

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



CONSTRUCTION PERMIT

Date Issued: 4/1/09

Permit # 09-177

IDENTIFICATION Block 52 Lot 14.05 Qualification Code _____
 Work Site Location 8 GENESI DR. Contractor SPALIONE CONT. LLC
CLARK N.J. 07066 Address 54 IVY ST.
CLARK N.J. 07066 Owner in Fee JERRY KOVACH
CLARK N.J. 07066 Address 8 GENESI DR. Tel. (732) 388-2460
CLARK N.J. 07066 Lic. No. or Bids. Reg. No. 13KH00101000
 Tel. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: STREET PERMIT FOR DUMPSTER

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 \$ 400

 Construction Official

4/1/09

 Date

PAYMENTS (Office Use Only)

Building 50
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Elevator Devices _____
 Other _____
 DCA State Permit Fee 1
 Cert. of Occupancy _____
 Other _____
 Total _____
 Check No. 51
 Cash _____
 Collected by _____

(see reverse side)

UCC/170 (REV. 01/04)
 Professional Printing
 (856) 468-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PROFESSIONAL PRINTING (856) 468-7933

TOWNSHIP OF CLARK
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 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



**BUILDING
 SUBCODE
 TECHNICAL SECTION**

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

Block 52 Lot 1405 Qualification Code _____
 Work Site Location 8 GENESI DR.

Owner in Fee: JEARY ROVACH N.J. 07066

Tel. _____ e-mail _____
 Address 8 GENESI DR. CLARK N.J. 07066
Street Municipality zip code

Contractor: SPALDINE CON. LLC Tel: (732) 388-2460
 Address 54 IVY ST. CLARK N.J. 07066 e-mail _____

Contractor License No. or Builder Registration No. 13VH00101000 Exp. Date 12/31/09
 Federal Emp. ID No. 20-0573619 FAX: (732) 388-2405

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required	<u>4/19</u>	<u>JRS</u>	Footing				
<input type="checkbox"/> All			Footing Bonding				
<input type="checkbox"/> Footing			Foundation				
<input type="checkbox"/> Foundation			Slab				
<input type="checkbox"/> Frame			Frame				
<input type="checkbox"/> Other			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Elevator				
SUBCODE APPROVAL			Insulation				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Finishes -Base Layer				
Date:			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
Approved by: _____			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Const. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ <u>400.</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			



Date Received 4/11/09
 Date Issued _____
 Control # _____
 Permit # 09-177

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 STREET PERMIT FOR DUMPSTER

TYPE OF WORK:	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ _____
<input type="checkbox"/> Addition	\$ _____
<input type="checkbox"/> Rehabilitation	\$ _____
<input type="checkbox"/> Roofing	\$ _____
<input type="checkbox"/> Siding	\$ _____
<input type="checkbox"/> Fence _____	Height (exceeds 6') Sq. Ft. _____
<input type="checkbox"/> Sign _____	Sq. Ft. _____
<input type="checkbox"/> Pool	\$ _____
<input type="checkbox"/> Asbestos Abatement Subchapter 8	\$ _____
<input type="checkbox"/> Lead Haz. Abatement N.J.A.C. 5:17	\$ _____
<input type="checkbox"/> Radon Remediation	\$ _____
<input checked="" type="checkbox"/> Other <u>DUMPSTER.</u>	\$ _____
<input type="checkbox"/> Demolition	\$ _____

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

- 1. White-Inspector copy
- 2. Canary-Applicant copy
- 3. Pink-Office copy
- 4. White Tag- Office copy

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



CONSTRUCTION PERMIT

Date Issued: 3/5/08
 Permit # 08-191

IDENTIFICATION Block 52 Lot 14.05
 Work Site Location 8 GIBSE DRIVE
 Contractor 21ST Century Stores
 Address 1900 Route 32
 Owner in Fee 8 GIBSE DRIVE
 Address 8 GIBSE DRIVE
 Tel. (908) 734-5710
 Lic. No. or Bldgs. Reg. No. 13VH01858700

PAYMENTS (Office Use Only)

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection 50
 Elevator Devices _____
 Other _____
 DCA State Permit Fee 1
 Cert. of Occupancy _____
 Other _____
 Total (51)
 Check No. _____
 Cash _____
 Collected by _____

Is hereby granted permission to perform the following work:
 BUILDING
 PLUMBING
 FIRE PROTECTION
 DEMOLITION
 LEAD HAZARD ABATEMENT
 ELEVATOR DEVICES
 ASBESTOS ABATEMENT
 OTHER

DESCRIPTION OF WORK:
 Installation of Gas insert
 AS per Factory specs. in EXT
 Gas 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 \$ 825.00
 Construction Official: *[Signature]*
 Date: 3/4/08

UCC/170 (REV. 01/04)
 Professional Printing (956) 468-7933
 1 WHITE-INSPECTOR
 2 CANARY-OFFICE
 3 PINK-TAX ASSESSOR
 4 GOLD-APPLICANT
 (see reverse side)

TOWNSHIP OF CLARK
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 (732) 388-3600



FIRE SUBCODE
TECHNICAL SECTION



Date Received **3/5/08**
 Date Issued
 Control #
 Permit # **08-191**

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

Block 52 Lot 14.05 Qualification Code _____
 Work Site Location 8 Girard Drive

Owner in Fee: Korach
 Tel. _____

Address 8 Girard Drive Municipality Clark Zip code 07066

Contractor: 21st Century Stove Tel. (for) 754-5750

Address 1000 Plainsfield e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No _____
 Fire Protection Equipment, Div of Fire Safety Installer No _____
 X Fire Alarm Contractor No 13VH01857700 Exp. Date 12/31/08
 X Federal Emp. ID No. 82051115000 FAX: (____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
 Const. Class: Present _____ Proposed _____ Location of Panel: _____
 Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
 Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
 Location: [] Other _____ Location of Main Control Valve: _____

Fuel Storage Tank:
 Fuel Type: [] Flammable or [] Combustible Capacity _____
 Est. Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
Type:	Failure	Approval
[] No Plans Required	Alarm System	Initial
Joint Plan Review Required:	Suppression Sys.	
[] Building [] Plumbing	Standpipe	
[] Electric [] Elevator	Fire Pump	
[] Fire Plans Approved	Pre-Eng. System	
Date: <u>3/15/08</u>	Mechanical	
Approved by: <u>[Signature]</u>	Smoke Control	
SUBCODE APPROVAL	TCO	
[] CA	Flam/Combust Tanks	
Date: <u>3/15/08</u>	Fireplace Venting	
Approved by: <u>[Signature]</u>	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.
 Applicant's Signature/Contractor's Signature _____
 [] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source	NUMBER	FEE (Office Use Only)
Method of Alarm/Suppression System Supervision		
Flammable/Combustible Tanks		
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pull, water/flow)		
Supervisory Devices (i.e., tamper, 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 ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [] Gas or [] Oil		
X Fireplace Venting/Metal Chimney		
Other <u>Fireplace Gas Insert</u>		

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ 50

- 1. White-Inspector Copy
- 2. Canary-Applicant Copy
- 3. Pink-Office Copy
- 4. White Tag-Office Copy

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 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



CONSTRUCTION PERMIT

Date Issued: 3/27/09
 Permit # 09-169

IDENTIFICATION Block SA
 Work Site Location 8 GENISSI DR. N.J. 07066
 Owner in Fee JERRY KOVACH OR. 8 GENISSI DR. N.J. 07066
 Address 8 GENISSI DR. N.J. 07066
 Tel. (732) 388-2460
 Lic. No. or Bids. Reg. No. 13VH00101000
 Contractor S. PALLONE CONSTRUCTION, LLC.
 Address 54 IVY ST. CLARK N.J. 07066
 Tel. (732) 388-2460
 Lic. No. or Bids. Reg. No. 13VH00101000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: REPLACE DAMAGED PARTS WITH SHEETROCK.

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 \$ 12,000
 Construction Official *[Signature]*
 Date 3/25/09

PAYMENTS (Office Use Only)

Building	220
Electrical	50
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	20
Cert. of Occupancy	
Other	
Total	290
Check No.	8019
Cash	
Collected by	

UCC/170 (REV. 01/04) Professional Printing (856) 468-7933
 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT (see reverse side)

TOWNSHIP OF CLARK
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 (732) 388-3600



**ELECTRICAL
 SUBCODE
 TECHNICAL SECTION**



Date Received 3/27/09
 Date Issued 09-16-9
 Control #
 Permit #

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

Block 52 Lot 14.05 Qualification Code _____

Work Site Location 8 GENISSI DR. 07066

Owner in Fee: JERRY KOVACH N.J. 07066

Tel. () _____ e-mail _____

Address 8 GENISSI DR. CLARK N.J. 07066

Contractor: SAUNDERS ELECTRIC INC CLARK N.J. 07066

Address 44 CUTLER PLACE CLARK N.J. 07066

Contractor License No. 10090 Exp. Date 3/12

Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other

Building Occupied as Sixth Family Utility Co. PSE&E

Est. Cost of Electrical Work \$ 21000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

[] No Plans Required _____

Joint Plan Review Required: _____

[] Building [] Plumbing _____

[] Fire [] Elevator _____

[] Elec. Plans Approved _____

Date: 3-24-09 _____

Approved by: [Signature] _____

SUBCODE APPROVAL [] CO [] CCO _____

Date: 4-29-09 _____

Approved by: [Signature] _____

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

QTY SIZE ITEMS

12 Lighting Fixtures

3 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 AC 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

FEE (Office Use Only)

\$ 520

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 520

- 1. White-Inspector copy
- 2. Canary- Applicant copy
- 3. Pink- Office Copy
- 4. White Tag- Office copy

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



BUILDING SUBCODE TECHNICAL SECTION



Date Received 3/27/09
 Date Issued
 Control #
 Permit # 09-169

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

Block 52 Lot 14.05 Qualification Code _____
 Work Site Location 8 GENESSEE DR. 07066

Owner in Fee: JERRY KOVACH
 Tel: _____ e-mail _____

Address 8 GENESSEE DR. CLARK N.J. 07066
 Street Municipality zip code

Contractor: SPALLONE CON. LLC Tel: (732) 388-2460
 Address 54 IVY ST. CLARK N.J. 07066 e-mail _____

Contractor License No. or Builder Registration No. 13M02101000 Exp. Date _____
 Federal Emp. ID No. 20-057-3619 FAX: (732) 382-2405

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required	<u>3/25/09</u>	<u>MLK</u>	Type: <input checked="" type="checkbox"/> Footing				
<input type="checkbox"/> All			<input type="checkbox"/> Footing Bonding				
<input type="checkbox"/> Foundation			<input type="checkbox"/> Foundation Slab				
<input type="checkbox"/> Frame			<input type="checkbox"/> Truss Sys./Bracing				
<input type="checkbox"/> Other			<input type="checkbox"/> Barrier-Free				
Joint Plan Review Required:			<input type="checkbox"/> Insulation				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator				
SUBCODE APPROVAL			<input type="checkbox"/> Finishes - Base Layer				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	<input type="checkbox"/> Finishes - Final				
Date:			<input type="checkbox"/> Energy				
Approved by: _____			<input type="checkbox"/> Mechanical				
			<input type="checkbox"/> TCO				
			<input type="checkbox"/> Other				
			<input type="checkbox"/> Final				
			<input type="checkbox"/> Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr Class	Present	Proposed	1. New Bldg. \$ 10,000
No. of Stories			2. Rehabilitation \$ <u>10,000</u>
Height of Structure			3. Total (1+2) \$ <u>10,000</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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
REPLACE DAMAGED PAVING WITH SHEET ROCK.

TYPE OF WORK:

<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence	
<input type="checkbox"/> Sign	
<input type="checkbox"/> Pool	
<input type="checkbox"/> Asbestos Abatement Subchapter 8	
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	
<input type="checkbox"/> Radon Remediation	
<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Demolition	

Height (exceeds 6') _____ Sq. Ft. _____

FEE (Office Use Only) \$ 220

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ 220

1. White-Inspector copy
 2. Canary-Applicant copy
 3. Pink-Office copy
 4. White Tag- Office copy

BLOCK 52 LOT 14.05 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-151



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 8 CIVESI DR CLARK NJ 07066

2. Name of Owner in Fee: BEYONR KONICH

Tel: _____ e-mail: _____

Address: 8 CIVESI DR CLARK NJ 07066

Tel: _____ e-mail: _____

3. Ownership in Fee: Public Private Municipality Zip code _____

4. Principal Contractor: EXPROSSIVE GENERAL CO Tel: (732) 4997544 e-mail: _____

Address: JE WILSON RD CLARK NJ e-mail: _____

License No. OR, if new home, Builder Reg. No. 15NR09889500 Exp. Date 12/31/10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer _____ Contact _____ e-mail _____

Address _____ Tel: (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun ANDREW SWOREM

Tel: (732) 4997544 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. State Permit Surcharge Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ _____		
12. Other	\$ _____		
13. TOTAL	\$ _____		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft. (office use only)

2. Height of Structure _____ sq. ft.

3. Area - Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

III. PROPOSED WORK

Minor Work New Building Addition Demolition

Repair Alteration Renovation Reconstruction

Asbestos Abat. - Subch. 8 Lead Hazard Abatement Radon Remediation Annual Report

III. SUBCODES (Check all that apply)

<input checked="" type="checkbox"/> Building	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-view	Resubmission Dates	Re-View
<input checked="" type="checkbox"/> Electrical	4500				3/1/12	MK		
<input checked="" type="checkbox"/> Plumbing	400				3/1/12	MK		
<input type="checkbox"/> Fire Protection	900				3/1/12	MK		
<input type="checkbox"/> Elevator								
TOTAL COST	5700							

FOR OFFICE USE ONLY (Optional)

Resubmission Dates: _____ Re-View: _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, indicate Former: _____

4. No. of dwelling units: _____

Before Construction _____ After Construction _____ Net Gain or Loss _____

All Units: restricted income-restricted

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, indicate Former: _____

C. MIXED USE - List secondary use(s): _____

D. Construction Classification: _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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/Pieces of Assembly

7. Sprinklers

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

10. Swimming Pools, Spas and Hot Tubs

CONSTRUCTION PERMIT



Date Issued 3/4/12
 Permit # 12-151

Lot 14-05

IDENTIFICATION Block 52
 Work Site Location 8 GIVEY DR
 CAPRI NJ
 Owner In Fee LEONIE WOUNCH
 Address 8 GIVEY DR, CAPRI NJ
 Tel. (732) 499-3544
 Lic. No. or Bids. Reg. No. 3490-2869500
 Contractor EXPRESSIVE GENERAL CO.
 Address 24 WINTHROP RD
 CAPRI NJ 07066
 Tel. (732) 499-3544

- is hereby granted permission to perform the following work:
- BUILDING
 - PLUMBING
 - FIRE PROTECTION
 - DEMOLITION
 - OTHER
 - LEAD HAZARD ABATEMENT
 - ASBESTOS ABATEMENT
 - ELEVATOR DEVICES
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Bathroom Renovations

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 \$ 5300
 Construction Official [Signature]
 Date 1/3/12

PAYMENTS (Office Use Only)

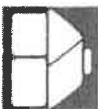
Building	1250
Electrical	1250
Plumbing	80
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	10
Cent. of Occupancy	
Other	
Total	2530
Check No.	
Cash	
Collected by	

U.C.C. F170 (rev. 01/04) 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

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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 59 Lot 14-05 Qualification Code _____

Work Site Location 8 CIVISI DR CHARLTON

Owner in Fee: VERONIC LONN CH

Tel. _____ e-mail _____

Address 8 CIVISI DR CHARLTON NJ

Contractor: EXPRESSIVE CONCRETE CO. Tel. 732-495-7594 zip code _____

Address 24 WINDSOR RD CHARLTON NJ e-mail _____

Contractor License No. or Builder Registration No. BVNO 2889500 Exp. Date 12/31/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ Date Initial _____

No Plans Required 31616

All _____

Footings/Foundations _____

Structural/Framework _____

Exterior _____

Interior _____

Joint Plan Review/Required: _____

Elev. Plumb Fire Elevator, Insulation _____

SUBCODE APPROVAL FOR PERMIT _____

Date: _____

Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE _____

CO CCC OA _____

Date: _____

Approved by: _____

INSPECTIONS

Footings/Banding _____

Foundation _____

Slab _____

FRAMING _____

Truss Sys./Bracing _____

Barrier-Free _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TOO _____

Final _____

Barrier-Free _____

Dates (Month/Day)

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

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Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

Failure _____ Approval _____ Initial _____

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved: _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg: \$ _____

2. Rehabilitation \$ _____

3. Total (1 + 2) \$ _____

U.C.C. F110 (rev. 11/09)

Date Received 3/14/12
Control # _____
Date Issued _____
Permit # 12-151

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.

Sign here: _____

Print name here: LAUREN SWARTZ

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BATH ROOM REMODELING

TYPE OF WORK:

New Building

Addition

Rehabilitation

Roofing

Siding

Fence _____ Height (exceeds 6') _____

Sign _____ Sq. Ft. _____

Pool _____

Retaining Wall _____ Sq. Ft. _____

Asbestos Abatement Subchapter 8 _____

Lead Haz. Abatement NJAC 5:17 _____

Radon Remediation _____

Other _____

Demolition _____

FEE (Office Use Only)

\$ _____

\$ _____

\$ 126

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

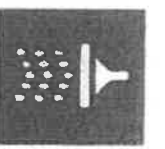
\$ _____

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

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



**PLUMBING
 SUBCODE
 TECHNICAL SECTION**



Date Received 3/16/12
 Date Issued
 Control #
 Permit # 12-151

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

Block 52 Lot 14.05 Qualification Code _____
 Work Site Location 8 GIVESI DR
 Owner in Fee: VERONIC KONCH CLARK NJ
 Tel: _____ e-mail _____
 Address 8 GIVESI DR CLARK NJ
 Contractor: Robert Meyer CLARK NJ Municipality _____
 Address 476 Meadow Rd Tel: (908) 685 2278 zip code _____
 Contractor License No. 9577 Exp. Date 6-13
 Home-Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 223548127 FAX: _____

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 \$ 800

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW		Type:	Failure	Dates (Month/Day)	Approval
[] No Plans Required		Slab			
Joint Plan Review Required	Date	Rough			
[] Building [] Electric		Water			
[] Fire [] Elevator		Sewer			
[] Plumbing Plans Approved		Fixtures			
Date: <u>3/1/12</u>		Gas Equipment			
Approved by: <u>[Signature]</u>		Gas Piping			
		LP Gas Tank			
		Fuel Oil Piping			
		Solar			
		TCO			
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent/owner) of record and I am authorized to make this application, and performance was verified on this application.

Applicant Signature/ Contractor's Seal and Signature _____
 Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO	FIXTURE/EQUIPMENT	FREE (Office Use Only)
1	Water Closet	\$ 20
1	Urinal/Bidet	\$ 20
1	Bath Tub	\$ 20
1	Lavatory	\$ 20
1	Shower	\$ 20
1	Floor Drain	\$ 20
1	Sink	\$ 40
1	Dishwasher	\$ 40
1	Drinking Fountain	\$ 40
1	Washing Machine	\$ 40
1	Hose Bibb	\$ 40
1	Water Heater	\$ 40
1	Fuel Oil Piping	\$ 40
1	Gas Piping	\$ 40
1	LP Gas Tank	\$ 40
1	Steam Boiler	\$ 40
1	Hot Water Boiler	\$ 40
1	Sewer Pump	\$ 40
1	Intrceptor/Separator	\$ 40
1	Backflow Preventer	\$ 40
1	Greasetrap	\$ 40
1	Sewer Connection	\$ 40
1	Water Service Connection	\$ 40
1	Stacks	\$ 40
1	Garbage Disposal	\$ 40
1	Other	\$ 40

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 20

UCC/F-130
 Professional Printing (856) 468-7933
 1. White-Inspector Copy
 2. Canary-Applicant Copy
 3. Pink-Office Copy
 4. White Tag-Office Copy

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



**ELECTRICAL
 SUBCODE
 TECHNICAL SECTION**



Date Received 3/10/12
 Date Issued _____
 Control # _____
 Permit # 12-151

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

Block 52 Lot 14.05 Qualification Code _____
 Work Site Location CLARK NJ 07066

Owner in Fee: SEARON KOVACH

Address 61251 DR CLARK NJ 07066
 Street Municipality

Contractor: CHC ELECTRIC CO Tel. (732) 895-1126
 Address 71044 Ave Pleasanton NJ 08857

Contractor License No. 11126 Exp. Date 3/12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
 Federal Emp. ID No. 22-3650558 FAX: 732-752-3614

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 Estimated Cost of Electrical Work \$ 480.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Rough			<u>3-15-12</u>	<u>PKM</u>
Joint Plan Review Required	Barrier-Free				
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Trench				
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Temp. Serv.				
<input type="checkbox"/> Elec. Plans Approved	Const. Serv.				
Date: <u>3-1-12</u>	TCO				
Approved by: <u>Michael...</u>	Other				
	Service				
	Final				
SUBCODE APPROVAL	Barrier-Free				
<input type="checkbox"/> CO <input type="checkbox"/> COO	Temp. Cut-in-Card Date Issued				
Date: <u>5-8-12</u>	Final Cut-in-Card Date Issued				
Approved by: <u>Michael...</u>	Annual Pool Inspection				
	Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature
 Licensed Elec. Contractor Certif'd Landscape Irrigation Contr' Exempt Applicant

D. TECHNICAL SITE DATA

- Lighting Fixture 2
- Receptacles 1
- Switches 2
- Detectors _____
- Light Poles _____
- Motors—Frac. HP 2
- Emergency & Exit Lights _____
- Communications Points _____
- Alarm Devices/F.A.C. Panel _____

TOTAL NUMBERS

- Pool Permit/with LW Lights _____
- Portable Pool/Spa/Hot Tub _____
- KW Elec. Rang/Receptacle _____
- KW Over/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 _____

FEE (Office Use Only)

\$ 75

UCC/F-120
 Professional Printing
 (856) 468-7933

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

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy

5/03

BLOCK 52 LOT 14.5 QUALIF/CODE _____ ADDRESS (SITE) 8 GINSEI DR. PERMIT NO. 03-846

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 8 GINSEI DR. CLARK.

2. Name of Owner in Fee: JERRY KOVACH Tel. [REDACTED]
 Address: 8 GINSEI DR. CLARK N.J. 07066
 Street Municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: FRANK SPALONE Tel. (732) 388-2460
 Address: 40 IVY ST. CLARK N.J. 07066

License No. OR, if new home, Builder Reg. No. [REDACTED] Exp. Date [REDACTED]
 Federal Employee No. [REDACTED] Fax () [REDACTED]

5. Architect or Engineer: A. ONDAR DESIGN Tel. (732) 617-0900
 Address: 19 IRMAN DRIVE MARLBORO N.J. 07746

6. Responsible Person in Charge of Work: FRANK SPALONE Fax () [REDACTED]
 Tel. (732) 388-2089 (cell #)

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
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)

- Number of Stories _____ ft.
- Height of Structure _____ sq. ft.
- Area - Largest Floor _____ sq. ft.
- New Building Area _____ cu. ft.
- Volume of New Structure _____ sq. ft.
- Construction Classification _____ sq. ft.
- Total Land Area Disturbed _____ ft.
- Flood Hazard Zone _____ ft.
- Base Flood Elevation _____ sq. ft.
- Wetlands: yes _____ no _____
- Max. Live Load _____
- Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. <input type="checkbox"/> Minor Work								
2. <input checked="" type="checkbox"/> New Building	<u>37,600</u>				<u>9/23</u>	<u>MLC</u>		
3. <input type="checkbox"/> Addition								
4. <input checked="" type="checkbox"/> Alteration	<u>27,500</u>							
5. <input type="checkbox"/> Fire Protection								
6. <input type="checkbox"/> Plumbing								
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	<u>65,100.</u>							

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

- IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**
- Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
 - High Pressure Boilers
 - Pressure Vessels
 - Refrigeration Systems
 - Cross-Connections/Backflow Preventers
 - Hazardous Uses/Places of Assembly
 - Sprinklers
 - Smoke Control Systems in Open Wells
 - Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- Hotels - (R-1)
- Multi-Family (R-2)
- Two-Family (R-3) BOCA
- Two-Family (R-4) CABO
- One-Family (R-3) BOCA
- One-Family (R-4) CABO

No. of dwelling units: _____
 Before Construction _____
 After Construction _____
 Net gain or loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group. Indicate Former:

Handwritten signature/initials

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NJ 07066-1704
 (732) 388-3600



CONSTRUCTION PERMIT

Date Issued **9/10/03**
 Control # **03-846**
 Permit # **03-846**

IDENTIFICATION Block **52** Lot **14.5**

Work Site Location **8 GINSEI DR. CLARK N.J. 07066**

Owner in Fee **JERRY KOVACH**

Address **8 GINSEI DR. CLARK N.J. 07066**

Tele. **[REDACTED]**

Contractor **FRANK SPALONE**

Address **40 IVY ST. CLARK N.J. 07066**

Tele. **(732) 388-2460**

Lic. No. or Bldrs. Reg. No. **156763781**

Federal Emp. No. **[REDACTED]**

Is hereby granted permission to perform the following work:

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

(Subchapter B only)

DESCRIPTION OF WORK: **ROOFING, SIDING, WINDOWS, NEW PORCH.**

Owner Approval

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 \$ **65,100**

CONSTRUCTION OFFICIAL

[Signature]

Date **9/23**

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

UCC/PRO170 (REV3/95)

(see reverse side)

PAYMENTS (Office Use Only)	ADD. 195/ADD. 145
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	37 / 35 7
Cert. of Occ.	
Other	
Total	619
Check No.	3530
Cash	
Collected By:	

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NJ 07066-1704
 (732) 388-3600



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received 9/10/03
 Date Issued
 Control # 03-846
 Permit #

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

Block 52 Lot 14.5
 Work Site Location 8 GENESEE DR. CLARK N.J. 07066
 Owner in Fee JERRY BOVACH
 Address 8 GENESEE DR. CLARK N.J. 07066
 Tele. (732) 388-2460 Fax ()
 Lic. No. or Bldg. Reg. No. Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required	9/10/03	JK	Footings	Foundation		9/10/03	JK	JK
<input type="checkbox"/> All			Foundation	Slab				
<input type="checkbox"/> Footing			Foundation	Frame				
<input type="checkbox"/> Foundation			Foundation	Barrier-Free				
<input type="checkbox"/> Frame			Foundation	Insulation				
<input type="checkbox"/> Other			Foundation	Finishes				
Joint Plan Review Required:			Foundation	Energy				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Foundation	Mechanical				
SUBCODE APPROVAL:			Foundation	TCO				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Foundation	Barrier-Free				
Date:			Foundation	Other Final				
Approved by:			Foundation	Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
 Const. 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. \$ 37,600
 2. Alteration \$ 27,500
 3. Total (1+2) \$ 65,100

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 ROOFING, SIDING, WINDOWS, NEW FRONT PORCH.

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]*

TYPE OF WORK:	Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building		
<input checked="" type="checkbox"/> Alteration	445	495
<input checked="" type="checkbox"/> Roofing	37	37
<input checked="" type="checkbox"/> Siding	35	35
<input type="checkbox"/> Fence		
<input type="checkbox"/> Sign		
<input type="checkbox"/> Pool		
<input type="checkbox"/> Asbestos Abatement Subchapter 8		
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17		
<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Demolition		

Administrative Surcharge \$
 Minimum Fee \$
 DCA Training Fee \$
 TOTAL FEE \$ 619

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NJ 07066-1704
 (732) 388-3600



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 8 GINESI DRIVE

2. Name of Owner in Fee: MR & MRS. KOLVACH.

Tel. _____ e-mail _____

Address 8 GINESI DR. CLARK 07066
street municipality zip code

3. Ownership in Fee: Public _____ Private

4. Principal Contractor: PRIMO PUMPINGS LLC Tel. (908) 904-0000
 Address 40 NEW YORK AVE CLARK e-mail _____
 License No. OR, if new home, Builder Reg. No. 5780 Exp. Date 6/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. SL-05358976 FAX: (_____) _____

5. Architect or Engineer: _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun
 Tel. (908) 904-0000 FAX: (_____) _____
Michael MacGregor

IIa. PROPOSED WORK:

- Minor Work
 Repair
 Asbestos Abat. -Subch. 8

- New Building
 Alteration
 Lead Hazard Abatement

- Addition
 Renovation
 Radon Remediation

- Demolition
 Reconstruction
 Annual Permit

IIb. SUBCODES:

(Check all that apply)

- Building
 Electrical
 Plumbing
 Fire Protection
 Elevator

TOTAL COSTS _____

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
 2. Dumbwaiters/Moving Walks
 3. High Pressure Boilers
 4. Refrigeration Systems
 5. Cross-Connections/Backflow Preventers
 6. Hazardous Uses/Places of Assembly
 7. Smoke Control Systems in Open Wells
 8. Underground Storage Tanks
 9. Swimming Pools, Spas and Hot Tubs

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Fire Protection	\$ _____	
5. Elevator Devices	\$ _____	
6. Subtotal	\$ _____	
7. Less 20% for State Plan Review	\$ _____	
8. Subtotal	\$ _____	
9. State Permit Surcharge Fee	\$ _____	
10. Subtotal	\$ _____	
11. Cert. of Occupancy	\$ _____	
12. Other	\$ _____	
13. TOTAL	\$ _____	

VI. BUILDING/SITE CHARACTERISTICS

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 _____

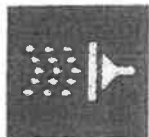
VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL (primary use):**
 1. State Specific Use: _____
 2. Use Group: _____
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: _____ All Units Income-restricted
- B. NON-RESIDENTIAL (primary use)**
 1. State Specific Use: _____
 2. Use Group: _____
 3. Change in Use Group, Indicate Former: _____
C. MIXED USE - List secondary use(s): _____

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received 7/13/07
 Date Issued
 Control # 07-635
 Permit #

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

Block S2 Lot 14.5 Qualification Code _____
 Work Site Location 8 GIVESI DRIVE CLARK

Owner in Fee: MR & MRS. KOLIVACH
 Tel. _____ e-mail _____

Address 8 GIVESI DR _____

_____ Municipality _____

_____ zip code _____

Contractor: FRANK PLUMBING LLC Tel. (908) 904-0000
 Address 40 NEW YORK AVE CLARK e-mail _____

Contractor License No. 4780 Exp. Date 6/1/09
 Federal Emp. ID No. 51-0535976 FAX: (908) 904-1911

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 \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW	TYPE:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Slab				
Joint Plan Review Required:	Rough				
<input type="checkbox"/> Building	Water				
<input type="checkbox"/> Fire	Sewer				
<input type="checkbox"/> Plumbing Plans Approved	Fixtures				
Date: <u>7/13/07</u>	Gas Equipment				
Approved by: <u>[Signature]</u>	Gas Piping				
	LP Gas Tank				
	Fuel Oil Piping				
<input type="checkbox"/> CO	Solar				
<input type="checkbox"/> CCC	TCO				
Date: <u>11.27.07</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.

Applicant's Signature/Contractor's Seal and Signature
 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	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

Administrative Surcharge \$ _____
 Minimum Fee \$ 50.00
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ _____

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 388-3600



CONSTRUCTION PERMIT

Date Issued: 7/13/07
Permit # 07-635

IDENTIFICATION Block 52 Lot 14.5 Qualification Code _____

Work Site Location: 8 GIVEST DR CLARK

Contractor: FRANK BUILDING LLC

Address: 40 NEW YORK AVE
CLARK NJ 07066

Owner in Fee: MR & MRS. KOLWACH
8 GIVEST DR

Address: _____
Tel.: _____

Lic. No. or Bids. Reg. No. 4790

Tel. (908) 904-0000

is hereby granted permission to perform the following work:

- BUILDING
- PLUMBING
- LEAD HAZARD ABATEMENT
- ELECTRICAL
- FIRE PROTECTION
- DEMOLITION
- OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK: gas pipe

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: \$ 500.00

Construction Official: [Signature] Date: 7/13/07

PAYMENTS (Office Use Only)

Building _____

Electrical 50

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee 1

Cert. of Occupancy _____

Other _____

Total 51

Check No. _____

Cash _____

Collected by _____

(see reverse side)

4 GOLD-APPLICANT

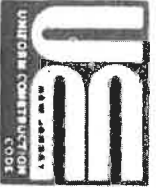
3 PINK-TAX ASSESSOR

2 CANARY-OFFICE

1 WHITE-INSPECTOR

STOCK 52 LOT 1405 QUALIF/CODE _____ ADDRESS (SITE) 8 Genise Drive PERMIT NO. _____

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 388-3600



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 8 Genise Drive Mark

2. Name of Owner in Fee: Kouach

Tel. () 8 Genise Drive e-mail _____
 Address _____ Municipality _____ zip code _____

3. Ownership in Fee: Public Public

4. Principal Contractor: TOREY M. SHELDON Tel. (732) 489-6572

Address 31 Hilltop Ave / 44 SISKIYOU DR e-mail _____

License No. OR, if new home, Builder Reg. No. 13VHD280330D Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-2609487 FAX: () _____

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun _____
 Tel. () _____ FAX: () _____

IIa. PROPOSED WORK:

- Minor Work
- Repair
- Asbestos Abat. -Subch. 8
- New Building
- Alteration
- Lead Hazard Abatement
- Addition
- Renovation
- Radon Remediation
- Demolition
- Reconstruction
- Annual Permit

IIb. SUBCODES:
 (Check all that apply)

- Building
- Electrical
- Plumbing
- Fire Protection
- Elevator

TOTAL COSTS _____

III. DO YOU WANT: (optional)

- Partial Releases
- Prototype Processing

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

- Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- High Pressure Boilers
- Refrigeration Systems
- Cross-Connections/Backflow Preventers
- Hazardous Uses/Places of Assembly
- Smoke Control Systems in Open Wells
- Underground Storage Tanks
- Swimming Pools, Spas and Hot Tubs

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical	\$	
3. Plumbing	\$	
4. Fire Protection	\$	
5. Elevator Devices	\$	
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy	\$	
12. Other	\$	
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

- 1. Number of Stories: 2
- 2. Height of Structure: 32 ft
- 3. Area - Largest Floor: 950 sq. ft.
- 4. New Building Area: _____ sq. ft.
- 5. Volume of New Structure: _____ cu. ft.
- 6. Construction Classification: _____
- 7. Total Land Area (D. zoned): _____ sq. ft.
- 8. Flood Hazard Zone: _____
- 9. Base Flood Elevation: _____ ft.
- 10. Wetlands: no yes _____
- 11. Max. Live Load: _____
- 12. Max. Occupancy Load: _____

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL (primary use)**
 - 1. State Specific Use: _____
 - 2. Use Group: _____
 - 3. Change in Use Group, Indicate Former: _____
 - 4. No. of dwelling units: All Units Income-restricted
- B. NON-RESIDENTIAL (primary use)**
 - 1. State Specific Use: _____
 - 2. Use Group: _____
 - 3. Change in Use Group, Indicate Former: _____
- C. MIXED USE** -list secondary use(s): _____

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



CONSTRUCTION PERMIT

Date Issued: 9/14/07
 Permit # 07-825

IDENTIFICATION Block 58

Work Site Location 8 Genise Drive

Owner In Fee Kouch

Address 8 Genise Drive

Tel. ()

Lot 58

14.05

Qualification Code

Contractor Tom Michalskyk

Address 31 Hilltop Ave

Clark N.J.

Tel. (732) 489-6572

Lic. No. or Bldrs. Reg. No. 13VH002805300

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

KITCHEN CABINETS, PLUMBING HOODS,
 LIGHTING + RECEPTACLE UPGRADES.

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 \$ 15,000.00

Construction Official *[Signature]*

Date 9/14/07

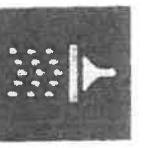
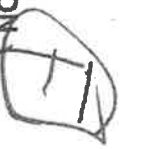
UCC/170 (REV. 01/04) Professional Printing (856) 468-7933
 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	286
Building	55
Electrical	55
Plumbing	55
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	20
Cert. of Occupancy	
Other	
Total	456
Check No.	1203
Cash	
Collected by	

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received 9/14/07
 Date Issued
 Control # 07-825
 Permit #

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 8 GEVISE DRIVE

Owner In Fee: KOVACH

Tel. (____) _____ e-mail _____
 Address 8 GEVISE DRIVE CLARK NJ 07066
street municipality zip code

Contractor: PLUMB PLUMBING U.S. Tel. (908) 904-0000
CLARK NJ 07066 e-mail _____

Contractor License No. 4TRD Exp. Date 1/09
 Federal Emp. ID No. 51-05355916 FAX: (908) 904-9111

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Building Sewer Size 4" Public Sewer _____ Private Septic _____
 Water Service Size 1" Public Water _____ Private Well _____
 Est. Cost of Plumbing Works 1000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		
PLAN REVIEW	Type:	Failure	Failure	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Slab			
Joint Plan Review Required:	Rough			
<input type="checkbox"/> Building	Water			
<input type="checkbox"/> Fire	Sewer			
<input type="checkbox"/> Plumbing Plans Approved	Fixtures			
Date: <u>9/13/07</u>	Gas Equipment			
Approved by: _____	Gas Piping			
	LP Gas Tank			
	Fuel Oil Piping			
	Solar			
	TCO			
				<u>11-29-07</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.

Applicant's Signature/Contractor's Signature and Signature
 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	<u>15.00</u>
	Dishwasher	<u>40.00</u>
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrapp	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 55.00

NOTE: ONLY FOR FIXTURES

- 1. White-Inspector copy
- 2. Canary- Applicant copy
- 3. Pink- Office Copy
- 4. White Tag- Office copy

UGC/F-130 (REV. 07/05)
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TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



BUILDING SUBCODE TECHNICAL SECTION



Date Received 9/14/07
 Date Issued
 Control # 07-825
 Permit #

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

Block 52 Lot 14.05 Qualification Code _____
 Work Site Location 8 Genise Drive

Owner in Fee: Kovach

Tel. () _____ e-mail _____
 Address 8 Genise Drive Clark N.J. 07066
 Contractor: Barney Pitchford Dan Michaelczyk Tel. (732) 489-6572
 Address 31 Hilltop Ave Clark N.J. e-mail _____

Contractor License No. or Builder Registration No. 13VH02805300 Exp. Date _____
 Federal Emp. ID No. 22-2609487 FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Type: _____				
<input type="checkbox"/> All			Footings				
<input type="checkbox"/> Footing			Footings Banding				
<input type="checkbox"/> Foundation			Foundation				
<input checked="" type="checkbox"/> Frame			Slabs				
<input type="checkbox"/> Other			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
<input type="checkbox"/> Elec.			Insulation				
<input type="checkbox"/> Plumb.			Finishes -Base Layer				
<input type="checkbox"/> Elevato			Finishes -Final				
SUBCODE APPROVAL			Energy				
<input type="checkbox"/> CO			Mechanical				
<input type="checkbox"/> CCO			TCO				
<input type="checkbox"/> CA			Other				
Approved by: _____			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$ <u>5,000.00</u>
No. of Stories	<u>2</u>		2. Rehabilitation \$ _____
Height of Structure	<u>3.2</u>		3. Total (1+2) \$ <u>15,000.00</u>
Area — Largest Floor	<u>950</u>		
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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
Kitchen Alteration
CABINETS, PLUMBING RECONNECTS,
NEW LIGHTING, ADDITIONAL
RECEPTICLES.

TYPE OF WORK:

<input type="checkbox"/> New Building
<input type="checkbox"/> Addition
<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Roofing
<input type="checkbox"/> Sliding
<input type="checkbox"/> Fence _____ Height (exceeds 6')
<input type="checkbox"/> Sign _____ Sq. Ft.
<input type="checkbox"/> Pool
<input type="checkbox"/> Asbestos Abatement Subchapter 8
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17
<input type="checkbox"/> Radon Remediation
<input checked="" type="checkbox"/> Other <u>Kitchen Alteration</u>
<input type="checkbox"/> Demolition

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ <u>286</u>

1. White-Inspector copy 2. Canary-Applicant copy
 3. Pink-Office copy 4. White Tag- Office copy
 UCC/F-110 (REV. 08/05) Professional Printing (856) 468-7933

TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received **9/14/07**
 Date Issued
 Control # **07-825**
 Permit #

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

Block 8 Lot Genise Drive Qualification Code _____
 Work Site Location

Owner in Fee: Kouach

Tel. () 8 Genise Drive e-mail Clark NJ zip code 07066
 Address street municipality

Contractor: SHEDDEN ELECTRIC INC. Tel. (908) 463-9739
 Address 11 SUBURBAN RD e-mail CLARK NJ 07066

Contractor License No. 11087 Exp. Date _____
 Federal Emp. ID No. 22-3132697 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____
 Pole/Pad # _____ Temporary Other
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Electrical Work \$ 30000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required			Type: Rough	Approval Initial <u>9-25-07</u> <u>Cam</u>
Joint Plan Review Required:			Barrier-Free	
<input type="checkbox"/> Building			Trench	
<input type="checkbox"/> Fire			Temp. Serv.	
<input type="checkbox"/> Elec. Plans Approved			Constr. Serv.	
Date <u>9-25-07</u>			TCO	
Approved by <u>Michael</u>			Other	
			Service	
			Final	
			Barrier-Free	

Subcode Approval	Temp. Cut-in-Card Date Issued	Final Cut-in-Card Date Issued	Annual Pool Inspection	Date of Grounding and Bonding Certification
<input type="checkbox"/> CO <input type="checkbox"/> CCO				

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 Certifd Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SITE DATA
 QTY SIZE ITEMS

- 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 15
 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 1/4 HP _____
 KW Transformer/Generator _____
 AMP Service _____
 AMP Subpanels _____
 AMP Motor Control Center _____
 KW Elec. Sign/Outline Light _____

FEE (Office Use Only)
 \$ 50
 \$ 15
 \$ 15
 \$ 95

1. White-Inspector copy
2. Canary- Applicant copy
3. Pink- Office Copy
4. White Tag- Office copy

US CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 8 Givens

2. Name of Owner in Fee: Bonaville Tel. (____)

Address 8 Givens Clark 07066
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Quadr Contracting Corp Tel. (201) 566-0808
 Address 83 State Hwy 10 Fern Whipping NJ 07071

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 Vincent Stover Tel. (201) 566-0808

II. PROPOSED WORK

	Est. Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Dates Rejection	Re-viewer
1. <input checked="" type="checkbox"/> Minor work (single trade) and no prior approvals)	<u>1750.00</u>								
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abatement									
10. <input type="checkbox"/> Demolition									
11. <input type="checkbox"/> TOTAL COSTS									

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

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
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 _____ ft.

2. Height of Structure _____ sq. ft.

3. Area—Largest Floor _____ sq. ft.

4. New Building Area _____ cu. ft.

5. Volume of New Structure _____ sq. ft.

6. Construction Classification _____ sq. ft.

7. Total Land Area Disturbed _____ ft.

8. Flood Hazard Zone _____ ft.

9. Base Flood Elevation _____ sq. ft.

10. Wetlands _____ sq. ft.

11. Max. Live Load _____ no

12. Max. Occupancy Load _____

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: _____



CONSTRUCTION PERMIT

Date issued 8-28-96
Control # 96-690
Permit # 96-690

IDENTIFICATION Block 52 Lot 14.05

Work Site Location 8 Street

Owner in Fee Burtz Clark

Address 8 Street

Tele. (202) 944-0808

Lic. No. or Bids. Reg. No. Exp. Date

Federal Emp. No. or Social Security No.

Contractor Quartz Contracting 831 Stark Hwy 10 # 127

Address 831 Stark Hwy 10 # 127

City Washington D.C. 20001

State District of Columbia

Zip 20001

is hereby granted permission to perform the following work:

- BUILDING
- PLUMBING
- OTHER
- ELECTRICAL
- FIRE PROTECTION
- ELEVATOR DEVICES

DESCRIPTION OF WORK:

Repair - damaged stucco

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 \$ 1950.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-1700 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE 4 GOLD-APPLICANT

PAYMENTS (Office Use Only)	
Building	42
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other	
Total	48
Check No.	8357
Cash	
Collected By:	

(see reverse side)



USE BUILDING SUBCODE TECHNICAL SECTION



Date Received 8-28-92
 Date Issued
 Control # 96-690
 Permit #

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

Work Site Location B Girard Lot 14.05
 Owner in Fee B Girard
 Address B Girard
 Tele. [REDACTED]
 Contractor Quark Contracting
 Address 801 State Hwy 10 W-27
 Tele. (201) 946-0808
 Lic. No. or Bldrs. Reg. No. _____ or Social Security No. 142 42 6142
 Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Req.	<u>8-28-92</u>	<u>PLK</u>	Type:	Failure	Failure	Approval
<input type="checkbox"/> All			Footings			
<input type="checkbox"/> Footing			Foundation			
<input type="checkbox"/> Foundation			Slab			
<input type="checkbox"/> Frame			Frame			
<input type="checkbox"/> Other			Insulation			
Joint Plan Review Required:			Finishes:			
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Energy			
SUBCODE APPROVAL			Mechanical			
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO			
Date:			Other			
Approved By:			Final			

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) \$ 130,000

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
Repair damaged stairs

TYPE OF WORK:	Height (6' or over)	Sq. Ft.	(Office Use Only) FEE
<input type="checkbox"/> New Building			
<input type="checkbox"/> Addition			
<input type="checkbox"/> Alteration			
<input type="checkbox"/> Roofing			
<input checked="" type="checkbox"/> Siding			<u>46</u>
<input type="checkbox"/> Fence			
<input type="checkbox"/> Sign			
<input type="checkbox"/> Pool			
<input type="checkbox"/> Asbestos Abatement			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
<input type="checkbox"/> Demolition			

Paid by Check # 2357 Administrative Surcharge \$ _____
 Collected by: _____ Minimum Fee \$ _____
 DCA TRAINING FEE \$ _____
 TOTAL FEE \$ 48