

VH #
NJ BULWA
REGISTRATION #
copy

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:
I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. I further certify that I will perform or supervise the following work:

- C.1. Building
- C.2. Fire Protection

I further certify that I will perform the following work:

- C.3. Electrical
- C.4. Plumbing

- D. I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Check if contractor.

Agent Name MYUNG S. LEE

Address 80 SOUTH AVE

WORWOOD NJ 07648

Telephone (201) 655-4737

Signature Myung Soo Lee

III. LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



Demarest Borough
118 Serpentine Road
Demarest Borough NJ 07627
201-768-0167

Block: 14 Lot: 759.02 Qualification Code:

Work Site Location: 32 BROOKSIDE AVE

DEMAREST

Owner in Fee: JUN KYU CHOI

Address: 32 BROOKSIDE AVE

DEMAREST NJ 07627

Telephone: 201 982-3884

Agent/Contractor: KIM, SANG BAE

Address: 92 FOREST

CLOSTER NJ 07624

Telephone: 201 421-6021

Lic. No./ Bldrs. Reg.No.:

Social Security No.:

Federal Emp. No.:

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 will be subject to fine or order to vacate:


Edward Rossi Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

**CERTIFICATE
IDENTIFICATION**

Date Issued: 07/08/2008
Control #: 5250
Permit #: 20070061

Home Warranty No: 190230

Type of Warranty Plan: State Private

R-5

Use Group:

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:

New Single Family

Update Desc. of Wk/Use:

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

Fees: \$50.00

Paid Check No.: 2698

Collected by: dl

4/13/07
Permit #: 07-061

Date Received: 02/05/2007
Control #: 5250

Date Issued:
Permit #: 07-061

Demarest Borough

BUILDING SUBCODE TECHNICAL SECTION

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single Family

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 14 Lot: 759.02 Qualification Code:
Work Site Location: 32 BROOKSIDE AVE.

Owner Details

Name: KIM SANG BAE
Address: 92 FOREST

CLOSTER NJ 07624

Telephone: 201-421-6021

Contractor Details: S&W Const.

Contractor: SAMSUNG CONSTRUCTION
Address: 80 SOUTH AVE 92 Forest St
CLOSTER NJ 07648

Telephone: (201) 655-4737

Fax:

Lic No. or Bldrs Reg. No.: 32657

Federal Emp. No: 001801254

B. BUILDING CHARACTERISTICS

Use Group Present: R-5 Proposed: R5
Constr. Class Present:

No. of Stories: 2
Height of Structure: 28 Ft.
Area - Largest Floor: 1512 Sq. Ft.
New Bldg. Area/All Floors: 2998 Sq. Ft.
Volume of New Structure: 51900 Cu. Ft.
Total Land Area Disturbed: 1998 Sq. Ft.

Est. Cost of Bldg. work:

1. New Building: 97,000.00
2. Rehabilitation: 0.00
3. Demolition: 0.00
4. Total (1+2+3): \$97,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 All
 Footing
 Foundation
 Frame
 Other
 Joint Plan Review Required:
 Elec Plumb Fire Elev.
 SUBCODE APPROVAL
 CO CCO CA
 Date: 5/23/07
 Approved by: [Signature]

INSPECTIONS		Dates (Month/Day)
Type:	Failure	Approval Initial
Footing		4/24/07 [Signature]
Footing Bonding		
Foundation		5/8/07 [Signature]
Slab		5/23/07 [Signature]
Frame		7/17/07 [Signature]
Truss Sys./Bracing		
Barrier-Free		
Insulation		
Finishes - Base Layer		
Finishes - Final		8/27/07 [Signature]
Energy		
Mechanical		
TCO		
Other		
Final		5/23/07 [Signature]
Barrier-Free		

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence
- Pylon Sign
- Ground or Wall Sign
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other 1
- Other 2
- Other 3
- Demolition

FEE (Office Use Only)

\$1,297.50

Administrative Surcharge
 Minimum Fee \$138.00
 State Permit Surcharge Fee
 Total Fee \$1,436.00

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWLSPACE

1. ANCHORAGE:

- BOLTS
 1" SPACING
 1" SIZE
 1" STRAPS

- 1" SPACING (PER MANUFACTURER'S SPECS)
 1" SIZE

2. SILL PLATES:

- 1" SIZE
 1" GRADE. SPECIES
 1" TREATMENT
 1" LAPS
 1" SILL SEALER
 1" PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
 1" TERMITE PROTECTION

3. BEAM POCKETS:

- 1" BEARING/SHIMS
 1" TERMITE PROTECTION OR CLEARANCE
 1" SPACING/LOCATION
 1" PAINT/COATING

4. COLUMNS:

- 1" SIZED PER PLAN
 1" ATTACHMENT/PLATES
 1" SPACING/LOCATION
 1" PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

- 1ST FLOOR
 1" SIZED PER PLAN
 1" TYPE
 1" GRADE. SPECIES
 1" LOCATION AND RELATION TO THE PLAN
 1" NAILING
 1" ATTACHMENT SCHEDULE
 1" BEARING
 1" LAPPING
- 2ND FLOOR
 1" SIZED PER PLAN
 1" TYPE
 1" GRADE. SPECIES
 1" SINGLE OR DOUBLE
 1" PRE-ENGINEERED PER MANUFACTURER'S SPECS
 1" CANTILEVERS AS PER DESIGN
- 3RD FLOOR
 1" SIZED PER PLAN
 1" GRADE. SPECIES
 1" PRE-ENGINEERED COMPONENTS AS SPECIFIED

3. FLOOR JOIST:

- 1ST FLOOR
 1" BEARING
 1" NAILING
 1" BRIDGING
 1" CUTTING AND NOTCHING (AS PER CODE)
 1" POINT LOADS - SUPPORTED AS PER PLAN
 1" SPAN HANGERS
 1" HEADERS
 1" FRAMED OPENINGS
- 2ND FLOOR
 1" BEARING
 1" NAILING
 1" BRIDGING
 1" CUTTING AND NOTCHING (AS PER CODE)
 1" POINT LOADS - SUPPORTED AS PER PLAN
 1" SPAN HANGERS
 1" HEADERS
 1" FRAMED OPENINGS
- 3RD FLOOR
 1" BEARING
 1" NAILING
 1" BRIDGING
 1" CUTTING AND NOTCHING (AS PER CODE)
 1" POINT LOADS - SUPPORTED AS PER PLAN
 1" SPAN HANGERS
 1" HEADERS
 1" FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

- 1ST FLOOR
 1" MATERIAL
 1" 2ND FLOOR
 1" 3RD FLOOR
 1" PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- 1" EDGE BLOCKING (IF REQUIRED)
 1" GAPPING
 1" LAYOUT

5. STAIR ATTACHMENT:

- 1ST FLOOR
 1" BEARING
 1" NAILING
- 2ND FLOOR
 1" BEARING
 1" NAILING
- 3RD FLOOR
 1" BEARING
 1" NAILING

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: Date: 7-17-07

Building Inspector Initials: Date: 7/17/07



CUT-IN-CARD

MUNICIPALITY Danvers
LOCATION 32 Brookside

UTILITY CO RE
BLK 14 LOT 75912

OWNER KIM OCCUPANT _____

"Installation in the above premises has been inspected and is
in accordance with N.E.C. and DCA requirements."

FINAL TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 100A ckt

INSTALLED BY Jim Lewis LICENSE NO _____

DATE 5/9/17 PERMIT # 7118 INSPECTOR S. Hart

CALLED IN _____ / _____ / _____ Lic. No: 4219



CUT-IN-CARD

MUNICIPALITY Demasest

LOCATION 32 Brookside

UTILITY CO Rockland

Demasest, NJ 07627 BLK 14 LOT 759.02

OWNER Kim

OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

FINAL TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 200 AMP

INSTALLED BY Jim Wronka Elect. LICENSE NO 7118

DATE 7/20/07 PERMIT # 07-041 INSPECTOR Stu Renter

CALLED IN / /

Lic. No: 4219



CUT-IN-CARD

MUNICIPALITY

Demarest

LOCATION

32 Brookside

UTILITY CO

Kieckhefer

Demarest, NJ 07627

BLK 14

LOT 759.02

OWNER

Kion

OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

FINAL TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE

200 AMP

INSTALLED BY

Jim Wong, Inc. Elect.

LICENSE NO

7118

DATE

7/20/07

PERMIT #

07-041

INSPECTOR

Stu Ketter

CALLED IN

/ /

Lic. No:

4219

ELECTRICAL SUBCODE TECHNICAL SECTION

Demarest Borough

Date Received: 02/05/2007

Date Issued: 4/23/07

Control #: 5250

Permit #: 07-021

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 14 Lot: 759.02 Qualification Code:
 Work Site Location: 32 BROOKSIDE AVE
 Owner in Fee: KIM SANG BAE
 Address: 92 FOREST CLOSTER, NJ 07624

Telephone: (201) 421-6021
 Contractor: JIN WON JOO ELECTRICAL
 Address: 73 OAKLAND ST RED BANK, NJ 07701
 Telephone: (908) 601-7444
 Fax: (732) 747-1199

Federal Emp. No.: 24-8295396

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 [] Temporary [] Other [] Utility Co.
 Building Occupied as _____
 1. New Building \$9,500.00
 2. Rehabilitation \$0.00
 3. Demolition \$0.00
 Est. Cost of Elec. Work (1+2+3) \$9,500.00

Job Summary (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date Initial	Type:	Failure	Failure	Approval Initial
<input type="checkbox"/> No Plans Required		Rough			7/11/07 SC
Joint Plan Review Required					
<input type="checkbox"/> Building [] Plumbing		Barrier-Free			
<input type="checkbox"/> Fire [] Elevator		Trench			
<input checked="" type="checkbox"/> Elec. Plans Approved		Temp. Serv			5/10/07 SC
Date: 4/4/07		Constr. Serv			7/20/07
Approved by: SC		ICO			
		Other			
		Service			
		Final			
		Barrier-Free			
		Temp Cut-in			
		Card Date Issued			5/9/07 SC
		Final Cut-in			7/20/07
		Card Date Issue			
		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's Signature/Contractor's seal and Signature: And Pathroom G.P.
 Licensed Electrical Contractor
 Certified Landscape Irrigation Contractor
 Exempt Applicant

FEE (Office Use Only)

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE
45		Lighting Fixtures	
52		Receptacles	
35		Switches	
13		Detectors	
		Light Poles	
		Motor-Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
1		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBER	146
		Pool Permit/with UW Lights	\$115.00
		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 Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4HP	
		KW Transformer/Generator	
1	200.00	AMP Service	\$50.00
1	100.00	AMP Subpanels	\$50.00
		AMP Motor Control Center	
2	5.00	KW Elec. Sign/Outline Light	\$100.00
		Air Conditioner	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	\$315.00

PLUMBING INSPECTION
BOROUGH OF DEMAREST

Date of Insp. 7/3/07 Permit # 07-061

Address 32 Brookside

Block 14 Lot 759.02

Contractors AK Plumb

Telephone _____

Cell TONY - 638-0382

gas
Stub

ROUGH

FINAL

Comments

**PLUMBING INSPECTION
BOROUGH OF DEMAREST**

Date of Insp. 5/24/07 Permit # 07-061 ~~000~~

Address 32 Brookside

Block 14 Lot 959.02

Contractors AK Plumbing

Telephone _____

Cell _____

ROUGH

FINAL

Comments

~~Stump pump drain~~

SLAB INSP WITH EJECTOR

**PLUMBING INSPECTION
BOROUGH OF DEMAREST**

Date of Insp. 5/15 Permit # D7-061

Address 32 Brookside

Block 14 Lot 759.02

Contractors AK Plumb/Heat

Telephone _____

Cell

Sewer/Water
ROUGH

~~**FINAL**~~

Comments

**PLUMBING INSPECTION
BOROUGH OF DEMAREST**

Date of Insp. 4/10/07 Permit # 07-061

Address 32 Brookside

Block 14 Lot 759.02

Contractors AK Plumb/Heating

Telephone _____

Cell _____

Sewer capped
ROUGH **FINAL**

Comments

4/13/07
07-061

Date Received: 02/05/2007 Date Issued:
Control #: 5250 Permit #:

PLUMBING SUBCODE TECHNICAL SECTION

D. TECHNICAL SITE DATA (List of all fixtures)

FEE (Office Use Only)

FIXTURE/EQUIPMENT

No.	Fixture/Equipment	FEE (Office Use Only)
5	Water Closet	\$75.00
1	Urinal/Bidet	\$15.00
3	Bath Tub	\$45.00
5	Lavatory	\$75.00
2	Shower	\$30.00
2	Floor Drain	\$30.00
1	Sink	\$15.00
1	Dishwasher	\$15.00
1	Drinking Fountain	\$15.00
2	Washing Machine	\$30.00
1	Hose Bibb	\$40.00
1	Water Heater	\$40.00
5	Fuel Oil Piping	\$75.00
	Gas Piping	
	LPGas Tank	
1	Steam Boiler	\$30.00
	Hot Water Boiler	
	Sewer Pump	
2	Interceptors/Septors	\$30.00
	Backflow Preventer: Residential	
	Backflow Preventer: Commercial	
	Greasetrap	
	Air Conditioning	\$55.00
1	Sewer Connection	\$35.00
1	Water Service Connection	\$30.00
2	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE \$625.00

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 14 Lot: 759.02 Qualification Code:
Work Site Location: 32 BROOKSIDE AVE
Owner in Fee: KIM, SANG BAE
Address: 92 FOREST CLOSTER NJ 07624
Telephone: (201) - 421-6021
Contractor: AK PLUMBING AND HEATING
Address: 440 HOLLY AVE PARAMUS NJ 07652
Telephone: (201) 261-0264
Contractor License No.: 6328
Federal Emp. No.: 22-2638937
Fax:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5
Building Sewer Size: Public Sewer: Private Septic:
Water Service Size: Public Water: Private Well:
1. New Building: \$14,000.00
2. Rehabilitation: \$0.00
3. Demolition: \$0.00
Estimated Cost of Plumbing Work (1+2+3): \$14,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Joint Plan Review Required
 Bldg. [] Elec.
 Fire [] Elevator
 Plumbing Plans Approved
 Date: 2/15/07 R.B.
 Approved by: R.B.

SUBCODE APPROVAL
 JCO [] CCO [] CA
 Date: 12/27/07
 Approved by: R. Baratta

INSPECTIONS	Type:	Failure	Date(Month/Day)	Initial
Slab			5/14/07	R.B.
Rough			7/13/07	R.B.
Water			5/15/07	R.B.
Sewer			5/15/07	R.B.
Fixtures				
Gas Equipment				
Gas Piping			7/3/07	R.B.
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other	Chg School		4/10/07	R.B.

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's Signature/Contractor's Seal and Signature
 Licensed Plumbing Contractor [] Empty Applicant

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

7/3/07 - GAS LINE INSP. (AIR TESTED)
7/3/07 - ROUGH INSP. (WATER TESTED)

1ST FLOOR

11- P.R. ✓
11- K.S., D.N. ✓
11- L.T., W.M. ✓
1- F.P. ✓

2ND FLOOR

~~1111~~-BATH ✓
1111-BATH ✓
111-BATH ✓

BASEMENT

111-BATH ✓
1-EJECTOR ✓
1-W.H. ✓

STACKS

1-3"
1-2"
1-2x3

12/27/07 - FINAL INSP - HAS WATER METER & P.R. VALVE

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

Block: 14 Lot: 759.02
 Work Site Location: 32 BROOKSIDE AVE
 Qualification Code:
 Owner Details
 Owner in Fee: KIM, SANG BAE
 Contractor Details
 Contractor: JIN WON JOO ELECTRICAL

Address: 92 FOREST CLOSTER NJ 07624
 Telephone: (201) - 421-6021
 Fire/Security Alarm Contractor No.:
 Telephone: (908) 601-7444
 Contractor: JIN WON JOO ELECTRICAL
 Address: 73 OAKLAND ST RED BANK NJ 07701
 Telephone: (908) 601-7444
 Fax: (732) 747-1199
 License No.:
 Federal Emp. No.: 24-8295396

B. FIRE PROTECTION CHARACTERISTICS
 Use Group: Present R-5 Proposed
 Constr. Class: Present Proposed
 Heating Systems: [] New [] Existing [] HVAC [] Fire Alarm System: [] New or [] Existing
 Location of Panel:
 Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
 Location of Main Control Valve:
 Fuel Storage Tanks:
 Type: [] Flammable or [] Combustible [] LPG [] LNG Capacity Fuel
 1. New: \$2,500.00 2. Rehabilitation: \$0.00 3. Demolition: \$0.00
 Total Cost of Fire Protection (1+2+3) Work: 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Date (Month/Day)
[] No Plans Required	Type:	Approval Initial
Joint Plan Review Required:	Alarm System	5/20/08
[] Bldg. [] Elec.	Suppression Sys.	
[] Plumbing [] Elevator	Standpipe	
[] Fire Plans Approved	Fire Pump	
Date: 2/13/07	Pre-Eng. System	5/20/08
Approved by: [Signature]	Mechanical	
SUBCODE APPROVAL	Smoke Control	
[] V [] CO [] LCCO [] CA	TCO	
Date: 5/20/08	Flame/Combust Tanks	
Approved by: [Signature]	Fireplace Venting	5/20/08
	Final	5/20/08
	Other	

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.
 [] Certified Contractor
 [] Exempt Applicant
 Signature

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK:
 New Single Family
 Water Supply Source
 Method of Alarm/Suppression System Supervision

*Bedrooms in
 Basement*

DESCRIPTION OF WORK:	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[] System		
[X] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	12	\$65.00
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horns/strobes, bells)		
Other Devices:		
TOTAL	12	\$65.00
Suppression Systems		
Fire Pump — GPM Type —		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [] Oil	1	\$120.00
Fireplace Venting/Metal Chimney	2	
Other:		

Administrative Surcharge
 Minimum Fee
 State Permit Surcharge Fee
TOTAL FEE \$185.00



BERGEN COUNTY SOIL CONSERVATION DISTRICT

700 Kinderkamack Road, Suite 106
Oradell, New Jersey 07649
Telephone: (201) 261-4407
Fax: (201) 261-7573



RECEIVED
JAN 14 2007
BOROUGH OF DEMAREST

REPORT OF COMPLIANCE

TO: Mr. Edward Rossi, Construction Official

MUNICIPALITY: Demarest

PROJECT: Single Family Dwelling # 32 Brooks Avenue

APPLICATION NO. 07-88994

BLOCK No. (s) 14 LOT No. (s) 759.02

BLOCK No. (s) LOT No. (s)

FINAL COMPLIANCE

*CONDITIONAL COMPLIANCE []

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Bergen County Soil Conservation District and required by the Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.).

DATE 1/9/08

AUTHORIZED SIGNATURE ROD BMAIGH (S.H.)

*Final compliance is conditioned upon permanent stabilization of all exposed areas by _____

ADDITIONAL CONDITIONS: _____



Demarest Borough
 118 SERPENTINE ROAD
 DEMAREST BOROUGH, NJ 07627
 201 - 768-0167

CONSTRUCTION PERMIT

Permit Number: 5250
 Control Number: 5250
 Application Date: 02/05/2007

Permit Number: 4/3/07
 Permit Date: 07-06-1

OWNER/PROPERTY DETAILS

Block: 14	Lot: 759.02	Qualification Code:	32 BROOKSIDE AVE DEMAREST
Work Site Location:	Owner In Fee:	KIM, SANG BAE	
Address:	92 FOREST		
Address:	NORWOOD NJ 07648		
Telephone:	Telephone:	(201) - 655-4737	
Lic. No. / Bids. Reg. No.:	Lic. No. / Bids. Reg. No.:	32657	
Use Group(s):	Federal Emp. No.:	-1801254	
R-5			

is hereby granted permission to perform the following work:

- BUILDING
- PLUMBING
- DEMOLITION
- ELECTRICAL
- FIRE PROTECTION
- OTHER
- ELEVATOR DEVICES
- MECHANICAL
- ASBESTOS ABATEMENT
- LEAD HAZARD ABATEMENT

DESCRIPTION OF WORK:
 (Subchapter 8 only)

New Single Family

ESTIMATED COST OF WORK:

Cost of Construction:	123,000.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	\$123,000.00

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.

Construction Official

Edward Rossi

Date

Amount to be Paid:

\$2,611.00

PAYMENTS (Office Use Only)	
Building	\$1,298.00
Electrical	\$315.00
Plumbing	\$625.00
Fire Protection	\$185.00
Elevator Devices	
Mechanical	
VofFee (DCA)	\$138.00
AlfFee (DCA)	
Other Fees	
CO Fee	\$50.00
CCO Fee	
Minimum Fee	
Total	\$2,611.00
All Fees Waived:	No

OK # 2698
 balance 0
 JS

Demarest Borough

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 02/05/2007
Control #: 5250

Date Issued: 2/13/07
Permit #: 07-261

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTOR. NOTIFY THIS OFFICE.

