Borough of Haledon

PASSAIC COUNTY, NEW JERSEY
INCORPORATED 1908
510 BELMONT AVENUE
HALEDON, NEW JERSEY 07508
TELEPHONE: 973-595-7766 EXT. 140
FACSIMILE: 973-790-4781
jbooth@haledonboronj.com

January 14, 2019

Re: OPRA request for
23 North 12th St
Haledon, N.J. 07508

Dear Sirs

Please be advised after further search of all archive records, I was unable to locate any permits pertaining to the removal or abandonment of any above ground or underground oil tank for the property located 23 North 12th St, block 103 lot 4. All permits available are included in the OPRA request along with this letter.

Please contact our office with any questions.

Yours truly,

John Lindberg
Code Enforcement Officer
973-934-6293

Borough of Haledon
510 Belmont Ave
Haledon, NJ 07508
(000)000-0000 FAX *(000)000-0000*

Permit No. **19970140**
Control No. **92000786**
Parcel(Block/Lot) **103/4**
Date **7/07/1997**

Construction Permit

Work Site Location 23 N 12TH ST

Owner in Fee..... **DAU, G.**
Address.....
Phone.....

Contractor....
Address.....
Phone.....
Lic No..... -
Fed Emp No.

Permission is hereby granted to do the following work:

☑ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

RIP OFF

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $2,650

Construction Official Date

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

PAYMENTS * (Office Use Only)

Building	$40
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	3
Certificate of Occupancy	0
Other	0
Total	$43
Check#/Cash	
Paid	$43
Collected By	

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough of Haledon
BUILDING SUBCODE
TECHNICAL SECTION

Date Receive 7/07/1997
Control # 92000786

Date Issued 7/07/1997
Permit # 19970140

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

Block/Lot 103/4

Work Site Location 23 N 12TH ST

Owner in Fee: DAU, G.

Tel. _____ e-mail _____

Address: _____ (Street / municipality / zip code)

Contractor: _____ Tel. _____

Address: _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Final				
Other				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed _____
Constr. Class 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.
Total Land Area Disturbet _____ Sq. Ft.

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

RIP OFF

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8_
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other_____
- [ ] Demolition

FEE (Office Use Only)

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough of Haledon
510 Belmont Ave
Haledon, NJ 07508
(000)000-0000 FAX *(000)000-0000*

Permit No. **20020110**
Control No. **92002340**
Parcel(Block/Lot) **103/4**
Date **5/01/2002**

Construction Permit

Work Site Location 23 N 12TH ST

Owner in Fee..... DAU, G.
Address.....

Phone.....

Contractor....
Address.....

Phone.....
Lic No..... -
Fed Emp No.

Permission is hereby granted to do the following work:

☑ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $1,750

Construction Official Date

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

PAYMENTS * (Office Use Only)

Building	$40
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	2
Certificate of Occupancy	0
Other	0
Total	$42
Check#/Cash.....	
Paid	$42
Collected By	

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough of Haledon
BUILDING SUBCODE
TECHNICAL SECTION

Date Receiv 5/01/2002
Control # 92002340

Date Issued 5/01/2002
Permit # 20020110

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

Block/Lot 103/4

Work Site Location 23 N 12TH ST

Owner in Fee: DAU, G.

Tel. _____ e-mail _____

Address: _____ (Street / municipality / zip code)

Contractor: _____ Tel. _____

Address: _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Final				
Other				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed _____
Constr. Class 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.
Total Land Area Disturbet _____ Sq. Ft.

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

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8_
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other_____
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge $ 0
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough of Haledon
510 Belmont Ave
Haledon, NJ 07508
(000)000-0000 FAX *(000)000-0000*

Permit No. **20040006**
Control No. **92002936**
Parcel(Block/Lot) **103/4**
Date **1/06/2004**

Construction Permit

Work Site Location 23 N 12TH ST

Owner in Fee..... DAU, G.
Address.....
Phone.....

