

CITY OF ATLANTIC CITY

DIVISION OF CODE ENFORCEMENT - PROPERTY MAINTENANCE

OCCUPANCY PERMIT No. 2114 OR

☒ Rental Permit
☐ Sales Permit

Fee Paid: \$30.00

Date of Permit: 8/21/07

Property Address: 1520 Belfield Avenue Apt. 1

Name/Address of Owner or Seller: Kit Man LO
[REDACTED]
[REDACTED]

Name/Address of Occupant or Buyer: Earl Leonard
[REDACTED]
[REDACTED]

This Location has been given an inspection and is hereby declared to be ready and suitable for its classified occupancy as required by Atlantic City Code Enforcement; according to the guidelines of Chapter No. 194 of the City Code, as adopted by the Atlantic City Council.

For this Application, no more than 1 persons* allowed for habitation. Maximum allowable occupancy for this dwelling unit is 2.

Art Erhart
SIGNATURE OF CODE ENFORCEMENT OFFICER

Art Erhart
NAME OF CODE ENFORCEMENT OFFICER

This property (is/is not) in violation of currently effective Chapter No. 207 of the City Code, adopting the Property Maintenance Code of Atlantic City. No change of occupancy or ownership is permitted without a new Occupancy Permit.

☒ Approved Permit, Sales or Rental
☐ Conditional Permit for Rental, expires _____
☐ Conditional Permit for Sales, expires _____ . Occupancy (may/may not) begin.

Harry Alston
SIGNATURE
CCEO/CAI
TITLE



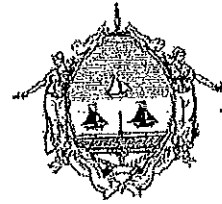
WHITE - OWNER
YELLOW - PERMIT BOOK

BLUE - CENTRAL FILE
PINK - CASHIER'S OFFICE

GREEN - OCCUPANT
GOLDENROD - COMPTROLLER

CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
INSPECTION DIVISION/LANDLORD REGISTRATION
City Hall -- Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454



OCCUPANCY PERMIT NO. 2650-17R

☒ Rental Permit ☐ Sales Permit

Fee Paid: 50.00

Date of Permit: 11-17-17

Property Address: 1520 Belfield Avenue #2

Name/Address of Owner or Seller: Yi Juan Lo

Name/Address of Occupant or Buyer: Ayisha Cooper, Amir McGraw

This location has been inspected and is hereby declared to be ready and suitable for its classified occupancy as required by Atlantic City's Code Enforcement Section in accordance with the guidelines of Chapter No. 194 of the City Code, as adopted by the Atlantic City Council.

For this application, no more than 2 person(s) is/are allowed for habitation.

Maximum allowable occupancy for this dwelling unit is 2

Signature of Inspector

Asif Idrees

Name of Inspector

This property ☐ is ☒ is not in violation of currently effective Chapter No. 207 of the City Code, adopting the Property Maintenance Code of the City of Atlantic City. No change of occupancy or ownership is permitted without a new Occupancy Permit.

☒ Approved Permit, Sales or Rental

☐ Conditional Permit for Rental, expires

☐ Conditional Permit for Sales, expires

(Occupancy - ☐ may ☐ may not begin) P

Director/ ncd



CITY OF ATLANTIC CITY

DIVISION OF CODE ENFORCEMENT - PROPERTY MAINTENANCE

OCCUPANCY PERMIT No. 2528-05 R

☒ Rental Permit
☐ Sales Permit

Fee Paid: \$30.00

Date of Permit: 9/14/05

Property Address: 1520 Belfield Avenue Apt. 3

Name/Address of Owner or Seller: Kit Man Lo
[REDACTED]
[REDACTED]

Name/Address of Occupant or Buyer: Wai Hing Chan & Wei Hong Liu
[REDACTED]
[REDACTED]

This Location has been given an inspection and is hereby declared to be ready and suitable for its classified occupancy as required by Atlantic City Code Enforcement; according to the guidelines of Chapter No. 194 of the City Code, as adopted by the Atlantic City Council.

