

Borough of Glen Gardner
OPEN PUBLIC RECORDS ACT REQUEST FORM
 83 Main Street PO Box 307 Glen Gardner, NJ 08826
 (908) 537-4748 & (908) 537-7026 (Fax)
 ggclerk@glengardner.org
 Judy Bass



Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name DIANE MI Last Name BELCUORE
 E-mail Address dianebelcuore@optonline.net
 Mailing Address 60 MOUNTAIN BLVD
 City WARREN State NJ Zip 07059
 Telephone 908-872-5473 FAX
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
 Under penalty of N.J.S.A. 2C:28-3, I certify that
 1. ☐ **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
 2. I, or another person, ☐ **WILL NOT** use the requested government records for a commercial purpose;
 3. I ☐ **AM NOT** seeking records in connection with a legal proceeding.
 Signature DIANE BELCUORE Date 6/27/2025

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

Block/Block Suffix: 00014/0000
 Lot/Lot Suffix: 00007/0019
 528 Brian Dean Drive

6 APPLICATIONS 1 OPEN FOR GENERATOR
 4 CLOSED
 1 CANCELED

REQUEST REPORT OF ALL PERMITS (OPEN AND CLOSED) RELATED TO THIS PROPERTY)

AGENCY USE ONLY

Est. Document Cost
 Est. Delivery Cost
 Est. Extras Cost
 Total Est. Cost
 Deposit Amount
 Estimated Balance
 Deposit Date

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
 Denied - Closed
 Filled - Closed
 Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u> </u>		Date <u> </u>	

PERMIT SEARCH

Search By One of the Following:

Application Number -
Permit Number
Plan Review Number

Search
Search
Search

Parcel

Block 14 .
Lot 7 . 19
Qualifier

Search

Worksite Address
City

Search

Currently Selected Parcel

Block/Lot/Qual 14/7.19
Owner STASHEFSKI, JOHN
Worksite Address 528 BRIAN DEAN DRIVE
GLEN GARDNER BORO

Search Results: 6 Permits Found For 528 BRIAN DEAN DRIVE (GLEN GARDNER BORO)

	Application No.	Permit No.	Application Date	Status
Select	UCCARS I-R	04-007	N/A	Closed
Select	00009-25	25-12013	01/27/2025	Active
Select	00012-21	21-12018	03/02/2021	Closed
Select	00021-19	19-12024	04/11/2019	Closed
Select	00109-17	17-12108	10/24/2017	Closed
Select	00087-14	14-12184	09/08/2014	Canceled

NO DISCRPTION FOUND
- GENERATOR
- WATER TREATMENT
- WATER HEATER
- ROOF
- WOOD STOVE

Search Results: 1 Parcel Found For Block 14 Lot 7.19

Street Address	Owner	Block	Lot	Qual
528 BRIAN DEAN DRIVE	STASHEFSKI, JOHN	14	7.19	N/A

OLCE -Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at:	528 BRIAN DEAN DRIVE		
2. Name of Owner in Fee:	GRAESSER, G (RENOV)		
Telephone	E-mail		
Address	528 BRIAN DEAN DRIVE, ,		
3. Ownership in Fee:	Private		
4. Principal Contractor:	Tel.		
Address	E-mail		
License No. OR, if new home, Builder Reg No.			Exp Date
Federal Employee ID No.	FAX		
Home Improvement Contractor Registration No. or Exemption Reason:			
5. Architect/Engineer:	None Specified		Contact
Address			
Telephone	FAX		
6. Responsible Person in Charge once Work has Begun:			
Telephone	FAX		

IIa. PROPOSED WORK

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Minor Work | <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Repair | <input checked="" type="checkbox"/> Alteration | <input type="checkbox"/> Renovation | <input type="checkbox"/> Reconstruction |
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> Lead Hazard Abatement | <input type="checkbox"/> Radon Remediation | <input type="checkbox"/> Annual Permit |

IIb. SUBCODES

Estimated Cost	FOR OFFICE USE ONLY (Optional)						
	Plans Received	Date Received	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval Rejection	Reviewer
<input checked="" type="checkbox"/> Building (See File)							
<input checked="" type="checkbox"/> Electrical (See File)							
<input checked="" type="checkbox"/> Plumbing (See File)							
<input checked="" type="checkbox"/> Fire Protection (See File)							
<input type="checkbox"/> Mechanical (See File)							
<input type="checkbox"/> Elevator (See File)							
TOTAL COSTS	\$25,000						

