construction ceases	for a period of six	months, this permit is voice	d.	Cash am	ount:	\$61.00	С
Ā	rthur Nordeen		Date					
С	onstruction Official				Collected	i by:	LL	,
. :	Failure to obtain all requ	uired inspections ma	result in administrative acti	ion.	Receipt 1		0.65.00	_
:	Final inspections are req	uired before final pa	yment is to be made to contro			sh Amount	\$61.00	J
•	An approved set of plans	musi ve kepi ai the v	vorksite at all times			eck Amount Amount		
					TUTALCC	AIIIOUIII		



Township of Plainsboro 641 PLAINSBORO ROAD PLAINSBORO, NJ 08536

609 - 799-2700

2001-0959

Control Number: 25081

Application Date: 07/31/2001

# 8-16-01

# **CONSTRUCTION PERMIT**

#### **IDENTIFICATION**

O	WN	ER/I	'ROP	PERT	Y	DET	AILS
---	----	------	------	------	---	-----	------

Block: 25	Lot: 13 Qualifier:		
Work site Location:	47 Edgemere Avenue Plainsboro	Contractor:	PETRO T/A NASSAU OIL
Owner In Fee:	Wesp	Address:	800 STATE ROAD
Address:	47 Edgemere Avenue		PRINCETON NJ 08542-0604
	Plainsboro NJ	Telephone.	(609 ) - 924-3530
Telephone:	0-	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	U	Federal Emp. No.:	-61207261

1S	hereby granted permission to perform th	e following work :				(1111211110	Office Ose Offi
[	]BUILDING	[ X ]PLUMBING	[	] DEMOLITION		Building	
[	]ELECTRICAL	[ X ]FIRE PROTECTION	[	] OTHER		Electrical	
[	JELEVATOR DEVICES	[ ]MECHANICAL				Plumbing	\$60.00
r	IA CDECTOC AD ATEMENT		N TOP			Fire Protection	
L	JASBESTOS ABATEMENT	[ ]LEAD HAZARD ABATEME	NI			Elevator Devices	
	(Subchapter 8 only)					Mechanical	
DI	ESCRIPTION OF WORK:	•				VolFee (DCA)	
Re	emoval and Installation of tank	•				AltFee (DCA)	\$1.00
	2110 ( 41 4114 2110 4111 411 411 411 411 411 411 411 411					Other Fees	
						CO Fee	
ES	STIMATED COST OF WORK:					CCO Fee	
Co	ost of Construction:	0.00				Minimum Fee	
						Total	\$61.00
	ost of Alteration:	1,700.00				All Fees Waived :	No
C	ost of Demolition:	0.00		Amoi	unt to be	Paid:	\$61.00

If construction does not commence within one year of date of issuance,

\$1,700.00

or is construction ceases for a period of six months, this permit is void.

Arthur Nordeen Date

Total Cost:

Construction Official

- :: Failure to obtain all required inspections may result in administrative action.
- :: Final inspections are required before final payment is to be made to contractor.
- :: An approved set of plans must be kept at the worksite at all times

Pd.

Note:

Township of Plainsboro 641 Plainsboro Road Plainsboro NJ 08536 (00.700.2700

# **CERTIFICATE**

# **IDENTIFICATION**

Date Issued: 08/27/2001

Control #: 25081

Permit # 20,010,959.00

609-799-	-2700		
Block:	25 Lot : 13 Qual:	Home Warranty No:	
Work Site:	47 Edgemere Λνεημε	Type of Warranty Plan:	[ ] State [ ] Private
	Plainsboro	Use Group:	U
Owner in Fee:	Wesp	Maximum Live Load:	0.00
Address:	47 Edgemere Avenue	Construction Classification:	
	Plainsboro NJ	Maximum Occupancy Load:	
Telephone:			
Agent/Contractor:	PETRO T/A NASSAU OIL	Certificate Exp Date:	Removal and Installation of tank
Address:	800 STATE ROAD	Description of Work/Use:	Removal and Instantation of talk
	PRINCETON NJ 08542-0604		
Telephone:	609 924-3530	<u> </u>	e e
Lic. No./ Bldrs. Reg.No.:	Federal Emp. No.: -61207261		
Social Security No.:			
	or structure has been constructed in accordance with the New e and is approved for occupancy.		RANCE-LEAD ABATEMENT 5:17 n certification, lead abatement was performed ent:
		[] Total removal of lead-based paint h	nazards in scope of work
[X] CERTIFICATE	OF APPROVAL	[] Partial or limited time period(	_ years); see file
the New Jersey Uniform Constru	completed has been constructed or installed in accordance with ction Code and is approved. If the permit was issued for minor upon what was visible at the time of inspection.	This serves notice that based on a gene	NTINUED OCCUPANCY  ral inspection of the visible parts of the building there are no
[ ] TEMPORARY C	ERTIFICATE OF OCCUPANCY/COMPLIANCE	imminent hazards and the building is a	
	of Occupancy or Compliance the following conditions must be met e subject to fine or order to vacate.	This serves notice that said potentially installed and/or maintained in accordance Code and is approved for use until	hazardous equipment has been nee with the New Jersey Uniform Construction
Art Davoes	<u>O</u>		Fees \$0.00
Arthur Nordeen Construction Officia			Paid [ X ]Check No
U.C.C 360 (rev. 3/96)	1 - APPLICANT 2 - OFFICE	3 - TAX ASSESSOR	Collected by LL



TOWNSHIP OF PLAINSBORO
641 Plainsboro Road
Plainsboro, NJ 08536
(609) 799-2700
Fax: (609) 799-8831



	UNIFORM CONSTRUCTION (100)	TECHNICAL SECTION	DN :
			ING
		<b>3</b> ·	•
Work Site Location	Mere		
/			
A IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  Block Work Site Location  Owner in Fee  Address  Tele. (	<u>, , ,</u>		
Address Same	<u> </u>		
Tele. (609) 799 0018	De mariana mana a	· · · · · · · · · · · · · · · · · · ·	
0-14-1-1	PRU-PRINCETON	· : ;	
000 317	ATE RD 609-924-3530		
PRIN	CETON N J. 08542	Sale Water	<del>-:</del>
Tele. ( )	Fax (,	)	
	find an one of	Same of the same o	
Federal Emp. No. 0/6/2072	91		
	, print		
	Proposo	al State	
			<del></del>
	. , . <del></del>	Private vveii	<del></del> -
Est. Cost of Flumbing Work \$			<del></del>
IOR SUMMARY (Office Use Only)	F	. *	
The state of the s	INSPECTIONS	Dates (Month/Day):	
	•		
		rallure rallure Approval	·
		<del></del>	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · ·	<del></del>	
l ez	•	<del></del>	<u> </u>
		<del></del>	<del></del>
	/	·	<del></del>
Approved by:			· — ·
l ' /'		detra NA	M
	TCO	7/00 - 7/04	411
	//		-
Approved by:	· <u></u> .	<u> </u>	·

#### C. CERTIFICATION IN LIEU OF OATH

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

		V.	1200	~1	Ţ	e a
Sian	ature	_	Contrac	tor's	Si	eal

[ . ] Licensed Plumbing Contractor [ ] Exempt Applicant



Date Received Date Issued Control #

Permit #

2001-8959



D. TECHN	ICAL SITE DATA (List of all fixtures.)		
NO.	FIXTURE/EQUIPMENT		FEE (Office Use Only)
	Water Closet		δ
	Urinal/Bidet		
	Bath Tub		
	- (		
· · ·	Shower		2.
· .	Floor Drain	ï	
	Sink		130 111
	. Dishwasher		
<u> </u>	Drinking Fountain		
	Washing Machine	4.	
	Hose Bibb		
	Water Heater		
<u> </u>	Fuel Oil Piping	'	10 10
	Gas Piping	.	
	Steam Boiler		
<u> </u>	Hot Water Boiler		
	Sewer Pump	`   ·	
· .	Interceptor/Separator	ŀ	, Karan
	Backflow Preventer		
	Greasetrap		A CALLERY
	Sewer Connection	'	-
	Water Service Connection	-	
	Stacks		
	Other		
	Other		Fig.
	Other		
- <del></del>		╝.	
	> Administrative Surcharg	ie⊹ \$	
	Minimum Fe	****	**
	DCA Training Fe	•	
	TOTAL FE	t	60

DATE	JOB CONDITION / COMMENTS
	·

ś

Township of 641 Plains Plainsboro (609) 79	Application Completes: Section  I. IDENTIFICATION  1. Propsed Work Site at:  2. Name of Owner in Fee:  Address  street	CONSTAPPLIC  APPLIC  Ins I, II, III (optional), IV, VI, a  PETRO-PRINCETON  OU STATE RD 609-924-353  BRINGER RD 609-924-353  BRINGER RD 609-924-353	Tel. (  Exp.  FAX: ( Tel. ( Te	PERMIT PR - 9 2001  799 0920 0853 6  Date	1. Building 2. Electrical 3. Plumbing 4. Fire Protection 5. Elevator Devices 6. Subtotal 7. Less 20% for State Plan Review 8. Subtotal 9. DCA Training Fee 10. Subtotal 11. Cert. of Occupancy 12. Other 13. TOTAL  VI. BUILDING/SITE CHARACTER 1. Number of Stories 2. Height of Structure 3. Area — Largest Floor 4. New Building Area 5. Volume of New Structure 6. Construction Classification 7. Total Land Area Disturbed 8. Flood Hazard Zone 9. Base Flood Elevation 10. Wetlands yes no	APR - 9 200   S   S   Coffice use onl   Sq. ft.   Sq. ft
	II. PROPOSED WORK  1.	S 000   IV. DOES   1.   Elev   Dur   2.   Hig   3.   Pre	Date Rejection Date	CONTAIN ANY OF THE F  5. □ Cross- 6. □ Hazard 7. □ Sprinkl 8. □ Smoke	OLLOWING? Connections/Backflow Preventers dous Uses/Places of Assembly	VII. DESCRIPTION OF BUILDING USE  A. RESIDENTIAL  1.  Hotels (R-1)  2.  Multi-Family (R-2)  3.  Two-Family (R-3) BOCA  4.  Two-Family (R-4) CABO  5.  One-Family (R-3) BOCA  6.  One-Family (R-4) CABO  No. of dwelling units:  Before Construction  After Construction  Net Gain or Loss  B. NON-RESIDENTIAL  1. State Specific Use:  2. Use Group:  3. Change in Use Group, Indicate Former:
DATE AISSUED:	DATE ISSUED:  DATE ISSUED:  DATE ISSUED:	FIRE:  DATE RECEIVED:  DATE APPROVED:	ELECTRIC:  DATE RECEIVED:  DATE APPROVED:	PLUMBING:  DATE RECEIVED:  DATE APPROVED:	BUILDING:  DATE RECEIVED:  DATE APPROVED:	NAME:  ADDRESS:  DESCRIPTION:  ZONING:  DATE RECEIVED:  DATE APPROVED:
FIRE	CERTIFICATES ISSUED  BUILDING: PLUMBING: ELECTRIC:					PLAN REVIEW SHEET  DATE:  NEW SUBMITTAL  REVISION
TEMP. ( ) FINAL						AL ( )

