



Property Information		Request Information		Update Information	
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):	1		

**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**  
 Box 278  
 Plainsboro, NJ 08536  
 (609) 799-2700



**CONSTRUCTION PERMIT APPLICATION**

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

**I. IDENTIFICATION**

1. Proposed Work-site at: 47 Edgemere Avenue

2. Name of Owner in Fee: William WESP Tel. ( 799 ) 0920  
 Address 47 Edgemere Plainsboro 08536  
street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private X

4. Principal Contractor: N/A Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_

6. Responsible Person In Charge of Work William WESP Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
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 CHARACTERISTICS** (office use only)

1. Number of Stories 2

2. Height of Structure 18 ft.

3. Area—Largest Floor 792 sq. ft.

4. Building Area—All Floors 1400 sq. ft.

5. Volume of Structure \_\_\_\_\_ cu. ft.

6. Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

8. Flood Hazard Zone \_\_\_\_\_

9. Base Flood Elevation \_\_\_\_\_ ft.

10. Wetlands yes \_\_\_\_\_ sq. ft.  
 no \_\_\_\_\_

11. Fire Grading \_\_\_\_\_

12. Max. Live Load \_\_\_\_\_

13. Max. Occupancy Load \_\_\_\_\_

**II. PROPOSED WORK**

	Est. Cost
1. <input checked="" type="checkbox"/> Minor Work (single trade)	<u>1000</u>
2. <input type="checkbox"/> Small Job (\$5,000 and no prior approvals)	
3. <input type="checkbox"/> New Building	
4. <input type="checkbox"/> Addition	
5. <input type="checkbox"/> Alteration	
6. <input type="checkbox"/> Fire Protection	
7. <input type="checkbox"/> Plumbing	
8. <input type="checkbox"/> Electrical	
9. <input type="checkbox"/> Asbestos Abatement	
10. <input type="checkbox"/> Demolition	
<b>TOTAL COSTS</b>	<u>1000</u>

**OPTIONAL (for office use only)**

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

**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:

**III. DO YOU WANT: (optional)** 1.  Partial Releases 2.  Prototype Processing

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

1. <input type="checkbox"/> Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks	3. <input type="checkbox"/> Pressure Vessels	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly
2. <input type="checkbox"/> High Pressure Boilers	4. <input type="checkbox"/> Refrigeration Systems	7. <input type="checkbox"/> Sprinklers
	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers	8. <input type="checkbox"/> Smoke Control Systems in Open Wells
		9. <input type="checkbox"/> Underground Storage Tanks

U.C.C. Form F-100A

**CERTIFICATION IN LIEU OF OATH**

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:

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

I further certify that I will perform the following work:

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

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

II. AGENT SECTION

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

I hereby certify the following as required by the 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. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)**

Name of Code & Edition \_\_\_\_\_

Building \_\_\_\_\_

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Fire Protection \_\_\_\_\_

Mechanical \_\_\_\_\_

Energy \_\_\_\_\_

Barrier Free \_\_\_\_\_

Flood Hazard \_\_\_\_\_

As Built Elevation Cert. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**X. CERTIFICATES ISSUED (office use only)**

Temporary Certificate of Occupancy

Continued Certificate of Occupancy

Certificate of Occupancy

Certificate of Approval

None

DATE EXPIRED \_\_\_\_\_

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Fire Department									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Dept. of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Dept. of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/> Other									
<input type="checkbox"/>									
<input type="checkbox"/>									

OFFICE DATE RECEIVED: \_\_\_\_\_



**PLAN REVIEW AND INSPECTION – BUILDING****DATE****JOB CONDITION/COMMENTS**


Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

**JOB SUMMARY****PLAN REVIEW**

	Date	Initials
<input type="checkbox"/> No Plans Required	_____	_____
<input type="checkbox"/> All	_____	_____
<input type="checkbox"/> Footing/Foundation	_____	_____
<input type="checkbox"/> Frame	_____	_____
<input type="checkbox"/> Architectural	_____	_____
<input type="checkbox"/> Other _____	_____	_____

**INSPECTIONS FINAL**
 CO     CCO     CA
Date: 10-30-90Inspected By: RDM**INSPECTIONS**

Type	Failure Dates			Approval Date
<input type="checkbox"/> Footing/Foundation				
<input type="checkbox"/> Slab				
<input type="checkbox"/> Frame				
<input type="checkbox"/> Architectural				
<input type="checkbox"/> Insulation				
<input type="checkbox"/> Finishes				
<input type="checkbox"/> Energy				
<input type="checkbox"/> Mechanical				
<input type="checkbox"/> TCO				
<input type="checkbox"/> Other _____				



# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 47 Edgemere Ave. PL

2. Name of Owner in Fee: Wm. West Tel. (609) 929-0920  
 Address same 08526  
street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private

4. Principal Contractor: PETRO PRINCETON Tel. (\_\_\_\_\_) \_\_\_\_\_  
 Address 800 STATE RD 609-924-3530  
 License No. OR, if new home, Builder Reg. PRINCETON N.J. 08542 Exp. Date \_\_\_\_\_  
 Federal Employee No. 061207261 FAX: (\_\_\_\_\_) \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_

6. Responsible Person in Charge of Work Nils Nelson  
 Tel. (609) 924-6512 FAX (\_\_\_\_\_) \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

1. Building	\$ _____	Update	Update
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 CHARACTERISTICS** (office use only)

1. Number of Stories \_\_\_\_\_

2. Height of Structure \_\_\_\_\_ ft.

3. Area — Largest Floor \_\_\_\_\_ sq. ft.

4. New Building Area \_\_\_\_\_ sq. ft.

5. Volume of New Structure \_\_\_\_\_ cu. ft.

6. Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

8. Flood Hazard Zone \_\_\_\_\_

9. Base Flood Elevation \_\_\_\_\_ ft.

10. Wetlands yes \_\_\_\_\_  
no \_\_\_\_\_

11. Max. Live Load \_\_\_\_\_

12. Max. Occupancy Load \_\_\_\_\_

**II. PROPOSED WORK**

	Est. Cost	OPTIONAL (for office use only)						
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work								
2. <input type="checkbox"/> New Building								
3. <input type="checkbox"/> Addition								
4. <input type="checkbox"/> Alteration								
5. <input checked="" type="checkbox"/> Fire Protection	1200							
6. <input checked="" type="checkbox"/> Plumbing	200							
7. <input type="checkbox"/> Electrical								
8. <input type="checkbox"/> Elevator Devices								
9. <input type="checkbox"/> Asbestos Abat. Subch. 8								
10. <input type="checkbox"/> Lead Hazard Abatement								
11. <input type="checkbox"/> Demolition								
<b>TOTAL COSTS</b>	1700							

**III. DO YOU WANT:** (optional)

1.  Partial Releases

2.  Prototype Processing

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

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

2.  High Pressure Boilers

3.  Pressure Vessels

4.  Refrigeration Systems

5.  Cross-Connections/Backflow Preventers

6.  Hazardous Uses/Places of Assembly

7.  Sprinklers

8.  Smoke Control Systems in Open Wells

9.  Underground Storage Tanks

**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: \_\_\_\_\_

U.C.C. F100-1 (rev. 3/96)

**PLAN REVIEW SHEET**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NEW SUBMITTAL ( )

DESCRIPTION: \_\_\_\_\_ REVISION ( )

ZONING: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

BUILDING: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

PLUMBING: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

ELECTRIC: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

FIRE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

CERTIFICATES ISSUED

BUILDING: \_\_\_\_\_ TEMP. ( ) FINAL ( )

PLUMBING: \_\_\_\_\_ TEMP. ( ) FINAL ( )

ELECTRIC: \_\_\_\_\_ TEMP. ( ) FINAL ( )

FIRE: \_\_\_\_\_ TEMP. ( ) FINAL ( )

**CERTIFICATION IN LIEU OF OATH**

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

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

Mark the following applicable boxes:

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

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

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii: I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:

- C.1. ( ) Building
- C.2. ( ) Fire Protection
- C.3. ( ) Electrical
- C.4. ( ) Plumbing

I further certify that I will perform the following work:

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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 PETRO-PRINCETON  
 Address 800 STATE RD 609-924-3530  
PRINCETON N.J. 08542  
 Telephone ( ) \_\_\_\_\_  
 Signature *M. Nelson*

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

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		Name of Code & Edition	
Building _____	Energy _____	Barrier Free _____	Other _____
Electrical _____	Flood Hazard _____	As Built Elevation Cert. _____	
Plumbing _____	Mechanical _____		

