

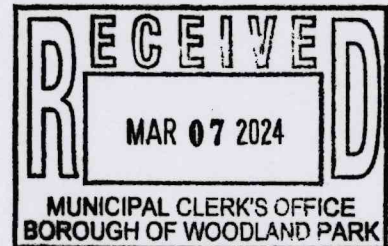
Silvia Nin

39 16

From: Olivola, Sandra
Sent: Thursday, March 7, 2024 8:36 AM
To: Silvia Nin
Subject: FW: OPRA request - 20 Mckeown - aka 202 Mckeown Ave

24-102
Code / Bldg

Follow Up Flag: Follow up
Flag Status: Flagged



Good morning,

FYI - address is in the subject line. ☺

-----Original Message-----

From: Nancy Rodriguez <opra+request-59237-21fc5d88@requests.opramachine.com>
Sent: Wednesday, March 6, 2024 6:52 PM
To: Olivola, Sandra <solivola@wpnj.us>
Subject: OPRA request - 20 Mckeown - aka 202 Mckeown Ave

Due: 3-18-24
emailed
3-7-24 (sr)

Caution! This message was sent from outside Woodland Park. This may be normal, we just wanted you to be aware.

Dear Woodland Park Borough,

This is a request for public records made under OPRA for any open permits or closed permits I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

Yours faithfully,
Nicholas Real Estate Agency

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-59237-21fc5d88@requests.opramachine.com

Is solivola@wpnj.us the wrong address for OPRA requests to Woodland Park Borough? If so, please contact us using this form:

https://us-east-2.protection.sophos.com?d=opramachine.com&u=aHR0cHM6Ly9vcHJhbWVjaGluZS5jb20vY2hhbmdlX3JlcXVlc3QvbmV3P2JvZG9vZGxhbmRfcGFya19ib3JvdWdo&i=NjFiMTFhYzA2NWRmMWMwZWYwMjI0ZmZi&t=ZVhDc28lYkJMqnJYUUVBQM3d6Z3dENi9iQm85WXQ1S0pLeGVvQXB5ZTZIST0=&h=03e294cd95104b059f00e2c0f6890f09&s=AVNPUEhUT0NFTkNSWVBUSVa9C5nlzVPO7V8_ptjBKIDZuNAyYe-TOaFKdt5fDEpkDVtRyX7gHNnUFP3dN6KONxSJZdWsu_sjGZRYWfPEfyH9eDEqfrVEY1rYaVVxcRsBftH6PrZ5xLZ8heaBk3YxWrg

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

From Code: 1/Closed permit for a new roof.

Handwritten signature and date: 3/7/24



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

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

Block 37 Lot 16 Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (201) _____

Contractor John J. ...

Address _____

Tel. (_____) _____ FAX (_____) _____

Contractor License No. or Builder Registration No. 12080-37001

Federal Emp. No. 00-3191007

JOB SUMMARY (Office Use Only)

PLAN REVIEW			Date	Initial	INSPECTIONS		Dates (Month/Day)			
[]	No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial		
[]	All	_____	_____	Footing	_____	_____	_____	_____		
[]	Footing	_____	_____	Footing Bonding	_____	_____	_____	_____		
[]	Foundation	_____	_____	Foundation	_____	_____	_____	_____		
[]	Frame	_____	_____	Slab	_____	_____	_____	_____		
[]	Other	_____	_____	Frame	_____	_____	_____	_____		
Joint Plan Review Required:				Truss Sys./Bracing	_____	_____	_____	_____		
				Barrier-Free	_____	_____	_____	_____		
[]	Elec.	[]	Plumb.	[]	Fire	[]	Elevator	Insulation	_____	
				Finishes -Base Layer	_____	_____	_____	_____		
SUBCODE APPROVAL				Finishes -Final	_____	_____	_____	_____		
[]	CO	[]	CCO	[X]	CA	Energy	_____	_____		
Date:	_____ 1/22/08			Mechanical	_____	_____	_____	_____		
Approved by:	_____ [Signature]			TCO	_____	_____	_____	_____		
				Other	_____	_____	_____	_____		
				Final	_____	_____	_____	_____		
				Barrier-Free	_____	_____	_____	_____		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:

Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____

No. of Stories _____ 2. Rehabilitation \$ _____

Height of Structure _____ Ft. 3. Total (1+ 2) \$ 22000

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

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

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☒ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 75

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hard = Applicant Copy