Contractor....
Address.....
Phone.....
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☐ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

HOT WATER HEATER

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $965

Construction Official Date

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

PAYMENTS * (Office Use Only)

Building	$0
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	1
Certificate of Occupancy	0
Other	0
Total	$41
Check#/Cash	
Paid	$41
Collected By	

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough of Haledon
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/06/2004
Control # 92002936

Date Issued 1/06/2004
Permit # 20040006

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

Block/Lot 103/4

Work Site Location 23 N 12TH ST

Owner in Fee: DAU, G.

Tel. _____ e-mail _____

Address: _____ (Street / municipality / zip code)

Contractor: _____ Tel. _____

Address: _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Septic _____

Est. Cost of Plumbing Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN UEU 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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D.TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Hose Bibb	
	Water Heater	
	Washing Machine	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot WaterBoiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease Trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	

Administrative Surcharge $ 0

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

Total Fees $ _____

Description of Work: HOT WATER HEATER

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough of Haledon
510 Belmont Ave
Haledon, NJ 07508
(000)000-0000 FAX *(000)000-0000*

Permit No. **20060065**
Control No. **92003750**
Parcel(Block/Lot) **103/4**
Date **3/17/2006**

Construction Permit

Work Site Location 23 N 12TH ST

Owner in Fee..... DAU, G.
Address.....

Phone.....

Contractor....

Address.....

Phone.....
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

1-100 AMP SERVICE

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $1,200

Construction Official Date

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

PAYMENTS * (Office Use Only)

Building	$0
Electrical	46
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	2
Certificate of Occupancy	0
Other	0
Total	$48
Check#/Cash	
Paid	$48
Collected By	

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough of Haledon
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 3/17/2006
Control # 92003750

Date Issued 3/17/2006
Permit # 20060065

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

Block/Lot 103/4

Work Site Location 23 N 12TH ST

Owner in Fee: DAU, G.

Tel. _____ e-mail _____

Address: _____ (Street / municipality / zip code)

Contractor: _____ Tel. _____

Address: _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____ Descript: 1-100 AMP SERVICE

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		
Date:		
Approved by:		

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

U.C.C. F120 (rev. 07105) Internet version

Applicant: When submitting this form to your Local construction code Enforcement Officeplease provide one original plus three photocopies

C. CERTIFICATION IN UEU 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.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Pole	
		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		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 AC Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 11+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

Borough of Haledon
510 Belmont Ave
Haledon, NJ 07508
(000)000-0000 FAX *(000)000-0000*

Permit No. **20120199**
Control No. **92005653**
Parcel(Block/Lot) **103/4**
Date **12/11/2012**

Construction Permit

Work Site Location 23 N 12TH ST

Owner in Fee..... DAU GRACE
Address..... 23 N 12TH ST
HALEDON NJ 07508
Phone..... 9737903004

Contractor.... **Mainstream Plumbing**
Address..... P.O. Box 797
Franklin Lakes, Nj 07417
Phone.....(201)848-0046
Lic No.....
Fed Emp No. 10260

Permission is hereby granted to do the following work:

☐ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

Install water heater

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: $630

Construction Official Date

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

PAYMENTS * (Office Use Only)

Building	$0
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	1
Certificate of Occupancy	0
Other	0
Total	$41
Check#/Cash.....	CASH
Paid	$41
Collected By	DH

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Borough of Haledon
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/11/2012
Control # 92005653

Date Issued 12/11/2012
Permit # 20120199

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

Block/Lot 103/4
Work Site Location 23 N 12TH ST

Owner in Fee: DAU GRACE
Tel. 9737903004 e-mail
Address: 23 N 12TH ST (Street) HALEDON (municipality) NJ 07508 (zip code)
Contractor: Mainstream Plumbing Tel. (201)848-0046
Address: P.O. Box 797, Franklin Lakes, Nj 07417 e-mail
Contractor License No. Exp. Date
Federal Emp. ID No. 10260 FAX

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Septic
Est. Cost of Plumbing Work $ 630

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN UEU 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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D.TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Hose Bibb	
1	Water Heater	10
	Washing Machine	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot WaterBoiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease Trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $	0
Minimum Fee $	40
State Permit Surcharge Fee $	
Total Fees $	40

Description of Work: Install water heater

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies