



CERTIFICATE

Permit # 09-291 09-292
Date Issued 9/17/09
Control #
Certificate Issued Date: 1/6/10

IDENTIFICATION

Block 10 Lot 8 Qualification Code _____
Work Site Location 198 HYDEWAY DRIVE
TOTOWA BOROUGH, NEW JERSEY 07512
Owner in Fee RAY HILLPOT
Address 198 HYDEWAY DRIVE
TOTOWA BOROUGH, NEW JERSEY 07512
Tel. (973) 942-7291
Contractor A&A RECOVERY COMPANY
Address 130 RYERSON AVENUE/SUITE 313
WAYNE, NEW JERSEY
Tel. (973) 709-1700 FAX (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employer No. 22-3474521

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (_____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

ALLAN BURGHARDT / [Signature] 1/6/10
CONSTRUCTION OFFICIAL DATE

Fee \$ _____
Paid [] Check No. _____
Collected by: _____



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 10 Lot 8 Qualification Code 198 Hydraulic dia.

Owner In Fee: 198 Hydraulic dia.

Tel. 973-948-7291 e-mail

Address 198 Hydraulic dia.

Contractor: At Home Recovery cc. Tel. 973-204-1700

Address 1301 Masamuccus e-mail

Contractor License No. or Builder Registration No. Site 313 VAP Inc

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

Federal Emp. ID No. 22-349454 FAX: ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS

☐ No Plans Required ☐ Type Failure Failure Approval Initial

☐ All ☐ Footing Bonding

☐ Footings/Foundations ☐ Foundation

☐ Structural Framework ☐ Slab

☐ Exterior ☐ Frame

☐ Interior ☐ Truss Sys./Bracing

☐ Joint Plan Review Required ☐ Barrier-Free

☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator ☐ Insulation

☐ SUBCODE APPROVAL FOR PERMIT ☐ Finishes-Base Layer

Date: ☐ Approved by: ☐ Energy

☐ SUBCODE APPROVAL FOR CERTIFICATE ☐ Mechanical

☐ CO ☐ CCO ☐ GA ☐ TCO

Date: ☐ Other

Approved by: ☐ Final

☐ Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present ☐ Proposed ☐

No. of Stories ☐

Height of Structure ☐

Area — Largest Floor ☐

New Bldg. Area/All Floors ☐

Volume of New Structure ☐

Max. Live Load ☐

Max. Occupancy Load ☐

Constr. Class Present ☐ Proposed ☐

If Industrialized Building: ☐

State Approved ☐

Est. Cost of Bldg. Work: ☐

1. New Bldg. ☐

2. Rehabilitation ☐

3. Total (1+2) ☐

C. CERTIFICATION UNDER OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

550 GA 11300-01
TAN H. ABANDONED

TANK UNDER 6000 WALK WAY.

CLEANED OUT, 9/30/09

CD. HENRY ST. 59th. 9/30/09

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence ☐ Height (exceeds 6')

☐ Sign ☐ Sq. Ft.

☐ Pool

☐ Retaining Wall ☐ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☒ Other ☐ Tank Abandonment

☐ Demolition

☐

CD # 9464

7.25/09

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)

\$

Date Received 9/17/09

Control #

Date Issued 09-291

Permit #

1 White = Inspector Copy

2 Pink = Office Copy

3 Gold = Applicant Copy

4 Gold = Applicant Copy

U.C.C. F110

(rev. 12/07)



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 10 Lot 8 Qualification Code _____
Work Site Location 198 Hydeaway dr.

Owner In Fee: PLAT H.I.I (1007)

Tel. (973) 942-7291 e-mail _____

Address 198 Hydeaway dr. 198 Hydeaway dr.

Contractor: Ata of New York Co. Tel. 973 209-1333

Address 130 Madison Ave e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-3474521 FAX: (____) _____

JOB SUMMARY (Office Use Only)

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				
☐ Elevator			Insulation				
☐ SUBCODE APPROVAL FOR PERMIT			Finishes-Base Layer				
☐ SUBCODE APPROVAL FOR CERTIFICATE			Finishes-Final				
☐ Approved by: _____			Energy				
☐ MECHANICAL			Mechanical				
☐ TCO			TCO				
☐ Other			Other				
☐ Final			Final				
☐ Barrier-Free			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

275 Gallon Fuel Tank
Installation Outside

9/30/09

9/30/09

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____

☐ Sign _____ Sq. Ft. _____

☐ Pool

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☒ Other Tank Installation

☐ Demolition

9/30/09

7/3/09

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

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20090292 SF



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