CITY OF PATERSON

DEPARTMENT OF
ECONOMIC DEVELOPMENT

Michael Powell, Director

André Sayegh
Mayor

DIVISION OF COMMUNITY
IMPROVEMENTS

David B. Gilmore, PHM
Director

Date: April 13, 2021

To: City Clerks Office
Jacque Murray

From: Wanda Perez
Community Improvements

Re: ***OPRA REQUEST CA20:021:00578***

SEE ATTACHED (1) RECENT CLOSED PERMIT AS OF 4/13/21
AND (5) OLDER PERMITS CLOSED AS OF 4/13/21

As per your request this I to inform you that we researched our files as far Back we go which is 1984 to present for the above referenced property, attached are our findings. We researched our files in building, electrical, plumbing and fire, as well has housing and zoning bureaus.

All correspondence is being sent via email.

Any questions contact me at x2426.

/wp

CA21:0578
Due Date: 4/6/2021

Twydaisha Hilbert

From: Dori Morgan <opra+request-21340-6c271657@requests.opramachine.com>
Sent: Friday, March 26, 2021 11:13 AM
To: Opra Request
Subject: OPRA request - 426 E 18th St

Dear Paterson City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
Please send records for 426 E 18th St related to:
-active violations
-tank records
-permit history, permit applications, permit certificates -are there any open permits? if so, which ones?

for all records dated 1900 to present

Yours faithfully,

Dori Morgan

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-21340-6c271657@requests.opramachine.com

Is oprarequest@patersonnj.gov the wrong address for OPRA requests to Paterson City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=paterson_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/426_e_18th_st

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

File # CA21:0578

Police/Fire Request X

Other Departments X

THE NEW JERSEY

OPEN PUBLIC RECORDS ACT

(OPRA)

INFORMATION REQUEST FORM

FROM

SONIA L. GORDON

CITY CLERK

Contact No.: (973) 321-1310

DATE OF REQUEST:
3/26/2021

DEPARTMENT HEAD
Mr. Michael Powell, Director
Ms. Oshin Castillo, Director

DIVISION HEAD
Chief Brain McDermott
Mr. David Gilmore, Director
Mr. Jerry Lobozzo, Director

FOR IMMEDIATE ATTENTION!!!

DATE SCANNED: 3/26/2021 **SCANNED:** 11:25 A.M.

NO. OF PAGES: 3

300226052

Re: 426 E. 18th Street

Rec'd: 6/26/19

$1096

	Prior Approvals	Completed	Not Comp.	Not Required	BUILDING	ELECTRICAL
1)	ZONING APPROVAL					
2)	BOARD APPROVAL					ou 7/25/19
a)	SITE PLAN					
b)	RESOLUTION/MINUTES					
3)	LICENSE					
a)	DCA NEW HOME REG.#					
b)	STATE LIC.(RESIDENTIAL)					
c)	CITY LIC.(commercial)					
4)	P.H.E. soil conservation					
5)	CITY ENGINEER'S					
6)	CITY ENG. Permits				PLUMBING	FIRE
a)	street opening					good 7/30/19
b)	curb/sidewalk					
c)	sewer					
7)	PVSC					
8)	Floor Area					
9)	Historic District					
10)	Passaic County					
11)	Board of Health					City Engineer
a)	City					Rec'd from contractor
b)	No Child Lead Case Pending Letter					
c)	COUNTY					Sent to engineer
d)	STATE					Rec'd from eng. Approved
12)	Fire Department					Rec'd from eng. Not approved
13)	CERTIFICATE of FORMATION					

(1) Recent permit closed

CITY OF PATERSON

INVOICE #
I9-02318

INVOICE DATE: 07/31/19
DUE DATE: 07/31/19

ACCOUNT ID: NNJEL005
NNJ ELECTRICAL, INC
,

PERMIT INFORMATION
PERMIT NO: 19-01358
LOCATION: 426 E 18TH ST
OWNER: GRIFFIN,DANNY

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 19-01358		
1.0000	UCDCAALT	DCA Alteration Fee	41.000000	41.00
		Permit No: 19-01358		
1.0000/EA	DEBRIS	REMOVAL OF DEBRIS FEE	20.000000	20.00
		Permit No: 19-01358		
1.0000/$	UCB06Z	TOTAL ALTERATION/RENOVATIONS	90.000000	90.00
		Permit No: 19-01358		
3.0000/EA	UCP04A	Lavatory	20.000000	60.00
		Permit No: 19-01358		
3.0000/EA	UCP12A	Water Heater	40.000000	120.00
		Permit No: 19-01358		
40.0000	UCE01A	Lighting Fixtures	0.000000	0.00
		Permit No: 19-01358		
80.0000	UCE02A	Receptacles	0.000000	0.00
		Permit No: 19-01358		
32.0000	UCE03A	Switches	0.000000	0.00
		Permit No: 19-01358		
15.0000	UCE04A	Detectors	0.000000	0.00
		Permit No: 19-01358		
6.0000	UCE07A	Emergency & Exit Lights	0.000000	0.00
		Permit No: 19-01358		
1.0000/EA	UCE11A	TOTAL ELECTRICAL FIXTURES	116.000000	116.00
		Permit No: 19-01358		
1.0000	UCE18A	Dishwasher 1-10 KW	66.000000	66.00

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT

CITY OF PATERSON

INVOICE #: I9-02318
DESCRIPTION: Permit No: 19-01358
ACCOUNT ID: NNJEL005
DUE DATE: 07/31/19
TOTAL DUE: See Last Page

NNJ ELECTRICAL, INC
,

CONSTRUCTION PERMIT

Permit #: 19-01358
Date Issued: 07/31/19

IDENTIFICATION Block/Lot/Qual: 2818. 13.

Work Site Location: 426 E 18TH ST

Owner in Fee: GRIFFIN,DANNY

Address: 426 E 18TH ST
DEUTSCHE BANK NATIONAL TR

Tel. (888)349-8964

Contractor: NNJ ELECTRICAL, INC

Address:

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER R-2/B

DESCRIPTION OF WORK:

EXISTING 3 FAMILY DWELLING NEW WIRING
AND RENOVATIONS

PAYMENTS (Office Use Only)	
Building	110.00
Electrical	484.00
Plumbing	180.00
Fire Protection	100.00
Elevator Devices	
Other	
DCA State Permit Fee	41.00
Cert. of Occupancy	181.00
Other	
Total	1,096.00

Check No. 1043
Cash
Collected by AC

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.

Est. Cost of Work $ 21,500.00

JL/AC
Construction Official

07/31/2019
Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-01358
Issue Date: 07/31/19
Application Id: 30022652
Application Date: 06/26/19

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

Block/Lot/Qual: 2818. 13.

Work Site Location: 426 E 18TH ST

Owner in Fee: GRIFFIN,DANNY

Tel. (888)349-8964 email:

426 E 18TH ST DEUTSCHE BANK NATIONAL TR

Contractor:

email:

Contractor License No. or Builder Registration No.: Exp Date:

Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX:

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.

Sign here: SIGNATURE ON ORIGINAL

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
EXISTING 3 FAMILY DWELLING NEW WIRING
AND RENOVATIONS

TC

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other _____
[ ] Demolition

FEE (Office Use Only)
$
110.00

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

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed R-2

Constr. Class Present Proposed

No. of Stories 0.

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 2,800.00

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 19-01358
Issue Date: 07/31/19
Application Id: 30022652
Application Date: 06/26/19

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

Block/Lot/Qual: 2818. 13.

Work Site Location: 426 E 18TH ST

Owner in Fee: GRIFFIN,DANNY

Tel. (888)349-8964 email:

426 E 18TH ST DEUTSCHE BANK NATIONAL TR

Contractor: ANTHONY FELLICETTA

70 BARBARA DRIVE email:

POMPTON LAKES, NJ 07442

Contractor License No.: 9228 Exp Date: 06/30/19

Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):

Federal Emp. ID No. 154604038 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-2 Proposed _____

Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]

Water Service Size _____ Public Water [ ] Private Well [ ]

Est. Cost of Plumbing Work $ 3,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

Plumbing Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: SIGNATURE ON ORIGINAL

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
EXISTING 3 FAMILY DWELLING NEW WIRING AND RENOVATIONS

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
3	Lavatory	60.00
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
3	Water Heater	120.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

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

U.C.C. F130 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 19-01358
Issue Date: 07/31/19
Application Id: 30022652
Application Date: 06/26/19

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

Block/Lot/Qual: 2818. 13.
Work Site Location: 426 E 18TH ST

Owner in Fee: GRIFFIN,DANNY
Tel. (888)349-8964 email:
426 E 18TH ST DEUTSCHE BANK NATIONAL TR
Contractor: NNJ ELECTRICAL, INC
email:

Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-2 Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 12,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection
Date of Grounding and Bonding Certification _____

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: SIGNATURE ON ORIGINAL

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
EXISTING 3 FAMILY DWELLING NEW WIRING

QTY.	SIZE	ITEMS	FEE (Office Use Only)
40		Lighting Fixtures	
80		Receptacles	
32		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
22			
173		TOTAL NUMBERS	$ 116.00
		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	
3		KW Dishwasher	66.00
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	70.00
3		AMP Subpanels	162.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 19-01358
Issue Date: 07/31/19
Application Id: 30022652
Application Date: 06/26/19

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

Block/Lot/Qual: 2818. 13.

