

CITY COUNCIL

The City of Orange Township, New Jersey

DATE March 5, 2024

NUMBER 154-2024

TITLE: **A RESOLUTION OF THE MUNICIPAL COUNCIL OF THE CITY OF ORANGE TOWNSHIP, COUNTY OF ESSEX, STATE OF NEW JERSEY, AUTHORIZING A REFUND OF \$26,245.00 IN EXCESS FEES PAID BY FREEMAN ORANGE HOLDINGS LLC WITH RESPECT TO CONSTRUCTION PERMITS AND RELATED CERTIFICATES ISSUED FOR 606 FREEMAN STREET, BLOCK 5002, LOT 4, ORANGE, NEW JERSEY.**

WHEREAS, Freeman Orange Holdings LLC ("FOH") is the owner of real property designated on the Official Tax Maps of the City of Orange Township ("City") as Block 5002, Lot 4, more commonly known as 606 Freeman Street, which is currently under development as a multi-family residential building ("Project"); and,

WHEREAS, due to errors within software previously used by the City, FOH overpaid certain fees for construction permits and related certificates issued for the Project; and,

WHEREAS, as a result of that overpayment, FOH is now entitled to a refund of \$26,245.00; and,

WHEREAS, the City's Chief Financial Officer has prepared the necessary Certificate of Availability of Funds certifying that, contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2024 Budget, there will be sufficient funds for this purpose in the applicable budget account.

NOW, THEREFORE, BE IT RESOLVED BY THE MUNICIPAL COUNCIL OF THE CITY OF ORANGE TOWNSHIP, COUNTY OF ESSEX, STATE OF NEW JERSEY, that payment to Freeman Orange Holdings LLC, for excess construction permit and related fees paid to the City, is hereby approved in an amount not to exceed \$26,245.00.

Adopted: **March 5, 2024**

Joyce Lanier
City Clerk

Tency Eason
Council President


A. Meredith
CITY ATTORNEY



City of Orange Township
29 N. Day Street
Orange, NJ 07050

Permit Number 22-0210
Update Number 0
Control Number C-22-0293
Application Date: 04/29/2022
Permit Date: 05/18/2022

CONSTRUCTION PERMIT INVOICE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 5002	Lot: 4	Qualification Code:
Work Site Location: 606 FREEMAN ST CITY OF ORANGE TWP, NJ 07050		Contractor: LJ REYNOLDS CONSTRUCTION CO
Owner In Fee: FREEMAN ORANGE HOLDINGS LLC		Address: 562 MORNINGSIDE ROAD RIDGEWOOD, NJ, 07450
Address: 188 E FRANKLIN TPKE HO HO KUS, NJ 07423		Telephone: (201) 345-3129
Telephone:		Lic. No./Bldrs. Reg No.:
Use Group(s): R-2		Federal Emp. No.: 271390871

Is hereby granted permission to perform the following work:

- | | | |
|---|---|-------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT
<small>(Subchapter 8 only)</small> | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

DESCRIPTION OF WORK:
NEW CONSTRUCTION OF 103 APARTMENT UNITS 87 PARKING SPACES

TOTALS	(Office Use Only)
Building	\$10,190.00
Electrical	\$37,295.00
Plumbing	\$62,520.00
Fire Protection	\$12,733.00
Elevator Devices	\$0.00
Mechanical	\$0.00
DCA Fees	\$8,753.00
Other Fees	\$0.00
Certificate Fees	\$13,149.00
Amount Waived	\$0.00
AMOUNT DUE	\$144,640.00

ESTIMATED COST OF WORK:

Cost of Construction:	\$10,000,000.00
Cost of Rehabilitation:	\$4,605,385.00
Cost of Demolition:	\$0.00
Total Cost:	\$14,605,385.00

Received By	Payment Type	Check #	Receipt #
Date			Amount
Towana Pierce			R-22-00301-B
05/18/2022	Credit Card		\$144,640.00
TOTAL:			\$144,640.00

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.

05/18/2022

Construction Official



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-900-272-1000.

Block 5002 Lot 4 Qualification Code _____
Work Site Location 606 FREEMAN ST

City of Orange Twp, NJ 07050
Owner in Fee: FREEMAN ORANGE HOLDINGS LLC

Tel. _____ e-mail _____
Address 188 E FRANKLIN TPKE, HO HO KUS, NJ 07423

Contractor: LJ REYNOLDS CONSTRUCTION CO Tel. (201) 345-3129 29 code
Address 562 MORNINGSSIDE ROAD e-mail _____
RIDGEWOOD, NJ 07450

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 271390871 FAX: _____

JOB SUMMARY (Office Use Only) PLAN REVIEW

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

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed 5
No. of Stories 5
Height of Structure 55 ft.
Area — Largest Floor 32090 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 1 cu. ft.
Max. Live Load 100
Max. Occupancy Load 676

Constr. Class Present _____ Proposed _____
If Industrialized Building: State Approved _____ HUD _____
Est. Cost of Bldg. Work: \$ _____
1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ _____

U.C.C. F110 (rev. 1/09)

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.

Date Received 4/29/2022
Control # C-22-0283
Date Issued 5/18/2022
Permit # 22-0210

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW CONSTRUCTION OF 103 APARTMENT UNITS 87 PARKING SPACES

TYPE OF WORK:	FEE (Office Use Only)
<input checked="" type="checkbox"/> New Building	\$ 500.00
<input type="checkbox"/> Addition	0.00
<input type="checkbox"/> Rehabilitation	0.00
<input type="checkbox"/> Roofing	0.00
<input type="checkbox"/> Siding	0.00
<input type="checkbox"/> Fence _____ Height (exceeds 6')	0.00
<input type="checkbox"/> Sign _____ Sq. Ft.	0.00
<input type="checkbox"/> Pool	0.00
<input type="checkbox"/> Retaining Wall _____ Sq. Ft.	0.00
<input type="checkbox"/> Asbestos Abatement Subchapter 8	0.00
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	0.00
<input type="checkbox"/> Radon Remediation	0.00
<input type="checkbox"/> Other _____	0.00
<input type="checkbox"/> Demolition	0.00