Block: 14 Lot: 759.02 Qualification Code:
Work Site Location: 32 BROOKSIDE AVE

Owner Details

Name: KIM SANG BAE
Address: 92 FOREST CLOSTER NJ 07624

Contractor Details

Contractor: SAMSUNG CONSTRUCTION
Address: 80 SOUTH AVE NORWOOD NJ 07648-
Telephone: (201) 655-4737
Fax:
Lic No. or Bldgs Reg. No.: 32657
Federal Emp. No.: 001801254

B. BUILDING CHARACTERISTICS

Use Group Present: R-5
Proposed: RS
Constr. Class Present: Proposed:

No. of Stories: 2
Height of Structure: 28 Ft. Est. Cost of Bldg. work:
Area - Largest Floor: 1512 Sq. Ft. 1. New Building 97,000.00
New Bldg. Area/All Floors: 2998 Sq. Ft. 2. Rehabilitation 0.00
Volume of New Structure: 51900 Cu. Ft. 3. Demolition 0.00
Total Land Area Disturbed: 1998 Sq. Ft. 4. Total (1+2+3) \$97,000.00

INSPECTIONS

PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required			Footings			10/20/07	
<input type="checkbox"/> All			Footings Bonding			10/20/07	
<input type="checkbox"/> Footing			Foundation			10/20/07	
<input type="checkbox"/> Foundation			Slab			10/20/07	
<input type="checkbox"/> Frame			Frame			10/20/07	
<input type="checkbox"/> Other			Truss Sys./Bracing			10/20/07	
Joint Plan Review Required:							
<input type="checkbox"/> Elec.			Insulation			10/20/07	
<input type="checkbox"/> Fire			Barrier-Free			10/20/07	
<input type="checkbox"/> Elev.			Insulation			10/20/07	
SUBCODE APPROVAL							
<input type="checkbox"/> CO			Finishes - Base Layer			10/20/07	
<input type="checkbox"/> CCO			Finishes - Final			10/20/07	
<input type="checkbox"/> CA			Energy			10/20/07	
Date: _____							
Approved by: _____							
TCO							
Mechanical							
Other							
Final							
Barrier-Free							

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single Family

Closed 7/8/08

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence
- Pylon Sign
- Ground or Wall Sign
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other 1
- Other 2
- Other 3
- Demolition

FEE (Office Use Only)

\$1,297.50

Administrative Surcharge
Minimum Fee \$138.00
State Permit Surcharge Fee
Total Fee \$1,436.00

Demarest Borough

Change SB contractor

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 02/05/2007
Control #: 5250

Date Issued: 04/04/2007
Permit #: 20070061

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 14 Lot: 759.02 Qualification Code:
Work Site Location: 32 BROOKSIDE AVE

Owner Details

Name: KIM SANG BAE
Address: 92 FOREST CLOSTER, NJ 07624

Contractor Details

Contractor: KIM SANG BAE
Address: 92 FOREST CLOSTER NJ 07624
Telephone: (201) 421-6021
Fax:
Lic No. or Bldrs Reg. No.:
Federal Emp. No.:

Telephone: 201-421-6021

B. BUILDING CHARACTERISTICS

Use Group Present: R-5 Proposed: R5
Constr. Class Present: Proposed:

No. of Stories	2	Est. Cost of Bldg. work:	
Height of Structure	28 Ft.	1. New Building	97,000.00
Area - Largest Floor	1512 Sq. Ft.	2. Rehabilitation	0.00
New Bldg. Area/All Floors	2998 Sq. Ft.	3. Demolition	0.00
Volume of New Structure	51900 Cu. Ft.	4. Total (1+2+3)	\$97,000.00
Total Land Area Disturbed	1998 Sq. Ft.		

INSPECTIONS

PLAN REVIEW	Date	Initial	Type:	Failure	Failure Approval	Initial
<input type="checkbox"/> No Plans Required			Footings			
<input type="checkbox"/> All			Footings Bonding			
<input type="checkbox"/> Footing			Foundation			
<input type="checkbox"/> Foundation			Slab			
<input type="checkbox"/> Frame			Frame			
<input type="checkbox"/> Other			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.			Insulation			
SUBCODE APPROVAL			Finishes - Base Layer			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Finishes - Final			
Date: <u>7-11-07</u>			Energy			
Approved by: <i>[Signature]</i>			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Single Family
Change SB contractor
7/9/07

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence
- Pylon Sign
- Ground or Wall Sign
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other 1
- Other 2
- Other 3
- Demolition

FEE (Office Use Only)

\$1,297.50

Administrative Surcharge	
Minimum Fee	\$138.00
State Permit Surcharge Fee	
Total Fee	\$1,436.00



CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Borough of Demarest - 118 Serpentine Road - Demarest, NJ 07627 (201) 768-3398

FILL IN FORM COMPLETELY IN TYPE OR INK

Change of contractor

OFFICE USE ONLY

Received _____

Control # _____

Issued _____

Permit # _____

OWNER IN FEE _____

PHONE (201) 421-6021

ADDRESS (if different than worksite) 92 FOREST ST CITY CLOSTER STATE NJ ZIP 07624

BLOCK 14 LOT 759.02 WORKSITE ADDRESS 32 BROOKSIDE DEMAREST

CHECK IF: UPDATE fill in Permit # _____

BUILDING SUBCODE

CONTRACTOR YANG KIM

ADDRESS 92 FOREST ST

CITY CLOSTER STATE NJ ZIP 07624

PHONE # (201) 421-6021

LICENSE # _____

FEDERAL EMPLOYMENT # _____

Building Characteristics

USE GROUP: Construction Class _____

New Bldg # of stories 2 Height 28 ft.

Area largest floor _____ Sq. Ft. All Floors Sq. Ft. 2998

TECHNICAL SITE DATA

Description of Work:

TYPE OF WORK:

New Building

Alteration

Roofing

Siding

Pool

Sign Sq. Ft. _____

Other _____

Addition _____

Renovation _____

How many layers _____

Demolition _____

SIGNATURE _____

Agent () Owner (X)

ESTIMATED COST:

New Building 125,000 + Alteration 0 = Total \$ 125,000

OFFICE USE ONLY:

SUBCODE PLAN REVIEW () No Plans Required () Other _____

ALL _____ FOOTING _____ FOUNDATION _____ Frame _____

Signature _____ Date _____

OFFICE USE ONLY:

SUBCODE PLAN REVIEW () No Plans Required () Plans Approved _____

Signature _____ Date _____

Licensed Plumber () _____

Affix Seal _____

ESTIMATED COST OF PLUMBING \$ _____

QTY	Fixture/Equipment	QTY	Fixture/Equipment
_____	Water Closet	_____	Water Closet
_____	Urinal/Bidet	_____	Bath tub
_____	Shower	_____	Lavatory
_____	Floor Drain	_____	Shower
_____	Sink	_____	Intercepter/Separator
_____	Dishwasher	_____	Sewer Pump
_____	Drinking Fountain	_____	Hot Water Boiler
_____	Washing Machine	_____	Steam Boiler
_____	Hose Bib	_____	Gas Piping
_____	Water Heater	_____	Water Closet
_____	Fuel Oil Piping	_____	Urinal/Bidet
_____	Other _____	_____	Bath tub
_____	Other _____	_____	Lavatory
_____	Other _____	_____	Shower
_____	Stacks	_____	Floor Drain
_____	Water Service Conn	_____	Sink
_____	Sewer Connection	_____	Dishwasher
_____	Grease trap	_____	Drinking Fountain
_____	Backflow Preventor	_____	Washing Machine
_____	Intercepter/Separator	_____	Hose Bib
_____	Sewer Pump	_____	Water Heater
_____	Hot Water Boiler	_____	Fuel Oil Piping
_____	Steam Boiler	_____	Other _____
_____	Gas Piping	_____	Other _____
_____	Water Closet	_____	Other _____

TECHNICAL SITE DATA

Water Service Size _____ Public _____ Private Well _____

Building Sewer Size _____ Public _____ Private Septic _____

USE GROUP: _____

Plumbing Characteristics

FEDERAL EMPLOYMENT # _____

LICENSE # _____

PHONE # _____

CITY _____ STATE _____ ZIP _____

ADDRESS _____

CONTRACTOR _____

PLUMBING SUBCODE

ELECTRICAL SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____ FAX _____
 License # _____ Expires _____
 Federal Employment # _____

Electrical Characteristics: _____

() Pole Pad # _____ () Temp. () Other _____
 Building Occupied As _____ Utility Co. _____
 Technical Site Data: _____

QTY SIZE

ITEMS

- Lighting Fixtures _____
- Receptacles _____
- Switches _____
- Detectors _____
- Carbon Monoxide _____
- Light Poles _____
- Motors - Fract. HP _____
- Emergency & Exit Lights _____
- Communication Points _____
- Alarm Devices / FAC Panel _____
- TOTAL QUANTITY _____

Pool with UV Lights _____
 Storable Pool/Spa/ Hot Tub _____
 Whirlpool _____
 Electric Range, Receptacle _____
 K/W _____
 Oven/ Surface Unit _____
 K/W _____
 Electric Water Heater _____
 K/W _____
 Electric Dryer/Receptacle _____
 K/W _____
 Dishwasher _____
 K/W _____
 Garbage Disposal _____
 K/W _____
 Central Air Conditioning Unit _____
 K/W _____
 Space Heater/ Air Handler _____
 K/W _____
 Baseboard Heat _____
 K/W _____
 Motors 1/4 HP _____
 K/W _____
 Transformer, Generator _____
 K/W _____
 Service _____
 K/W _____
 Subpanels _____
 K/W _____
 Motor Control Center _____
 K/W _____
 Electric Sign. Outline Light _____
 K/W _____

ESTIMATED COST OF ELECTRICAL WORK \$ _____
 Signature _____ () Licensed Electrician AFFIX SEAL
 () Agent () Owner

OFFICE USE ONLY
 SUBCODE PLAN REVIEW () No Plans Required () Plans Approved
 Signature _____ Date _____

FIRE SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____ FAX _____
 License # _____ Expires _____
 Federal Employment # _____

Fire Protection Characteristics: _____

Heating System: () New () Existing () HVAC
 Location _____
 Type: () Gas () Oil () Electric () Solar () Other _____
 Fire Alarm System () New () Existing Panel Location _____
 Fire Suppression/Standpipe System () New () Existing _____
 Main Control Valve Location _____
 Method of Supervision _____
 Water Supply Source _____
 Storage Tanks _____
 Capacity _____ Fuel _____
 () Flammable Liquid _____
 () Combustible Liquid _____
 () LPG _____
 () LNG _____