Work Site Location: 426 E 18TH ST

Owner in Fee: GRIFFIN,DANNY

Tel. (888)349-8964 email:

426 E 18TH ST DEUTSCHE BANK NATIONAL TR

Contractor: NNJ ELECTRICAL, INC

email:

Fire Alarm Contractor No.: Exp Date:

Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX:

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-2 Proposed _____

Constr. Class: Present Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Est. Cost of Fire Protection Work $ 3,000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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.

Applicant/Contractor sign here: _____

Print name here: SIGNATURE ON ORIGINAL

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System [ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (smoke, heat, pulls, water/flow)	15	100.00
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump [ ] GPM Type [ ]		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

APPLICATION FOR CERTIFICATE

Permit # 7/31/19
Date Issued
-or-
Control # 19-02318
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 426 E 18 Street Block 2818 Lot 13 Qualification Code
Paterson, NJ
Owner In Fee CN Development LLC
Address 44 Morgan St.
Bergenfield NJ 07621
Tel. 973-963-9628

Contractor
Address
Owner
Tel.
License No.
Federal Employee No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☒ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE: Existing 3 Family Dwelling

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: X _____
OWNER/AGENT

☐ OWNER ☐ AGENT

APPROVED MR
JUN 19 2019
ZONING OFFICER
6-19-2019

U.C.C. F270 (rev. 8/2011)

Zoning Permit

City of Paterson, New Jersey

Date of Application: 6-19-2019

Application Number: _____

Date of Permit: 6-19-2019

Zoning District: R-3 ZONE

Block: 7818, Lot(s) 13

Owner(s): CH DEVELOPMENT LLC

Address: 44 MORGAN ST. BERGENFIELD, NJ 07628

Telephone Number: 973-953-4628

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: HEARING FOR EXISTING 3 FAMILY TO SAME.

This constitutes:

XX Use permitted by Ordinance for this zone district.

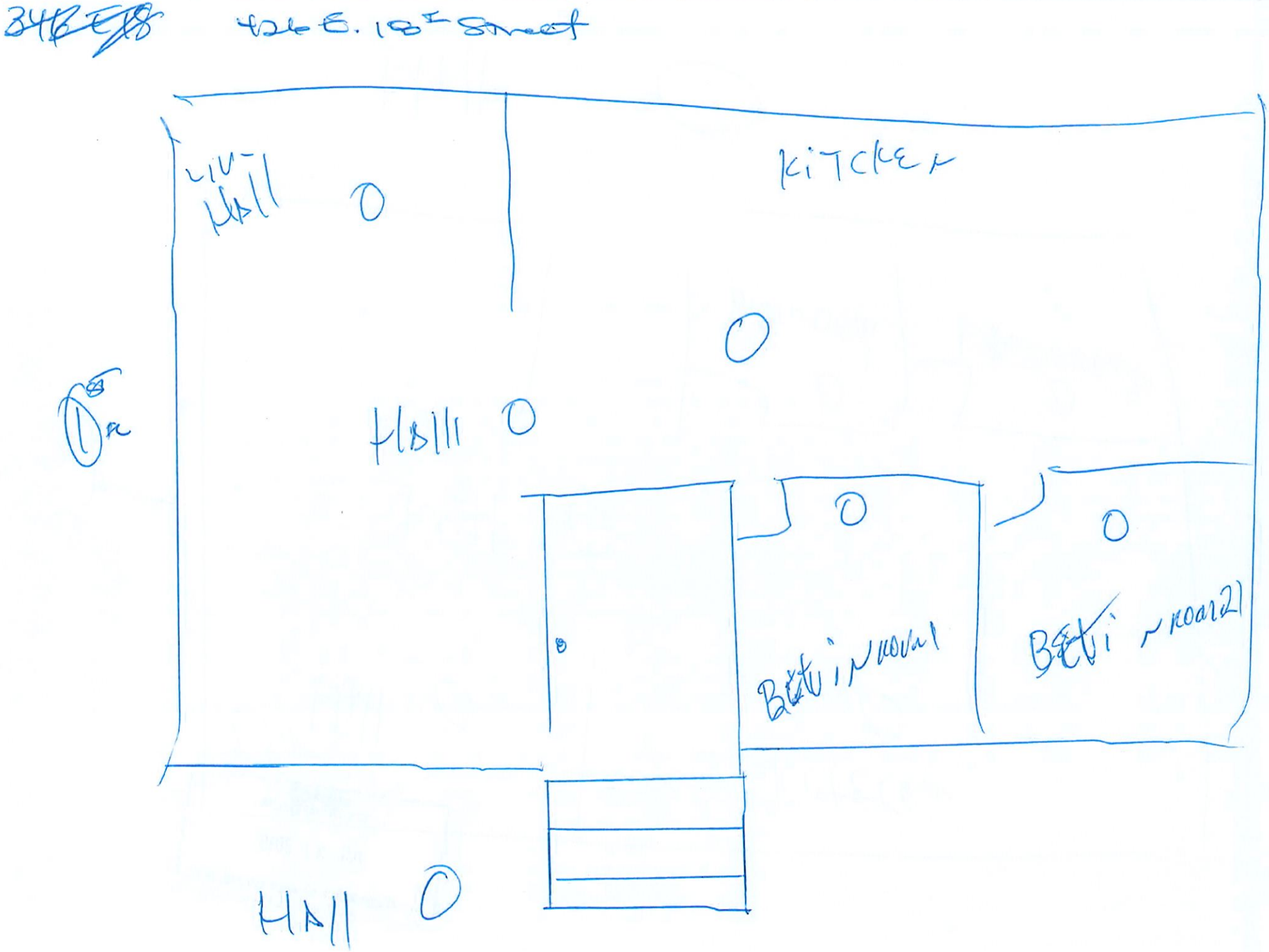
( ) Use permitted by variance approved on _____ subject to any Special conditions attached to the grant thereof.

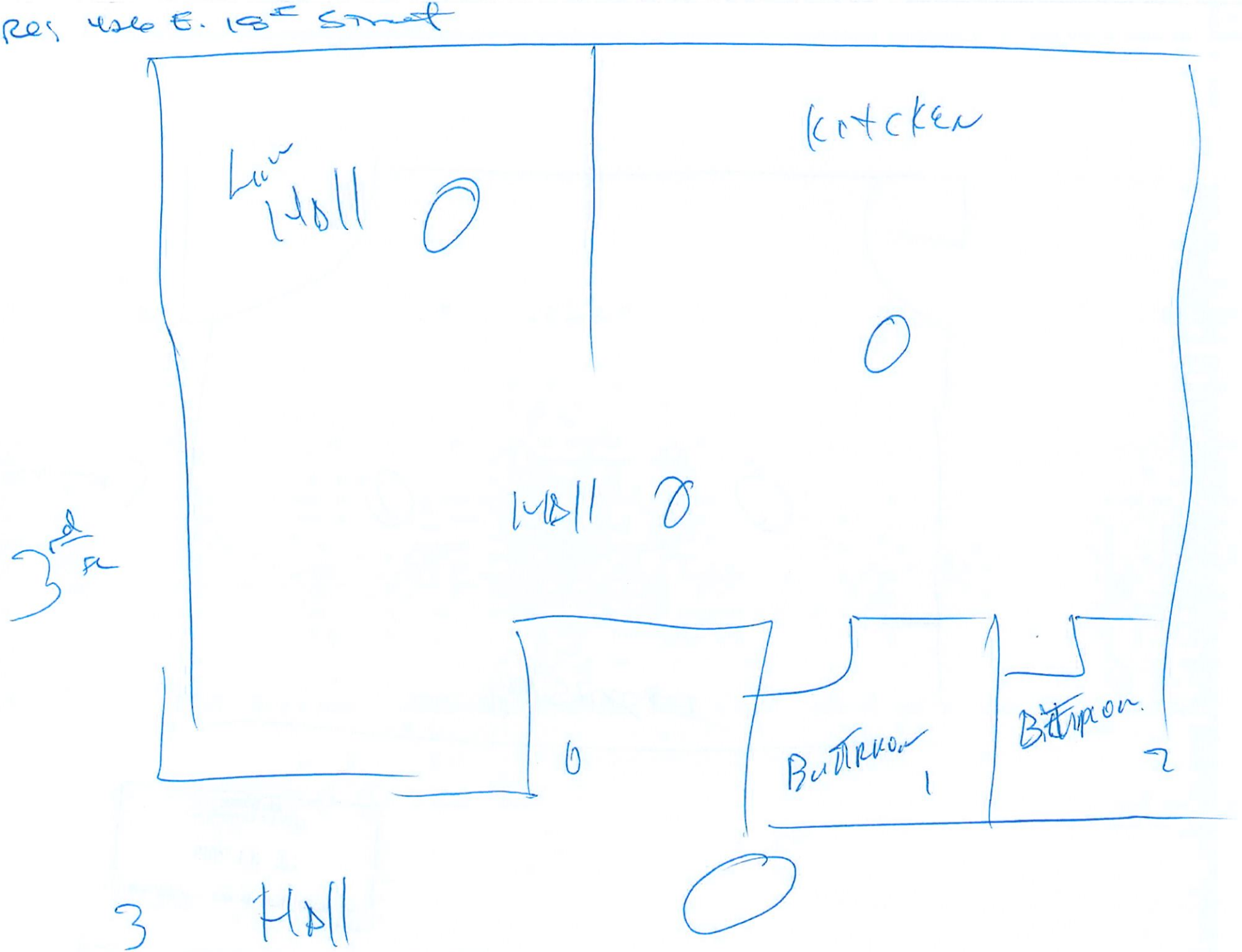
XX Valid nonconforming use as established by ( ) finding of the Zoning Board of Adjustment, or XX by the undersigned Zoning Officer on the basis of evidence supplied by the applicant as specified on the reverse side hereof. Also specified on the reverse side hereof is a detailed statement of all aspects of the nonconforming use.