Administrative Surcharge \$	0.00
Minimum Fee \$	500.00
State Permit Surcharge Fee \$	1.00
TOTAL FEE \$	501.00

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

Handwritten notes: "1 minute" and "42-02-1"



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 5002 Lot 4 Qualification Code
Work Site Location 606 FREEMAN ST
CITY OF ORANGE TWP, NJ 07050

Owner in Fee: FREEMAN ORANGE HOLDINGS LLC

Tel: 188 E FRANKLIN TPKE, HO HO KUS, NJ 07423 e-mail
Address

Contractor: GREGORY CONDON Tel: (973) 445-4901 Zip code

Address 405 F STREET e-mail
CASSELBERRY, NJ 32707

Contractor License No. 368101181600 Exp. Date 6/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS Use Group Present Proposed R-2

Building Sewer Size Public Sewer Private Saptic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 1,495,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Failure	Approval
<input type="checkbox"/> No Plans Required	Slab		
<input type="checkbox"/> Partial -Understals Utilities Approved	Rough		
<input type="checkbox"/> Plumbing Plans Approved	Water		
Date: Approved by:	Sewer		
Joint Plan Review Required:	Fixtures		
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev	Gas Equipment		
SUBCODE APPROVAL FOR PERMIT	Gas Piping		
Date: 02/25/2022	LP Gas Tank		
Approved by: RO	Fuel Oil Piping		
SUBCODE APPROVAL FOR CERTIFICATE	Solar		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO		
Date:	Final		
Approved by:			

U.C.C. P130 (rev. 1/107) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:
Print name here: [] Licensed Plumbing Contractor [] Exempt Applicant

Date Received 4/29/2022
Control # C-22-0293
Date Issued 5/18/2022
Permit # 22-0210

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW CONSTRUCTION OF 103 APARTMENT UNITS 87 PARKING SPACES

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
105	Water Closet	2,100.00
0	Urinal/Bidet	0.00
103	Bath Tub	2,060.00
141	Lavatory	2,820.00
105	Shower	2,100.00
132	Floor Drain	2,840.00
105	Sink	2,100.00
103	Dishwasher	2,060.00
0	Drinking Fountain	0.00
103	Washing Machine	2,060.00
4	Hose Bibb	80.00
105	Water Heater	10,500.00
0	Fuel Oil Piping	0.00
3	Gas Piping	60.00
0	LP Gas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
1	Backflow Preventor	20.00
0	GreaseTrap	0.00
1	Sewer Connection	100.00
1	Water Service Connection	100.00
6	Stacks	120.00
0	Other	0.00

Administrative Surcharge	\$ 0.00
Minimum Fee	\$ 28,920.00
State Permit Surcharge Fee	\$ 2,841.00
TOTAL FEE	\$ 31,761.00

1/20/24
2,841



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 5002 Lot 4 Qualification Code

Work Site Location: 606 FREEMAN ST
CITY OF ORANGE TWP, NJ 07050
FREEMAN ORANGE HOLDINGS LLC

Owner In Fee: _____ e-mail _____
Address: 188 E FRANKLIN TPKE, HO HO KUS, NJ 07423

Contractor: KIK ELECTRIC INC e-mail _____ Tel. _____
Address: 713 NEW BRUNSWICK AVENUE RAHWAY, NJ 07065 zip code _____

Contractor License No. 34EB016058900 Exp. Date 3/31/2021
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed R-2
 Pole/Pad # _____ Temporary Other
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 873,625.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required						
<input type="checkbox"/> Partial -Underlab Utilities Approved		Rough				
Date: _____ Approved by: _____		Barrier-Free				
<input type="checkbox"/> Electric Plans Approved		Trench				
Date: _____ Approved by: _____		Temp. Serv.				
<input type="checkbox"/> Joint Plan Review/Required:		Constr. Serv.				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plum. <input type="checkbox"/> Fire <input type="checkbox"/> Elev.		TCO				
<input type="checkbox"/> Other _____		Service				
SUBCODE APPROVAL for PERMIT		Final				
Date: 03/21/2022		Barrier-Free				
Approved by: _____ Rp. _____						
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-t-Card Date Issued				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final Cut-t-Card Date Issued				
Date: _____		Annual Pool Inspection				
Approved by: _____		Date of Grounding and Bonding				

U.C.C. F120 (rev. 11/05) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:
Date Received 4/29/2022
Control # C-22-0293
Date Issued 5/18/2022
Permit # 22-0210

D. TECHNICAL SITE DATA
Print name here: _____
[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant
DESCRIPTION OF WORK: NEW CONSTRUCTION OF 103 APARTMENT UNITS 87 PARKING SPACES

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2246		Lighting Fixtures	
2764		Receptacles	
1530		Switches	
264		Detectors	
2		Light Poles	
218		Motors—Fract. HP	
58		Emergency & Exit Lights	
1		Communications Points	
7083		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ 11,785.00
103	6.8	Pool Permit/with UV Lights	0.00
103	0.85	Storable Pool/Spa/Hot Tub	0.00
103	0.5	KW Elec. Range/Receptacle	2,060.00
103	3.88	KW Elec. Water Heater	2,060.00
103	0.72	KW Elec. Dryer/Receptacle	2,060.00
1	6.42	HP Dishwasher	20.00
107	3.6	HP Garbage Disposal	2,140.00
103	1.5	KW Central A/C Unit	2,060.00
107	3.6	HP/KW Space Heater/Air Handler	2,060.00
107	3.6	KW Baseboard Heat	2,140.00
1	100	HP Motors 1/+ HP	150.00
1	4000	KW Transformer/Generator	600.00
108	200	AMP Service	8,100.00
		AMP Subpanels	0.00
		AMP Motor Control Center	0.00
		KW Elec. Sign/Outline Light	0.00

Administrative Surcharge \$	0.00
Minimum Fee \$	37,295.00
State Permit Surcharge Fee \$	1,660.00
TOTAL FEE \$	39,955.00

9/15
1/30/2
9/15



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 5002 Lot 4 Qualification Code

Work Site Location 606 FREEMAN ST
CITY OF ORANGE TWP, NJ 07050
Owner In Fee: FREEMAN ORANGE HOLDINGS LLC

Tel: _____ e-mail _____
Address 188 E FRANKLIN TPKE, HO HO KUS, NJ 07423
Contractor: KLK ELECTRIC INC. municipality _____ Tel: _____ zip code _____
Address 713 NEW BRUNSWICK AVENUE c-mail _____
RAHWAY, NJ 07065

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed R-2 _____ Fuel Storage Tank:
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible
Capacity _____

Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing
OR [] Conversion OR [] Replacement Location of Panel: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System:
[] Other _____ Location of Main Control Valve: _____

Location: _____ Total Cost of Fire Protection Work \$ 280,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Approval	Initial
[] No Plans Required	Type:			
[] Partial - Understap Utilities Approved	Alarm System			
[] Fire Protection Plans Approved	Suppression Sys.			
Date: _____ Approved by: _____	Standpipe			
Joint Plan Review Required:	Fire Pump			
[] Bldg. [] Elec. [] Plumb. [] Elev.	Pre-Evg. System			
Subcode Approval <u>9/15/2022</u> PERMIT	Mechanical			
Date: _____	Smoke Control			
Approved by: _____ TA	TCO			
Subcode Approval for CERTIFICATE	Flam/Combust Tanks			
[] CO [] CCO [] CA	Fireplace Venting			
Date: _____	Other			
Approved by: _____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____

Date Received 4/29/2022
Control # C-22-0293
Date Issued 5/18/2022
Permit # 22-0210

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK: NEW CONSTRUCTION OF 103 APARTMENT UNITS
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

APRMS

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems	0	\$0.00
[] System		
[X] 110v Interconnected	37	\$740.00
[] CO Detectors/110v	419	\$8,380.00
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	\$0.00
Supervisory Devices (e.g., tamper, low/high ar)	673	\$1,060.00
Signaling Devices (i.e., horns/strobes, bells)	0	\$0.00
Other Devices	0	\$0.00
TOTAL	1129	\$10,180.00

Suppression Systems	NUMBER	FEE (Office Use Only)
Fire Pump _____ GPM Type _____	0	\$0.00
Dry Pipe/Alarm Valves	0	\$0.00
Pre-action Valves	0	\$0.00
Sprinkler Heads (Dry and Wet)	0	\$0.00
Standpipes	0	\$0.00
Pre-engineered Systems	0	\$0.00
Wet Chemical	0	\$0.00
Dry Chemical	0	\$0.00
CO ₂ Suppression	0	\$0.00
Foam Suppression	0	\$0.00
FM200 Suppression	0	\$0.00
Other _____	0	\$0.00
Other Systems	0	\$0.00
Kitchen Hood Exhaust System	0	\$0.00
Smoke Control System	0	\$0.00
Fuel-Fired Appliances [] Gas [] Oil [] Solid	0	\$0.00
Fireplace Venting/Metal Chimney	0	\$0.00
Other _____	0	\$0.00

Administrative Surcharge \$	10,180.00
Minimum Fee \$	532.00
State Permit Surcharge Fee \$	10,712.00
TOTAL FEE \$	

U.C.C. F-40 (Rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

1/30/24

9,369



FIRE PROTECTION SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block 5002 Lot 4 Qualification Code _____
Work Site Location 606 FREEMAN ST

Owner In Fee: FREEMAN ORANGE HOLDINGS LLC
CITY OF ORANGE TWP, NJ 07050

Tel: _____ e-mail _____
Address 188 E FRANKLIN TPKE, HO HO KUS, NJ 07423
Contractor: AAA FIRE PROTECTION municipality _____ Tel: (973) 678-3473
Address 459 TOMPKINS PL e-mail _____
ORANGE, NJ 07050

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. P00458 Exp Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 223658327 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS
Uses Group: Present _____ Proposed R-2
Const. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing
OR [] Conversion OR [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location of Main Control Valve: _____

Location: _____ Total Cost of Fire Protection Work \$ 247,760.00
JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
[] Partial -Understate Utilities Approved
Date: _____ Approved by: _____
[] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required: _____
[] Bldg. [] Elec. [] Plumb. [] Elev.
SUBCODE APPROVAL PERMIT
Date: 04/25/2022
Approved by: TA
SUBCODE APPROVAL FOR CERTIFICATE
[] CO [] CCO [] CA
Date: _____ Approved by: _____ Other _____

INSPECTIONS	Type:	Failure	Failure	Approval	Initial
Alarm System	Suppression Sys.	Standpipe	Fire Pump	Pre-Eng. System	Mechanical
Smoke Control	TCO	Farm/Combust. Tanks	Fireplace Venting	Final	Other
Dates (Month/Day)					

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor _____
Print name here: _____
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: NEW CONSTRUCTION OF 103 APARTMENT UNITS
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
[X] System	0	\$0.00
[] 110v Interconnected	0	\$0.00
[] CO Detectors/110v	0	\$0.00
Alarm Devices (i.e., smoke, heat, puls, waterflow)	7	\$100.00
Supervisory Devices (i.e., tamper, low/high air)	13	\$260.00
Signaling Devices (i.e., horns/strobes, bells)	0	\$0.00
Other Devices	0	\$0.00
TOTAL	20	\$360.00

Suppression Systems	NUMBER	FEE (Office Use Only)
Fire Pump _____ GPM Type _____	0	\$0.00
Dry Pipe/Alarm Valves	1	\$100.00
Pre-action Valves	0	\$0.00
Sprinkler Heads (Dry and Wet)	1505	\$1,343.00
Standpipes	2	\$600.00
Pre-engineered Systems	0	\$0.00
Wet Chemical	0	\$0.00
Dry Chemical	0	\$0.00
CO ₂ Suppression	0	\$0.00
Foam Suppression	0	\$0.00
FM200 Suppression	0	\$0.00
Other _____	0	\$0.00
Other Systems	0	\$0.00
Kitchen Hood Exhaust System	0	\$0.00
Smoke Control System	0	\$0.00
Fuel-Fired Appliances [] Gas [] Oil [] Solid	0	\$0.00
Fireplace Venting/Alar Chimney	0	\$0.00
Other _____	0	\$0.00

