

#### **ELECTRICAL SUBCODE TECHNICAL SECTION**





Date Received Control #

5/14/2015 525484

Date Issued Permit #

7/10/2001 01-1082

C	CERTIFIC	ATION IN	HEH	0E 0	ATH
v.	CERTIFIC	A I I VIN I IN	LIEU	Ur U	AIM

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  Block 203 Lot 14 Qualification Code	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.
Work Site Location 765 VIVIAN TERR	Applicant sign/Contractor
UNION, NJ 07083	sign and seal here:
Owner in Fee: TORRES, M AND M - TORRES, C AND D	Print name nere:
Tel e-mail	[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Application
Address 765 VIVIAN TERR, UNION, NJ 07083	D. TECHNICAL SITE DATA
street municipality zip	DESCRIPTION OF WORK: ELECT - 30 AMP WITH 100 AMP SERVICE
Contractor: TORRES, M AND M - TORRES, C AND D Tel.	QTY. SIZE ITEMS FEE (Office Use Only)
Address 765 VIVIAN TERR e-mail	QTY. SIZE ITEMS FEE (Office Use Only)
UNION, NJ 07083,	
Contractor License No Exp. Date	
Home Improvement Contractor Registration No. or Exemption Reason	Detectors
	Light Poles
Federal Emp. ID No FAX:	Motors—Fract, HP
B. ELECTRICAL CHARACTERISTICS	Emergency & Exit Lights
Use Group Present R-3 Proposed R-3	Communications Points
[ ] Pole/Pad # [ ] Temporary [ ] Other	Alarm Devices/F.A.C. Panel
Building Occupied as Utility Co	The state of the s
Est. Cost of Elec. Work \$	
JOB SUMMARY (Office Use Only)	Pool Permit/with UW Lights 0.00
PLAN REVIEW INSPECTIONS Dates (Month/Day	
[ ] No Plans Required Type: Failure Failure Approx	0   KW Elec. Range/Receptacle   0.00
Partial -Underslab Utilities Approved Barrier-Free Barrier-Free	
Date:Approved by: Trench	100 Elao. Diyel/Necepiacie
[ ] Electric Plans Approved Temp. Serv.	
Date:Approved by: Constr. Serv	
Joint Plan Review Required:	0.00 HP/KW Space Heater/Air Handler
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.	0 KW Parahaard Mast
Service   02/05	0 110 Materia 4 (4.11)
Date: Barrier-Free	0 KW Transformer/Generator 0.00
Approved by:	0AMP Service0.00
Temp. Cut-in-Card Date Issued  SUBCODE APPROVAL for CERTIFICATE  SUBCODE APPROVAL for CERTIFICATE	
I 1 CO I 1 CCO I 3 CA	
Date: Annual Pool Inspection	
Approved by: Date of Grounding and Bonding	0
Certification	Administrative Surcharge \$0.00
	Minimum Fee \$60.00
U.C.C. F120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, ple	0.00
original plus three photocopies.	TOTAL FEE \$ 60.00



## ELECTRICAL 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 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. (732) 720-2116 \_\_\_\_ Tel. Address 1162 PINE BROOK ROAD TINTON FALLS, NJ 07724 \_\_\_\_\_ Exp. Date \_\_\_\_\_ Contractor License No.\_\_\_\_ Home Improvement Contractor Registration No. or Exemption Reason Federal Emp. ID No. 000000000 \_\_\_\_ FAX: \_\_\_\_\_ FAX: **B. ELECTRICAL CHARACTERISTICS** Present R-5 Use Group Proposed \_\_\_\_\_ [ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_ Building Occupied as \_\_\_\_\_ \_\_ Utility Co.\_\_ 2.580.00 Est. Cost of Elec. Work \$ \_\_\_\_\_ JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day) PLAN REVIEW [ ] No Plans Required Type: Failure Failure Approval Initial Rough [ ] Partial -Underslab Utilities Approved Barrier-Free Date:\_\_\_\_\_Approved by:\_\_\_\_ Trench [ ] Electric Plans Approved Temp. Serv. Constr. Serv. Date:\_\_\_\_\_ Approved by: \_\_\_\_ TCO Joint Plan Review Required: Other [ ]Bldg. [ ]Plumb. [ ]Fire. [ ]Elev. Service SUBCODE APPROVAL for PERMIT Final Date: -Barrier-Free Approved by: Temp. Cut-in-Card Date Issued SUBCODE APPROVAL for CERTIFICATE Final Cut-in-Card Date Issued [ ] CO [ ] CO [ ] CA Annual Pool Inspection \_\_\_\_ Date: \_\_\_\_\_ Date of Grounding and Bonding Approved by:



Applicant sign/Contractor

Date Received 5/2/2018
Control # 730316

Date Issued 5/4/2018
Permit # 18-00860

#### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I	am the (agent of) owner	r of record and am	n authorized to i	nake this
application and perfo	rm the work listed on th	ils application.		

sign and	i seal here	9:	
Print na	me here:		
[ ] Llcer	nsed Elec.	Contractor [ ] Certif'd Landscape Irrigation	on Cont'r [ ] Exempt Applicar
D. TEC	HNICAL	SITE DATA	
DESCRI	PTION OF	WORK: INSTALL DUCTLESS MINI SI	PLIT
QTY.	SIZE	ITEMS Lighting Fixtures	FEE (Office Use Only)
		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

HP Garbage Disposal

KW Central A/C Unit

KW Baseboard Heat

KW Transformer/Generator

AMP Motor Control Center

KW Elec. Sign/Outline Light

HP Motors 1/+ HP

AMP Service

**AMP Subpanels** 

0

0

0

0

HP/KW Space Heater/Air Handler

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

0.00

20.00

20.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

Certification



# PLUMBING SUBCODE TECHNICAL SECTION







Date Received Control # 5/2/2018 730316

Date Issued Permit # 5/4/2018 18-00860

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING		C. CERT	C. CERTIFICATION IN LIEU OF OATH			
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  Block 203 Lot 14 Qualification Co	d.			gent of) owner of record and a	m autho	orized to make this
	de			k listed on this application.		
1411011 1110700		Applicant	sign/Contractor			
Owner in Fee:TORRES, M AND M - TORRES, C AND D		Sign and				***************************************
				Licensed Plumbing Contractor		1 Evenus Applies at
Tel e-mall		D. TEC	HNICAL SITE DATA	ricensed Fightburg Countactor	' (	1 Exempt Applicant
Address 765 VIVIAN TERR, UNION, NJ 07083		DESC	CRIPTION OF WORK	- Control of the Cont	<del>training and a second a second and a second a second and a second and a second and a second and a second and</del>	
street municipality	zip code	INSTA	LL DUCTLESS MINI S	PLIT		
Contractor: A.J. PERRI, INC. Tel. (732						
Address 1162 PINE BROOK ROAD e-mail		<u> </u>				
TINTON FALLS, NJ 07724		QIY.	FIXTURE/EQU	PMENT		(Office Use Only) 0.00
			Water Closet Urinal/Bidet		Ψ	0.00
Contractor License No Exp. Date		Ü	Bath Tub			0.00
			Lavatory			0.00
Federal Emp. ID No FAX:			Shower		***************************************	0.00
B. PLUMBING CHARACTERISTICS           Use Group         Present         R-5         Proposed         Proposed		0	Floor Drain			0.00
Building Sewer Size Public Sewer Private Se			Sink			0.00
Water Service Size Public Water Private W		0	Dishwasher			0.00
Est. Cost of Plumbing Work \$ 6,020.00	e#		Drinking Fount	ain		0.00
JOB SUMMARY (Office Use Only)			Washing Mach	ine		0.00
Dates DEVIEW	(Month/Day)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Hose Bibb			0.00
I No Plans Required INSPECTIONS Failure Failure	e Approval In	itial 0	Water Heater			0.00
Partial -Underslab Utilities Approved Type:	• •	0	Fuel Oil Piping		*********	0.00
Date:Approved by:		0	Gas Piping			0.00
Kough — — — —			LPGas Tank			0.00
Date:Approved by: Sewer			Steam Boiler		_	0.00
Joint Plan Review Required:			Hot Water Boile	er	***********	0.00
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev, Gas Equipment		_   _0_	Sewer Pump			0.00
SUBCODE APPROVAL for PERMIT  Gas Piping  ———————————————————————————————————			Interceptor/Sep	parator		0.00
Date:			Backflow Preve	enter		0.00
Lannround hu:			Greasetrap			0.00
SUBCODE APPROVAL for CERTIFICATE Solar			Sewer Connect	tion		0.00
[] CO [] CCO [] CA TCO			Water Service	Connection		0.00
Date: Final			Stacks			0.00
Approved by:			Other A/C		**********	85.00
				Administrative Surcharge	\$	
				Minimum Fee		
U.C.C. F130 (rev. 11/09)  Applicant: When submitting this form to your Local Construction Code				State Permit Surcharge Fee	\$	
Enforcement Office, please provide one original plus three photocopies.				TOTAL FEE	\$	182.00



