From: Christopher Bate <opra+request-16920-101b7fa6@requests.opramachine.com>
Sent: Wednesday, September 23, 2020 5:24 PM
To: City Clerk
Subject: OPRA request - 431 N. Harrisburg Ave. Permits, opened and closed

Dear Atlantic City,

I would like copies and status of all permits, open or closed, and/or any other information that you may have regarding the existence, past or present, of an under ground oil tank(s), that pertains to the address 431 N Harrisburg Ave. Block 791, Lot 34.

Yours faithfully,
Christopher Bate
Keller Williams Realty
609-304-7420

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-16920-101b7fa6@requests.opramachine.com

Is CityClerk@cityofatlanticcity.org the wrong address for OPRA requests to Atlantic City? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3datlantic_city&c=E,1,h9uRteoJknf2-_tF9rhAPABGORkTHgKDXd6GsWoToRyEjJZ1WYWoFpH7bdRg-BERtiJlpq3gIcuKudzlZbgcfkuP-lJjatsrXKRJCloKVUCFpRsAmHal&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,YTR9wdOilfaMPjfk-jtwAxx0KREtvnWxHCpbyBw0kk6lFo7gXscXHaYXVl3fZ-Pf5U3T_6hP0pVLkWmwVlVPpKFffLRMrPj0BKRbh1-LAz3ZokWlONJLHOvyxA,,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2f431_n_harrisburg_ave_permits_ope&c=E,1,NF_tH37Lxj3tT3ZYCPCZsB6XpM4mJmbxN2hH_2rbr1Y1OG3Y5U7aV3VdQ5xXM5PjLQ9GyD0iJGD8we8pJ3uJUcDqveuklo71ItqOMxOleb9i0NrD8t5_AOEC&typo=1

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.

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20020977
Update Number
Control Number 21177
Application Date: 08/20/2002
Permit Date: 08/20/2002

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 791 Lot: 34 Qualification Code:

Work Site Location: 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: AVILES, JOHNNY
Address: SEE FILE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]
Use Group(s): R-5

Contractor: VCS ELECTRONIC SYSTEM
Address: 3200 WINCHESTER AVENUE
LONGPORT, NJ, 08401
Telephone: 6098238696
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SERVICE AND SUBPANELS

PAYMENTS	(Office Use Only)
Building	$0.00
Electrical	$92.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$1.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$93.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$700.00
Cost of Demolition:	$0.00
Total Cost:	$700.00

Received By

Type	Date	Check #	Amount
	08/20/2002		$93.00
		TOTAL PAID:	$93.00

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

08/20/2002
Date

ANTHONY COX, SR.
Construction Official

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/20/2002
Control # 21177
Date Issued 8/20/2002
Permit # 20020977

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

Block 791 Lot 34 Qualification Code

Work Site Location 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: AVILES, JOHNNY

Tel. [redacted] e-mail

Address SEE FILE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: VCS ELECTRONIC SYSTEM Tel. (609) 823-8696

Address 3200 WINCHESTER AVENUE e-mail
LONGPORT, NJ 08401

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 700.00

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	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				

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:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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	$ 0.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
	0	KW Elec. Range/Receptacle	0.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
	0	KW Elec. Dryer/Receptacle	0.00
	0	KW Dishwasher	0.00
	0	HP Garbage Disposal	0.00
	0	KW Central A/C Unit	0.00
	0	HP/KW Space Heater/Air Handler	0.00
	0	KW Baseboard Heat	0.00
	0	HP Motors 1/+ HP	0.00
	0	KW Transformer/Generator	0.00
1	100	AMP Service	46.00
1	100	AMP Subpanels	46.00
	0	AMP Motor Control Center	0.00
	0	KW Elec. Sign/Outline Light	0.00
	0		0.00

Administrative Surcharge	$	0.00
Minimum Fee	$	92.00
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	93.00

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

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20090218
Update Number
Control Number 42033
Application Date: 03/16/2009
Permit Date: 03/24/2009