	•		
¥.,.			
CERTIF	ICATION IN LIEU OF OATH	•	
i. ow	NER SECTION (to be completed if the applicant is the owner in fee)		
I hereby	certify that I am the owner in fee of the property listed on Page 1.		
Mark the	e following applicable boxes:		
A. (( )	I further certify that a new home (private residence) will be constructed pancy. This dwelling is to be occupied by myself and is not to be us residential use. I attest that all construction, plumbing, or electrical work by subcontractors under my supervision, in accordance with all applicable new home is not covered under the New Home Warranty and Builders and that such fact shall be disclosed to any person purchasing this project of a certificate of occupancy.	ed for any purpose other than so will be done, in whole or in pa le laws; and, I further acknowled so Registration Act (N.J.S.A. 46:3	single family ort, by me or lige that said B-1 et seq.)
	I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THA THE WORK DONE ON SAID PROPERTY, THE CONDITION OF TH AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE PLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AG VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY	IE PROPERTY PRIOR TO, DU OF THE SUBCONTRACTORS GREEMENTS TO PERFORM W	RING, AND I HIRE, EM
в. ( )	) I further certify the following as required by the New Jersey Uniform C	onstruction Code, N.J.A.C. 5:23	-2.15(e)1.vii:
	I personally prepared the plans submitted for 1) the new home reference renovation, or repair to an existing single family residence owned and certy listed on Page 1, or, 3) a new structure that will be physically separexisting single family residence that is owned and occupied by myself a	occupied by myself and located or rate from, but that will be deeme	on the prop- d part of, an
C. ( )	) I further certify that I will perform or supervise the following work:  ( ) Building.		• 5
	orther certify that I will perform the following work:  3. ( ) Electrical C.4. ( ) Plumbing		
D. ( )	) I agree to advise all contractors on this project that they are required to Taxation and to comply with all New Jersey tax laws.	be registered with the New Jerse	y Division of
I further and loc	certify the following as required by the Uniform Construction Code, N.J.A al prior approvals have been given, including such certification as the cor	C. 5:23-2.15(a)5: All required Sastruction official may require.	tate, county,
	stand that if any of the above statements are willfully false, I am subject to	•	
Signotu		Date	_
Signatu			-
	SENT SECTION (to be completed if the applicant is not the owner in fee)	1.1.4.0. E:00.0.4E(d); the prope	and work in
authoriz	y certify the following as required by the Uniform Construction Code, Need by the owner in fee, and I have been authorized by the owner in fee to	make this application as his ag	ent.
I further and loc	r certify the following as required by the Uniform Construction Code, N.J.A. al prior approvals have been given, including such certification as the co	A.C. 5:23-2.15(a)5: All required Sonstruction official may require.	tate, county,
i agree	to advise all contractors on this project that they are required to be registed comply with all New Jersey tax laws.	ered with the New Jersey Division	of Taxation
Lunders	stand that if any of the above statements are willfully false, I am subject t	o punishment.	
C	heck if contractor.		. v
Agent N	NamePETRO-PRINCETON	·	· · ·
Address	s 800 STATE RD 609-924-3530 PRINCETON N J. 08542		•

Telephone

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

U.C.C. F100-2 (rev. 3/96)

X. CERTIFICATES ISSUED (office use only)  Temporary Certificate of Occupancy  Temporary Certificate of Occupance  Continued Certificate of Occupancy  Certificate of Compliance  Certificate of Occupancy  Certificate of Approval  Lead Abatement Clearance Certificate	Plumbing Fire Protection Mechanical	Electrical	Name of Code & Edition  Building	IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use onlyoptional)		Utility Dig No.	<ul> <li>N.J. Department of Environmental Protection</li> </ul>	☐ N.J. Department of Transportation	Ocumunity Affairs	☐ Soil Conservation	☐ Health Department	☐ Police Department	☐ Water Authority	Sewer Authority	☐ Zoning Board	☐ Planning Board	☐ Zoning Officer	(office use only)	VIII. PRIOR APPROVALS
ice use only) pancy pliance pancy ertificate			de & Edition	REGULATIONS														Prelimin. Initial	LO APPF
N N N N N N				APPLICABLE (		-	X		X					,				Final Date	LOCAL APPROVAL
	As Built Elevation Cert.	Barrier Free	Energy	office use only-	-		X	X	X				٠ ;				V-	Prelimin. Initial	COI APPI
DATEI	d		Name of	optional)			X	X	X									Final Date	COUNTY APPROVAL
DATE ISSUED	٠,		Name of Code & Edition		ν····			X			X			4		•		Prelimin. Initial	REG APPI
DATE EX			,			\\\\\_	X	X				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						Final Date	REGIONAL APPROVAL
EXPIRED		. [	Other							$\bigvee$			X	$\bigvee$		$\bigvee$		Prelimin. Initial	ST APPI
DATE REISSUED								-								X		Final Date	STATE APPROVAL
SCED						,			·									<b>.</b>	
DATE EXPIRED												٠.							

.C.C. F100-3 (rev. :



Township of Plainsboro 641 PLAINSBORO ROAD PLAINSBORO, NJ 08536

609 - 799-2700

**CONSTRUCTION PERMIT** 

**IDENTIFICATION** 

Application Date: 04/10/2001

#### **OWNER/PROPERTY DETAILS**

Block: 25

Lot: 13

Oualifier:

Work site Location:

47 Edgemere Avenue Plainsboro

Contractor:

PETRO PRINCETON

Owner In Fee:

Wesp

Address:

**800 STATE ROAD** 

Address:

47 Edgemere Avenue

PRINCETON NJ 08540

Plainsboro Nj 08536

Telephone:

(609) - 924-3530

Telephone:

(609) - 799-0920

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

Use Group(s):

R-3

Federal Emp. No.:

is hereby granted permission to perform	the following work:			PAYMENTS	(Office Use Only)
[ ]BUILDING	[ X ]PLUMBING	[	] DEMOLITION	Building	
[ X ]ELECTRICAL	[ X ]FIRE PROTECTION	ſ	] OTHER	Electrical	\$9.00
[ ! ]ELEVATOR DEVICES	[ ]MECHANICAL	•	•	Plumbing	\$78.00
[; ]ASBESTOS ABATEMENT	-	<b>NIT</b>		Fire Protecti	on \$30.00
	[ ]LEAD HAZARD ABATEME	NI		Elevator De	vices
(Subchapter 8 only)				Mechanical	
DESCRIPTION OF WORK:	•			VolFee (DC	A)
Alterations oil boiler replacement, b	ackflow preventer, fuel oil piping			AltFee (DC	A) \$4.00
				Other Fees	
ESTIMATED COST OF WORK				CO Fee	
ESTIMATED COST OF WORK:	•			CCO Fee	
Cost of Construction:	0.00			Minimum F	ee
Cost of Alteration:	5,000.00			Total	\$121.00
Cost of Demolition:	0.00			All Fees Wa	nived: No
Total Cost:	\$5,000.00		Amoui	nt to be Paid:	\$121.00

Pd#60403394

Arthur Nordeen

Date

Construction Official

:: Failure to obtain all required inspections may result in administrative action.

If construction does not commence within one year of date of issuance, or if construction reases for a period of six months, this permit is void.

:: Final inspections are required before final payment is to be made to contractor.