For this Application, no more than 2 persons allowed for habitation. Maximum allowable occupancy for this dwelling unit is 2

[Signature]

SIGNATURE OF CODE ENFORCEMENT OFFICER

Art Erhart

NAME OF CODE ENFORCEMENT OFFICER

This property (is/is not) in violation of currently effective Chapter No. 207 of the City Code, adopting the Property Maintenance Code of Atlantic City. No change of occupancy or ownership is permitted without a new Occupancy Permit.

☒ Approved Permit, Sales or Rental

☐ Conditional Permit for Rental, expires _____

☐ Conditional Permit for Sales, expires _____, Occupancy (may/may not) begin.

[Signature]

SIGNATURE

CCBO/CAT

TITLE



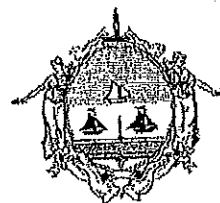
WHITE - OWNER
YELLOW - PERMIT BOOK

BLUE - CENTRAL FILE
PINK - CASHIER'S OFFICE

GREEN - OCCUPANT
GOLDENROD - COMPTROLLER

CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
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City Hall - Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454



OCCUPANCY PERMIT NO. 2263-18R

☒ Rental Permit ☐ Sales Permit

Fee Paid: \$50.00

Date of Permit: 8/27/18

Property Address: 1520 BELFIELD AVENUE #4

Name/Address of Owner or Seller: YI JUAN LU

Name/Address of Occupant or Buyer: NASIR FINNEMEN

This location has been inspected and is hereby declared to be ready and suitable for its classified occupancy as required by Atlantic City's Code Enforcement Section in accordance with the guidelines of Chapter No. 194 of the City Code, as adopted by the Atlantic City Council.

For this application, no more than 1 person(s) is/are allowed for habitation.

Maximum allowable occupancy for this dwelling unit is 2.

Signature of Inspector

PHI NGUYEN

Name of Inspector

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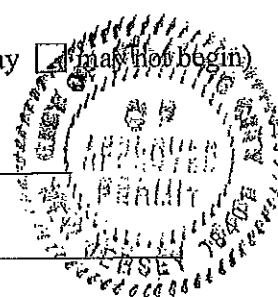
☒ Approved Permit, Sales or Rental

☐ Conditional Permit for Rental, expires

☐ Conditional Permit for Sales, expires

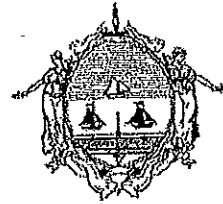
Occupancy - ☐ may ☒ may not begin

Director/ YGD



CITY OF ATLANTIC CITY

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OCCUPANCY PERMIT NO. 1392-19-R

☒ Rental Permit ☐ Sales Permit

Fee Paid: \$50.00

Date of Permit: 5/16/2019

Property Address: 1520 BELFIELD AVENUE, UNIT # 5 Block: 149 - Lot: 4

Name/Address of Owner or Seller: YI JUAN LO

Name/Address of Occupant or Buyer: TELYJAH THOMPSON AND KYRIE FUNDENBERG.

This location has been inspected and is hereby declared to be ready and suitable for its classified occupancy as required by Atlantic City's Code Enforcement Section in accordance with the guidelines of Chapter No. 194 of the City Code, as adopted by the Atlantic City Council.

For this application, no more than 2 person(s) is/are allowed for habitation.

Maximum allowable occupancy for this dwelling unit is 2

Signature of Inspector

PHI NGUYEN

Name of Inspector

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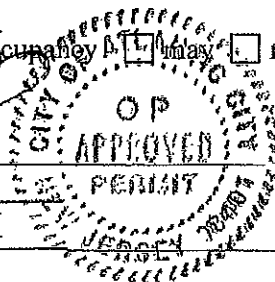
☒ Approved Permit, Sales or Rental

☐ Conditional Permit for Rental, expires

☐ Conditional Permit for Sales, expires

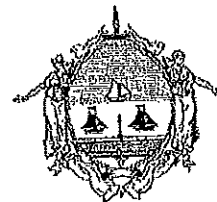
(Occupancy ☐ may ☐ may not begin)