( ) There is a nonconforming structure on the premises by reason of insufficient ( ) setback, ( ) side yards, ( ) rear yard ( ) other (specify).

( ) Special conditions granted use variance (attach copy of grant thereof).

APPROVED MR
JUN 19 2019
ZONING OFFICER
6-19-2019


LIV-
HALL
KITCHEN
HALL
HALL
BATHROOM
BATHROOM


Res 4516 E. 18th Street
Low Hall
Kitchen
Hall
3rd Fl
0
Bathroom 1
Bathroom 2
3 Hall

Block: **2818** Bldg: 2 F
Lot: **13** Lot: 25X117
Qual: Addl:
Card: **M**

Owners Name: GRIFFIN,DANNY
Street Address: 426 E 18TH ST
City & State: PATERSON NJ 07524
Property Loc: 426 E 18TH ST

Land: **18,500**
Impr: **138,100**
Total: **156,600**
Class: **2**

Exemption Code:
Exemption Value:

Net Taxable Value: **156,600**

PATERSON

BUILDING PERMITS

Date	Description	Amount	Compl	Mos	Added

ASSESSMENT HISTORY

Year	Land	Impr	Net
2019	18,500	138,100	156,600
2018	18,400	121,900	140,300
2017	18,400	120,900	139,300

SALE HISTORY

Grantor	Date	Price	Nu
	06/22/06	290,000	

LAND CALCULATIONS

UNIT METHOD: UNIT: 2902 SF RATE: 5.00 SITE: 11200 NC:100 25,710
ADJUSTMENTS: 80% 90% 100% 100% NET:72.00% 18,511

9-ECONOMIC DEPR 1-TRAFFIC

SITE INFORMATION

Map:	Neigh:	Util:
	402	YES
Zone:	**VCS:**	**Road:**
	S402	PAVED
Acres:	**Auto:**	**Topo:**
0.067	Y	LEVEL

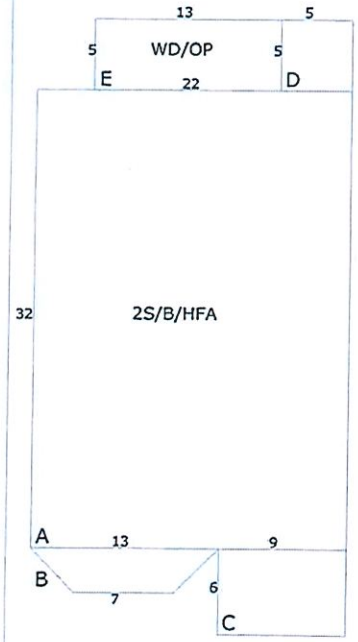
RESIDENTIAL COST APPROACH

BASEMENT	734 =	9140
BASEMENT FIN	550 =	8623
FIRST STORY	734 =	70236
UPPER STORY	734 =	39335
HOT WATER/RAD	1820 =	7115
3 FIXTURE BATH	4 - 3 =	2595
FIN ATTIC	704 =	7253
ENCLOSED PORCH	25 =	1759
OPEN PORCH	173 =	2317
DECK	65 =	533

PHYSICAL DEPR: 40.25% ECONOMIC DEPR: 0.00% BASE COST: 148,906
FUNCTIONAL DEPR: 0.00% CCF: 1.26 MAIN BLDG: 138,112

SKETCH

L1-INTRO LETTER MAILED
NEIGHBOR STATES PROPERTY HAS BEEN VACANT FOR ABOUT 7 YRS



A=2S/B/HFA (704)
B=2S/B (30)
C=OP/OP (54)
D=EP (25)
E=WD/OP (65)

BLDG INFORMATION

Year Built:	**Type/Use:** 3 FAMILY
Eff Age: 99 Y	**Style:** COLONIAL
Bldg Cla: 45	**Ext Siding:** ALUM/VS
Num Units: BF	**Roof Type:** GABLE
Condition: FAIR	**Roof Matl:** ASPHALT SHINGLE
Int Cond: AVERAGE	**Foundation:** CONC/CIND BLK
Story Ht: TWO STORY	**Fndtn Const:**
Row/End:	**Heat Source:** GAS
Garage:	**Livable Area:** 1820

Room Count	B	1	2	3	T
BEDROOMS:	2	2	2	2	8
FULL BATH:	1	1	1	1	4
HALF BATH:					0
KITCHEN:		1	1	1	3
LIVING RM:		1	1	1	3
DINING RM:		1	1		2
FAMILY RM:					0
OTHER:	1				1

Condition	Modern	Avg	Old
KITCHEN:		3	
BATH:		4	

Insp	Id	Reason	By	Results
06/12/18	BF			

Map Page: C0342
Routing: 18

06/19/19

Land: **18,500** Impr: **138,100** Total: **156,600**

PHOTO

- CITY OF PATERSON

BUILDING SUBCODE TECHNICAL SECTION

DATE ISSUED
REVISION DATE 9/28/87
Block 342 Lot 18
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner HUGO ALARCON
Address 426 E. 18TH St. PATERSON NJ
Tel. ( )

Contractor TM WELDING.
Address 205 MADISON AVE ELIZABETH NJ
Tel. (201) 352-7656

Work Site Address 426 E. 18th St. PATERSON NJ.
Lic. No.
Federal Emp. No. 22-2818016

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

CONSTRUCT AND INSTALL ~~ADDITION~~ IN FE

Install fire Escape.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☑ Other F.E.

	Fee Basis	Fee
		$
SUBTOTAL		$ 40
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1500.00

D. COMMENTS

B Form 116 52 Fee 66

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F - 110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

CN DEVELOPMENT LLC
0450120666

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 11/18/2016 and was assigned identification number 0450120666. Following are the articles that constitute its original certificate.

1. **Name:**
   CN DEVELOPMENT LLC
2. **Registered Agent:**
   GAUTAM BHAYANA
3. **Registered Office:**
   44 MORGAN ST
   BERGENFIELD, NEW JERSEY 07621
4. **Business Purpose:**
   ANY LEGAL AND LAWFUL PURPOSE
5. **Effective Date of this Filing is:**
   11/18/2016
6. **Members/Managers:**
   RITU BHAYANA
   44 MORGAN ST
   BERGENFIELD, NEW JERSEY 07621

   GAUTAM BHAYANA
   44 MORGAN ST
   BERGENFIELD, NEW JERSEY 07621
7. **Main Business Address:**
   44 MORGAN ST
   BERGENFIELD, NEW JERSEY 07621

Signatures:

GAUTAM BHAYANA
AUTHORIZED REPRESENTATIVE

RITU BHAYANA
AUTHORIZED REPRESENTATIVE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 18th day of November, 2016

Ford M. Scudder
State Treasurer

Certificate Number : 4024132882
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

New Jersey Business Gateway
Business Entity Information and Records Service
Business Id : 0450120666

PRINCIPALS

Following are the most recently reported officers/directors (corporations), managers/members/managing members (LLCs), general partners (LPs), trustees/officers (non-profits).

Title:	OTHER
Name:	RITU BHAYANA,
Address:	44 MORGAN ST, BERGENFIELD, NJ, 07621
Title:	OTHER
Name:	GAUTAM BHAYANA,
Address:	44 MORGAN ST, BERGENFIELD, NJ, 07621

FILING HISTORY -- CORPORATIONS, LIMITED LIABILITY COMPANIES, LIMITED PARTNERSHIPS AND LIMITED LIABILITY PARTNERSHIPS

To order copies of any of the filings below, return to the service page, https://www.njportal.com/DOR/businessrecords/Default.aspx and follow the instructions for obtaining copies. Please note that trade names are filed initially with the County Clerk(s) and are not available through this service. Contact the Division for instructions on how to order Trade Mark documents.