:: An approved set of plans must be kept at the worksite at all times

Note:



Block: 25

Work site Location:

Township of Plainsboro 641 PLAINSBORO ROAD PLAINSBORO, NJ 08536 609 - 799-2700

Qualifier:

47 Edgemere Avenue Plainsboro

Permit Number: 20010545

Permit Date: 05/29/2001

Update Number:

PETRO PRINCETON

Contractor:

**Total Check Amount** 

**Total CC Amount** 

**Grand Total** 

\$121.00

\$121.00

Control Number: 24213

Application Date: 04/10/2001

# **CONSTRUCTION PERMIT**

## **IDENTIFICATION**

## OWNER/PROPERTY DETAILS

Lot: 13

:: An approved set of plans must be kept at the worksite at all times

Note:

Owner In Fee:	Wesp			Address:	800 STATE ROA	AD.	
Address:	47 Edgemere Avenue				PRINCETON N	J 0854	10
	Plainsboro Nj 08536			Telephone:	(609 ) - 924-353(	)	
Telephone:	(609 ) - 799-0920		Lic.	No. / Bldrs. Reg. No.:	` ,		
Use Group(s):	R-3			Federal Emp. No.:			
is hereby granted permission	to perform the following	g work :			PAYMENTS	(0	ffice Use Only
[ ]BUILDING	[ X ]PL	UMBING	[	] DEMOLITION	Building		
[ X ]ELECTRICAL [ · ]ELEVATOR DEVICE:		RE PROTECTION ECHANICAL	[	] OTHER	Electrical Plumbing		\$9.00 \$78.00
[ , ]ASBESTOS ABATEM	ENT [ ]LE	AD HAZARD ABATEMEN	ΙΤ	·	Fire Protection Elevator Dev		\$30.00
(Subchapter 8 of DESCRIPTION OF WORK Alterations oil boiler rep	: :	eventer fuel oil nining			Mechanical VolFee (DCA AltFee (DCA		\$4.00
ESTIMATED COST OF W	•	overties, rues on piping			Other Fees CO Fee CCO Fee		
Cost of Construction:	0.0	00			Minimum Fe	e	
Cost of Alteration:	5,000.0	00			Total All Fees Wai	ved ·	\$121.00 No
Cost of Demolition:  Total Cost:  If construction does not coor if construction ceases if	·	vear of date of issuance,		Amount Check N Check a	to be Paid: Number:	vcu .	\$121.00 60403394 \$121.00
Arthur Nordeen		Date					
Construction Official		Date		Collecte	•		eg
:: Failure to obtain all requ :: Final inspections are requ		ult in administrative action. It is to be made to contractor.		Receipt Total Ca	No: ash Amount		

Township of Plainsboro 641 Plainsboro Road Plainsboro NJ 08536 600-700-2700

# CERTIFICATE

**IDENTIFICATION** 

Date Issued: 06/22/2001

Control #: 24213

Permit #: 20010545

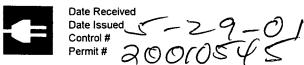
	2700		
Block:	25 Lot: 13 Qual:	Home Warranty No:	
Work Site :	47 Edgemere Avenue	Type of Warranty Plan:	[ ] State [ ] Private
	Plainsboro	Use Group:	R-3
Owner in Fee:	Wesp	Maximum Live Load:	0.00
Address:	47 , Edgemere Avenue	Construction Classification:	
•	Plainsboro , Nj 08536	Maximum Occupancy Load:	
Telephone:	609 799-0920		
Agent/Contractor:	PETRO PRINCETON	Certificate Exp Date:	Alterations oil boiler replacement, backflow preventer,
Address:	800 STATE ROAD	Description of Work/Use:	fuel oil piping
•	PRINCETON NJ 08540	<u> </u>	
Telephone:	609 924-3530	<u></u>	
Lic. No./ Bldrs. Reg.No.:	Federal Emp. No.:		
Social Security No.:			
This serves notice that said building Jersey Uniform construction Code	ng or structure has been constructed in accordance with the New e and is approved for occupancy.	This serves notice that based on writte as per NJAC 5:17 to the following extension	n certification; lead abatement was performed ent:
Jersey Official Construction Code	and is approved for occupancy.	[] Total removal of lead-based paint l	hazards in scope of work
[X] CERTIFICATE C	DF APPROVAL	[] Partial or limited time period(	
the New Jersey Uniform Construc	completed has been constructed or installed in accordance with ction Code and is approved. If the permit was issued for minor pon what was visible at the time of inspection.	[ ] CERTIFICATE OF CO	NTINUED OCCUPANCY  eral inspection of the visible parts of the building there are r
[ ] TEMPORARY C	ERTIFICATE OF OCCUPANCY/COMPLIANCE	[ ] CERTIFICATE OF CO	MPLIANCE
If this is a temporary Certificate of no later than _or the owner will be	f Occupancy or Compliance the following conditions must be met e subject to fine or order to vacate.	This serves notice that said potentially installed and/or maintained in accordance Code and is approved for use until	hazardous equipment has been nce with the New Jersey Uniform Construction
	•		
		•	Fees \$0.00
Arthur Nordeen Construction Official			Paid [ X ]Check No 60403394
U.C.C 360 (rev. 3/96)	I - APPLICANT 2 - OFFICI	F 3 - TAX ASSESSOR	Collected by eg
• • • • • • • • • • • • • • • • • • • •	1 - ALLIGANI 2 * OLLIG	20 1.11 1.000.000 C	



TOWNSHIP OF PLAINSBORO 641 Plainsboro Road Plainsboro, NJ 08536 (609) 799-2700 Fax: (609) 799-8831



**ELECTRICAL SUBCODE** NEW JERSEY TECHNICAL SECTION



			9000	<u>ح</u> ے
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	D. TECI	INICAL S	ITE DATA	
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	QTY.	SIZE	ITEMS	FEE (Office Use Only)
Block Lot 13			Lighting Fixtures	
Work Site Location The Engellook Ave - Karing Control of the Contr			Receptacles	
	<i>2</i>		Switches	
Owner in Fee/Occupant Win. We sig	111		Detectors	
Address <u>Sqine</u>			Light Poles	
	]]		Motors—Fract. HP	
CE CE CONTROL	// <u> </u>		Emergency & Exit Lights	
	´		Communications Points	
Address 800 STATE RD 609-924-3530 PRINCETON N J. 08542			Alarm Devices/F.A.C. Panel	
	J			
Tele. ( ) Fax ( ) Lic. No.			TOTAL NUMBERS	\$
Federal Emp. No. <u>06/20726</u>			Pool Permit/with UW Lights	
			Storable Pool/Spa/Hot Tub	
B. ELECTRICAL CHARACTERISTICS			KW Elec. Range/Receptacle	
Use Group Present Proposed			KW Oven/Surface Unit	
[ ] Pole/Pad # [ ] Temporary [ ] Other			KW Elec. Water Heater	<u>-</u> `-
Building Occupied as Utility Co  Est. Cost of Elec. Work \$ 50			KW Elec. Dryer/Receptacle	
Est. Cost of Elec. Work \$ <u>\$\frac{3\left()}{}\$</u>			KW Dishwasher HP Garbage Disposal	
JOB SUMMARY (Office Use Only)			KW Central A/C Unit	·
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)			HP/KW Space Heater/Air Handler	
No Plans Required . Type: Failure Failure Approval Initial			KW Baseboard Heat	
Joint Plan Review Required: Rough			HP Motors 1/+ HP	
[ ] Building [ ] Plumbing Temp. Serv.			KW Transformer/Generator	
[ ] Fire [ ] Elevator Constr. Serv.			AMP Service	
[ ] Elec. Plans Approved, TCO			AMP Subpanels	
Date: 5-16-01   Other			AMP Motor Control Center	
Approved by: // Approved by: Service			KW Elec. Sign/Outline Light	
Final 59/8/ 1//			Oil boiler 1445ing	9
SUBCODE APPROVAL Temp. Cut-in-Card Date Issued			electric	
[ ] CO [ ] CA Final Cut-in-Card Date Issued				
Date: 5-31-4		/	Administrative Surcharge	\$
Approved by: ////		$\sim 1$	/ Minimum Fee	\$
			DCA Training Fee	\$
C. CERTIFICATION IN LIEU OF OATH	رس		TOTAL FEE	\$
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's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor

[ ] Exempt Applicant

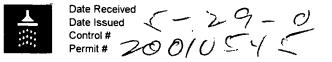
U.C.C. F120 (rev. 3/96)

1 White = Inspector Copy 3 Pink = Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy







Application of the second		I CONVICE	\ _ F'		Permit#	010-1	- 4
A. IDENTIFICATION-APPLICANT: COM	IPLETE ALL APPLIÇABLE	INFORMATION. W	HEN CHANGING	D. TECHNICAL	SITE DATA (List of a	all fixtures.)	
CONTRACTORS, NOTIFY THIS OFFICE	_ :	1-800-272-1000.	<b>i</b>	NO. F	IXTURE/EQUIPMEN	Т	FEE (Office Use Only)
Block 3	Lot_	2 01 1	<del></del>		Vater Closet		\$
Work Site Location 47 Edg	7 <i>EW 408 HVP</i>	- 15 601Mg	spor v	<del></del>	rinal/Bidet		
111 111		7			ath Tub		
Owner in Fee WM. WEGA		· · · · · · · · · · · · · · · · · · ·		Li	avatory		.*.
Address Some		¥/-/		s	hower	i	
100 000 Mari		<u> </u>			loor Drain		
Tele. ( ( ) 197 ( ) 92 (	1 2 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		la ·		ink		
Contractor Maldavell	·1 / 17 1	·	k.		ishwasher	,	
Address Algi OROSSHW	1 (3 d) 1 3 7	<del>.</del>	<u> </u>		rinking Fountain	j	
5Killmen	<del></del>		· · · · · · · · · · · · · · · · · · ·		Vashing Machine		
Tele. (609) 9246512	Fax (	)			ose Bibb		
Lic. No	4)	<u></u>	<u></u>		Vater Heater Ind	STECT	9
Federal Emp. No.	<u></u>		المن المن المن المن المن المن المن المن	F	uel Oil Piping	11 700	MITT
B. PLUMBING CHARACTERISTICS	1 1			$\frac{1}{2}$	as Piping	to it	7. ———
Use Group Present	Propo	sed	<u> </u>	12 KALASS	gam Boiler	Rossali	
Building Sewer Size : 1	Public Sewer	Private Sep	ptic		of Water Boiler		<u> </u>
Water Service Size	Public Water	Private We	ell	1 = 1 4 S	ewer Pump	A STATE OF	
Est. Cost of Plumbing Work \$ 50	0		<del>7/2</del>	11 12 1 1 n	terceptor/Separator	<b>y</b> .	<u></u>
1	:		- IN THE		ackflow Preventer		·
JOB SUMMARY (Office Use Only)	7	;	/ Ft/2	11 / <del>1   1   1   1   1   1   1   1   1   1 </del>	reasetrap		
PLAN REVIEW P	INSPECTIONS	Dates	(Month/Day)		ewer Connection		*
[ ] No Plans Required	Type:	Failure Failure	Approval Initial		later Service Connect	ion	
Joint Plan Review Required:	Slab				tacks 		
[ ] Building [ ] Electric	Rough		<u> </u>	1	ther		
[ ] Fire [ ] Elevator	, Water	<del></del>		{ —	ther	<del></del>	<del></del>
[ ] Plumbing Plans Approved	Sewer			\ °	ther		1 101
Date: 5/72/1/	/ Fixtures		<del></del>			inistrative Surcharge	7//07
Approved by:	Gas Equipment		- ENAI -AA	,	Adm	/ · * -	\$'
	Gas Piping		- FAN 711	7.7	21:01	Minimum Fee	\$;
SUBCODE APPROVAL	Solar			* ·	1.7//	DCA Training Fee	\$
[] CO LARCO [ CA	TCO		i-fa!	D1 /		TOTAL FEE	\$ <u>9</u>
Date: _9/60/	V/ Henri	5/3/X	- 5/601 MY	1 8/1/1			
Approved by:	/ / 5	e/r// C	_ // /	I JIK			
	<u> </u>						
C. CERTIFICATION IN LIEU OF OATH	2 3	MARKETO 1	ş <del>i</del>				
Thereby certify that I am the (agent of) own	ner of record and ain author	zed	ı.*				

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

Signature — Sontractor's Seal

[ ] Licensed Plumbing Contractor

Exempt Applicant

U C C F130 (rev. 3/96) 1 White = OFFICE COPY 2 Canary = APPLICANT COPY 3 Tag = INSPECTOR COPY

, PLAN	REVIEW AND INSPECTIO	N	
DATE	· · · · · · · · · · · · · · · · · · ·	JOB CONDITION/COMME	NTS
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		,	
Fire Grading:	Maximum Live Loa	d: N	Maximum Occupancy Load:



641 Plainsboro Road Plainsboro, NJ 08536 (609) 799-2700 Fax: (609) 799-8831



Owner in Fee	CONTRACTORS, NOTIFY THIS OFFICE.  Block	Lot	13		
Downer in Fee	110		HV-0.	•	:
Address		-cy - mi			
Tele. (	Owner in Fee 10 an 11/25				
Contractor 800 STATE RD 609-924-3530 Address PRINCETON N J. 08542  Tele. (	Address S/IMO	·	•		
Contractor 800 STATE RD 609-924-3530 Address PRINCETON N J. 08542  Fele. (	· · · · · · · · · · · · · · · · · · ·				
PRINCETON N J. 08542  Fele. (	Tele. ( <u>[</u>	O-PRINCETON *** **			
Tele. (	Contractor 800 STATE	RD 609-924-3530			
ic. No	Address PRINCE	TON N J. 08542		·	
Jederal Emp. No		<u> </u>	·	<u> </u>	
B. PLUMBING CHARACTERISTICS  Jee Group Present Proposed  Building Sewer Size Public Sewer Private Septic  Nater Service Size Public Water Private Well  Est: Cost of Plumbing Work \$ 3000  JOB SUMMARY (Office Use Only)  PLAN REVIEW INSPECTIONS Dates (Month/Day)  [ ] No Plans Required Type: Failure Failure Approval Initial  Joint Plan Review Required: Slab  [ ] Building [ ] Electric Rough  [ ] Fire [ ] Elevator Water  [ ] Plumbing Plans Approved Sewer  Date: Fixtures  Approved by: Gas Equipment  Gas Piping  SUBCODE APPROVAL  [ ] CO [ ] CC   CA TCO	ele. ()	Fax (	·)	·. ·	<del> </del>
B. PLUMBING CHARACTERISTICS  Joe Group Present Proposed  Building Sewer Size Public Sewer Private Septic  Water Service Size Public Water Private Well  Est: Cost of Plumbing Work \$  JOB SUMMARY (Office Use Only)  PLAN REVIEW INSPECTIONS Dates (Month/Day)  [ ] No Plans Required Type: Failure Failure Approval Initial  Joint Plan Review Required: Slab  [ ] Building [ ] Electric Rough  [ ] Fire [ ] Elevator Water  [ ] Plumbing Plans Approved Sewer  Date: Fixtures  Approved by: Gas Equipment  Gas Piping  SUBCODE APPROVAL  [ ] CO [ ] CO [ ] CA TCO					·
Proposed   Proposed   Private Septic   Public Sewer   Private Septic   Public Sewer   Private Septic   Public Water   Private Well   Private   Private Well   Private Wel	ederal Emp. No. DOIZE 12	201		· · · · · · · · · · · · · · · · · · ·	
Public Sewer   Private Septic   Public Water   Private Septic   Private Septic   Private Septic   Private Well     Private Well   Private Well     Private Well     Private Well     Private Manual Private Well   Private Well   Private Well   Private Private Well   Private Private Well   Private W	B. PLUMBING CHARACTERISTICS	•		•	
Vater Service Size Public Water Private Well St. Cost of Plumbing Work \$ 3000  JOB SUMMARY (Office Use Only)  PLAN REVIEW	Jse Group Present	Prop	osed	•	
Auter Service Size Public Water Private Well	Building Sewer Size	Public Sewer	Pri	ivate Septic	
JOB SUMMARY (Office Use Only)  PLAN REVIEW INSPECTIONS Dates (Month/Day)  [ ] No Plans Required Type: Failure Failure Approval Initial  Joint Plan Review Required: Slab  [ ] Building [ ] Electric Rough  [ ] Fire [ ] Elevator Water  [ ] Plumbing Plans Approved Sewer  Date: Fixtures  Approved by: Gas Equipment  Gas Piping  SUBCODE APPROVAL  [ ] CO [ ] CO [ ] CA TCO					
PLAN REVIEW INSPECTIONS Dates (Month/Day)  [ ] No Plans Required Type: Failure Approval Initial  Joint Plan Review Required: Slab  [ ] Building [ ] Electric Rough  [ ] Fire [ ] Elevator Water  [ ] Plumbing Plans Approved Sewer  Date: Fixtures  Approved by: Gas Equipment  Gas Piping  SUBCODE APPROVAL  [ ] CO [ ] CO [ ] CA TCO	Vater Service Size	Public Water			•
PLAN REVIEW INSPECTIONS Dates (Month/Day)  [ ] No Plans Required Type: Failure Approval Initial  Joint Plan Review Required: Slab  [ ] Building [ ] Electric Rough  [ ] Fire [ ] Elevator Water  [ ] Plumbing Plans Approved Sewer  Date: Fixtures  Approved by: Gas Equipment  Gas Piping  SUBCODE APPROVAL  [ ] CO [ ] CO [ ] CA TCO	Vater Service Size				
[ ] No Plans Required Type: Failure Failure Approval Initial Joint Plan Review Required: Slab [ ] Building [ ] Electric Rough [ ] Fire [ ] Elevator Water [ ] Plumbing Plans Approved Sewer Date: Fixtures Approved by: Gas Equipment Gas Piping SUBCODE APPROVAL [ ] CO [ ] CO [ ] CA TCO	St. Cost of Plumbing Work \$ 3000				
Joint Plan Review Required:  Slab  [ ] Building [ ] Electric Rough  [ ] Fire [ ] Elevator Water  [ ] Plumbing Plans Approved Sewer  Date:  Approved by:  Gas Equipment  Gas Piping  SUBCODE APPROVAL  [ ] CO [ ] CO [ ] CA TCO	JOB SUMMARY (Office Use Only)			ivate Well	
[ ] Building [ ] Electric Rough  [ ] Fire [ ] Elevator Water  [ ] Plumbing Plans Approved Sewer  Date: Fixtures  Approved by: Gas Equipment  Gas Piping  SUBCODE APPROVAL  [ ] CO [ ] CO [ ] CA TCO	JOB SUMMARY (Office Use Only) PLAN REVIEW	>		ivate Well  Dates (Month/Day)	
[ ] Fire [ ] Elevator Water [ ] Plumbing Plans Approved Sewer  Date:	st: Cost of Plumbing Work \$ 300 f.  JOB SUMMARY (Office Use Only)  PLAN REVIEW  [ ] No Plans Required	INSPECTIONS Type:	Pri	ivate Well  Dates (Month/Day)	Įnitial
Plumbing Plans Approved   Sewer	st: Cost of Plumbing Work \$ 300 f.  JOB SUMMARY (Office Use Only)  PLAN REVIEW  [ ] No Plans Required  Joint Plan Review Required:	INSPECTIONS Type:	Pri	ivate Well  Dates (Month/Day)	Initial
Approved by:  SUBCODE APPROVAL  [ ] ^CO	st: Cost of Plumbing Work \$ 300 f.  JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] Electric	INSPECTIONS Type: Slab Rough	Pri	ivate Well  Dates (Month/Day)	!nitial
Approved by:  Gas Equipment  Gas Piping  SUBCODE APPROVAL  Solar  [ ] CO	JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] Electric [ ] Fire [ ] Elevator	INSPECTIONS Type: Slab Rough Water	Pri	ivate Well  Dates (Month/Day)	!nitial
Gas Piping SUBCODE APPROVAL Solar TCO	JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] Electric [ ] Fire [ ] Elevator [ ] Plumbing Plans Approved	INSPECTIONS Type: Slab Rough Water Sewer	Pri	ivate Well  Dates (Month/Day)	Initial
SUBCODE APPROVAL Solar	JOB SUMMARY (Office Use Only)  PLAN REVIEW  [ ] No Plans Required  Joint Plan Review Required:  [ ] Building [ ] Electric  [ ] Fire [ ] Elevator  [ ] Plumbing Plans Approved  Date:	INSPECTIONS Type: Slab Rough Water Sewer Fixtures	Pri	ivate Well  Dates (Month/Day)	!nitial
1 1 CO 1/1 CO CA TCO	JOB SUMMARY (Office Use Only)  PLAN REVIEW  [ ] No Plans Required  Joint Plan Review Required:  [ ] Building [ ] Electric  [ ] Fire [ ] Elevator  [ ] Plumbing Plans Approved  Date:	INSPECTIONS Type: Slab Rough Water Sewer Fixtures Gas Equipment	Pri	ivate Well  Dates (Month/Day)	Initial
	JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] Electric [ ] Fire [ ] Elevator [ ] Plumbing Plans Approved Date:	INSPECTIONS Type: Slab Rough Water Sewer Fixtures Gas Equipment Gas Piping	Pri	ivate Well  Dates (Month/Day)	Initial
Date: 9/40/	JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] Electric [ ] Fire [ ] Elevator [ ] Plumbing Plans Approved Date:	INSPECTIONS Type: Slab Rough Water Sewer Fixtures Gas Equipment Gas Piping Solar	Pri	ivate Well  Dates (Month/Day)	Initial
Approved by:	JOB SUMMARY (Office Use Only) PLAN REVIEW [ ] No Plans Required Joint Plan Review Required: [ ] Building [ ] Electric [ ] Fire [ ] Elevator [ ] Plumbing Plans Approved Date: Approved by:  SUBCODE APPROVAL [ ] CO [ ] CCO [ ] CA	INSPECTIONS Type: Slab Rough Water Sewer Fixtures Gas Equipment Gas Piping Solar	Pri	ivate Well  Dates (Month/Day)	!nitial

