

SOUTH BOUND BROOK
12 MAIN STREET
732-356-0258 EXT.12

Date Issued 01/06/06
Control #
Permit # 05-056

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 25 Lot 6 Qual _____
Work Site Location 204 EDGEWOOD TERRACE
(SIDING)
Owner in Fee/Occupant MONTUORI, TENNILLE
Address 204 EDGEWOOD TERRACE
SOUTH BOUND BROOK, NJ 08880-
Telephone (732) 356-5739
Contractor _____
Address _____
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

Home Warranty No. _____
[] State [] Private _____
Use Group R-3
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

SIDING

[] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, _____ or the owner will be subject to fine or order to vacate:

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

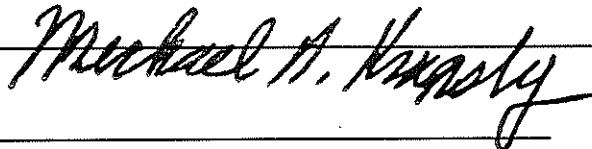
- [] Total removal of lead-based paint hazards in scope of work
- [] Partial or limited time period (____ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, _____.



Construction Official

U.C.C. F260 (rev. 3/96)

Fee \$ _____ 0
Paid [X] Check No. 13184
Collected by: _____ RMI

SOUTH BOUND BROOK
12 MAIN STREET
732-356-0258 EXT.12

Date Issued 02/20/24
Control #
Permit # 05-304

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 25 Lot 6 Qual _____
Work Site Location 204 EDGEWOOD TERRACE
Owner in Fee/Occupant MONTUORI, TENNILLE
Address 204 EDGEWOOD TERRACE
SOUTH BOUND BROOK, NJ 08880-
Telephone (732) 356-5739
Contractor ABSOLUTE CONSTRUCTION
Address 115 EAST 11TH STREET
ROSELLE, NJ 10462-
Telephone (908)259-9800 Fax () -
Lic. No. or Bldrs. Reg. No. 10462
Federal Emp. No. 22-3392751

Home Warranty No. _____
[] State [] Private _____
Use Group R-3
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

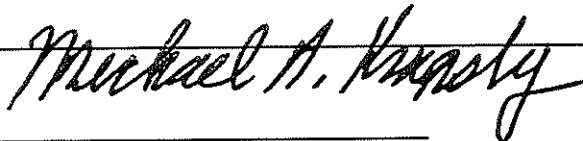
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.



Construction Official

U.C.C. F260 (rev. 3/96)

Fee \$ 0
Paid Check No. 16807
Collected by: RMI

SOUTH BOUND BROOK
12 MAIN STREET
732-356-0258 EXT.12

Date Issued 01/04/06
Control #
Permit # 06-001

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 25 Lot 6 Qual _____

Work Site Location 204 EDGEWOOD TERRACE
(BATHROOM FINISH)
Owner in Fee MONTUORI, TENNILLE
Address 204 EDGEWOOD TERRACE
SOUTH BOUND BROOK, NJ 08880-
Telephone (732) 356-5739

Contractor ABSOLUTE CONSTRUCTION
Address 115 EAST 11TH STREET
ROSELLE, NJ 10462-
Telephone (908) 259-9800
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3392751

Is hereby granted permission to perform the following work:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | | <input type="checkbox"/> OTHER _____ |

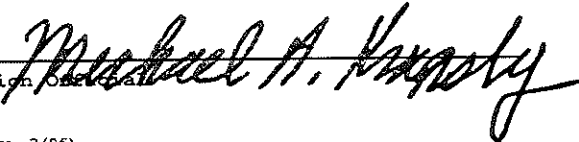
DESCRIPTION OF WORK:

SHEETROCK AND TILE BATHROOM

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 \$ 1,000

Construction Official



01/04/06
Date

PAYMENTS (Office Use Only)

Building	<u>50</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>1</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>51</u>
Check No.	_____
Cash	<u>X</u>
Collected By	<u>WDB</u>

SOUTH BOUND BROOK
12 MAIN STREET
732-356-0258 EXT.12

Date Issued 10/26/07
Control #
Permit # 07-133

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 25 Lot 6 Qual _____
Work Site Location 204 EDGEWOOD TERRACE
(DECK)
Owner in Fee/Occupant MONTUORI, TENNILLE
Address 204 EDGEWOOD TERRACE
SOUTH BOUND BROOK, NJ 08880-
Telephone (732) 356-5739
Contractor _____
Address _____
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. -

Home Warranty No. _____
[] State [] Private _____
Use Group R-5
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

DECK

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

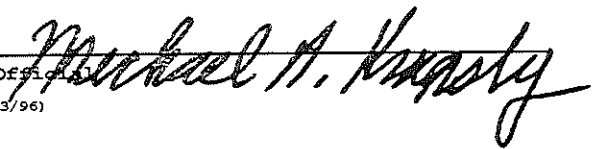
CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Fee \$ 0
Paid Check No. 29166
Collected by: RMI

