CITY OF ATLANTIC CITY

DIVISION OF CODE ENFORCEMENT - PROPERTY MAINTENANCE

OCCUPANCY PERMIT No. 2114-07R

__X__ 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]

Name/Address of Occupant or Buyer: Earl Leonard [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.

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

Gary 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

[redacted]

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

[redacted]

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

CITY OF ATLANTIC CITY APPROVED PERMIT NEW JERSEY 08401

Director/ ncd

CITY OF ATLANTIC CITY

DIVISION OF CODE ENFORCEMENT - PROPERTY MAINTENANCE

OCCUPANCY PERMIT No. 2528-05 R

__X__ 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]

Name/Address of Occupant or Buyer: Wai Hng Chan & Wei Hong Liu
[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

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.

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

Larry Alston
SIGNATURE

CCEO/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
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. 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

[redacted]

Name/Address of Occupant or Buyer: NASIR FINNEMEN

[redacted]

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

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)

APPROVED PERMIT

Director YGD

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. 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

[redacted]

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

[redacted]

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

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)

CITY OF ATLANTIC CITY APPROVED PERMIT

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
[redacted]

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

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

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)

APPROVED

Director PN

Form No. 1

LB
556

CODE ENFORCEMENT
NEIGHBORHOOD PRESERVATION PROGRAM

SECRETARY

DATE 10/15/09

NAME Jamillah Abdul Salaam H9948111

TELEPHONE # [redacted]

LOCATION 1520 Bellfield Ave #4

OWNER/AGENT/ADDRESS INFORMATION Ken Lee? 271 8080 (Kitman 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 HTRS DID NOT OPERATE ON LOW, ONLY ON HIGH & MED. THEY WANT TO BE ABLE TO LV ON LOW AS TEMP OUTSIDE & NO ONE BEING HOME. OWNER SPOKE WITH THEM & TOLD THEM HE WOULD HIRE LICENSED PERSON TO REPAIR HTRS.

DATE OF REINSPECTION

AREAS OF REFERRAL

INSPECTOR'S SIGNATURE Lou 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 08401-4603
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: [redacted] Address: [redacted]

City/State/Zip Code: [redacted] City/State/Zip Code: [redacted]

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:** _____

Form No. 1 AT

16-0203

CODE ENFORCEMENT
NEIGHBORHOOD PRESERVATION PROGRAM

SECRETARY KAY

DATE 7-27-16

NAME Rocco Ceravolo

TELEPHONE # [redacted]

LOCATION 1520 Belfield Ave APT. 6 allapt. Have

OWNER/AGENT/ADDRESS INFORMATION (Yi Juan Lo

Corner of California Atlantic [redacted]

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

INSPECTOR (Bed bugs)(Roaches) 609-271-6501

REPORT 07/28/16.

Sent Notice.

DETERMINATION

DATE OF REINSPECTION

AREAS OF REFERRAL

INSPECTOR'S SIGNATURE [signature] DATE 07/28/16.

City of Atlantic City

PLUMBING 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

Address [redacted]

Contractor FRED SPONSEL & CO INC

Telephone 609-266-7741 e-mail

Address 3107 BRIGANTINE BLVD, BRIGANTINE NJ 08201

Contractor License No. 5323 Exp. Date

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 Public Sewer Private Septic

Water Service Size Public Water Private Well

1. New/ Addition: $ 0.00 2. Rehabilitation: $ 135.00

3. Demolition: $ 0.00 Est. Cost of Plumbing Work (1+2+3): $ 135.00

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:

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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	
	LP Gas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
0	Sewer Pump	
0	Interceptor/ Separator	
0	Backflow Preventer (R)	
	Backflow Preventer (C)	
0	Greasetrap	
	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
0	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	
0	Other 4:	
0	Other 5:	
0	Other 6:	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	
	TOTAL FEE	$ 46.00

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

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**	Contractor	**ALLIED SERVICES**
		Telephone	**(609) 266-3300**
Owner in Fee	**RIGGIN DORRIS**	Address	**25 E DELILAH ROAD P'VILLE NJ 08401**
Telephone	[redacted]		
Address	[redacted]		
	[redacted]	Lic. No. / Bldrs. Reg. No	**2775**
Use Group(s):	**R-2**	Federal Emp. No.	

is hereby granted permission to perform the following work:

[X] Building **[X] Electrical** **[X] Plumbing**
[X] 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
Reference No:	6680
Total Check Amount	**$534.00**
Grand Total:	**$534.00**