-	 •				
	Date Received		•		
•	Date Issued	CP T	7 0	-	
	Control #	Name of the last	الأستمسرين	\$. (	- American
	 Permit # 2	17/3	ME	11 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Steam Boiler Hot Water Boiler Vy flacting Sewer Pump Interceptor/Separator Backflow Preventer Greasetrap	Only)
Urinal/Bidet Bath Tub Lavatory Shower Floor Drain Sink Dishwasher Drinking Fountain Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping Steam Boiler, Hot Water Boiler Vy factors Sewer Pump. Interceptor/Separator Backflow Preventer Greasetrap	
Bath Tub Lavatory Shower Floor Drain Sink Dishwasher Drinking Fountain Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping Steam Boiler, Hot Water Boiler Vy factors Sewer Pump. Interceptor/Separator Backflow Preventer Greasetrap	
Lavatory Shower Floor Drain Sink Dishwasher Drinking Fountain Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping Steam Boiler, Hot Water Boiler Vy factors Sewer Pump. Interceptor/Separator Backflow Preventer Greasetrap	
Shower Floor Drain Sink Dishwasher Drinking Fountain Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping Steam Boiler, Hot Water Boiler Interceptor/Separator Backflow Preventer Greasetrap	
Floor Drain Sink Dishwasher Drinking Fountain Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping Steam Boiler, Hot Water Boiler Applacement Sewer Pump Interceptor/Separator Backflow Preventer Greasetrap	<u> </u>
Sink Dishwasher Drinking Fountain Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping Steam Boiler Hot Water Boiler Sewer Pump Interceptor/Separator Backflow Preventer Greasetrap	<u> </u>
Dishwasher Drinking Fountain Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping Steam Boiler Hot Water Boiler Sewer Pump Interceptor/Separator Backflow Preventer Greasetrap	
Drinking Fountain  Washing Machine  Hose Bibb  Water Heater  Fuel Oil Piping  Gas Piping  Steam Boiler,  Hot Water Boiler ** ** ** ** ** ** ** ** ** ** ** ** **	
Washing Machine Hose Bibb Water Heater Fuel Oil Piping Gas Piping Steam Boiler, Hot Water Boiler Vy factors Sewer Pump. Interceptor/Separator Backflow Preventer Greasetrap	<u> </u>
Hose Bibb  Water Heater Fuel Oil Piping Gas Piping Steam Boiler, Hot Water Boiler Sewer Pump Interceptor/Separator Backflow Preventer Greasetrap	
Water Heater Fuel Oil Piping Gas Piping Steam Boiler. Hot Water Boiler Applacement Sewer Pump Interceptor/Separator Backflow Preventer Greasetrap	
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Gas Piping Steam Boiler Hot Water Boiler Vy flactmen Sewer Pump Interceptor/Separator Backflow Preventer Greasetrap	3
Steam Boiler.  Hot Water Boiler September 10  Sewer Pump. Interceptor/Separator Backflow Preventer Greasetrap	<u>.</u>
Hot Water Boiler Typlacemen 10 Sewer Pump. Interceptor/Separator Backflow Preventer Greasetrap	<del>.</del>
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Interceptor/Separator Backflow Preventer Greasetrap	
Backflow Preventer Greasetrap	<u> </u>
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Other	<del>.</del> .
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Administrative Surcharge \$	- 4 m
Minimum Fee \$	
· ·	
DCA Training Fee \$	
TOTAL FEE \$	
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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.

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Sian	ature -	- Coi	ntract	or's	Sea	ıĬ

# 641 Plainsboro Road Plainsboro, NJ 08536 (609) 799-2700



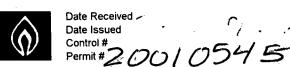
(609) 799-2700 FAX: (609) 799-8831 A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Work Site Location Owner in Fee Same Address 7970920 PFTRO-PRINCETON Contractor 800 STATE RD 609-924-3530 Address PRINCETON N J. 08542 Tele. ( Fax ( Lic. No. Federal Emp. No. **B. FIRE PROTECTION CHARACTERISTICS** Use Group Present Proposed Fire Alarm System Constr. Class Present Proposed New [ ] Existing [ ] Heating Systems [ ] New > Existing [ ] HVAC Location of Panel: Type: [ ] Gas [ Oil [ ] Electric Fire Suppression/Standpipe System Existing [ ] [ ] Other \_\_\_ Location of Main Control Valve: Location: \_ Total Cost of Fire Protection Work \$//06

JOB SUMMARY (Office Use Only)					
PLAN REVIEW	INSPECTIONS		Dates (M	ionth/Day)	
No Plans Required	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:	Alarm System ~				
[ ] Building [ ] Plumbing	Suppression Sys.				
[ ] Electric [ ] Elevator	Standpipe				
[ ] Fire Plans Approved \\\	Fire Pump				
Date: 57101	Pre-Eng. System				
Approved by:	Mechanical			<u> </u>	
SUBCODE APPROVAL	Smoke Control				
[] CO [] CCO [X TA	TCO			<del></del> .	
Date: 53/701	Final	5:31111		5300	<u>4KB</u>
Approved by:	Other			C'PIZAL	<u>(                                     </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.

Signature > ibh I eller



D. TECHNICAL SITE DATA		. 1
Replace oil fired h	pubo.	ber with some
Water Supply Source 95 k i) Method of Alarm/Suppression System Su		
Storage Tanks	[	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust	tible Liquid	(=,
[ ] LPG [ ] LNG Capacity	i i	
	•	
Alarm Systems [ ] 110v Interconnected	NOMBER	
[ ] System		•
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air	)	
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		· · · · · · · · · · · · · · · · · · ·
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		<u></u>
Standpipes (Ory and Wet) Standpipes (Ory and Wet) Pre-engineered Systems	1.5H.E	78
Pre-engineered Systems		
Wet Chemical	i - i - i	
E Wash Cashale	400	
Dry Chemical CO <sub>2</sub> Suppression Foam Suppression	"JA" M	16.3111
Foam Suppression	, 1 <del>. 0</del>	
		1 1
Other Other	, *O 631.	les buch
Office Contract of the Contrac		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil  Fired Appliances	7	300
Other	<del></del>	
Administrati	ve Surcharge	\$
	Minimum Fee	\$
	Training Fee	\$ -12
	TOTAL FEE	s

U.C.C. F140 (rev. 3/96)

DATE	JOB CONDITION / COMMENTS	
· 5-31-01 09:5	) No overhome	
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RE	SIDE	IAITM	. HAB	ITABL	E CO	MBUS	TION	AIR (	CALCU	LAT	ON FORM	
							M Cd-	IAY 17	2001			
1.	the re	quired a on or in	amount of the app	of air in liance.)	cubic f Fuel fi	eet. (BT	U inpu iances	t ratings are an	are-liste oil or ga	ed-on t	ces. The result the equipment ace, water	is
Furnac BTU		furnac BTL		water ł BT		+ drye BTU					. •	
( <u>95,</u>	<u>000                                  </u>	e. •	<u>_</u> +		·	+	<u>·</u> )/	1000	X 40 :	= <u>3</u> 8	300 cubic fee	it
2.	frame locate be pro	ed openi ed near ovided f	ngs, tra the top o or each	nsfer gri of the ro area to	lls, or to om an be cor	full louve d anothe	ered do er locat The to	ors. If to ed near tal amo	ransfer g r the bott unt of ai	rills ar	spaces through re used, one the room must able must be	
LENG	TH	X	WIDTI	Н	X	HEIGH	IT	=	CUBIC	FEE	r	
34		X	24	<del></del>	X	9	· 	=	73	44	cubic feet	
		X			Χ	·		=			cubic feet	
	·	X.			X	· .		= .			cubic feet	
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									735	14	Total cubic fee	∍t
3.	Each		g must b								quare inches. nbined applianc	е
	LENG	ЭТН	Χ	WIDT	-	X	(see	below)	= Unc	bstruc	cted area	
•			X			,X	.75	;	=	(ME	ETAL OP <b>ENIN</b> O	3)
						4						

Please note that these openings can be located in any wall or door opening. The transfer grills do not need to be in line with each other but only located so that the air will freely move from one space to the other. It is important to consider furniture layouts when locating the grills so that these openings will not be blocked.

.25

(WOOD OPENING)

Χ

# **APPLICATION FOR PERMIT**

TO BE MADE OUT IN INK AND SUBMITTED WITH ONE SET OF PLANS

Application is hereby made to the Zoning Official of the Township of Plainsboro for the approval of the detailed statement and plans herewith submitted for the construction, erection, alteration, equipment or removal of buildings or structures, herein described. All provisions of the "Ordinance concerning Zoning," adopted by the Township of Plainsboro, County of Middlesex, State of New Jersey, shall be complied with, whether specified herein or not.