Charter Documents for Corporations, LLCs, LPs and LLPs

Original Filing (Certificate)Date:	2016

Changes and Amendments to the Original Certificate:

Filing Type	Year Filed
N/A	N/A

Note:
Copies of some of the charter documents above, particularly those filed before June 1988 and recently filed documents (filed less than 20 work days from the current date), may not be available for online download.

39765

BLOCK C0342 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 426 E. 18th St

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 426 East 18th st.
2. Name of Owner in Fee: Danny GRIFFIN Tel. (973) 920-0825
   Address 426 East 18th street (street) (municipality) 07524 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (____) _____ FAX: (____) _____

DWPC

V. FEE SUMMARY (for office u

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal
7. Less 20% for State Plan I
8. Subtotal
9. State Permit Surcharge F
10. Subtotal
11. Cert. of Occupancy
12. Other
13. TOTAL

VI. BUILDING/SITE CHARACT

1. Number of Stories ____
2. Height of Structure ____
3. Area — Largest Floor ____
4. New Building Area ____
5. Volume of New Structure
6. Construction Classificatio
7. Total Land Area Disturbed
8. Flood Hazard Zone ____
9. Base Flood Elevation ____
10. Wetlands yes ____ no ____
11. Max. Live Load ____
12. Max. Occupancy Load ____

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

St. PERMIT NO. 06-1954/A

ıse only)

	Update	Update
$		
$		
Review		
$		
ee		
$		
$		

ERISTICS	(office use only)
ft.	
sq. ft.	
sq. ft.	
cu. ft.	
n	
l sq. ft.	
ft.	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	*All Units*	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 12/03)

LDS PA-B 10700008

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. ( ) 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 _____ Date 8/10/06

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

CONSTRUCTION PERMIT

Date Issued 9-22-06

Permit # 06-1954

IDENTIFICATION Block C0342 Lot 18 Qualification Code

Work Site Location 436 E 18th St

Owner in Fee Danny Griffin

Address Same

Tel. (973) 920 0825

Contractor Jose Ortiz Electrical Cont.

Address 16 Knickerbocker Ave

Paterson, N.J. 07503

Tel. (973) 229 9768

Lic. No. or Bldrs. Reg. No. 5564

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: (1) 30 amp owners meter

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 $ 350

Construction Official

9/22/06
Date

PAYMENTS (Office Use Only)

Building

Electrical 46-

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total 46

Check No.

Cash ✓

Collected by LA

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

CONSTRUCTION PERMIT

Date Issued 8/10/06
Permit # 06-1954

IDENTIFICATION Block C0342 Lot 18 Qualification Code
Work Site Location 420 East 18th St. Paterson, NJ
Owner in Fee Danny Griffin
Address S.A.S.
Tel. (973) 920-0825
Contractor OWNER
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[✓] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER R2

DESCRIPTION OF WORK:
3/4" sheetrock throughout all 3 floors, 1/2" in hallway (25) lighting fixt (30) recept (20) switches

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 $ 3,000

STMVD
Construction Official

8/10/06
Date

PAYMENTS (Office Use Only)
Building 50
Electrical 32
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 5
Cert. of Occupancy
Other
Total $107
Check No.
Cash ✓
Collected by MVD

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

426 EAST 18TH ST.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/10/06

Date Issued / Permit # 06-1954

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

Block C 0342 Lot 18 Qualification Code _____

Work Site Location 426 East 18th Street

Owner in Fee Danny GRIFFIN

Address 426 East 18th. St. PATerson NJ 07524

Tel. (973) 920-0825

Contractor _____

Address OWNER

Tel. (_____) _____ FAX (_____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. 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.

X Danny Griffin

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 3/4" sheetrock throughout all 3 floors (patchwork) 1/2" sheetrock in hallways

JOB SUMMARY (Office Use Only)

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

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

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 50

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

B. BUILDING CHARACTERISTICS

Use Group Present R2 Proposed 3 FAM
Constr. Class Present 5 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 Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 3000.00

426 E 18th St

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 4-20-06

Date Issued / Permit # 06-1954A

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

Block 10312 Lot 18 Qualification Code _____

Work Site Location 426 E. 18th st.

Owner in Fee DANNY GRIFFIN

Address _____

Tel (_____) _____

Contractor Jose Ortiz Electrical Cont.

Address 16 Knickerbocker Ave.
Paterson, NJ 07503

Tel (_____) 973-229-9768 FAX (_____) _____

Contractor License No. 8564

Federal Emp. No 580-96-9955

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 350

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.

_____
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		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 A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	30AMP	AMP Service House meter	#0
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	
		_____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

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	Initial
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 _____

:426 E 18th St

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 4-22-06

Date Issued / Permit # 06-1954A

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

Block 10342 Lot 18 Qualification Code _____

Work Site Location 426 E. 18th st.

Owner in Fee DANNY. GRIFFIN

Address _____

Tel (_____) _____

Contractor Jose Ortiz Electrical Cont.

Address 16 Knickerbocker Ave.
Paterson, NJ 07503

Tel (_____) 973-229-9768 FAX (_____) _____

Contractor License No. 8564

Federal Emp. No 580-96-9955

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 350

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.

_____
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		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 A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	30 AMP	AMP Service House meter	46
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	
		_____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

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:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 111 Lot 61 Qualification Code

Work Site Location 426 S. 16th St.

Owner in Fee Henry Cuccia

Address

Tel ( )

Contractor Jose Ortiz Electrical Cont.

Address 16 Knickerbocker Ave.
Paterson, NJ 07503

Tel ( ) 973-229-9768 FAX ( )

Contractor License No. 8564

Federal Emp. No 580-96-9955

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		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 A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	3/. Amp	AMP Service Underground	4/-
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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: 4/14/08

Approved by: AHO

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	4/25/06	10/11/06	10/16/06 AHO	
Final			10/16/06 AHO	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ALF. ROG. (Fail)

9/29/06 ⇒ Not grounding wire To Water meter
Neutral Lug should have one wire only
R.V. Pipe need 3-Strap.—

10/11/06 → ALF. → (Fail) need Strap. Ground Rod
Wires, change Water meter
grounding wire
Put grounding wire in
Black neutral connection

10/16/06 → ALF → O.K. Final, House meter
ONLY send Cut in Card

426 EAST 18th St.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/10/06

Date Issued / Permit # 06-1954

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

Block C0342 Lot 18 Qualification Code

Work Site Location 426 E. 18th St. Paterson NJ

Owner in Fee DANNY GRIFFIN

Address 426 E. 18th St. Paterson NJ 07524

Tel (973) 920-0825

Contractor Jose Ortiz Electrical Cont.

Address 16 Knickerbocker Ave. Paterson, NJ 07503

Tel ( ) 973-229-9768 FAX ( )

Contractor License No. 8564

Federal Emp. No 580-96-9955

B. ELECTRICAL CHARACTERISTICS

Use Group Present R2 Proposed 3Fam

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as 1000 Utility Co.

Est. Cost of Elec. Work $

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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures Replaced	
30		Receptacles	
20		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
75		TOTAL NUMBERS	$ 52
		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 A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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 — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/10/06
Control #
Date Issued
Permit # 06-1934

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

Block C-7342 Lot 14 Qualification Code

Work Site Location 426 E. 18th St.

Paterson NJ

Owner in Fee [illegible]

Address 426 E. 18th St.

[illegible] 07524

Tel (973) 970-0825

Contractor Jose Ortiz Electrical Cont.

Address 16 Knickerbocker Ave.

Paterson, NJ 07503

Tel ( ) 973-229-9768 FAX ( )

Contractor License No. 8564

Federal Emp. No. 580-96-9955

B. ELECTRICAL CHARACTERISTICS

Use Group Present R2 Proposed 3Fam

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures K. Repaired	
30		Receptacles	
20		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
75			
		TOTAL NUMBERS	$ 52
		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 A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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: 06-1642

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 4/14/08

Approved by: Alfonso

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/16/06	AT
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. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 = Applicant Copy

10/16/06 → ALT. → O.K. Final

CUT-IN-CARD

MUNICIPALITY Paterson

LOCATION 436 E 18th St

UTILITY CO PSE&G

BLK 6342 LOT 18

OWNER Danny Whitten OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 1) 30 Amp Serv Meter

INSTALLED BY Jur. Lt. Elec. LICENSE NO 8564

DATE 10/19/16 PERMIT # 0616754 INSPECTOR DelCarmen

☐ CALLED IN 10/19/16 Lic. No: 8953

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

Before signing the Certification in Lieu of Oath indicating that you are performing the work yourself, please consider the following:

1. The laws requiring new home builders to be registered and contractors in the various trades, such as plumbing or electrical work, to be licensed were adopted to protect homeowners and homebuyers. If you are signing this Certification to provide cover to an unlicensed homebuilder or contractor, you are forfeiting the protection afforded to you under the law. The contractor that you have hired may or may not be qualified. And if you encounter problems with this contractor, the government will not be able to help you because you signed the Certification indicating that you are performing the work yourself.