Administrative Surcharge \$	0.00
Minimum Fee \$	2,403.00
State Permit Surcharge Fee \$	471.00
TOTAL FEE \$	2,874.00

1588 + tracked r/mo
Permit 1/3/24



BUILDING SUBCODE TECHNICAL SECTION



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

Block 5002 Lot 4 Qualification Code _____
Work Site Location 506 FREEMAN ST

City of ORANGE TWP, NJ 07050
Owner In Fee: FREEMAN ORANGE HOLDINGS LLC

Tel. _____ e-mail _____
Address 188 E. FRANKLIN TPKE, HO HO KUS, NJ 07423 zip code _____

Contractor: ECHOLON SERVICES, LLC Tel. (973) 250-4090
Address 180 MUNSONHURST RD e-mail JASON@ECHOLON-SERVICES.NET

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 80-0300766 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required	Type:	Failure	Approval
<input type="checkbox"/> All	Footings		
<input type="checkbox"/> Footings/Foundations	Footings/Bonding		
<input type="checkbox"/> Structural/Framework	Foundation		
<input type="checkbox"/> Exterior	Slab		
<input type="checkbox"/> Interior	Frame		
	Truss Sys./Bracing		
	Barrier-Free		
Joint Plan Review Required:	Insulation		
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Finishes - Base Layer		
SUBCODE APPROVAL FOR PERMIT	Finishes - Final		
Date: <u>04/05/2022</u>	Energy		
Approved by: _____ PA	Mechanical		
SUBCODE APPROVAL FOR CERTIFICATE	TCO		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Other		
Date: _____	Final		
Approved by: _____	Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	R-2	Proposed
No. of Stories	5	Constr. Class Present	Proposed
Height of Structure	55 ft.	If Industrialized Building:	
Area - Largest Floor	32090 sq. ft.	State Approved	HUD
New Bldg. Area/All Floors	0 sq. ft.	Est. Cost of Bldg. Work:	
Volume of New Structure	0 cu. ft.	1. New Bldg.	\$ 0.00
Max. Live Load	100	2. Rehabilitation	\$ 285,000.00
Max. Occupancy Load	676	3. Total (1 + 2)	\$ 285,000.00

U.C.C. F110 (rev. 1/109)

Date Received 4/29/2022
Control # C-22-0283
Date Issued 5/18/2022
Permit # 22-0210

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DUCT WORK FOR HVAC

TYPE OF WORK:

<input type="checkbox"/> New Building	FEE (Office Use Only)	0.00
<input type="checkbox"/> Addition		0.00
<input checked="" type="checkbox"/> Rehabilitation		9,690.00
<input type="checkbox"/> Roofing		0.00
<input type="checkbox"/> Siding		0.00
<input type="checkbox"/> Fence	Height (exceeds 6')	0.00
<input type="checkbox"/> Sign	0 Sq. Ft.	0.00
<input type="checkbox"/> Pool		0.00
<input type="checkbox"/> Retaining Wall	0 Sq. Ft.	0.00
<input type="checkbox"/> Asbestos Abatement Subchapter 8		0.00
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17		0.00
<input type="checkbox"/> Radon Remediation		9.00
<input type="checkbox"/> Other		0.00
<input type="checkbox"/> Demolition		0.00

Administrative Surcharge \$	0.00
Minimum Fee \$	9,690.00
State Permit Surcharge Fee \$	542.00
TOTAL FEE \$	10,232.00

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 5002 Lot 4 Qualification Code _____
Work Site Location 606 FREEMAN ST

Owner In Fee: CITY OF ORANGE TWP, NJ 07090
FREEMAN ORANGE HOLDINGS LLC

Tel. _____ e-mail _____
Address 188 E FRANKLIN TPKE, HO HO KUS, NJ 07423

Contractor: ECHELON SERVICES, LLC
Address 180 MUNSONHURST RD FRANKLIN, NJ

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 80-0300766 FAX: _____
Use Group Present _____ Proposed R-2 Private Septic _____

Building Sewer Size _____ Public Sewer _____ Private Well _____
Water Service Size _____ Public Water _____
Est. Cost of Plumbing Work \$ 1,224,000.00

B. PLUMBING CHARACTERISTICS

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Partial - Underslab Utilities Approved
 Date: _____ Approved by: _____
 Plumbing Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required:
 Bldg. Elec. Fire. Elev.
 SUBCODE APPROVAL for PERMIT
 Date: _____ Approved by: RO
 SUBCODE APPROVAL for CERTIFICATE
 CO CCO CA
 Date: _____ Approved by: _____

INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
Type: Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LP Gas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____

U.C.C. F.130 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received 4/29/2022
Control # C-22-0293
Date Issued 5/18/2022
Permit # 22-0210

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:
Print name here: _____

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
240 AIRHANDLERS 1 RTU

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LP Gas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Grease trap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Stacks	0.00
720	Other SEE BELOW	33,600.00

Air Handler, Condensation Line, Coil

Administrative Surcharge \$	0.00
Minimum Fee \$	33,600.00
State Permit Surcharge Fee \$	2,328.00
TOTAL FEE \$	35,928.00

1/30/24
Overpayment - \$1,376



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 5002 Lot 4 Qualification Code _____
Work Site Location 606 FREEMAN ST

Owner in Fee: CITY OF ORANGE TWP, NJ 07050
FREEMAN ORANGE HOLDINGS LLC

Tel. _____ e-mail _____

Address 188 E FRANKLIN TPKE, HO HO KUS, NJ 07423

Contractor: ECHÉLON SERVICES, LLC Tel. (973) 250-4090

Address 180 MUNSONHURST RD e-mail JASON@ECHELON-

FRANKLIN, NJ

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 80-0300766 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R-2 Fuel Storage Tank: _____

Const. Class: Present _____ Proposed _____ Fuel Type: Flammable or Combustible

Heating System: New OR Modification to Existing Replacement OR Conversion OR Electric Solar

Fuel Type: Gas Oil Electric Other _____

Location: _____

Total Cost of Fire Protection Work \$ 200,000.00

INSPECTIONS

PLAN REVIEW

No Plans Required

Partial - Underlab - Utilities Approved

Date: _____ Approved by: _____

Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

Bldg. Elec. Plumb. Elev.

