CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
INSPECTION DIVISION/PROPERTY MAINTENANCE
City Hall - Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6437
E-mail: hdecasablanca@cityofatlanticcity.org

Rental/Sale Inspection Report

Property Address: 24 N VERMONT AVE, 1, ATLANTIC CITY, NJ 08401	Block: 124	Lot: 44
Owner: 24 NORTH VERMONT AVENUE LLC	Agent:	
Address: 24 N VERMONT AVE	Address:	
City/State/Zip Code: ATLANTIC CITY ,NJ 08401	City/State/Zip Code:	

ACTION

Date of Inspection: 12/16/2021 Compliance Due Date: 01/15/2022

TAKE NOTICE that you have been found to be in violation of the following Chapter 207 of the City Code which adopted the Property Maintenance Code of Atlantic City, promulgated thereunder in that:

SPECIFIC VIOLATIONS **Comply Date: :** 1/15/2022

Code: 304.1 Stairways, decks, porches and balconies **Status:** In Violation

Location: **Unit #** EXTERIOR

Every exterior stairway, deck, porch and balcony, and all appurtenances attached thereto, shall be maintained structurally sound, in good repair, with proper anchorage and capable of supporting the imposed loads. MISSING A PORTION OF THE BALCONY CREATING A DANGEROUS SITUATION. STAIRWAY IS MISSING SOME BALASTERS. AS YOU GO UP THE STAIRWAY TO THE 3RD FLOOR THE FLASHING AROUND THE WOOD MUST BE REMOVED OR REPLACED, INSTALL PROPERLY. POWERWASH ENTIRE DECK. PLEASE CHECK ALL WINDOWS MAKE SURE THEY WORK PROPERLY OTHERWISE REPLACE THEM. PLEASE PAINT APTS THAT NEEDED.

Comments:

Code: 304.13 Window, skylight and door frames **Status:** In Violation

Location: **Unit #** 1

PM-304.13 Window, skylight and door frames : Every window, skylight, door and frame shall be kept in sound condition, good repair and weather tight. not working properly.

Comments: unit 1 GFCI NOT WORKING PROPERLY.

Code: 704.2 Smoke alarms **Status:** In Violation

Location: **Unit #** 2

PM-704.2 Smoke alarms : Single- or multiple-station smoke alarms shall be installed and maintained in Group R or I-1 occupancies, regardless of occupant load at all of the following locations: HALL WAY

Comments: WINDOWS CAN NOT BE CHECKED, FURNITURE. UNABLE TO ACCESS. FRONT DOOR FIX OR REPLACED.

Code: 604.3 Electrical system hazards **Status:** In Violation

Location: **Unit #** 3

PM-604.3 Electrical system hazards : Where it is found that the electrical system in a structure constitutes a hazard to the occupants or the structure by reason of inadequate service, improper fusing, insufficient receptacle and lighting outlets, improper wiring or installation, deterioration or damage, or for similar reasons, the code official shall require the defects to be corrected to eliminate the hazard. GFCI IN KITCHEN AND BATHROOM MUST BE REPLACE.

Comments: PAINT ENTIRE APT. MISSING SHEETROCK IN TWO CLOSETS,EXTERIOR. DOOR NEEDS WEATHER STRIPPING

Code: 604.3 Electrical system hazards **Status:** In Violation

Location: **Unit #** 5

PM-604.3 Electrical system hazards : Where it is found that the electrical system in a structure constitutes a hazard to the occupants or the structure by reason of inadequate service, improper fusing, insufficient receptacle and lighting outlets, improper wiring or installation, deterioration or damage, or for similar reasons, the code official shall require the defects to be corrected to eliminate the hazard. GFCI IN KITCHEN NOT WORKING

Comments: HOLE IN CEILING, PAINT UNIT WERE NEEDED.

Code: 603.1 Mechanical appliances **Status:** In Violation

Location: **Unit #** 7

PM-603.1 Mechanical appliances : All mechanical appliances, fireplaces, solid fuel-burning appliances, cooking appliances and water heating appliances shall be properly installed and maintained in a safe working condition, and shall be capable of performing the intended function. STOVE NOT WORKING PROPERLY, FIX OR REPLACE.