In the case of the construction of a new home, you are forfeiting your right to a new home warranty. Every new home builder in New Jersey is required to be registered with the State and to give a warranty to each purchaser. The warranty covers almost all defects in workmanship or materials, including appliances, for the first year; plumbing, mechanical (heating and air conditioning), and electrical systems for the first two years; and major structural defects for ten years. Further, the warranty will actually pay for the correction of defects if the builder fails or refuses to do so. By signing the Certification, you are giving up that protection.

2. You are violating the criminal laws of this State if you sign the Certification indicating that you are doing the work yourself when, in fact, you are paying someone else to do it.

X Danny Griff 8/10/06

DEPARTMENT OF COMMUNITY IMPROVEMENTS
INSPECTION BUREAU

CITIZEN COMPLAINT

Date of complaint: 8/7/06

NAME: _____ PHONE: _____

ADDRESS _____ APT#: _____

BLDG LOCATED AT: 426 East 18th St. BLK: C0342 LOT: 18

OWNER ON RECORD: Howard Glover

ADDRESS: 426 E 18 St
Port NJ 07524

OWNER NOTIFIED? 3 family WHEN? _____ PHONE #: _____

NATURE OF COMPLAINT: Working W/out Permits

8/9/06 Men working at site w/o permit. Posted Red Sticker NJAC 5:23-2.14
~~Inside~~ cutting several rooms and stairway
install sheet rock - need building & electrical permits
Send notice - must obtain building & electrical
permits Rudy

INSPECTOR: Rudy

BUILDING DEPARTMENT
REMOVAL OF CONSTRUCTION SITE DEBRIS & RECYCLABLE

PRIOR APPROVAL

OWNER/CONTRACTOR Danny GRIFFIN

ADDRESS: 426 East 18th st.

TELEPHONE: 973-920-0825

LOCATION: BLOCK C0342 LOT 18

STREET 426 East 18th st.

I have received and read the handout entitled "Removal of Construction Site Debris and Recyclables Prior Approval" which was given to me when I applied for a Building Permit. I understand that it is my responsibility to properly dispose of all construction site trash at Passaic County Transfer Stations, and Source separated Recyclable material may go to the Passaic County or an approved recycling center. Owners or contractors must make sure that recyclable material (recycling tax) is credited to the Community or County of Origin.

I also understand that I am required to obtain a receipt from the disposal site indicating that the construction debris and recyclables had been properly disposed of, bring these receipts to this Building Department within 10 days from the date of disposal.

I am aware that I may be fined up to $1,000, and imprisoned for up to 90 days if I do not obtain a receipt for the disposal of debris, ore recyclables, and bring the receipt to the Building Department.

I have read the above and certify that I am the owner of Block C0342, Lot 18 in this town and if I sell the property before I obtain the required receipt I will notify the new owner of these requirements and penalties.

Danny Griffin
(SIGNATURE)

DATE: 8/10/06

CITY OF PATERSON

Department of
Community Development

GARY MELCHIANO
ACTING DIRECTOR

Department of
Community Improvements

Kathleen Easton
Director

Jose "Joey" Torres
Mayor

MUNICIPAL COMPLEX
111 BROADWAY
PATERSON, NJ 07505-1124
PHONE (973) 321-1232
EX: 2212

MULTI-JURISDICTIONAL APPROVALS

PLEASE READ & SIGN

The applicant represents and warrants that all necessary approvals have been secured or will be secured in a timely fashion. This includes ALL necessary approvals, whether Federal, State, County or Local. Many projects require multiple approvals at the Federal, State, County or Municipal levels. Some projects require multiple approvals within each jurisdiction. By signing this document, the applicant represents that all such approvals have been secured or will be secured as required by law. In the event that any significant approval has not or will not be obtained, this approval may be revoked by the City of Paterson. The applicant acknowledges that the City of Paterson is relying on this representation of compliance in issuing this approval.

Danny Griffin 8/10/06

Signature/owner/applicant **Date**

BLOCK 6342 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 426 E

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: _____
2. Name of Owner in Fee: Howard Glover Tel. ( ) _____
   Address _____ Stone ✓
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. Owner Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office u

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal
7. Less 20% for State Plan Review
8. Subtotal
9. DCA Training Fee
10. Subtotal
11. Cert. of Occupancy
12. Other
13. TOTAL

VI. BUILDING/SITE CHARACT

1. Number of Stories _____
2. Height of Structure _____
3. Area — Largest Floor _____
4. New Building Area _____
5. Volume of New Structure
6. Construction Classificatio
7. Total Land Area Disturbed
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ *Lead Hazard* Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

18th St. PERMIT NO. 00-1677

ıse only)

	Update	Update
$		
$		
$		
$		

ERISTICS	(office use only)
ft.	
sq. ft.	
sq. ft.	
cu. ft.	
sq. ft.	
ft.	

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:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS PT-B 10613266

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. ( ) 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 _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the 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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

CONSTRUCTION PERMIT

Date Issued 5/18/00
Control #
Permit # 00-1677

IDENTIFICATION Block C0342 Lot 15
Work Site Location 426 E. 18th St.

Owner in Fee Howard Glover
Address Same
Tel. ( )

Contractor
Address
Tel. ( ) Owner
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Vinyl Side - 1 side FRONT

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 $ 1,500.-

Construction Official ABen

Date 5/18/00

PAYMENTS (Office Use Only)

Building	30.-
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.-
Cert. of Occupancy	
Other	
Total	$ 31.-
Check No.	
Cash	✓
Collected by	

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/10/00
Date Issued
Control #
Permit # 00-1077

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

Block CO 342 Lot 18
Work Site Location 426 E-18 ST
PATERSON NJ
Owner in Fee HOWARD D. GLOVER
Address SAME
Tele. ( )
Contractor OWNER
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. 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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Vinyl side front + 1 side

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	5/18/00	AR
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)

$	
	30.00
Administrative Surcharge	$ 1.00
Minimum Fee	$
DCA Training Fee	$ 31.00
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present 3R 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 Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 15,000.00
3. Total (1+ 2) $

U.C.C. F110
(rev. 3/96)

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

BUILDING DEPARTMENT
REMOVAL OF CONSTRUCTION SITE DEBRIS & RECYCLABLE

PRIOR APPROVAL

OWNER/CONTRACTOR David Sun

ADDRESS: [illegible]

TELEPHONE: [illegible]

LOCATION: BLOCK 6342 LOT 18

STREET 426 E 18th St

I have received and read the handout entitled "Removal of Construction Site Debris and Recyclables Prior Approval" which was given to me when I applied for a Building Permit. I understand that it is my responsibility to properly dispose of all construction site trash at Passaic County Transfer Stations, and Source separated Recyclable material may go to the Passaic County or an approved recycling center. Owners or contractors must make sure that recyclable material (recycling tax) is credited to the Community or County of Origin.

I also understand that I am required to obtain a receipt from the disposal site indicating that the construction debris and recyclables had been properly disposed of, bring these receipts to this Building Department within 10 days from the date of disposal.

I am aware that I may be fined up to $1,000, and imprisoned for up to 90 days if I do not obtain a receipt for the disposal of debris, ore recyclables, and bring the receipt to the Building Department.

I have read the above and certify that I am the owner of Block_____, Lot _____ in this town and if I sell the property before I obtain the required receipt I will notify the new owner of these requirements and penalties.

DATE: 5/18/00

David Sun
(SIGNATURE)

Paterson

Permit Without a Jacket

Permit Number 00-1077

LDS PAT 10408463

700 E10 -
C0342 E.18th

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/18/00
Control #
Permit # 00-1077

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

Block 342 Lot 18
Work Site Location 1191 to E 18 ST
PATERSON NJ
Owner in Fee HAMMAD ELAWEH
Address
SAME
Tele. ( )
Contractor
Address
DIVINE
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. 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.

Signature

D. TECHNICAL SITE DATA SIDING

DESCRIPTION OF WORK

vinyl side
Front + 1 side

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	5/18/00	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
Administrative Surcharge	$ 1
Minimum Fee	$
DCA Training Fee	$ 2
TOTAL FEE	$ 3

B. BUILDING CHARACTERISTICS

Use Group Present 2 Proposed
Constr. Class Present 5 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 Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 15,000.00
3. Total (1+ 2) $

U.C.C. F110
(rev. 3/96)

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

BLOCK D586 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 426 E. 18 St.
2. Name of Owner in Fee: Howard Glover Tel. ( ) _____
   Address 426 E. 18 St. (street) Lbk. (municipality) 07501 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: M.E.S. Tel. (201) 288-7906
   Address 38 Roosevelt Ave Hasbrk Hts.
   License No. OR, if new home, Builder Reg. No. 10035 Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Jerry
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office u

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal
7. Less 20% for State Plan Review
8. Subtotal
9. DCA Training Fee
10. Subtotal
11. Cert. of Occupancy
12. Other
13. TOTAL

VI. BUILDING/SITE CHARACTE

1. Number of Stories _____
2. Height of Structure _____
3. Area — Largest Floor _____
4. New Building Area _____
5. Volume of New Structure _____
6. Construction Classification
7. Total Land Area Disturbed
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK	Est. Cost	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
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

PERMIT NO. 00-96

se only)

		Update	Update
$			
$			
$			
$			

RISTICS	(office use only)
ft.	
sq. ft.	
sq. ft.	
cu. ft.	
sq. ft.	
ft.	

