



CONSTRUCTION PERMIT

Date Issued 8-21-98
Control #
Permit # 98-1322

IDENTIFICATION Block 64 Lot 27
Work Site Location 1145 17th Ave Wall. Twp Contractor Bennett's Heating/A/C/Roofing
Address 1501 Meadow Rd. Wall. N.J.
Owner in Fee ANN CLARK
Address 1145 - 17th Ave Wall. Twp Tel. (232) _____
Tel. (____) _____ Lic. No. or Bldrs. Reg No _____
Fed. Emp. No. 1- _____

Is hereby granted permission to perform the following work:

- BUILDING
 - ELECTRICAL
 - ELEVATOR DEVICES
 - PLUMBING
 - FIRE PROTECTION
 - ASBESTOS ABATEMENT
 - LEAD HAZARD ABATEMENT
 - DEMOLITION
 - OTHER ROOF
- (Subchapter 8 only)

DESCRIPTION OF WORK:

RIP - OFF

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 \$ \$1900.⁰⁰/_{xx}

GREG KIRK DM
Construction Official

8-21-98
Date

PAYMENTS (Office Use Only)	
Building	<u>33.00</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	<u>1.00</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>34.00</u>
Check No.	_____
Cash	<u>34.00</u>
Collected by	<u>DM</u>

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 8-21-98
Control #
Permit # 98-1322

17-1322 64
27

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

Block 64 Lot 27

Work Site Location 1145-17th Ave - small town

Owner in Fee Don Clark

Address 1145-17th Ave - small town

Tele. ()

Contractor Bennetts Heating / AC / Ref.

Address 1501 Meadow Rd - small town

Tele. (932) Fax ()

Lic. No. of Bldrs. Ren No.

Federal Emp. No.

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.

Don Clark
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RIP - OFF - ROOF
14 56.5 - GAF - White, 20yr -
RIP OFF
NEW
FINAL.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All			Footing				
<input type="checkbox"/> Footing			Foundation				
<input type="checkbox"/> Foundation			Slab				
<input type="checkbox"/> Frame			Frame				
<input type="checkbox"/> Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes				
SUBCODE APPROVAL			Energy				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical				
Date: <u>9/21/00</u>			TCO				
Approved by: <u>[Signature]</u>			Other				
			Final				
			Barrier-Free				

TYPE OF WORK:

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

FEE (Office Use Only)

\$	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:

Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____

No. of Stories _____ 2. Alteration \$ 1500.00 OK

Height of Structure _____ Ft. 3. Total (1+ 2) \$ _____

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Administrative Surcharge	\$	_____
Minimum Fee	\$	<u>33.00</u>
DCA Training Fee	\$	<u>1.00</u>
TOTAL FEE	\$	<u>34.00</u>

U.C.C: F110 (rev. 3/98)

- 1 White = Inspector Copy
- 2 Canary = Office Copy
- 3 Pink = Office Copy
- 4 Hard = Applicant Copy

00-1043



TOWNSHIP OF WALL
 2700 ALLAIRE ROAD
 WALL, N.J. 07719
 (732) 449-8444



CERTIFICATE OF OCCUPANCY/APPROVAL

Date Issued 9-25-00 Building Permit No. 98-1322

Control # _____ Zoning Permit No. N/A

IDENTIFICATION Block 64 Lot 27

Work Site Location 1145 17th Ave Contractor Bennetts Heating / AC / Roof
Wall NJ Address 1501 Meadow Rd.

Owner in Fee Ann Clark Wall NJ

Address _____ Tele. (_____) _____

_____ Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Tele. (_____) _____ Federal Emp. No. _____

or Social Security No. _____

- CERTIFICATE OF OCCUPANCY**
 This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, all applicable land use ordinances and Township approvals, and that the property is approved for use and/or occupancy.
- CERTIFICATE OF APPROVAL**
 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 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.
- TEMPORARY CERTIFICATE OF OCCUPANCY**
 If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Type of Warranty Plan: [] State [] Private
 Construction Classification _____
 Maximum Occupancy Load _____
 Zone _____
 Land Use Designation Single family dwelling
 ESTIMATED COST \$ 1900.-
 Home Warranty No. _____ N/A
 Use Group R-3
 Maximum Live Load _____
 Description of Work/Use: Rip off / Reroof