Comments: THE WINDOWS IN THIS UNIT HAVE TO FIX OR BETTER YET REPLACE NON OF THE WINDOWS WORK. PLEASE CHECK ALL STORM DOORS IN THIS BUILDING. PAINT UNIT WERE NEEDED.

You are hereby ordered to terminate said violation(s) on or before 01/15/2022. 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

City of Atlantic City

1301 Bacharach Blvd
Atlantic City, NJ, 08401
(609) 347-6450

Application for Occupancy Permit

Permit Reference #	OP-2021-02055	**Date Submitted:**	12/8/2021 11:51:00 AM

Property Details

Address:	24 N VERMONT AVE		
Block/Lot:	124/44	**Type:**	Residential
No. of Bedrooms:	12		

Application Details

Type:	Sale		
No. of Units:	8	**Closing Date:**	12/20/2021

Property Owner Details

Name:	24 NORTH VERMONT AVENUE LLC		
Address:	24 N VERMONT AVE, ATLANTIC CITY ,NJ 08401		
Business Type:			
Email:	frankl5150@aol.com	**Phone #:**	(609) 513-1184

Agent Details

Name:	Franklin LaVerde	**Company:**	Soleil Sotheby's International Realty
Address:	8502 Ventnor Avenue, Margate, NJ 08402		
Email:	frankl5150@aol.com	**Phone #**	(609) 513-1184

Buyer Details

Name:	Peretz Lubin	**Company:**	Argo Atlantic LLC
Address:	1529 Newport Drive, Lakewood, NJ 08701		
Email:	peretz@eighthstreetproperties.com	**Phone #**	(609) 513-1184

Contact Person Details

Contact Person:	Other	**Name:**	Bill Fraser
Address:	,		
Email:	megan@laverdeland.com	**Phone #**	(856) 899-9893

New Occupants

First Name	Last Name	Phone #

I hereby window guards to be installed on the windows of the above-reference rental units as per the City Code of Atlantic City.

Amount Due: $400.00

NOV wed 10TH 10-11AM

Rental

PASS

City of Atlantic City

1301 Bacharach Blvd
Atlantic City, NJ, 08401
(609) 347-6450

Application for Occupancy Permit

Permit Reference #	OP-2021-01774	**Date Submitted:**	11/1/2021 11:58:00 AM

Property Details

Address:	24 N Vermont Avenue, Atlantic City 4		
Block/Lot:	/	**Type:**	Residential
No. of Bedrooms:	2		

Application Details

Type:	Rental		
No. of Units:	1	**Closing Date:**	

Property Owner Details

Name:	24 N VERMONT AVENUE LLC		
Address:	8000 LAGOON DRIVE, MARGATE, NJ 08402		
Business Type:			
Email:	FRANKL5150@AOL.COM	**Phone #:**	(609) 513-1184

Agent Details

Name:	Frank LaVerde	**Company:**	
Address:	8000 lagoon drive, margate, NJ 08402		
Email:		**Phone #**	(609) 513-1184

Buyer Details

Name:		**Company:**	
Address:	, , NJ		
Email:		**Phone #**	

Contact Person Details

Contact Person:	Other	**Name:**	Bill Fraser
Address:	,		
Email:	MEGAN@LAVERDELAND.COM	**Phone #**	(856) 899-9893

New Occupants

First Name	Last Name	Phone #
Berdover	Diaz	
Mariel	Ortiz	

I hereby Refuse window guards to be installed on the windows of the above-reference rental units as per the City Code of Atlantic City.

Amount Due: $50.00

NO ANS
NOV 4TH

CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
INSPECTION DIVISION/PROPERTY MAINTENANCE
City Hall - Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

PERMIT REFERENCE NO. OP-2021-01774

Permit Type: Residential
Date of Permit: 11/10/2021
Type: Rental

Fee Paid: $50.00
Property Address: 24 N Vermont Avenue, Atlantic City
Unit/Apt # 4
Name/Address of Owner or Seller: 24 N VERMONT AVENUE LLC
8000 LAGOON DRIVE
MARGATE, NJ 08402

This location has been inspected and is hereby declared to be ready 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 4

Signature of Inspector

Henry DeCasablanca
Name of Inspector

Issued

Permit Status: Issued
Expiration Date:

Occupant/Buyer Name	Phone #	Age
Mariel Ortiz		46
Berdover Diaz		43

City Hall – Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

fee
$81.00

APPLICATION FOR AN OCCUPANCY PERMIT

Date:

Receipt and Permit No. 0041-21R

- [X] Rental – Initial Inspection $50.00
- [ ] Sales/Refinance, Single Unit $50.00
- [ ] Sales/Refinance, Multiple Units: ____ units x $50.00 each = ____

***** ALL THE ABOVE APPLICATION FEES ARE NON-REFUNDABLE ****

Owner's Name: 24 N. Vermont Ave LLC Telephone: 6095131184

Owner's Address: 8000 Lagoon Drive Margate NJ 08402

Local Contact: Franklin Laverde Telephone: 6095131184

Local Contact's Address: 8000 Lagoon Drive Margate NJ 08402

Address of property to be inspected: 24 N. Vermont Ave #7 Atlantic City NJ 08401

Apt. No. 7 *Block* 124 *Lot* 44

Name and Address of Lessee or Buyer: Kofi Osei & Adu Poku
[redacted]

Total Occupants Requested (Rental): 2

An application is required for each dwelling unit prior to change in occupancy or upon sale or refinancing. A separate permit must be obtained for each dwelling unit. The fine for EACH VIOLATION is a MINIMUM of $500, a MAXIMUM of $1,000 and/or ninety (90) days in jail

I certify that the information above is true to the best of my knowledge and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Owner, Landlord or Authorized Agent

COMPLETED BY OCCUPANT FOR RENTAL PERMITS

List all persons and their ages who will occupy the dwelling unit:

NAME	AGE	NAME	AGE
1. Kofi Osei		4.	
2. Adu Poku		5.	
3.		6.	

Hereby [ ] request [ ] refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

I certify that the information above is true to the best of my knowledge, and I know that if the information provided is wilfully wrong, I am subject to punishment.

Kofi Osei 1-5-21 Kofi
Signature of Tenant Date Signature of Tenant Date

ANTIC CITY
MENT OF LICENSING & INSPECTIONS
CTION DIVISION/LANDLORD REGISTRATION
Hall – Room 112
301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

OCCUPANCY PERMIT NO. 0041-21R

☒ Rental Permit ☐ Sales Permit

Fee Paid: 50.00

Date of Permit: 1-21-21

Property Address: 24 N. Vermont Avenue #7

Name/Address of Owner or Seller: 24 N. Vermont Avenue LLC

8000 Lagoon Drive Margate, NJ 08402

Name/Address of Occupant or Buyer: Kofi Osei, Adu Poku

[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

Lou Bell
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/ ncd

City Hall – Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

See SALE

APPLICATION FOR AN OCCUPANCY PERMIT

Date:

Receipt and Permit No. 0042-21R

☒ Rental – Initial Inspection $50.00
☐ Sales/Refinance, Single Unit $50.00
☐ Sales/Refinance, Multiple Units: ____ units x $50.00 each = ____

***** ALL THE ABOVE APPLICATION FEES ARE NON-REFUNDABLE ****

Owner's Name: 24 N. Vermont Ave LLC Telephone: 6095131184

Owner's Address: 8000 Lagoon Drive Margate NJ 08402

Local Contact: Franklin Laverde Telephone: 6095131184

Local Contact's Address: 8000 Lagoon Drive Margate NJ 08402

Address of property to be inspected: 24 N. Vermont Ave. #8 Atlantic City, NJ 08401

Apt. No. 8 *Block* 124 *Lot* 44

Name and Address of Lessee or Buyer: Jose Arroyo [redacted]

Total Occupants Requested (Rental)

An application is required for each dwelling unit prior to change in occupancy or upon sale or refinancing. A separate permit must be obtained for each dwelling unit. The fine for EACH VIOLATION is a MINIMUM of $500, a MAXIMUM of $1,000 and/or ninety (90) days in jail

I certify that the information above is true to the best of my knowledge and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Owner, Landlord or Authorized Agent

COMPLETED BY OCCUPANT FOR RENTAL PERMITS

List all persons and their ages who will occupy the dwelling unit:

NAME	AGE	NAME	AGE
1. Jose Arroyo		4.	
2.		5.	
3.		6.	

