

Prop	erty Information	Request Informa	tion	Update Information
File#:	BS-X01567-3625284380	Requested Date:	02/14/2024	Update Requested:
Owner:	JEROME KOVACH	Branch:		Requested By:
Address 1:	8 GINESI DRIVE	Date Completed:		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#: 2014-0 Status: PVt & Lienable Amount: \$140.00 Due Date: 03/15/2014 Payment Status: Due Account Active: Active

Collector: Clark Township Tax Collector

Payable Address: 430 Westfield Avenue Clark, NJ 07066

Business#: 732-428-8403.

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES VERBAL INFO ACQUIRED

Garbage: GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN

PROFESSIONAL PRINTING (856) 468-7933

TOWNSHIP OF CLARK

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



Date Issued: 4/,/09

Permit #09-177

IDENTIFICATION Block 52 Lot 14.05 Qualification	on Code
	NE CONT LLC
	57.
Owner in Fee JERRY KOVACH CLARK	N.J. 07066
Address 8 6 EN ISI OR. Tel. (732) 388-	2460
CLARK N.J. 07066 Lic. No. or Bldrs. Reg. No.	
Tel.	
Is hereby granted permission to perform the following work: [] BUILDING	PAYMENTS (Office Use Only)
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION	Building
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [/ OTHER Dumps TER	Plumbing
(Subchapter 8 only)	Fire Protection
DESCRIPTION OF WORK: 055 - 056 0 TT FAR O CO 05 TE 1	Elevator Devices
DESCRIPTION OF WORK: STREET PERMIT FOR DUMPSTER	Other
	DCA State Permit Fee
	Cert. of Occupancy
NOTE: if construction does not commence within one (1) year of date of issuance, or	Other
if construction ceases for a period of six (6) months, this permit is void.	Total
Estimated Cost of Work	Check No.
	Cash
Construction Official Date	Collected by
170 (REV. 01/04)	
essional Printing	(see reverse side)
156) 468-7933 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR	4 GOLD-APPLICANT

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



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

		Sq. Ft.		ed (Total Land Area Disturbed
		Cu. Ft.		Ф	Volume of New Structure
		Sq. Ft.		rs	New Bldg. Area/All Floors
7		Sq. Ft.			Area — Largest Floor _
2 45	Total (1+2)	F.			Height of Structure
\$	Rehabilitation				Ü
€9	 New Bidg. 	Proposed	Pro		SS
Work:	Est. Cost of Bldg. Work:	Proposed	Pro	CHARACTERISTICS Present	B. BUILDING CHARACT Use Group Present
		Barrier-Free _			
THE		Final	$\overline{}$		
+		Official			Approved by:
		TCO			Date:
		Mechanical	CA	_	00 [] 00
		Finishes Final			, ddV 3
		Finishes -Base Layer			
		Insulation	Elevator	Fire (Elec. Plumb.
		Barrier-Free		uired:	Joint Plan Review Required:
		Truss Sys./Bracing] Other
		Frame] Frame
		Slab	`] Foundation
		Foundation] Facting
		ting Booding		117] All
Approval	Failure Failure Approve	Type: Fi	Ty		No Plans Required
かりかい	Dates (Mo	NEDECTIONS	named a	e Use Only	JOB SUNMARY (Office Use Only)
382-2405	FAX: (332)		73619	50-0	Federal Emp. ID No. 2
12/31	Exp. Date	0. 13v H00/01000	gistration No	r Builder Re	Contractor License No. or Builder Registration No.
		07066	7	,	CLARK
	e-mail		7	X S	Address 54 IV
321388-2460	Tel. (232)	7. 460	Con	ME	Contractor: SPAIION
2ip code	RX R	OR. CLA	H	なななな	Address & & L
1		e-mail	0		
		VACH	KOVI	RY	Owner in Fee: JEA
	7066	1.01.0	7		CLARK
		000	TST.	GEN	Work Site Location
	Qualification Code	14.05	Lot		Block 54



Date Received 4/, /09
Date Issued
Control #

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

1. White-Inspector copy 2. Canary-Applicant copy

TOTAL FEE \$

- UCC/F-110 (REV. 08/05)
 Professional Printing
 (856) 468-7933
 - Pink-Office copy
 - White Tag- Office copy

Permit # 78-19/

4 GOLD-APPLICANT

Check No.

Cash

Collected by

(see reverse side)

3 PINK-TAX ASSESSOR

CONSTRUCTION



CLARK, NEW JERSEY 07066-1704 430 WESTFIELD AVENUE TOWNSHIP OF CLARK

Professional Printing EE67-834 (838)

UCC/170 (REV. 01/04)

1 WHITE-INSPECTOR

Other Total		not commence within one (1) yearloo to a six (6) months, this per	
Cert. of Occupancy	2017 50-5	-	
Other DCA State Permit Fee	1X7 11, 25000	रिक्रियाचे डि	129 SH
Fire Protection	thospit 2003 to	105/4/10/5/11	DESCRIPTION OF WORK:
gnidmulq		Subchapter 8 only)	[] ELEVATOR DEVICES
Building Electrical	[] LEAD HAZARD ABATEMENT []	[] PLUMBING [▼] FIRE PROTECTION	[★] BUILDING
PAYMENTS (Office Use Only)	c	to perform the following work	ls hereby granted permission
006 6 858	Lic. No. or Bldrs. Reg. No.		Jel.
- C162- h	11 (15) 101 3/	1100 3 37	Owner in Fee
2 25 21605	Confractor 217	>NIVO 2530	Work Site Location
eboon	Lot / Coulificatio	75	IDENTIFICATION Block
Permit # () 8 - 1 - 1	LIMIT	UNIFORM CONSTRUCTION	000c-00c (7c1)

2 CANARY-OFFICE

CLARK, NEW JERSEY 07066-1704 TOWNSHIP OF CLARK 430 WESTFIELD AVENUE



A: IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. (732) 388-3600 TECHNICAL SECTION

