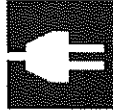




**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Closed

Date Received 5/14/2015
Control # 577465
Date Issued 3/30/2001
Permit # 01-357

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

Block 601 Lot 20 Qualification Code _____

Work Site Location 669 WINCHESTER AVE
UNION, NJ 07083

Owner In Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. _____ e-mail _____

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. _____
Address 669 WINCHESTER AVE 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				Failure	Failure	Approval
<input type="checkbox"/> No Plans Required		Type:				Initial
<input type="checkbox"/> Partial -Underslab Utilities Approved		Rough				
Date: _____ Approved by: _____		Barrier-Free				
<input type="checkbox"/> Electric Plans Approved		Trench				
Date: _____ Approved by: _____		Temp. Serv.				
Joint Plan Review Required:		Constr. Serv.				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		TCO				
SUBCODE APPROVAL for PERMIT		Other				
Date: _____		Service				
Approved by: _____		Final				
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp. Cut-in-Card Date Issued				
Date: _____		Final Cut-in-Card Date Issued				
Approved by: _____		Annual Pool Inspection				
		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

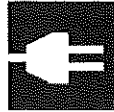
DESCRIPTION OF WORK: ELECT - 200 AMP SERVICE

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	\$ <u>0.00</u>
_____		Pool Permit/with UW Lights	<u>0.00</u>
_____		Storable Pool/Spa/Hot Tub	<u>0.00</u>
_____	<u>0</u>	KW Elec. Range/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Oven/Surface Unit	<u>0.00</u>
_____	<u>0</u>	KW Elec. Water Heater	<u>0.00</u>
_____	<u>0</u>	KW Elec. Dryer/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Dishwasher	<u>0.00</u>
_____	<u>0</u>	HP Garbage Disposal	<u>0.00</u>
_____	<u>0</u>	KW Central A/C Unit	<u>0.00</u>
_____	<u>0</u>	HP/KW Space Heater/Air Handler	<u>0.00</u>
_____	<u>0</u>	KW Baseboard Heat	<u>0.00</u>
_____	<u>0</u>	HP Motors 1/+ HP	<u>0.00</u>
_____	<u>0</u>	KW Transformer/Generator	<u>0.00</u>
_____	<u>0</u>	AMP Service	<u>0.00</u>
_____	<u>0</u>	AMP Subpanels	<u>0.00</u>
_____	<u>0</u>	AMP Motor Control Center	<u>0.00</u>
_____	<u>0</u>	KW Elec. Sign/Outline Light	<u>0.00</u>
_____	<u>0</u>		<u>0.00</u>

Administrative Surcharge \$	<u>0.00</u>
Minimum Fee \$	<u>0.00</u>
State Permit Surcharge Fee \$	<u>0.00</u>
TOTAL FEE \$	<u>0.00</u>



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Open

Date Received 8/15/2023
Control # 00012913
Date Issued 9/25/2023
Permit # 23-1543

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

Block 601 Lot 20 Qualification Code _____
Work Site Location 669 WINCHESTER AVE
UNION, NJ 07083

Owner in Fee: LORENO, MARLVEN V AND CHIEN-YI A WU

Tel. _____ e-mail _____

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: C AND C AIR CONDITIONING@C@ INC. Tel. (732) 495-0600

Address 754 HIGHWAY 36 e-mail Chrisbaker@Candcair.com
BELFORD, NJ 07718

Contractor License No. 13VH01644500 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 222469219 FAX: (732) 495-6040

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 5,000.00

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: <u>08/16/2023</u>	Approved by: <u>DG</u>	Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____	Approved by: _____	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Annual Pool Inspection _____		Date of Grounding and Bonding	_____	_____	_____	_____
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 Cont'r Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: FURNACE, CONDENSER AND COIL REPLACMENT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
<u>1</u>	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<u>1</u>	_____	TOTAL NUMBERS	\$ <u>75.00</u>
_____	_____	Pool Permit/with UW Lights	<u>0.00</u>
_____	_____	Storable Pool/Spa/Hot Tub	<u>0.00</u>
_____	<u>0</u>	KW Elec. Range/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Oven/Surface Unit	<u>0.00</u>
_____	<u>0</u>	KW Elec. Water Heater	<u>0.00</u>
_____	<u>0</u>	KW Elec. Dryer/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Dishwasher	<u>0.00</u>
_____	<u>0</u>	HP Garbage Disposal	<u>0.00</u>
_____	<u>0</u>	KW Central A/C Unit	<u>0.00</u>
_____	<u>0</u>	HP/KW Space Heater/Air Handler	<u>0.00</u>
_____	<u>0</u>	KW Baseboard Heat	<u>0.00</u>
_____	<u>0</u>	HP Motors 1/+ HP	<u>0.00</u>
_____	<u>0</u>	KW Transformer/Generator	<u>0.00</u>
_____	<u>0</u>	AMP Service	<u>0.00</u>
_____	<u>0</u>	AMP Subpanels	<u>0.00</u>
_____	<u>0</u>	AMP Motor Control Center	<u>0.00</u>
_____	<u>0</u>	KW Elec. Sign/Outline Light	<u>0.00</u>
_____	<u>0</u>		<u>0.00</u>

