



Property Information		Request Information		Update Information
File#:	BS-X01567-1307811015	Requested Date:	02/14/2024	Update Requested:
Owner:	JAMES JESSE	Branch:		Requested By:
Address 1:	2 BLAKE DRIVE	Date Completed:	02/28/2024	Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	CLARK, NJ	# of Parcel(s):	1	

Notes

- CODE VIOLATIONS** Per Town of Clark Department of Zoning there are no Code Violation cases on this property.
Collector: Town of Clark
Payable Address: 430 Westfield Ave, Clark NJ 07066
Business# (732) 428-8404
- PERMITS** Per Town of Clark Department of Building there are no Open/Pending/Expired Permit on this property.
Collector: Town of Clark
Payable Address: 430 Westfield Ave, Clark NJ 07066
Business# (732) 428-8404
- SPECIAL ASSESSMENTS** Per Town of Clark Finance Department there are no Special Assessments/liens on the property.
Collector: Town of Clark
Payable Address: 430 Westfield Ave, Clark NJ 07066
Business# (732) 428-8404
- DEMOLITION** NO



UTILITIES

Water

Account #: NA

Payment Status: NA

Status: Pvt & Non Lienable

Amount: NA

Good Thru: NA

Account Active: NA

Collector: New Jersey American Water Company

Payable Address: 1709 Union Ave, Hazlet, NJ 07730

Business # 1 800-272-1325

NOTE: UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS
AUTHORISATION NEEDED

SEWER

Account#: 4147-0

Status: Pvt & Lienable

Amount: \$140.00

Due Date: 03/15/2024

Payment Status: Due

Account Active: Active

Collector: Clark Township Tax Collector

Payable Address: 430 Westfield Avenue Clark, NJ 07066

Business#: 732-428-8403.

NOTE: UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

Garbage

GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN



CLARK OPEN PUBLIC RECORDS ACT REQUEST FORM

430 Westfield Avenue

732-388-3669

Clerk@ourclark.com

Edith L. Merkel RMC, Township Clerk



Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Ryan MI _____ Last Name Williams

E-mail Address MLS@stellaripl.com

Mailing Address 2605 Maitland Center Pkwy suite C

City Maitland State FL Zip 32751

Telephone 302-261-9069 FAX 407-210-3113

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax Yes E-mail Yes

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Ryan Williams Date 02-16-2024

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material.

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

We are currently working with closing on this property scheduled and would need the below records verified. Please provide the requested below info at the earliest.

Address: 2 BLAKE DRIVE CLARK NJ 07066
 Parcel: Block: 159 Lot: 1
 Owner: JAMES JESSE

Please advise if the above 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.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<p>2/17/23</p> <p>~ NO OPEN/PENDING PERMITS AS OF THIS DATE.</p> <p>~ NO SPECIAL ASSESSMENTS AS OF THIS DATE.</p> <p><i>[Signature]</i></p>			
Custodian Signature		Date	

Terri Mazarella

From: Laura Caliguire
Sent: Tuesday, February 20, 2024 11:15 AM
To: Terri Mazarella
Subject: RE: OPRA Requests 2 Blake Drive and 8 Ginesi Drive

The property located at 2 Blake Drive –
There are no Liens on the property – taxes and sewer are current.

Tax Collector
Township of Clark
430 Westfield Avenue
Clark, NJ 07066
P- 732-428-8404
F- 732-388-0581

From: Terri Mazarella <tmazarella@ourclark.com>
Sent: Friday, February 16, 2024 3:50 PM
To: Elaina Lambert <emlambert@ourclark.com>; Laura Caliguire <lcaliguire@ourclark.com>; Mike Ross <mross@ourclark.com>
Subject: OPRA Requests 2 Blake Drive and 8 Ginesi Drive

Elaina / Laura/ Mike

Please see the attached OPRA Requests.

Response: As soon as possible but not later than Friday, February 23rd

Thanks
Have a good weekend
Terri

Terri Mazarella

From: Elaina Lambert
Sent: Friday, February 23, 2024 11:20 AM
To: Terri Mazarella
Subject: 2 Blake Drive

Hi Terri,

As of today, there are no open/pending permits or records of code violations for 2 Blake Drive.