SUBCODE APPROVAL 04/25/2022 PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

Date: _____ Approved by: _____

U.C.C. F149 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received 4/29/2022
Control # C-22-0293
Date Issued 5/18/2022
Permit # 22-0210

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant/Contractor sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA Certified Contractor Exempt Applicant

DESCRIPTION OF WORK: HVAC

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems	0	\$0.00
<input type="checkbox"/> System		
<input type="checkbox"/> 110v Interconnected		
<input type="checkbox"/> CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, waterflow)	0	\$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	\$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	\$0.00
Other Devices	0	\$0.00
TOTAL	0	\$0.00
Suppression Systems		
Fire Pump _____ GPM Type _____	0	\$0.00
Dry Pipe/Alarm Valves	0	\$0.00
Pre-action Valves	0	\$0.00
Sprinkler Heads (Dry and Wet)	0	\$0.00
Standpipes	0	\$0.00
Pre-engineered Systems	0	\$0.00
Wet Chemical	0	\$0.00
Dry Chemical	0	\$0.00
CO ₂ Suppression	0	\$0.00
Foam Suppression	0	\$0.00
FM200 Suppression	0	\$0.00
Other _____	0	\$0.00
Other Systems		
Kitchen Hood Exhaust System	0	\$0.00
Smoke Control System	0	\$0.00
Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid _____	2	\$150.00
Fireplace Venting/Metal Chimney	0	\$0.00
Other _____	0	\$0.00
Administrative Surcharge \$		0.00
Minimum Fee \$		150.00
State Permit Surcharge Fee \$		380.00
TOTAL FEE \$		530.00

1/2/22
2/2/22
3/2/22



PERMIT UPDATE

Date Update Issued 5/18/2022
 Control # C-22-859+A
 Permit # 22-0124+A

IDENTIFICATION Block: 5002 Lot: 3.01 Qualifier _____
 Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050 Contractor FREEMAN ORANGE HOLDINGS LLC
 Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423
 Owner in Fee FREEMAN ORANGE HOLDINGS LLC Telephone: _____
188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423 Lic. No. or Bldrs. Reg. No. _____
 Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT
(Subchapter 8 only) | <input type="checkbox"/> OTHER |

DESCRIPTION OF WORK:

NEW CONSTRUCTION NEW CONSTRUCTION- 103 UNITS & 87 PARKING SPACES

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
 Estimated Cost of Work \$12,648,625

 Construction Official Date 5/18/2022

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR **2 CANARY - OFFICE** **3 PINK - TAX ASSESSOR** **4 GOLD - APPLICANT**

PAYMENTS (Office Use Only)

Building	\$500
Electrical	\$29,800
Plumbing	\$28,920
Fire Protection	\$1,343
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$11,807
Total	\$72,370
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation, rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and for air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment, electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/21/2022
Control # C-22-859+A
Date Issued 5/18/2022
Permit # 22-0124+A

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 5002 Lot 3.01 Qualification Code _____
Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050

Owner in Fee: FREEMAN ORANGE HOLDINGS LLC
Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423
Tel. _____ Email _____
Contractor: LJ REYNOLDS CONSTRUCTION CO
Address 562 MORNINGSIDE ROAD RIDGEWOOD NJ 07450
Tel. (201) 345-3129 Fax _____ Exp. _____
Contractor License No. or, if new home, Bkrs Reg. No. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 271390871

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

B. BUILDING CHARACTERISTICS

Use Group _____ Present _____ Proposed R-2 If Industrial Building: _____ State Approved _____
 Constr. Class _____ Present _____ Proposed _____ HUD _____

Number of Stories 5 _____
 Height of Structure 55 _____ Ft.
 Area - Largest Floor 1 _____ Sq. Ft.
 New Bldg. Area / All Floors 1 _____ Sq. Ft.
 Volume of New Structure 1 _____ Cu. Ft.
 Total Land Area Disturbed 1 _____ Sq. Ft.

Est. Cost of Bldg. Work:
 1. New Bldg. \$10,000,000
 2. Rehabilitation _____
 3. Total (1+2) \$10,000,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____
Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW CONSTRUCTION, NEW CONSTRUCTION- 103 UNITS & 87 PARKING SPACES

TYPE OF WORK

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

FEE (Office Use Only)

\$500

Administrative Surcharge _____
 Minimum Fee _____
 State Permit Surcharge Fee _____
TOTAL FEE \$500

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



FIRE SUBCODE TECHNICAL SECTION



Date Received 12/21/2022
 Control # C-22-859+A
 Date Issued 5/18/2022
 Permit # 22-0124+A

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application

Applicant's Signature/Contractor's Seal and Signature and Printed Name
 Certified Contractor Exempt Applicant

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK
NEW CONSTRUCTION, NEW CONSTRUCTION- 103 UNITS & 87 PARKING SPACES
Water Supply Sources
 Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
<input checked="" type="checkbox"/> System		
<input type="checkbox"/> 110v Interconnected		
<input type="checkbox"/> CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, waterflow)	<u>673</u>	
Supervisory Devices (tamper, low/high air)	<u>37</u>	
Signaling Devices (horn/strobes, bells)	<u>419</u>	
Other Devices		
TOTAL	1129	\$1,343.00
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		
Fire Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		
TOTAL FEE		\$1,343

Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050

Owner in Fee: FREEMAN ORANGE HOLDINGS LLC
 Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423 Email _____
 Tel _____
 Contractor KLK ELECTRIC INC Tel _____
 Address 713 NEW BRUNSWICK AVENUE RAHWAY NJ 07065 Email _____
 Fire Protection Equipment, NJ Div of Fire Safety Permit No _____
 Fire Protection Equipment, NJ Div of Fire Safety Installer No _____
 Fire Alarm Contractor No _____ Expiration Date _____
 Home improvement Contractor Registration No. or Exemption Reason(s) applicable) _____
 Federal Employee No _____ Fax _____