n n A	TOTAL BEE &				-			-		
Tee \$	State Permit Surcharge Fee \$		X			Other	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Approved by:	- Apt
Eee \$	Minimum Fee \$		101			Final		1998	k) Date
rrge \$	Administrative Surcharge \$		à	(J		Fireplace Venting		100 T CA	N	
20	ace cas insert	Other Elicplace		7	***	Flam/Combinet Tanks		ROVAL	SUBCODE APP	
}	/Metal Chimne	★ Fireplace Venting				Smoke Control	1 2	Winner		App
	[] Gas or []OII	Fired Appliances				maka Cantral	8	DY MUNIC	S X	Date
	ystem	Smoke Control System				Mechanical	S I	oprave	ians.	7 -
	haust System	Kitchen Hood Exhaust System				Pre-Fump	ַ ק	[] Elevator	Electric	
		Other				Standpipe	! <u>%</u>	[] Plumbing	Building	_
	ion	FM200 Suppression				Suppression Sys.	. Œ	w Required:	Joint Plan Review Required:	Joir
	'n	Foam Suppression				Alarm System	> ≥	Required	No Plans Required	
		CO ₂ Suppression	oval Initial	Failure Approva	Failure F		Type:		PLAN REVIEW	PL
	The state of the s	Dry Chemical	<u>\$</u>	Dates (Month/Day)		CTIONS	I N	JOB SUMMARY (Office Use Only)	SUMMARY	JOE
9		Wet Chemical								
	ystems	Pre-engineered Systems				oapacity) Compact	Est. Cost of Fire Protection Work \$	Cost of Fire Pr	Est. (
	ory and recty	Opinización reado (or y and vect)					l Combustible	l Flammable or I	Fuel Type: 1	Į.
	Try and (Wat)	Sprinkler Heads (F						6	Fuel Storage Tank:	Fuel
		Pre-action Valves							lion:	Location:
	alves	Dry Pipe/Alarm Valves		Location of Main Control Valve:	on of Main	Location			[] Other	
	GPM Type	Fire Pump	u	[] New OR [] Existing	[] New] Solar	_	[] Oil [] Electric	. —	Type:
	tems	Suppression Systems	tem:	Fire Suppression/Standpipe System:	uppression/] HVAC Fire St	_	[] New OR [] Existing	g System:	Heati
		TOTAL			Location of Panel:	1	posed			Cons
		Other Devices	OR [] Existing		Firte Alarm System:[] New	Firte A	Proposed .			Ose
	Signaling Devices (i.e., horn/strobes, bells)	Signaling Devices					FICS	CHARACTERIS	HE PHOIEC	
	Supervisory Devices (i.e., tampers, low/high air)	Supervisory Device			TAX:		-	0.000) i
	water/flow)	water/flow)	11/08	te 121	Exp. Date	100	1	のでも	* Federal Emp ID No	¥ made >
	rs/110v	Alam Davicas (i.a. small	1			1	arety Install	Fire Flotection Equipment, Div of Fire Safety Installer No	Joiecnon Edi	
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	ITE DATA	D. TECHNICAL SITE DATA						c		
plicant	Ċ	[] Certified Contractor		on Code	Qualification Code	0	~ ~ .	2	Work Site Location	Work
ortor's Signature	ation.	to make this application				2.07	2	7	~	Block
d am authorized	hereby certify that I am the (agent of) owner of uscord and am authorized	I hereby certify that		Ö.	00-2/2-100	HILLY DIG NO: 1-800-2/2-1000	HIS OFFICE, CALL OTH		}	0



Date Received 3/5/68

Control #

C. CERTIFICATION IN LIEU OF OATH Permit # 08-191

Vater Supply Source	ESCRIPTION OF WORK:	Certified Contractor
ystem Supervision		Applicant's Signature/Contractor's Signature [
ř. i		

	NUMBER	FEE (Office Use Only)
arm Systems		
] System		
] 110v Interconnected		
I CO Detectors/110v		
arm Devices (i.e., smoke, heat, pulls,		
ater/flow)		
pervisory Devices (i.e., tampers, low/high air)		
gnaling Devices (i.e., horn/strobes, bells)		
her Devices		
TAL		
ppression Systems		
re Pump GPM Type		
y Pipe/Alarm Valves		
e-action Valves		
prinkler Heads (Dry and Wet)		
andpipes		
e-engineered Systems		
et Chemical		
y Chemical		
O ₂ Suppression		
oam Suppression		
W200 Suppression	***************************************	
ther		
her Systems itchen Hood Exhaust System		
moke Control System		
ired Appliances [] Gas or [] Oil		
		>
ther Fireplace Cas insert		20
Administra	Administrative Surcharge \$	ge \$

UCC/F-140 (REV. 07/05)
Professional Printing (856) 468-7933

TOTAL FEE

430 WEZTFIELD AVENUE TOWNSHIP OF CLARK

Cert. of Occupancy	
DCA State Permit Fee	· SOUL BAKE LIT M
Other	
Elevator Devices	DESCRIPTION OF WORK: BEOLACE OFFICE
Fire Protection	(Supchapter 8 only)
gnidmul9	[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
Electrical	[] FIRE PROTECTION [] DEMOLITION
G C gnibling	
(VIng esU eomo) STNEMYA9	is hereby granted perform the following work:
990L0 SW VS CONT. TCC	Mork Site Location Block S. Lot Lot Contractor S.PAILONCE Work Site Location & GENIST 08. Contractor S.PAILONCE Contractor S.PAILONCE Contractor S.PAILONCE Address & GENIST 08. Address & GENIST 08. Tel. (732) 388-3 Address & GENIST 08. Tel. (732) 388-3 Tel. (732) 388-3 Tel. (732) 388-3 Tel. (733) 388-3 Tel. (733) 388-3 Tel. (733) 388-3 Tel. (734) 388-3 Tel. (735) 388-3 Tel. (736) 388-3 Tel. (737) 388-3 Tel. (738) 388-3 T
Permit # 199-169	(732) 388-3600 UNIFORM CONSTRUCTION PERSON
Date Issued:	CLARK, NEW JERSEY 07066-1704 CONSTRUCTION
, ,	

(see reverse side)	4 GOLD-APP	3 PINK-TAX ASSESSOR	CANARY-OFFICE	SPECTOR 2	1 WHITE-IN:	UCC/170 (REV. 01/04) Professional Printing (856) 468-7933
	Cert. of Occup. Total Check No. Cash Cash Collected by	60/SC	one (1) year of date of the void.	not commence within confidence within confidence of six (6) month	eases for a p	if construction c Estimated Cost
səo	PAYMENTS (Building Electrical Plumbing Fire Protection Elevator Devic	EAD HAZARD ABATEMENT DEMOLITION BHTC ABATEMENT DO BON ECITAL	J [] L CTION [] D ABATEMENT [] C (Only)	(Subchapter 8	OE MOBK: OB DENICES	[
0001	13 NH0010	Tel. (732) 388	99020 1) 6 E~Z&	Address & SeabbA
99020	17400 = 72	Contractor SPA NOM Address C4 + VY		1-N 160 NACH	2 noi	IDENTIFICATIO Work Site Locat Owner in Fee

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



TECHNICAL SECTION ELECTRICAL

36 \$	Slate Permit Surcharge Fee	Approved b Date of Grounding and Bonding Certification
5 6	Minimum	Annual Pool Inspection
A .	Administrative Surcharge	11 11 11 11
	Transfer of the Control of the Contr	1 1 CO 1 1 CCO 1 ACA Final Cut in Cord Date Issued
		4
	KW Elec. Sign/Outline Light	Barrier-Free
	AMIL MOOD COUNTY CENTER	Final
	AND Motor Control Contor	Service
	AMP Subpanels	Approved by Cither
	AMP Service	Date
	KW Transformer/Generator	2-22-69 11
	HP Motors 1/+ HP	Plans Approved
	KW Baseboard Heat	[] Fire [] Elevator Temp. Serv
	TIT MAN Opace Leader on Flanking	[] Building [] Plumbing Trench
	HOWN Coppe Heater/Air Handler	
	KW Central A/C Unit	Rough
	HP Garbage Disposal	[] No Plans Required Type: Failure Failure Approval Initial
	KW Dishwasher	
4	KW Elec. Dryer/Receptacle	INSPECTIONS Dates (Month/Dat)
	KW Elec. Water Heater	JOB SUMMARY (Office Use Only)
	NVV Oven/Surface Unit	EST COST OF ELECTRICAL MATERIAL TO CO.
	TWO CICK TRANSPORTED TO	からので
	KW/ Flac Banne/Bacentacle	Building Occupied as Single Lawin Utility Co. 1586
	Storable Dool/Spa/Hot Tub	[] Pole/Pad # [] Temporary [] Other
	Pool Permit/with UW Lights	
()	TOTAL NUMBERS	Use Group Present Proposed
5		B. ELECTRICAL CHARACTERISTICS
	Alarm Devices/F.A.C. Panel	Federal Emp. ID No.
	Communications Points	100
	Emergency & Exit Lights	Contractor License No. 10090 Exp. Date
	MotorsFract, HP	Chrok pt onoch
	Light Poles	Address 47 CUTIEC LIACE e-mail
	Cetectors	1117
	Detectors	Contractor: Sall dels Flectic INC Tel. (733) 782-3953
	•	street municipality
	Receptacles	Address 8 GINISI DR. CLARK NJ. 02066
		Tel. (e-mail
FEE (Office Use Only)	QTY SIZE ITEMS	Owner in Fee: J Chief 1700 it al
	-	TERRY KOVACH
Cont'r [] Exempt Applicant	X) Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant	F
	Applicant's Signature/Contractor's Seal and Signature	Work Site Location & GENISI OR.
	- Janes Ja	Block 52 Lot 14.05 Qualification Code
an applications of the property of the propert	application and perform the work listed on this application.	CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
n authorized to make this	I hereby redify that I am the (spent of) owner of record and at	A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING
,	C CERTIFICATION IN LIEU OF OATH	

 White-Inspector copy 2. Canary- Applicant copy



Control # Date Issued Date Received

C. CERTIFICATION IN LIEU OF OATH

Permit #

			-												***************************************		-	-	H						1	W	2	Ö	D. TECHNICAL SITE DATA QTY SIZE ITEMS
																													CAL SITI
Administrative Surcharge Minimum Fee State Permit Surcharge Fee TOTAL FEE		KW Elec. Sign/Outline Light	AMP Motor Control Center	AMP Subpanels	AMP Service	KW Transformer/Generator	HP Mators 1/+ HP	KW Baseboard Heat	HP/KW Space Heater/Air Handler	KW Central A/C Unit	HP Garbage Disposal	KW Dishwasher	KW Elec. Dryer/Receptacle	KW Elec, Water Heater	KW Oven/Surface Unit	KW Elec. Range/Receptacle	Storable Pool/Spa/Hot Tub	Pool Permit/with UW Lights	TOTAL NUMBERS	Alarm Devices/F.A.C. Panel	Communications Points	Emergency & Exit Lights	Motors-Fract, HP	Light Poles	Detectors	Switches	Receptacles	Lighting Fixtures	EDATA ITEMS
ge s																			200	3									FEE (Office Use Only)

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933

CLARK, NEW JERSEY 07066-1 TOWNSHIP OF CLAR 430 YESTEFELD AVENUE

cture Ft. 3. Total (1+2) \$ \$	New Bldg.	Present Proposed Est. Cost of Bidg.	B. BUILDING CHARACTERISTICS	Barrier-Free Glad	Approved by:Other	Date: Mechanical	CODE APPROVAL	Joint Plan Review Required: Selection Plan Review Required: Barcier-Free		Slab	Required 3/25/6/1/1/1/17ype: Failure	JOB SUMMARY (Office Use Only) PLAN REVIEW Date / Initiat INSPECTIONS Dates (Month Day)	FAX:	No. or Builder Registration No. 1344 00,	-ARK	Contractor: > 1/A 1/0× Cext. LLC Tel. (732)388-3460 Address S4 IVX ST.	Street Street		JERRY KOVACH	SK AN IN SUCK	Block 52 Lot 14.05 Qualification Code	A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	430 WESTEVELD AVENUE CLARK, NEW JERSEY 07066-1704 (732) 388-3600 BUILDING SUBCODE TECHNICAL SECTION
TOTAL FEE \$ 33	State Permit Surcharge See \$	Administrative Surcharge \$	[S] Demolition	Radon Remediation Other	[] Asbestos Abatement Subchapter 8	[] Pool		[] Rehabilitation [] Roofing [] Siding	[] New Building \$	TYPE OF WORK: FEE (Office Use Only)						LUN LLING MI 14 SHEETROCK		DESCRIPTION OF WORK	D. TECHNICAL SITE DATA	Signature	I hereby certify that I am the (agent of) owner of record and am authorized to make this application.	C. CERTIFICATION IN LIEU OF OATH	Date Received 3/27/09 Date Issued Control # Permit # 09-169

UCC/F-110 (REV. 08/05) Professional Printing (856) 468-7933

Area — Largest Floor Height of Structure

New Bldg. Area/All Floors

Sq. Ft. Sq. Ft.

Cu. Ft.

Total Land Area Disturbed Volume of New Structure

Pink-Office copy

White-Inspector copy

Canary-Applicant copy

White Tag- Office copy

			-	5		200																						
☑ Plumbing	Q Electrical	S Building	- ¥ .	III SUBCODES	Asbestos AbatSubch. 8	☐ Repair	III. PROPOSED WORK		Tel. (7532) 499 75 44 FAX: (6. Responsible Person in Charge	Tel. ()	Address	n Alberta Land	Federal Emp. ID No	Home Improvement Contracto	Address At the Prince Builder Box No 19 19 19 19 19 19 19 19 19 19 19 19 19	4. Principal Contractor: 1×95	3. Ownership in Fee: Public	Accidess & 6 7 9 0	0 VI C 1	2. Name of Owner in Fee: JEK-WIKE 4-30 INCH	1. Proposed Work Site at: 10 G	I. IDENTIFICATION	Applicant Completes: Sections I, II, III (optional), IV, VI, and VII	LINESSON KROHEN			BLOCK 50
85	400	14.2000	Est Cost		batSubch. 8		^		#	once Work ha				u nononergass a	Paristration	Builder	100	+	+		24.85	10 100 M		I, II, III (option	A	S	J	14.05
			Plans Rec'd by						FAX: (as Begun	FAX: (No. of exempt		14 KW	CENEPA	_ Private _	TU	Ę	HOME	T CLAKE		ial), IV. VI. and	APPLICATION	CONSTRUCTION		QUALIFICATION CODE
			Date Rec'd		Lead Haza	Alteration	New Building		<u> </u>	DISCHU	(; () = 0.00 (in)	Cor	1	ion Keason (A V V V V	2220	6	dam's	6	242		KW NU		≦	ATIO	RUCT		TON CODE
			Rejection Date	FOR OF	Lead Hazard Abatement		ing			J-BRUWS		Contact	788.	(ii applicable	T CXD		e. (132	1	6	- 1		070			Z	ON N		
3/1/12	3	3/1/12	Approval Pare	FICE U		<u>ن</u> 20	□ <u>}</u>			77	***************************************				exp. Date 14	2012	161 (732) HOSTON	90co dt7				600	1			PERMIT		ADI
Med	M	700	Re- viewer	NLY (Optional	Radon Remediation	☐ Renovation	☐ Addition						-			3	4	000										ADDRESS (SITE)
· · · · · · · · · · · · · · · · · · ·			Resubrussion Dates O Roy			☐ Reconstruction	□ Demolition	12. Wetlands yes	-	10. Flood Hazard Zone	If Industrialized Building: State Approved	7. Max. Occupancy Load	- 6. Max. Live Load	5. Volume of New Structure	4. New Building Area	•	Number of Stories	13. IOIAL			Subtotal		6. Subtotal 7. Less 20% for State Plan Review \$		•	Building Bectrical		<u></u>
B. NON-RESIDENTIAL (primary use)	After Construction Net Gain or Loss	Before Construction	4 No of dwalling units:	Change in Use Group, Indicate Former:	2. Use Group:	State Specific Use:	VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL (primary use)	no	ft	sq. rt.	HUD HUD			cu. ft.	SO #		REGICE	₩			¢	69	aview \$			se only)		PERMIT NO.
ry use)			All Units restricted	icate Former:		,	ING USE		And the state of t							man de la company de la compan	(office use only)									opuate	-	2-15

DO YOU WANT: 1. Partial Releases 2. Prototype Processing	III. PLAN REVIEW (optional)	□ Elevator □ S700
□ Elevators/Escalators/Lifts/ □ Dumbwaiters/Moving Walks □ High Pressure Boilers □ Pressure Vessels	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?	
4. ☐ Refrigeration Systems 5. ☐ Cross-Connections/Backflow Preventers 6. ☐_Hazardous Uses/Places of Assembly 7. ☐ Sprinklers	NTAIN ANY OF THE FOLLOWING?	
8. ☐ Smoke Control Systems in Open Wells 9. ☐ Underground Storage Tanks 10. ☐ Swimming Pools, Spas and Hot Tubs	D. Construction Classification:	Change in Use Group, Indicate Former: C. MIXED USE -List secondary use(s):

Fire Protection

B. NON-RESIDENTIAL (primary use)

2. Use Group: 1. State Specific Use:

ebis astavat agat	
Other Cash Collected by	NOTE: If construction does not commence within one (1) year of date of leauence, or if construction ceases for a period of six (6) months, this permit is void. Estimated Cost of Work Construction Official
Elevator Devices Other Cert. of Occupancy Cert. of Occupancy	DESCRIPTION OF WORK: (CLECKIPTION OF WORK: (CLECKIPTION OF WORK:
PAYMENTS (Office Use Only) Building Electrical Plumbing Fire Protection	Is bereby granted permission to perform the following work: [] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION [] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER [] Subchapter 8 only)
E CEMESHY (1).	Work Site Location Whork Site Location Whork Site Location Who who was a state of the state o
Date Issued 5/4/12	CONSTRUCTION TIMES

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

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2 CANARY-OFFICE

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

1 WHITE-INSPECTOR

7 WHITE-INSPECTOR



BUILDING SUBCODE



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

RICK OFFICE OFFI Block 1 TECHNICAL SECTION

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Max. Occupancy Load	Max. Live Load	Volume of New Structure	New Bldg. Area/All Floors	Area - Largest Floor	Height of Structure	No. of Stories	Use Group Present Proposed	B. BUILDING CHARACTERISTICS	Approved by:	1 Jep I A cool 1 Oa	SUBCODE APPROVAL for CERTIFICATE	Approved by/	Date:	Teleg () Plumb & Fire / Televator	doint Plan Review Required:	T / Interfer	T. Exterior	1 Structure/Fremework	1 Footings/Foundations	TANK TO THE TANK T	No Plans Required 7	PLAN REVIEW Day United	Federal Emp. ID No.
	3. Total (1+2)	cu. it. 2. Rehabilitation	sq. ft. 1. New Bldg.	sq. ft. Est. Cost of Bldg. Work:	ft. State Approved	If Industrialized Building:	Constr. Class Present		Barrier-Free	T00///////////////////////////////////	Mechanical	Enjeligy	Finishes Final	Linishop Book Payor	Barrier-Free	Truss Sys /Bracing	Frank	Slab	Foundation	Footing	Type:	INSPECTIONS.	FAX:
U.C.C. F110 (rev. 11/09)	2) \$ 1500/0	tion \$	59	Bldg. Work:	ved HUD	ilding:	sent Proposed		SIAH THUS								White The state of				Failure Approval Initial	Dates (Month/Day)	111111111111111111111111111111111111111

Date Received 3 4 10

Permit # Date Issued

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C. CERTIFICATION IN LIE OF OATH

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

Sign here: LIZEN MS

Print name here: LANISLAN

Owner in Fee: 182 ONE

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Work Site Location

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Qualification Code

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DESCRIPTION OF WORK

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

Contractor License No. or Builder Registration No.

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Exp. Date

173

Address Contractor: Address

Horne 9 20155 268X3 SA NOTHER LA

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Tel.

e-mail

STANS

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CHASA e-mail

Demolition	Other	Radon Remediation	Lead Haz. Abatement NJAC 5:17	Asbestos Abatement Subchapter 8	Retaining Wall	Pool	SignSq. Ft.	Fence Height (exceeds 6')	Siding	Roofing	Rehabilitation	Addition	NewBuilding	E OF WORK:
						1 11 11				7			\$	FEE (Office Use Only)

2

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

State Permit Surcharge Fee \$

TOTAL FEE \$

Administrative Surcharge \$

Minimum Fee \$

2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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



Control # Date Issued

Date Received 3 612

TECHNICAL SECTION

(752) 388-3600 Constitution TECHNICAL SECTION		Permit #	(ソニカ
RS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	D, TECHNICAL SITE DA	ATA (List of all fixtures.)	
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Approved by:		State Permit Surcharge Fee \$	*
C CERTIFICATION IN THE COLORS		TOTAL FEE \$	98
I hereby certify that I am the (agenyof) owner of record and I am authorized		Applicant: When submitting this for	Applicant: When submitting this form to your Local Construction Code
to make this application, and perform the workleted on this application.	UCC/F-130	The second control between the second control and the second control	o con o sufficient barroom and supplies
Applicant Signature/ Contractor's Seal and Signature	Professional Printing (856) 468-7933	3 Pink-Office Conv	Canary-Applicant Copy White Tan-Office Copy
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4. White Tag-Office Copy

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



Control # Date Issued

Permit # 12 - 15 1

Date Received 3/6/12

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

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TOTAL FEE \$

3. Pink-Office Copy White-inspector Copy

4. White Tag-Office Copy Canary-Applicant Copy

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



Dumbwaiters/Moving Walks High Pressure Boilers UCC/PR0 F-100 (REV3/96) DUR BUILDING CONTAIN ANY OF THE FOLLOWING? 3. □ Pressure Vessels 4. □ Refrigeration Systems 5. □ Cross-Connections/Bac	INIME COSIS BY 100	Demolition			☐ Fire Protection	☑ New Building ☐ Addition	1. Minor Work Est. Cost		101 (0) 28 0-00	Ö		5. Architect or Engineer A. ON DAR Address 19 1 RUMAN DATV	Federal Employee No.	License No. OR, if new home, Builder Reg. No.	4. Principal Contractor: FRANKS Address 40 エレソ ミア	3. Ownership in Fee: Public	Address: 8 GINEST DR.	Owner	1. Proposed Work Site at: 8 6 ブル	Applicant Completes: Sections I,II,III (optional), IV, VI, and VII	CLARK, NJ 07066-1704 (732) 388-3600
6. D 7. D 5kflow 8. D 9. D	III. DO YOU WANT; (optional) 1. 🗆 Partial Releases 2.			8/1/03 (1/1/8)		9/4/3 1/1/10		OPTIONAL (for office use only)	- (C-F:/ #) Fax ()	FRANK SPAIN	N.J. 07746	OAR OESIGN Tol. (732) 617-0900	Fax	2. J. 07066 Red. No. Fxn Date	PA-110NE Tel. (732) 388-2460	Private V	CLARK V.T. 07.066	KOVACH Tel.	EST DR. CLARK.	II (optional). IV, VI, and VII	CONSTRUCTION APPLICATION
Uses/Places of Assembly 2. ntrol Systems in Open Wells nd Storage Tanks 3.	☐ Prototype Processing B. NON-RESIDENTIAL 1. State Specific Use:	After Construction	6. ☐ One-Family (R-4) CABO No of dwelling units: Before Construction		1. U Hotels (R-1) 2. Multi-Family (R-2)		ission Dates Re-	12. Max. Occupancy Load		9. Base Flood Elevation ft.	Flood	Volume of New Structure cu. Construction Classification Total and Area Disturbed	Area - Largest Floorsq.	VI. BUILDING/SITE CHARACTERISTICS 1. Number of Stories 2. Height of Structure	13. TOTAL \$	Cen.	Subtotal DCA Training Fee	7. Less 20% for State Plan Review	Fire Protection Elevator Devices Subtotal		



UCC/PRO F-100 (REV3/96)

(see reverse side)	CONSTRUCTION OFFICIAL	- Chillip	
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1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE 4 GOLD-APPLICANT

(000/PRO170 (REV3/96)

10WNSHIP OF CLARK 430 WESTFIELD AVENUE CLARK, NJ 07066-1704 (732) 388-3600



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

Block

1.**

1.4. S Work Site Location Federal Emp. No. Lic. No. or Bldrs. Reg. No. Tele. (732) Address 40 IVYST. CLARK Contractor Address Owner in Fee Area - Largest Floor _ Tele. New Bidg. Area/All Floors No. of Stories Constr. Class **B. BUILDING CHARACTERISTICS** Volume of New Structure Height of Structure_ Use Group Total Land Area Disturbed JOB SUMMARY (Office Use Only) Approved by: 000 | 1 000 | SUBCODE APPROVAL Joint Plan Review Required: PLANREVIEW [] Elec. [] Plumb. [] Fire [] Elevator CLARK] No Plans Required - Other] Frame Foundation A Footing BANK Present Present 388-2460 GINES FRAY þo CENEST _ _ cA Date Initial SPAllowE 0 0 ROVACH 07066 BR. CLARK Proposed Proposed OB INSPECTIONS Energy Finishes Final Slab Mechanical Frame Foundation Footing. Insulation Barrier-Free Barrier-Free イング Sq. Ft. Cu. Ft. Sq. Ft. Sq. Ft. Fax P ĕ 0 7066 Failure 1. New Bidg. \$37,600 TECHNICAL SECTION 3. Total (1+2) \$ 65/100 2. Atteration Failure Approval Dates (Month/Day) 02066 1500

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C. CERTIFICATION IN LIEU OF OATH	Permit #	Control #	Date Issue	Date Rece

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9/10/03

ermit # Control #

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Ö TECHNICAL SITE DATA

Signature

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

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	TYPE OF WORK: [] Mew Building [] Addition [] Roofing [] Fence [] Sign [] Pool [] Asbestos A [] Lead Haz. / [] Other [] Demolition
Administrative Surcharge Minimum Fee DCA Training Fee TOTAL FEE	JUIIding on figure in the proof of the proof
\$ 5 5 5	FEE (Office Use Only) \$ 48 495

UCC/PRO F-110 (REV 3/96) Professional Printing

(856)468-7933

3 Pink = Office Copy 1 White = Inspector Copy

2 Canary = Office Copy 4 Gold = Applicant Copy

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DEADDRESS (SITE) S	
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RMIT NO.07-635	

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



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

1. Proposed Work Site at: 8 GINESI DRIVE

I. IDENTIFICATION

2. Name of Owner in Fee: MC + MCS.

KO-VACE.

e-mail CHEK

at Mactrelpe 11. Max. L	- Contact 9. Base Floo - e-mail 10. Wetlands	7.	ason (if applicable): 5. Volume	3. Area	2.	Tel ODS 1904-OCXXX 1. Number	20 Cither 12. Other 13. TOTAL	=	8. Subtotal 9. State Pe	7. Less 20	5. Elevat	AFFLIGATION 3. Plumbing 4. Fire Prote	2. Electrical	CONCERNITION DEDUCT V. FEE SUM
Max, Live LoadMax. Occupancy Load	Base Flood Elevation	Total Land Area Disturbed Flood Hazard Zone	Volume of New Structure	Area — Largest FloorNew Building Area	Height of Structure	VI. BUILDING/SITE CHARACTERISTICS 1. Number of Stories	\$ 111111	Cert. of Occupancy	Subtotal State Permit Surcharge Fee	Less 20% for State Plan Review \$	Elevator Devices	Plumbing Fire Protection	<u>31</u>	FEE SUMMARY (for office use only)
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						(office use only)								Update

Architect or Engineer

Federal Emp. ID No.

Tel. (

Ownership in Fee:

Public

Private _

Address

8 GINESI

K

4. Principal Contractor: PRING PLYNKINS

Address to NEW YORK AVE

License No. OR, if new home, Builder Reg. No.

A LA

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Home Improvement Contractor Registration No. or Exemption Reason

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TOTAL COSTS	☐ Elevator	☐ Fire Protection	Plumbing	☐ Electrical	☐ Building	(Check all that apply)	200000000000000000000000000000000000000	Asbestos AbatSubch. 8	☐ Repair	IIa.PROPOSED WORK: Minor Work	6. Responsible Person in Charge once Work has Begun MICHARL MALLYCLYON Tel. (908)904-0000 FAX: ()
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A. RESIDENTIAL (primary use)	VII. DESCRIPTION OF BUILDING USE

- ic Use:
- se Group, Indicate Former:
- in or Loss onstruction ng units: Construction All Units restricted
- ITIAL (primary use)
- Use:
- e Group, Indicate Former:
- ist secondary use(s):

<u>~</u> ∨!

☐ Prototype Processing □ Partial Releases

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High Pressure Boilers

Elevators/Escalators/Lifts/ **Dumbwaiters/Moving Walks**

DO YOU WANT: (optional)

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

4. Refrigeration Systems
5. Cross-Connections/Backflow Preventers
6. Hazardous Uses/Places of Assembly

8. Smoke Control Systems in Open Wells
9. Underground Storage Tanks
10. Swimming Pools, Spas and Hot Tubs

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

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SUBCODE **PLUMBING**

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FEE (Office Use Only)

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69	Administrative Surcharge			Fixtures	[] Plumbing Plans Approved	-
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45:00

UCC/F-130 (REV. 07/05)
Professional Printing (856) 468-7933

White-Inspector copy

50.00

3. Pink- Office Copy

Canary- Applicant copy

4. White Tag- Office copy

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.

(see reverse side)	3 PINK-TAX ASSESSOR	2 CANARY-OFFICE	1 МНІТЕ-НИЗРЕСТОЯ	UCC/170 (REV. 01/04) Professional Printing (856) 468-7933
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Date lesued: 7 (13 /6.	MOLLOOUIC	NIOO		430 MEZLEIE
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			OF CLARK =	dihsnmot

LOT 14.03 QUALIF /CODE ADDRESS (SITE) GENISE PHILE PERMIT NO.



or: I f new I had not Co	TOWNSHIP OF CLARK 430 WESTFIELD AVENUE CLARK, NJ 07066-1704 (732) 388-3600 APPLICATION 1. IDENTIFICATION 1. Proposed Work Site at: 6 CM 15 12 0 M C. 2. Name of Owner in Fee: Kouach Address Street 3. Ownership in Fee: Public AVENUE CONSTRUCTION APPLICATION
VI. BUILDING/SITE CHARACTERISTICS 1. Number of Stories 2. Height of Structura 3. Area — Largest Floor 4. New Building Area 5. Volume of New Structure 6. Construction Class-fication 7. Total Land Area Di. unbed 8. Flood Hazard Zone 9. Base Flood Elevation 10. Wetlands yes no 11. Max. Live Load 12. Max. Occupancy Load	V. FEE SUMMARY (for office use only) 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 \$
ICS Grant R. (office use only)	(y) Update Update (s

_						•		_ `	~	-	
TOTAL COSTS	□ Elevator	☐ Fire Protection	Plumbing	☐ Electrical	Building	(Check all that apply)		☐ Asbestos AbatSubch. 8	☐ Repair	∩ ☐ Minor Work	IIa.PROPOSED WORK:
						Est. Cost		atSubch. 8			
						Plans Rec'd by			' \se		
						Date Rec'd		☐ Lead Hazard Abatement	Alteration	New Building	
						Rejection Date	FOR OF	rd Abatemen		ing	
			9/13/10	1086	MA	Approval Date	FOR OFFICE USE ONLY (Optional)			□ <u>}</u>	
				200	11111	Re- viewer	NLY Optional	☐ Radon Remediation	☐ Renovation	☐ Addition	
						Resubmission Dates Approval Reject)				
						on Dates Rejection		Annual Permit	Reconstruction	Demolition	
						Re- viewer			9		

VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL (primary use)

State Specific Use:

- No. of dwelling units: 3. Change in Use Group, Indicate Former: 2. Use Group: Net Gain or Loss After Construction Before Construction Income-All Units restricted
- B. NON-RESIDENTIAL (primary use)
- Use Group: 1. State Specific Use:
- 3. Change in Use Group, Indicate Former:
- C. MIXED USE -List secondary use(s):
- 4. Refrigeration Systems
 5. Cross-Connections/Backflow Preventers
 6. Hazardous Uses/Places of Assembly 8. Smoke Control Systems in Open Wells
 9. Underground Storage Tanks
 10. Swimming Pools, Spas and Hot Tubs

□ Partial Releases
 □ Prototype Processing

2. High Pressure Boilers

Elevators/Escalators/Lifts/ **Dumbwaiters/Moving Walks**

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

III. DO YOU WANT: (optional)

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(see reverse side)	3 PINK-TAX ASSËSSOR <	2 CANARY-OFFICE	NHITE-INSPECTOR	Professional Printing
Ser, of Occupancy	of Issuance, or	es within one (1) year of date (9) months, this permit is void (9) co. Cro. Cro. Call	iction does not commer sees for a period of six f Work \$	
And a state Permit Fee	CAGINATE	- RECEPTICE UT		
Sevator Devices	Militar Concept on 1 mm.	CABINETS , F		DESCRIPTION C
ire Protection		chapter 8 only)) NOITGIGD33G
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				Tel. ()
ODESO BE BOHVE	Lic. No. or Bldrs. Reg. No.		A	20010014
7159	Tel. (732.) 489-	ماردو	Genise Di	ee-I ril tehwO seetbbA
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1 cheleryk	Contractor Term M	DULLA DE	1429 8 W	Work Site Locatio
əpog	Mr. OS Qualification	701	Block 2	IDENTIFICATION
Permit # D7-835	ÍW	PODE CONSTRUCTION	1 0036 (388 (387)
1 .				CLARK, NEW JERSI
Date Issued: 4/14/0	MOLLONIC		D AVENUE	430 WESTFIEL

CLARK, NEW JERS (732) 388 TOWNSHIP OF CLARK 430 WESTFIE





Control # Date Received Permit # Date Issued

9/14/07

APPLICANT: COMPLETE ALL APPLICABLE INFORMATION THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	ELD AVENUE RSEY 07066-1704
APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING FIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.	SUBCODE TECHNICAL SECTION

C. CERTIFICATION IN LIEU OF OATH	Pate: 11-29-07 Approved by: TCO Fuel Oil Piping Solar. TCO I I CCO [CCO Fuel Oil Piping Solar. Fuel Oil Piping S	SUBCODE APPROVAL LPGas Tank	ng Plans A	Joint Plan Review Required: [] Building [] Electric Water	PLAN REVIEW INSPECTIONS Failure Failure Approval Initial Type: State State PLAN REVIEW PL	se Only)	Water Service Size Public Water Private Well Est. Cost of Plumbing Works 1,0000		Use Group Present Proposed	RACTERISTICS	51-0535976 FAX: (908)	Contractor License No. 170	Address 10 NEW 1906 e-mail	OF TRIES TRUES	Address Street municipality CLARK NJ O'DAZ	0	Owner in Fee: KOVRCH		Block Lot Qualification Code Qualification Code	A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOFIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
	Brace Finas	State Permit Surcharge Fee TOTAL FEE	Administrative Surcharge Minimum Fee	Garbage Disposal	Water Service Connection Stacks	Greasettap	Backflow Preventer	Sewer Pump	Hot Water Boiler	Cream Boiler	Gas Piping	Fuel Oil Piping	Hose Bibb	Washing Machine	Dishwasher	Floor Drain Sink	Shower	Lavatory	Water Closet Urinal/Bldet	D. TECHNICAL SITE DATA (List of all fixtures.) NO. FIXTURE/EQUIPMENT
		60 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	A 49 49	\$55,00		(PA), (i) Arthur 1990; "British and the second seco		differential	and a second property of the second s						40.00	15.00		The first of the second	(A)	FEE (Office Use Only)

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 Sed and Signature Licensed Plumbing Contractor [] Exempt Applicant

> UCC/F-130 (REV. 07/05) Professional Printing (856) 468-7933 3. Pink- Office Copy

White-Inspector copy

2. Canary- Applicant copy

White Tag- Office copy

CLARK, NEW JERSEY 07066-1704 TOWMSHIP OF CLARK 430 WESTFIELD AVENUE (752) 388-3600



SUBCODE TECHNICAL SECTION BUILDING

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION: WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL WITLITY DIG NO: 1-800-272-1000. Owner in Fee: Work Site Location Block Federal Emp. ID No. 22-260 9487 Contractor License No. or Builder Registration No. 13VHOJR 05300 Exp. Date Address 3 Contractor: Address Use Group **B. BUILDING CHARACTERISTICS** No. of Stories Constr Class Area — Largest Floor Height of Structure _ [] Elec. [] Plumb. [] Fire [] Elevator PLAN REVIEW JOB SUMMARY (Office Use Only) New Bldg, Area/All Floors [] Other Volume of New Structure [] co [] cco SUBCODE APPROVAL Joint Plan Review Required: Approved by: No Plans Required ₽ Footing Frame Edundation Ö Present Present 山山地 Kovach 5 9 Mr ched Caylo PITCHFORD T [] CA GON SC Date Initial 4 P & R Drive Proposed Proposed INSPECTIONS Energy Insulation Final Footing TCO Mechanical Footing Banding Finishes -Final Firrishes -Base Layer oundation Barrier-Free Barrier-Free マエっか TES Sys./Bracing Sq. F1. Cu. Ft. Sq. Ft. Sq. Ft H e-mail Fallure Qualification Code Est. Cost of Bldg. Work: 1. New Bldg. Rehabilitation FAX: Total (1+2) とり (732)489-6572 Dates (Month/Day) Fallure Approval 15,000.00 50000 07066



Permit #

Control # Date Issued 9/14/07 Date Received

67-825

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Administrative Surcharge Minimum Fee \$ State Permit Surcharge Fee \$	[] Demolition	A Other Kitchen Diteration	[] Lead Haz. Abatement NJAC 5:17	[] Asbestos Abatement Subchapter 8		Sign Sq. Ft.	[] Roofing	[] Rehabilitation	[] Addition	[] New Building	TYPE OF WORK: FEE (0	CABINETS, PLUMBING RECONNECTS NEW LIGHTING, ADDITIONAL RECEPTICIES.	Attor Piter
\$ \$ \$		286			The state of the s	with the state of				Annual Control of the	FEE (Office Use Only)	VAL VACTS,	Make a Million of the Control of the

 White-Inspector copy Canary-Applicant copy

TOTAL FEE \$

UCC/F-110 (REV. 08/05) Professional Printing (856) 468-7933

Total Land Area Disturbed

Pink-Office copy

4. White Tag- Office copy

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



SUBCODE TECHNICAL SECTION ELECTRICAL

Date Vehelven

Control # Date Issued

Permit #

07-825

Annual Pool Inspection Approved 1 Mc 1 Mc Certification Certification	SUBCODE APPROVAL I I CO I I CO I CA Final Cut-in-Card Date Issued	Approved by Medulin Other Service Final	Plans Approved	Joint Plan Review Required: Barrier-Free Bar	PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) [] No Plans Required Type: Failure Failure Approval Company Rough	JOB SUMMARY (Office Use Only)	Building Occupied as	Use Group Present Proposed Proposed Proposed Proposed I] Temporary [] Other	B. ELECTRICAL CHARACTERISTICS	(801)	Address 11 DUBUR BAN RD e-mail	DON GUECTONO	Address & Genise brue Clark NJ 07066	Owner in Fee: 150 uach	Work Site Location 8 Gen 154 Drive	Block Qualification Code	A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Administrative Surcharge \$ Minimum Fee \$ State Permit Surcharge Fee \$ TOTAL FEE \$	KW Elec. Sign/Outline Light	AMP Subpanels AMP Motor Control Center	KW Transformer/Generator AMP Service	HP/KW Space Heater/Air Handler KW Baseboard Heat	HP Garbage Disposal KW Central A/C Unit	KW Elec. Dryer/Receptacle	KW Elec. Range/Receptacle KW Oven/Surface Unit	Pool Permit/with UW Lights Storable Pool/Spa/Hot Tub	Alaim Devicesin A.C. Faria	Emergency & Exit Lights Communications Points	Motors—Fract. HP	Detectors	Receptacles Switches	D. TECHNICAL SITE DATA OTY. SIZE ITEMS Industry Exhibits	A folicant's Signature/Contractor [] Certifol Landscape Irrigation Contractor [] Exempt Applicant	()annell & Shelder	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.
ree \$		A CONTRACTOR OF THE PROPERTY O			15		15		50					FEE (Office Use Only)	n Cont'r [] Exempt Applicant	ten and primaries as a differentiabilities.	m authorized to make this

UCC/F-120 (REV. 07/05) Professional Printing (856) 468-7933

3. Pink- Office Copy

White-Inspector copy

Canary- Applicant copy

White Tag- Office copy

LOT 14.05



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

6. Fire Protection 7. Plumbing 8. Electrical 9. Elevator Devices 10. Asbestos Abatement 11. Demolition TOTAL COSTS	single trace) 2. Small Job (\$5,000 2. Small Job (\$5,000 and no prior approvals) 3. New Building 4. Addition 5. Alteration	1. Minor work	II. PROPOSED WORK	6. Responsible Person in Charge of Work	Address	5. Architect or Engineer	Federal Emp. No.	License No. OR, if new home, Builder Reg. No.	Address 831 State	4. Principal Contractor:	3. Ownership in Fee: Public	Address & Ginest	2. Name of Owner in Fee:	1. Proposed Work-site at:	I. IDENTIFICATION	Applicant Completes: Sections I, II, III (optional),
		1750.00	Est. Cost	Kinny Shower				Suilder Reg. No.	4 Hours	Quade C	lic	is.	Bornite	& Givesi		ns I, II, III (opi
	Plans Rec'd By			G.	- Andrews and -		Social		¥ (2.7)	hor grantener	Private X	<u> </u>				Z D
	Date Rec'd	5					Social Security No.		Gruppel 40	Carp		CLACK				APPLICATION VI and VII
	Rejection Date	OPTIONAL		_ Tel. (<u>2</u> ш		Tel. (Exp. Date		Tel. (24)			Tel. (02
	Approval Date	(for office		теі. (<i>20</i> 1) <i>966 д 8 Д</i>					M310	Tel. (34) 1 866 5808		07046 20 code				
	Re- viewer	use only)		<u> </u>						1 °	· · · · · · · · · · · · · · · · · · ·	Ļ				
	Resubmission Dates Approval Rejectio	Y)	11. Max. Live Load 12. Max. Occupano	Base	Total	Volume of New StructureConstruction Classification	 Area—Largest Floor New Building Area 	 Number of Stories Height of Structure 	VI. BUILDING/	13. IOIAL			State Plan Review 8. Subtotal	SubtotalLess 20% for	 Fire Protection Elevator Device 	
	n Dates Re- Rejection viewe		Occupancy Load	Flood Elevation	Land Area Disturbed	ne of New Structure	it Floor Area	ucture	DING/SITE CHARA	64			eview \$.69	oes	~

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(office use only)	ISTICS	CHARACTER	VI. BUILDING/SITE CHARACTERISTICS	4
		69	3. TOTAL	
			11. Cert. of Occupancy 12. Other	
			9. DCA Training Fee	_
		69	 Less 20% for State Plan Review Subtotal 	
		. \$		
			 Electrical Plumbing Fire Protection 	
Update	Update	₩	1. Building	

Re- Resubmission Dates Re- BUILDING L iewer Approval Rejection viewer Approval Rejection viewer Approval Rejection viewer A. RESIDENTIAL 1. Hotels (R-2. Multi-Famil A. Two-Famil A. Two-Fa
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U.C.C. Form F-100B

☐ High Pressure Boilers
☐ Pressure Vessels

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Change in Use Group, Indicate Former:

Hazardous Uses/Places of Assembly

MOITZHISTRING ------

ls permit is void.	this to be the six (6) months, this \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
	בן האינה	DESCRIPTION OF WORK:
OEK:	HTO[] PLUMBING	[] פחורטואפ
Lic. No. or Bldrs. F Federal Emp. No.		Tele. ()
Address 821	2- 7/M	្រុកបស្ស eeq ni senwO Auro B eserbbA
50,41 10	7	IDENTIFICATION Block Work Site Location
1	Contractor Address (2) Address (2) Tele. (201/2) (2) Lic. No. or Bldrs. Cork: Federal Emp. No. or Social Secu- ork: ER year of date of lesuance, or spermit is void.	Confractor Confractor

U.C.C. Form F-170C 1 WHITE-INSPECTOR 2 CANARY-OFFICE 4 GOLD-APPLICANT







76-38-8

36-686

CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.	TY DIG NO: 1-800-272-1000.
Block SS	of 14 w
Work Site Location 8 Guardin	
Clark	
Owner in Fee Berroudz	
Address & Gianti	
Tele,	
Contractor Quarte Contraction	Vertically for Landause
Address 831 State Had 10 4127	
المالا المعدوم براي	
Tele. (_201) 9 44 0808	
Lic. No. or Bldrs, Reg. No.	