I hereby ☐ request ☐ refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

I certify that the information above is true to the best of my knowledge, and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Tenant 01/11/2021 Date

Signature of Tenant Date

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. 0042-21R

☒ Rental Permit ☐ Sales Permit

Fee Paid: 50.00

Date of Permit: 1-21-21

Property Address: 24 N. Vermont Avenue #8

Name/Address of Owner or Seller: 24 N. Vermont Avenue LLC

8000 Lagoon Drive Margate, NJ 08402

Name/Address of Occupant or Buyer: Jose Arroyo

[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 5.

Signature of Inspector

Lou Bell
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 ncd

INSPECTION DIVISION/BOARD REGISTRATION

City Hall – Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

LB

COPY

Fee
SALE

APPLICATION FOR AN OCCUPANCY PERMIT

Date:

Receipt and Permit No. 0038-21R

☒ Rental – Initial Inspection $50.00
☐ Sales/Refinance, Single Unit $50.00
☐ Sales/Refinance, Multiple Units: ____ units x $50.00 each = ____

***** ALL THE ABOVE APPLICATION FEES ARE NON-REFUNDABLE ****

Owner's Name: 24 N. Vermont Ave LLC Telephone: 0095131184

Owner's Address: 8000 Lagoon Drive Margate, NJ 08402

Local Contact: Franklin Laverde Telephone: 0095131184

Local Contact's Address: 8000 Lagoon Drive Margate NJ 08402

Address of property to be inspected: 24 N. Vermont Ave #1, Atlantic City, NJ 08401

Apt. No. 1 *Block* 124 *Lot* 44

Name and Address of Lessee or Buyer: Tywun Boyd
[redacted]

Total Occupants Requested (Rental) 1

An application is required for each dwelling unit prior to change in occupancy or upon sale or refinancing. A separate permit must be obtained for each dwelling unit. The fine for EACH VIOLATION is a MINIMUM of $500, a MAXIMUM of $1,000 and/or ninety (90) days in jail

I certify that the information above is true to the best of my knowledge and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Owner, Landlord or Authorized Agent

COMPLETED BY OCCUPANT FOR RENTAL PERMITS

List all persons and their ages who will occupy the dwelling unit:

NAME	AGE	NAME	AGE
1. Tywun Boyd	43	4.	
2.		5.	
3.		6.	

I hereby ☐ request ☐ refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

I certify that the information above is true to the best of my knowledge, and I know that if the information provided is wilfully wrong, I am subject to punishment.

Tywun Boyd 1-8-2021
Signature of Tenant Date

Tywun Boyd 1-8-2021
Signature of Tenant Date

**** UTILITIES MUST BE ON DURING INSPECTION ****

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. 0038-21R

☒ Rental Permit ☐ Sales Permit

Fee Paid: 50.00

Date of Permit: 1-21-21

Property Address: 24 N. Vermont Avenue #1

Name/Address of Owner or Seller: 24 N. Vermont Avenue LLC

8000 Lagoon Drive Margate, NJ 08402

Name/Address of Occupant or Buyer: Tywan Boyd

[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

Lou Bell
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)

ATLANTIC CITY OP APPROVED PERMIT SEAL

Director/ ncd

INSPECTION DIVISION/LANDLORD REGISTRATION
City Hall – Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

APPLICATION FOR AN OCCUPANCY PERMIT

See file

Date:

Receipt and Permit No. 0039-21R

☒ Rental – Initial Inspection $50.00
☐ Sales/Refinance, Single Unit $50.00
☐ Sales/Refinance, Multiple Units: ____ units x $50.00 each = ____

***** ALL THE ABOVE APPLICATION FEES ARE NON-REFUNDABLE ****

Owner's Name: 24 N. Vermont Ave. LLC. Telephone: 6095131184

Owner's Address: 8000 Lagoon Drive, Margate, NJ 08402

Local Contact: Franklin Laverde Telephone: 6095131184

Local Contact's Address: 8000 Lagoon Drive, Margate, NJ 08402

Address of property to be inspected: 24 N. Vermont Ave. #2. Atlantic City, NJ 08401

Apt. No. 2 *Block* 124 *Lot* 44

Name and Address of Lessee or Buyer Charles San Luis
[redacted]

Total Occupants Requested (Rental) 1

An application is required for each dwelling unit prior to change in occupancy or upon sale or refinancing. A separate permit must be obtained for each dwelling unit. The fine for EACH VIOLATION is a MINIMUM of $500, a MAXIMUM of $1,000 and/or ninety (90) days in jail

I certify that the information above is true to the best of my knowledge and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Owner, Landlord or Authorized Agent

COMPLETED BY OCCUPANT FOR RENTAL PERMITS

List all persons and their ages who will occupy the dwelling unit:

NAME	AGE	NAME	AGE
1. Charles San Luis		4.	
2.		5.	
3.		6.	