Dates: 9-25-00

Yung Kuk
 Construction Official, Township of Wall

Dated: 9-25-00

[Signature]
 Land Use Officer, Township of Wall

C.O. No. 00-1043



CONSTRUCTION PERMIT

Date Issued 10/4/05
Permit # 05-01280

IDENTIFICATION Block 64 Lot 27 Qualification Code _____
 Work Site Location 1145 17th AVE Contractor FATHER AND SONG CONST.
WALL NJ 07719 Address 1-25 37th ST
 Owner in Fee JEFFREY SPATURRO FANLAWN NJ 07410
 Address P.O. BOX 1140449 Tel. (973) _____
STATEN ISLAND NY 10314 Lic. No. or Bldrs. Reg. No. 540227
 Tel. (917) _____

Is hereby granted permission to perform the following work:

- BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
 - ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
 - [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER _____
- (Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF Tear off Re-Roof

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 \$ 2,500.00

[Signature]
Construction Official

10/4/05
Date

PAYMENTS (Office Use Only)	
Building	<u>43-</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>3-</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>46-</u>
Check No.	<u>1486</u>
Cash	_____
Collected by	<u>[Signature]</u>

(see reverse side)

U.C.C. F170 (rev. 01/04)

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



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received
Control # 10/4/05
Date Issued
Permit # 05-01280

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

Block 644 Lot 27 Qualification Code _____
Work Site Location 1145 12th Ave
WALL NJ 07719
Owner in Fee JEFFREY SAGTURDO
Address 100 ROWLING DR
STATEN ISLAND NY 10314
Tel. (917) _____
Contractor FATHER AND SONS CONST.
Address 1-25 24th ST
FAIR HAVEN NJ 07410
Tel. (973) _____ FAX (_____) _____
Contractor License No. or Builder Registration No. 540027
Federal Emp. No. _____

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ROOF
Tear off
Re-Roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Frame	_____	_____	_____	_____
Joint Plan Review Required:			Truss Sys./Bracing	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL			Insulation	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> CA			Finishes -Base Layer	_____	_____	_____	_____
Date: <u>3-13-06</u>			Finishes -Final	_____	_____	_____	_____
Approved by: <u>[Signature]</u>			Energy	_____	_____	_____	_____
			Mechanical	_____	_____	_____	_____
			TCO	_____	_____	_____	_____
			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____
_____ 43.- _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
No. of Stories _____ 2. Rehabilitation \$ _____
Height of Structure _____ Ft. 3. Total (1+2) \$ 2500.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Hard = Applicant Copy

06-085



TOWNSHIP OF WALL
 2700 ALLAIRE ROAD
 WALL, N.J. 07719
 (732) 449-8444



CERTIFICATE OF OCCUPANCY/APPROVAL

Building Permit No. 05-01280

Control # _____

Zoning Permit No. N/A

IDENTIFICATION Block 64 Lot 27

Work Site Location _____ Contractor Father + Son Const.

1145 17th Ave Address 1-25 37th St.

Owner in Fee Santoro Fairbawn, NJ 07410

Address PO Box 1410449 Tele. (973) _____

Staten Island, NJ 10314 Lic. No. or Bldrs. Reg. No. 540227 Exp. Date _____

Tele. (917) _____ Federal Emp. No. _____

or Social Security No. _____

CERTIFICATE OF OCCUPANCY

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, all applicable land use ordinances and Township approvals, and that the property is approved for use and/or occupancy.

CERTIFICATE OF APPROVAL

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.

TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 20____ or the owner will be subject to a fine or order to vacate:

Type of Warranty Plan: [] State [] Private

Construction Classification _____

Maximum Occupancy Load _____

Zone _____

Land Use Designation 3FD

ESTIMATED COST \$ 2500

Home Warranty No. N/A

Use Group R-5

Maximum Live Load _____

Description of Work/Use: Roof

[Signature]
 Construction Official, Township of Wall

 Land Use Officer, Township of Wall

Dated: 3-16-06

C.O. No. 06-185



CONSTRUCTION PERMIT

Date Issued 11/15/05
Permit # 05-01480

IDENTIFICATION Block 64 Lot 27 Qualification Code _____
Work Site Location 1145 17th Ave Contractor HOMEOWNER
Address _____
Owner in Fee JEFFREY SCATURRO
Address 104 ARDMORE AVE
Tel. (917) _____
Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

- BUILDING
 - PLUMBING
 - LEAD HAZARD ABATEMENT
 - ELECTRICAL
 - FIRE PROTECTION
 - DEMOLITION
 - ELEVATOR DEVICES
 - ASBESTOS ABATEMENT
 - OTHER _____
- (Subchapter 8 only)