(Sign here) STEELCREST HOMES INC STANLEY BARON (Pro-
Date SET 25 , 1964 Per MARTIN OSTROFF Architect or Agen
New Building? Addition?
1. Location (Street and Number) 49 EDGEMERE AVE Block PLAT Lot 2
2. Use District RESIDENTIAL Height District 3.5 FF Area District R-85
3. How will proposed building be used? ハモル トロカル
4. If dwelling, number of families? SINGLE
5. How are other buildings on lot occupied?
6. No. stories of proposed building? Height, No. of feet No. of stories of present building
7. Give area of building in square feet 2030  8. Give over-all dimension of completed building 65'7" 29'7
9. Will fire walls be provided? \\\ \sum_{\mathcal{E}} \S
10. Total percentage of lot to be occupied at ground level?
11. Total percentage of lot to be occupied at second story level?
12. Rear yard depth at first story? 95 # at second story? HOME west 13. Side yard width at first story? hour 30 # at second story? "  Rear 50 # 4 ** Side and width at first story? The sto
Wes 13. Side yard width at first story? that 50 ft at second story?
13a. Side yard width at first story:
14. Inner courts dimensions at first story? at second story?
15. Outer courts dimensions at first story? at second story?
16. Will building be erected on front or rear of lot? FROM Size of lot? 160 7 210
17. Will entire structure set back of street line? 165 No. of feet? 45/1
18. Prevailing set-back in block feet
19. Approximate Cost /8.000
·
CATION  OCTORE  SOCIETAL  T, ERECT, ALTER,  MOVE BUILDINGS  RUCTURES  COGENCIA AVESTREE  NA CY  COGENCIA AVESTREE  NA CY  COGENCIA AVESTREE  NA CY  COGENCIA AVESTREE  SOCING OFFICIAL  CONING OFFICIAL  SONING OFFICIAL  CONING OFFICIAL  CONING OFFICIAL  SONING OFFICIAL  CONING OFFICIAL  CONING OFFICIAL  SONING OFFICIAL  COGESS  Sig.  19  Inspector  Inspector
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APPLICATION Plainsboro, N. J. FOR A PERMIT STRUCT, ERECT, ALTER, OR STRUCTURES  No. 49 EOGENEUE AUESITES  No. 49 EOGENEUE AUES  No. 49 EOGENEUE AUES  No. 49 EOGENEUE AUES  STRUCTURES  No. 49 EOGENEUE  STRUCTURES  No. 49 EOGENEUE  STRUCTURES
Permit I  TO CO  EQUIP  Location  Owner's  Contract  Architec  al I have  cation and they are i  Date  Date
й <b>ны</b> "Тооодч" аа

On diagram below indicate existing and proposed buildings

# **REAR END OF LOTS**

CORNER LOT	INTERIOR LOT	CORNER LOT
	,	

Below make a detail sketch of lot showing proposed buildings, structures, wells, cesspools, and/or septic tanks and existing buildings, structures, cesspools and/or septic tanks.

# DEPARTMENT OF BUILDINGS

Plainsboro, N. J., remare 30, 1964
This Permit is granted to William FU telus
In accordance with application dated tanian 24, 1964
to Processing a Republication Building
Located at 47 Edgemene Cur Block 20 Lot 5/
Width 62 T Depth 26 Height 1817
Number of Stories
Proposed IJse
Estimated Cost 410,000
Zone R-852
This Permit is subject to all existing Town Ordinances.
Fee \$ 4 - Waller & facolosou
Zoning Officer
No building shall be occupied in any part thereof unless or until a
Certificate of Occupancy has been issued by the Zoning Officer.

# APPLICATION FOR PERMIT

TO BE MADE OUT IN INK AND SUBMITTED WITH ONE SET OF PLANS

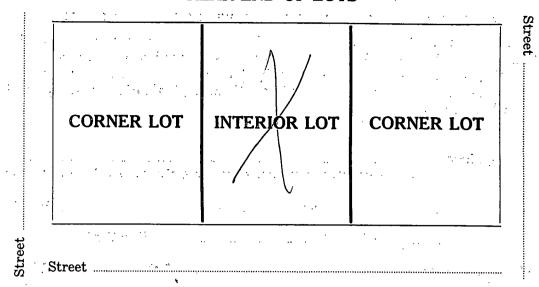
Application is hereby made to the Zoning Official of the Township of Plainsboro for the approval of the detailed statement and plans herewith submitted for the construction, erection, alteration, equipment or removal of buildings or structures, herein described. All provisions of the "Ordinance concerning Zoning," adopted by the Township of Plainsboro, County of Middlesex, State of New Jersey, shall be complied with, whether specified herein or not.

	(Sign here) William P. Wossen (If a corporation, give name of company, also	name	and t	ile of r	esponsibl	le officer)
Dat	e Jan 24, 1964 Per DESIGNED					
Nev	v Building? Addition?	Alter	ation?	·		
1.	Location (Street and Number) 4 Edgenace RE Lo	t	•••••	I	Plot <del></del>	
2.	Use District Reel Height District 35ff	<b>A</b> r	ea Dis	strict	R	-85
3.	How will proposed building be used? RESIDENCE					
4.	If dwelling, number of families?					
5.	How are other buildings on lot occupied?					
6.	No. stories of proposed building? //2 Height, No. of feet // No. of	of sto	ries o	of pres	ent bui	ilding
7.	Give area of building in square feet 26x34 1440 1	uft				
8.	Give over-all dimension of completed building	Χ	26	ST	<del></del>	
	Will fire walls be provided?	••••••		l' 		
10.	Total percentage of lot to be occupied at ground level? 26496		14.	62/0		······
11.	Total percentage of lot to be occupied at second story level?	••••••				
12.	Rear yard depth at first story?	tory	?			
13.	Side yard width at first story? Exst 13'0" at second s	tory	?			•••••
13a	Side yard width at first story? WEST. 12'-L' at second s	tory	?			
14.	Inner courts dimensions at first story? at second s	tory	?			
15.	Outer courts dimensions at first story? at second s	tory	?			······
	Will building be erected on front or rear of lot? From L. Size				x 210	1.28
17.	Will entire structure set back of street line? No. of fee	e <b>t?</b>	4.	3	•••••	
18.	Prevailing set-back in block 45 feet		••••••	•••••		
19.	Approximate Cost - B10,000					
	•					
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t. !	SS. Self Self St. S.	1	li		1	j
1	IT. T. ALTER, BUILDINGS ES  I.C. Street  L.U.''  L.U.''  L.C. 196  A. 196  Be within appliance within appliance of the continuous ordinance ordinance of the continuous ordinance ordi		Sig.			, 19 Inspector
1	I, AL UILD SS					
Fee \$	TION  RECT, ALT  RECT, ALT  TURES  EMERCE  PEARSON  GOFFICIAL  RECTOR  LUING  PEARSON  GOFFICIAL  RECTOR  RECTOR  RECTOR  RECOORD  RECOORD	PORT				
	Plainsboro, N. J. FOR A PERMIT STRUCT, ERECT, ALTER, OR STRUCTURES  10. HT Edgemen Car Street  11/1/44 P. WESP  GEORGE H. PEARSON  CLE OF ZONING OFFICIAL  boro, N. J., Red. Zo., 196  ceived and examined the within appli- he accompanying plans, and find that accordance with the Zoning Ordinance	INSPECTOR'S REPORT	ress			
$\sim$	SECONING  SECONING  SECONING  J., L., L., L., L., L., L., L., L., L., L	TOR	Progress			75
89/	APPL Plainsh FOR A STRUCT OR REI AM A MAM	SPEC				plete
	Plainsbor FOR A F CONSTRUCT, JIP OR REMC OR STRU tion No. #7 En tractor DESIGME itect GEORGE office of ZON Plainsboro, N. J., and the accompany are in accordance will are in accordance will	ž				Completed
Permit No.	Plainsboro, N. J. FOR A PERMIT  TO CONSTRUCT, ERECT, ALTER, EQUIP OR REMOVE BUILDINGS  OWNER Address  Owner's Address  Contractor Designed Fire Living  Architect George H. Pearson  Office of Zoning official  I have received and examined the within application and the accompanying plans, and find that they are in accordance with the Zoning Ordinance.  Coning Official  Zoning Official		Date			
Pern	TO CO EQUIP Location Owner's Owner's Contract Architec  Architec  I have cation and they are i	}	Ã			Building

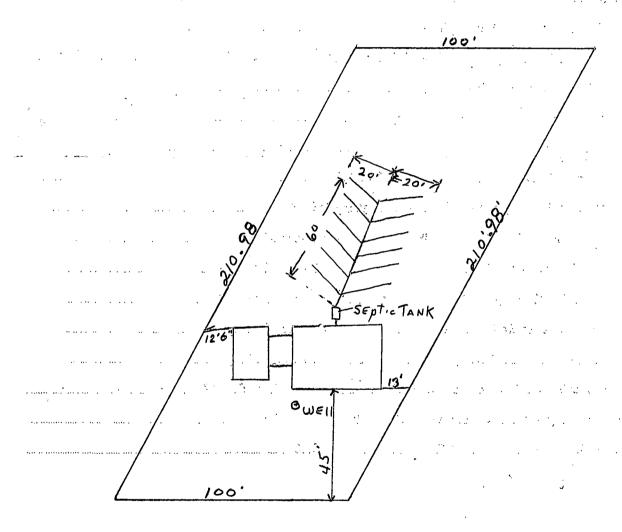
8-202-5

On diagram below indicate existing and proposed buildings

# **REAR END OF LOTS**



Below make a detail sketch of lot showing proposed buildings, structures, wells, cesspools, and/or septic tanks and existing buildings, structures, cesspools and/or septic tanks.