Administrative Surcharge \$	<u>0.00</u>
Minimum Fee \$	<u>115.00</u>
State Permit Surcharge Fee \$	<u>10.00</u>
TOTAL FEE \$	<u>125.00</u>



MECHANICAL INSPECTION TECHNICAL SECTION



Open

Date Received 8/15/2023
Control # 00012913
Date Issued 9/25/2023
Permit # 23-1543

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

Block 601 Lot 20 Qualification Code _____
Work Site Location 669 WINCHESTER AVE
UNION, NJ 07083

Owner in Fee: LORENO, MARLVEN V AND CHIEN-YI A WU

Tel. _____ e-mail _____

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: C AND C AIR CONDITIONING@C@ INC. Tel. (732) 495-0600

Address 754 HIGHWAY 36 e-mail Chrisbaker@Candcair.com
BELFORD, NJ 07718

Contractor License No. 13VH01644500 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 222469219 FAX: (732) 495-6040

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed: R-5

Heating System Work: New OR Modification to Existing OR Conversion OR Replacement

Type: Hydronic Hot Air

Fuel Type: Gas Oil Electric Solar Other _____

Estimated Cost of Mechanical Work \$ 7,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES		
<input type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Mechanical Plans Approved		Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.		Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Elev.		Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____	_____
Date: <u>08/17/2023</u>		Hydronic Piping	_____	_____	_____	_____
Approved by: <u>VF</u>		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO		Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

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 sign/Contractor

sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FURNACE, CONDENSER AND COIL REPLACMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Heater	\$ 0.00
0	Fuel Oil Piping Connections	0.00
0	Gas Piping Connections	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
1	Hot Air Furnace	85.00
0	Oil Tank	0.00
0	LPG Tank	0.00
0	Fireplace	0.00
0	Generator	0.00
2	Other	0.00

Administrative Surcharge \$	170.00
Minimum Fee \$	14.00
State Permit Surcharge Fee \$	184.00
TOTAL FEE \$	



BUILDING SUBCODE TECHNICAL SECTION



Open

Date Received 9/28/2017
Control # 711014
Date Issued 10/6/2017
Permit # 17-02061

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

Block 601 Lot 20 Qualification Code
Work Site Location 669 WINCHESTER AVE
UNION TWP, NJ 07083
Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE
Tel. () e-mail
Address 669 WINCHESTER AVE, UNION, NJ 07083
Contractor: PRO CUSTOM SOLAR DBA MOMENUM SOLAR Tel. (732) 902-6224
Address 325 HIGH ST. METUCHEN, NJ 08840
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
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
SOLAR PANELS

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)
[] 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:

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
43.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00

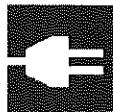
B. BUILDING CHARACTERISTICS

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 \$ 1,435.00
3. Total (1+ 2) \$ 1,435.00

Administrative Surcharge \$ 0.00
Minimum Fee \$ 60.00
State Permit Surcharge Fee \$ 23.00
TOTAL FEE \$ 83.00



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Open

Date Received 9/28/2017
Control # 711014
Date Issued 10/6/2017
Permit # 17-02061

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

Block 601 Lot 20 Qualification Code _____

Work Site Location 669 WINCHESTER AVE
UNION, NJ 07083

Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. _____ e-mail _____

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: PRO CUSTOM SOLAR DBA MOMENUM SOLAR Tel. (732) 902-6224

Address 325 HIGH ST. e-mail _____
METUCHEN, NJ 08840

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-5 Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 10,895.00

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: _____ Approved by: _____		Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____ Approved by: _____		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Annual Pool Inspection _____		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:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
<u>39</u>	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ <u>60.00</u>
_____	_____	Pool Permit/with UW Lights	<u>0.00</u>
_____	_____	Storable Pool/Spa/Hot Tub	<u>0.00</u>
_____	<u>0</u>	KW Elec. Range/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Oven/Surface Unit	<u>0.00</u>
_____	<u>0</u>	KW Elec. Water Heater	<u>0.00</u>
_____	<u>0</u>	KW Elec. Dryer/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Dishwasher	<u>0.00</u>
_____	<u>0</u>	HP Garbage Disposal	<u>0.00</u>
_____	<u>0</u>	KW Central A/C Unit	<u>0.00</u>
_____	<u>0</u>	HP/KW Space Heater/Air Handler	<u>0.00</u>
_____	<u>0</u>	KW Baseboard Heat	<u>0.00</u>
_____	<u>0</u>	HP Motors 1/+ HP	<u>0.00</u>
_____	<u>0</u>	KW Transformer/Generator	<u>0.00</u>
_____	<u>0</u>	AMP Service	<u>0.00</u>
<u>3</u>	<u>0</u>	AMP Subpanels	<u>138.00</u>
_____	<u>0</u>	AMP Motor Control Center	<u>0.00</u>
_____	<u>0</u>	KW Elec. Sign/Outline Light	<u>0.00</u>
<u>1</u>	<u>0</u>	SEE BELOW	<u>80.00</u>