Director/ PN



CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
INSPECTION DIVISION/LANDLORD REGISTRATION
City Hall - Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454



OCCUPANCY PERMIT NO. 1133-19 R

☒ Rental Permit ☐ Sales Permit

Fee Paid: \$50.00

Date of Permit: 4/18/19

Property Address: 1520 BELFIELD AVENUE APT. 6

Name/Address of Owner or Seller: YI JUAN LO

Name/Address of Occupant or Buyer: LENA CHANDLER & LEROY TERRY

This location has been inspected and is hereby declared to be ready and suitable for its classified occupancy as required by Atlantic City's Code Enforcement Section in accordance with the guidelines of Chapter No. 194 of the City Code, as adopted by the Atlantic City Council.

For this application, no more than 2 person(s) is/are allowed for habitation.

Maximum allowable occupancy for this dwelling unit is 2.

Signature of Inspector

PHI NGUYEN

Name of Inspector

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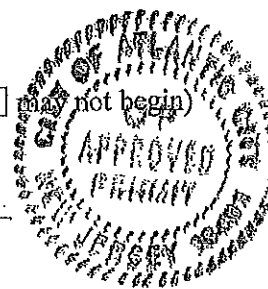
☒ Approved Permit, Sales or Rental

☐ Conditional Permit for Rental, expires

☐ Conditional Permit for Sales, expires

(Occupancy - ☐ may ☐ may not begin)

Director PN



CODE ENFORCEMENT
NEIGHBORHOOD PRESERVATION PROGRAMLB
556

SECRETARY _____

DATE

10/15/09

NAME

Jamillah Abdul Salaam

#9948111

TELEPHONE #

LOCATION

1520 Belknap Ave #4

OWNER/AGENT/ADDRESS INFORMATION

Ken Lee? 271 8080 (Korman Lo) - OWNER

COMPLAINT: Heater only work only on high but the apartment get to hot.

INSPECTOR

LB

REPORT

I MET TENANT AT UNIT + MET OWNER AT CODE OFFICES.

DETERMINATION

I FOUND THAT ELEC BASEBOARD HEATS DID NOT OPERATE ON LOW, ONLY ON HIGH + MED. THEY WANT TO BE ABLE TO LV ON LOW AS TEMP OUTSIDE + NO ONE BRING HOME. OWNER SPOKE WITH THEM + TOLD THEM HE WOULD HIRE LICENSED PERSON TO REPAIR HEATS.

AREAS OF REFERRAL _____

INSPECTOR'S SIGNATURE

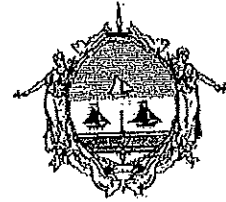
Jon Bell

DATE

10/20/09

CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
INSPECTION DIVISION/LANDLORD REGISTRATION
City Hall - Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4803
Telephone: 609-347-6450
Fax: 609-347-6454



STATUS Moved Out -09/21/16

NOTICE OF VIOLATIONS AND ORDER TO ABATE

Property Address: 1520 Belfield Ave Unit# 6

Block: 149 Lot: 4

Owner: Lok, George Et Al

Agent: Yi Juan Lo

Address:

Address:

City/State/Zip Code:

City/State/Zip Code:

ACTION

Date of Inspection: 07/28/16

Compliance Due Date: 08/10/16

Extension Date:

TAKE NOTICE THAT you have been found to be in violation of the following Chapter(s) of the City Code:

309.1-- Provide a report from licensed exterminator that treatment has been done to eradicate bed bugs & roaches and no more infestation present in unit.

You are hereby ordered to terminate the said violation(s) on or before 08/10/16. No Occupancy Permit or Approvals will be issued unless the said violation(s) are abated.

**Failure to comply with this Order by the COMPLIANCE DATE will subject you to a
SUMMONS TO APPEAR IN MUNICIPAL COURT**

If you have any questions concerning this matter, please call (609) 347-6450.

Inspector: Asif Idrees, FRPI

Date of Notice: 9/21/2016

Reviewed and approved by:

Date:

CODE ENFORCEMENT
NEIGHBORHOOD PRESERVATION PROGRAM

SECRETARY

Kay

DATE

7-27-16

NAME

Rocco Ceravolo

TELEPHONE #

[REDACTED]

LOCATION

1520 Belfield Ave APT. 6 all apt. - 1st fl.

OWNER/AGENT/ADDRESS INFORMATION

(-) Yi Juan Lo

Corner of California & Atlantic

COMPLAINT:

Said it was a good Neighborhood
Clean apt. Needles, people on
back porch Breaking Robberies

INSPECTOR

(Bed bugs) (Rouche) 609-271-6501

REPORT

07/28/16.

Sent Nolla.

DETERMINATION

DATE OF REINSPECTION

AREAS OF REFERRAL

INSPECTOR'S SIGNATURE

[Signature]

DATE

07/28/16.



City of Atlantic City

PLUMBING SUBCODE TECHNICAL SECTION #1



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

Block 149 Lot 4 Qualification Code

Work Site Location 1520 BELFIELD AVE

Owner in Fee RIGGIN DORRIS

Telephone e-mail

Address FRED SPONSEL & CO INC

Contractor 609-266-7741 e-mail

Telephone 609-266-7741 e-mail

Address 3107 BRIGANTINE BLVD, BRIGANTINE NJ 08201

Contractor License No. 5323

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No.

Fax 609/266-3143

B. PLUMBING CHARACTERISTICS

Use Group Present R-2 Proposed

Building Sewer Size

Water Service Size

1. New/ Addition: \$ 0.00

2. Rehabilitation: \$ 135.00

3. Demolition: \$ 0.00

Est. Cost of Plumbing Work (1+2+3): \$ 135.00

Public Sewer

Public Water

Private Septic

Private Well

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Exp. Date

Date Received 7/11/2002 Date Issued 8/9/2002
Control # 21149 Permit # 20020943

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPAIR FIRE DAMAGE SIDE FRONT OF BUILDING GAS STOVE
SINK REPLACE SMOKE DETECTORS AND FIRE BLOCK WHERE
NEEDED CONDITIONAL RELEASE.....

QTY.	FIXTURE/ EQUIPMENT:	Fee (Office Use only)
0	Water Closet	
0	Urinal/ Bidet	
0	Bath Tub	
0	Lavatory	
0	Shower	
0	Floor Drain	
1	Sink	\$10.00
0	Dishwasher	
0	Drinking Fountain	
0	Washing Machine	
0	Hose Bibb	
0	Water Heater	
0	Fuel Oil Piping	
0	Gas Piping	
0	LP Gas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
0	Sewer Pump	
0	Interceptor/ Separator	
0	Backflow Preventer (R)	
0	Backflow Preventer (C)	
0	GreaseTrap	
0	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
0	Stacks	
0	Other 1:	
0	Other 2:	
0	Other 3:	
0	Other 4:	
0	Other 5:	
0	Other 6:	

Sign here:

Print name

[] Licensed Plumbing Contractor [] Exempt Applicant

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

U.C.C. F130 (rev. 11/09)

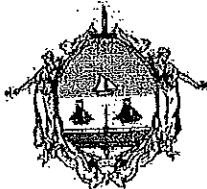
Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$ 46.00



City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: 20020943
Update Number:
Control Number: 21149
Application Date: 7/11/2002
Permit Date: 8/9/2002

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: 149 Lot: 4 Qualifier:

Work Site Location **1520 BELFIELD AVE**
ATLANTIC CITY NJ

Owner in Fee **RIGGIN DORRIS**

Telephone [REDACTED]

Address [REDACTED]

Use Group(s): R-2

Contractor **ALLIED SERVICES**
Telephone **(609) 266-3300**
Address **25 E DELILAH ROAD**
P'VILLE NJ 08401

Lic. No. / Bldrs. Reg. No **2775**

Federal Emp. No.

is hereby granted permission to perform the following work:

☒ Building ☒ Electrical ☒ Plumbing
☒ Fire

DESCRIPTION OF WORK:

**REPAIR FIRE DAMAGE SIDE FRONT OF BUILDING GAS
STOVE SINK REPLACE SMOKE DETECTORS AND FIRE
BLOCK WHERE NEEDED CONDITIONAL RELEASE.....**

ESTIMATED COST OF WORK:

Cost of Construction: **\$0.00**
Cost of Alteration: **\$15,535.00**
Cost of Demolition: **\$0.00**

Total Cost: \$15,535.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void

Date: **1/17/2020**

Anthony Cox, Sr.
Construction Official

:: Failure to obtain all required inspections may result in administrative action
:: Final inspections are required before final payment is to be made to contractor
:: An approved set of plans must be kept at the worksite at all times

Notes:

PAYMENTS (Office Use Only)

Building	\$336.00
Electrical	\$92.00
Plumbing	\$46.00
Fire Protection	\$46.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$14.00
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$534.00
No Fees Waived	

Amount to be Paid: \$0.00

Check Amount: **\$534.00**
Payment Date: **8/9/2002**
Collected By: **Building Department**

Converted Data Owner
6680

Reference No:
Total Check Amount **\$534.00**

Grand Total: \$534.00



City of Atlantic City

BUILDING SUBCODE TECHNICAL SECTION #1



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

Block 149 Lot 4 Qualification Code

Work Site Location 1520 BELFIELD AVE

Owner in Fee RIGGIN DORRIS

Telephone e-mail

Address

Contractor ALLIED SERVICES

Telephone 609-266-3300 e-mail

Address 25 E DELLAH ROAD, PVILLE NJ 08232

Contractor License No. or Builder Registration Number 2775

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

Exp. 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.

Sign here:

Print name here:

Date Received 7/11/2002

Control # 21149

Date Issued 8/9/2002

Permit # 20020943

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPAIR FIRE DAMAGE SIDE FRONT OF BUILDING GAS STOVE
SINK REPLACE SMOKE DETECTORS AND FIRE BLOCK WHERE
NEEDED CONDITIONAL RELEASE.....

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☒ Siding
- ☐ Fence 0.00 Height (exceeds 6')
- ☐ Pylon Sign 0.00 Sq. Ft.
- ☐ Ground or Wall Sign Sq. Ft.
- ☐ Pool (above ground)
- ☐ Pool (below ground)
- ☐ Retaining Wall Sq. Ft.
- ☐ Asbestos Abatement subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other 1
- ☐ Other 2
- ☐ Other 3
- ☐ Other 4
- ☐ Other 5
- ☐ Other 6
- ☐ Demolition

FEE (Office Use Only)

\$ 420.00
\$ 58.00
\$ 13.00
\$ 491.00

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

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed

No. of Stories 0

Height of Structure 0.00 ft.

Area- Largest Floor 0.00 sq. ft.

New Bldg. Area/All Floors 0.00 sq. ft.

Volume of New Structure 0.00 cu. ft.

Total Land Area Distributed 0.00 sq. ft.

Max. Live Load 0 Max. Occupancy Load

Constr. Class Present Proposed
if Industrialized Building:
State Approved ☐ HUD ☐

Est. Cost of Bldg. Work:

- 1. New Building \$ 0.00
- 2. Rehabilitation \$ 14,000.00
- 3. Demolition \$ 0.00
- 4. Total (1+2+3) \$ 14,000.00

Administrative Surcharge

State Permit Surcharge Fee (Volume)

State Permit Surcharge Fee (Alterations)

TOTAL FEE

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

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



City of Atlantic City
**ELECTRICAL SUBCODE
TECHNICAL SECTION #1**



Date Received 7/11/2002 Date Issued 8/9/2002
Control # 21149 Permit # 20020943

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

Block 149 Lot 4 Qualification Code

Work Site Location 1520 BELFIELD AVE

Owner in Fee RIGGIN DORRIS

Telephone [REDACTED] e-mail [REDACTED]

Address [REDACTED]

Contractor RPL ELECTRIC

Telephone 605-266-2358 e-mail [REDACTED]