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I hereby pertiny that I am the (agent of) owner of record and any authorized to make this application.	C. CERTIFICATION IN LIEU OF OATH

D. TECHNICAL SITE DATA

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DESCRIPTION OF WORK

Approved By:	Date:	[] co [] co [] cA	SUBCODE APPROVAL	{ } Elec. [] Plumb. [] Fire	Joint Plan Review Required:	[] Other	[] Frame	[] Foundation	[] Foating		No Plans Req. O	PLAN SEVIEW	JOB SUMMARY (Office Use Only)
											THIS ST	ata Initial INSPEC	se Only)
Final	Other	TC0	Mechanical	Energy	Finishes:	Insulation	Frame	Slab	Foundation	Footing	Type:	INSPECTIONS	
											Failure		
											Failure	Dates	
5/18/00											Failure Approval	Dates (Month/Day)	
SES SES											Initial		
[] Other	[] Other	[] Asbestos Abatement	[] Pool	[] Sign	[] Fence	Quibis 12	[·] Roofing	[] Alteration	[] Addition	[] New Building			

<u>g</u> .	-	-										•
id I of Check # 233	Cernoliuon	[] Other	[] Other	[] Asbestos Abatement	[] Pool	[] Sign	[] Fence	C. Lesiding	[·] Roofing	Alteration	Addition	
Administrative Surcharge Minimum Fee	c					Sq. Ft.	Height (6' or over)					
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(Office Use Only)

Volume of New Structure

- c - sq. 77.

Sq. Ft.

1. New Bldg. \$. 2. Alteration \$. 3. Total (1+2) \$.

1700.00

Collected by:

DCA TRAINING FEE

TOTAL FEE

New Bldg. Area/All Floors

Total Land Area Disturbed.

Use Group Constr. Class

Present Present

Proposed Proposed

Est. Cost of Bldg. Work:

No. of Stories _____ Height of Structure _

Area—Largest Floor_

B. BUILDING CHARACTERISTICS

Terri Mazzarella

From:

Elaina Lambert

Sent:

Friday, February 23, 2024 11:11 AM

To: Subject: Terri Mazzarella 8 Ginesi Drive

Hi Terri,

As of today, there are no open/pending permits or records of code violations for 8 Ginesi Drive.

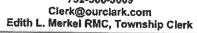
Have a great day, Elaina Lambert Technical Assistant Construction Department



CLARK OPEN PUBLIC RECORDS ACT REQUEST FORM

430 Westfield Avenue

732-388-3669





Important Notice

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

	ase Print	Payment Information
irst Name Ryan	MI Last Name Williams	Maximum Authorization Cost \$
-mail Address MLS@stellar	ípl.com	Select Payment Method
ailing Address 2605 Maitland	d Center Pkwy suite C	Cash Check Money Order
Maitland ,	State FL zip 32751	Fees: Letter size pages - \$0.05 per page
elephone 302-261-9069	FAX 407-210-3113	Legal size pages - \$0.07 per page
	FAX 407-210-3113 On-Site	I lightent lightent I nactore force
you are requesting records contain: :28-3, I certify that I HAVE HAVE rsey, any other state, or the United St	ing personal information, please circle one: Under penalty of N.J.S. NOT been convicted of any indictable offense under the laws of New	additional depending upon delivery type.
gnature Ryan Willian		Extres: Special service charge dependent upon request.
e jeopardized by such method of c		ns and the integrity of the records will not
e are currently working w	the same of the sa	
d. Please provide the rec	rith closing on this property scheduled and would quested below info at the earliest.	need the below records veri-
Idress: 8 GINESI DRIVE	CLADK N 1070cc	
ddress: 8 GINESI DRIVE arcel: Block: 52 Lot: 14.05	5	
ddress: 8 GINESI DRIVE arcel: Block: 52 Lot: 14.05 wner: JEROME KOVACH	5	
arcel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a	5 I address has any OPEN/PENDING/EXPIRED Pe	ermits and demolition permits
arcel: Block: 52 Lot: 14.05 wner: JEROME KOVACH	5 I address has any OPEN/PENDING/EXPIRED Pe	ermits and demolition permits
arcel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a at needs attention and an	5 I address has any OPEN/PENDING/EXPIRED Pe ly fees due currently.	
arcel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a at needs attention and an	address has any OPEN/PENDING/EXPIRED Peny fees due currently. Code Violation or fines due that needs attention	
arcel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a at needs attention and an so advise if there are any	address has any OPEN/PENDING/EXPIRED Peny fees due currently. Code Violation or fines due that needs attention	
arcel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a at needs attention and an so advise if there are any	address has any OPEN/PENDING/EXPIRED Peny fees due currently. Code Violation or fines due that needs attention	currently. Any unrecorded
arcel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a at needs attention and an so advise if there are any	address has any OPEN/PENDING/EXPIRED Peny fees due currently. Code Violation or fines due that needs attention ents due. AGENCY USE ONLY	AGENCY USE ONLY
ercel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a at needs attention and an so advise if there are any ns/fines/special assessme	address has any OPEN/PENDING/EXPIRED Percy fees due currently. Code Violation or fines due that needs attention ents due. AGENCY USE ONLY Disposition Notes Custodian: If any part of request cannot be delivered in seven business days,	AGENCY USE ONLY Total Deposit
ercel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a at needs attention and an so advise if there are any ns/fines/special assessme Est. Document Cost Est. Delivery Cost Est. Extras Cost	address has any OPEN/PENDING/EXPIRED Peny fees due currently. Code Violation or fines due that needs attention ents due. AGENCY USE ONLY Disposition Notes Custodian: if any part of request cannot Tracking Information Period Description in the part of request cannot.	AGENCY USE ONLY mation Final Cost Total Deposit Balance Due Balance Paid
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ercel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a at needs attention and an so advise if there are any ns/fines/special assessme Est. Document Cost Est. Dolivery Cost Est. Extras Cost Total Est. Cost	address has any OPEN/PENDING/EXPIRED Peny fees due currently. Code Violation or fines due that needs attention ents due. AGENCY USE ONLY Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. Tracking # Rec'd Date Ready Date Total Pages 2/17/23	AGENCY USE ONLY mation Final Cost Total Deposit Balance Due Balance Paid Records Provided
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ercel: Block: 52 Lot: 14.05 wner: JEROME KOVACH ease advise if the above a at needs attention and an so advise if there are any ns/fines/special assessme Est. Document Cost Est. Delivery Cost Est. Extras Cost Total Est. Cost Deposit Amount Estimated Balance	address has any OPEN/PENDING/EXPIRED Peny fees due currently. Code Violation or fines due that needs attention ents due. AGENCY USE ONLY Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. Tracking # Rec'd Date Ready Date Total Pages 2/17/23	AGENCY USE ONLY Mation Final Cost Total Deposit Balance Due Balance Paid Records Provided Plantic Reports As as THES MISCOSTANS AS THE M

Terri Mazzarella

From:

Laura Caliquire

Sent:

Tuesday, February 20, 2024 11:16 AM

To:

Terri Mazzarella

Subject:

RE: OPRA Requests 2 Blake Drive and 8 Ginesi Drive

8 Ginesi

All property taxes and sewer are current. There are no liens on the property. Laura Caliguire

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

From: Terri Mazzarella <tmazzarella@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