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 791 Lot: 34 Qualification Code:

Work Site Location: 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: AVILES, JOHNNY
Address: SEE FILE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]
Use Group(s): R-5

Contractor: EAST COAST ROOFING
Address: 6090 DANNENHAUER LANE STE 5
MAYS LANDING, NJ, 08401
Telephone: 6096251900
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL 900 SQ. FT. OF RUBBER ON ENTIRE UPPER MAIN ROOF MR

PAYMENTS	(Office Use Only)
Building	$46.00
Electrical	$0.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$6.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$52.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$3,700.00
Cost of Demolition:	$0.00
Total Cost:	$3,700.00

Received By

Type	Date	Check #	Amount
	03/24/2009		$52.00
		TOTAL PAID:	$52.00

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

03/24/2009
Date

ANTHONY COX, SR.
Construction Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/16/2009
Control # 42033

Date Issued 3/24/2009
Permit # 20090218

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

Block 791 Lot 34 Qualification Code

Work Site Location 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: AVILES, JOHNNY

Tel. [redacted] e-mail

Address SEE FILE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: EAST COAST ROOFING Tel. (609) 625-1900

Address 6090 DANNENHAUER LANE STE 5 e-mail
MAYS LANDING, NJ 08401

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

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				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-5
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 3,700.00
3. Total (1 + 2) $ 3,700.00

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:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [X] Roofing
- [ ] Siding
- [ ] Fence 0 Height (exceeds 6')
- [ ] Sign 0 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall 0 Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$	0.00
	0.00
	111.00
	58.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
Administrative Surcharge $	0.00
Minimum Fee $	46.00
State Permit Surcharge Fee $	6.00
TOTAL FEE $	52.00

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

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20020977
Update Number 3
Control Number 28634
Application Date: 04/07/2005
Permit Date: 04/07/2005

PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 791 Lot: 34 Qualification Code:

Work Site Location: 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: AVILES, JOHNNY
Address: SEE FILE
ATLANTIC CITY, NJ 08401
Telephon[redacted]
Use Group(s): R-5

Contractor: VCS ELECTRONIC SYSTEM
Address: 3200 WINCHESTER AVENUE
LONGPORT, NJ, 08401
Telephone: 6098238696
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELEC RANGE/RECEP

PAYMENTS	(Office Use Only)
Building	$0.00
Electrical	$46.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$0.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$46.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$150.00
Cost of Demolition:	$0.00
Total Cost:	$150.00

Received By

Type	Date	Check #	Amount
	04/07/2005		$46.00
		TOTAL PAID:	$46.00

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

04/07/2005
Date

ANTHONY COX, SR.
Construction Official

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/7/2005
Control # 28634
Date Issued 4/7/2005
Permit # 20020977+3

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

Block 791 Lot 34 Qualification Code

Work Site Location 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: AVILES, JOHNNY

Tel. [redacted] e-mail

Address SEE FILE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: VCS ELECTRONIC SYSTEM Tel. (609) 823-8696

Address 3200 WINCHESTER AVENUE e-mail
LONGPORT, NJ 08401

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150.00

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	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

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:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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	$ 0.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
1	8	KW Elec. Range/Receptacle	46.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
	0	KW Elec. Dryer/Receptacle	0.00
	0	KW Dishwasher	0.00
	0	HP Garbage Disposal	0.00
	0	KW Central A/C Unit	0.00
	0	HP/KW Space Heater/Air Handler	0.00
	0	KW Baseboard Heat	0.00
	0	HP Motors 1/+ HP	0.00
	0	KW Transformer/Generator	0.00
	0	AMP Service	0.00
	0	AMP Subpanels	0.00
	0	AMP Motor Control Center	0.00
	0	KW Elec. Sign/Outline Light	0.00
	0		0.00

Administrative Surcharge	$	0.00
Minimum Fee	$	46.00
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	46.00

U.C.C. P120 (rev. 11/09)

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20012199
Update Number
Control Number 19616
Application Date: 11/15/2001
Permit Date: 11/15/2001

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 791 Lot: 34 Qualification Code:

Work Site Location: 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: AVILES, JOHNNY
Address: SEE FILE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]
Use Group(s): R-3

Contractor: ABBKAT EXTERIORS
Address: 510 SHERWOOD ROAD
MAYS LANDING, NJ, 08401
Telephone: 6095132568
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
PLYWOOD FLOORING DRYWALL CLOSETS AND DOORS STEEL ENTRANCE DOOR

PAYMENTS	(Office Use Only)
Building	$84.00
Electrical	$0.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$3.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$87.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$3,500.00
Cost of Demolition:	$0.00
Total Cost:	$3,500.00

Received By			
Type	Date	Check #	Amount
	11/15/2001		$87.00
		TOTAL PAID:	$87.00

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

11/15/2001
Date

ANTHONY COX, SR.
Construction Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/15/2001
Control # 19616

Date Issued 11/15/2001
Permit # 20012199

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

Block 791 Lot 34 Qualification Code

Work Site Location 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: AVILES, JOHNNY

Tel. [redacted] e-mail

Address SEE FILE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: ABBKAT EXTERIORS Tel. (609) 513-2568

Address 510 SHERWOOD ROAD e-mail
MAYS LANDING, NJ 08401

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

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:	Dates (Month/Day) Failure	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				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed R-3
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 3,500.00
3. Total (1+2) $ 3,500.00

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

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:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)	
$	0.00
	0.00
	105.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
Administrative Surcharge $	0.00
Minimum Fee $	84.00
State Permit Surcharge Fee $	3.00
TOTAL FEE $	87.00

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20020977
Update Number 2
Control Number 22575
Application Date: 04/16/2003
Permit Date: 04/16/2003

PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 791 Lot: 34 Qualification Code:

Work Site Location: 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: AVILES, JOHNNY
Address: SEE FILE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]
Use Group(s): R-5

Contractor: VCS ELECTRONIC SYSTEM
Address: 3200 WINCHESTER AVENUE
LONGPORT, NJ, 08401
Telephone: 6098238696
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CONDITIONAL...

PAYMENTS	(Office Use Only)
Building	$0.00
Electrical	$184.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$3.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$187.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$3,600.00
Cost of Demolition:	$0.00
Total Cost:	$3,600.00

Received By			
Type	Date	Check #	Amount
	04/16/2003		$187.00
		TOTAL PAID:	$187.00

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

04/16/2003
Date

ANTHONY COX, SR.
Construction Official

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/16/2003
Control # 22575
Date Issued 4/16/2003
Permit # 20020977+2

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

Block 791 Lot 34 Qualification Code

Work Site Location 431 N HARRISBURG AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: AVILES, JOHNNY

Tel. [redacted] e-mail

Address SEE FILE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: VCS ELECTRONIC SYSTEM Tel. (609) 823-8696

Address 3200 WINCHESTER AVENUE e-mail
LONGPORT, NJ 08401

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,600.00

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:	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

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:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
15		Lighting Fixtures	
17		Receptacles	
12		Switches	
1		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
47		TOTAL NUMBERS	$ 46.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
	0	KW Elec. Range/Receptacle	0.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
1	7	KW Elec. Dryer/Receptacle	46.00
1	2	KW Dishwasher	46.00
	0	HP Garbage Disposal	0.00
	0	KW Central A/C Unit	0.00
	0	HP/KW Space Heater/Air Handler	0.00
	0	KW Baseboard Heat	0.00
1	0	HP Motors 1/+ HP	0.00
	0	KW Transformer/Generator	0.00
	0	AMP Service	0.00
	0	AMP Subpanels	0.00
	0	AMP Motor Control Center	0.00
	0	KW Elec. Sign/Outline Light	0.00
	0		0.00

Administrative Surcharge	$	0.00
Minimum Fee	$	184.00
State Permit Surcharge Fee	$	3.00
TOTAL FEE	$	187.00

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

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