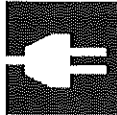




**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Closed

Date Received 5/14/2015
Control # 525484
Date Issued 7/10/2001
Permit # 01-1082

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

Block 203 Lot 14 Qualification Code _____

Work Site Location 765 VIVIAN TERR
UNION, NJ 07083

Owner in Fee: TORRES, M AND M - TORRES, C AND D

Tel. _____ e-mail _____

Address 765 VIVIAN TERR, UNION, NJ 07083
street municipality zip code

Contractor: TORRES, M AND M - TORRES, C AND D Tel. _____

Address 765 VIVIAN TERR e-mail _____
UNION, NJ 07083,

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 0.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	02/05	HS	_____
Date: _____		Final	_____	01/24	02/05	HS
Approved by: _____		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final Cut-in-Card Date Issued	_____			
Date: _____		Annual Pool Inspection	_____			
Approved by: _____		Date of Grounding and Bonding Certification	_____			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Elec. Contractor Certif'd Landscape Irrigation Contr' Exempt Applicant

D. TECHNICAL SITE DATA

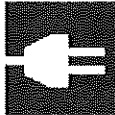
DESCRIPTION OF WORK: ELECT - 30 AMP WITH 100 AMP SERVICE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____		Lighting Fixtures	_____
_____		Receptacles	_____
_____		Switches	_____
_____		Detectors	_____
_____		Light Poles	_____
_____		Motors—Fract. HP	_____
_____		Emergency & Exit Lights	_____
_____		Communications Points	_____
_____		Alarm Devices/F.A.C. Panel	_____
_____		TOTAL NUMBERS	\$ _____ 0.00
_____		Pool Permit/with UW Lights	_____ 0.00
_____		Storable Pool/Spa/Hot Tub	_____ 0.00
_____	0	KW Elec. Range/Receptacle	_____ 0.00
_____	0	KW Oven/Surface Unit	_____ 0.00
_____	0	KW Elec. Water Heater	_____ 0.00
_____	0	KW Elec. Dryer/Receptacle	_____ 0.00
_____	0	KW Dishwasher	_____ 0.00
_____	0	HP Garbage Disposal	_____ 0.00
_____	0	KW Central A/C Unit	_____ 0.00
_____	0	HP/KW Space Heater/Air Handler	_____ 0.00
_____	0	KW Baseboard Heat	_____ 0.00
_____	0	HP Motors 1/+ HP	_____ 0.00
_____	0	KW Transformer/Generator	_____ 0.00
_____	0	AMP Service	_____ 0.00
_____	0	AMP Subpanels	_____ 0.00
_____	0	AMP Motor Control Center	_____ 0.00
_____	0	KW Elec. Sign/Outline Light	_____ 0.00
_____	0		_____ 0.00

Administrative Surcharge	\$	0.00
Minimum Fee	\$	60.00
State Permit Surcharge Fee	\$	0.00
TOTAL FEE	\$	60.00



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Open

Date Received 5/2/2018
Control # 730316
Date Issued 5/4/2018
Permit # 18-00860

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

Block 203 Lot 14 Qualification Code _____

Work Site Location 765 VIVIAN TERR
UNION, NJ 07083

Owner in Fee: TORRES, M AND M - TORRES, C AND D

Tel. _____ e-mail _____

Address 765 VIVIAN TERR, UNION, NJ 07083

Contractor: A.J. PERRI, INC. Tel. (732) 720-2116

Address 1162 PINE BROOK ROAD e-mail _____
TINTON FALLS, NJ 07724

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 000000000 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2,580.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____	_____
Date: _____		Final	_____	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____		Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____		Date of Grounding and Bonding Certification	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Elec. Contractor Certif'd Landscape Irrigation Contr'r Exempt Applicant

D. TECHNICAL SITE DATA

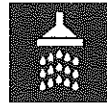
DESCRIPTION OF WORK: INSTALL DUCTLESS MINI SPLIT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____ 0.00
_____	_____	Pool Permit/with UW Lights	_____ 0.00
_____	_____	Storable Pool/Spa/Hot Tub	_____ 0.00
_____	0	KW Elec. Range/Receptacle	_____ 0.00
_____	0	KW Oven/Surface Unit	_____ 0.00
_____	0	KW Elec. Water Heater	_____ 0.00
_____	0	KW Elec. Dryer/Receptacle	_____ 0.00
_____	0	KW Dishwasher	_____ 0.00
_____	0	HP Garbage Disposal	_____ 0.00
_____	1	KW Central A/C Unit	_____ 20.00
_____	1	HP/KW Space Heater/Air Handler	_____ 20.00
_____	0	KW Baseboard Heat	_____ 0.00
_____	0	HP Motors 1/+ HP	_____ 0.00
_____	0	KW Transformer/Generator	_____ 0.00
_____	0	AMP Service	_____ 0.00
_____	0	AMP Subpanels	_____ 0.00
_____	0	AMP Motor Control Center	_____ 0.00
_____	0	KW Elec. Sign/Outline Light	_____ 0.00
_____	0	_____	_____ 0.00