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy				
<input type="checkbox"/> Temporary Certificate of Compliance				
<input type="checkbox"/> Continued Certificate of Occupancy				
<input type="checkbox"/> Certificate of Compliance				
<input type="checkbox"/> Certificate of Occupancy				
<input type="checkbox"/> Certificate of Approval				
<input type="checkbox"/> Lead Abatement Clearance Certificate				





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

20010959  
 Control Number: 25081  
 Application Date: 07/31/2001

**CONSTRUCTION PERMIT**

**IDENTIFICATION**

**OWNER/PROPERTY DETAILS**

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 Plainsboro NJ			PRINCETON NJ 08542-0604
Telephone:	( ) -		Telephone:	(609) - 924-3530
Use Group(s):	U		Lic. No. / Bldrs. Reg. No.:	
			Federal Emp. No.:	-61207261

is hereby granted permission to perform the following work :

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> BUILDING           | <input checked="" type="checkbox"/> PLUMBING        | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL         | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER      |
| <input type="checkbox"/> ELEVATOR DEVICES   | <input type="checkbox"/> MECHANICAL                 |                                     |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT      |                                     |

(Subchapter 8 only)

DESCRIPTION OF WORK:

Removal and Installation of tank

ESTIMATED COST OF WORK:

Cost of Construction: 0.00  
 Cost of Alteration: 1,700.00  
 Cost of Demolition: 0.00

**Total Cost: \$1,700.00**

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

Arthur Nordeen

Date

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

**PAYMENTS (Office Use Only)**

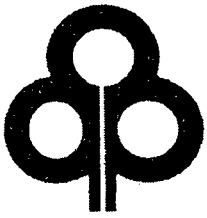
Building	
Electrical	
Plumbing	\$60.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$61.00
All Fees Waived :	No

**Amount to be Paid: \$61.00**

Cash amount: \$61.00

Collected by: LL  
 Receipt No:  
 Total Cash Amount \$61.00  
 Total Check Amount  
 Total CC Amount  
 Grand Total \$61.00

Note:



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**

**OWNER/PROPERTY DETAILS**

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 Plainsboro NJ			PRINCETON NJ 08542-0604
Telephone:	( ) -		Telephone:	(609 ) - 924-3530
Use Group(s):	U		Lic. No. / Bldrs. Reg. No.:	
			Federal Emp. No.:	-61207261

is hereby granted permission to perform the following work :

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> BUILDING           | <input checked="" type="checkbox"/> PLUMBING        | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELECTRICAL         | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER      |
| <input type="checkbox"/> ELEVATOR DEVICES   | <input type="checkbox"/> MECHANICAL                 |                                     |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT      |                                     |

(Subchapter 8 only)

DESCRIPTION OF WORK:

Removal and Installation of tank

ESTIMATED COST OF WORK:

Cost of Construction: 0.00  
 Cost of Alteration: 1,700.00  
 Cost of Demolition: 0.00

Total Cost: \$1,700.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	\$60.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$61.00
All Fees Waived :	No

Amount to be Paid: \$61.00

Pd-

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

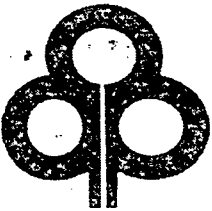
*Arthur Nordeen*  
 Arthur Nordeen

8-17-01  
 Date

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

Note:



Township of Plainsboro  
 641 Plainsboro Road  
 Plainsboro NJ 08536  
 609-799-2700

**CERTIFICATE  
 IDENTIFICATION**

Date Issued: 08/27/2001  
 Control #: 25081  
 Permit # 20,010,959.00

Block: 25 Lot: 13 Qual: \_\_\_\_\_  
 Work Site: 47 Edgemere Avenue  
 Plainsboro  
 Owner in Fee: Wesp  
 Address: 47 Edgemere Avenue  
 Plainsboro NJ  
 Telephone: \_\_\_\_\_  
 Agent/Contractor: PETRO T/A NASSAU OIL  
 Address: 800 STATE ROAD  
 PRINCETON NJ 08542-0604  
 Telephone: 609 924-3530  
 Lic. No./ Bldrs. Reg.No.: \_\_\_\_\_ Federal Emp. No.: -61207261  
 Social Security No.: \_\_\_\_\_

Home Warranty No: \_\_\_\_\_  
 Type of Warranty Plan: [ ] State [ ] Private  
 Use Group: U  
 Maximum Live Load: 0.00  
 Construction Classification: \_\_\_\_\_  
 Maximum Occupancy Load: \_\_\_\_\_  
 Certificate Exp Date: \_\_\_\_\_  
 Description of Work/Use: Removal and Installation of tank

**CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform construction Code and is approved for occupancy.

**CERTIFICATE OF APPROVAL**

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

**TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than \_\_\_\_\_ or the owner will be subject to fine or order to vacate.

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

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


- Total removal of lead-based paint hazards in scope of work
- Partial or limited time period(\_\_\_\_ years); see file

**CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

**CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until \_\_\_\_\_

  
 Arthur Nordeen Construction Official  
 U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees \$0.00  
 Paid  Check No \_\_\_\_\_  
 Collected by LL \_\_\_\_\_



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



**PLUMBING  
SUBCODE  
TECHNICAL SECTION**



Date Received 8/17/01  
Date Issued 8/17/01  
Control #  
Permit # 2001-0959



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

Block 25 Lot 13  
Work Site Location 47 Edgewater  
Owner in Fee William W. Sg  
Address same  
Tele. (609) 799 0920  
Contractor PETRO-PRINCETON  
Address 800 STATE RD 609-924-3530  
PRINCETON NJ 08542  
Tele. ( ) Fax ( )  
Lic. No. 061207261  
Federal Emp. No.

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ 200

JOB SUMMARY (Office Use Only)							
PLAN REVIEW		INSPECTIONS					
		Type:	Dates (Month/Day)				
			Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Required		Slab					
Joint Plan Review Required:		Water					
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	Sewer					
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Fixtures					
<input checked="" type="checkbox"/> Plumbing Plans Approved		Gas Equipment					
Date: <u>8/16/01</u>		Gas Piping					
Approved by:		Solar					
SUBCODE APPROVAL		TCO	<u>8/22</u>	<u>8/24</u>	<u>MM</u>		
<input type="checkbox"/> CO		<input type="checkbox"/> CCO					
<input type="checkbox"/> CA							
Date: <u>8/24/01</u>							
Approved by:							

**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.

Signature — Contractor's Seal

Licensed Plumbing Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA (List of 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	_____
	Water Heater	_____
<u>1</u>	Fuel Oil Piping <u>new tank</u>	<u>60</u>
	Gas Piping	_____
	Steam Boiler	_____
	Hot Water Boiler	_____
	Sewer Pump	_____
	Interceptor/Separator	_____
	Backflow Preventer	_____
	Greasetrap	_____
	Sewer Connection	_____
	Water Service Connection	_____
	Stacks	_____
	Other _____	_____
	Other _____	_____
	Other _____	_____

Administrative Surcharge: \$ \_\_\_\_\_  
Minimum Fee: \$ \_\_\_\_\_  
DCA Training Fee: \$ \_\_\_\_\_  
TOTAL FEE: \$ 60

8/17/01 paid cash \$ 60



TOWNSHIP OF PLAINSBORO  
641 Plainsboro Road  
Plainsboro, NJ 08536  
(609) 799-0909



# CONSTRUCTION PERMIT APPLICATION

APR - 9 2001

V. FEE SUMMARY (for office use only)

1. Building		Update
2. Electrical		Update
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	\$	

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

**I. IDENTIFICATION**

1. Proposed Work Site at: Edgemoor  
47 Edgemoor Ave.

2. Name of Owner in Fee: Wm. West Tel. (609) 799 0920  
Address: same municipality: Princeton zip code: 08536

3. Ownership in Fee: Public  Private

4. Principal Contractor: PETRO-PRINCETON Tel. ( )  
Address: 800 STATE RD 609-924-3530  
License No. OR, if new home, Builder Reg. No.: PRINCETON N.J. 08542 Exp. Date \_\_\_\_\_  
Federal Employee No. 061207261 FAX: ( )  
5. Architect or Engineer \_\_\_\_\_ Tel. ( )  
Address \_\_\_\_\_

