

Borough of Middlesex
Open Public Records Act (OPRA) Request

Reference # OPR-2024-00311

Date Entered: 7/21/2024 1:51:00 PM

Dear Dhasarathi R,

Your Open Public Records Act (OPRA) Request has been Fulfilled on .

The request sought access to the following records:

Please advise if the below address has any OPEN/PENDING/EXPIRED Permits and demolition permits that needs attention and any fees due currently.

Also advise if there are any Code Violation or fines due that needs attention currently.

Any unrecorded liens/fines/special assessments due.

Address: 1A Foxhall #A, Middlesex, NJ 08846

Block : 262 Lot : 1.01

Fulfilled Reasons:

The records are being transmitted to you via . Pursuant to N.J.S.A. 47:1A-5.b. the cost associated with this request is \$0.00.

Please do not reply directly to this email; this address is not monitored. If you have any questions please feel free to contact us at (732) 356-7400.

Sincerely,

Borough of Middlesex

Please download these attachments from the links below:

- [f7ea88a7-f2024110530_Document_240826_094719.pdf](#)



MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

National Headquarters
900 Haddon Ave., Collingswood, N.J. 08108

App. No. **129**
10/12

APPLICATION FOR ELECTRICAL INSPECTION
PLEASE PRINT OR TYPE (CLEAR APPLICATIONS HELP GET THE JOB DONE)

THIS SECTION TO BE COMPLETED BY APPLICANT DATE: **12-3-82**

City, Town or Township **MIDDLESEX** County _____ State **N.J.**
 Location: Lot _____ Block _____ Street Address **100 HALLOCK AVE**
 (If Located in Rural Area - Please Attach Directions) Pole No. _____
 Owner **MIDDLESEX MANOR** Permit No. _____ (if Applicable)
 Occupied As **CONDO** Building - New Old
 Occupant **VACANT** Work - New Additional
 App. for - Rough Wiring Fixtures or Ready for Inspection **Will Call** 19 _____
 Fee Remitted - \$ **51.20** By Check Money Order Make Payable to Agency

LIST ALL EQUIPMENT AND WIRING

Number of Rough Wiring Outlets	Miscellaneous Equipment												
	Elect Heat	500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000	
Switches 11	100												
Lighting 11													
Receptacles 25													
Number of Fixtures 11													
	Amp. Service	Surface Unit	Dishwasher	Range									
	Water Heater 1-2TN	Air Conditioner	Dryer	Pump									
	Oven	Garbage Disposal	Wiring and Controls for GAS	Burner									
	Amp. Receptacles 3	Fractional H.P. Vent Fans											
	Other Equipment: 2 - A.C SMOKE DETECTORS												

MOTORS H P	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100	
Mark Number of Each Size																									

Applicant's Signature **Vincent Manassa** License # **3285** Permit # **3285**
 T/A **V.M. ELECTRIC CO** Name of Utility **P.S.**
 Applicant's Address **732 WARREN ST.** Office to be Notified _____
 & Phone No. **233-7573**
 City **WESTFIELD** State **N.J.** Zip Code **07090**

SPACE BELOW FOR AGENCY'S USE ONLY **tot fee paid 51.20 MJD**

Date Received _____ Date Inspected _____

Rough Wiring Outlets	K W. Surface Unit	K W. Oven
Outlets	K W. Range	H.P. Garbage Disposal
Receptacles	K W. Water Heater	K W. Dishwasher
Fixtures	H P. Air Conditioner	K W. Dryer
Amp. Service Equipment	Burner, Wiring & Controls for	Amp. Receptacle
Amp. Service Conductors	H P. Pump	Frac H.P. Vent Fans

MOTORS H P	1/20	1/12	1/10	1/8	1/6	1/4	1/3	1/2	3/4	1	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100	
Mark Number of Each Size																									

APPARATUS	Elect Heat	500	750	1000	1250	1500	1750	2000	2250	2500	2750	3000

Corrected Location _____

CERTIFICATIONS	PROGRESS Inc <input type="checkbox"/> Lkd <input type="checkbox"/>	NOTIFIED	RE-PORT	CARD	NEW	OLD	FEE PAID
<input type="checkbox"/> Rough Wiring	* VIOLATION Work Comp <input type="checkbox"/> Inc. <input type="checkbox"/>	Contractor					FEE
<input type="checkbox"/> Fixture Approval		Owner					CHECK #
<input type="checkbox"/> Elec Certificate		Occupant					INV. #
<input type="checkbox"/> Letter of Approval		Agent					
<input type="checkbox"/> In-Plant Approval		Elec. Lt. Co					
Date Issued _____	Other Side <input type="checkbox"/>						

(Temp) Cut-in Card # _____ (Final) Cut-in Card # _____
 Inspector's Signature _____