

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
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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.

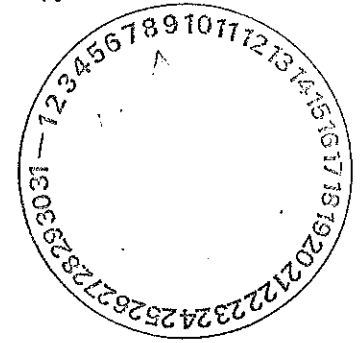
You are hereby ordered to terminate said violation(s) on or before 01/15/2022. No Occupancy Permit or Approvals will be issued unless the said violation(s) are abated.

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

WITH VIOLATE

Property Details

Address: 24 N VERMONT AVE

Block/Lot: 124/44

No. of Bedrooms: 12

Type: Residential

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 #
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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

11/1/21, 12:21 PM

NOV wed 10TH 10-11 AM



City of Atlantic City

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

Rent
PASS
HD

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	
Maribel	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
Marisel 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



See
File

APPLICATION FOR AN OCCUPANCY PERMIT

Date: _____

Receipt and Permit No. _____

- ☒ 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: Franklin Laverde Telephone: 609-513-1184

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

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. <u>Kofi Osei</u>		4. _____	
2. <u>Adu Poku</u>		5. _____	
3. _____		6. _____	

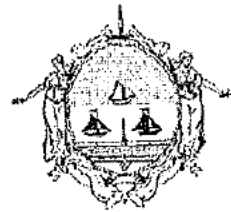
I hereby ☐ request ☐ refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

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.

Kofi Osei 1-8-21 Kofi
Signature of Tenant Date Signature of Tenant Date

ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
SECTION 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

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.

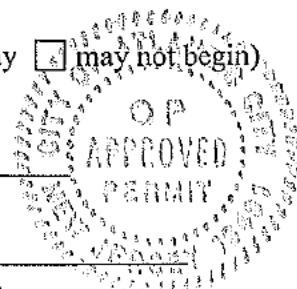
☒ Approved Permit, Sales or Rental

☐ Conditional Permit for Rental, expires

☐ Conditional Permit for Sales, expires

(Occupancy - ☐ may ☒ may not begin)

Director/ ncd



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



see
FILE

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: 609.513.1184

Owner's Address: 8000 Lagoon Drive Margate NJ 08402

Local Contact: Franklin Laverde Telephone: 609.513.1184

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

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]

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. <u>Jose Arroyo</u>		4. _____	
2. _____		5. _____	
3. _____		6. _____	

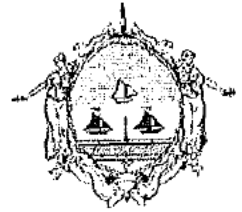
I hereby ☐ request ☐ refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

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] 01/11/2021
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
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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

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)

Director/ ncd



CITY OF ATLANTIC CITY
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Fax: 609-347-6454



LB

Fee
FILE

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

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.

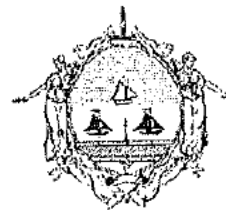
Signature of Tenant: Tywun Boyd Date: 1-8-2021

Signature of Tenant: Tywun Boyd Date: 1-8-2021

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

ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
INSPECTION DIVISION/LANDLORD REGISTRATION
City Hall - Room 112
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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

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.

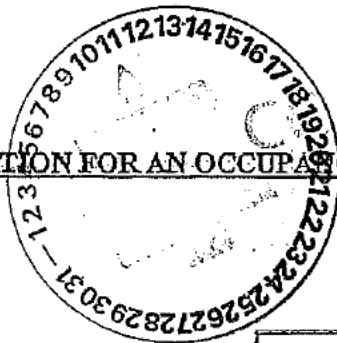
☒ Approved Permit, Sales or Rental☐ Conditional Permit for Rental, expires☐ Conditional Permit for Sales, expires(Occupancy - ☐ may ☐ may not begin)

Director/ ncd



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.