I hereby ☐ request ☐ refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

I certify that the information above is true to the best of my knowledge, and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Tenant JAN 8, 2021 Date / Signature of Tenant Date

**** UTILITIES MUST BE ON DURING INSPECTION ****

.rLANTIC CITY
.rMENT OF LICENSING & INSPECTIONS
ECTION DIVISION/LANDLORD REGISTRATION
.y Hall – Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

OCCUPANCY PERMIT NO. 0039-21R

☒ Rental Permit ☐ Sales Permit

Fee Paid: 50.00

Date of Permit: 1-21-21

Property Address: 24 N. Vermont Avenue #2

Name/Address of Owner or Seller: 24 N. Vermont Avenue LLC

8000 Lagoon Drive Margate, NJ 08402

Name/Address of Occupant or Buyer: Charles San Luis

[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

Lou Bell
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)

OP APPROVED PERMIT

Director/ ncd

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

COPY

See File

APPLICATION FOR AN OCCUPANCY PERMIT

Date:

Receipt and Permit No. 0040-21R

☑ Rental – Initial Inspection $50.00
☐ Sales/Refinance, Single Unit $50.00
☐ Sales/Refinance, Multiple Units: ____ units x $50.00 each = ____

***** ALL THE ABOVE APPLICATION FEES ARE NON-REFUNDABLE ****

Owner's Name: 24 N. Vermont Ave LLC Telephone: 6095131184

Owner's Address: 8000 Lagoon Drive Margate NJ. 08402

Local Contact: Franklin Laverde Telephone: 6095131184

Local Contact's Address: 8000 Lagoon Drive Margate NJ. 08402

Address of property to be inspected: 24 N. Vermont Ave #3 Atlantic City, NJ 08401

Apt. No. 3 *Block* 124 *Lot* 44

Name and Address of Lessee or Buyer: Angel Vasquez & Altagarcia Colon
[redacted]

Total Occupants Requested (Rental): 2

An application is required for each dwelling unit prior to change in occupancy or upon sale or refinancing. A separate permit must be obtained for each dwelling unit. The fine for EACH VIOLATION is a MINIMUM of $500, a MAXIMUM of $1,000 and/or ninety (90) days in jail

I certify that the information above is true to the best of my knowledge and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Owner, Landlord or Authorized Agent

COMPLETED BY OCCUPANT FOR RENTAL PERMITS

List all persons and their ages who will occupy the dwelling unit:

NAME	AGE	NAME	AGE
1. Angel Vasquez		4.	
2. Altagarcia Colon		5.	
3.		6.	

I hereby ☐ request ☐ refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

I certify that the information above is true to the best of my knowledge, and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Tenant 1-11-21 Date

Signature of Tenant Date

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. 0040-21R

☒ Rental Permit ☐ Sales Permit

Fee Paid: 50.00

Date of Permit: 1-21-21

Property Address: 24 N. Vermont Avenue #3

Name/Address of Owner or Seller: 24 N. Vermont Avenue LLC

8000 Lagoon Drive Margate, NJ 08402

Name/Address of Occupant or Buyer: Angel Vasquez, Attagarcia Colon

[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 5 .

Signature of Inspector

Lou Bell
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 NEW JERSEY 1854 OP APPROVED PERMIT

Director ncd

City Hall – Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

MB

APPLICATION FOR AN OCCUPANCY PERMIT

Date: 3-10-21

Receipt and Permit No. 0455-21-R

☒ Rental – Initial Inspection $50.00
☐ Sales/Refinance, Single Unit $50.00
☐ Sales/Refinance, Multiple Units: ____ units x $50.00 each = ____

***** ALL THE ABOVE APPLICATION FEES ARE NON-REFUNDABLE ****

Owner's Name: 24 N. Vermont Ave. LLC. Telephone: 609.513.1184.

Owner's Address: 8000 Lagoon Drive Margate NJ 08402

Local Contact: Frank Laverde. Telephone: 609.513.1184.