### **BUILDING SUBCODE TECHNICAL SECTION**





Date Received 5/14/2015 Control #

Permit #

580647

Date Issued

11/20/2006 06-2484

<ol> <li>IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHE</li> </ol>	EN 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	nunicipality zip code
705 MO (14M TERR)	
Addiess	e-mail
UNION, NJ 07083,	
Contractor License No. or Builder Registration No.	•
Home Improvement Contractor Registration No. or Exem	
Federal Emp. ID No.	FAX:
JOB SUMMARY (Office Use Only)	
PLAN REVIEW Date Initial INSPECT  I No Plans Required Type:	
Footing	Failure Fallure Approvat Initial
Facting 5	Bonding
[ ] rootings/roundations Foundati	· · · · · · · · · · · · · · · · · · ·
[ ] Structural/Framework Slab	
[ ] Exterior Frame	
[ ] Interior Truss S	Sys./Bracing
Joint Plan Review Required: Barrier	-Free
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator Insulation	1 <u></u>
	-Base Layer
Date: Finishes	-Final
Approved by: Energy	
SUBCODE APPROVAL for CERTIFICATE Mechanic	cal
TCO	
[ ] CO [ ] CO [ ] CA Other	
Approved by: Final	
Barrier-	-Free
B. BUILDING CHARACTERISTICS	
Use Group Present R-5 Proposed R-5	Constr. Class Present Proposed
No. of Stories	If Industrialized Building:
Height of Structure	State Approved HUD
Area — Largest Floor sq.	ft. Est. Cost of Bidg. Work:
New Bidg, Area/All Floors0_sq.	ft. 1 Now Bldg \$ 0.00
Volume of New Structure0 cu,	ft. 2. Rehabilitation \$ 0.00
Max, Live Load0	3. Total (1+2) \$0.00
Max. Occupancy Load0	U.C.C. F110 (rev. 11/09)

#### **C. CERTIFICATION IN LIEU OF OATH**

i hereby certify that I am the (a application, Sign here:		d am authorized to make this
Print name here:  D. TECHNICAL SITE DATA		
DESCRIPTION OF WORK BLDG - ROOF		
[ ] Pool	Sq. Ft.  O Sq. Ft.  Subchapter 8	FEE (Office Use Only) \$ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0
	State Permit Surcharge Fe	e \$75.00

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



# BUILDING SUBCODE TECHNICAL SECTION





Date Received 5/14/2015 Control # 5/43622

Date Issued Permit # 6/11/2007 07-01000

	·*.•W
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHE	N CHANGING
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.	