QTY

Alarm Systems () 110V interconnected () System ()
 Alarm Devices (smoke, cfm, heat, pull, water flow)
 Supervisory Devices (tamper, low/high air)
 Signaling Devices (horns, strobes, bells)
 Other Devices _____
 TOTAL _____
 Suppression Systems () Fire Pump () GPM Type _____
 Dry Pipe/ Alarm Valves _____
 Pre-Action Valves _____
 Sprinkler heads (wet and dry) _____
 Standpipes _____
 Pre-Engineered Systems _____
 Wet Chemical _____
 Dry Chemical _____
 CO2 Suppression _____
 Foam Suppression _____
 Halon Suppression _____
 Other _____
 Kitchen Hood Exhaust System _____
 Smoke Control System _____
 () Gas or () Oil Fired Appliances _____
 Other _____

ESTIMATED COST OF FIRE PROTECTION WORK \$ _____

OFFICE USE ONLY
 SUBCODE PLAN REVIEW () No Plans Required () Plans Approved
 Signature _____ Date _____

ELECTRICAL SUBCODE TECHNICAL SECTION

Demarest Borough

Date Received: 02/05/2007

Date Issued: 4/13/07

Control #: 5250

Permit #: 07-054

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 14 Lot: 759.02 Qualification Code:
 Work Site Location: 32 BROOKSIDE AVE
 Owner in Fee: KIM, SANG BAE
 Address: 92 FOREST CLOSTER, NJ 07624

Telephone: (201)-421-6021
 Contractor: JIN WON JOO ELECTRICAL
 Address: 73 OAKLAND ST RED BANK NJ 07701
 Telephone: (908) 601-7444
 Fax: (732) 747-1199

Contractor License No.: 7118 Federal Emp. No.: 24-8295396

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed R5
 Building Occupied as [] Pole/Pad # [] Temporary [] Other
 Utility Co. _____
 1. New Building \$9,500.00 2. Rehabilitation \$0.00
 3. Demolition \$0.00 Est. Cost of Elec. Work: (1+2+3) \$9,500.00

Job Summary (Office Use Only)	PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required				Rough					
<input type="checkbox"/> Joint Plan Review Required				Barrier-Free					
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing				Trench					
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator				Temp. Serv					
<input checked="" type="checkbox"/> Elec. Plans Approved				Constr. Serv					
Date: 4/14/07				TCO					
Approved by: SW				Other					
				Service					
				Final					
				Barrier-Free					
				Temp Out-in-Card					
				Final Curtain-Card					
				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's Signature/Contractor's seal and Signature [] Licensed Electrical Contractor
 [] Certified Landscape Irrigation Contractor
 [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
45		Lighting Fixtures
52		Receptacles
35		Switches
13		Detectors
		Light Poles
		Motor-Fract. HP
		Emergency & Exit Lights
		Communication Points
		Alarm Devices/F. A. C. Panel

TOTAL NUMBER	146	\$115.00
Pool Permit/with UV Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range/Receptacle		
KW Over/Surface Unit		
KW Elec. Water Heater		
KW Elec. Dryer/Receptacle		
KW Dishwasher		
HP Garbage Disposal		
KW Central A/C Unit		
HP/KW Space Heat/Air Handler		
KW Baseboard Heat		
HP Motors 1/4HP		
KW Transformer/Generator		
AMP Service	1	\$50.00
AMP Subpanels	1	\$50.00
AMP Motor Control Center		
KW Elec. Sign/Outline Light		
Air Conditioner	2	\$100.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	\$315.00

Demarest Borough

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 02/05/2007

Date Issued:

Control #: 5250

Permit #: 0 20021

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 14 Lot: 759.02 Qualification Code:

Work Site Location: 32 BROOKSIDE AVE

Owner in Fee: KIM, SANG BAE

Address: 92 FOREST CLOSTER NJ 07624

Telephone: (201) 421-6021

Contractor: AK PLUMBING AND HEATING

Address: 440 HOLLY AVE PARAMUS NJ 07652

Telephone: (201) 261-0264

Contractor License No.: 6328

Fax: Federal Emp. No.: 22-2638937

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Building Sewer Size:

Water Service Size:

1. New Building: \$14,000.00

3. Demolition: \$0.00

Proposed:

Public Sewer: Private Septic:

Public Water: Private Well:

2. Rehabilitation: \$0.00

Estimated Cost of Plumbing Work (1+2+3): \$14,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Failure	Date(Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required	Type:				
<input type="checkbox"/> Joint Plan Review Required	Slab				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.	Rough				
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water				
<input checked="" type="checkbox"/> Plumbing Plans Approved	Sewer				
Date: 2/15/07	Fixtures				
Approved by: R.B.	Gas Equipment				
	Gas Piping				
	LP Gas Tank				
	Fuel Oil Piping				
	Solar				
	TCO				
	Final				
	Chimney Cert.				
	Other				

D. TECHNICAL SITE DATA (List of all fixtures)

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	\$75.00
1	Urinal/Bidet	\$15.00
3	Bath Tub	\$45.00
5	Lavatory	\$75.00
2	Shower	\$30.00
	Floor Drain	
2	Sink	\$30.00
1	Dishwasher	\$15.00
	Drinking Fountain	
1	Washing Machine	\$15.00
2	Hose Bibb	\$30.00
1	Water Heater	\$40.00
	Fuel Oil Piping	
	Gas Piping	\$75.00
	LP Gas Tank	
	Steam Boiler	
1	Hot Water Boiler	\$30.00
	Sewer Pump	
	Interceptors/Separators	
	Backflow Preventer : Residential	\$30.00
2	Backflow Preventer : Commercial	\$30.00
	Greasetrap	
	Air Conditioning	
	Sewer Connection	\$55.00
	Water Service Connection	\$35.00
	Stacks	\$30.00
	Other	
	Other	
	Other	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	
	TOTAL FEE	\$625.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

U.C.C.R.1319rev. 1/04

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

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

Block: 14 Lot: 759.02 Qualification Code:
 Work Site Location: 32 BROOKSIDE AVE

Owner Details
 Owner in Fee: KIM SANG BAE
Contractor Details
 Contractor: JIN WON JOO ELECTRICAL

Address: 92 FOREST Address: 73 OAKLAND ST
CLOSTER NJ 07624 RED BANK NJ 07701

Telephone: (201) -421-6021 Telephone: (908) 601-7444
 Fire/Security Alarm Contractor No.: Fax: (732) 747-1199

Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
 Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Federal Emp. No.: 24-8295396

B. FIRE PROTECTION CHARACTERISTICS
 Use Group: Present R-5 Proposed Fire Alarm System: New or Existing
 Constr. Class: Present Proposed Location of Panel: _____

Heating Systems: New Existing HVAC Fire Suppression/Standpipe System:
 Type: Gas Oil Electric Solar New or Existing
 Other Location of Main Control Valve: _____

Location:
Fuel Storage Tanks:
 Type: Flammable or Combustible LPG LNG Capacity Fuel
 1. New: \$2,500.00 2. Rehabilitation: \$0.00 3. Demolition: \$0.00
 Total Cost of Fire Protection (1+2+3) Work: 2,500.00

INSPECTIONS

INSPECTIONS	Type:	Failure	Failure	Approval	Initial
PLAN REVIEW	<input type="checkbox"/> No Plans Required	_____	_____	_____	_____
Joint Plan Review Required:	<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.	_____	_____	_____	_____
<input type="checkbox"/> Plumbing <input type="checkbox"/> Elevator	_____	_____	_____	_____	_____
<input checked="" type="checkbox"/> Fire Plans Approved	Pre-Eng. System	_____	_____	_____	_____
Date: <u>2/12/07</u>	Mechanical	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL	TCO	_____	_____	_____	_____
<input type="checkbox"/> C6 <input type="checkbox"/> CCO <input type="checkbox"/> CA	Flame/Combust. Tanks	_____	_____	_____	_____
Date: _____	Fireplace Venting	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
	Other	_____	_____	_____	_____

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.

Signature _____ [] Certified Contractor [] Exempt Applicant

U.C.C.F.140 (rev. 1/04)

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK:
 New Single Family

Water Supply Source
 Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks
 Alarm Systems
 System
 110v Interconnected
 CO Detectors/110v
 Alarm Devices(i.e., smoke,heat,pulls,water/flow) 13 \$65.00

Supervisory Devices(i.e., tamper,low/high air)
 Signaling Devices(i.e.,horns/strobes,bells)
 Other Devices:
 TOTAL 13 \$65.00

Suppression Systems
 Fire Pump ___ GPM Type ___
 Dry Pipe/Alarm Valves
 Pre-action Valves
 Sprinkler Heads(Dry and Wet)
 Standpipes
 Pre-Engineered Systems
 Wet Chemical

Dry Chemical
 CO2 Suppression
 Foam Suppression
 FM200 Suppression
 Other:
 Other Systems
 Kitchen Hood Exhaust System
 Smoke Control System
 Fired Appliances Gas or Oil 3 \$120.00
 Fireplace Venting/Metal Chimney
 Other:

Administrative Surcharge
 Minimum Fee
 State Permit Surcharge Fee
TOTAL FEE \$185.00

FEE (Office Use Only)

May 11, 2007

Borough of Demarest
Municipal Building
118 Serpentine Road
Demarest, New Jersey 07627

Attention: Mr. Ed Rossi
Construction Official

Re: Kim

Block 14 Lot 759.02
32 Brookside Avenue
Our File No. DB-566

Dear Mr. Rossi:

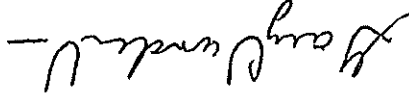
Our office is in receipt of a plan entitled "Foundation Location Survey, Tax Lot 759.02 in Block 14, Borough of Demarest, Bergen County, New Jersey", prepared by Hubschman Engineering and dated May 10, 2007. We have reviewed this plan and find that the building location and configuration are substantially in agreement with the approved site plan for this site. Furthermore, the foundation elevation indicates that the first floor of the building will be in conformance with the design elevation.

We have no objection to permitting the applicant to proceed with the building framing for this site.

If we can be of any further assistance regarding this matter, do not hesitate to contact us.

Very truly yours,

AZZOLINA & FEURY ENGINEERING



Gary Vander Veer, P.E.

GVV

The recipient of this communication will be held responsible for the proper interpretation of the information contained herein. The recipient of this communication should consult the original documents for the first floor of the building located at the above address. The recipient of this communication should also consult the original documents for the first floor of the building located at the above address. The recipient of this communication should also consult the original documents for the first floor of the building located at the above address.