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

0039-21R

***** 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: Franklin Laverde Telephone: 609-513-1184

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

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

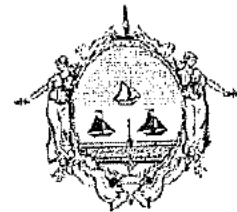
Date

Signature of Tenant

Date

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

ATLANTIC CITY



DEPARTMENT OF LICENSING & INSPECTIONS
SECTION DIVISION/LANDLORD REGISTRATION
City Hall - Room 112
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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



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.

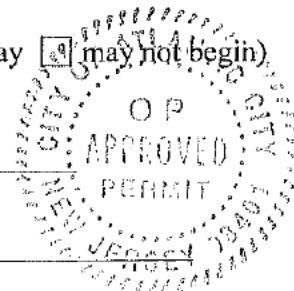
☒ Approved Permit, Sales or Rental

☐ Conditional Permit for Rental, expires

☐ Conditional Permit for Sales, expires

(Occupancy - ☐ may ☒ may not begin)

Director/ ncd





APPLICATION FOR AN OCCUPANCY PERMIT

See
FILE

Date: _____

Receipt and Permit No.

- ☒ 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: Franklin Laverde Telephone: 609 513 1184

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

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. <u>Angel Vasquez</u>		4. _____	
2. <u>Altagarcia Colon</u>		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: [Signature] Date: 1-11-21

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. 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]

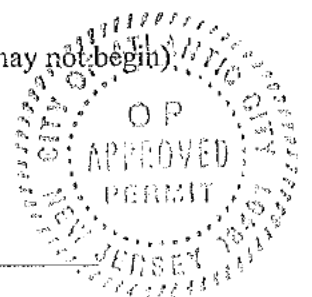
This location has been inspected and is hereby declared to be ready and suitable for its classified occupancy as required by Atlantic City's Code Enforcement Section in accordance with the guidelines of Chapter No. 194 of the City Code, as adopted by the Atlantic City Council.

For this application, no more than 2 person(s) is/are allowed for habitation.
 Maximum allowable occupancy for this dwelling unit is 5

[Signature] Lou Bell
 Signature of Inspector 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)
[Signature]
 Director ncd



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.

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 Caverde 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

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. <u>Mohammed Alam</u>	<u>20</u>	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

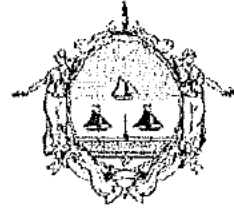
Date

Signature of Tenant

Date

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. 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

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.

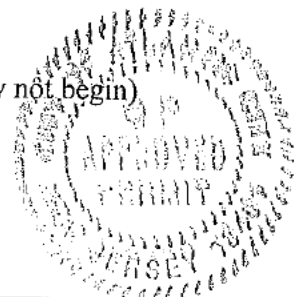
☒ Approved Permit, Sales or Rental

☐ Conditional Permit for Rental, expires

☐ Conditional Permit for Sales, expires

(Occupancy - ☒ may ☐ may not begin)

Director/ LB



City Hall - ROOM 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
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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: 10095131184

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

Local Contact: Frank Laverde Telephone: 10095131184

Local Contact's Address: 8000 Lagoon Drive Margate NJ 08402 856 899-8993

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

Apt. No. U Block 124 Lot 44

Name and Address of Lessee or Buyer Cattina Key, Luther Stukes, Nashawn Key

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.

[Signature]

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. <u>Cattina Key</u>	<u>49</u>	4. _____	_____
2. <u>Luther Stukes</u>	<u>63</u>	5. _____	_____
3. <u>[Redacted]</u>	<u>12</u>	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]

Signature of Tenant

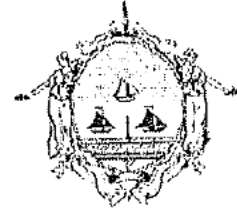
Date

Signature of Tenant

Date

CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
INSPECTION DIVISION/LANDLORD REGISTRATION
City Hall - Room 112
1301 Bacharach Boulevard
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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

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