Local Contact's Address: 8000 Lagoon Drive Margate, NJ 08402

Address of property to be inspected: 24 N. Vermont Avenue, AC

Apt. No. 5 *Block* 124. *Lot* 44.

Name and Address of Lessee or Buyer: Mohammed Alam
[redacted]

Total Occupants Requested (Rental) 1.

An application is required for each dwelling unit prior to change in occupancy or upon sale or refinancing. A separate permit must be obtained for each dwelling unit. The fine for EACH VIOLATION is a MINIMUM of $500, a MAXIMUM of $1,000 and/or ninety (90) days in jail

I certify that the information above is true to the best of my knowledge and I know that if the information provided is wilfully wrong, I am subject to punishment.

Frank Laverde
Signature of Owner, Landlord or Authorized Agent

COMPLETED BY OCCUPANT FOR RENTAL PERMITS

List all persons and their ages who will occupy the dwelling unit:

NAME	AGE	NAME	AGE
1. Mohammed Alam	20	4.	
2.		5.	
3.		6.	

I hereby ☐ request ☐ refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

I certify that the information above is true to the best of my knowledge, and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Tenant Date

Signature of Tenant Date

Y 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. 0455-21-R

☒ Rental Permit ☐ Sales Permit

Fee Paid: $50.00

Date of Permit: 3/18/21

Property Address: 24 N. VERMONT AVE #5

Name/Address of Owner or Seller: 24 N. VERMONT AVE LLC

8000 LAGOON DR. MARGATE, NJ 08402

Name/Address of Occupant or Buyer: MOHAMMED ALAM

[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

LOUIS S. BELL
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)

Director/ LB

APPROVED
PERMIT

City Hall – Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

LB

APPLICATION FOR AN OCCUPANCY PERMIT

Date: 3-10-21

Receipt and Permit No. 0456-21-R

☒ Rental – Initial Inspection $50.00
☐ Sales/Refinance, Single Unit $50.00
☐ Sales/Refinance, Multiple Units: ____ units x $50.00 each = ____

***** ALL THE ABOVE APPLICATION FEES ARE NON-REFUNDABLE ****

Owner's Name: 24 N. Vermont Ave. LLC Telephone: 6095131184

Owner's Address: 8000 Lagoon Drive Margate, NJ 08402

Local Contact: Frank LaVerde Telephone: 6095131184

Local Contact's Address: 8000 Lagoon Drive Margate NJ 08402 856-899-9993

Address of property to be inspected: 24 N. Vermont Ave, AC Bill

Apt. No. C *Block* 124 *Lot* 44

Name and Address of Lessee or Buyer Catina Key, Luther Stukes, Nashawn Key [redacted]

Total Occupants Requested (Rental) 3

An application is required for each dwelling unit prior to change in occupancy or upon sale or refinancing. A separate permit must be obtained for each dwelling unit. The fine for EACH VIOLATION is a MINIMUM of $500, a MAXIMUM of $1,000 and/or ninety (90) days in jail

I certify that the information above is true to the best of my knowledge and I know that if the information provided is wilfully wrong, I am subject to punishment.

Frank LaVerde

Signature of Owner, Landlord or Authorized Agent

▲ COMPLETED BY OCCUPANT FOR RENTAL PERMITS

List all persons and their ages who will occupy the dwelling unit:

NAME	AGE	NAME	AGE
1. Catina Key	49	4.	
2. Luther Stukes	03	5.	
3. [redacted]	12	6.	

I hereby ☐ request ☐ refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

I certify that the information above is true to the best of my knowledge, and I know that if the information provided is wilfully wrong, I am subject to punishment.

Luther Key

Signature of Tenant Date

Signature of Tenant Date

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. 0456-21-R

☒ Rental Permit ☐ Sales Permit

Fee Paid: $50.00

Date of Permit: 3/18/21

Property Address: 24 N. VERMONT AVE #6

Name/Address of Owner or Seller: 24 N. VERMONT AVE LLC

8000 LAGOON DR. MARGATE, NJ 08402

Name/Address of Occupant or Buyer: CATINA KEY, LUTHER STUKES, & NASHAWN KEY

[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 3 person(s) is/are allowed for habitation.

Maximum allowable occupancy for this dwelling unit is 5.

Signature of Inspector

LOUIS S. BELL
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)

Director/ LB