



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) 299 0920
 Address same street municipality Princeton zip code 08542

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.

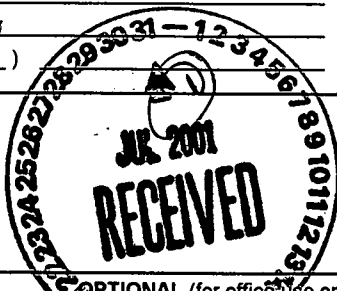
8. Flood Hazard Zone _____

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									
TOTAL COSTS	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: _____

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
- 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	_____
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	_____	_____	_____	_____
<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
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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

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

Cash amount: \$61.00

Collected by: LL

Receipt No:

Total Cash Amount \$61.00

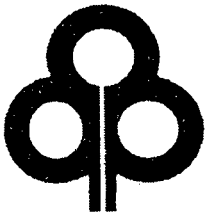
Total Check Amount

Total CC Amount

Grand Total \$61.00

- :: 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

2001-0959

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

8-16-01

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

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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)

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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.

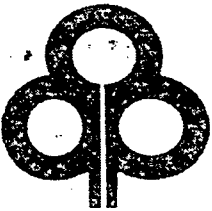
Arthur Nordeen

8-17-01
 Date

Construction Official

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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 [X] Check No _____
 Collected by LL _____