Administrative Surcharge	\$ _____ 0.00
Minimum Fee	\$ _____ 40.00
State Permit Surcharge Fee	\$ _____ 5.00
TOTAL FEE	\$ _____ 45.00



**PLUMBING SUBCODE
TECHNICAL SECTION**



Open

Date Received 5/2/2018
Control # 730316
Date Issued 5/4/2018
Permit # 18-00860

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

Block 203 Lot 14 Qualification Code _____
Work Site Location 765 VIVIAN TERR
UNION, NJ 07083
Owner in Fee: TORRES, M AND M - TORRES, C AND D

Tel. _____ e-mail _____
Address 765 VIVIAN TERR, UNION, NJ 07083
street municipality zip code

Contractor: A.J. PERRI, INC. Tel. (732) 720-2116
Address 1162 PINE BROOK ROAD e-mail _____
TINTON FALLS, NJ 07724

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 000000000 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 6,020.00

JOB SUMMARY (Office Use Only)						
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
<input type="checkbox"/>	No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	Partial -Underslab Utilities Approved	Slab	_____	_____	_____	_____
Date: _____	Approved by: _____	Rough	_____	_____	_____	_____
<input type="checkbox"/>	Plumbing Plans Approved	Water	_____	_____	_____	_____
Date: _____	Approved by: _____	Sewer	_____	_____	_____	_____
Joint Plan Review Required:		Fixtures	_____	_____	_____	_____
<input type="checkbox"/>	Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Gas Piping	_____	_____	_____	_____
Date: _____	Approved by: _____	LPGas Tank	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping	_____	_____	_____	_____
<input type="checkbox"/>	CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Solar	_____	_____	_____	_____
Date: _____	Approved by: _____	TCO	_____	_____	_____	_____
		Final	_____	_____	_____	_____
			_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL DUCTLESS MINI SPLIT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	\$ 0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Stacks	0.00
1,	Other A/C	85.00

Administrative Surcharge	\$ 0.00
Minimum Fee	\$ 170.00
State Permit Surcharge Fee	\$ 12.00
TOTAL FEE	\$ 182.00



**BUILDING SUBCODE
TECHNICAL SECTION**



Clared

Date Received 5/14/2015
Control # 580647
Date Issued 11/20/2006
Permit # 06-2484

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

Block 203 Lot 14 Qualification Code _____
 Work Site Location 765 VIVIAN TERR
UNION, NJ 07083
 Owner in Fee: TORRES, M AND M - TORRES, C AND D
 Tel. _____ e-mail _____
 Address 765 VIVIAN TERR, UNION, NJ 07083
 Contractor: TORRES, M AND M - TORRES, C AND D Tel. _____
 Address 765 VIVIAN TERR e-mail _____
UNION, NJ 07083,
 Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ FAX: _____

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - ROOF

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ 0 _____ Sq. Ft.
- Pool
- Retaining Wall _____ 0 _____ Sq. Ft.
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other _____
- Demolition

FEE (Office Use Only)

\$	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00
	_____	0.00

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 Constr. Class Present _____ Proposed _____
 No. of Stories _____ 0
 Height of Structure _____ 0 ft.
 Area — Largest Floor _____ 0 sq. ft.
 New Bldg. Area/All Floors _____ 0 sq. ft.
 Volume of New Structure _____ 0 cu. ft.
 Max. Live Load _____ 0
 Max. Occupancy Load _____ 0

If Industrialized Building:
 State Approved _____ HUD _____

Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____ 0.00
 2. Rehabilitation \$ _____ 0.00
 3. Total (1+ 2) \$ _____ 0.00

Administrative Surcharge \$	_____	0.00
Minimum Fee \$	_____	75.00
State Permit Surcharge Fee \$	_____	0.00
TOTAL FEE \$	_____	75.00



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 543622
Date Issued 6/11/2007
Permit # 07-01000

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

Block 203 Lot 14 Qualification Code
Work Site Location 765 VIVIAN TERR UNION, NJ 07083
Owner in Fee: TORRES, M AND M - TORRES, C AND D
Tel. e-mail
Address 765 VIVIAN TERR, UNION, NJ 07083
Contractor: TORRES, M AND M - TORRES, C AND D Tel.
Address 765 VIVIAN TERR e-mail
UNION, NJ 07083,
Contractor License No. or Bulder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

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:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - DECK

TYPE OF WORK:

- [] New Building
[] Addition
[] Rehabilitation
[] Roofing
[] Siding
[] Fence Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Retaining Wall 0 Sq. Ft.
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Radon Remediation
[] Other
[] Demolition

FEE (Office Use Only)

Table with 2 columns: Fee Description, Amount. Includes rows for New Building, Addition, Rehabilitation, Roofing, Siding, Fence, Sign, Pool, Retaining Wall, Asbestos Abatement, Lead Haz. Abatement, Radon Remediation, Other, Demolition.

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Approval, Initial. Includes rows for No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, Elec., Plumb., Fire, Elevator, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE, CO, CCO, CA, Other, Final, Barrier-Free.

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
No. of Stories 0
Height of Structure 0 ft.
Area - Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0
Constr. Class Present Proposed
If Industrialized Building: State Approved HUD
Est. Cost of Bldg. Work:
1. New Bldg. \$ 0.00
2. Rehabilitation \$ 0.00
3. Total (1+2) \$ 0.00

Administrative Surcharge \$ 0.00
Minimum Fee \$ 75.00
State Permit Surcharge Fee \$ 0.00
TOTAL FEE \$ 75.00



BUILDING SUBCODE TECHNICAL SECTION



Open

Date Received 5/14/2012 Control # 233861

Date Issued 5/18/2012 Permit # 12-00858

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

Block 203 Lot 14 Qualification Code
Work Site Location 765 VIVIAN TERR
UNION, NJ 07083
Owner in Fee: TORRES, M AND M - TORRES, C AND D
Tel. e-mail
Address 765 VIVIAN TERR, UNION, NJ 07083
Contractor: TORRES, M AND M - TORRES, C AND D Tel.
Address 765 VIVIAN TERR e-mail
UNION, NJ 07083,
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

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:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACING FENCE

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
[] No Plans Required
[] All
[] Footings/Foundations
[] Structural/Framework
[] Exterior
[] Interior
Joint Plan Review Required:
[] Elec. [] Plumb. [] Fire [] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date:
Approved by:

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0
Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD
Est. Cost of Bldg. Work:
1. New Bldg. \$ 0.00
2. Rehabilitation \$ 5,000.00
3. Total (1+ 2) \$ 5,000.00

TYPE OF WORK:

- [] New Building
[] Addition
[X] Rehabilitation
[] Roofing
[] Siding
[] Fence Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Retaining Wall 0 Sq. Ft.
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Radon Remediation
[] Other
[] Demolition

FEE (Office Use Only)

\$ 0.00
0.00
120.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00

Administrative Surcharge \$ 0.00
Minimum Fee \$ 120.00
State Permit Surcharge Fee \$ 9.00
TOTAL FEE \$ 129.00

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



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received Control #

10-5-2006

Date Issued Permit #

06-2112

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

Block 203 Lot 14 Qualification Code

Work Site Location 265 VIVIAN TERRACE UNION, NJ 07083

Owner In Fee: Dawn Torres

Tel. e-mail

Address SAME UNION street municipality zip code

Contractor: Pro Tank Services Tel. (908) 851-0057

Address 1 Rahway River Parkway, Union, NJ 07083 e-mail

Contractor License No. or Builder Registration No. 0012283 Exp. Date

Federal Employee No. 20-1140077 FAX: (908) 851-0313

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.

James J. Shely C.E.O. Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 550 Gallon

Oil Tank on SIDE of House

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Dates (Month/Day), Approval, Initial. Includes rows for No Plans Required, Footing, Foundation, Frame, Other, and various inspection types like Insulation, Finishes, Energy, Mechanical, TCO, Other, Final, Barrier-Free.

TYPE OF WORK:

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

FEE (Office Use Only)

\$ 40

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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. Rehabilitation \$
3. Total (1+ 2) \$ 1300.00

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

TOWNSHIP OF UNION
Code Enforcement Agency
1976 Morris Ave.
Union, New Jersey 07083



CERTIFICATE

Permit # 06-2112

Date Issued

- or -

Control #

Certificate Issued Date: NOVEMBER 8, 2006

IDENTIFICATION

Block 203 Lot 14 Qualification Code _____
Work Site Location 765 VIVIAN TERR
UNION, NEW JERSEY 07083
Owner In Fee DAWNE TORRES
Address SAME
Tel. [REDACTED]
Contractor PRO TANK SERVICES
Address 1 RAHWAY RIVER PARKWAY
UNION, NEW JERSEY 07083
Tel. (908) 851-0057 FAX (_____) _____
Lic. No. or Bldrs. Reg. No. 0012283
Federal Employer No. 20-1140077

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R5
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

CERTIFICATE OF APPROVAL

TANK REMOVAL 550

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 the 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 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

11/8/06
DATE

Fee \$ 0-

Paid [] Check No. _____

Collected by: MD