Demarest Borough
 118 SERPENTINE ROAD
 DEMAREST BOROUGH, NJ 07627
 201 - 768-0167

CONSTRUCTION PERMIT

Permit Number: 07-061
 Permit Date: 4/3/07
 Control Number: 5250
 Application Date: 02/05/2007

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 14	Lot: 759.02	Qualification Code:	32 BROOKSIDE AVE DEMAREST	Contractor:	SAMSUNG CONSTRUCTION
Work Site Location:					
Owner In Fee:	KIM, SANG BAE				
Address:	92 FOREST CLOSTER NJ 07624				
Telephone:	(201) - 421-6021				
Lic. No. / Bids. Reg. No.:	32657				
Federal Emp. No.:	-1801254				
Use Group(s):	R-5				

is hereby granted permission to perform the following work:

- BUILDING
- PLUMBING
- DEMOLITION
- ELECTRICAL
- ELEVATOR DEVICES
- MECHANICAL
- FIRE PROTECTION
- OTHER
- ASBESTOS ABATEMENT
- LEAD HAZARD ABATEMENT

DESCRIPTION OF WORK:
 (Subchapter 8 only)

New Single Family

ESTIMATED COST OF WORK:

Cost of Construction:	123,000.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	\$123,000.00

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.

Edward Rossi
 Construction Official

Date

Note:

Amount to be Paid: \$2,611.00
 CR # 21618
 Balance 0

PAYMENTS (Office Use Only)	
Building	\$1,298.00
Electrical	\$315.00
Plumbing	\$625.00
Fire Protection	\$185.00
Elevator Devices	
Mechanical	
Vofee (DCA)	\$138.00
Aiffee (DCA)	
Other Fees	
CO Fee	\$50.00
CCO Fee	
Minimum Fee	
Total	\$2,611.00
All Fees Waived:	No

Note:

Construction Official

Edward Rossi

Date

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.

Total Cost: \$123,000.00

Cost of Demolition: 0.00

Cost of Rehabilitation: 0.00

Cost of Construction: 123,000.00

ESTIMATED COST OF WORK:

New Single Family

DESCRIPTION OF WORK:

(Subchapter 8 only)

- ASBESTOS ABATEMENT
- ELEVATOR DEVICES
- ELECTRICAL
- BUILDING
- FIRE PROTECTION
- MECHANICAL
- LEAD HAZARD ABATEMENT
- OTHER
- DEMOLITION

is hereby granted permission to perform the following work:

PAYMENTS (Office Use Only)	
Building	\$1,298.00
Electrical	\$315.00
Plumbing	\$625.00
Fire Protection	\$185.00
Elevator Devices	
Mechanical	
VolFee (DCA)	\$138.00
AltFee (DCA)	
Other Fees	
CO Fee	\$50.00
CCO Fee	
Minimum Fee	
Total	\$2,611.00
All Fees Waived:	No

Amount to be Paid: \$2,611.00

Check # 2698
Balance

OWNER/PROPERTY DETAILS

Block: 14	Lot: 759.02	Qualification Code:
Work Site Location:	32 BROOKSIDE AVE DEMAREST	
Owner In Fee:	KIM, SANG BAE	
Address:	92 FOREST	
	CLOSTER NJ 07624	
Telephone:	(201) - 421-6021	
Lic. No. / Bids. Reg. No.:	32657	
Federal Emp. No.:	-1801254	

IDENTIFICATION

CONSTRUCTION PERMIT



Demarest Borough

118 SERPENTINE ROAD

DEMAREST BOROUGH, NJ 07627

201 - 768-0167

Control Number: 5250

Application Date: 02/05/2007

Permit Number: 07-061

Permit Date: 4/3/07

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 02/05/2007

Control #: 5250

Date Issued: 2/13/07
Permit #: 079-061

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 14 Lot: 759.02 Qualification Code: _____
 Work Site Location: 32 BROOKSIDE AVE

Owner Details
 Name: KIM SANG BAE
 Address: 92 FOREST CLOSTER NJ 07624

Contractor Details
 Contractor: SAMSUNG CONSTRUCTION
 Address: 80 SOUTH AVE NORWOOD NJ 07648
 Telephone: (201) 655-4737
 Fax: _____
 Lic No. or Bids Reg. No.: 32657
 Federal Emp. No: 001801254

Telephone: 201-421-6021

B. BUILDING CHARACTERISTICS

Use Group Present: R-5 Proposed: R5
 Constr. Class Present: _____ Proposed: _____

No. of Stories: 2 Est. Cost of Bldg. work: _____
 Height of Structure: 28 Ft. _____
 Area - Largest Floor: 1512 Sq. Ft. 1. New Building 97,000.00
 New Bldg. Area/All Floors: 2998 Sq. Ft. 2. Rehabilitation 0.00
 Volume of New Structure: 51900 Cu. Ft. 3. Demolition 0.00
 Total Land Area Disturbed: 1998 Sq. Ft. 4. Total (1+2+3) \$97,000.00

INSPECTIONS

PLAN REVIEW	Date	Initial	Type:	Failure	Failure Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footing Bonding	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Truss Sys./Bracing	_____	_____	_____
<input type="checkbox"/> Joint Plan Review Required:	_____	_____	Barrier-Free	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.	_____	_____	Insulation	_____	_____	_____
SUBCODE APPROVAL	_____	_____	Finishes - Base Layer	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	Finishes - Final	_____	_____	_____
Date: _____	_____	_____	Energy	_____	_____	_____
Approved by: _____	_____	_____	Mechanical	_____	_____	_____
_____	_____	_____	TCO	_____	_____	_____
_____	_____	_____	Other	_____	_____	_____
_____	_____	_____	Final	_____	_____	_____
_____	_____	_____	Barrier-Free	_____	_____	_____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Single Family

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Pylon Sign Sq. Ft. _____
- Ground or Wall Sign Sq. Ft. _____
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other 1
- Other 2
- Other 3
- Demolition

FEE (Office Use Only)

\$1,297.50

Administrative Surcharge	
Minimum Fee	\$138.00
State Permit Surcharge Fee	
Total Fee	\$1,436.00

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 14 Lot: 759.02 Qualification Code:
 Work Site Location: 32 BROOKSIDE AVE
 Owner in Fee: KIM SANG BAE
 Address: 92 FOREST CLOSTER NJ 07624

Telephone: (201) 421-6021
 Contractor: JIN WON JOO ELECTRICAL
 Address: 73 OAKLAND ST RED BANK NJ 07701
 Telephone: (908) 601-7444
 Fax: (732) 747-1199
 Contractor License No.: 7118 Federal Emp. No.: 24-8295396

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed R5
 Building Occupied as [] Pole/Pad # [] Temporary [] Other
 Utility Co. _____
 1. New Building \$9,500.00
 2. Rehabilitation \$0.00
 3. Demolition \$0.00 Est. Cost of Elec. Work (1+2+3) \$9,500.00

Job Summary(Office Use Only)	INSPECTIONS	Dates(Month/Day)	Approval Initial	Fee
PLAN REVIEW	Type: Rough			
[] No Plans Required	Barrier-Free			
Joint Plan Review Required	Trench			
[] Building [] Plumbing	Temp.Serv			
[] Fire [] Elevator	Constr.Serv			
[] Elec.Plans Approved	TCO			
Date: 4/14/07	Other			
Approved by: SCB	Service			
	Final			
SUBCODE APPROVAL	Barrier-Free			
[] CO [] CCO [] CA	Temp Cut-in-Card Date Issued			
Date: _____	Final Cut-in-Card Date Issue			
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's Signature/Contractor's seal and Signature [] Licensed Electrical Contractor
 [] Certified Landscape Irrigation Contractor
 [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	Fee (Office Use Only)
45		Lighting Fixtures	
52		Receptacles	
35		Switches	
13		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		Alarm Devices/F.A.C. Panel	

TOTAL NUMBER 146
 Pool Permit/with UV Lights \$115.00
 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 Htr./Air Handler
 KW Baseboard Heat
 HP Motors 1/+HP
 KW Transformer/Generator
 AMP Service \$50.00
 AMP Subpanels \$50.00
 AMP Motor Control Center
 KW Elec. Sign/Outline Light
 Air Conditioner \$100.00

Administrative Surcharge
 Minimum Fee
 State Permit Surcharge Fee
TOTAL FEE \$315.00

Demarest Borough

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 02/05/2007

Date Issued: 4/3/07

Control #: 5250

Permit #: 07-061

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

D. TECHNICAL SITE DATA (List of all fixtures)

FEE (Office Use Only)

Block: 14 Lot: 759.02 Qualification Code:
Work Site Location: 32 BROOKSIDE AVE

Owner in Fee: KIM SANG BAE
Address: 92 FOREST CLOSTER NJ 07624

Telephone: (201) 421-6021

Contractor: AK PLUMBING AND HEATING
Address: 440 HOLLY AVE PARAMUS NJ 07652

Telephone: (201) 261-0264

Fax: Federal Emp. No.: 22-2638937

Contractor License No.: 6328

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Proposed:

- Building Sewer Size: Public Sewer: Private Septic:
- Water Service Size: Public Water: Private Well:
- 1. New Building: \$14,000.00
- 2. Rehabilitation: \$0.00
- 3. Demolition: \$0.00
- Estimated Cost of Plumbing Work (1+2+3): \$14,000.00

JOB SUMMARY (Office Use Only)

INSPECTIONS

Date(Month/Day)

PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Slab				
<input type="checkbox"/> Joint Plan Review Required	Rough				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.	Water				
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Sewer				
<input checked="" type="checkbox"/> Plumbing Plans Approved	Fixtures				
Date: 2/15/07 R.B.	Gas Equipment				
Approved by: R.B.	Gas Piping				
	LP Gas Tank				
	Fuel Oil Piping				
	Solar				
	TCO				
	Final				
	Chimney Cert.				
	Other				

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	\$75.00
1	Urinal/Bidct	\$15.00
3	Bath Tub	\$45.00
5	Lavatory	\$75.00
2	Shower	\$30.00
	Floor Drain	
	Sink	\$30.00
	Dishwasher	\$15.00
	Drinking Fountain	
	Washing Machine	\$15.00
	Hose Bibb	\$30.00
	Water Heater	\$40.00
	Fuel Oil Piping	
	Gas Piping	\$75.00
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	\$30.00
	Sewer Pump	
	Interceptors/Separators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	\$30.00
	Greasetrap	
	Air Conditioning	
	Sewer Connection	\$55.00
	Water Service Connection	\$35.00
	Stacks	\$30.00
	Other	
	Other	
	Other	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	
	TOTAL FEE	\$625.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Plumbing Contractor [] Exempt Applicant

U.C.C.F.13(Rev. 1/04)

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

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

Block: 14 Lot: 759.02
 Work Site Location: 32 BROOKSIDE AVE
 Owner Details: KIM SANG BAE
 Owner in Fee: KIM SANG BAE
 Address: 92 FOREST
 CLOSTER NJ 07624