Have a great day,
Elaina Lambert
Technical Assistant
Construction Department



CONSTRUCTION PERMIT

Date Issued 1/27/23
Permit # 23-060

IDENTIFICATION Block 159 Lot 1 Qualification Code _____
 Work Site Location 2 Blake Dr. Contractor _____
 Owner in Fee Jesse Address Chapman Bros.
 Address Same Tel. (____) _____
 Tel. _____ Lic. No. or Bids. 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:

Replace Furnace & A/C

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 \$ 11,375
 Construction Official [Signature] Date 1/12/23

PAYMENTS (Office Use Only)	
Building	_____
Electrical	<u>75</u>
Plumbing	<u>75</u>
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>22</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>172</u>
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)



PLUMBING SUBCODE TECHNICAL SECTION



COMPLIANT

Date Received Control # 1127/23
Date Issued Permit # 23-060

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

Block _____ Lot _____ Qualification Code _____
Work Site Location 2 Blake Ave. Clark
Owner in Fee: A. Yess e-mail _____
Tel. _____

Address _____
Contractor: N.J. Plumbing & Heating, Inc. municipality zip code
T/A Chapman Brothers
Address 36 North Ave. East, Cranford, NJ 07016
908-276-1320 Fax: 908-276-1326
N.J. Plumb Lic #: 6073 & 6848
NJHVAC Lic #: 1274 & 1335
Home Improvement Contractor Registration No. or Exemption Reason PIC Reg #: 13VH02062700
Federal Emp. ID No. Federal ID #: 22-3811782

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 \$ 11,275-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type: _____	Failure _____ Approval _____ Initial _____
<input type="checkbox"/> Partial - Underslab Utilities Approved	Slab _____	
Date: _____ Approved by: _____	Rough _____	
<input type="checkbox"/> Plumbing Plans Approved	Water _____	
Date: _____ Approved by: _____	Sewer _____	
Joint Plan Review Required:	Fixtures _____	
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Equipment _____	
SUBCODE APPROVAL for PERMIT	Gas Piping _____	
Date: _____	LPGas Tank _____	
Approved by: _____	Fuel Oil Piping _____	
SUBCODE APPROVAL for CERTIFICATE	Solar _____	
<input type="checkbox"/> CO <input type="checkbox"/> CCCO <input type="checkbox"/> CA	<u>Final</u> _____	
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 sign/Contractor sign and seal here: _____
Print name here: G. Swick Licensed Contractor Exempt Applicant

D. TECHNICAL SITE DATA

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	_____
_____	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	_____
_____	Other <u>Furnace</u>	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 75



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____
 WORK SITE ADDRESS 2 Blake Ave. N.J. Plumbing & Heating, Inc.
 Owner in Fee C. Jesse T/A Chapman Brothers
 Verifying Individual _____ Company 36 North Ave East, Cranford, NJ 07016
 Address _____ 908-276-1320 Fax: 908-276-1326
 _____ N.J. Plumb Lic #: 6073 & 6848
 _____ NJ HVAC Lic #: 1274 & 1335
 Tel: (____) _____ City _____ Fax: (____) _____ Zip Code _____
 _____ HIC Reg #: 13VH02062700
 _____ Federal ID #: 22-3811782

Check the Appropriate Box(es):

Type of Replacement:		Existing Vent/Chimney:	Size _____
<input type="checkbox"/>	Oil to Gas Conversion	<input type="checkbox"/>	"B" Label Vent
<input checked="" type="checkbox"/>	Gas to Oil Conversion	<input type="checkbox"/>	"L" Label Vent
<input checked="" type="checkbox"/>	Gas Appliance Replacement	<input type="checkbox"/>	Flexible Liner
<input type="checkbox"/>	Oil to Oil Replacement	<input type="checkbox"/>	Power Vent/Exhauster
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: _____	Oil / Gas / Other: _____	_____
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____
 Material of Liner: Stainless Steel _____ Aluminum _____
 Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____
 Length of Connector: _____ Vent Connector Rise: _____
 How does the appliance vent? Natural Draft Fan-assisted Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature _____ Date _____

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date _____

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

*All applicable information requested on this form must be supplied.
 This form may not be submitted by a homeowner in lieu of the required inspection.*

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NJ 07066-1704
 (908) 388-3600



**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 159 Lot 1

Work Site Location 2 Blake Dr.

Owner in Fee Lucille Makashi

Address 2 Blake Dr.

Contractor [Redacted]

Address 27 Devon Lane

Tele. (202) 574-0480 Fax (202) 574-0898

Lic. No. 6249

Federal Emp. No. 22-3539147

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 \$ 495.