CONTRACTORS, NOTIFY THIS OFFICE. C Block <u>203                                    </u>			otion Code		
Nork Site Location 765 VIVIAN TERR		- Augusto	uii 00u8		
UNION, NJ 07083					
Owner in Fee: TORRES, M AND M - 1	FORRES, C AND D				
	· ·		***************************************		
Tel.					
Address 765 VIVIAN TERR, UNION, NJ	07083 municipality			zio code	
Contractor: TORRES, M AND M - TORRE		Tel		•	
765 MMAN TEDD	***************************************				
UNION, NJ 07083,		0 151411			
Contractor License No. or Bullder Registratio	on No.		Exp. Da	ete	
Home Improvement Contractor Registration			-		
Federal Emp. ID No.	•				
JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial	INSPECTIONS		Dates (Mo	onth/Dav\	
[ ] No Plans Required	Type:	Failure	Fallure	Approval	Initial
[ ] All	Footing				
[ ] Footings/Foundations	Footing Bonding				
Structural/Framework	Foundation Slab				-
[ ] Exterior	Siab Frame				-
[ ] Interior	Truss Sys./Brac				
Joint Plan Review Required:	Barrier-Free				
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Eleval					
SUBCODE APPROVAL for PERMIT	Finishes -Base La				
Date:	Finishes -Final	•			
Approved by:	Energy				
SUBCODE APPROVAL for CERTIFICATE	Mechanical				
	TCO				
[ ] CO [ ] CO [ ] CA	Other				
Date:	Final				
Approved by:	Barrier-Free				
B. BUILDING CHARACTERISTICS	D.E.				
Use Group Present R-5 Proposed	K-5 Cons	str. Class Pr	esent	Propos	∍d
No. of Stories	0 if Ind	lustrialized B	Bullding:		
Height of Structure		State Appr	oved	HUD	
Area — Largest Floor		Est. Cost of	Bidg. Wor	k:	
New Bidg. Area/All Floors		1. New Bld	lg. \$		0.00
Volume of New Structure	cu. it.	2. Rehabilit	ation \$		0.00
Max. Live Load	0	3. Total (1+	+ 2) \$		0.00
Max. Occupancy Load	0		Ð	C.C. F110 (rev	11/09)

C. CERTIFICATION IN LIEU C I hereby certify that I am the (a application.		am authorized to make this
Print name here:  D. TECHNICAL SITE DATA		
DESCRIPTION OF WORK BLDG - DECK		
[ ] Pool	Sq. Ft.  0	FEE (Office Use Only) \$ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.
	Administrative Surcharge Minimum Fee State Permit Surcharge Fee TOTAL FEE	\$ 75,00 \$ 0,00

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



Area - Largest Floor \_\_\_\_

Max. Occupancy Load

Max. Live Load ...

New Bldg, Area/All Floors \_\_\_\_\_

Volume of New Structure \_\_\_\_\_

## **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 \_203 Lot \_14 Qualification Code \_\_\_\_ Work Site Location 765 VIVIAN TERR UNION, NJ 07083 TORRES, M AND M - TORRES, C AND D Owner in Fee: \_\_ Tet. 765 VIVIAN TERR, UNION, NJ 07083 Address zip code TORRES, M AND M - TORRES, C AND D Contractor: 765 VIVIAN TERR Address UNION, NJ 07083, Contractor License No. or Bullder Registration No. \_\_\_ Exp. Date \_\_\_\_\_ Home Improvement Contractor Registration No. or Exemption Reason Federal Emp. ID No. \_ FAX: \_ JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initlal INSPECTIONS Dates (Month/Day) Failure Approval [ ] No Plans Required Type: Footing Footing Bonding [ ] Footings/Foundations \_\_\_ Foundation [ ] Structural/Framework Slab Exterior Frame [ ] Interior Truss Sys./Bracing Barrier-Free Joint Plan Review Required: [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator insulation Finishes -Base Layer SUBCODE APPROVAL for PERMIT Finishes -Final Date: Energy Approved by: \_\_\_\_\_ Mechanical SUBCODE APPROVAL for CERTIFICATE TCO [ ] CO [ ] CA Other Date: Final Approved by: Barrier-Free **B. BUILDING CHARACTERISTICS** Use Group Present R-5 Proposed Constr. Class Present \_\_\_ Proposed No. of Stories If Industrialized Building: Height of Structure \_\_\_\_\_ State Approved \_\_\_\_ HUD

0

0 sq. ft. Est. Cost of Bldg. Work: 0\_ sq. ft. 1. New Blda. 0 cu. ft. 2. Rehabilitation \$

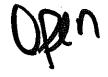
3. Total (1+2)

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

0.00

5,000.00

5.000.00



Date Received Control #

5/14/2012 233861

Date Issued Permit #

5/18/2012 12-00858

C. CERTIFICATION IN LIEU Control In the Control I hereby certify that I am the Control I am	agent of) owner of record and	am authorized to make this	
Print name here:  D. TECHNICAL SITE DATA			
DESCRIPTION OF WORK REPLACING FENCE			
[ ] Pool	Sq. Ft.  O Sq. Ft.  Subchapter 8  It NJAC 5:17	FEE (Office Use Only) \$ 0.00 0.00 120.00 0.00 0.00 0.00 0.00 0.0	
	State Permit Surcharge Fee	\$ 120.00	