6. Responsible Person in Charge of Work: Nils Nelson  
Tel. (609) 924 6512 FAX ( )

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	(office use only)
2. Height of Structure	_____ ft.	
3. Area - Largest Floor	_____ sq. ft.	
4. New Building Area	_____ sq. ft.	
5. Volume of New Structure	_____ cu. ft.	
6. Construction Classification	_____	
7. Total Land Area Disturbed	_____ sq. ft.	
8. Flood Hazard Zone	_____	
9. Base Flood Elevation	_____ ft.	
10. Wetlands	yes _____ no _____	
11. Max. Live Load	_____	
12. Max. Occupancy Load	_____	

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input checked="" type="checkbox"/> Fire Protection	<u>100</u>			<u>5-14-01</u>	<u>5-21-01</u>	<u>HL</u>			
6. <input checked="" type="checkbox"/> Plumbing	<u>3500</u>				<u>7/24/01</u>	<u>MM</u>			
7. <input checked="" type="checkbox"/> Electrical	<u>50</u>				<u>8-15-01</u>	<u>MA-1</u>			
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat. Subch. B									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
<b>TOTAL COSTS</b>	<u>5000</u>								

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: \_\_\_\_\_

III. DO YOU WANT: (optional)

1.  Partial Releases

2.  Prototype Processing

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

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

2.  High Pressure Boilers

3.  Pressure Vessels

4.  Refrigeration Systems

5.  Cross-Connections/Backflow Preventers

6.  Hazardous Uses/Places of Assembly

7.  Sprinklers

8.  Smoke Control Systems in Open Wells

9.  Underground Storage Tanks

NAME:	_____	DATE:	_____
ADDRESS:	_____	NEW SUBMITTAL	( )
DESCRIPTION:	_____	REVISION	( )
ZONING:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
BUILDING:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
PLUMBING:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
ELECTRIC:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
FIRE:	_____		
DATE RECEIVED:	_____		
DATE APPROVED:	_____		
CERTIFICATES ISSUED			
BUILDING:	_____	TEMP. ( )	FINAL ( )
PLUMBING:	_____	TEMP. ( )	FINAL ( )
ELECTRIC:	_____	TEMP. ( )	FINAL ( )
FIRE:	_____	TEMP. ( )	FINAL ( )

PLAN REVIEW SHEET

**CERTIFICATION IN LIEU OF OATH.**

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

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

Mark the following applicable boxes:

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

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

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

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

C.  I further certify that I will perform or supervise the following work:

- C.1.  Building
- C.2.  Fire Protection

I further certify that I will perform the following work:

- C.3.  Electrical
- C.4.  Plumbing

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. AGENT SECTION (to be completed if the applicant is not the owner in fee)**

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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 PETRO-PRINCETON

Address 800 STATE RD 609-924-3530  
PRINCETON N.J. 08542

Telephone \_\_\_\_\_

Signature [Handwritten Signature]

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

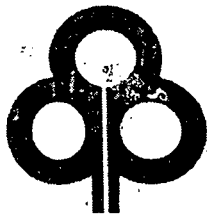
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		Name of Code & Edition	
Building	_____	Energy	_____
Electrical	_____	Barrier Free	_____
Plumbing	_____	Flood Hazard	_____
Fire Protection	_____	As Built Elevation Cert.	_____
Mechanical	_____	Other	_____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



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

20010545  
 Control Number: 24213

Application Date: 04/10/2001

5-24-01

**CONSTRUCTION PERMIT**

5-29-01

**IDENTIFICATION**

**OWNER/PROPERTY DETAILS**

Block : 25	Lot : 13	Qualifier :	Contractor:	PETRO PRINCETON
Work site Location:	47 Edgemere Avenue Plainsboro		Address:	800 STATE ROAD
Owner In Fee:	Wesp			PRINCETON NJ 08540
Address:	47 Edgemere Avenue 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 :

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> BUILDING              | <input checked="" type="checkbox"/> PLUMBING        | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER      |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> MECHANICAL                 |                                     |
| <input type="checkbox"/> ASBESTOS ABATEMENT    | <input type="checkbox"/> LEAD HAZARD ABATEMENT      |                                     |

(Subchapter 8 only)

**DESCRIPTION OF WORK:**

Alterations oil boiler replacement, backflow preventer, fuel oil piping

**ESTIMATED COST OF WORK:**

Cost of Construction: 0.00  
 Cost of Alteration: 5,000.00  
 Cost of Demolition: 0.00

**Total Cost: \$5,000.00**

**PAYMENTS (Office Use Only)**

Building	
Electrical	\$9.00
Plumbing	\$78.00
Fire Protection	\$30.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
<b>Total</b>	<b>\$121.00</b>
All Fees Waived :	No

**Amount to be Paid: \$121.00**

*Pd # 60403394*  
*29*

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

Arthur Nordeen \_\_\_\_\_  
 Arthur Nordeen Date  
 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

Note:





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

Permit Number: 20010545  
 Permit Date: 05/29/2001  
 Update Number:  
 Control Number: 24213  
 Application Date: 04/10/2001

**CONSTRUCTION PERMIT  
 IDENTIFICATION**

**OWNER/PROPERTY DETAILS**

Block : 25	Lot : 13	Qualifier :		
Work site Location:	47 Edgemere Avenue Plainsboro		Contractor:	PETRO PRINCETON
Owner In Fee:	Wesp		Address:	800 STATE ROAD
Address:	47 Edgemere Avenue Plainsboro Nj 08536			PRINCETON NJ 08540
Telephone:	(609) - 799-0920		Telephone:	(609) - 924-3530
Use Group(s):	R-3		Lic. No. / Bldrs. Reg. No.:	
			Federal Emp. No.:	

is hereby granted permission to perform the following work :

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> BUILDING              | <input checked="" type="checkbox"/> PLUMBING        | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER      |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> MECHANICAL                 |                                     |
| <input type="checkbox"/> ASBESTOS ABATEMENT    | <input type="checkbox"/> LEAD HAZARD ABATEMENT      |                                     |

(Subchapter 8 only)

**DESCRIPTION OF WORK:**

Alterations oil boiler replacement, backflow preventer, fuel oil piping

**ESTIMATED COST OF WORK:**

Cost of Construction: 0.00  
 Cost of Alteration: 5,000.00  
 Cost of Demolition: 0.00

<b>Total Cost:</b>	<b>\$5,000.00</b>
--------------------	-------------------

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

Arthur Nordeen

Construction Official

Date

- :: 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

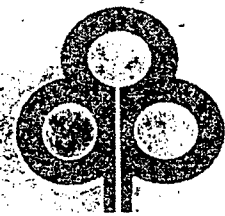
**PAYMENTS (Office Use Only)**

Building	
Electrical	\$9.00
Plumbing	\$78.00
Fire Protection	\$30.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
<b>Total</b>	<b>\$121.00</b>
All Fees Waived :	No

**Amount to be Paid: \$121.00**  
 Check Number: 60403394  
 Check amount: \$121.00

Collected by: eg  
 Receipt No:  
 Total Cash Amount  
 Total Check Amount \$121.00  
 Total CC Amount  
 Grand Total \$121.00

Note:



Township of Plainsboro  
 641 Plainsboro Road  
 Plainsboro NJ 08536  
 609-799-2700

**CERTIFICATE  
 IDENTIFICATION**

Date Issued: 06/22/2001  
 Control #: 24213  
 Permit #: 20010545

Block: 25 Lot: 13 Qual: \_\_\_\_\_

Work Site: 47 Edgemere Avenue  
Plainsboro

Owner in Fee: Wesp

Address: 47 Edgemere Avenue  
Plainsboro, Nj 08536

Telephone: 609 799-0920

Agent/Contractor: PETRO PRINCETON

Address: 800 STATE ROAD  
PRINCETON NJ 08540

Telephone: 609 924-3530

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

Social Security No.: \_\_\_\_\_

Home Warranty No: \_\_\_\_\_

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-3

Maximum Live Load: 0.00

Construction Classification: \_\_\_\_\_

Maximum Occupancy Load: \_\_\_\_\_

Certificate Exp Date: \_\_\_\_\_

Description of Work/Use: Alterations oil boiler replacement, backflow preventer, fuel oil piping

**CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform construction Code and is approved for occupancy.

**CERTIFICATE OF APPROVAL**

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

**TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than \_\_\_\_\_ or the owner will be subject to fine or order to vacate.

