



Property Information

File#: BS-X01567-3625284380
Owner: JEROME KOVACH
Address 1: 8 GINESI DRIVE
Address 2:
City, State Zip: CLARK, NJ

Request Information

Requested Date: 02/14/2024
Branch:
Date Completed:
of Jurisdiction(s):
of Parcel(s): 1

Update Information

Update Requested:
Requested By:
Update Completed:

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

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

430 WESTFIELD AVENUE

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.

CLARK N.J. 07066

Owner in Fee: JEARY ROVACH

Tel. _____ e-mail _____

Address 8 GENESI DR. CLARK N.J. 07066

Contractor: SPALONE CON. LLC Tel: (732) 388-2460

Address 54 IVY ST. CLARK N.J. 07066

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)
<input checked="" type="checkbox"/> No Plans Required	<u>4/19</u>	<u>MR</u>	Type:	Failure
<input type="checkbox"/> All			Footing	Failure
<input type="checkbox"/> Footing			Footing Bonding	Approval
<input type="checkbox"/> Foundation			Foundation	Initial
<input type="checkbox"/> Frame			Slab	
<input type="checkbox"/> Other			Frame	
			Truss Sys./Bracing	
			Barrier-Free	
Joint Plan Review Required:			Insulation	
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Finishes -Base Layer	
			Finishes -Final	
SUBCODE APPROVAL			Energy	
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Mechanical	
Date:			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	\$ _____
<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>DUMPSTER.</u>	\$ _____
<input type="checkbox"/> Demolition	\$ _____

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

- White-Inspector copy
- Canary-Applicant copy
- Pink-Office copy
- 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 STORCS
Address 1900 Route 32 E
Owner in Fee 8 GIBSE DRIVE
Address 8 GIBSE DRIVE
Tel. (907) 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

Estimated Cost of Work \$ 825.00
Construction Official *[Signature]*
Date 3/4/08

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.

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
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704.
 (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 Routh 22 E 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	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Alarm System			
<input type="checkbox"/> Joint Plan Review Required:	Suppression Sys.			
<input type="checkbox"/> Building [] Plumbing	Standpipe			
<input type="checkbox"/> Electric [] Elevator	Fire Pump			
<input type="checkbox"/> Fire Plans Approved	Pre-Eng. System			
Date: <u>3/1/08</u>	Mechanical			
Approved by: <u>[Signature]</u>	Smoke Control			
SUBCODE APPROVAL	TCO			
<input type="checkbox"/> CA	Flam/Combust Tanks			
Date: <u>3/1/08</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 _____
 Exempt Applicant

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK:
 Water Supply Source _____
 Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
<input type="checkbox"/> System		
<input type="checkbox"/> 110v Interconnected		
<input type="checkbox"/> 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 _____
 CO₂ 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 Fireplace Gas Insert _____

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

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



CONSTRUCTION PERMIT

Date Issued: 3/27/09

Permit # 09-169

IDENTIFICATION Block SA Lot 14.05
 Work Site Location 8 GENESI DR. N.J. 07066
 Owner in Fee JERRY KOVACH OR. CLARK N.J. 07066
 Address 8 GENESI DR. CLARK N.J. 07066
 Tel. (732) 388-2460
 Lic. No. or Bids. Reg. No. 13VH00101000

Contractor 5 PRIONE CORP. LLC. CLARK N.J. 07066
 Address 54 IVY ST. CLARK N.J. 07066
 Qualification Code

Is hereby granted permission to perform the following work:

- BUILDING
- PLUMBING
- ELECTRICAL
- FIRE PROTECTION
- DEMOLITION
- LEAD HAZARD ABATEMENT
- 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
 Check No. 8019 296
 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
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



**ELECTRICAL
 SUBCODE
 TECHNICAL SECTION**



Date Received 3/27/09
 Date Issued 09-16-09
 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

Tel. () _____ e-mail _____

Address 8 GENISSI DR. CLARK N.J. 07066

street municipality zip code

Contractor: SAUNDERS ELECTRIC INC Tel. (732) 388-3352

Address 44 CUTLER PLACE CLARK NJ 07066

e-mail _____

Contractor License No. _____ 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&S

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]

Service _____

Final _____

Barrier-Free _____

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

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
 Street Municipality zip code

Contractor License No. or Builder Registration No. 13M02101000 Exp. Date _____
 Federal Emp. ID No. 20-057-3619 FAX: (732) 388-2405

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 checked="" 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			<input type="checkbox"/> Finishes - Base Layer				
<input type="checkbox"/> Finishes - Final			<input type="checkbox"/> Energy				
<input type="checkbox"/> Mechanical			<input type="checkbox"/> TCO				
<input type="checkbox"/> Other			<input checked="" type="checkbox"/> Final				
<input type="checkbox"/> Barrier-Free							

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			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 PAVELING 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)

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>220</u>



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

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

2. Name of Owner in Fee: BEYONCE KOUATCH
 Address: 8 GIVESI DR CLARK NJ 07066
 Tel: _____ e-mail: _____
 Address: _____ e-mail: _____
 Tel: _____ e-mail: _____

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

4. Principal Contractor: EXPROSSIVE GENERAL CO Tel: (732) 4997544
 Address: 24 WILSON RD CLARK NJ e-mail: _____
 License No. OR, if new home, Builder Reg. No. 15NR09889500 Exp. Date 12/31/12
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (_____) _____

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

6. Responsible Person in Charge once Work has Begun LAURENCE SWOREM
 Tel: (732) 4997544 FAX: (_____) _____

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

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. 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 _____

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	\$ _____	\$ _____

III. PROPOSED WORK

Minor Work New Building Addition Demolition

Repair Alteration Renovation Reconstruction

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

IIb. SUBCODES (Check all that apply)

Building Electrical Fire Protection Elevator

Plumbing Fire Protection Elevator

TOTAL COST 5700

FOR OFFICE USE ONLY (Optional)

Plans Rec'd by	Date Rec'd	Reflection Date	Approval Date	Re-view	Resubmission Dates	Re-approval	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 _____

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/Places 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. 34400-2869500
 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
 - LEAD HAZARD ABATEMENT
 - ASBESTOS ABATEMENT
 - OTHER
- (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.

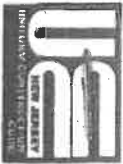
Estimated Cost of Work \$ 5300.
 Construction Official *M. L. ...*
 Date 1/3/12

PAYMENTS (Office Use Only)

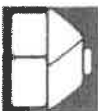
Building	1250
Electrical	1250
Plumbing	80
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	10
Cent. of Occupancy	
Other	
Total	2580
Check No.	
Cash	
Collected by	

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

To reorder call: Allegra Marketing - Print - Mail (formerly OCS Printing) (609) 390-1400 - or order online @ www.AllegraMarketing.com



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: 1 REPORT LOWY 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 1/31/12

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/Framwork _____

Exterior _____

Interior _____

Truss Sys./Bracing _____

Barrier-Free _____

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: _____

MECHANICAL TOC _____

Final _____

Barrier-Free _____

INSPECTIONS	Type	Dates (Month/Day)	
		Failure	Approval
Footings/Banding			
Foundation			
Slab			
FRAM			
Truss Sys./Bracing			
Barrier-Free			
Finishes-Base Layer			
Finishes-Final			
Energy			
Mechanical			
TOC			

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) \$ 4500 / 0

Date Received 3/4/12

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:	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ _____
<input type="checkbox"/> Addition	\$ _____
<input checked="" type="checkbox"/> Rehabilitation	\$ <u>126</u>
<input type="checkbox"/> Roofing	\$ _____
<input type="checkbox"/> Siding	\$ _____
<input type="checkbox"/> Fence _____ Height (exceeds 6')	\$ _____
<input type="checkbox"/> Sign _____ Sq. Ft.	\$ _____
<input type="checkbox"/> Pool	\$ _____
<input type="checkbox"/> Retaining Wall _____ Sq. Ft.	\$ _____
<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 type="checkbox"/> Demolition	\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

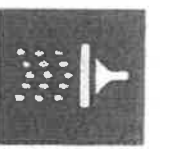
TOTAL FEE \$ 126

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 KOUNCH
 Tel: _____ e-mail _____
 Address 8 GIVESI DR CLARK NJ
 Contractor: Robert Meyer municipality _____ Tel: (908) 685 2278
 Address 476 Meadow Rd 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	Failure	Dates (Month/Day)
[] No Plans Required		Slab			Approval
[] No Plans Required		Rough			Initial
Joint Plan Review Required	Date	Water			
[] Building [] Electric		Sewer			
[] Fire [] Elevator		Fixtures			
[] Plumbing Plans Approved		Gas Equipment			
Date: <u>3/14/12</u>		Gas Piping			
Approved by: <u>[Signature]</u>		LP Gas Tank			
SUBCODE APPROVAL		Fuel Oil Piping			
[] CO [] CCO [] CA		Solar			
Date: _____		TCO			
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent or) owner of record and I am authorized to make this application, and performance was entered 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	FEE (Office Use Only)
1	Water Closet	\$ 20
1	Urinal/Bidet	\$ 20
1	Bath Tub	\$ 20
1	Lavatory	\$ 20
1	Shower	\$ 40
2	Floor Drain	\$ 40
2	Sink	\$ 40
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Intrceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
	Other	

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ 80

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 61W31 DR CLARK NJ 07066
 Street Municipality

Contractor: CHC ELECTRIC CO Tel. (732) 895-3100
 Street Municipality

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
<input type="checkbox"/> No Plans Required		Rough			
		Barrier-Free			
Joint Plan Review Required		Trench			
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing		Temp. Serv.			
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Const. Serv.			
<input type="checkbox"/> Elec. Plans Approved		TCO			
Date: <u>3-1-12</u>		Other			
Approved by: <u>[Signature]</u>		Service			
		Final			
SUBCODE APPROVAL		Barrier-Free			
<input type="checkbox"/> CO <input type="checkbox"/> COO		Temp. Cut-in-Card			
Date: <u>5-8-12</u>		Final Cut-in-Card			
Approved by: <u>[Signature]</u>		Annual Pool Inspection			
		Date of Grounding and Bonding			
		Certification			

D. TECHNICAL SITE DATA

- Applicant Signature/ Contractor's Seal and Signature
 Licensed Elec. Contractor Certif'd Landscape Irrigation Contr' Exempt Applicant
- QTY. SIZE ITEMS
- 2 Lighting Fixture
 - 1 Receptacles
 - 2 Switches
 - Detectors
 - Light Poles
 - Motors—Frac. HP 2HP
 - Emergency & Exit Lights
 - Communications Points
 - Alarm Devices/FA.C. Panel

TOTAL NUMBERS

- Pool Permit/with LW Lights
- Storable 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

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

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 _____
 Federal Employee No. _____ Fax () _____

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
 Tel. (732) 388-2082 (Cell #) _____ Fax () _____

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 _____ sq. ft.
- Base Flood Elevation _____ ft.
- Wetlands: yes _____ no _____ sq. ft.
- 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:

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 **FRAY KOVACH**

Address **CLARK N.J. 07066**

CLARK N.J. 07066

Tele: [REDACTED]

Is hereby granted permission to perform the following work:

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

(Subchapter B only)

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

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 **9/23/03**

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

UCC/PRO170 (REV3/95)

(see reverse side)

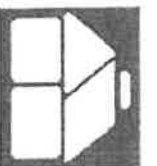
Collected By:	
Cash	
Check No.	3530
Total	619
Other	
Cent. of Occ.	37 / 35 7
DCA Training Fee	
Other	
Elevator Devices	
Fire Protection	
Plumbing	
Electrical	
Building	44.195/ADD. 145

PAYMENTS (Office Use Only)