B. FIRE PROTECTION CHARACTERISTICS
 Use Group Present _____ Proposed _____ **Fuel Type:** Flammable or Combustible
 Capacity _____
 Constr. Class Present _____ Proposed _____
 Heating Systems New or Modification to Existing New or Existing
 or Conversion or Replacement
 Type: Gas Oil Electric Solar
 Other _____
 Location: _____
Fuel Storage Tank:
 Fuel Type Flammable or Combustible
 Capacity _____
 Fire Alarm System New or Existing
 Location of Panel: _____
 Fire Suppression/Standpipe System:
 New or Existing
 Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$280,000

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Failure	Approva	n,ta
<input type="checkbox"/> No Plan Required			Alarm System						
<input type="checkbox"/> Partial Underlab Utilites Approved			Suppression Sys.						
Date: _____ by _____			Standpipe						
<input type="checkbox"/> Fire Protection Plans Approved			Fire Pump						
Date: _____			Pre-Eng. System						
Approved by _____			Mechan ca						
<input checked="" type="checkbox"/> Building			Smoke Control						
<input checked="" type="checkbox"/> Electrical			TCO						
<input checked="" type="checkbox"/> Plumbing			Flam/Cumbust Tank						
<input checked="" type="checkbox"/> Elevator			Fireplace Venting						
SUBCODE APPROVAL for PERMIT			Final						
Date: _____			Other						
Approved by _____									
SUBCODE APPROVAL for CERTIFICATE									
Date: _____									
Approved by _____									



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 5002 Lot 3.01 Qualification Code _____

Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050

Owner in Fee: FREEMAN ORANGE HOLDINGS LLC

Address 188 E FRANKLIN TURNPIKE, HOKAUS NJ 07423

Tel. _____ Email _____

Contractor: GREGORY CONDON

Address 405 F STREET CASSELBERRY FL 32707

Tel. (973) 445-4901 Fax _____

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

Contractor License No. 36B101181600 Expiration Date: 6/30/2023

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-2

Building Sewer Size _____ Public Sewer Private Septic

Water Service Size _____ Public Water Private Well

Estimated Cost of Plumbing Work \$1,495,000

JOBSUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

No Plan Required

Partial Underslab Utilities Approved Date: _____ by: _____

Plumbing Plans Approved Date: _____

Approved by: _____

Joint Plan Review Required

Building Electrical

Fire Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date: _____

Approved by: _____

INSPECTIONS		Truss Sys./Bracing	
Type:	Failure	Dates (Month/Day)	Initial
Slab	_____	_____	_____
Rough	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____
Fixtures	_____	_____	_____
Gas Equipment	_____	_____	_____
Gas Piping	_____	_____	_____
LP Gas Tank	_____	_____	_____
Fuel Oil Piping	_____	_____	_____
Solar	_____	_____	_____
TCO	_____	_____	_____
Final	_____	_____	_____
Other	_____	_____	_____

Licensed Plumbing Contractor Exempt Applicant

Date Received 12/21/2022
Control # C-22-859+A
Date Issued 5/18/2022
Permit # 22-0124+A

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the 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 Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW CONSTRUCTION, NEW CONSTRUCTION- 103 UNITS & 87 PARKING SPACES

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
105	Water Closet	\$2,100
103	Urinal/Bidet	\$2,060
141	Bath Tub	\$2,820
105	Lavatory	\$2,100
132	Shower	\$2,640
105	Floor Drain	\$2,100
103	Sink	\$2,060
103	Dishwasher	\$2,060
103	Drinking Fountain	\$2,060
4	Washing Machine	\$80
105	Hose Bibb	\$10,500
3	Water Heater	\$60
1	Fuel Oil Piping	\$20
1	Gas Piping	\$100
1	LP Gas Tank	\$100
1	Steam Boiler	\$120
1	Hot Water Boiler	\$100
1	Sewer Pump	\$100
1	Interceptor/Separator	\$100
1	Backflow Preventor	\$100
1	Greasetrap	\$100
1	Sewer Connector	\$100
1	Water Service Connection	\$100
6	Stacks	\$120
	Other _____	

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee _____
TOTAL FEE \$28,920

Private Septic
 Private Well

U.C.C F130 (rev. 11/09)
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 12/21/2022
 Date Issued 5/18/2022
 Control # C-22-859+A
 Permit # 22-0124+A

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the 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 Printed Name
 Licensed Elec Contr' Certif'd Landscape Irrigation Contr' Exempt Applicant

Block 5002 Lot 3.01 Qualification Code _____
 Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050

Owner in Fee: FREEMAN ORANGE HOLDINGS LLC
 Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423

Tel. _____ Email _____
 Contractor: KLK ELECTRIC INC

Address 713 NEW BRUNSWICK AVENUE RAHWAY NJ 07065
 Tel. _____ Fax _____
 Lic No. 34EB01605800 Exp. Date 3/31/2024

Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS
 Use Group Present Proposed R-2
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$873,625

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Type:	Failure	Approval	Initial	
<input type="checkbox"/> No Plan Required				
<input type="checkbox"/> Partial/Underslab Approved				
<input type="checkbox"/> Partial Underslab Utilities Approved				
Date: _____ by: _____				
<input type="checkbox"/> Electrical Plans Approved				
Date: _____ by: _____				
Joint Plan Review Required				
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing				
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator				
SUBCODE APPROVAL for PERMIT				
Date: _____				
Approved by: _____				
SUBCODE APPROVAL for CERTIFICATE				
<input type="checkbox"/> CO <input type="checkbox"/> OCC <input type="checkbox"/> CA				
Date: _____				
Approved by: _____				

Barrier-Free _____
 Temp. Serv. _____
 Constr. Serv. _____
 TCO _____
 Other _____
 Service _____
 Final _____
 Barrier-Free _____
 Temp. Cut-in-Card Date Issued _____
 Final Cut-in-Card Date Issued _____
 Annual Pool Inspection _____
 Date of Grounding and Bonding _____
 Certification _____

Administrative Surcharge _____
 Minimum Fee _____
 State Permit Surcharge Fee _____
TOTAL FEE \$29,800