City of Atlantic City

BUILDING SUBCODE
TECHNICAL SECTION #1

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

Address [redacted]

Contractor ALLIED SERVICES

Telephone 609-266-3300 e-mail

Address 25 E DELILAH ROAD, P'VILLE NJ 08232

Contractor License No. or Builder Registration Number 2775 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/ Foundations		
[ ] Structural/ 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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./ Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
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

TYPE OF WORK:

	FEE (Office Use Only)
[ ] NewBuilding	
[ ] Addition	
[X] Rehabilitation	$ 420.00
[ ] Roofing	$ 58.00
[X] 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	
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee (Volume)	
State Permit Surcharge Fee (Alterations)	$ 13.00
TOTAL FEE	$ 491.00

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

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

Address [redacted]

Contractor RPL ELECTRIC

Telephone 609-266-2358 e-mail

Address 12 HUTCHINSON PL, BRIGANTINE NJ

Contractor License No. 9219 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-2 Proposed

[ ] Pole/ Pad # [ ] Temporary [ ] Other:

Building Occupied as Utility Co.

1. New/ Addition: $ 0.00 2. Rehabilitation: $ 1,200.00

3. Demolition: $ 0.00 Est. Cost of Electrical Work (1+2+3): $ 1,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv				
Constr. Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp Cut-in-Card Date Issued

FinalCut-in-Card Date Issued

Anual Pool Inspection

Date of Grounding and Bonding Cert.

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

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

QTY.	SIZE	ITEMS	FEE (Office Use only)
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	
		Microinverters	
0		Other 1:	
0		Other 2:	
17		TOTAL NUMBERS	$ 46.00
0		Pool Permit/ with UW Lights	$ 0.00
0		Storable Pool/ Spa/ Hot Tub	$ 0.00
0	0.00	KW Elec. Range/ Receptacle	$ 0.00
0	0.00	KW Oven/ Surface Unit	$ 0.00
0	0.00	KW Elec. Water Heater	$ 0.00
0	0.00	KW Elec. Dryer/ Receptacle	$ 0.00
0	0.00	KW Dishwasher	$ 0.00
0	0.00	HP Garbage Disposal	$ 0.00
0	0.00	KW Central A/C Unit	$ 0.00
0	0.00	HP/ KW Space Htr./ Air	$ 0.00
0	0.00	KW Baseboard Heat	$ 0.00
0		HP Motors 1/ +HP	$ 0.00
0	0.00	KW Transformer/ Generator	$ 0.00
1	100.00	AMP Service	$ 46.00
0	0.00	AMP Subpanels	$ 0.00
0	0.00	AMP Motor Control Center	$ 0.00
0		KW Elec. Sign/ Outlet Light	$ 0.00
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
0	0.00	Other 5:	$ 0.00
0	0.00	Other 6:	$ 0.00
0	0.00	Other 7:	$ 0.00
		Other 8:	
		Other 9:	
		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 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

Address [redacted]

Contractor ALLIED SERVICES

Telephone 609-266-3300 e-mail

Address 25 E DELILAH ROAD, P'VILLE NJ 08232

Fire Alarm Contractor No. Exp. Date

Federal Emp. ID No. Fax

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 R-2 Proposed

Constr. Class Present Proposed

Heating System: [ ] New *or* [ ] Modification to Existing *or* [ ] Conversion *or* [ ] Replacement *or* [ ] HVAC

Fuel Type: [ ] Gas [X] Oil [ ] Electric [ ] Sola [ ] Other:

Location:

1. New Building $ 0.00
2. Rehabilitation $ 200.00
3. Demolition $ 0.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG

Capacity: 0 Fuel:

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 (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 Type:	Dates (Month/Day) 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_____				

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:

[ ] Certified Contractor [ ] Exempt Applicant

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:

	NUMBER	Fee (Office Use Only)
Flammable/ Combustible Tanks	0	$ 0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/ 110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	
Supervisory Devices (i.e., tampers, low/high air)	0	
Signaling Devices (i.e., horn/strobes, bells)	0	
Other Devices:	0	
TOTAL	0	$ 0.00
Other Devices:	0	$ 0.00
Suppression Systems		
Type: 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		
Wet Chemical	0	$ 0.00
Dry Chemical	0	$ 0.00
CO2 Suppression	0	$ 0.00
Foam Suppression	0	$ 0.00
FM200 Suppression	0	$ 0.00
Other:		$ 0.00
Other:		
Other Systems		
Kitchen Hood Exhaust System	0	$ 0.00
Smoke Control System	0	$ 0.00
Fuel-Fired Appliances [X] Gas [X] Oil [ ] Solid	0	$ 0.00
Fireplace Venting/ Metal Chimney		
Other:		
Other:		
Administrative Surcharge		$ 0.00
Minimum Fee		$ 0.00
State Permit Surcharge Fee		$ 0.00
TOTAL FEE		$ 0.00