# SEPTIC CONSTRUCTION PERMIT

Nº 121

# Township of Plainsboro

				be le,	
Permission is hereby	given to:	$\alpha$			
CONTRACTOR'S NA ADDRESS: 2	ME Applied	Wastewales	Sen T	ELÉPHONE	(800) 334-12
ADDRESS: 2	Clenco lan	e Belle-Mi	eal NIT	08502	
OWNER'S NAME	Mr.	Wesp			
OWNER'S ADDRESS	3 41 E	dgemese	tue		
OWNER'S NAME OWNER'S ADDRESS JOB LOCATION	47 Edg	mer		Lot 13	Block 25
To construct	Alter 🗆	Repair 🗌	•		•
To perform Septic op standing that all work state and local health	k will conform t				
Contractor's License	<sub>No.</sub> 13613		lyelyu	) SSU For Pla	ainsboro Township
Fee Paid \$ 1. 00	7		V /		•





PLAN REVIEW APPROVAL

ZONING:

BUILDING: \_\_ ELECTRICAL:

PLUMBING:

H.V.A.C. OTHER:

FIRE:

#### CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

<b>j</b> .	( . )	1 1	further	certif	y that	l will	perfor	m or	· supervi	ise the	following	work:

C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:

C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

signature		Date	 _
		<del>-</del>	

#### II. AGENT SECTION

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

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.		
Agent Name		
Address		
Telephone ( )		
Signature	Date	

X. CERTIFICATES ISSUED (office u  Temporary Certificate of Occupancy Temporary Certificate of Occupancy Continued Certificate of Occupancy Certificate of Occupancy Certificate of Approval None	IX. SUBCODES AND SPECIAL  Name of C  Building  Electrical  Plumbing  Fire Protection  Mechanical		☐ Other	Utility Dig No.	N.J. Dept. of Envi- ronmental Protect.	□ N.J. Department of Transportation	☐ N.J. Dept. of Com- munity Affairs	☐ Soil Conservation	☐ Health Department	☐ Police Department	☐ Fire Department	☐ Water Authority	☐ Sewer Authority	☐ Zoning Board	☐ Planning Board	VIII. PRIOR APPROVALS CHECKLIST (office use only)
(office use only) Occupancy Occupancy Occupancy	AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)  Name of Code & Edition  Energy Barrier Fre Flood Haz As Built E															LOCAL APPROVA Prelimin. Initial
No.	PPLICABLE (office		•		X	$\bigvee$										LOCAL APPROVAL in. Final Date
	e use only—option Energy Barrier Flood I As Buil Other_			$\bigvee$		$\bigvee$				$\bigvee$				$\bigvee$		COUNTY APPROVAL Prelimin.
	ard			$\bigvee$		$\bigvee$								$\bigvee$		NTY OVAL Final Date
	Name of Code & Cert.			X			X			$\bigvee$	$\bigvee$			X		REGIONAL APPROVAL Prelimin.
DATE EXP	Edition					$\bigvee$			$\bigvee$					$\bigvee$		סיאAL OVAL Final Date
EXPIRED								X		$\bigvee$	$\bigvee$	X				STATE APPROVAL Prelimin.   I
	Other			X				X			X	X	X	X	X	OVAL Final Date
						· .										COMMENTS

# Garden State Electrical Inspection Services, Inc. | BIT | BINSBORD 10MNSHIP



PLUMBING SUBCODE 7. TECHNICAL' SECTION



Date Received
Date Issued
Control #
Permit #

12/12/91

910779

## D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
•	or Refrigeration Unit	- M
1	Sewer Connection	35
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	
	Administrative Surcharge	\$
Paid [	Check # 8 Minimum Fee	\$ #2 E O O
Collected		1000

ING CONTRACTORS, NOTIFY THIS				37 Jan 1990.	
Block				و ا	
Work Site Location	FOEFMERE	-			<u> </u>
Owner in FeeBTL	L WESP				
Address 77	FDEEMERE FORO			<del></del>	
Tele. ()	920				
Contractor MP. HUN	11 8 50N I	NC_			
Address 220 5	TOKES AVE	<u> </u>			
W. TRENT					
Tele. () 882 -/36	2 <i>5</i>				
Lic. No.					
Federal Emp. No. 21 -0695	397 or Social Se	curity No	o		
B. PLUMBING CHARACTERISTIC	cs				
Use Group Present	Proposed _			_	
Use Group Present	JDR 35			<del></del>	
Water Service Size					
Estimated Cost of Plumbing Work					
JOB SUMMARY (Office Use On					
PLAN REVIEW:	INSPECTIONS:		Dates (N	onth/Day)	
No Plans Required	Type:		•	Approval	Initial
Joint Plan Review Required:	Slab	railuie	ranule	Approvar	Hillian
[ ] Bldg. [ ] Elec. [ ] Fire	Rough				
[ ] Plumb. Plans Approved	Water				
1, ,					
Date:					
Approved by:					
	Gas Equipment Gas Final				
CURCODE ARREOVAL.	_				
SUBCODE APPROVAL:	Solar			<del></del>	
[ ] CO [ ] CA	TCO				•
Approved by:			<del></del>		

#### 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.

Morris D News Signature-Contractor Seal

- CLEANOUT BJU WESP 47 EDGEMERE BLOCK 025 LOT DEC 1 6 1991

PLAINSBORD TOWNSHIP

COMMUNITY DEVISIOPMENT

FIXEMED

# Garden State Electrical Inspection Services, Inc.





Date Received Date Issued Control #

Permit #

Block Block	167 15706	13 /	72-1000.
Work Site Location	TINE SILERI		Pademin
	were the first of		corpo, co
Owner in Fee PZZ	C WITTED		V
Address	アンノーアンウィータ	<b>,</b>	ν,
- Sixt police	reduce c		
Tele. ()	\$ ~^*/c^`)		
Contractor MIN MIN	117 P TOX 1 7	To K	the second second
Address 220 5	TOVERS NUC		***
- 6 TAPPA	70 T	· · · · · · · · · · · · · · · · · · ·	
Tele. ()	<u> </u>		
Lic. No.			***
Federal Emp. No. 21 -0695	3ラグ or Social Sec	curity No	<b>6. №</b> .
B BUILDING CHARACTERISTIC	<b>.</b>	,	
B. PLUMBING CHARACTERISTIC	,s		**************************************
Use Group Present	Proposed_	<del></del> .	
Use Group Present	<u> </u>	·	<u> </u>
Water Service Size	1117	· · · · · · · · · · · · · · · · · · ·	
Estimated Cost of Plumbing Work	\$ <u>31950</u>		
JOB SUMMARY (Office Use On		<del> </del>	<del></del>
PLAN REVIEW:	INSPECTIONS:	Dates (Mo	onth/Day)
No Plans Required	Type:	Failure Failure	• •
Joint Plan Review Required:	Slab		h Mal
[ ] Bldg. [ ] Elec. [ ] Fire	Rough		Tump!
[ ] Plumb. Plans Approved	Water	F 61/10	
Date:	Sewer	MANTO	
Approved by:	Fixtures		
	Gas Equipment		Mul
<b>.</b>	Gas Final	W	
SUBCODE APPROVAL:	Solar		
[ ] CO [ ] CCO [ ] A	/TCO		
Approved by:	15		····
Date: /2/19/0	<b>//</b>		<u></u>
		* * * * * * * * * * * * * * * * * * *	
C. CERTIFICATION IN LIEU OF	OATH		
· 1		A2	A Property of

#### D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	. Water Closet	
	Urinal/Bidet	;
	Bath Tub	<u></u> ,,
<del></del>	Lavatory	<u> </u>
	Shower 🐧 🔒	
	Floor, Drain	
	Sink	
<del></del>	Dishwasher	
· · · · · · · · · · · · · · · · · · ·	Drinking₃,Fountain∜ু	7
	Washing Machine 🖏	
<del></del>	Hose Bibb	
	Gas <sub>"</sub> Piping	1
<del></del>	Fuel Oil Piping	* ***
<del></del>	Water Heater	
- <u>xB</u>	Steam Boiler	31
<del></del>	Hot Water Boiler	
<u> </u>	Sewer Pump	
<del></del>	Interceptor/Separator	~
<del></del>	Backflow Preventer	· · · · · · · · · · · · · · · · · · ·
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
1	Sewer Connection	60
<u> </u>	Water Service Connection	
<u> </u>	Gas Service Connection	
· · ·	Active Solar System	
	Other	•
:-	1	
<u> </u>	Administrative Surcharge	\$
	Check # 8 Minimum Fee	\$
Collected I	by:TOTAL	s (QU

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

DEC 1 6 1991

COMMUNITY DEVELOPMENT



ф	T. SHIP OF PLAINSBORO 666 : ainsboro Road Suite 524-532 P.O. Box 278 Plainsboro, NJ 08536 (609) 799-2700
	h-



Date Issued
Control # /2/16/9/
Permit # 910779

(609) /99-2/00		1 1000
IDENTIFICATION Block 35 15	12 Lot 1	910779
Work Site Location 47 Edge M		UP Hunt & son
		220 Stokes Are
Owner in Fee Bill Wesp		EWINE TUP
Address 47 Edgemes	Tele. ()	088 2-1325
	Łic. No. or Bldrs.	. Reg. No Exp. Date
Tele. () 799~0920.	Federal Emp. No	21-0695397
	or Social Se	curity No
is hereby granted permission to perform to	the following work:	PAYMENTS (Office Use Only) Building
[ ] BUILDING [ ] PLUMBING	[ ] OTHER	Plumbing 935
[ ] ELECTRICAL [ ] FIRE PROTECT	ION	Electrical
DESCRIPTION OF WORK:		Fire Protection
DESCRIPTION OF WORK.		Other
	. <b>.</b>	Other
SEWER LI	11 17	DCA Training Fee
000001	.02	Cert. of Occ.
		Other
NOTE: If construction does not commence with	* * *	Total
construction ceases for a period of six (6) mon	ths, this permit is void.	Check No
\$1851.00		Cash
Estimated Cost of Work \$ 91850,00	Just ( & X V	Collected By:
U.C.C. Form F-170A	CONSTRUCTION OFFICIAL	(see reverse side)