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

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

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

Partial or limited time period(\_\_\_\_ years); see file

**CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

**CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until \_\_\_\_\_

Fees \$0.00

Paid  Check No 60403394

Collected by eg

Arthur Nordeen Construction Official

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR



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



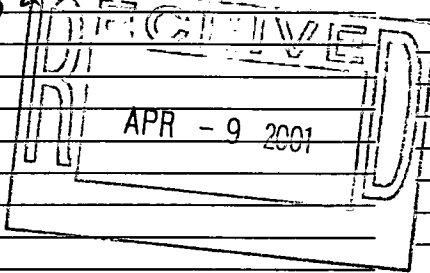
**ELECTRICAL  
 SUBCODE  
 TECHNICAL SECTION**



Date Received \_\_\_\_\_  
 Date Issued 5-29-01  
 Control # \_\_\_\_\_  
 Permit # 20010545

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

Block 25 Lot 13  
 Work Site Location 47 Edgewood Ave. - Pt  
 Owner in Fee/Occupant Wm. Weeg  
 Address Same  
 Tele. (609) 799 0920  
 Contractor PETRO-PRINCETON  
 Address 800 STATE RD 609-924-3530  
PRINCETON N J. 08542  
 Tele. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Lic. No. \_\_\_\_\_  
 Federal Emp. No. 061207261



**D. TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____
<u>1</u>	_____	<u>oil boiler replacing electric</u>	<u>9</u>

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_  
 Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
 Est. Cost of Elec. Work \$ 50

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS				
			Type:	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required			Rough	_____	_____	_____	_____
Joint Plan Review Required:			Temp. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Constr. Serv.	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			TCO	_____	_____	_____	_____
<input type="checkbox"/> Elec. Plans Approved			Other	_____	_____	_____	_____
Date: <u>5-10-01</u>			Service	_____	_____	_____	_____
Approved by: _____			Final	_____	_____	<u>5/29/01</u>	<u>ML</u>
<b>SUBCODE APPROVAL</b>			Temp. Cut-in-Card Date Issued	_____			
<input type="checkbox"/> CO <input type="checkbox"/> CCC <input checked="" type="checkbox"/> CA			Final Cut-in-Card Date Issued	_____			
Date: <u>5-31-01</u>			_____				
Approved by: _____			_____				

**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.  
Wm. Weeg  
 Applicant's Signature/Contractor's Seal and Signature

Jd

Administrative Surcharge	\$	_____
Minimum Fee	\$	<u>9</u>
DCA Training Fee	\$	_____
TOTAL FEE	\$	_____

Licensed Electrical Contractor  Exempt Applicant



**PLUMBING  
SUBCODE  
TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Date Issued 5-29-01  
Control # \_\_\_\_\_  
Permit # 20010545

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

Block 25 Lot 13  
Work Site Location 47 Edgewood Ave - Gladensboro  
Owner in Fee Wm. Weeg  
Address same  
Tele. ( 609 ) 799 0920  
Contractor Maldorelli B/H  
Address 261 opossum Rd, Skillman  
Tele. ( 609 ) 9246512 Fax ( \_\_\_\_\_ )  
Lic. No. 10210  
Federal Emp. No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size 1 1/2" Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ 500

**D. TECHNICAL SITE DATA (List of 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	_____
_____	Water Heater <u>indirect</u>	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping <u>indirect</u>	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler <u>domestic</u>	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:	Slab	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Sewer	_____	_____	_____	_____
Date: <u>5/23/01</u>	Fixtures	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Gas Equipment	_____	_____	<u>5/23/01</u>	<u>[Signature]</u>
SUBCODE APPROVAL	Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> DCCO <input type="checkbox"/> CA	Solar	_____	_____	_____	_____
Date: <u>5/24/01</u>	TCO	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Final	_____	_____	<u>5/24/01</u>	<u>[Signature]</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 and perform the work listed on this application.

Anthony Maldorelli  
Signature — Contractor's Seal

Licensed Plumbing Contractor  Exempt Applicant

Administrative Surcharge	\$ <u>17.10</u>
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ <u>9</u>





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



**PLUMBING  
SUBCODE  
TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Date Issued 5-29-01  
Control # \_\_\_\_\_  
Permit # 2001054

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

Block 25 Lot 13  
Work Site Location 47 Edgewood Ave.

Owner in Fee Wm. W. W. W.  
Address same

Tele. (609) 799-0920  
Contractor PRO-PRINCETON  
Address 800 STATE RD 609-924-3530  
PRINCETON N.J. 08542

Tele. ( ) ( ) Fax ( ) ( )  
Lic. No. \_\_\_\_\_  
Federal Emp. No. 061207201

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ 3000

**D. TECHNICAL SITE DATA (List of 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	_____
_____	Water Heater	_____
<u>1</u>	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
<u>1</u>	Hot Water Boiler <u>replacement</u>	<u>10</u>
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
<u>1</u>	Backflow Preventer	<u>9</u>
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
		Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/>	No Plans Required	Slab	_____	_____	_____	_____	_____
<input type="checkbox"/>	Joint Plan Review Required:	Rough	_____	_____	_____	_____	_____
<input type="checkbox"/>	Building	Water	_____	_____	_____	_____	_____
<input type="checkbox"/>	Electric	Sewer	_____	_____	_____	_____	_____
<input type="checkbox"/>	Fire	Fixtures	_____	_____	_____	_____	_____
<input type="checkbox"/>	Elevator	Gas Equipment	_____	_____	_____	_____	_____
<input type="checkbox"/>	Plumbing Plans Approved	Gas Piping	_____	_____	_____	_____	_____
Date:	<u>4/24/01</u>	Solar	_____	_____	_____	_____	_____
Approved by:	<u>[Signature]</u>	TCO	_____	_____	_____	_____	_____
SUBCODE APPROVAL							
<input type="checkbox"/>	CO						
<input type="checkbox"/>	CCO						
<input checked="" type="checkbox"/>	CA						
Date:	<u>5/4/01</u>						
Approved by:	<u>[Signature]</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 and perform the work listed on this application.

[Signature]  
Signature — Contractor's Seal

Licensed Plumbing Contractor  Exempt Applicant

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ <u>19</u></b>

DATE

JOB CONDITION / COMMENTS

5/3/01 Bdh Mal tee is domestic



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



**FIRE SUBCODE TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # 20010545

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

Block 25 Lot 13  
Work Site Location 47 Edgewood Ave.

Owner in Fee Wm. Deeg  
Address Same

Tele. (609) 799 0920

Contractor PETRO-PRINCETON  
Address 800 STATE RD 609-924-3530  
PRINCETON N.J. 08542

Tele. ( ) Fax ( )

Lic. No. \_\_\_\_\_

Federal Emp. No. 061207261

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Heating Systems [ ] New [ ] Existing [ ] HVAC  
Type: [ ] Gas [x] Oil [ ] Electric [ ] Solar  
[ ] Other \_\_\_\_\_  
Location: \_\_\_\_\_

Fire Alarm System  
New [ ] Existing [ ]  
Location of Panel: \_\_\_\_\_  
Fire Suppression/Standpipe System  
New [ ] Existing [ ]  
Location of Main Control Valve: \_\_\_\_\_

Total Cost of Fire Protection Work \$ 100

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:  
Replace oil fired h/w boiler with same  
Water Supply Source 95K Unit  
Method of Alarm/Suppression System Supervision \_\_\_\_\_

**Storage Tanks**

Type: [ ] Flammable Liquid [ ] Combustible Liquid  
[ ] LPG [ ] LNG Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

Alarm Systems [ ] 110v Interconnected **NUMBER**  
[ ] 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) \_\_\_\_\_

Standpipes \_\_\_\_\_

Pre-engineered Systems \_\_\_\_\_

Wet Chemical \_\_\_\_\_

Dry Chemical \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Other \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Gas [ ] or Oil [x] Fired Appliances 1

Other \_\_\_\_\_

**FEE (Office Use Only)**

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW**

[x] No Plans Required  
Joint Plan Review Required:  
[ ] Building [ ] Plumbing  
[ ] Electric [ ] Elevator  
[ ] Fire Plans Approved

Date: 5/10/01  
Approved by: \_\_\_\_\_

**SUBCODE APPROVAL**

[ ] CO [ ] CCO [x] CA  
Date: 5/31/01  
Approved by: \_\_\_\_\_

**INSPECTIONS**

Type:	Failure	Failure	Approval	Initial
Alarm System	_____	_____	_____	_____
Suppression Sys.	_____	_____	_____	_____
Standpipe	_____	_____	_____	_____
Fire Pump	_____	_____	_____	_____
Pre-Eng. System	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____
Smoke Control	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____
Other	_____	_____	_____	_____

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature: \_\_\_\_\_

*Verify combustion A.C.\**  
*5" vent connector to*  
*6" B vent or 3"x8" masonry*  
*6" clearances to sides & back.*

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ <u>20</u>
<b>TOTAL FEE</b>	\$ <u>20</u>



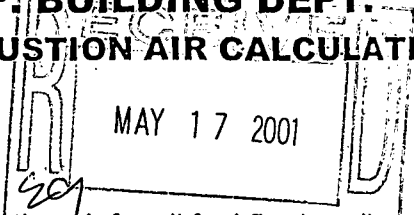
DATE

JOB CONDITION / COMMENTS

5-31-01 @ 9:57 No over haul

47 Edgemoere BL. 25-13 Lot Control L 24213

**PLAINSBORO TWP. BUILDING DEPT.**  
**RESIDENTIAL HABITABLE COMBUSTION AIR CALCULATION FORM**



1. Calculate the required amount of combustion air for all fuel fired appliances. The result is the required amount of air in cubic feet. (BTU input ratings are listed on the equipment label on or in the appliance.) Fuel fired appliances are an oil or gas furnace, water heater, or dryer that are located in a confined room or space.