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



Total Land Area Disturbed \_

### **BUILDING SUBCODE TECHNICAL SECTION**

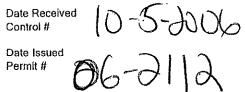


(rev. 05/05)

3 Pink = Office Copy

4 Gold = Applicant Copy

Date Received



A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGIP CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.  Block Lot Qualification Code Work Site Location 75 VIVIAN TEXASE.	I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Owner in Fee: Daw Terres	D. TECHNICAL SITE DATA
Tel. e-mail  Address Same Culod  street municipality zip code	
Contractor: Pro Tank Services Tel. ( 908 ) 851-00	57 Remove 550 Gallon
Address 1 Rahway River Parkway, Union, NJ 07083 e-mail	Oil Tank Side of 1-10USE
Contractor License No. or Builder Registration No. 0012283 Exp. Date	
Federal Employee No. 20-1140077 FAX: (908) 851-031;	ļ.
JOB SUMMARY (Office Use Only)  PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)  [ ] No Plans Required Type: Failure Failure Approval  [ ] All Footing Footing Bonding  [ ] Foundation Slab  [ ] Frame Frame  [ ] Other Truss Sys./Bracing Barrier-Free  [ ] Joint Plan Review Required: Barrier-Free Insulation  [ ] Flec. [ ] Plumb. [ ] Fire [ ] Elevator  SUBCODE APPROVAL Finishes -Final  [ ] CO [ ] CCO [ ] CA Energy  Date: Mechanical  TCO  Other  Final  Barrier-Free  B. BUILDING CHARACTERISTICS	TYPE OF WORK:  [ ] New Building [ ] Addition [ ] Rehabilitation [ ] Roofing [ ] Siding [ ] Fence Height (exceeds 6') [ ] Sign Sq. Ft. [ ] Pool [ ] Asbestos Abatement Subchapter 8 [ ] Léad Haz. Abatement NJAC 5:17 [ ] Other Demolition
Use Group         Present         U         Proposed         U         Est. Cost of Bldg. Work:           Constr. Class         Present         Proposed         1. New Bldg.         \$	Minimum Fee \$
New Bldg. Area/All Floors Sq. Ft.  Volume of New Structure Cu. Ft.	U.C.C. F110 1 White ≈ Inspector Copy 2 Canary ≃ Office Copy

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	Home Warranty No.
Work Sile Location 765 VIVIAN TERR	Type of Warranty Plan: [ ] State [ ] Private
UNION, NEW JERSEY 07083	Use Group R5
Owner in Fee DAWNE TORRES	Maximum Live Load
Address SAME	Construction Classification
	Maximum Occupancy Load
Tel.	Description of Work/Use:
Contractor PRO TANK SERVICES	
Address 1 RAHWAY RIVER PARKWAY	
UNION, NEW JERSEY 07083	CERTIFCATE OF APPROVAL
Tel. (_908_)851-0057	
Llc. No. or Bldrs. Reg. No	
Federal Employer No. 20-1140077	TANK REMOVAL 550
☐ CERTIFICATE OF OCCUPANCY	☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17
This serves notice that said building or structure has been construced in accordance	
with the New Jersey Uniform Construction Code and is approved for occupancy.	This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
CERTIFICATE OF APPROVAL	[ ] Total removal of lead-based paint hazards in scope of work
	[ ] Partial or limited time period ( years); see file
This serves notice that the work completed has been construced or installed in accordance with the New Jersey Uniform Construction Code and is appropriate to the construction of the cons	☐ CERTIFICATE OF CONTINUED OCCUPANCY
dance 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	This serves notice that based on a general inspection of the visible parts of the building
the inspection.	there are no imminent hazards and the building is approved for continued occupancy.
☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE	☐ CERTIFICATE OF COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions	This serves notice that said potentially hazardous equipment has been installed and/o
must be met no later than or will be subject to fine or	maintained in accordance with the New Jersey Uniform Construction Code and is
order to vacate:	approved for use until
	,
W/1/6/1/6	Fee \$-0-
Ju -1/8/14	Paid [ ] Check No.
CONSTRUCTION OFFICIAL DATE	Collected by: MD