Address 12 HUTCHINSON PL, BRIGANTINE NJ

Contractor License No. 9219

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-2 Proposed

[] Pole/ Pad #

Building Occupied as

1. New/ Addition: \$ 0.00

3. Demolition: \$ 0.00

[] Temporary [] Other:
Utility Co.
2. Rehabilitation: \$ 1,200.00
Est. Cost of Electrical Work (1+2+3): \$ 1,200.00

3. Demolition: \$ 0.00

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPAIR FIRE DAMAGE SIDE FRONT OF
BUILDING GAS STOVE SINK REPLACE
SMOKE DETECTORS AND FIRE BLOCK
WHERE NEEDED CONDITIONAL
RELEASE.....

QTY.	SIZE	ITEMS	
2		Lighting Fixtures	
10		Receptacles	
2		Switches	
3		Detectors	
0		Light Poles	
0		Motor - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/ F.A.C. Panel	
0		Microinverters	
0		Other 1:	
0		Other 2:	
17		TOTAL NUMBERS	
0		Pool Permit/ with UV Lights	\$ 46.00
0		Storable Pool/ Spa/ Hot Tub	\$ 0.00
0		KW Elec. Range/ Receptacle	\$ 0.00
0		KW Oven/ Surface Unit	\$ 0.00
0		KW Elec. Water Heater	\$ 0.00
0		KW Elec. Dryer/ Receptacle	\$ 0.00
0		KW Dishwasher	\$ 0.00
0		HP Garbage Disposal	\$ 0.00
0		KW Central A/C Unit	\$ 0.00
0		HP/ KW Space Htr/ Air	\$ 0.00
0		KW Baseboard Heat	\$ 0.00
0		HP Motors 1/ +HP	\$ 0.00
0		KW Transformer/ Generator	\$ 0.00
1		AMP Service	\$ 46.00
0		AMP Subpanels	\$ 0.00
0		AMP Motor Control Center	\$ 0.00
0		KW Elec. Sign/ Outlet Light	\$ 0.00
0		KW Photovoltaic Systems	
0		Other 3:	\$ 0.00
0		Other 4:	\$ 0.00
0		Other 5:	\$ 0.00
0		Other 6:	\$ 0.00
0		Other 7:	\$ 0.00
0		Other 8:	
0		Other 9:	
TOTAL FEE			\$ 92.00

Administrative Surcharge \$ 0.00
Minimum Fee \$ 0.00
State Permit Surcharge Fee \$ 1.00
TOTAL FEE \$ 92.00

[] Licensed Electrical Contractor [] Exempt Applicant [] Licensed Landscape Irrigation Contractor



City of Atlantic City

FIRE PROTECTION SUBCODE TECHNICAL SECTION #1



Date Received 7/11/2002
Control # 21149

Date Issued 8/9/2002
Permit # 20020943

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:

Qualification Code

Lot 4

Block 149

Work Site Location 1520 BELFIELD AVE

Owner in Fee RIGGIN DORRIS

Telephone e-mail

Address ALLIED SERVICES

Telephone 609-266-3300 e-mail

Address 25 E DELIAH ROAD, PVILLE NJ 08232

Fire Alarm Contractor No.

Federal Emp. ID No.

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

Heating System: [] New or [] Modification to Existing

Fuel Type: [] Gas [X] Oil [] Electric [] Solid

Location:

1. New Building \$ 0.00

2. Rehabilitation \$ 200.00

3. Demolition \$ 0.00

Total Cost of Fire Protection (1+2+3) Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: Approved by:

[] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Elevator

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: Approved by:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPAIR FIRE DAMAGE SIDE FRONT OF BUILDING GAS STOVE
SINK REPLACE SMOKE DETECTORS AND FIRE BLOCK WHERE NEE

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, pull, waterflow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices:

TOTAL

Other Devices:

Suppression Systems

Type: 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

Fuel-Fired Appliances (X Gas [X Oil [X Solid

Fireplace Venting/ Metal Chimney

Other:

NUMBER

0

0

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Fee (Office Use Only)

\$ 0.00

\$ 0.00

\$ 0.00

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\$ 0.00



City of Atlantic City

FIRE PROTECTION SUBCODE TECHNICAL SECTION #1



Date Received 7/18/2003
Control # 23263

Date Issued 7/18/2003
Permit # 20031204

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

[] Certified Contractor [] Exempt Applicant

WATER HEATER GAS PIPING, B-VENT.