Furnace 1 + furnace 2 + water heater + dryer  
 BTU BTU BTU BTU

( 95,000 + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ ) / 1000 X 40 = 3800 cubic feet

2. Calculate the cubic content of air available from rooms and/or adjoining spaces through framed openings, transfer grills, or full louvered doors. If transfer grills are used, one located near the top of the room and another located near the bottom of the room must be provided for each area to be connected. The total amount of air available must be equal or exceed the required amount shown on line 1 above.

LENGTH	X	WIDTH	X	HEIGHT	=	CUBIC FEET
<u>34</u>	X	<u>24</u>	X	<u>9</u>	=	<u>7344</u> cubic feet
_____	X	_____	X	_____	=	_____ cubic feet
_____	X	_____	X	_____	=	_____ cubic feet
_____	X	_____	X	_____	=	_____ cubic feet
_____	X	_____	X	_____	=	_____ cubic feet
						<u>7344</u> Total cubic feet

3. Calculate the unobstructed area of transfer grills or louvered doors, in square inches. Each opening must be equal to one square inch per 1,000 BTU's of combined appliance input, unobstructed.

LENGTH	X	WIDTH	X	(see below)	=	Unobstructed area
_____	X	_____	X	.75	=	_____ (METAL OPENING)
_____	X	_____	X	.25	=	_____ (WOOD OPENING)

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.

# 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 (PRES)  
(If a corporation, give name of company, also name and title of responsible officer)

Date SEPT 25, 1964 Per MARTIN OSTROFF Architect or Agent

New Building?  Addition?  Alteration?

1. Location (Street and Number) 49 EDGEMERE AVE Block SKETCH Lot 2

2. Use District RESIDENTIAL Height District 3.5 FT Area District R-85

3. How will proposed building be used? NEW HOME

4. If dwelling, number of families? SINGLE

5. How are other buildings on lot occupied? .....

6. No. stories of proposed building? 1 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? YES

10. Total percentage of lot to be occupied at ground level? .....

11. Total percentage of lot to be occupied at second story level? NONE

12. Rear yard depth at first story? 95 ft at second story? NONE

West 13. Side yard width at first story? 10 ft at second story? "

East 13a. Side yard width at first story? 10 ft at second 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? FRONT Size of lot? 100' x 210'

17. Will entire structure set back of street line? YES No. of feet? 45 ft

18. Prevailing set-back in block 4 ft feet .....

19. Approximate Cost 18,000

Permit No. 189 Fee \$ 4.00

**APPLICATION  
Plainsboro, N. J.  
FOR A PERMIT  
TO CONSTRUCT, ERECT, ALTER,  
EQUIP OR REMOVE BUILDINGS  
OR STRUCTURES**

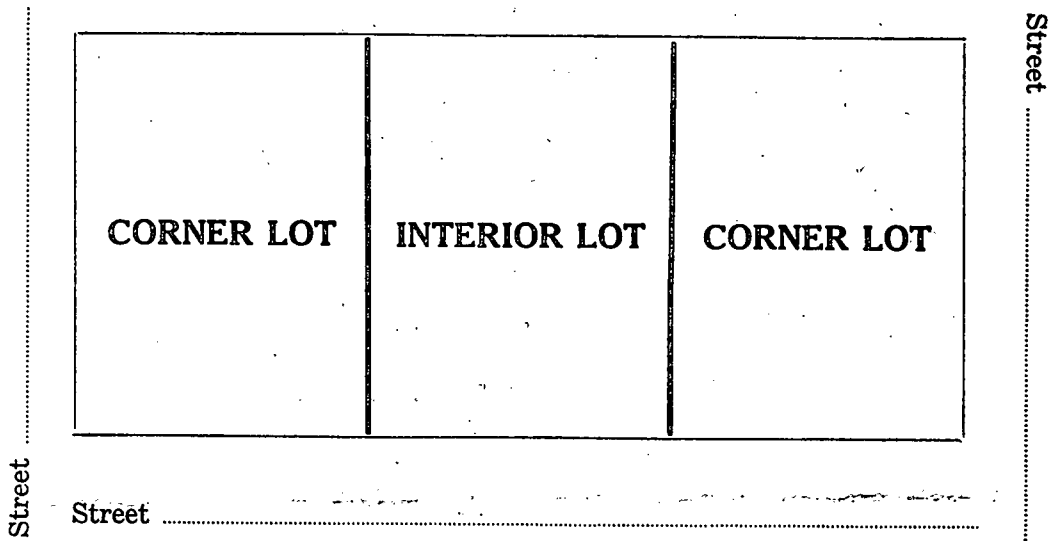
Location No. 49 EDGEMERE AVE Street  
Owner PAUL NAGY  
Owner's Address RDI HEIGHTS TOWN RD  
Contractor STEELCREST HOMES INC  
Architect GEORGE P BIEBLE

OFFICE OF ZONING OFFICIAL  
Plainsboro, N. J., Oct 23, 1964, 19.....  
I have received and examined the within application and the accompanying plans, and find that they are in accordance with the Zoning Ordinance.  
Wallace Jacobson  
Zoning Official

INSPECTOR'S REPORT  
Date Progress Sig.  
Building Completed ....., 19.....  
Inspector .....

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.

No. 168

# DEPARTMENT OF BUILDINGS

Plainsboro, N. J., January 30, 1964

This Permit is granted to William P. Webb

in accordance with application dated January 24, 1964

to erect a Residential Building

Located at 47 Edgemore Cir Block 20 Lot 51

Width 62ft Depth 26 Height 18ft

Number of Stories 1 1/2

Proposed Use Residence

Estimated Cost \$10,000

Zone R-8.5

This Permit is subject to all existing Town Ordinances.

Fee \$ 4.00

Walter E. Jacobson  
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.

X

# 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. Wesp  
(If a corporation, give name of company, also name and title of responsible officer)

Date Jan 24, 1964 Per DESIGNED FOR LIVING Architect or Agent

New Building? YES Addition?                      Alteration?                     

1. Location (Street and Number) 47 Edgemere Lot                      Plot
2. Use District Res Height District 35ft Area District R-85
3. How will proposed building be used? RESIDENCE
4. If dwelling, number of families? ONE
5. How are other buildings on lot occupied? NONE
6. No. stories of proposed building? 1 1/2 Height, No. of feet 18ft No. of stories of present building
7. Give area of building in square feet 26 x 36 1440 sq ft
8. Give over-all dimension of completed building 62 ft X 26 ft
9. Will fire walls be provided?
10. Total percentage of lot to be occupied at ground level? 26 x 36 17.62%
11. Total percentage of lot to be occupied at second story level?
12. Rear yard depth at first story? 139 at second story?
13. Side yard width at first story? East 13'0" at second story?
- 13a. Side yard width at first story? West 12'-6" at second 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? FRONT Size of lot? 100 x 210.98
17. Will entire structure set back of street line? YES No. of feet? 45
18. Prevailing set-back in block 45 feet
19. Approximate Cost \$10,000

Permit No. 168 Fee \$ 4.00

**APPLICATION**  
Plainsboro, N. J.  
**FOR A PERMIT**  
**TO CONSTRUCT, ERECT, ALTER,**  
**EQUIP OR REMOVE BUILDINGS**  
**OR STRUCTURES**

Location No. 47 Edgemere Street

Owner William P. Wesp

Owner's Address                     

Contractor DESIGNED FOR LIVING

Architect GEORGE H. PEARSON

**OFFICE OF ZONING OFFICIAL**

Plainsboro, N. J., Jan 30, 1964

I have received and examined the within application and the accompanying plans, and find that they are in accordance with the Zoning Ordinance.