III. Plan Review (optional)

- | |
|---|
| <input type="checkbox"/> Partial Releases |
| <input type="checkbox"/> Prototype Processing |

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> Elevator/Escalator/Lift/Dumbwaiter | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks |
| 2. <input type="checkbox"/> High Pressure Boilers | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs |
| 3. <input type="checkbox"/> Pressure Vessels | 7. <input type="checkbox"/> Sprinklers/Standpipes | 11. <input type="checkbox"/> LPGas Tanks Capacity: |
| 4. <input type="checkbox"/> Refrigeration Systems | 8. <input type="checkbox"/> Smoke Control Systems In Open Wells | 12. <input type="checkbox"/> Fire Alarm |

V. FEE SUMMARY (for office only)

1. Building	\$264.00
2. Electrical	\$46.00
3. Plumbing	\$30.00
4. Fire Protection	\$23.00
5. Mechanical	\$0.00
6. Elevator Devices	\$0.00
7. Plan Review Discount	\$0.00
8. Subtotal	\$363.00
9. DCA State Permit Fee	\$66.00
10. Subtotal	\$429.00
11. Certificate	\$28.00
12. Subtotal	\$457.00
13. Exemption	\$0.00
TOTAL	\$457.00

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	0
2. Height of Structure	0 ft.
3. Area - Largest Floor	0 sq. ft.
4. New Building Area	0 sq. ft.
5. Volume of New Structure	0 cu. ft.
6. Max. Live Load	0
7. Max. Occupancy Load	0
8. Industrial Building	No
9. Total Land Area Disturbed	0 sq. ft.
10. Flood Hazard Zone	No
11. Base Flood Elevation	ft.
12. Wetlands	No

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:			
2. Code/Use Group:	Present	ICC R-3	Proposed
3. Change in Use Group:	Yes	No	X
4. No. of Dwelling Units:	Total Units	COAH Units	
Gained (Sale)	0	0	
Gained (Rent)	0	0	
Lost (Sale)	0	0	
Lost (Rent)	0	0	

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:			
2. Code/Use Group:	Present	Proposed	
3. Change in Use Group:	Yes	No	

C. MIXED USE - List secondary use(s):

D. CONSTRUCTION CLASSIFICATION:

Present	Proposed
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OLCE -Northern Regional Office
171 Rte 173 Suite 107
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(908)713-0722



BUILDING SUBCODE TECHNICAL SECTION



Permit No.: 04-007
Date Issued: 01/26/2004
Version: Base

UCCARS I-R
04-007
01/26/2004
Base

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

Block 14 Lot 7.19 Qualification Code _____

Work Site Location 528 BRIAN DEAN DRIVE

Owner in Fee GRAESSER, G (RENOV)

Address 528 BRIAN DEAN DRIVE, ,

Owner Telephone _____ **E-mail** _____

Contractor _____

Address _____

Contractor Telephone _____ **E-mail** _____

Contractor License No. _____ **Exp. Date** _____

Home Imprv. Reg No. _____

Exempt Reason: _____

Federal Emp ID No. _____ **FAX** _____

Responsible Person _____

Telephone _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	
			Type:	Failure	Approval
<input checked="" type="checkbox"/> No Plans Required			Footing		
<input type="checkbox"/> Footing/Foundations			Footing Bonding		
<input type="checkbox"/> Structural/Framework			Foundation		
<input type="checkbox"/> Exterior			Slab		
<input type="checkbox"/> Interior			Frame		
<input type="checkbox"/> Building Plans			Frame, Truss System/		
Joint Plan Review Required: <input type="checkbox"/> Electrical			Frame, Barrier-Free		
<input type="checkbox"/> Plum. <input type="checkbox"/> Fire <input type="checkbox"/> Mech. <input type="checkbox"/> Elevator			Insulation		
SUBCODE APPROVAL for PERMIT			Finishes, Base Layer		
Date: _____			Finishes, Final		
Approved by: _____			Energy		
SUBCODE APPROVAL for CERTIFICATE			Mechanical		
<input checked="" type="checkbox"/> CO <input type="checkbox"/> CCL <input type="checkbox"/> CA			TCO		
Date: _____			Other		
Approved by: _____			Final		
			Final, Barrier-Free		

B. BUILDING CHARACTERISTICS

Code/Use Group: Present ICC R-3

Construction Class: Present _____

Number of Stories _____

Height of Structure _____

Area - Largest Floor _____

New Building Area _____

Volume of New Structure _____

Max. Live Load _____

Max. Occupancy Load _____

Proposed ICC R-3

Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Estimated Cost of Building Work:

1. New Bldg. (See File) _____
2. Rehabilitation (See File) _____
3. Total (1 + 2) (See File) _____

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 Signature _____

D. TECHNICAL SITE DATA

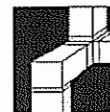
DESCRIPTION OF WORK

Qty/Size and/or Cost	Type of Work	Fee Amount
	Administrative Fee	\$0.00
	Total Subcode Fee	\$264.00
		\$264.00

OLCE -Northern Regional Office
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Asbury NJ 08802
(908)713-0722



MECHANICAL INSPECTION TECHNICAL SECTION



Date Received: 01/27/2025
Permit No.: 25-12013
Date Issued: 02/19/2025
Version: Base

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block 14 Lot 7.19 Qualification Code _____

Work Site Location 528 BRIAN DEAN DRIVE

Owner in Fee STASHEFSKI, JOHN

Address 528 BRIAN DEAN DRIVE, GLEN GARDNER, NJ 08826

Owner Telephone _____ **E-mail** _____

Contractor W. DANLEY ELECTRICAL CONTRACTING LLC

Address 9 FEDERAL RD, MONROE, NJ 08831

Telephone (732) 808-3339 **E-mail** _____

License No. _____ **Exp Date** _____

Home Imprv. Reg No. _____

Exempt Reason: _____

Federal Emp ID No. _____ **FAX** _____

Responsible Person _____

Telephone _____

B. MECHANICAL CHARACTERISTICS

Code/Use Group: Present ICC R-5

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type ☐ Hydronic ☐ Hot Air

Fuel Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work: \$1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☒ No Plans Required

☐ Mechanical Plans

Joint Plan Review Required:

☐ Building ☐ Electric ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: February 3, 2025

Approved by: JOHN HANNTZ

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CO

Date: _____

Approved by: _____

INSPECTIONS

Type:

Gas Piping

Appliance and Conner

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Certification

Other

Dates (Month/Day)

Failure Approval Initial

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

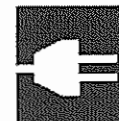
☐ Licensed Contractor

☐ Exempt Applicant

OLCE -Northern Regional Office
171 Rte 173 Suite 107
Asbury NJ 08802
(908)713-0722



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received: 01/27/2025
Permit No.: 25-12013
Date Issued: 02/19/2025
Version: Base

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

Block 14 Lot 7.19 Qualification Code _____

Work Site Location 528 BRIAN DEAN DRIVE

Owner in Fee STASHEFSKI, JOHN

Address 528 BRIAN DEAN DRIVE, GLEN GARDNER, NJ 08826

Owner Telephone _____ **E-mail** _____

Contractor W. DANLEY ELECTRICAL CONTRACTING LLC

Address 9 FEDERAL RD, MONROE, NJ 08831

Contractor Tel. (732) 808-3339 **E-mail** _____

Contractor License No. _____ **Exp Date** _____

Home Imprv. Reg No. _____

Exempt Reason: _____

Federal Emp ID No. _____ **FAX** _____

Responsible Person _____

Telephone _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ICC R-5 **Proposed** ICC R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied As _____ **Utility Co** _____

Est. Cost of Elec. Work \$16,100

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required			Rough			
<input type="checkbox"/> Underslab Utilities			Rough, Barrier-Free			
<input type="checkbox"/> Electric Plans			Trench			
Joint Plan Review Required: <input type="checkbox"/> Building			Temporary Service			
<input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Mech. <input type="checkbox"/> Elevator			Construction Service			
SUBCODE APPROVAL for PERMIT			TCO			
Date: <u>February 3, 2025</u>			Other			
Approved by: <u>PATRICK MELANSON</u>			Service			
SUBCODE APPROVAL for CERTIFICATE			Final			
<input type="checkbox"/> CO <input type="checkbox"/> CCL <input type="checkbox"/> CA			Final, Barrier-Free			
Date: _____			Temp. Cut-in-Card Issued Date			
Approved by: _____			Final Cut-in-Card Issued Date			
			Grounding and Bonding Certification Date			

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

DESCRIPTION OF WORK

GENERATOR

Qty/Size and/or Cost	Items	Fee Amount
1	Receptacles, Fixtures, Devices (Grouped)	\$50.00
1	Communications Points	
1	Transformer/Generator: 10 to 45 kw or kva	\$65.00
1	Other: 11 to 50 hp, OR 11 to 45 kw, OR 51 to 225 amps	\$65.00
	Administrative Fee	\$0.00
	Total Subcode Fee	\$180.00
		\$180.00