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, pull, waterflow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices:

TOTAL

Other Devices:

Suppression Systems

Type: 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

Fuel-Fired Appliances (i.e., gas, oil, solid)

Fireplace Venting/ Metal Chimney

Other:

Fee (Office Use Only)

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

U.C.C. F-140 (rev. 02/11)

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



City of Atlantic City

PLUMBING SUBCODE TECHNICAL SECTION #1



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

Block 149 Lot 4 Qualification Code

Work Site Location 1520 BELFIELD AVE

Owner in Fee RIGGIN, DORIS

Telephone [REDACTED] e-mail [REDACTED]

Address DOMINICK LASASSO - DUPLICATE

Contractor 609-347-1541 e-mail [REDACTED]

Telephone 56 N TRENTON AVENUE, ATLANTIC CITY NJ 08401

Address 56 N TRENTON AVENUE, ATLANTIC CITY NJ 08401

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. PLUMBING CHARACTERISTICS

Use Group Present R-2 Proposed

Building Sewer Size

Water Service Size

1. New/ Addition: \$ 0.00

2. Rehabilitation: \$ 1,800.00

3. Demolition: \$ 0.00

Est. Cost of Plumbing Work (1+2+3): \$ 1,800.00

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 [] Elevator

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: Approved by:

C. CERTIFICATION IN LIEU OF OATH

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

[] Licensed Plumbing Contractor [] Exempt Applicant

Sign here:

Print name

[REDACTED]

Date Received 7/18/2003 Date Issued 7/18/2003
Control # 23263 Permit # 20031204

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER HEATER GAS PIPING, B-VENT.

QTY. FIXTURE/ EQUIPMENT:

0 Water Closet

0 Urinal/ Bidet

0 Bath Tub

0 Lavatory

0 Shower

0 Floor Drain

0 Sink

0 Dishwasher

0 Drinking Fountain

0 Washing Machine

0 Hose Bibb

1 Water Heater

0 Fuel Oil Piping

0 Gas Piping

0 LP Gas Tank

0 Steam Boiler

0 Hot Water Boiler

0 Sewer Pump

0 Interceptor/ Separator

0 Backflow Preventer (R)

0 Backflow Preventer (C)

0 Greasetrap

0 Air Conditioning

0 Sewer Connection

0 Water Service Connection

0 Stacks

0 Other 1:

0 Other 2:

0 Other 3:

0 Other 4:

0 Other 5:

0 Other 6:

FEE (Office Use only)

\$ 10.00

\$ 65.00

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE

\$ 2.00
\$ 75.00

ITY OF ATLANTIC CITY
DIVISION OF CONSTRUCTION

Date Issued 08/05/2008
Control #
Permit # 08-0617

IDENTIFICATION
UCC NEW JERSEY
CERTIFICATE

Block 149 Lot 4
Ork Site Location 1520 BELFIELD AVE
Owner in Fee/Occupant LQ, KIL M & GEORGE LOK ETAL
Address
Telephone QUALITY ELECTRIC SERVICE CO
Contractor 601 DEHRICH AVE
Address WOODBINE, NJ 08270-
Telephone (609)861-1409 Fax ()
Lic. No. or Bldgs. Reg. No. 5892
Federal Emp. No. 22-3342717

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group R-2
Maximum live load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
1 DETECTOR

☐ CERTIFICATE OF OCCUPANCY
his 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
his 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 is visible at the time of inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
This is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, or the owner will be subject to fine or order to vacate:

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 17:27, 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 _____.

Fee \$ 0
Paid BY Check No. 4045
Collected by: AM

CONSTRUCTION OFFICIAL
J.C.C. P260 (REV. 3/76) NJ UCC-05 5.2-6E