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:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS PT-B 10306414

CONSTRUCTION PERMIT

Date Issued 1-13-00
Control #
Permit # 00-96

MES ECLC.

IDENTIFICATION Block D586 Lot 4

Work Site Location 186-188 Fulton PL

Owner in Fee Howard Glover

Address 426 E 18 St.
Paterson, NJ.

Tel. (973) 881-8383

Contractor Barry Shapiro

Address 78 Roosevelt Ave
Hasbrouck Hts.

Tel. (201) 288-4906

Lic. No. or Bldrs. Reg. No. 10035

Fed. Emp. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:

Camera lights

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 $ 450.00

AB
Construction Official

1/13/00
Date

PAYMENTS (Office Use Only)

Building
Electrical 20 -
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total 20 -
Check No.
Cash 20
Collected by

U.C.C. F170
(rev. 3/96)

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

(see reverse side)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 1-13-00
Date Issued
Control #
Permit # 00-96

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

Block D0586 Lot 4
Work Site Location 186-188 Fulton Place
Paterson, New Jersey
Owner in Fee/Occupant Howard Glover
Address 426 E18th Street
Paterson, New Jersey
Tele. (973) 881-8383
Contractor Barry Shapiro MES Elect
Address 78 Roosevelt Ave.
Hasbrouck Hts. NJ. 07604
Tele. (201) 288-1118 Fax ( )
Lic. No. 10035
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 450.00

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:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATON 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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
4		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 20.-
		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 A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

3F
owners
meter
existing

U.C.C. F120
(rev. 3/96)

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

City of Paterson NEW JERSEY

DIVISION OF COMMUNITY IMPROVEMENTS

Bureau of Electrical Inspection

CERTIFICATE OF FINAL APPROVAL

F 2733

THIS IS TO CERTIFY that the installation of Electrical Wiring, Apparatus and/or Equipment on the premises described on the application for which the listed permit number was issued, which is herein repeated has been inspected and has received FINAL APPROVAL in accordance with the provisions of N.J.A.C. 5-23-3.6 (Electrical Sub-Code, State of New Jersey)

Date 8/13/88

Located at 426 East 18th St. Floor _____ Apartment _____ Permit No. 7428

Owned By Hugo Alarcon Occupant _____ Occupancy _____

owners meter.

Installed by Passaic Elec. Cont.
265 Monroe St.
Passaic, N.J.

Electrical Sub-Code Official

PLEASE NOTE: Any change in the electrical wiring, apparatus and/or equipment, which is made after the above date, makes this certificate null and void.

THIS CERTIFICATE SHOULD BE DELIVERED TO THE OWNER OR OCCUPANT.

CITY OF
PATERSON

CONSTRUCTION PERMIT

PERMIT NO. 7428
DATE ISSUED 10/23/19
Block 342 Lot 16
Subdivision

A. IDENTIFICATION

Owner Gilarcon
Address PO Box 2758 Clifton NJ.
Tel. ( ) 426-6189
Work Site Address.

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 20-
Fees Remitted $ 20
☐ Check No.
☐ ~~Cash~~ 20
☐ Other
Collected By: KC
Date: 10/23/19

is hereby granted permission
to perform the following work:

☐ BUILDING ☑ ELECTRICAL
☐ PLUMBING ☑ FIRE PROTECTION
☐ OTHER

Description of work:
7 Smoke Det.
Duress mute

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: $ 400

P T Baldwin
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 7428
DATE ISSUED 10/23/15
REVISION DATE
Block 6342 Lot 18
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner HUGO ALARCON.
Address 426-E 18 ST.
P.O. BOX 278.
Clifton
Tel. ( )
Work Site Address 426-E 18 ST
PATERSON.

Contractor PASSAIC ELECT CONTR
Address 265 MONROE ST
PASSAIC.
Tel. (201) 778-0389
Lic.No./Bus. Permit. 8098.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric		7	Smoke.	12
	Switches			Other	
	Lighting Fixtures		1	Other OWNER	10.
	Receptacles			Other METER.	
	Bonding, Pool/Vault			Other 220-30 AMPS	22
	Service/Feeders				
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 22

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 400.00

D. COMMENTS

3 family
dwelling.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Yellow = Tax Assessor Copy Purple = Inspector Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. ______
DATE ISSUED ______
REVISION DATE ______
Block ______ Lot ______
Subdivision ______

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner ______
Address ______
Tel. ( ) ______
Work Site Address ______

Contractor ______
Address ______
Tel. ( ) ______
Lic.No./Bus. Permit ______
Federal Emp. No. ______

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE ______

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Fee	
	Switching Outlets	$		H.V.A.C. Equipment	$	COLUMN 1	$
	Lighting Outlets			Switching Devices		COLUMN 2	
	Receptacle Outlets			Transformers		SUBTOTAL	$
	Range/Oven			Motors/Generators/Compressors (state no. and size of each)		Minimum Electrical Fee (if applicable)	$
	Dryer, Electric						
	Water Heater, Electric					Total Electrical Fee (Greater of Minimum or Subtotal)	$
	Heating, Electric						
	Switches						
	Lighting Fixtures			Other			
	Receptacles			Other			
	Bonding, Pool/Vault			Other			
	Service/Feeders			Other			
	COLUMN 1	$		COLUMN 2	$		

USE GROUP: ______ Present ______ Proposed ______
Service: ______ Amps ______ Phase ______ System Type ______
Wire ______ Volts ______ Wiring Method ______
Total No. of Meters: ______
Estimated Cost of Electrical Work: $ ______

☐ Partial Release ☐ Prototype Processing

426 - E 18 ST.

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 1488
DATE ISSUED 7/15/10
REVISION DATE
Block 637 Lot 11
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner HUGO ALARCON
Address 426-E 18 ST
P.O. BOX 273
WAYNE
Tel. ( )
Work Site Address 426-E 18 ST
PATERSON

Contractor PASSAIC ELECTRIC
Address 265 MONROE ST
PASSAIC
Tel. (201) 775-0389
Lic.No./Bus. Permit. 5C98
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric		1	SMOKE.	12
	Switches				
	Lighting Fixtures		1	Other OUTLET	10.
	Receptacles			Other METER	
	Bonding, Pool/Vault			Other 110-30AMPS	22
	Service/Feeders				
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 22 -

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 400.00

D. COMMENTS

3 family
Smoke

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
8-3-88	Trachy Final - Call to Cal - 8/8/88

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 8-3-88

Inspected By: Trachy

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other_____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

CITY OF PATERSON

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 1196
DATE ISSUED 6/23/17
REVISION DATE

Block 3072 Lot 18
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner HUGO ALARCON
Address P O BOX 2754
ELIZABETH, NJ 07207
Tel. ( )
Work Site Address 42-E 18 ST
PATERSON

Contractor PASSAIC ELECT. CONTR
Address 216 MONROE ST
PASSAIC
Tel. (24) 778-6389
Lic. No. 8095
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☒ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ 10.00

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 10.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-2 Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

6 SD
1 110

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
7-27-88	Smoke detector approval - Insp. Adams

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 10-23-87
Approved By: Adams

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 7-27-88
Inspected By: Adams

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT #_____

Date 10/7/87

Location 468 E. 18TH ST

Owner 342)

Address 18)

FINDINGS:

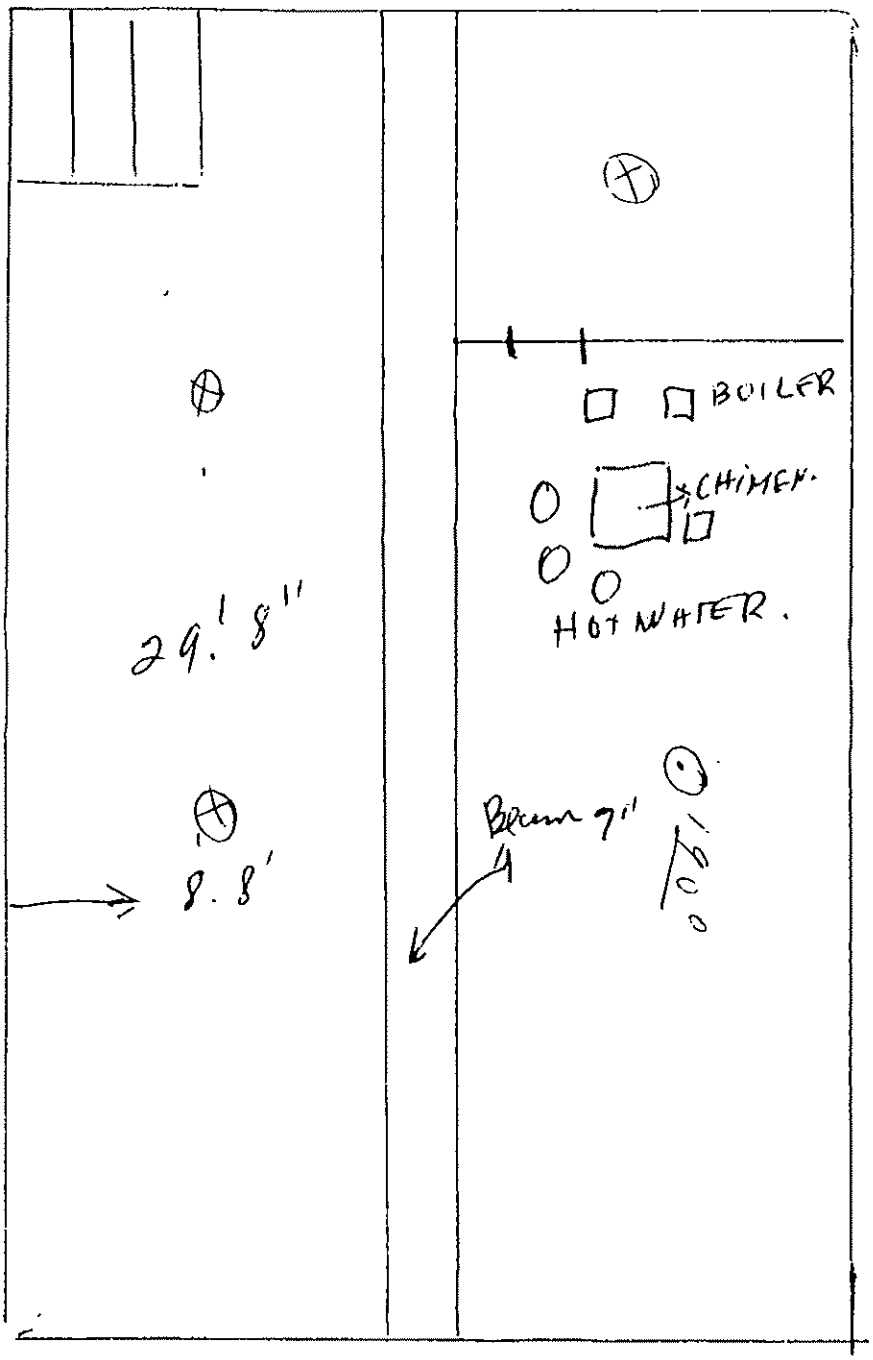
ROOMING HOUSE
#266-58-4083A ISSUED
BY DEPT OF COMMUNITY AFFAIRS
CLASS A ROOMING HOUSE FOR
15 UNITS. LICENCE EXPIRES
JUNE 1988.

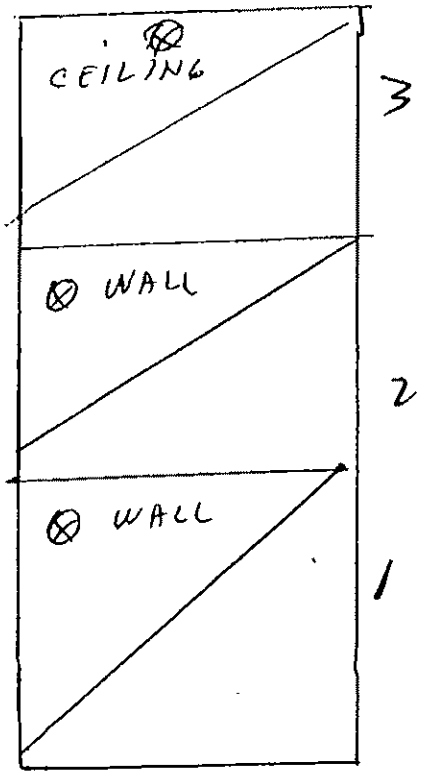
INCOMPLETE INSPECTION

CALLED OWNER HE WILL
ARRANGE FOR ENTRY.

[signature]
#869

Form BLDG-2009





6 SD
1 HD

10-23-87

HUGO ALARCON
426-E 18 ST
PATERSON. N.J.

CITY OF
PATERSON

NOTICE OF PERMIT UPDATE

PERMIT NO. 4487 A
DATE ISSUED 9/28/87
Block 342 Lot 18
Subdivision 1

IDENTIFICATION

Owner Diego Alarcon
Address
Tel. ( )
Work Site Address 436 E 18 4th
Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 16 —
Fees Remitted $ 25 46
☑ Check No. 2546
☐ Cash
☐ Other
Collected By:
Date:

is hereby granted permission
to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Install fire Escape

Estimated Cost of Work: $ 1500 —

CONSTRUCTION OFFICIAL

U.C.C. Form F-190 (8/83) Light Green = Office Copy White = Applicant Copy

CITY OF
PATERSON

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 4487
DATE ISSUED 12/23/18
Block 340 Lot 18
Subdivision

A. IDENTIFICATION

Owner Ummar Inv. Inc
Address 12-45 Lucy Pl
Paulsun
Tel. ( ) Owner
Work Site Address 42-6 E 18th St

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 16
Fees Remitted $
☐ Check No.
☑ Cash
☐ Other
Collected By:
Date: 12/23/18

is hereby granted permission
to perform the following work:

☑ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Repair HHA
Walls

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: $ 1500

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

- CITY OF PATERSON

BUILDING SUBCODE TECHNICAL SECTION

DATE ISSUED 9/28/89
REVISION DATE 9/28/89
Block 342 Lot 18
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner HUGO ALARCON
Address 426 E. 18TH St. PATERSON NJ
Tel. ( )

Contractor TM WELDING.
Address 205 MADISON AVE ELIZABETH NJ
Tel. (201) 352-7651
Lic. No.
Federal Emp. No. 22-2818016

Work Site Address 426 E. 18TH St. PATERSON NJ

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

CONSTRUCT AND INSTALL ~~ADDITION~~ IN FE

Install fire Escape.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☑ Other F.E.

	Fee Basis	Fee
		$
SUBTOTAL		$ 40
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1500.00

D. COMMENTS

3 FAM

16 32 Fire 66

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F - 110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

4

CITY OF PATERSON

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

DATE ISSUED 5-15-19
REVISION DATE 7 DAYS
Block 3612 Lot 18.1
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner HUGO ALARCON
Address 426 E. 18TH ST. PATERSON NJ
Tel. ( ) /
Work Site Address 426 E. 18TH ST. PATERSON NJ

Contractor TM WELDING.
Address 205 MADISON AVE PATERSON NJ
Tel. (201) 352-7656
Lic. No.
Federal Emp. No. 22-2818016

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT-SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Construct and install ~~addition~~ in FE

Install fire Escape.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☑ Other F.E.

	Fee Basis	Fee
		$
SUBTOTAL		$ 10
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1500.00

D. COMMENTS

3 Floor

10
32 Fire
66

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F - 110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS
12/2/87 -	COMPLETED

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 12/2/87

Inspected By: [signature] 8479

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				12/2/87

CITY OF PATERSON

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 4411
DATE ISSUED 12/23/15
REVISION DATE
Block 342 Lot 18
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner ALLAMAN INV. CORP
Address 12-45 RIVER RD
FAIRLAWN N.J.
Tel. ( )
Work Site Address 426 6/18 ST PATERSON

Contractor [illegible]
Address 919 CLIFTON AVE. CLIFTON
Tel. ( )
Lic. No.
Federal Emp. No. 158745539

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Repair fire roofs

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

16

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1500 —

D. COMMENTS

3 Fam
Frame

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F - 110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

CITY OF PATERSON

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner _____ Contractor _____
Address _____ Address _____
Tel. (___) _____ Tel. (___) _____
Work Site Address _____ Lic. No. _____
_____ Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

_____
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other _____

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F - 110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS
3/4/87	All work completed

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 3/4/87

Inspected By: A Brown BS

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other				3/4/87

BUILDING BUREAU
INSPECTOR'S REPORT

Paterson, New Jersey

PERMIT # 4487

Date 3/4/87

Location 426 E. 18TH ST

Owner 342

Address (&)

FINDINGS:

(Repairs)

All work completed

[signature]
T849

[signature]