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

Contractor FRANK SPALONE
 Address 40 IVY ST. 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	Foundation	Foundation		9/10/03	JK	JK
<input type="checkbox"/> All			Slab	Slab				
<input type="checkbox"/> Footing			Frame	Frame				
<input type="checkbox"/> Foundation			Barrier-Free	Barrier-Free				
<input type="checkbox"/> Other			Insulation	Insulation				
Joint Plan Review Required:			Finishes	Finishes				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Energy	Energy				
SUBCODE APPROVAL:			Mechanical	Mechanical				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO	TCO				
Date:			Barrier-Free	Barrier-Free				
Approved by: JK			Other Final	Other Final				
			Barrier-Free	Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Const. Class	Present	Proposed	1. New Bldg. \$ 37,600
No. of Stories			2. Alteration \$ 27,500
Height of Structure			3. Total (1+2) \$ 65,100
Area — Largest Floor			
New Bldg. Area/All Floors	207		
Volume of New Structure	2-4884		
Total Land Area Disturbed	207		

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: *Frank Spalone*

D. TECHNICAL SITE DATA

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

TYPE OF WORK:

<input type="checkbox"/> New Building		
<input checked="" type="checkbox"/> Alteration		
<input checked="" type="checkbox"/> Roofing		
<input checked="" 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"/> Other		
<input checked="" type="checkbox"/> Demolition		

Height (exceeds 6') 37
 Sq. Ft. 495
 P-LA ALTER 35

FEE (Office Use Only)

Administrative Surcharge	\$	
Minimum Fee	\$	7
DCA Training Fee	\$	
TOTAL FEE	\$	69

UCC/PRO F-110 (REV 3/96)
 Professional Printing (856) 488-7933
 1 White = Inspector Copy
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TOWNSHIP OF CLARK
 430 WESTFIELD AVENUE
 CLARK, NEW JERSEY 07066-1704
 (732) 388-3600



**PLUMBING
 SUBCODE
 TECHNICAL SECTION**

F



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 _____
 Street

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	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required		Slab			
Joint Plan Review Required:		Rough			
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	Water			
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Sewer			
<input type="checkbox"/> Plumbing Plans Approved		Fixtures			
Date: <u>7/13/07</u>	Approved by: <u>[Signature]</u>	Gas Equipment			
		Gas Piping			
		LP Gas Tank			
<input type="checkbox"/> CO	<input type="checkbox"/> CCC	Fuel Oil Piping			
Date: <u>11.27.07</u>	Approved by: <u>[Signature]</u>	Solar			
		TCO			
				<u>11.27.07</u>	<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 \$ _____

UCC/F-130 (REV. 07/05)
 Professional Printing
 (856) 466-7933

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: 7/13/07
 Permit # 07-635

IDENTIFICATION Block 52 Lot 14.5 Qualification Code _____
 Work Site Location: 8 Givest Dr Clark
 Owner in Fee: MR & MRS. KOLWACH
 Address: 8 Givest Dr
 Tel.: [REDACTED]
 Contractor: FRANK BUILDING LLC
 Address: 40 NEW YORK AVE
CLARK NJ 07066
 Tel.: (908) 904-0000
 Lic. No. or Bids. Reg. No.: 4790

is hereby granted permission to perform the following work:
 BUILDING
 PLUMBING
 LEAD HAZARD ABATEMENT
 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	
Plumbing	<u>50</u>
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	<u>1</u>
Cert. of Occupancy	
Other	
Total	<u>(51)</u>
Check No.	
Cash	
Collected by	

(see reverse side)

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

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

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 52

Work Site Location 8 Genise Drive

Owner In Fee Kouch

Address 8 Genise Drive

Tel. ()

is hereby granted permission to perform the following work:

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

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]
9/11/07

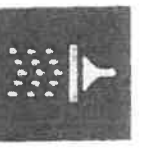
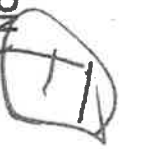
UCC/170 (REV. 01/04) Professional Printing (856) 468-7933
1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	286
Building	55
Electrical	55
Plumbing	55
Fire Protection	55
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. 51-05355976 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: <u>[Signature]</u>	Gas Piping			
SUBCODE APPROVAL	LP Gas Tank			
<input type="checkbox"/> CO	Fuel Oil Piping			
<input type="checkbox"/> CCC	Solar			
Date: <u>11-29-07</u>	TCO			
Approved by: <u>[Signature]</u>				<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)
 Professional Printing
 (856) 468-7933

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 #
 Permit # 07-825

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

Block 52 Lot H.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			Footing				
<input type="checkbox"/> Footing			Footing Banding				
<input type="checkbox"/> Foundation			Foundation				
<input checked="" type="checkbox"/> Frame			Slab				
<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 <input type="checkbox"/> Elevator			Insulation				
SUBCODE APPROVAL			Finishes -Base Layer				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Energy				
Date:			Mechanical				
Approved by:			TCO				
			Other				
			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	Height (exceeds 6')
<input type="checkbox"/> Addition	Sq. Ft.
<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Sliding	
<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 checked="" type="checkbox"/> Other <u>Kitchen Alteration</u>	
<input type="checkbox"/> Demolition	

FEE (Office Use Only)
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 TOTAL FEE \$ 286

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 _____ Lot 8 Genise Drive Qualification Code _____
 Work Site Location _____

Owner in Fee: Koach

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

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

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 \$ 3000

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

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	FEE (Office Use Only)
17		Lighting Fixtures	
17		Receptacles	
17		Switches	
17		Detectors	
17		Light Poles	
17		Motors—Fract, HP	
17		Emergency & Exit Lights	
17		Communications Points	
17		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ 50
		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	15
		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	

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	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: Bonville 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 Shipping 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.

is hereby granted permission to perform the following work:

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

Repair - damaged stucco

DESCRIPTION OF WORK:

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)



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 Green Lot 14.05
Owner in Fee B Green
Address B Green
Contractor Quartz Contracting
Address 801 State Hwy 10 W-27
Tele. Chippawhoy A.I.
Lc. 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 _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Repair damaged stairs

TYPE OF WORK:	(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>460</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 \$ 482

Terri Mazzearella

From: Elaina Lambert
Sent: Friday, February 23, 2024 11:11 AM
To: Terri Mazzearella
Subject: 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

Clerk@ourclark.com

Edith L. Merkel RMC, Township Clerk



Important Notice

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

Requestor Information - Please Print

First Name Ryan MI _____ Last Name Williams

E-mail Address MLS@stellaripl.com

Mailing Address 2605 Maitland Center Pkwy suite C

City Maitland State FL Zip 32751

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

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

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

Signature Ryan Williams Date 02-16-2024

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Extras: Special service charge dependent upon request.

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

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

Address: 8 GINESI DRIVE CLARK NJ 07066
 Parcel: Block: 52 Lot: 14.05
 Owner: JEROME KOVACH

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

Also advise if there are any Code Violation or fines due that needs attention currently. Any unrecorded liens/fines/special assessments due.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date: _____

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost:	
Tracking # _____	Total _____	Deposit _____	Balance Due _____
Rec'd Date _____	Ready Date _____	Balance Paid _____	
Total Pages _____	Records Provided _____		

2/17/23

- NO OPEN/PENDING PERMITS AS OF THIS DATE

- NO SPECIAL ASSESSMENTS AS OF THIS DATE

Custodian Signature _____ Date _____

Terri Mazarella

From: Laura Caliguire
Sent: Tuesday, February 20, 2024 11:16 AM
To: Terri Mazarella
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 Mazarella <tmazarella@ourclark.com>
Sent: Friday, February 16, 2024 3:50 PM
To: Elaina Lambert <emlambert@ourclark.com>; Laura Caliguire <lcaliguire@ourclark.com>; Mike Ross <mross@ourclark.com>
Subject: OPRA Requests 2 Blake Drive and 8 Ginesi Drive

Elaina / Laura/ Mike

Please see the attached OPRA Requests.

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

Thanks
Have a good weekend
Terri