Walter E. Jacobson  
Zoning Official

**INSPECTOR'S REPORT**

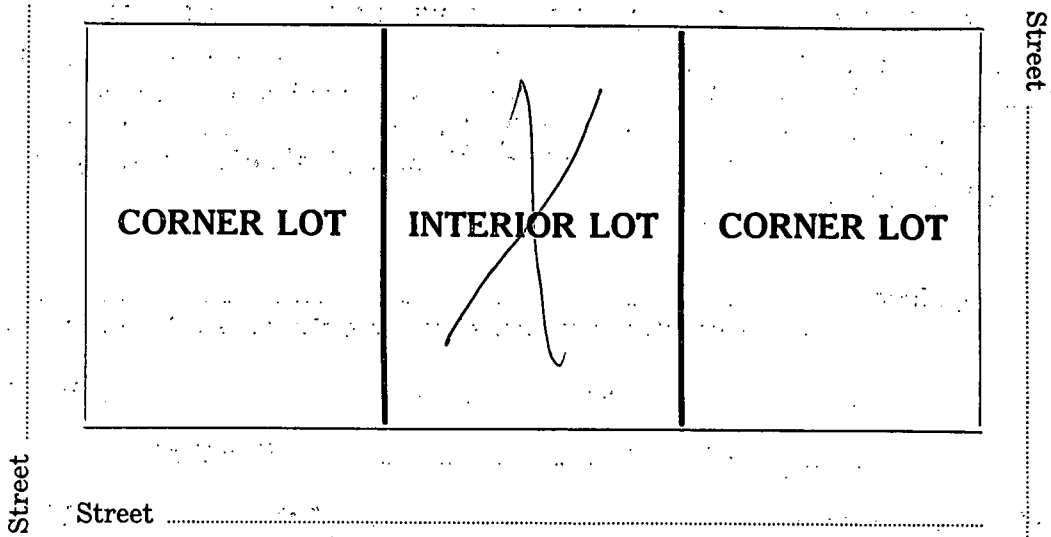
Date	Progress	Sig.

Building Completed                     , 19                    

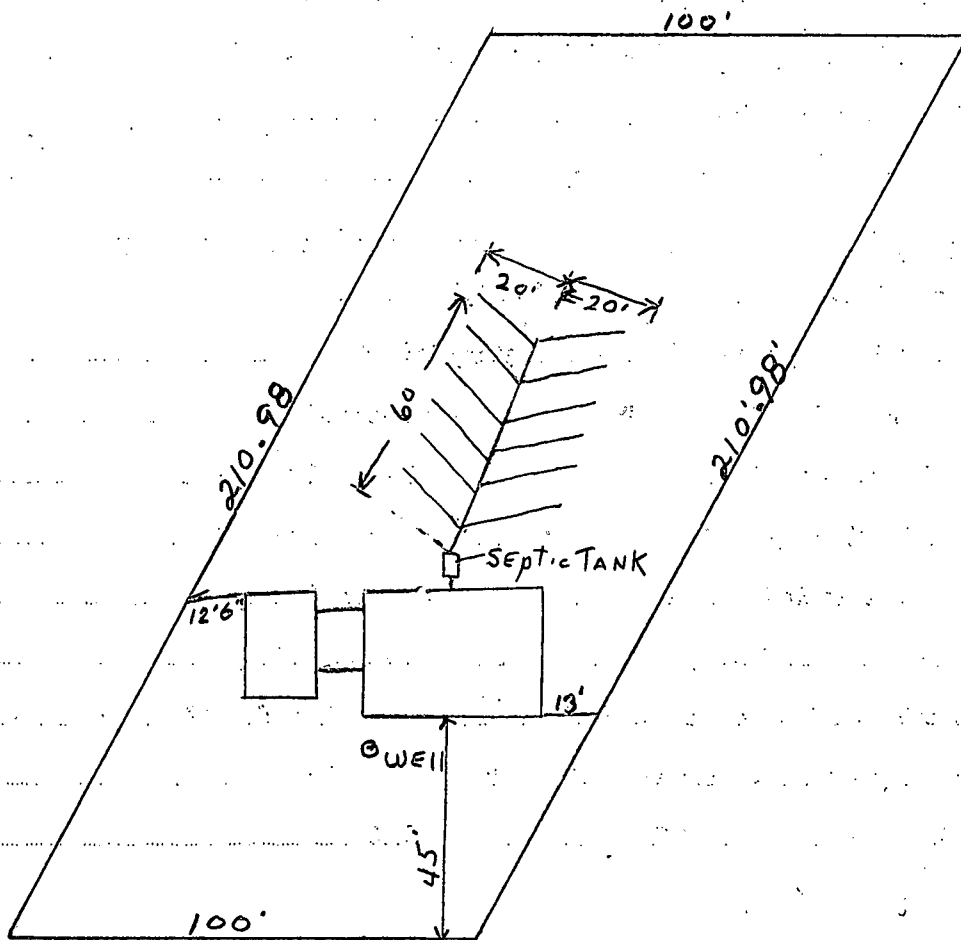
                     Inspector

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 S

Township of Plainsboro

1512 IV

Dec 16, —, 19 91

Permission is hereby given to:

CONTRACTOR'S NAME Apphe Wastewater Serv TELEPHONE: (508) 334-1230

ADDRESS: 2 Clerico Lane Belle Mead NJ 08502

OWNER'S NAME Mr. Wesp

OWNER'S ADDRESS 47 Edgemere Ave

JOB LOCATION 47 Edgemere Lot 13 Block 25

To construct  Alter  Repair  Clean

To perform Septic operations per plans and application filed with the Township with the understanding that all work will conform to the State Uniform Construction Code, sub codes, and all state and local health codes.

Contractor's License No. 13613

Apphe Wastewater Serv

For Plainsboro Township

Fee Paid \$ 1.00



Tuesday

1512 11



# CONSTRUCTION PERMIT APPLICATION

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

**I. IDENTIFICATION**

1. Proposed Work-site at: 47 EDGEMERE

2. Name of Owner in Fee: BILL WESP Tel. ( 799-0920 )  
 Address 47 EDGEMERE PLAINSBORO  
street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private

4. Principal Contractor: MP HUNT & SON Tel. ( 8821325 )  
 Address 220 STOKES AVE

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Federal Emp. No. 21-0695397 Social Security No. \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Tel. ( \_\_\_\_\_ )  
 Address \_\_\_\_\_

6. Responsible Person In Charge of Work MORRIS PHUNT Tel. ( 8821325 )

**V. FEE SUMMARY (for office use only)**

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
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 CHARACTERISTICS** (office use only)

1. Number of Stories \_\_\_\_\_

2. Height of Structure \_\_\_\_\_ ft.

3. Area—Largest Floor \_\_\_\_\_ sq. ft.

4. Building Area—All Floors \_\_\_\_\_ sq. ft.

5. Volume of Structure \_\_\_\_\_ cu. ft.

6. Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

8. Flood Hazard Zone \_\_\_\_\_

9. Base Flood Elevation \_\_\_\_\_ ft.

10. Wetlands yes \_\_\_\_\_ sq. ft.  
 no \_\_\_\_\_

11. Fire Grading \_\_\_\_\_

12. Max. Live Load \_\_\_\_\_

13. Max. Occupancy Load \_\_\_\_\_

**II. PROPOSED WORK**

	Est. Cost
1. <input type="checkbox"/> Minor Work (single trade)	
2. <input type="checkbox"/> Small Job (\$5,000 and no prior approvals)	
3. <input type="checkbox"/> New Building	
4. <input type="checkbox"/> Addition	
5. <input type="checkbox"/> Alteration	
6. <input type="checkbox"/> Fire Protection	
7. <input type="checkbox"/> Plumbing	
8. <input type="checkbox"/> Electrical	
9. <input type="checkbox"/> Asbestos Abatement	
10. <input type="checkbox"/> Demolition	
TOTAL COSTS	<u>7850</u>