DESCRIPTION OF WORK	QTY.	SIZE	ITEMS	FEE (Office Use Only)
NEW CONSTRUCTION, NEW CONSTRUCTION- 103 UNITS & 87 PARKING SPACES				
Lighting Fixtures	2246			
Receptacles	2764			
Switches	1530			
Detectors	264			
Light Poles	2			
Motors - Fract. HP	218			
Emergency & Exit Lights	58			
Communication Points				
Alarm Devices/F.A.C. Panel	1			
TOTAL NUMBERS	7083			\$4,290
Pool Permit/with JW Lights				
Storable Pool/Spa/Hot Tub				
KW Elec. Range/Receptical	103	6.8		\$2,060
KW Oven/Surface Unit	103	1		\$2,060
KW Elec. Water Heater	103	1		\$2,060
KW Elec. Dryer/Recepticle	103	3.88		\$2,060
KW Dishwasher	103	1		\$2,060
HP Garbage Disposal	1	6.42		\$20
KW Central A/C Unit	107	3.6		\$2,140
HP/KW Space Heater/Air Hand				
KW Baseboard Heat	103	1.5		\$2,060
HP Motors 1/+ HP	107	4		\$2,140
KW Transformer/Generator	1	100		\$150
AMP Service	1	4000		\$600
AMP Subpanels	108	200		\$8,100
AMP Motor Control Center				
KW Elec. Sign/Outline Light				



PERMIT UPDATE

Date Update Issued 5/18/2022
 Control # C-22-862
 Permit # 22-0124+B

IDENTIFICATION Block: 5002 Lot: 3.01 Qualifier _____
 Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050 Contractor FREEMAN ORANGE HOLDINGS LLC
 Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423
 Owner in Fee FREEMAN ORANGE HOLDINGS LLC Telephone: _____
188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423 Llc. No. or Bldrs. Reg. No. _____
 Telephone: _____ Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

HVAC NEW CONSTRUCTION - 240 HVAC/ HEAT PUMP, SPLIT SYST, DIFFUSERS, LOUVERS, EXHAUST FANS, COILS, ENERGY RECOVERY, VENTILATION UNIT

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
 Estimated Cost of Work \$1,709,000

Construction Official _____ Date 5/18/2022

U.C.C. F170
 equiv (rev 1/04)

- 1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$9,690
Electrical	\$0
Plumbing	\$33,600
Fire Protection	\$150
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$542
CO Fee	
Other	\$0
Total	\$43,982
Check No.	MO
Cash	\$0
Credit	\$0
Collected By	Gisell Reyes

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received 12/21/2022
Control # C-22-882
Date Issued 5/18/2022
Permit # 22-0124+B

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 5002 Lot 3.01 Qualification Code _____
Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050

Owner in Fee: FREEMAN ORANGE HOLDINGS LLC
Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423
Tel. _____ Email _____
Contractor: LJ REYNOLDS CONSTRUCTION CO
Address 562 MORNINGSIDE ROAD RIDGEWOOD NJ 07450
Tel. (201) 345-3129 Fax. _____
Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 271390871

JOBSUMMARY (Office Use Only)

PLAN REVIEW _____ Date _____ Initial _____

No Plan Required _____

All _____

Footing/Foundation _____

Struct./Framework _____

Exterior _____

Interior _____

Joint Plan Review Required _____

Elec. Plumb. Fire Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE _____

CO CCO CA _____

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day)	
		Failure	Approval
Footing	_____	_____	_____
Footing Bonding	_____	_____	_____
Foundation	_____	_____	_____
Slab	_____	_____	_____
Frame	_____	_____	_____
Truss Sys./Bracing	_____	_____	_____
Barrier-Free	_____	_____	_____
Insulation	_____	_____	_____
Finishes-Base Layer	_____	_____	_____
Finishes-Final	_____	_____	_____
Energy	_____	_____	_____
Mechanical	_____	_____	_____
TCO	_____	_____	_____
Other	_____	_____	_____
Final	_____	_____	_____
Barrier-Free	_____	_____	_____
Proposed R-2	_____	_____	_____
Proposed	_____	_____	_____
State Approved	_____	_____	_____
HUD	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____ If Industrial Building: _____

Constr. Class _____ Present _____ Proposed _____ State Approved _____

Number of Stories _____

Height of Structure _____ Ft.

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. _____
2. Rehabilitation \$285,000
3. Total (1+2) \$285,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____
Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HVAC, NEW CONSTRUCTION - 240 HVAC/HEAT PUMP, SPLIT SYST. DIFFUSERS, LOUVERS, EXHAUST FANS, COILS, ENERGY RECOVERY, VENTILATION UNIT

TYPE OF WORK

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

FEE (Office Use Only)

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$542

TOTAL FEE \$10,232



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 5002 Lot 3.01 Qualification Code _____

Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050

Owner in Fee: FREEMAN ORANGE HOLDINGS LLC

Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423

Tel. _____ Email _____

Contractor: ECHELON SERVICES, LLC

Address 180 MUNSONHURST RD FRANKLIN NJ 07416

Tel. (973) 250-4090 Fax _____

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-2

Building Sewer Size _____ Public Sewer Private Septic

Water Service Size _____ Public Water Private Well

Estimated Cost of Plumbing Work \$1,224,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

No Plan Required

Partial Under-slab Utilities Approved

Date: _____ by: _____

Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

Building Electrical

Fire Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date: _____

Approved by: _____

Truss Sys./Bracing

INSPECTIONS

Type:	Failure	Dates (Month/Day)	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LP Gas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____
Other	_____	_____	_____	_____

Date Received 12/21/2022
Control # C-22-862
Date Issued 5/18/2022
Permit # 22-0124+B

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the 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 Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
HVAC, NEW CONSTRUCTION - 240 HVAC/ HEAT PUMP, SPLIT SYST, DIFFUSERS, LOUVERS, EXHAUST FANS, COILS, ENERGY RECOVERY, VENTILATION UNIT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
<u>240</u>	Other <u>HVAC/HEAT PUMP</u>	<u>\$24,000</u>

Private Septic

Private Well

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee _____

TOTAL FEE \$53,600

Licensed Plumbing Contractor Exempt Applicant



FIRE SUBCODE TECHNICAL SECTION

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE CALL UTILITY DIG NO. 1-800-272-1000
Block 5002 Lot 3.01 Qualification Code _____