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

City of Atlantic City

FIRE PROTECTION SUBCODE
TECHNICAL SECTION #1

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

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

Address [redacted]

Contractor DOMNICK LASASSO - DUPLICATE

Telephone 609-347-1541 e-mail

Address 56 N TRENTON AVENUE, ATLANTIC CITY NJ 08401

Fire Alarm Contractor No. Exp. Date

Federal Emp. ID No. Fax

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 R-2 Proposed

Constr. Class Present Proposed

Heating System: [ ] New *or* [ ] Modification to Existing *or* [ ] Conversion *or* [ ] Replacement *or* [ ] HVAC

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:

Location:

1. New Building $ 0.00
2. Rehabilitation $ 200.00
3. Demolition $ 0.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG

Capacity: 0 Fuel:

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 (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 Type:	Dates (Month/Day) 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_____				

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:

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

WATER HEATER GAS PIPPING. B-VENT.

Water Supply Source:

Method of Alarm/ Suppression System Supervision:

	NUMBER	Fee (Office Use Only)
Flammable/ Combustible Tanks	0	$ 0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/ 110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	
Supervisory Devices (i.e., tampers, low/high air)	0	
Signaling Devices (i.e., horn/strobes, bells)	0	
Other Devices:	0	
TOTAL	0	$ 0.00
Other Devices:	0	$ 0.00
Suppression Systems		
Type: **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		
Wet Chemical	0	$ 0.00
Dry Chemical	0	$ 0.00
CO2 Suppression	0	$ 0.00
Foam Suppression	0	$ 0.00
FM200 Suppression	0	$ 0.00
Other:		$ 0.00
Other:		
Other Systems		
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		
Other:		
Other:		
Administrative Surcharge		$ 0.00
Minimum Fee		$ 0.00
State Permit Surcharge Fee		$ 0.00
TOTAL FEE		$ 0.00

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

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

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

Address [redacted]

Contractor DOMNICK LASASSO - DUPLICATE

Telephone 609-347-1541 e-mail

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 Public Sewer Private Septic

Water Service Size Public Water Private Well

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:

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER HEATER GAS PIPPING. B-VENT.

QTY.	FIXTURE/ EQUIPMENT:	FEE (Office Use only)
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	$ 10.00
0	Fuel Oil Piping	
1	Gas Piping	$ 65.00
	LP Gas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
0	Sewer Pump	
0	Interceptor/ Separator	
0	Backflow Preventer (R)	
	Backflow Preventer (C)	
0	Greasetrap	
	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
0	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	
0	Other 4:	
0	Other 5:	
0	Other 6:	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	$ 2.00
	TOTAL FEE	$ 75.00

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

ITY OF ATLANTIC CITY
IVISION OF CONSTRUCTION

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

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

lock 149 Lot 4 Qual
ork Site Location 1520 BELFIELD AVE

wner in Fee/Occupant LO, KIT M & GEORGE LOK ETAL
ddress [redacted]
[redacted]
elephone [redacted]
ontractor QUALITY ELECTRIC SERVICE CO
ddress 601 DEHIRSCH AVE
WOODBINE, NJ 08270-
elephone (609)861-1409 Fax ( )
ic. No. or Bldrs. Reg. No. 5892
ederal 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 ccordance with the New Jersey Uniform Construction Code and is approved or occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

] CERTIFICATE OF APPROVAL
his serves notice that the work completed has been constructed or installed in ccordance with the New Jersey Uniform Construction Code and is approved. f the permit was issued for minor work, this certificate was based upon what as visible at the time of inspection.

[ ] 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.

] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
f this is a Temporary Certificate of Occupancy or Compliance, the following onditions must be met no later than _____, ____ or the owner will be ubject to fine or order to vacate:

[ ] 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 [X] Check No. 4045
Collected by: AM

ONSTRUCTION OFFICIAL
.C.C. F280 (rev. 3/96) NJ UCCBS 5.24E