**OPTIONAL (for office use only)**

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
					Approval	Rejection	

**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:

**III. DO YOU WANT: (optional)** 1.  Partial Releases 2.  Prototype Processing

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

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

2.  High Pressure Boilers

3.  Pressure Vessels

4.  Refrigeration Systems

5.  Cross-Connections/Backflow Preventers

6.  Hazardous Uses/Places of Assembly

7.  Sprinklers

8.  Smoke Control Systems in Open Wells

9.  Underground Storage Tanks

U.C.C. Form F-100A

PLAN REVIEW APPROVAL

ZONING: \_\_\_\_\_

BUILDING: \_\_\_\_\_

ELECTRICAL: \_\_\_\_\_

PLUMBING: \_\_\_\_\_

FIRE: \_\_\_\_\_

H.V.A.C: \_\_\_\_\_

OTHER: \_\_\_\_\_

**RECEIVED**  
 DEC 13 1991  
 PLAINSBORO TOWNSHIP  
 COMMUNITY DEVELOPMENT

**RECEIVED**  
 DEC 16 1991  
 PLAINSBORO TOWNSHIP  
 COMMUNITY DEVELOPMENT

**CERTIFICATION IN LIEU OF OATH**

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:

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

I further certify that I will perform the following work:

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

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. AGENT SECTION**

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

I hereby certify the following as required by the 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 \_\_\_\_\_

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Fire Department									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Dept. of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Dept. of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/> Other									
<input type="checkbox"/>									
<input type="checkbox"/>									

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)**

Name of Code & Edition \_\_\_\_\_

Building \_\_\_\_\_

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Fire Protection \_\_\_\_\_

Mechanical \_\_\_\_\_

Energy \_\_\_\_\_

Barrier Free \_\_\_\_\_

Flood Hazard \_\_\_\_\_

As Built Elevation Cert. \_\_\_\_\_

Other \_\_\_\_\_

**X. CERTIFICATES ISSUED (office use only)**

<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	DATE EXPIRED _____
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	DATE EXPIRED _____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	DATE EXPIRED _____
<input type="checkbox"/> Certificate of Occupancy	No. _____	DATE EXPIRED _____
<input type="checkbox"/> Certificate of Approval	No. _____	DATE EXPIRED _____
<input type="checkbox"/> None	No. _____	DATE EXPIRED _____



Date Received  
Date Issued  
Control #  
Permit #

12/16/91  
910779

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

Block 25 Lot RECEIVED  
Work Site Location 47 EDEEMERE

Owner in Fee BILL WESP  
Address 47 EDEEMERE  
PLAINSBO RO  
Tele. ( ) 799-0920  
Contractor MP. HUNT & SON INC  
Address 220 STOKES AVE  
W. TRENTON  
Tele. ( ) 882-1325  
Lic. No. \_\_\_\_\_  
Federal Emp. No. 21-0695397 or Social Security No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size 4" SDR 35  
Water Service Size \_\_\_\_\_  
Estimated Cost of Plumbing Work \$ 1850

JOB SUMMARY (Office Use Only)						
PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)				
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:	Slab	_____	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire	Rough	_____	_____	_____	_____	_____
<input type="checkbox"/> Plumb. Plans Approved	Water	_____	_____	_____	_____	_____
Date: _____	Sewer	_____	_____	_____	_____	_____
Approved by: _____	Fixtures	_____	_____	_____	_____	_____
	Gas Equipment	_____	_____	_____	_____	_____
	Gas Final	_____	_____	_____	_____	_____
SUBCODE APPROVAL:	Solar	_____	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO	_____	_____	_____	_____	_____
Approved by: _____						
Date: _____						

**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	_____
<u>1</u>	Sewer Connection	<u>35.00</u>
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

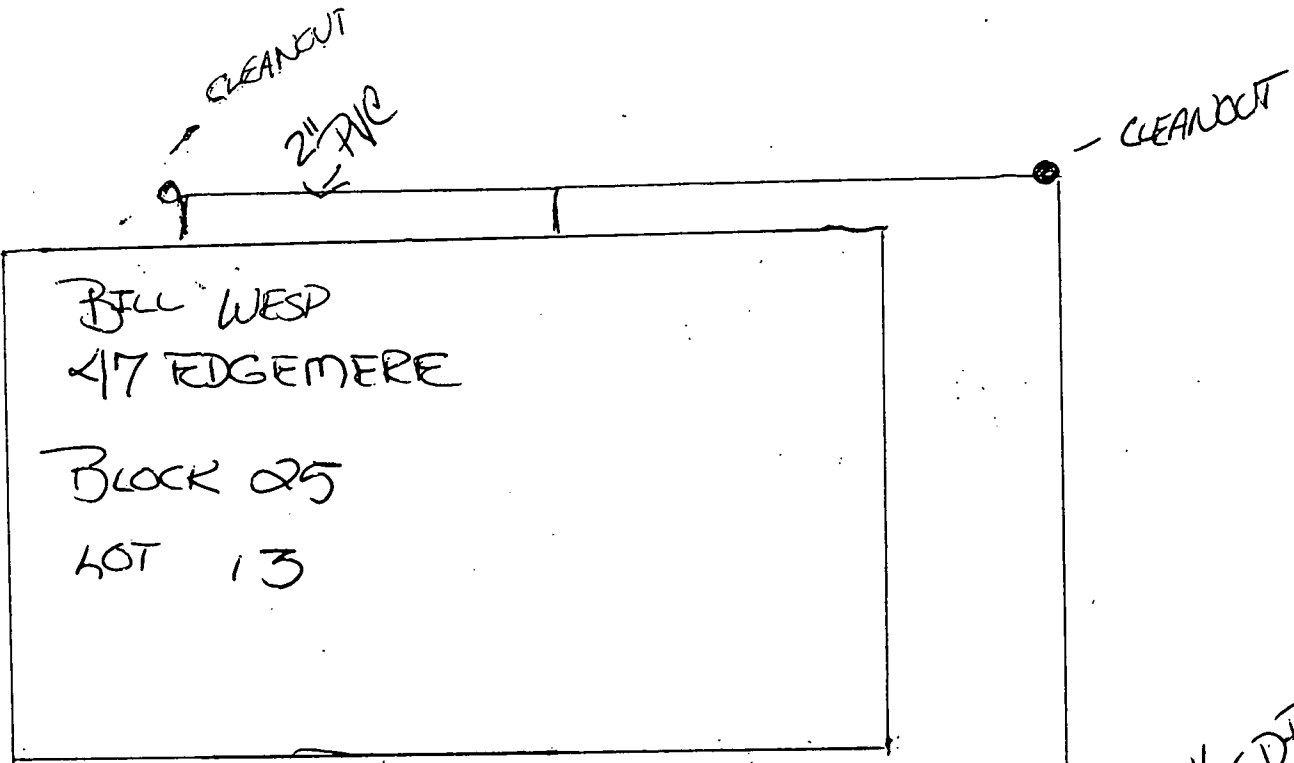
Administrative Surcharge \$ \_\_\_\_\_  
Paid  Check # 8147 Minimum Fee \$ 35.00  
Collected by: [Signature] TOTAL \$ \_\_\_\_\_

**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.

[Signature]  
Signature-Contractor Seal

Licensed Plumbing Contractor  Exempt Applicant



4" SDR35  
SEWER  
LINE

PLAINSBORO TOWNSHIP  
COMMUNITY DEVELOPMENT

DEC 16 1991

RECEIVED

FDX-EMEP



Date Received  
Date Issued  
Control #  
Permit #

12/12/91

910779

*Plumbing*

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

Block 25 47 Edgemoor  
 Work Site Location 47 Edgemoor  
 Owner in Fee BILL WITED  
 Address 47 Edgemoor  
 Tele. ( ) 785-1200  
 Contractor MR. WILSON & SONS INC.  
 Address 720 STONES AVE.  
 Tele. ( ) 852-1325  
 Lic. No. \_\_\_\_\_  
 Federal Emp. No. 21-0095397 or Social Security No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Building Sewer Size 4" DIA 35  
 Water Service Size 1 1/2"  
 Estimated Cost of Plumbing Work \$ 31850

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire	Rough	_____
<input type="checkbox"/> Plumb. Plans Approved	Water	_____
Date: _____	Sewer	_____
Approved by: _____	Fixtures	_____
	Gas Equipment	_____
	Gas Final	_____
SUBCODE APPROVAL:	Solar	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> CA	TCO	_____
Approved by: _____		
Date: <u>12/12/91</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 and perform the work listed on this application.