Contractor Details: JIN WON JOO ELECTRICAL
 Contractor: JIN WON JOO ELECTRICAL
 Address: 73 OAKLAND ST
 RED BANK NJ 07701

Telephone: (201) - 421-6021 Telephone: (908) 601-7444
 Fire/Security Alarm Contractor No.: Fire/Security Alarm Contractor No.: (732) 747-1199
 Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
 Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Federal Emp. No.: 24-8295396

B. FIRE PROTECTION CHARACTERISTICS
 Use Group: Present R-5 Proposed
 Constr. Class: Present Proposed
 Heating Systems: [] New [] Existing [] HVAC Fire Alarm System: [] New or [] Existing
 Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System:
 Location: [] Other Location of Main Control Valve:

Fuel Storage Tanks:
 Type: [] Flammable or [] LPG [] LNG Capacity Fuel
 1. New: \$2,500.00 2. Rehabilitation: \$0.00 3. Demolition: \$0.00
 Total Cost of Fire Protection (1+2+3) Work: 2,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Date(Month/Day)	Initial
PLAN REVIEW	Type:	Failure	Failure	Approval	
[] No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
[] Bldg. [] Elec.	Standpipe				
[] Plumbing [] Elevator	Fire Pump				
[] Fire Plans Approved	Pre-Eng. System				
Date: 2/13/07	Mechanical				
Approved by: <i>[Signature]</i>	Smoke Control				
SUBCODE APPROVAL	TCO				
[] CO [] CCO [] CA	Flame/Combust Tanks				
Date:	Fireplace Venting				
Approved by:	Final				
	Other				

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK:
 New Single Family
 Water Supply Source
 Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[X] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	13	\$65.00
Supervisory Devices(i.e.,tamper,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	13	\$65.00
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System	1	
Smoke Control System		
Fired Appliances [X] Gas or [] Oil	3	\$120.00
Fireplace Venting/Metal Chimney		
Other:		

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.

[] Certified Contractor
 [] Exempt Applicant
 Signature
 U.C.C.F.46 (rev. 1/04)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	\$185.00

AZZOLINA & FEURY ENGINEERING, INC.
 Professional Engineers and Land Surveyors

30 Madison Avenue, Paramus, NJ 07652 • (201) 845-8500 • Fax (201) 845-3825
 110 Stage Road, Monroe, NY 10950 • (845) 782-8661 • Fax (845) 782-4212



February 12, 2007
 Borough of Demarest
 Municipal Building
 118 Serpentine Road
 Demarest, New Jersey 07627
 Attention: Mr. Ed Rossi
 Construction Official

Re: Kim
 Block 14 Lot 759.02
 Brookside Avenue
 Our File No. DE-566

Dear Mr. Rossi:

Our office is in receipt of a set of plans (two sheets) entitled "Site Plan, Lot 759.02 Block 14, Proposed Dwelling, #32 Brookside Avenue, Borough of Demarest, Bergen County, New Jersey", prepared by Hubbschman Engineering, P.A., dated June 21, 2006 and last revised on November 22, 2006. Pursuant to your request, we have reviewed these plans and offer the following comments:

1. The applicant proposes to redevelop the subject property with the construction of a two story single family residence and other ancillary improvements. The existing residence and site improvements will be demolished.
2. The proposal will need variances for front yard setback and rear yard setback encroachments.
3. The applicant proposes to install two, 1,000 gallon seepage pits to collect the roof drainage. Although no drainage report was submitted, we have no objection to the proposal.
4. The offsite soil moving does not appear to exceed 250 cubic yards, since much of the excavation for a new basement will occur in the same vicinity as the existing basement. Therefore, no further action is required regarding the soil moving.
5. The proposed site grading is comparable to the existing site grades. The proposed grading is acceptable.

already

Borough of Demarest

Attn: Mr. Rossi

Re: Our File No. DE-566

Page 2

February 12, 2007

Based on the above, we have no objection to the issuance of a building permit for this site, subject to the applicant obtaining the variances noted above. In addition, the applicant shall be required to obtain approval from the Bergen County Soil Conservation District prior to the issuance of a building demolition permit.


Subsequent to the issuance of permits, the applicant shall be responsible for the following:

- All erosion control devices shall be properly installed prior to any soil moving activity. The erosion control shall be maintained throughout the construction period.
- The Borough and our office shall be notified forty-eight hours prior to the installation of the seepage pits.

If we can be of any further assistance regarding this matter, do not hesitate to contact us.

Very truly yours,

AZZOLINA & FEURY ENGINEERING



Gary Vander Veer, P.E.

GVV

cc: Hubschman Engineering, P.A.
Mr. Sang Bae Kim



CONSTRUCTION PERMIT APPLICATION - COUNTER FORM
 Borough of Demarest - 118 Serpentine Road - Demarest, NJ 07627 (201) 768-3398

OFFICE USE ONLY

Received _____
 Control # _____
 Issued _____
 Permit # _____

CHECK IF: UPDATE fill in Permit # _____
 BLOCK 14 LOT 759.02 WORKSITE ADDRESS 32 BROOKSIDE AVE
 OWNER IN FEE SANDA BAE KIM PHONE (201) 421-6021
 ADDRESS (if different than worksite) 92 Forest St CITY CLONESTATE NJ ZIP 07624

PLUMBING SUBCODE
 CONTRACTOR AK BLEXITE
 ADDRESS 440 HOLLY AVE
 CITY PARANUCSTATE NJ ZIP 07652
 PHONE # 201-261-0264
 LICENSE # 6328 EXPIRES _____
 FEDERAL EMPLOYMENT # 22-628937
 USE GROUP: _____
 Building Sewer Size 4" Public Private Septic _____
 Water Service Size 1" Public Private Well _____

TECHNICAL SITE DATA

QTY	Fixture/Equipment	QTY	Fixture/Equipment
5	Gas Piping	1	Water Closet
1	Steam Boiler	1	Urinal/Bidet
1	Hot Water Boiler	1	Bath tub
1	Sewer Pump	1	Lavatory
1	Intercepter/Separator	2	Shower
2	Backflow Preventor	2	Floor Drain
1	Greasetrap	1	Sink
1	Sewer Connection	1	Dishwasher
1	Water Service Conn	1	Drinking Fountain
2	Stacks	1	Washing Machine
1	Other	2	Hose Bib
1	Other	1	Water Heater
1	Other	1	Fuel Oil Piping

ESTIMATED COST OF PLUMBING \$ 14,000
 Signature [Signature]
 Licensed Plumber ()
 Affix Seal
 SUBCODE PLAN REVIEW () No Plans Required () Plans Approved
 Date 2/15/07
 Signature _____
 Date _____

ESTIMATED COST:
 New Building _____
 + Alteration _____ = Total \$ 9,000
 SIGNATURE [Signature]
 Agent () Owner ()
 SUBCODE PLAN REVIEW () No Plans Required () Other _____
 ALL _____ FOOTING _____ FOUNDATION _____
 Signature _____
 Date _____

TYPE OF WORK:
 New Building
 Alteration
 Roofing
 Siding
 Pool
 Sign Sq. Ft. _____
 Other _____
 How many layers _____
 Addition
 Renovation
 Demolition

Description of Work:
New single family.

BUILDING SUBCODE
 CONTRACTOR BAM SUBCO CONSTRUCTION
 ADDRESS 80 SOUTH AVE
 CITY NEWARK STATE NJ ZIP 07148
 PHONE # 201 655-4731
 LICENSE # 32657 EXPIRES _____
 FEDERAL EMPLOYMENT # 001-80-1254
 USE GROUP: R-5 Construction Class _____
 New Bldg # of stories 2 Height 28 ft.
 Area largest floor 1512 Sq. Ft. All Floors Sq. Ft. 3438
 TECHNICAL SITE DATA

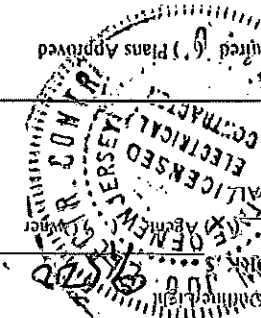
ELECTRICAL SUBCODE

Contractor JIN WEH JOO Electrical Cont
 Address 73 OAKLAND ST State MD Zip 07701
 Phone Number 908-611-7444 FA 908-247-1199
 License # 7118 Expires 03-31-09
 Federal Employment # 248-29-5396

Electrical Characteristics:
 Pole Pad # () Temp. () Other () Utility Co. _____
 Building Occupied As _____
 Technical Site Data:
 QTY SIZE 45 F
10 F
50
2
 Carbon Monoxide
 Light Poles
 Motors - Fract. HP
 Emergency & Exit Lights
 Communication Points
 Alarm Devices / FAC Panel
 TOTAL QUANTITY

Pool with UV Lights	_____	_____
Storage Pool/Spa/ Hot Tub	_____	_____
Whirlpool	_____	_____
Electric Range, Replace	_____	_____
Oven/ Surface Unit	_____	_____
Electric Water Heater	_____	_____
Electric Dryer/Receptacle	_____	_____
Dishwasher	_____	_____
Garbage Disposal	_____	_____
Central Air Conditioning Unit	_____	_____
Space Heater/ Air Handler	_____	_____
Baseboard Heat	_____	_____
Motors 1/4 HP	_____	_____
Motors 1/2+ HP	_____	_____
Transformer, Generator	_____	_____
Service	_____	_____
Subpanels	_____	_____
Motor Control Center	_____	_____
Electric Sign, Control Light	_____	_____
ESTIMATED COST OF ELECTRICAL WORK \$	_____	_____

ESTIMATED COST OF ELECTRICAL WORK \$ _____
 Signature _____
 (X) Licensed Electrician
 OFFICE USE ONLY
 SUBCODE PLAN REVIEW () No Plans Required () Plans Approved
 Date _____



FIRE SUBCODE

Contractor JIN WEH JOO Electrical Cont
 Address 73 OAKLAND ST State MD Zip 07701
 Phone Number 908-611-7444 FA 908-247-1199
 License # 7118 Expires 03-31-09
 Federal Employment # 248-29-5396

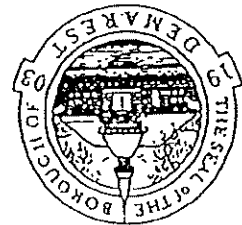
Fire Protection Characteristics:
 Heating System: (X) New () Existing () HVAC
 Location _____
 Type: (X) Gas () Oil () Electric () Solar () Other
 Fire Alarm System (X) New () Existing Panel Location _____
 Fire Suppression/Standpipe System (X) New () Existing
 Main Control Valve Location _____
 Method of Supervision _____
 Water Supply Source _____
 Storage Tanks
 () Flammable Liquid
 () Combustible Liquid
 () LPG
 () LNG
 QTY

Alarm Systems	_____	_____
Alarm Devices (smoke, heat, pull, water flow)	_____	_____
Supervisory Devices (tamper, low/high air)	_____	_____
Signaling Devices (horns, strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems () Fire Pump () GPM Type	_____	_____
Dry Pipe/ Alarm Valves	_____	_____
Pre-Action Valves	_____	_____
Sprinkler heads (wet and dry)	_____	_____
Standpipes	_____	_____
Pre-Engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO2 Suppression	_____	_____
Foam Suppression	_____	_____
Halon Suppression	_____	_____
Other	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
(X) Gas or () Oil Fired Appliances	_____	_____
Other <u>Smoke Detector</u>	_____	_____
ESTIMATED COST OF FIRE PROTECTION WORK \$	_____	_____

ESTIMATED COST OF FIRE PROTECTION WORK \$ _____
 Signature _____
 OFFICE USE ONLY
 SUBCODE PLAN REVIEW () No Plans Required () Plans Approved
 Date _____

THE BOROUGH OF DEMAREST
118 SERPENTINE ROAD
DEMAREST, N.J. 07627-2199

201-768-0167
201-768-2581 FAX



DATE: 2-6-07

Mr. Gary VanderVeer
Azzolina, Feury & Raimondi Engineering Group
30 Madison Avenue
Paramus, NJ 07652

SUBJECT: 32 Brookside

Dear Gary:

Ed Rossi would like for you to review the enclosed plans and provide him with your input in regards to the above-proposed construction.