JOB SUMMARY (Office Use Only)

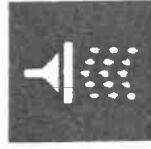
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Slab	Failure	Approval	Failure	Initial
<input checked="" type="checkbox"/> No Plans Required					
<input type="checkbox"/> Joint Plan Review Required:					
<input type="checkbox"/> Building	<input type="checkbox"/> Electric				
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator				
<input type="checkbox"/> Plumbing Plans Approved					
Date: <u>12/13/00</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL					
<input type="checkbox"/> CO	<input checked="" type="checkbox"/> CCO				
Date: <u>12/13/00</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 — Contractor's Seal

Licensed Plumbing Contractor Exempt Applicant



Date Received 12/12/00

Date Issued _____

Control # 00-1046

Permit # _____

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	
	Fuel Oil Piping	
	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	\$ <u>35.00</u>

Replace 40 gal. gas w. H.

UCC/PRO F-130 (REV3/96) 12/12/00 No Rec. Fee

Professional Printing
 (609) 468-7933

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

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: _____ LOT: _____ PERMIT#: _____

WORKSITE ADDRESS: 2 Blake Dr Clark

Certifying Individual(Print Name)

Company

Name: Lenny Grieco

Name: Lenny's PTH

Address

Street: 27 Devon Lane

City: Clark

State: Clark, N.J. 07066

Zip: 07066

Phone# (⁷³²) 574-0480

Check The Appropriate Box

Type of replacement:

- Oil to Gas Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other (describe): _____

Existing vent/chimney:

- B label vent
- L label vent
- Masonry chimney-Tile lined
- Flexible liner
- Power vent/exhauster
- Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature

Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

[Signature] Dec. 11, 00
SIGNATURE DATE

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature

Date

Direct Vent Appliance:

No certification required:

Signature

Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.



NOTICE OF VIOLATION AND ORDER TO TERMINATE
 NOTICE AND ORDER OF PENALTY

Date Issued 3/12/99
 Control #
 Permit #

IDENTIFICATION

Work Site Location 2 Blake Drive Block 159 Lot 1
Clark, New Jersey 07066
 Owner in Fee Mr. & Mrs. William Makoski Agent J.T. Penyak
 Address 2 Blake Drive Address
Clark, New Jersey 07066 So. Plainfield, N. J.

ACTION

DATE OF NOTICE: _____ COMPLIANCE DUE DATE: _____ DATE OF INSPECTION: _____

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that: Failure to obtain the required Construction Permits. 5:23-2.14
 5:23-2.31

You are hereby ordered to terminate the said violations on or before _____.
 No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Failure to comply with this Order will subject you to a penalty of \$ _____ per _____.

You are hereby ordered to pay a penalty in the amount of \$ ~~500.00~~ ²⁵⁰ for each violation for a total penalty of \$ ~~500.00~~ ²⁵⁰. Each week that any of the said violations remain outstanding after 3/12/99 shall result in an additional penalty of \$ 500.00 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the _____ County of _____ Union within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$ 100.00 to be forwarded with your application to the Board of Appeals office at Administration Building, 6th floor, Law Dept. Elizabeth, N. J.

If you have any questions concerning this matter, please call: Building Department 388-3600 Ext. 3029

NOTICE OF VIOLATION AND ORDER TO TERMINATE: [Signature] DATE: 3/12/99
 SCO

NOTICE AND ORDER OF PENALTY: [Signature] DATE: 3/12/99

pd. ck. # 3580 / 3/12/99



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

3/12/99
99-163

IDENTIFICATION Block 159 Lot 1
 Work Site Location 2 Blake DR. Contractor JIT. PENYAK RFC
 Owner in Fee makowski Address 124 CAMDEN AVE.
 Address SAME So. PIRel.
 Tel. () 754-4222
 Lic. No. or Bldrs. Reg. No. _____
 Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: TEAR OFF 2 & REPLACE

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 \$ 4,100
 Construction Official [Signature]

3/12/99
 Date

PAYMENTS (Office Use Only)	
Building	<u>46.00</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	<u>3.00</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>49.00</u>
Check No.	<u>3580</u>
Cash	_____
Collected by	_____

U.C.C. F170 (rev. 3/95)

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

CLARK TOWNSHIP
 Construction Department
 430 Westfield Avenue
 Clark, New Jersey 07066
 (732) 388-3600 Ext. 3029