KW Solar/Photovoltaic

Administrative Surcharge	\$	<u>0.00</u>
Minimum Fee	\$	<u>278.00</u>
State Permit Surcharge Fee	\$	<u>0.00</u>
TOTAL FEE	\$	<u>278.00</u>



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 571361
Date Issued 8/8/2002
Permit # 02-1510

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

Block 601 Lot 20 Qualification Code
Work Site Location 669 WINCHESTER AVE
UNION TWP, NJ 07083

Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. () e-mail
Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. ()
Address 669 WINCHESTER AVE e-mail
UNION, NJ 07083,

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

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

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 16 X 20

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Dates (Month/Day), Approval, Initial. Rows include No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE.

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 columns: \$, Fee Amount. Rows include New Building (0.00), Addition (0.00), Rehabilitation (0.00), Roofing (0.00), Siding (0.00), Fence (0.00), Sign (0.00), Pool (0.00), Retaining Wall (0.00), Asbestos Abatement (0.00), Lead Haz. Abatement (0.00), Radon Remediation (0.00), Other (0.00), Demolition (0.00).

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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



BUILDING SUBCODE TECHNICAL SECTION



Open

Date Received 5/14/2015
Control # 590976
Date Issued 5/14/2003
Permit # 03-828

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

Block 601 Lot 20 Qualification Code
Work Site Location 669 WINCHESTER AVE
UNION TWP, NJ 07083
Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE
Tel. () e-mail
Address 669 WINCHESTER AVE, UNION, NJ 07083
Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. ()
Address 669 WINCHESTER AVE e-mail
UNION, NJ 07083,
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
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 - ABOVE GROUND POOL

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Approval, Initial. Rows include No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE.

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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

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 columns: Fee Type, Amount. Rows include New Building, Addition, Rehabilitation, Roofing, Siding, Fence, Sign, Pool, Retaining Wall, Asbestos Abatement, Lead Haz. Abatement, Radon Remediation, Other, Demolition.

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



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 543105
Date Issued 9/2/2004
Permit # 04-1881

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

Block 601 Lot 20 Qualification Code
Work Site Location 669 WINCHESTER AVE
UNION TWP, NJ 07083

Owner In Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. () e-mail

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. ()

Address 669 WINCHESTER AVE e-mail
UNION, NJ 07083,

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

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

Federal Emp. ID No. FAX: ()

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Dates (Month/Day), Approval, Initial. Includes rows for No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, and SUBCODE APPROVAL for CERTIFICATE.

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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

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
[] Sliding
[] 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 columns: Fee Type, Amount. Includes rows for New Building, Addition, Rehabilitation, Roofing, Sliding, Fence, Sign, Pool, Retaining Wall, Asbestos Abatement, Lead Haz. Abatement, Radon Remediation, Other, Demolition.

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



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 564798
Date Issued 9/22/2004
Permit # 04-2015

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

Block 601 Lot 20 Qualification Code
Work Site Location 669 WINCHESTER AVE
UNION TWP, NJ 07083
Owner In Fee: ADAMKOWSKI, MICHAEL AND NICOLE
Tel. () e-mail
Address 669 WINCHESTER AVE, UNION, NJ 07083
Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. ()
Address 669 WINCHESTER AVE e-mail
UNION, NJ 07083,
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
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 - VINYL SIDING

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)
[] 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:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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

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



MECHANICAL INSPECTION TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 558569
Date Issued 1/23/2004
Permit # 04-119

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

Block 601 Lot 20 Qualification Code _____
Work Site Location 669 WINCHESTER AVE
UNION, NJ 07083

Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. _____ e-mail _____

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. _____

Address 669 WINCHESTER AVE e-mail _____
UNION, NJ 07083,

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3 Proposed: R-3

Heating System Work: New OR Modification to Existing OR Conversion OR Replacement

Type: Hydronic Hot Air

Fuel Type: Gas Oil Electric Solar Other _____

Estimated Cost of Mechanical Work \$ 0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DATES			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Mechanical Plans Approved	Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____	Appliance	_____	_____	_____	_____
Joint Plan Review Required:	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.	Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Elev.	Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	LPG Tank	_____	_____	_____	_____
Date: _____	Hydronic Piping	_____	_____	_____	_____
Approved by: _____	Fireplace	_____	_____	_____	_____
SUBCODE APPPROVAL for CERTIFICATE	Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO	Other _____	_____	_____	_____	_____
Date: _____					
Approved by: _____					

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 sign/Contractor sign and seal here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
MECH - FURNACE AND A/C

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Heater	\$ 0.00
0	Fuel Oil Piping Connections	0.00
0	Gas Piping Connections	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Hot Air Furnace	0.00
0	Oil Tank	0.00
0	LPG Tank	0.00
0	Fireplace	0.00
0	Generator	0.00
0	Other	0.00

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