Morris P. Sweet  
 Signature-Contractor Seal

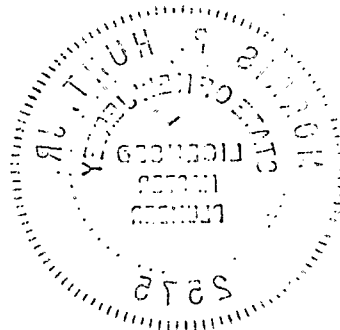
Licensed Plumbing Contractor  Exempt Applicant

**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	_____
<u>1</u>	Sewer Connection	<u>6000</u>
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge \$ \_\_\_\_\_  
 Paid  Check # 5147 Minimum Fee \$ \_\_\_\_\_  
 Collected by: AP TOTAL \$ 6000

RECEIVED  
DEC 16 1991  
PLAINSBORO TOWNSHIP  
COMMUNITY DEVELOPMENT





TOWNSHIP OF PLAINSBORO  
 666 Plainsboro Road  
 Suite 524-532  
 P.O. Box 278  
 Plainsboro, NJ 08536  
 (609) 799-2700



# CONSTRUCTION PERMIT

Date Issued  
 Control # 12/16/91  
 Permit # 910779

IDENTIFICATION Block 25 15 12 Lot 11

Work Site Location 47 Edgemere Contractor MP Hunt & Son

Owner in Fee Bill Wesp Address 220 Stokes Ave  
 Address 47 Edgemere Ewing Twp

Tele. ( ) 799-0920 Tele. ( ) 882-1325  
 Lic. No. or Bldrs. Reg. No. Exp. Date  
 Federal Emp. No. 21-0695397  
 or Social Security No. \_\_\_\_\_

is hereby granted permission to perform the following work:

- BUILDING
- PLUMBING
- OTHER
- ELECTRICAL
- FIRE PROTECTION

DESCRIPTION OF WORK:

SEWER LINE

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.

Estimated Cost of Work \$ \$1850.00  
 \_\_\_\_\_  
 CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	<u>\$35.00</u>
Plumbing	<u>\$35.00</u>
Electrical	_____
Fire Protection	_____
Other	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	<u>\$35.00</u>
Check No.	<u>18147</u>
Cash	_____
Collected By:	<u>[Signature]</u>

# REQUIRED INSPECTIONS

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 Code.

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;
  3. 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.





Township of Plainsboro  
 641 Plainsboro Road  
 Plainsboro, NJ 08536  
 609 - 7990909

*12/12/17 (JW)*  
*4/m w/contractor*

*20180060*  
 Control Number: 79848  
 Application Date: 12/04/2017

**CONSTRUCTION PERMIT**

**IDENTIFICATION**

**OWNER/PROPERTY DETAILS**

Block: 1512 Work Site Location:	Lot: 11 47 EDGEMERE AVENUE PLAINSBORO	Qualification Code:	Contractor: PETRO
Owner In Fee: WESP, WILLIAM Address: P O BOX 304 PLAINSBORO NJ 08536		Address: 800 State Road Princeton NJ 08540	
Telephone: (609) 799-0920		Telephone: (609) 688-7811	Lic. No. / Bldrs. Reg. No.: 36BI008389
Use Group(s): R-5		Federal Emp. No.: 6-1207261	

is hereby granted permission to perform the following work :

- BUILDING
- ELECTRICAL
- ELEVATOR DEVICES
- ASBESTOS ABATEMENT
- PLUMBING
- FIRE PROTECTION
- MECHANICAL
- LEAD HAZARD ABATEMENT
- DEMOLITION
- OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:  
 installation of indirect water heater

ESTIMATED COST OF WORK:

Cost of Construction: 0.00  
 Cost of Rehabilitation: 3,000.00  
 Cost of Demolition: 0.00

**Total Cost: \$3,000.00**

PAYMENTS (Office Use Only)	
Building	
Electrical	\$75.00
Plumbing	\$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$6.00
DCA Minimum Fee	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
<b>Total</b>	<b>\$156.00</b>
All Fees Waived:	No

**Amount to be Paid: \$156.00**

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

*12/14/17*  
 Date

*1/22/18*  
*1838939*  
*u*

Note:



# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received  
Date Issued  
Control #  
Permit #



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

Block 512 Lot \_\_\_\_\_  
Work Site Location 47 Edgemore Ave Plainboro NJ 08536  
Owner in Fee/Occupant William West  
Address same as above  
Tele. ( 609 ) 799-0920  
Contractor Felix  
Address 200 State Rd Princeton NJ 08540  
Tele. ( 609 ) 628-7811 Fax ( 609 ) 252-0219  
Lic. No. 13NH0388740 3/18  
Federal Emp. No. 061 207 261

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ 175

## JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
<input checked="" type="checkbox"/> No Plans Required	<u>12/20/17</u>	<u>WJ</u>	Type:	Failure Approval Initial
Joint Plan Review Required:			Rough	
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing		Temp. Serv.	
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator		Constr. Serv.	
<input type="checkbox"/> Elec. Plans Approved			TCO	
Date: <u>12/20/17</u>			Other	
Approved by: _____			Service	
			Final	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Final Cut-in-Card Date Issued	
Date: _____				
Approved by: _____				

## 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's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor  Exempt Applicant

## D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
		Switches <u>Reconnect</u>	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge	\$ <u>75</u>
		Minimum Fee	\$
		DCA Training Fee	\$
		TOTAL FEE	\$





# PLUMBING SUBCODE TECHNICAL SECTION



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

Block 1512 Lot 11 Qualification Code 20180600  
Work Site Location 47 Edgemoor Ave Plainboro NJ 08536

Owner in Fee: William Welp e-mail \_\_\_\_\_  
Tel. ( 609 ) 799-0920

Address \_\_\_\_\_  
Contractor: Peter-Daniel D. Romine Municipality Plainboro Tel. ( 732 ) 489-9805

Address 9 New Street e-mail \_\_\_\_\_  
Starhope NJ 07874 Exp. Date 6/19

Contractor License No. 36B100632600  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_  
**B. PLUMBING CHARACTERISTICS**  
Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ 8625.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW  
 No Plans Required  
 Partial - Underslab Utilities Approved  
 Date: 10/6/17 Approved by: SAD

Plumbing Plans Approved  
 Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Joint Plan Review Required:  
 Bldg.  Elec.  Fire.  Elev.

SUBCODE APPROVAL for PERMIT  
 Date: 10/6/17 Approved by: SAD

SUBCODE APPROVAL for CERTIFICATE  
 CO  CCO  CA  
 Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

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

### C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: DANIEL D. ROMINE [X] Licensed Plumbing Contractor [ ] Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement indirect Hot Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
<u>1</u>	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	_____
<u>1</u>	Other <u>indirect H2O/H</u>	_____

Administrative Surcharge	\$	_____
Minimum Fee	\$	<u>75</u>
State Permit Surcharge Fee	\$	_____
TOTAL FEE	\$	_____

Date Received 10/4/17  
Control # 791848  
Date Issued 1/22/18  
Permit # 20180600

## 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; 20240730085156.pdf; 47 Edgemere Avenue - open permit.pdf;

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

Sent: Tuesday, 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



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

Taxes

<a href="#">Make a Payment</a>		<a href="#">View Tax Rates</a>		<a href="#">View Current Bill</a>		<a href="#">Project Interest</a>	
Year	Due Date	Type	Billed	Balance	Interest	Total Due	Status
2025	02/01/2025	Tax	2,470.60	2,470.60	0.00	2,470.60	OPEN
2025	05/01/2025	Tax	2,470.59	2,470.59	0.00	2,470.59	OPEN
<b>Total 2025</b>			<b>4,941.19</b>	<b>4,941.19</b>	<b>0.00</b>	<b>4,941.19</b>	
2024	02/01/2024	Tax	2,411.03	0.00	0.00	0.00	PAID
2024	05/01/2024	Tax	2,411.02	0.00	0.00	0.00	PAID
2024	08/01/2024	Tax	2,530.16	2,530.16	0.00	2,530.16	OPEN
2024	11/01/2024	Tax	2,530.16	2,530.16	0.00	2,530.16	OPEN
<b>Total 2024</b>			<b>9,882.37</b>	<b>5,060.32</b>	<b>0.00</b>	<b>5,060.32</b>	
2023	02/01/2023	Tax	2,374.16	0.00	0.00	0.00	PAID
2023	05/01/2023	Tax	2,374.15	0.00	0.00	0.00	PAID
2023	08/01/2023	Tax	2,447.90	0.00	0.00	0.00	PAID
2023	11/01/2023	Tax	2,447.89	0.00	0.00	0.00	PAID
<b>Total 2023</b>			<b>9,644.10</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
Last Payment: 05/06/24							

[Return to Home](#)