**BUILDING
 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 159 Work Site Location 2 BIAKE DR.
 Owner in Fee S Makowski
 Address S BIAKE DR.
 Tele. () 753-4222 Fax ()
 Contractor T.J. PENYAK RFG Co.
 Address 124 CAMDEN AVE.
50. PLOD.
 Lic. No. or Bldrs. Reg. No.
 Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 All
 Footing
 Foundation
 Frame
 Other
Joint Plan Review Required:
 Elec. Plumb. Fire Elevator
SUBCODE APPROVAL
 CO CCO CA
 Date:
 Approved by:

INITIAL INSPECTIONS
 Type:
 Footing
 Foundation
 Slab
 Frame
 Barrier-Free
 Insulation
 Finishes
 Energy
 Mechanical
 TCE
 Other
 Final
 Barrier-Free

Failure Dates (Month/Day) Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present 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. \$
 2. Alteration \$
 3. Total (1+2) \$ 4,100



Date Received 3/12/99
 Date Issued
 Control # 99-163
 Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TREAR - OFF 2, REPLACE WITH 25 yr.

TYPE OF WORK:

- New Building
 - Addition
 - Alteration
 - Roofing
 - Siding
 - Fence
 - Sign
 - Pool
 - Asbestos Abatement Subchapter 8
 - Lead Haz. Abatement NJAC 5:17
 - Other
 - Demolition
- Height (exceeds 6') Sq. Ft. 4600

FEE (Office Use Only)

Administrative Surcharge \$
 Minimum Fee \$
 DCA Training Fee \$ 3.00
 TOTAL FEE \$ 49.00

U.C.C. F110 (rev. 3/88)

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

CLARK
PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM

Date Issued **10/15/93**
 Control #
 Permit # **93-9304**



UNIFORM CONSTRUCTION CODE

IDENTIFICATION Block 159 Lot 1
 Work Site Location 2 BLAKE DR Contractor MC LARNON ELECTRIC
CLARK NJ 07066 Address 4 Duffie Place
 Owner in fee WILLIAM J MAKOSKI Tele. (900) 732-5877 Piscataway 08854-0000
 Address 2 BLAKE DR Federal Emp. No. 22-3086559
 CLARK NJ Exp. Date 10318 or Social Security No. _____

is hereby granted permission to perform the following work:
 BUILDING
 PLUMBING
 ELECTRICAL
 FIRE PROTECTION
 OTHER

DESCRIPTION OF WORK :

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR
 PUBLIC SERVICE ELECTRIC & GAS COMPANY'S
 RESIDENTIAL APPLIANCE CYCLING PROGRAM ONLY

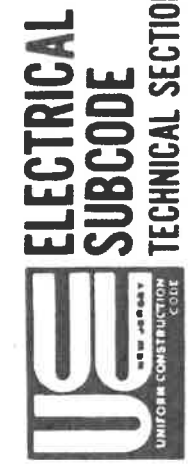
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 110.00

F-170C / REV for PSE&G WOH **CONSTRUCTION OFFICIAL**
INSPECTOR

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	<u>23.00</u>
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	<u>23.00</u>
Check No.	<u>2213</u>
Cash	
Collected By:	

(see reverse side)



CLARK

**PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM**

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

Block 159 Lot 1
 Work Site Location 2 BLAKE DR Lot 07066-1609
 Owner in Fee WILLIAM J MAKOSKI
 Address 2 BLAKE DR
 Tele. (CLARK NJ) 07066-1609
 Contractor MC LARNON ELECTRIC
 Address 4 Duffie Place
Piscataway 08854-0000
 Tele. (908) 732-5877
 Lic. No. 10318
 Federal Emp. No. 22-3086559 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 110,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
 No Plans Required
 Joint Plan Review Required:
 Bldg. Plumb.
 Fire Elevator
 Elec. Plans Approved
 Date: _____
 Approved by: _____
 CO CCO CA
 Date: _____
 Approved by: _____
 Line Dept. _____

INSPECTIONS:
 Type: _____
 Rough _____
 Temporary _____
 Constr. Serv. _____
 TCO _____
 Other _____
 Service _____
 Final _____
 Temp. Cut-in-Card Date Issued _____
 Final Cut-in-Card Date Issued _____
 Line Dept. _____

Dates (Month/Day)
 Failure _____ Approval _____ Initial _____

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.
 Licensed Electrical Contractor
 Exempt Applicant

Signature-Contractor Seal

F-120B/REV for PSE&G-692

Date Received _____

Date Issued 10/15/93

Control # _____

Permit # 93-9304

D. TECHNICAL SITE DATA INSTALLATION OF LOAD MANAGEMENT
SWITCH(ES) FOR PUBLIC SERVICE ELECTRIC & GAS COMPANY'S
RESIDENTIAL APPLIANCE CYCLING PROGRAM ONLY.

NO.	SIZE	ITEM	FEE (Office Use Only)
_____	_____	Fixtures (1)	_____
_____	_____	Receptacles (2)	_____
_____	_____	Switches (3)	_____
_____	_____	Total 1 + 2 + 3	_____
_____	_____	Kw Range	_____
_____	_____	Kw Oven(s)	_____
_____	_____	Kw Surface Unit	_____
_____	_____	hp Dishwasher	_____
_____	_____	hp Garbage Disposal	_____
_____	_____	Kw Dryer	_____
<u>1</u>	_____	Kw A/C Unit	_____
_____	_____	Burglar Alarms	_____
_____	_____	Intercoms Panels	_____
_____	_____	Smoke Detectors	_____
_____	_____	hp Whirlpool/spa	_____
_____	_____	Pool Bonding	_____
_____	_____	hp Pool Filter Motor	_____
_____	_____	Pool Lights	_____
<u>0</u>	_____	Kw Water Heater(s)	_____
_____	_____	Kw Central heat:	_____
_____	_____	oil, gas or elec.	_____
_____	_____	Kw Baseboard Heat Units	_____
_____	_____	Thermostats	_____
<u>0</u>	_____	hp Heat Pump	_____
_____	_____	hp Pump(s)	_____
_____	_____	Amp Motor Control Center/Sub Panels	_____
_____	_____	Signs	_____
_____	_____	Light Standards	_____
_____	_____	hp Motors—Fractional H.P.	_____
_____	_____	hp Motors—All Others	_____
_____	_____	Kw Transformers	_____
_____	_____	Kw Generators	_____
_____	_____	Amp Service Entrance	_____

Paid Check # 2213 Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 Collected by: _____ DCA Training Fee \$ _____
 TOTAL FEE \$ 23.00

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



CERTIFICATE

CERT. NO. 90-156
 DATE ISSUED 9/28/90
 Block 159 Lot 1
 Subdivision _____

IDENTIFICATION

Owner Mr. & Mrs. Makoski Agent Al Apiuzis
 Address 2 Blake Drive Address 33 Farless Ave.
Clark, N.J. 07066 Old Bridge, N.J.
 Tel. (____) _____ Tel. (____) 251-6193
 Work Site Address Same Lic. No. _____
 Federal Emp. No. _____

PAYMENTS

Fees Remitted \$ 52.00
 Check No. 0106
 Cash
 Other _____
 Collected By: lds
 Date: 4/25/90

CERTIFICATE OF OCCUPANCY / APPROVAL

- A. CERTIFICATE OF OCCUPANCY CERTIFICATE OF APPROVAL

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

- B. 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.

- C. 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:

D. DESCRIPTION OF WORK: Replacement of Bow Window, rewiring of room with lights and switches, removal of inside wall.

USE GROUP R 3 FIRE GRADING 1 Hr.

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE One family dwelling.

FINAL COST OF CONSTRUCTION: \$ _____ E. J. Williams
 CONSTRUCTION OFFICIAL



CONSTRUCTION PERMIT

Date Issued 4-25-90
Control #
Permit # 90-156

IDENTIFICATION Block 159 Lot 1

Work Site Location CLARK N.J. Contractor A. Apruzzi

Owner in Fee MR + MRS MAKOSKI Address 33 FAIR-55 AVE

Address 2 BLAKE Drive Tele. (201) 281-6193

CLARK N.J.
Tele. [REDACTED] Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

- BUILDING
- PLUMBING
- OTHER
- ELECTRICAL
- FIRE PROTECTION

DESCRIPTION OF WORK: REPLACEMENT OF BOW WINDOW WHICH IS SMALLER THAN THE ORIGINAL. REWIRING OF ROOM WITH LIGHTS AND SWITCHES - NEW SHEETROCK - REMOVAL OF INSIDE WALL

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 \$ 3,500.00

E.J. Sullivan
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	<u>27.00</u>
Plumbing	
Electrical	<u>35.00</u>
Fire Protection	
Other	
DCA Training Fee	
Cert. of Occ. <u>C/A</u>	<u>25.00</u>
Other	
Total	
Check No. <u>106/CASH</u>	
Cash	
Collected By: <u>[Signature]</u>	

U.C.C. Form F-170A

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

(see reverse side)

Date Received 4-25-90
 Date Issued _____
 Control # _____
 Permit # 90-156

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

Block # 68 Lot 159
 Work Site Location CLACK, N.J.
 Owner in Fee MR & MRS MAKOSKI
 Address 2 BLAKE DRIVE
CLACK, N.J.
 Contractor [REDACTED]
 Address 35 FARLES AVE
CLACK, N.J. 08057
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPCTIONS	Type:	Dates (Month/Day)
[] No Plans Req.	_____	_____	_____	_____	Failure Approval Initial
[] All	_____	_____	_____	Footing	_____
[] Footing	_____	_____	_____	Foundation	_____
[] Foundation	_____	_____	_____	Slab	_____
[] Frame	<u>4-19</u>	<u>[Signature]</u>	_____	Frame	_____
[] Other	_____	_____	_____	Insulation	_____
Joint Plan Review Required:					
[] Elec. [] Plumb. [] Fire	_____	_____	_____	Finishes:	_____
SUBCODE APPROVAL					
[] CO [] CCO [] CA	_____	_____	_____	Energy	_____
Date: <u>4-19-90</u>	_____	_____	_____	Mechanical	_____
Approved By: <u>[Signature]</u>	_____	_____	_____	TCO	_____
_____	_____	_____	_____	Other	_____
_____	_____	_____	_____	Final	_____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>3,500.00</u>
No. of Stories	_____	_____	2. Alteration \$ <u>3,500.00</u>
Height of Structure	_____ Ft.	_____ Ft.	3. Total (1+2) \$ <u>3,500.00</u>
Area—Largest Floor	_____ Sq. Ft.	_____ Sq. Ft.	
Total Bldg. Area/All Floors	_____ Sq. Ft.	_____ Sq. Ft.	
Volume of Structure	_____ Cu. Ft.	_____ Cu. Ft.	
Total Land Area Disturbed	_____ Sq. Ft.	_____ Sq. Ft.	

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

REPLACE MENT OF Bow window which is smaller than the original - Rewiring of room with lights and switches and all sheet rock - removal of inside wall

TYPE OF WORK:

- [] New Building
- [] Addition
- [X] Alteration
- [] Roofing
- [] Siding
- [X] Other Window
- [] Demolition
- [] Miscellaneous
- [] Fence
- [] Sign
- [] Pool
- [] Elevator
- [] Asbestos Abatement
- [] Other

(Office Use Only)	FEE
_____	_____
_____	<u>27.00</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	<u>25.00</u>
Paid [] Check # <u>0106</u> Administrative Surcharge	_____
Collected by: _____ Minimum Fee	_____
TOTAL FEE	_____
	<u>52.00</u>

91-4

Snyder

3394 17126
49598



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4-20-90
90-156

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

Block 159 Lot #1
Work Site Location 2 Blake Drive, Clark N.J.
Owner in Fee MARLOSKI
Address 2 Blake Drive, Clark, N.J.
Contractor Sidney Brown
Address 1369 7th St., Union Pt., Bridgewater, N.J.
Tele. ()
Lic. No. 150 or Social Security No. [REDACTED]
Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Reinspection Resale Meter Set
 Pole/Pad # Temporary Other
Building Occupied as Dwelling Utility Co.
Est. Cost of Elec. Work \$ 1,660.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
 No Plans Required
 Joint Plan Review Required:
 Bldg. Plumb. Fire
 Elec. Plans Approved
Date: 4/23/90
Approved by: McPherson

INSPECTIONS:
Type: Rough Temporary Constr. Serv. TCO Other Service Final
Dates (Month/Day)
Failure Approval Initial
4/23/90 [initials]

SUBCODE APPROVAL:
 CO CCO [initials]
Date: 4/26/90
Approved by: [initials]

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept. _____

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.

Licensed Electrical Contractor Exempt Applicant
Sidney Brown Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
18		Fixtures (1)	
17		Receptacles (2)	
15		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Paid Check # 1821 Administrative Surcharge \$ 33.00
Collected by: gc Minimum Fee \$ 25.00
TOTAL FEE \$ 35.00

4-20-90 # 006075