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CITY OF ELIZABETH

CITY CLERK'S OFFICE

50 WINFIELD SCOTT PLAZA
ELIZABETH, N.J. 07201

June 25, 2019

EMAIL: opra+request-5866-0c7a1938@requests.opramachine.com
Lynette Carrington
Re/Max Platinum

RE: 209 GLENWOOD ROAD

Dear Ms. Carrington,

Pursuant to your OPRA request dated June 21, 2019, enclosed please find the memos and documents from various departments within City Hall.

Should you have any questions with regards to this matter, please feel free to contact me at (908) 820-4134.

Very truly yours,

Vicki Eanes

Vicki Eanes
City Clerk's Office

OPRA request - 209 Glenwood Road Open Permits/Violations

LC Lynette Carrington <opra+request-5866-0c7a1938@requests.opramachine.c

Reply all |

Mon 6/17, 7:21 PM
Yolanda Roberts

Dear Elizabeth City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested re: 209 Glenwood Road, Elizabeth, NJ

Open Permits/Violations

Yours faithfully,

Lynette Carrington
Re/Max Platinum
732-821-6400 (office)
848-667-1260 (cell)

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-5866-0c7a1938@requests.opramachine.com

Is yroberts@elizabethnj.org the wrong address for OPRA requests to Elizabeth City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=elizabeth_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/209_glenwood_road_open_permitsvi

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

RECEIPT

NUMBER 663677

DATE 6-28-2019

RECEIVED FROM LYNETTE CARRINGTON RE/MAX PLATINUM

Address 966 SHOPPES BLVD. NO. BRUNS, 08962

ZERO 25/100 DOLLARS $ .25

FOR OPRA- 209 GLENWOOD ROAD

5 PAGES @ 0.05 PER PAGE

ACCOUNT			HOW PAID		
BEGINNING BALANCE			CASH		✓
AMOUNT PAID			CHECK		
BALANCE DUE			MONEY ORDER		

BY Vicki Jones

ELIZABETH FIRE DEPARTMENT

FIRE PREVENTION BUREAU

411 Irvington Avenue, Elizabeth, NJ 07208
Office(908)820-4040 **Fax** (908)629-0292

Friday, June 21, 2019

Lynette Carrington
Re/Max Platinium

Re: 209 GLENWOOD ROAD, ELIZABETH, NEW JERSEY 07208

This letter is in regards to the recent environmental assessment request that was submitted to the Elizabeth Fire Prevention Bureau. Our records indicate that we have information. Records are viewed by appointment only. Please contact our office to set up time and date.

Thank You,

Ms. Sandie Ciaramella
Elizabeth Fire Prevention Bureau

Attachment (1)

INTEROFFICE MEMORANDUM

Memo

To: VICKI EANES, CLERK 2

From: HASSAN-ABDUR RAHMAN, HEALTH DEPARTMENT

Date: JUNE 24, 2019

Re: 209 GLENWOOD ROAD

Hassan Abdur-Rahman

THE CITY OF ELIZABETH HEALTH DEPARTMENT CURRENTLY HAS NO FILES ON RECORD FOR THE ABOVE ADDRESS. THERE ARE NO OPEN FILES OR VIOLATIONS ON RECORD PERTAINING TO THE ABOVE ADDRESS.

Memorandum

RECEIVED

RECEIVED

JUN 21 2019

CITY CLERK'S OFFICE

To: Grace Pereira, Senor Clerk Typist
From: Paloma Rodrigues, Secretarial Asst.
Date **June 20, 2019**
Re: **209 Glenwood Rd**

As per your request there are 0 complaints on the above mentioned property.

RECEIVED

JUN 21 2019

CITY CLERK'S OFFICE

CITY OF ELIZABETH
BUREAU OF CONSTRUCTION

INTEROFFICE MEMORANDUM

JUNE 21, 2019

TO: Vicki Eanes, City Clerk's Office

FROM: Nicole Campos, Bureau of Construction

SUBJECT: REQUEST FOR GOVERNMENT RECORDS

RE: 209-211 Glenwood Rd

We did a thorough review of our current records and we were **able** to locate requested documents under the above mentioned property. Attached are copies, if you have any questions or concerns, please contact us at (908)820-4014.

Thank you

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

7/2/15
15-1225
Control Number: 4026
Application Date: 06/16/2015

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 10 Lot: 830 Qualification Code:
Work Site Location: 209-211 GLENWOOD RD ELIZABETH

Owner In Fee: WELLS HAROLINE GAY
Address: 209 GLENWOOD RD
ELIZABETH NJ 07208
Telephone: [redacted]
Use Group(s): R-5

Contractor: VIVINT INC. C/O STEVE COPPOLA
Address: 820 BEAR TAVERN RD 3RD FL.
WEST TRENTON NJ 08628
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
INSTALLATION OF LOW-VOLTAGE BURGLAR ALARM

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	298.00
Cost of Demolition:	0.00
Total Cost:	$298.00

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.

RAYWANT P. SARRAN
Construction Official

6/17/15
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	$65.00
Plumbing	
Fire Protection	$65.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$131.00
All Fees Waived:	No

Amount to be Paid: $131.00

Pd CK #'s
509355 & 509331
7/2/15
(M.R.)

Note:

CITY OF ELIZABETH

FIRE SUBCODE TECHNICAL SECTION

Date Received 06/16/2015 Date Issued 7/2/15
Control # 4026 Permit # 0 15-1225

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 10 Lot: 830 Qualification Code:

Work Site Location : 209-211 GLENWOOD RD

Owner Details

Owner in Fee: WELLS HAROLINE GAY
Address: 209 GLENWOOD RD
ELIZABETH NJ 07208
Telephon[redacted]
E-mail:

Contractor Details

Contractor: VIVINT INC. C/O STEVE COPPOLA ATTN:
Address: 820 BEAR TAVERN RD 3RD FL. WEST TRENTON NJ 08628-
Telepho[redacted]x:
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.:
Federal Emp. No.:[redacted]
Fire Protection Equipment, NJ Div of Fire Safety Installer No.:
License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.:
Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems:[ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel Type:[ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:
Fuel Storage Tanks:
Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel
1. New: $0.00 2. Rehabilitation: $99.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $99.00

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New *or* [ ] Existing
Location of Main Control Valve:

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.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/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

7/2/15 (N.R.)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALLATION OF LOW-VOLTAGE BURGLAR ALARM

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	2	$50.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	2	$50.00
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		
Fuel-Fired Appliances [ ]Gas [ ]Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Mininimum Fee	
State Permit Surcharge Fee	
TOTAL FEE Pd. CK # S	$65.00

509355 & 509331

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.

CITY OF ELIZABETH

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 06/16/2015
Control #: 4026

Date Issued: 7/2/15
Permit #: 0 15-1225

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 10 Lot: 830 Qualification Code:

Work Site Location: 209-211 GLENWOOD RD

Owner in Fee: WELLS HAROLINE GAY

Address: 209GLENWOOD RD
ELIZABETH NJ 07208

E-mail:

Telephone: [redacted]

Contractor: VIVINT INC. C/O STEVE COPPOLA
ATTN:

Address: 820 BEAR TAVERN RD 3RD FL.
WEST TRENTON NJ 08628-

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License [redacted] Date:

DESCRIPTION OF WORK:
INSTALLATION OF LOW-VOLTAGE BURGLAR ALARM

Telephone: [redacted]
Fax:

Federal Emp. No.: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $199.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $199.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 6/17/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/20/15
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			7/20/15	
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

7/2/15 (M.B.)

Applicant's Signature/Contractor's seal and Signature Print Name

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

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

$45.00

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE Pd C/C #'s $65.00

U.C.C.F120(rev. 11/09)

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

509355 & 509331

CERTIFICATE

CERT. NO. 17197
DATE ISSUED October 19, 90
Block _____ Lot _____
Subdivision _____

IDENTIFICATION

Owner _____
Address _____
Tel. (___) _____
Work Site Address 209 Glenwood Road
Elizabeth, New Jersey

Agent Degnan Boyle Realtors
Address 540 North Avenue
Union, New Jersey
07083
Tel. (___) _____
Lic. No. _____
Federal Emp. No. _____

PAYMENTS

Fees Remitted $ _____
☐ Check No. _____
☐ Cash
☐ Other _____

Collected By: _____
Date: _____

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☒ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

1 Family
Buyers-Raul and Hohana Guedes

USE GROUP R-4 FIRE GRADING 1 Hour

MAXIMUM LIVE LOAD 40 psf MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ _____

CONSTRUCTION OFFICIAL

Light Green = Office Copy White = Applicant Copy

25787

CERTIFICATE

CERT. NO. 14826
DATE ISSUED 5/26/88
Block 10 Lot 830
Subdivision

IDENTIFICATION

Owner Madasz, Edward
Address 209 Glenwood Road
Elizabeth
Tel. ( )
Work Site Address 209 Glenwood Road

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☒ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

1 Family Resale

USE GROUP R3 FIRE GRADING 1 hour

MAXIMUM LIVE LOAD 40 psf MAXIMUM OCCUPANCY LOAD

SPECIFIC USE

FINAL COST OF CONSTRUCTION: $

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

25786