Form BLDG-2009

DIVISION OF COMMUNITY IMPROVEMENTS

BUREAU OF INSPECTIONS

Re: 426 EAST 15TH STREET INSPECTOR WIMBERLY #839

ITEM	VIOLATION
V 1	Clean or remove debris/refuse from (CELLAR) & (BINDER FRONT PORCH) — H-310.1 & H-335.0
V 2	Remove debris, and -- board up vacant building.
V 3	Repair/replace loose or missing siding. — H-321.2
V 4	Replace broken or missing window glass (THROUGHOUT) — H-323.1
V 5	Repair/replace deteriorated window frames/sashes (REMAIN/REPLACE STORM WINDOWS - THROUGHOUT) & (2ND FLOOR APT. - BATHROOM - MAKE OPERABLE) — H-322.0
V 6	Repair/replace porch (STEPS - REAR, CEILINGS & LATTICE - FRONT) & (STEPS - REAR) — H-322.1
V 7	Repair defective roof (SOFFIT) — H-321.3
V 8	Repair/replace defective gutters and/or leaders.
V 9	Provide screens for cellar/basement windows. — H-324.1
V 10	Paint exterior of structure. — H-321.2
V 11	Repair/replace interior/exterior handrail (FRONT HALL - 1ST TO 3RD FLOOR) & (CELLAR) — H-333.2
V 12	Replace missing sash cords (THROUGHOUT) — H-323.3
V 13	Repair walls/ceiling plaster at (1ST FLOOR APT: BATHROOM) // (2ND FLOOR - KITCHEN & BATHROOM & REAR BEDROOM) // (3RD FLOOR APT. REAR BEDROOM // & FRONT BEDROOM // // & (FR... H...) — H-337.0
V 14	Paint interior walls/ceilings. // — H-337.0
V 15	Repair floor at (2ND FLOOR - BATHROOM & KITCHEN) & (3RD FLOOR APT. - MAKE IMPERVIOUS TO WATE... — H-337.0
V 16	Repair/replace damaged door (CELLAR - REAR) & (2ND FLOOR - KITCHEN) & (1ST FLOOR - HALL CLOSET) — H-410.1
V 17	Exterminate for roaches/rodents. — H-336.0
V 18	Remove obstructions from stairs-halls-porches.
V 19	Repair leaks in plumbing system or fixtures at (1ST FLOOR - KITCHEN SINK) & (2ND FLOOR APT: WASH BASIN & H... S... — H-411.0
V 20	Remove obstructions from waste or soil pipe.
V 21	Provide required wash basin at
V 22	Provide required tub or shower at
V 23	Provide hot water to plumbing fixtures at
V 24	Tenant to effectively clean apartment they occupy.
V 25	Supply and maintain heat temperature of 68 F at all times. (6 A. M. to 11 P. M. -- Outside temperature below 55°F) — H-410.1 & H-2136.0 & H-414.0
V 26	Supply and maintain required utility-facility-equipment. (Specify) (VENT - 1ST FLOOR APT. - BATHROOM (REMAIN/REPLACE GUEST FIXTURE - 1ST FLOOR FRONT PORCH & 2ND FLOOR APT. - FRONT

RE: 2/19/84

NOTES:

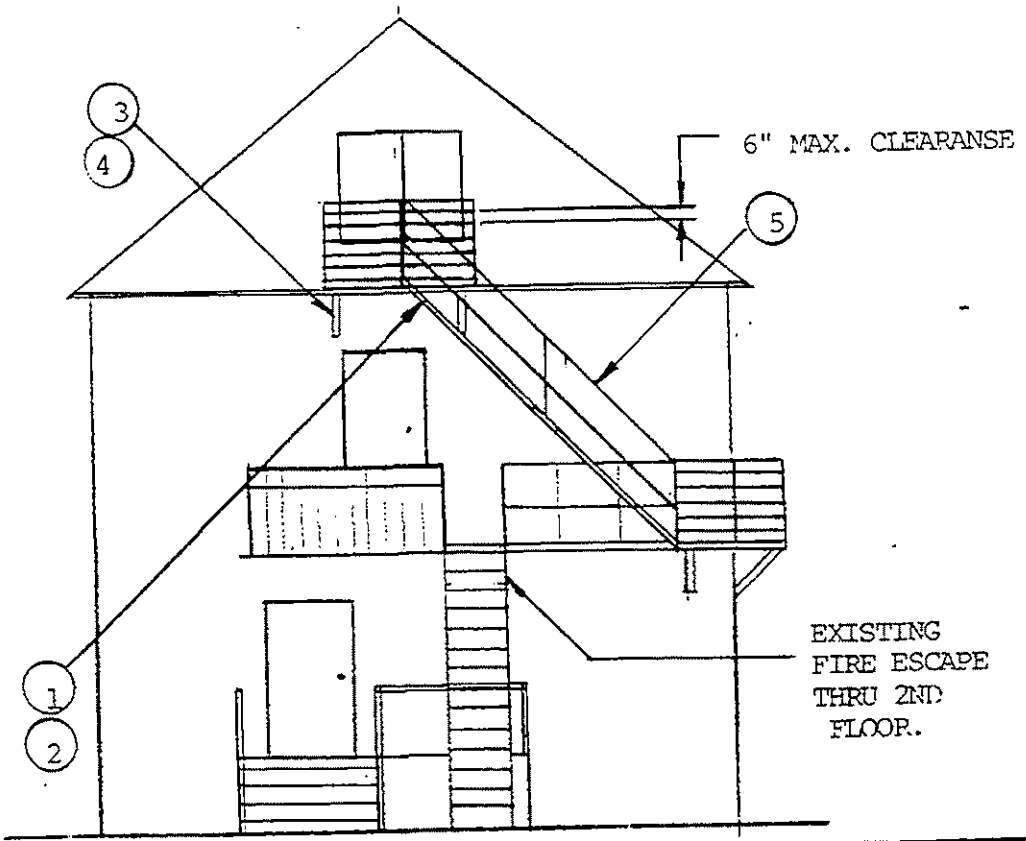
1.-FIRE ESCAPE WILL BE INSTALLED TO MEET LOCAL AND STATE CODES.

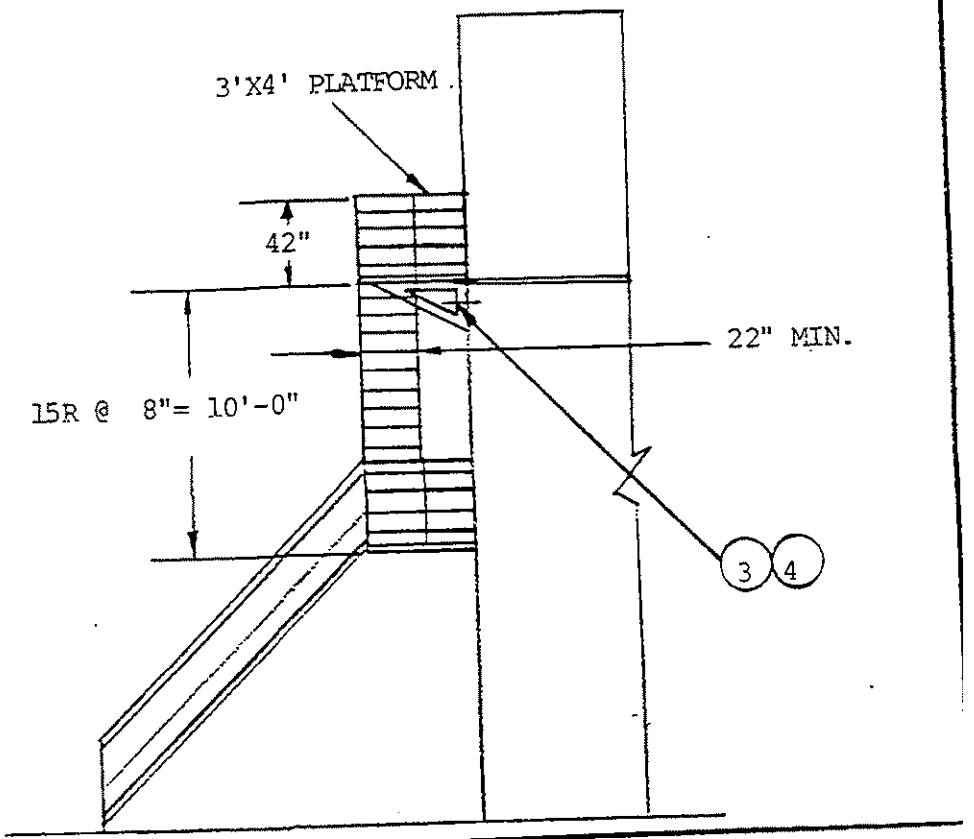
2.-FIRE ESCAPE TO SUPPORT A LIVE LOAD OF 100 lb/ft^2.

3.-WIRE PANEL GLASS WINDOWS TO BE INSTALLED, AS REQUIRED, BY OWNER

BILL OF MATERIALS

ITEM	DESCRIPTION
1	4" X 5/16" STEEL STRINGER
2	8" X 22" THREADS BOLTED TO STRINGER
3	2½" X 2½" X 3/16" STEEL SUPPORT
4	1" STEEL BOLTS THROUGH WALL WITH PLATE
5	1½" X 1½" X 3/16" HAND RAILS & POST -1½" X 3/16" SIDES





T. M. WELDING ASSOCIATES
205 MADISON AVENUE
ELIZABETH, NJ 07201

Fire Escape for:
Hugo E. Alarcon
426 E. 18th St.
Paterson, N.J.