Any questions for Ed, please contact him at 201-768-3398.

Thank you,

Susan Mores

Building Secretary

Enclosure



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

CHARLES A. RICHMAN
Acting Commissioner

RICHARD J. COFFEY
Acting Governor

January 10, 2006

SAMSUNG CONSTRUCTION & DEV CORP
PO BX 315
NORWOOD NJ 07648

Reg#: 39289

Dear Mr. Lee:

Enclosed is your new home builder registration card. Based on the record of your new home building business of Sam-Sung Construction, registration #32657, you have been assigned a rate of 0.00595. Please use this rate, multiplied by the selling price of the home (or 1.25 times the total contract price of the home if it is built on the owner's lot), to compute the premium due for each new home you enroll in the State Plan.

Please also keep a copy of this letter, for your reference when completing the warranty enrollment forms for each new home you enroll in the State Plan.

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program
This is to certify that
SAMSUNG CONSTRUCTION & DEV CORP

is a registered builder under
the New Home Warranty and
Builder Registration Act
(N.J.S.A. 46:28.1 et seq.)

(This registration expires on the date stamped)

Director
William G. ...
939289 JAN 31 8



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/15/2006

<p>PRODUCER CHONG LEE INSURANCE AGENCY 98 WEST 32ND STREET #1010 NEW YORK, NY 10001</p>	<p>INSURED SAMSUNG CONSTRUCTION & DEVELOPMENT CORP 80 SOUTH AVENUE NORWOOD, NJ 07648</p>						
<p>INSURERS AFFORDING COVERAGE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>INSURER A: PREFERRED MUTUAL INSURANCE COMPANY</td> <td>INSURER B:</td> </tr> <tr> <td>INSURER C:</td> <td>INSURER D:</td> </tr> <tr> <td>INSURER E:</td> <td>INSURER F:</td> </tr> </table>		INSURER A: PREFERRED MUTUAL INSURANCE COMPANY	INSURER B:	INSURER C:	INSURER D:	INSURER E:	INSURER F:
INSURER A: PREFERRED MUTUAL INSURANCE COMPANY	INSURER B:						
INSURER C:	INSURER D:						
INSURER E:	INSURER F:						
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>							
<p>INSURERS AFFORDING COVERAGE NAIC #</p>							

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LTR. (INSRD)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS / SPECIAL PROVISIONS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER: <ul style="list-style-type: none"> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS 	CPP 0110 57 79 68	02/15/06	02/15/07	EACH OCCURRENCE \$ 1,000,000.00 PACKAGE TO RENTED PREMISES (per occurrence) \$ 50,000.00 MED EXP (any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> DEDUCTIBLE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> IF YES, DETAIL UNDER SPECIAL PROVISIONS BELOW OTHER
	AUTO ONLY - EA ACCIDENT \$ AUTO ONLY - BA ACC \$ OTHER THAN BA ACC \$ EACH OCCURRENCE \$ AGGREGATE \$ PROPERTY DAMAGE (per occurrence) \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ CORRELATED SINGLE LIMIT (per accident) \$					
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> IF YES, DETAIL UNDER SPECIAL PROVISIONS BELOW OTHER					

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURERS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: *[Signature]*

Orange & Rockland
Construction Services, Inc.



Orange and Rockland Utilities, Inc.
390 West Route 59
Spring Valley, NY 10977-5000
www.oriu.com

February 5, 2007

Borough of Demarest
Edward Rossi
Construction Code Official
118 Serpentine Road
Demarest, NJ 07627

Sang Bae Kim
32 Brookside Avenue
Demarest, NJ 07627

Sent by Fax at Customer's request: (201) 768-2581

Dear Mr. Rossi:

As per your request, I can verify that Orange and Rockland has no electric service at the above
referenced address as of 01/24/07.

If you have any questions, please contact me at (845) 577-3090.

Sincerely,

Amy Wertheim
Special Accounts Analyst
New Construction Services

APPLICATION FOR SOIL EROSION AND SEDIMENT CONTROL PLAN CERTIFICATION

The enclosed soil erosion and sediment control plan and supporting information are submitted for certification pursuant to the Soil Erosion and Sediment Control Act, Chapter 251, P.L. 1975 as amended (N.J.S.A. 4:24-39 et. seq.). An application for certification of a soil erosion and sediment control plan shall include the items listed on the reverse side of this form.

Application Number 0788994	Fee \$500	Date MAR 20 2007
For District Use Only		



Name of Project SINGLE FAMILY		Project Street Address 32 BACKSIDE AVE, DEMAREST NJ 07629	
Project Owner(s) Name SANG BAE KIM		Project Owner(s) Street Address (No P.O. Box Numbers) 92 FOREST ST CLOSTER NJ 07624	
Project Owner(s) Phone # 201(421-6021)		City CLOSTER	
Project Owner(s) Fax # 201(421-6021)		State NJ	
Project Owner(s) Zip 07624		Total Area of Project (Acres) .23	
Project Owner(s) Total Area or Land to be Disturbed (Acres) .23		No. Dwelling or other Units 1	
Project Owner(s) Fee \$500		Plans Prepared by HUBSCHMAN ENGINEERING	
Project Owner(s) Phone # 201(384-5660)		Project Owner(s) Street Address 263A S. WASHINGTON AVE	
Project Owner(s) Fax # 201(384-5660)		City BERGENFIELD	
Project Owner(s) State NJ		State NJ	
Project Owner(s) Zip 07621		Zip 07621	

Agent Responsible During Construction SAM SUNG CONSTRUCTION		Street Address 80 SOUTH AVE	
City MORWOOD		State NJ	
Zip 07648		Phone 201(784-0151)	
Fax 201(784-0360)		Fax 201(784-0360)	

The applicant hereby certifies that all soil erosion and sediment control measures are designed in accordance with those Standards and the plan as approved by the Soil Conservation District and agrees as follows:

1. To notify the District in writing at least 48 hours in advance of any land disturbance activity. Failure to provide such notification may result in additional inspection fees.
2. To notify the District upon completion of the Project (Note: No certificate of occupancy can be granted until a report of compliance is issued by the District.
3. To maintain a copy of the certified plan on the project site during construction. The applicant hereby acknowledges that structural measures contained in the Soil Erosion and Sediment Control Plan are reviewed for adequacy to reduce off-site soil erosion and sedimentation and not for adequacy of structural design. The applicant shall retain full responsibility for any damages which may result from any construction activity notwithstanding district certification of the subject soil erosion and sediment control plan. It is understood that approval of the plan submitted with this application shall be valid only for the duration of the initial project approval granted by the municipality. All municipal renewals of this project will require submission and approval by the district. In no case shall the approval extend beyond three and one half years at which time resubmission and certification will be required. Soil Erosion and Sediment Control Plan certification is limited to the controls specified in the plan. It is not authorization to engage in the proposed land use unless such use has been previously approved by the municipality or other controlling agency.
4. To allow District agents to go upon project lands for inspection.
5. That any conveyance of this project or portion thereof prior to its completion will transfer full responsibility for compliance with the certified plan to any subsequent owners.
6. To comply with all terms and conditions of this application and certified plan including payment of all fees prescribed by the district fee schedule hereby incorporated by reference.

1. Applicant Certification Signature SANG BAE KIM Date 2/20/07		2. Receipt of fee, plan and supporting documents is hereby acknowledged. Signature of District Official [Signature] Date 2/20/07	
3. Plan determined complete. Signature of District Official [Signature] Date 3/20/07		4. Plan certified, denied or other actions noted. Special Remarks: Signature of District Official [Signature] Date 3/20/07	



BERGEN COUNTY SOIL CONSERVATION DISTRICT

700 Kinderkarnack Road
Suite 106
Oradell, New Jersey 07649
Telephone (201) 261-4407
Fax (201) 261-7573

March 20, 2007

RE: Single Family Dwelling
32 Brookside Avenue
Block 14, Lot 759.02
Demarest, NJ
Our File #07-B8994

Sang Bae Kim
92 Forest Court
Closter, NJ 07624

Dear Mr. Kim:

Pursuant to N.J.S.A. 4:24-39 et seq., the N.J. Soil Erosion and Sediment Control Act, the Bergen County Soil Conservation District hereby certifies the Soil Erosion and Sediment Control Plan for the above referenced project, subject to the following:

1. That the applicant carries out all land disturbance activities in accordance with the Standards for Soil Erosion and Sediment Control in New Jersey as promulgated by the State Soil Conservation Committee.
2. The applicant must notify the District office, by mail, at least 48 hours prior to initial land disturbance.
3. The owner/applicant must obtain a District-issued Report of Compliance prior to issuance of any Certificate of Occupancy by the municipality. The District requires advance notice of at least one week for the issuance of a Report of Compliance.
4. Changes in the certified plan relating to, or that will effect land disturbance on the site, must be submitted to the District office for reevaluation and approval.
5. A copy of the certified plan and a copy of these provisions must be kept on the job site at all times.

Failure to comply with any of the above conditions may result in the issuance of a Stop Work Order.

This approval is limited to the soil erosion, sedimentation and related stormwater management controls specified in the plan. It is not authorization to engage in the proposed land use unless such has been previously approved by the municipality or other controlling agency.