Construction Official

U.C.C. F260 (rev. 3/96)



SOUTH BOUND BROOK
12 MAIN STREET
732-356-0258 EXT.12

Date Issued 06/16/09
Control #
Permit # 09-086

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 25 Lot 6 Qual _____

Work Site Location 204 EDGEWOOD TERRACE
AMP SERVICE
Owner in Fee MONTUORI, TENNILLE
Address 204 EDGEWOOD TERRACE
SOUTH BOUND BROOK, NJ 08880-
Telephone (732) 356-5739

Contractor PEZZ ELECTRICAL SERVICES LLC
Address 14 ILENE CT. BLDG.11 UNIT 6
HILLSBOROUGH, NJ -
Telephone (908) 281-2508
Lic. No. or Bldrs. Reg. No. 10884
Federal Emp. No. 20-1703809

Is hereby granted permission to perform the following work:

- | | | |
|--|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | <input type="checkbox"/> OTHER _____ | |

DESCRIPTION OF WORK:
AMP SERVICE

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

Estimated Cost of Work \$ 3,000

Michael A. Kennedy
Construction Official

06/16/09
Date

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>50</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>5</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>55</u>
Check No.	<u>3072</u>
Cash	_____
Collected By	<u>RMI</u>

SOUTH BOUND BROOK
12 MAIN STREET
732-356-0258 EXT.12

Date Issued 01/03/11
Control #
Permit # 11-001

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 25 Lot 6 Qual _____

Work Site Location 204 EDGEWOOD TERRACE
Owner in Fee MONTUORI, TENNILLE
Address 204 EDGEWOOD TERRACE
SOUTH BOUND BROOK, NJ 08880-
Telephone (732) 356-5739

Contractor KING GEORGE PLUMBING
Address 20 MOUNTAIN BLVD.
WARREN, NJ -
Telephone () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-2496769

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WATER HEATER

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

Estimated Cost of Work \$ 3,000

Michael A. Krusty
Construction Director

01/03/11
Date

PAYMENTS (Office Use Only)	
Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>50</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>5</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>55</u>
Check No.	<u>17097</u>
Cash	_____
Collected By	<u>RMD</u>

SOUTH BOUND BROOK
12 MAIN STREET
732-356-0258 EXT.12

Date Issued 11/03/20
Control #
Permit # 2020-127

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 25 Lot 6 Qual _____

Work Site Location 204 EDGEWOOD TERRACE

Contractor MAGIC TOUCH CONSTRUCTION

Address 59 W. FRONT ST

Owner in Fee MONTUORI, TENNILLE

KEYPORT, NJ 07735-

Address 204 EDGEWOOD TERRACE

Telephone () -

SOUTH BOUND BROOK, NJ 08880-

Lic. No. or Bldrs. Reg. No. _____

Telephone (732) 356-5739

Federal Emp. No. 22-2469219

Is hereby granted permission to perform the following work:

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | <input type="checkbox"/> OTHER _____ | |

DESCRIPTION OF WORK:

HWH

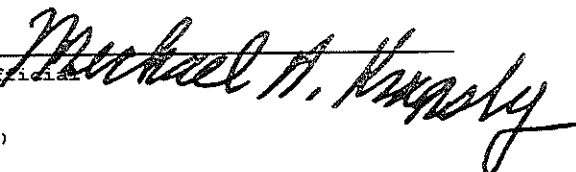
NOTE: If construction does not commence within one (1) year of date of issuance,
or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 5,013

11/03/20

Date

Construction Official



PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>75</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>10</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>85</u>
Check No.	<u>9555</u>
Cash	_____
Collected By	<u>CF</u>

SOUTH BOUND BROOK
12 MAIN STREET
732-356-0258 EXT.12

Date Issued 02/16/22
Control #
Permit # 2022-013

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 25 Lot 6 Qual _____

Work Site Location 204 EDGEWOOD TERRACE
Owner in Fee MONTUORI, TENNILLE
Address 204 EDGEWOOD TERRACE
SOUTH BOUND BROOK, NJ 08880-
Telephone (732) 356-5739

Contractor GUARANTEED SERVICE.COM
Address 9 SHIRLEY AVE
SOMERSET, NJ 08873-
Telephone () -
Lic. No. or Eldrs. Reg. No. _____
Federal Emp. No. 82-3741173

Is hereby granted permission to perform the following work:

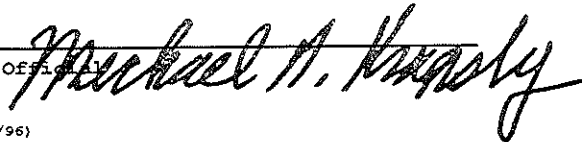
- | | | |
|--|--|---|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | | <input type="checkbox"/> OTHER _____ |

DESCRIPTION OF WORK:
RPL BOILER

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 \$ 8,000

Construction Official



02/16/22
Date

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>0</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>0</u>
Check No.	_____
Cash	_____
Collected By	_____