20106 (Rev. 11/89)

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE 4 GOLD-APPLICANT



# REQUIRED NSPECTIONS



Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Codé.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

- ☐ Required inspections for all subcodes for one and two family dwellings are the following:
  - 1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
  - 2. Foundations and all walls up to grade level prior to back filling;
  - All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough
    piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations;
    insulation installations;
  - 4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.
- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
- A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form 170B



Township of Plainsboro 641 Plainsboro Road Plainsboro, NJ 08536

609 - 7990909 12/12/17/0

Application Date: 12/04/2017

# **CONSTRUCTION PERMIT**

## **IDENTIFICATION**

#### OWNER/PROPERTY DETAILS

Block:	1512
--------	------

Lot: 11 Qualification Code:

Work Site Location:

47 EDGEMERE AVENUE PLAINSBORO

Contractor:

**PETRO** 

Owner In Fee:

WESP, WILLIAM

Address:

800 State Road

Address:

**POBOX 304** 

Princeton NJ 08540

PLAINSBORO NJ 08536

Telephone:

Telephone:

(609) 799-0920

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

(609) 688-7811 36BI008389

Use Group(s):

R-5

Federal Emp. No.:

6-1207261

is hereby granted permission to perform the following work:

[ ]BUILDING

**DEMOLITION** 

[ X ]ELECTRICAL

JFIRE PROTECTION

] OTHER

**JELEVATOR DEVICES** 

**IMECHANICAL** 

**JASBESTOS ABATEMENT** 

**JLEAD HAZARD ABATEMENT** 

(Subchapter 8 only)

DESCRIPTION OF WORK:

installation of indirect water heater

**PAYMENTS** (Office Use Only) Building

Electrical

\$75.00 \$75.00 Plumbing

Fire Protection

Elevator Devices

Mechanical

VolFee (DCA)

AltFee (DCA)

\$6.00

DCA Minimum Fee

\$0.00

Other Fees

CO Fee

Total

CCO Fee

Minimum Fee

\$156.00

All Fees Waived:

No

ESTIMATED COST OF WORK:

Cost of Construction:

0.00

Cost of Rehabilitation:

3,000.00

Cost of Demolition:

0.00

Amount to be Paid:

\$156.00

Total Cost:

\$3,000.00

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Brian K Miller

Construction Official

1/22/18 1838939

Note:



D. TECHNICAL SITE DATA OT. A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING Approval Dates (Month/Day) Failure CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. [ ] Other Failure 900 11/16 Proposed Utility Co. Initial INSPECTIONS Constr. Serv. ĕ Temp. Serv. Fax ( [ ] Temporary Service Rough Other 001 Final B. ELECTRICAL CHARACTERISTICS JOB SUMMARY (Office Use Only) ] Plumbing Elevator No Plans Required Joint Plan Review Required: ] Elec. Plans Approved Est. Cost of Elec. Work \$ Present Owner in Fee/Occupant Building Occupied as ] Pole/Pad # Nork Site Location PLAN REVIEW Federal Emp. No. [] Building Approved by: Tele. (LaC Use Group Contractor Address Date: Address Tele. ( Lic. No. Block

TOTAL NUMBERS

Alarm Devices/F.A.C. Panel

Emergency & Exit Lights Communications Points

Motors-Fract. HP

**Light Poles** Detectors

Switches 15 LCC

Lighting Fixtures

ITEMS

SIZE

Receptacles

Date Received Date Issued Control # Permit # FEE (Office Use Only)

20180060

										1	4	*			
Pool Permit/with UW Lights	Storable Pool/Spa/Hot Tub <a href="https://www.nete-color:blue-color: blue;">NV Elec. Range/Receptacle</a>	(W Oven/Surface Unit	VV Elec. Dryer/Receptacle	(W Dishwasher	HP Garbage Disposal	HP/KW Space Heater/Air Handler	KW Baseboard Heat	HP Motors 1/+ HP	KW Transformer/Generator	AMP Service	AMP Subpanels	AMP Motor Control Center	KW Elec. Sign/Outline Light		

Administrative Surcharge Minimum Fee DCA Training Fee TOTAL FEE

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

S

000 [ ]

00 [ ]

SUBCODE APPROVAL

hereby certify that I am the (agent of) owner of record and am authorized

C. CERTIFICATION IN LIEU OF OATH

Approved by:

to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor

1 White = Inspector Copy

3 Pink = Office Copy

U.C.C. F120 (rev. 3/96)



# PLUMBING SUBCODE *TECHNICAL SECTION*



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING Qualification Code CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000 some and ro Lo Work Site Location Block

133/184.9% Private Septic Private Well Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Exp. Date Tel. e-mail Proposed Romain Public Sewer Public Water e-mail 0 B. PLUMBING CHARACTERISTICS erri -tankopt Present Contractor License No. Federal Emp. ID No. **Building Sewer Size** Water Service Size Owner in Fee: Tel. (604 Use Group Contractor: Address Address

Est. Cost of Plumbing Work \$

Initial Approval Dates (Month/Day) Failure Failure Gas Equipment Fuel Oil Piping INSPECTIONS LPGas Tank Gas Piping Fixtures Rough Sewer Water Solar Final 100 Slab SUBCODE APPROVAL for CERTIFICATE [ ] Partial -Underslab Utilities Approved [ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev. [ ] CA SUBCODE APPROVAL for PERMIT JOB SUMMARY (Office Use Only) [ ] Plumbing Plans Approved Date: 13-61 Approved by: Approved by: Joint Plan Review Required: 1 1 000 P No Plans Required PLAN REVIEW Approved by: Approved by: 00 [ ]

Date Issued Control # Permit #

Date Received

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:

Replacement indirect Hot water Heater D. TECHNICAL SITE DATA DESCRIPTION OF WORK

[ ] Exempt Applicant

SMRIN

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$\preceq$
FIXTURE/EQUIPMENT
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QTY.

FIXTURE/EQUIPMENT	FEE (Office Use Only
Water Closet	₩
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
Water Heater	
Fuel Oil Piping	
Gas Piping	
LPGas Tank	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Sewer Connection	
Water Service Connection	
Stacks	
The induser HOL	

State Permit Surcharge Fee

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy. 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Minimum Fee

Administrative Surcharge

TOTAL FEE

# FW: OPRA #24-453 - 47 Edgemere Avenue

#### 8 attachments (3 MB)

20240730085156 Copy(1).pdf; 20240730085156 Copy(2).pdf; 20240730085156 Copy(3).pdf; 20240730085156 Copy(4).pdf; 20240730085156 Copy(5).pdf; 20240730085156 Copy(6).pdf; 20

From: Allen, Nancy <nallen@plainsboronj.com>

Sent: Tuesda, Jul 30, 2024 6:24 PM

To:

Cc: Velazquez, Jesenia <jvelazquez@plainsboronj.com>; Lopez, Melissa <mlopez@plainsboronj.com>; Laguna, Stephanie <SLaguna@plainsboronj.com>; Township Clerk's Office <TownshipClerksOffice@plainsboronj.com>; buildingdivision <webmail buildingdivision@plainsboronj.com>

Subject: OPRA #24-453 - 47 Edgemere Avenue

#### Good morning,

As per your OPRA request attached please find the permit files for 47 Edgemere Avenue. The last PDF file is an open permit that requires the inspections to be scheduled & approved prior to the issuance of the Certificate of Approval. There are no open violations from Code Enforcement Building Division at this time.

Thank you.

Sincerely,

Nancy Allen Technical Assistant Code Enforcement Plainsboro Township 609-799-0909 ext. 2545 06/08/2024, 11:29 WIPP



Block/Lot/Qual:	1512. 11.	Tax Account Id:	2163
Property Location:	47 EDGEMERE AVENUE	Property Class:	2 - Residential
Owner Name/Address:	WESP, WILLIAM	Land Value:	139,000
	P O BOX 304	Improvement Value:	239,200
	PLAINSBORO, NJ 08536	Exempt Value:	0
		Total Assessed Value:	378,200
		Additional Lots:	None
Special Taxing Districts:	FIRE DIST 1	Deductions:	

#### Taxes

Make a Payment	View	Tax Rates	View	Current Bill	Project Inte	erest	
Year Due Date	Туре	Bille	ed	Balance	Interest	Total Due	Statu
2025 02/01/2025	Tax	2,470.	60	2,470.60	0.00	2,470.60	OPE
2025 05/01/2025	Tax	2,470.	59	2,470.59	0.00	2,470.59	OPE
Total 2025		4,941.1	L9	4,941.19	0.00	4,941.19	
2024 02/01/2024	Tax	2,411.	03	0.00	0.00	0.00	PAI
2024 05/01/2024	Tax	2,411.	02	0.00	0.00	0.00	PAI
2024 08/01/2024	Tax	2,530.	16	2,530.16	0.00	2,530.16	OPE
<b>2024</b> 11/01/2024	Tax	2,530.	16	2,530.16	0.00	2,530.16	OPE
Total 2024		9,882.3	37	5,060.32	0.00	5,060.32	
2023 02/01/2023	Tax	2,374.	16	0.00	0.00	0.00	PAI
2023 05/01/2023	Tax	2,374.	15	0.00	0.00	0.00	PAI
2023 08/01/2023	Tax	2,447.	90	0.00	0.00	0.00	PAI
2023 11/01/2023	Tax	2,447.	89	0.00	0.00	0.00	PAI
Total 2023		9,644.1	LO	0.00	0.00	0.00	
Last Payment: 05/0							

**Return to Home**