Work Site Location 606 FREEMAN STREET, City of Orange Township, NJ, 07050

Owner in Fee: FREEMAN ORANGE HOLDINGS LLC
Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423 Email _____
Tel: _____
Contractor: ECHELON SERVICES, LLC Tel: 973 250-4090
Address 180 MUNSONHURST RD FRANKLIN NJ 07416 Email _____
Fire Protection Equipment, NJ Dv of Fire Safety Permit No _____
Fire Protection Equipment, NJ Dv of Fire Safety Installer No _____
Fire Alarm Contractor No _____ Expiration Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No _____ Fax: _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present _____ Proposed _____ R-2 _____
Constr. Class Present _____ Proposed _____
Heating Systems New or Modification to Existing
or Conversion or Replacement
Type Gas Oil Electric Solar
 Other _____
Location: _____
Fuel Storage Tank: _____
Fuel Type Flammable or Combustible
Capacity _____
Fire Alarm System: New or Existing
Fire Suppression/Standpipe System:
 New or Existing
Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$200,000

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Date	Type	Dates (Month/Day)
<input type="checkbox"/> No Plan Required	Initial	Alarm System	Failure Approval Initial
<input type="checkbox"/> Partial Underslab Utilities Approved	Approved	Suppression Sys.	
Date: _____ by _____		Standpipe	
<input type="checkbox"/> Fire Protection Plans Approved		Fire Pump	
Date: _____		Pre-Eng. System	
Approved by: _____		Mechanical	
<input type="checkbox"/> Building Electrical	Plumbing	Smoke Control	
<input type="checkbox"/> Elevator		TCO	
SUBCODE APPROVAL for PERMIT			
Date: _____		Flam/Combust Tank	
Approved by: _____		Fireplace Venting	
SUBCODE APPROVAL for CERTIFICATE			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final	
Date: _____		Other	
Approved by: _____			

U.C.C F140 (rev 11/09)

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

Date Received 12/21/2022
Control # C-22-862
Date Issued 5/18/2022
Permit # 22-0124+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.

Applicant's Signature/Contractor's Seal and Signature and Printed Name
 Certified Contractor Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
HVAC, NEW CONSTRUCTION - 240 HVAC/ HEAT PUMP, SPLIT SYST, DIFUSERS, LOUVERS, EXHAUST FANS, COILS, ENERGY WATER SUPPLY, VENTILATION UNIT
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
<input type="checkbox"/> System		
<input type="checkbox"/> 110v interconnected		
<input type="checkbox"/> CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tamper, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
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		
Fire Appliances <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid		
Fireplace Venting/Metal Chimney	<u>2</u>	<u>\$150</u>
Other		

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee _____
TOTAL FEE \$150



PERMIT UPDATE

Date Update Issued 5/18/2022
 Control # C-22-863
 Permit # 22-0124+C

IDENTIFICATION Block: 5002 Lot: 3.01 Qualifier _____
 Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050 Contractor FREEMAN ORANGE HOLDINGS LLC
 Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423
 Owner in Fee FREEMAN ORANGE HOLDINGS LLC Telephone: _____
188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423 Lic. No. or Bldrs Reg. No. _____
 Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW CONSTRUCTION PARTIAL RELEASE- 103 UNITS & 87 PARKING SPACES

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
 Estimated Cost of Work \$247,760

Construction Official _____ Date 5/18/2022

U.C.C. F170
 equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$2,043
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$2,043
Check No.	check
Cash	\$0
Credit	\$0
Collected By	Gisell Reyes

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



FIRE SUBCODE TECHNICAL SECTION

Date Received 12/21/2022
Control # C-22-863
Date Issued 5/18/2022
Permit # 22-0124+C

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000
Block 5002 Lot 3.01
Work Site Location: 606 FREEMAN STREET City of Orange Township, NJ 07050

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application

Applicant's Signature/Contractor's Seal and Signature and Printed Name
 Certified Contractor Exempt Applicant

Owner in Fee: FREEMAN ORANGE HOLDINGS LLC
Address 188 E FRANKLIN TURNPIKE HOHOKAUS NJ 07423 Email _____
Tel. _____ Tel _____
Contractor _____ Email _____
Address NJ _____
Fire Protection Equipment, NJ Div of Fire Safety Permit No _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Expiration Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable) _____
Federal Employee No. _____ Fax _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
NEW CONSTRUCTION PARTIAL RELEASE- 103 UNITS & 87 PARKING SPACES
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present _____ Proposed _____ R-2 _____
Constr. Class Present _____ Proposed _____
Heating Systems: New or Modification to Existing
or Conversion or Replacement
Type: Gas Oil Electric Solar
 Other _____
Location _____
Fuel Storage Tank: Flammable or Combustible
Capacity _____
Fire Alarm System: New or Existing
Location of Panel _____
Fire Suppression/Standpipe System
 New or Existing
Location of Main Control Valve _____

Total Cost of Fire Protection Work \$247,760

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Dates (Month/Day)	Failure	Approval	Initial
<input type="checkbox"/> No Plan Required			Alarm System					
<input type="checkbox"/> Partial Underslab Utilities Approved			Suppression Sys.					
Date: _____ by _____			Standpipe					
<input type="checkbox"/> Fire Protection Plans Approved			Fire Pump					
Date: _____			Pre-Eng. System					
Approved by: _____			Mechanical					
<input checked="" type="checkbox"/> Building Electrical			Smoke Control					
<input checked="" type="checkbox"/> Plumbing Elevator			TCO					
SUBCODE APPROVAL for PERMIT			Flam/Combust Tank					
Date: _____			Fireplace Venting					
Approved by: _____			Final					
SUBCODE APPROVAL for CERTIFICATE			Other					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA								
Date: _____								
Approved by: _____								

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
<input checked="" type="checkbox"/> System		
<input type="checkbox"/> 110v interconnected		
<input type="checkbox"/> CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls water/flow)	<u>7</u>	
Supervisory Devices (tamper, low/high air)	<u>13</u>	
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	<u>20</u>	<u>\$100.00</u>
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves	<u>1</u>	
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	<u>1505</u>	<u>\$1,343</u>
Standpipes	<u>2</u>	<u>\$600</u>
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee _____
TOTAL FEE \$2,043

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