DESCRIPTION OF WORK:

ELECTRICAL WORK | STREETWORK

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 \$ 1800.00
Paul Ralva
Construction Official

11-15-05
Date

PAYMENTS (Office Use Only)	
Building	<u>33-</u>
Electrical	<u>33-</u>
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>2-</u>
Cert. of Occupancy	_____
Other	<u>68</u> 300
Total	<u>153</u>
Check No.	<u>15361</u> (34)
Cash	<u>+ 34</u> (25)
Collected by	<u>PR</u> (25)

(see reverse side)

U.C.C. F170 (rev. 01/04)

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 11/15/05
Date Issued _____
Control # OS-01480
Permit # _____

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

Block 64 Lot 27
Work Site Location 1145 17th Ave
JEFFREY SCATURRO
Owner in Fee 104 ARDMORE AVE
Address STATEN ISLAND NY 10314
Tele. (917) _____
Contractor OWNER
Address _____
Tele. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

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 _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Sheetrock

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
<input checked="" type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical	_____	_____	_____	_____
Date: <u>3-13-06</u>			TCO	_____	_____	_____	_____
Approved by: <u>Bf</u>			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

TYPE OF WORK:

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter B
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

B. BUILDING CHARACTERISTICS

Use Group Present RS Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 1,000.00
2. Alteration \$ 1,000.00
3. Total (1+2) \$ _____

OK

Administrative Surcharge \$ _____
Minimum Fee \$ 33
DCA Training Fee \$ _____
TOTAL FEE \$ 6

U.C.C. F110
(rev. 3/98)

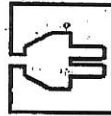
1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Hard = Applicant Copy

66-208

64 / 27



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received Control # 11/15/05
Date Issued Permit # 05-01480

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

Block 04 Lot 27 Qualification Code
Work Site Location 1145 17th Ave

Owner in Fee Jeffrey Scaturro
Address 104 Ardmore Ave
ST NW 10314

Tel (917)
Contractor HOMEOWNER
Address

Tel () FAX ()
Contractor License No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 850.00

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Dates (Month/Day). Includes rows for No Plans Required, Joint Plan Review, Building, Plumbing, Fire, Elevator, Elec. Plans Approved, and various inspection dates like 3/10/06 and 3/14/06.

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 Elec. Contractor [] Certif'd Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

Table with columns: QTY, SIZE, ITEMS. Lists items like Lighting Fixtures, Receptacles, Switches, Detectors, Light Poles, Motors—Fract. HP, Emergency & Exit Lights, Communications Points, Alarm Devices/F.A.C. Panel, and various electrical units.

Handwritten note: Replacment of only 500. No. being installed as per owner.

FEE (Office Use Only) table with rows for TOTAL NUMBERS, Pool Permit, 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 \$
Minimum Fee \$ 33-
State Permit Surcharge Fee \$
TOTAL FEE \$

IN Computer



TOWNSHIP OF WALL
 2700 ALLAIRE ROAD
 WALL, N.J. 07719
 (732) 449-8444



CERTIFICATE OF OCCUPANCY/APPROVAL

Building Permit No. 05-01480

Zoning Permit No. N/A

Control # _____

IDENTIFICATION Block 64 Lot 27

Work Site Location _____ Contractor Owner
1145 17th Ave Address _____

Owner in Fee Scaturro _____

Address 104 Ardmore Ave. Tele. (_____) _____

Staten Island, NJ 10314 Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Tele. (_____) Federal Emp. No. _____

or Social Security No. _____

- CERTIFICATE OF OCCUPANCY**
 This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, all applicable land use ordinances and Township approvals, and that the property is approved for use and/or occupancy.
- CERTIFICATE OF CONTINUED OCCUPANCY**
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- TEMPORARY CERTIFICATE OF OCCUPANCY**
 If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 20____ or the owner will be subject to a fine or order to vacate:

CERTIFICATE OF APPROVAL

Type of Warranty Plan: [] State [] Private
 Construction Classification _____
 Maximum Occupancy Load _____
 Zone _____
 Land Use Designation SFD
 ESTIMATED COST \$ 1,000
 Home Warranty No. _____ N/A
 Use Group _____ R-5
 Maximum Live Load _____
 Description of Work/Use: sheetrock

Dated: 3-27-06

[Signature]
 Construction Official, Township of Wall

[Signature]
 Land Use Officer, Township of Wall

C.O. No. 06-218