



CONSTRUCTION PERMIT

Date Issued

Permit #

CN 94946

IDENTIFICATION Block

1st

Lot

83

Work Site Location

10 Elm St

Contractor Address

2000 Home Improvement

Qualification Code

Owner In Fee MAURIE KATHY GEORGES & FRANK GEORGES

Tel. ()

Address 61 Valley View Wood Rd NJ

Lic. No. or Bids. Reg. No.

Tel. (856) 438-1618

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

2nd floor addition

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 \$

Construction Official

Date

U.C.C. F-170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____



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 137 Lot 83 Qualification Code 07052
Work Site Location 10 Elm Street West Orange, NJ

Owner in Fee: Frank & Marie Kelly Georges

Tel. (862) 438 7628 e-mail georgeketo@gmail.com

Address 61 Valley Way West Orange, NJ 07052

Contractor: Zach's Home Improvement LLC Tel. (973) 873 0196

Address 16 Hammond Pl Irvington, NJ 07111 e-mail Zach@zachs.com

Contractor License No. or Builder Registration No. 13VH07382000 Exp. Date 3-31-2024

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

Federal Emp ID No. 900942937 FAX: ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings/Foundations			Footings Banding				
☐ Structural Framework			Foundation				
☐ Exterior			Slab				
☐ Interior			Framo				
Joint Plan Review Required:			Truss Sys/Bracing				
☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator			Barrier-Free				
SUBCODE APPROVAL FOR PERMIT			Insulation				
Date:			Finishes - Base Layer				
Approved by:			Finishes - Final				
SUBCODE APPROVAL FOR CERTIFICATE			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date:			TCO				
Approved by:			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present 3 Proposed

No. of Stories 3

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. \$ 25,000

2. Rehabilitation \$ 25,000

3. Total (1+2) \$ 50,000

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.

Sign here: Zachary Hippel

Print name here: Zachary Hippel

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Complete Addition.
install four windows
install insulation
install sheet rock
install siding
install gableing
paint

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☒ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter B
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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

Date Received
Control #

Date Issued
Permit #

1 White = Inspector Copy
3 Pink = Office Copy

2 Green = Office Copy
4 Hard = Applicant Copy



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 137 Lot 83 Qualification Code 10 EHV Sheet
Work Site Location West Orange NJ

Owner in Fee: MARI & GEORGES AND FAMILY Georges

Tel. 862 438 7628 e-mail georgette@gmail.com

Address 61 Valley Way West Orange NJ 07052

Contractor: ADL Electric Co. Tel. 973 650999

Address Roselle 1st Ave. e-mail

Contractor License No. 6883 Exp. Date 03/24

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

Federal Emp. ID No. 331 116 726 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present 2 Family Proposed

☐ Pole/Pad # 1 Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 5,000

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

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: JEAN C. HOLDRE

☐ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	QTY	SIZE	ITEMS
wiring outlet	10		Lighting Fixtures
60 amp House Meter	12		Receptacles
	5		Switches
			Detectors
			Light Poles
			Motors—Fract. HP
			Emergency & Exit Lights
			Communications Points
			Alarm Devices/F.A.C. Panel
TOTAL NUMBERS			
Pool Permit/with UV 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 A/C Unit			
HP/KW Space Heater/Air Handler			
KW Baseboard Heat			
HP Motors 1/4 HP			
KW Transformer/Generator			
AMP Service			
AMP Subpanel			
AMP Motor Control Center			
KW Elec. Sign/Outlet Unit			
House Meter			

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



PLUMBING 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 137 Lot 83 Qualification Code 2000
Work Site Location 10 Elm Street West Orange NJ 07058

Owner in Fee: Frontz & Marie Kelly Georges
Tel. 862 438-7628 e-mail georgette@gmail.com

Address 61 Valley Way, West Orange NJ 07058

Contractor: Athina Mechanical Corp Municipality West Orange Tel. 973 873-0716

Address 3 Emerald Court Clark NJ 07066 e-mail _____

Contractor License No. 9957 Exp. Date 6/28

Homa Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 13-9062975 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 \$ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Feature	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Partial Under-slab Utilities Approved	Rough				
Date: _____	Approved by: _____				
☐ Plumbing Plans Approved	Water				
Date: _____	Approved by: _____				
☐ Joint Plan Review Required	Sewer				
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.	Fixtures				
SUBCODE APPROVAL for PERMIT	Gas Equipment				
Date: _____	Gas Piping				
Approved by: _____	LP Gas Tank				
SUBCODE APPROVAL for CERTIFICATE	Fuel Oil Piping				
☐ CO ☐ CCO ☐ CA	Solar				
Date: _____	TCO				
Approved by: _____	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 Richard Hardill

Print name here Richard Hardill

D. TECHNICAL SITE DATA
☒ Licensed Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK Second floor Bathroom Renovation.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
1	Urinal/Bidet	
1	Bath Tub	
1	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	
	Circultrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Date Received
Control #
Date Issued
Permit #

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED

ADL ELECTRIC CO.
JEAN C ADOLPHE
620 E. First Avenue
Roselle NJ 07203

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/11/2021 TO 03/31/2024

VALID

34EB00689300

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors
HAS LICENSED
ADL ELECTRIC CO.
Electrical Business Permit

03/11/2021 TO 03/31/2024

VALID

34EB00689300

LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/CERTIFICATION
CERTIFICATE ID CARD IS ISSUED
PLEASE NOTIFY:
Board of Examiners of Electrical Contractors
P.O. Box 45036
Newark, NJ 07101

PLEASE DETACH HERE

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

ZACKIE HOME IMPROVEMENT LLC
Zachaeus Hippolyte
16 Normandy Pl
Irvington NJ 07111

FOR PRACTICE IN NEW JERSEY AS A(n): Home Improvement Contractor

04/20/2023 TO 03/31/2024
VALID

13VH07382000
LICENSE/REGISTRATION/CERTIFICATION #

Cari Zair
ACTING DIRECTOR

[Signature]
Signature of Licensee/Registrant/Certificate Holder

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
ZACKIE HOME IMPROVEMENT LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
04/20/2023 TO 03/31/2024
VALID
[Signature]
SIGNATURE

13VH07382000
License/Registration/Certificate # ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/CERTIFICATE
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

RICHARD K. SCARDILLI JR
T/A ALTIMA MECHANICAL CORP
3 EMERALD CT
CLARK NJ 07066

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

06/16/2023 TO 06/30/2025
VALID

36BI00995700
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR

RICHARD K. SCARDILLI JR

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 36BI 00995700
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION
CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY
BELOW

Board of Exam. of Master Plumbers
P.O. Box 45008
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC

HOME ☐

BUSINESS ☐

PRINT YOUR NEW MAILING
YOUR MAILING ADDRESS
THE DIVISION OF CO
CORRESPONDENCE

HOME ☐

BUSINESS ☐