Sincerely yours,

Ronald E. Binaghi
Ronald E. Binaghi
District Supervisor



BERGEN COUNTY SOIL CONSERVATION DISTRICT

700 Kinderkamack Road
Suite 106
Oradell, New Jersey 07649
Telephone (201) 261-4407
Fax (201) 261-7573

March 20, 2007

RE: Single Family Dwelling
32 Brookside Avenue
Block 14, Lot 759.02
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Our File #07-B8994

Sang Bae Kim
92 Forest Court
Closter, NJ 07624
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Sincerely yours,

Ronald E. Binaggio, Jr.
Ronald E. Binaggio, Jr.
District Supervisor

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition _____ Name of Code & Edition _____

Building _____ Other _____

Electrical _____ Energy _____

Plumbing _____ Barrier Free _____

Fire Protection _____ Flood Hazard _____

Mechanical _____ As Built Elevation Cert. _____

Other _____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



- UCC Construction Permit Application F100 ✓
- Certification in Lieu of Oath ✓
- Framing Checklist ✓
- Building (Final Approval, F110) ✓
- Fire (Final Approval, F140) ✓
- Electrical (Final Approval, F120) ✓
- Plumbing (Final Approval, F130) ✓
- Septic (Final Approval) ✓
- Well (Final Approval) ✓
- Soil Conservation (Final Approval) ✓

NOTE: As per N.J.A.C. 5:23-4.5(a)3, the New Home Warranty Program requires a copy of the following from the Municipal Enforcing Agency:

NECESSARILY.

Failure to have the home completed and in move in condition for the inspection may require the inspection to be rescheduled or the house to be re-inspected at a later date. An additional fee of .001 of the selling price will be assessed if a re-inspection is

If the inspection is to take place during the heating or cooling season, the proper system is to be activated the previous evening or early morning of the inspection. The thermostat should be set at 71 - 74 degree Fahrenheit.

The Claims Analyst that is assigned to perform the inspection will contact you directly to schedule the inspection. Please be sure that the home is in MOVE-IN CONDITION prior to the inspection. All utilities are to be in service and all appliances are to be hooked-up and in operation. If a pull-down stairway to the attic space has not been installed, a ladder is to be provided if an access panel exists.

I have received an application from you to have the new home located at the captioned address enrolled in the State of New Jersey New Home Warranty Security Fund. Prior to insuring your warranty, the New Home Warranty Program will perform an inspection of the property.

Dear Builder:

S & W CONSTRUCTION
C/O SANG BAE KIM
92 FOREST STREET
CLOSTER NJ 07624

NEW JERSEY BUILDER REG NO 42796

RE: JUN KYU CHOY
WARRANTED DWELLING LOCATION:
32 BROOKSIDE AVENUE
DEMAREST NJ 07627

RECEIVED
JUN 23 2008
BOROUGH OF DEMAREST

JUNE 23, 2008 (FAXED TO)

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JON S. CORZINE
Governor



1478902

- Retaining Wall (Final Approval) ✓
- Elevator (Final Approval, F150) ✓
- Piling Certification ✓
- Soil Report ✓

The New Home Warranty Program also requires a copy of the following from the County Enforcing Agency:

- Septic (Final Approval)
- Well (Final Approval)

It will be **NECESSARY** for the Builder to submit the above requested paperwork.

Any appliances, fixtures or equipment not covered by a manufacturer's warranty for at least one year from the warranty date must be replaced.

When an External Insulation and Finish System (EIFS) is used, the Builder must submit current certification from the Exterior Insulation Finish System (EIFS) Manufacturer and member of the EIFS Industry Manufacturer Association (EIMA) or equal to the applicator/installer of the EIFS (not distributor/supplier). The Builder shall submit a statement from the certified applicator/installer on their business letterhead certifying to their application/installation of the EIFS at the warranted dwelling here-in.

By copy of this letter, the Municipal Enforcement Agency is advised that pursuant to N.J.A.C. 5:25-2.24(b) and Department of Community Affairs bulletin 01-2 is required to have a validated warranty prior to the issuance of either a Temporary Certificate of Occupancy or permanent Certificate of Occupancy.

The claims analyst will issue an inspection report of observed warranty defects, if any. You are required to correct the identified defects prior to a warranty enrollment and the issuance of a Certificate of Participation in the New Home Warranty Security Fund.

Very truly yours,

Jay Pendleton, Supervisor

NEW HOME WARRANTY PROGRAM
Claims Administration/Enrollment
Bureau of Homeowner Protection

JP/KR

C: Municipal Enforcement Agency - Demarest
Fax# 201-768-2581

PO BOX 805, TRENTON, NJ 08625-0805
PHONE 609-633-6293
FAX (609) 984-7954

BOROUGH OF DEMAREST

DATE: 4/11/07

MEMO TO: Edward Rossi, Construction Official

FROM: George Reggo, Tax Assessor

RE: COAH - Developer's Fee

Borough Ordinance # 841

BLOCK: 14 LOT: 759.02

PROPERTY LOCATION: 32 Brookside

The above referenced property requires PARTIAL collection of Development Fees in the amount of \$625.00 at the time permits are issued.

The final equalized value will be determined at project completion. Please notify the Assessor's office once final inspections have been requested.

WORKSHEET

Initial Estimated Equalized Assessment: 250,000.00

1/2 of 0.5 percent

Final Equalized Assessment: 680,500 (3402.5)

1/2 of 0.5 percent

Initial Payment: 625.00

Final Amount DUE: 338.00

Handwritten notes: 7/2/08, 490, 2777, 338.00

Handwritten notes: Parcel 512, 108, 490



Winklin
6/17/08

Certificate of Participation in the New Home Warranty Security Fund

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
PO Box 805
Trenton, NJ 08625-0805



Owner Check if for Common Elements*
 Name of Owner who will be first resident: JUN KYU CHOI
 *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.

3 New Dwelling Location
 Street Name and Number: 32 BROOKSIDE AVE
 Building Number: 1 Unit Number: 1 Total Number of Units in Building: 1
 City: DEMARREST Zip Code: NI 07627
 Block Number: 14 Lot Number: 759.02
 Municipality: DEMARREST County: BERGEN

4 Commencement Date of Warranty 07/29
 Commencement Date: 6/30/08
 *The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.

6 FHA Mortgage
 Check if FHA Mortgage
 Check if VA Mortgage
 VA Case Number: _____
 FHA Case Number: _____

7 Exclusions
 Check if exclusion sheet is included.
FE & HSPS/JP

8 Building Type (check one)
 Single family detached (101)
 Condominium - three or four units in each building (104)
 Condominium - five or more units in each building (105)
 Top/Bottom
 Side by Side
 Two Family (103)
 Townhouse (102)

9 Construction Type (check one)
 Remanufactured (Industrial or modular) (M)
 Conventional Construction (C)

10 Stories
 Number of stories: 2

11 Owner Type (check one)
 No Homeowners' Association - fee simple (N)
 Homeowners' Association - fee simple (H)
 Condominium or Cooperative (C)

12 PRED
 PRED Registration or Exemption Number (R or E): N/A

2 Registered Builder-Warrantor**
 Name: S&W CONSTRUCTION
 Street and Number (Mailing Address): 92 FOREST ST
 City: CLOSTER State: NJ Zip Code: 07624
 Phone Number: (201) 784-8828, 421-6021
 NJ Builder Registration Number: 42296
 Print Builder Name: SAN G BAE KIM
 Registered Builder's Signature: _____
 **Where title is transferred, the seller must be the registered builder and warrantor.

5 Premium Payment
 Selling Price: 999,000
 Amount of Premium: \$ 3186.81
 (Rate: 0.00319 x Selling Price)
 *Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable. A premium payment is not required if this certificate is for common elements in a condominium development.
 Check if house is constructed on owner's lot. Then calculate warranty premium as follows:
 Total Contract Price: _____
 For Office Use Only: _____
 Amount of Premium \$: _____
 (1.25 x Total Contract Price x Rate)

3, 4, and 5 on this certificate must be reported to the New Home Warranty Program within 45 days from its receipt. Your Builder/Warrantor must give you a Homeowner's Booklet with this certificate. If you did not receive it, write to the above address.

Note to Owner:
 Any disagreement with information in blocks 1, 3, 4, and 5 on this certificate must be reported to the New Home Warranty and Builders' Registration Act, N.J.S.A. 46:3B-1 et seq.
 This certificate is not valid if the dwelling is not a new home as defined in N.J.A.C. 5:23-1.3. The dwelling is not a new home if it is built on any portion of a foundation that once supported a structure that no longer exists or that has been renovated.

VALIDATION STAMP
 CERTIFICATE NUMBER: 190230 JUN 18 08
 WARRANTY NUMBER: _____

MUNICIPAL COPY

OWNER AGENT

OWNERS/AGENT

SIGNED: _____

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

DESCRIPTION OF WORK/USE:

RESIDENTIAL CONSTRUCTION FAMILY HOUSE

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

(include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

USE GROUP R5 Previous \$ 320,000 Current _____
FINAL COST OF CONSTRUCTION:

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

ACTION

Owner in Fee JUN KYU CHOI Address 32 BROOKSIDE AVE Tel. (201) 982-3884
 Contractor S & W CONSTRUCTION Address 92 FOREST ST License No. 42796 Federal Employee No. 087-64-6464
14 Block 14 Lot 759.02 Qualification Code _____

Permit # _____
 Date Issued _____
 Control # _____
 Certificate Application Received: _____
 Certificate Issued: _____

IDENTIFICATION

APPLICATION FOR
CERTIFICATE



OWNER AGENT

OWNERS/AGENT

SIGNED: _____

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

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(include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

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USE GROUP R5 R5

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

ACTION

Owner in Fee: JUN KYU CHOI Address: 32 BROOKSIDE AVE Tel: (201) 982-3884
 Address: 92 FOREST ST Address: CLOSTER NJ 07624 License No. 42796 Federal Employee No. 087-64-6464
 Contractor: S & W CONSTRUCTION Tel: (201) 784-8828

Work Site Location 32 BROOKSIDE AVE Block 14 Lot 759.02 Qualification Code _____

IDENTIFICATION

Permit # _____
 Date issued _____
 Control # _____
 Certificate Application Received: _____
 Certificate issued: _____

APPLICATION FOR CERTIFICATE



OWNER AGENT

OWNER/AGENT

SIGNED: _____

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

DESCRIPTION OF WORK/USE:

RESIDENTIAL CONSTRUCTION FAMILY HOUSING

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

(include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

USE GROUP R5 Previous R5 Current R5
 FINAL COST OF CONSTRUCTION: \$ 320,000

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

ACTION

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