BLOCK 2808 LOT 7 ADDRESS (SITE) 31-10 GENTNER RD PERMIT NO. 91-1812

18

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 31-10 Gentner Rd
2. Name of Owner in Fee: Mr & Mrs Newberg Tel. (201) 794-9480
   Address 31-10 GENTNER RD (street) Fairlawn (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Robert Rossi Tel. (201) 385-1185
   Address 97 Madison Ave Bergenfield NJ
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-2679752 Social Security No. ____
5. Architect or Engineer OWNER Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work Robert Rossi Tel. (201) 385-1185

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 118		
2. Electrical	38		
3. Plumbing			
4. Fire Protection	30		
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	6		
10. Subtotal	$		
11. Cert. of Occupancy	40		
12. Other			
13. TOTAL	$ 237		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ADDED 3900 cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	15,000
5. ☐ Alteration	
6. ☒ Fire Protection	150
7. ☐ Plumbing	
8. ☒ Electrical	400
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	18,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units: 1
Before Construction ____
After Construction 6
Net gain or loss 6

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (X) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature X Robert Rossi Date 11/8/91

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓ Check if contractor.

Agent Name Robert Rossi

LIBERTY MUTUAL # WORKMAN COMP WC1 332 404208010
STATE FARM INS. # 90-04-1675-0
CONTRACTORS

Address 97 Madison Ave
Bergenfield NJ 07621

Telephone (201) 385-1185

Signature Robert Rossi Date 11/8/91

CONSTRUCTION PERMIT

Date Issued 12-4-91
Control # 1812
Permit # 91-~~1289~~

IDENTIFICATION Block 2808 Lot 7

Work Site Location 31-10 Gentner Rd

Owner in Fee Mr & Mrs Neyfeney
Address 31-10 Gentner Rd
Fairlawn NJ.
Tele. (201) 794-9480

Contractor Robert Rossi
Address 97 Madison Ave
Bergenfield NJ. 07621
Tele. (201) 385-1185
Lic. No: or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-2679752
or Social Security No. _____

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[X] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Install new 15X20 room addition

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.

Estimated Cost of Work $ 18,000

Frank H. Smith
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	110-
Plumbing	
Electrical	38-
Fire Protection	30-
Other	
Other	
DCA Training Fee	6-
Cert. of Occ.	40-
Other	
Total	232-
Check No.	1289
Cash	
Collected By:	

U.C.C. Form F-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

MDIA — MIDDLE DEPARTMENT INSPECTION AGENCY — INSPECTION — SINCE 1983

MUNICIPALITY: Fair Lawn

ELECTRICAL SUBCODE
UNIFORM CONSTRUCTION CODE — NEW JERSEY
TECHNICAL SECTION

Date Received
Date Issued 12-4-91
Control # 91-1812
Permit # 91-1812

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

Block 2808 Lot 7
Work Site Location 31-10 Gentner Rd
Fairlawn NJ
Owner in Fee Ma Ma Mendez
Address 31-10 Gentner Rd
Fairlawn N.J.
Tele. (201) 345-1413
Contractor MARASpina Elec
Address 41 Jacklind Av Bergenfield NJ
Tele. (201) 345-1413-6593
Lic. No. 4150
Federal Emp. No. — or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as 1 FAM. DWG Utility Co.
Est. Cost of Elec. Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[X] Bldg. [X] Plumb. [X] Fire
[ ] Elec. Plans Approved
Date 11/8/91
Approved by

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date 1/29/93
Approved by

INSPECTIONS:

Type	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			12/27/91	
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/29/93	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

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.

Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
9		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	33
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ 5
Paid [X] Check # 1289 Minimum Fee $
Collected by TOTAL FEE $ 38

U.C.C. Form F-120A

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

MUNICIPAL OFFICE

12/23. ~~no adults~~ fan belt to be changed
2/3/92 locked
12/30/92 Ford regrares main Due.
1/27/9. [illegible]

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12-4-91
Date Issued
Control #
Permit # 91-1817

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

Block 2808 Lot 7
Work Site Location 31-10 Gentner Rd Fairlawn N.J.
Owner in Fee Mr & Mrs Newberg
Address 31-10 Gentner Rd Fairlawn N.J.
Tele. (201) 345-1813
Contractor MARASrin Elec
Address 84 Vreeland Av Bergenfield NJ.
Tele. (201) 345-1813
Lic. No. 4150
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3A Proposed R-3A
Constr. Class. Present 5-B Proposed 5-B
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [X] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 150.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[X] Bldg. [X] Plumb. [X] Elec.
[ ] Fire Plans Approved
Date: 11/25/91
Approved by: Edward Feldman
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 4/13/92
Approved by: Edward Feldman

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other SD	2/25/92		4/13/92	EL
Other				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL ONE S.D. ON EACH LEVEL 1 ONE IN BASEMENT		
Smoke Detectors	6	
Heat Detectors		
TOTAL 115 A.C. INTERCONNECTED BATTERY BACK UP.	6	30
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Paid [✓] Check # 1789 Administrative Surcharge $ _____
Collected by _____ Minimum Fee $ 30
TOTAL FEE $ 30

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

2/25/92 (JB)
2 Detectors N/G

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-4-91
Control #
Permit # 91-1817

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

Block 2808 Lot 7
Work Site Location 31-10 Gentner Rd Fairlawn
Owner in Fee Myo Mio Newberg
Address 31-10 Gentner Rd Fairlawn
Tele. (201) 794-9480
Contractor Robert Rossi
Address 97 Madison Ave Bergenfield N.J.
Tele. (201) 385-1185
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2679752 or Social Security No.

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.

Robert Rossi
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install new 15x20 room addition.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12/3/91	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[X] Elec. [X] Plumb. [X] Fire

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 2/25/92
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			12/6/91	
Foundation			12/10/91	
Slab				
Frame			12/23/91	
Insulation			12/31/91	
Finishes:				
Energy				
Mechanical				
TCO				
Other DECK ROOFING			12/31/91	
Final			1/31/92	DD

B. BUILDING CHARACTERISTICS

Use Group Present R-3A Proposed R-3A
Constr. Class Present 5-B Proposed 5-B
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure ADDED 3900 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. ~~New Bldg.~~ ADDITION $ 14000-
2. Alteration $ 2450
3. Total (1+2) $ 16450

TYPE OF WORK:
[ ] New Building
[X] Addition
[X] Alteration DECK
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[X] Other CERT OF OCC.

(Office Use Only)

FEE	
$	78-
	40-
	40-
Administrative Surcharge	$ 6-
Minimum Fee	$
TOTAL FEE	$ 164-

Paid [X] Check # 1789
Collected by:

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy