

OPRA: 7 Chestnut Open/Closed Permits, Oil Tank

Greg Zagaja <gzagaja@wallingtonnj.org>

Wed 6/15/2022 1:53 PM

To: Nick Melfi <nmelfi@wallingtonnj.org>

Nick-

Please see the below OPRA request.

Respectfully,

GregZ

-----Original Message-----

From: Gracjan Szymczak <opra+request-32659-f9290903@requests.opramachine.com>

Sent: Wednesday, June 15, 2022 12:39 PM

To: Greg Zagaja <gzagaja@wallingtonnj.org>

Subject: OPRA request - 7 Chestnut St, Wallington

Dear Wallington Borough,

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:

Open permits for building/construction

Closed permits for building and construction within the last 20 years Open violations on the use of the property Known presence of underground oil/deprecated septic tank

6/16/22

Yours faithfully,

1) NO open violations

Gracjan Szymczak

2) NOTHING on file Regarding oil Tank or Septic

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-32659-f9290903@requests.opramachine.com

Is gzagaja@wallingtonnj.org the wrong address for OPRA requests to Wallington Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=wallington_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

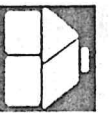
<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/7_chestnut_st_wallington



BUILDING SUBCODE TECHNICAL SECTION



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

Block 65.09 Lot 5.01 Qualification Code _____

Work Site Location WALLINGTON N.J. 01051

Owner in Fee GUSTAVO ALARCON

Address 7 CHESTNUT ST
WALLINGTON N.J. 01051

Tel. (913) 713-3828

Contractor BY MY SELF

Address _____

Tel. () _____ FAX () _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Date	Initial
☐ No Plans Required	Type: _____
☐ All	Footings _____
☐ Footing	Footings Bonding _____
☐ Foundation	Foundation _____
☐ Frame	Slab _____
☐ Other	Frame _____
Joint Plan Review Required:	Truss Sys./Bracing _____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	Barrier-Free _____
SUBCODE APPROVAL	Insulation _____
☐ CO ☐ CCO ☐ CA	Finishes - Base Layer _____
Date: <u>1/10/05</u>	Finishes - Final _____
Approved by: <u>[Signature]</u>	Energy _____
	Mechanical _____
	TCO _____
	Other _____
	Final _____
	Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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

[Signature]

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

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

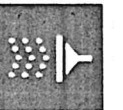
TOTAL FEE \$ _____

FEE (Office Use Only)

\$ _____



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 65 Lot 318 Qualification Code 07057

Work Site Location

Wally Chestnut St

Owner in Fee

same

Address

same

Tel (201) 933-7733 - 3828

Contractor J.T. O'Brien Plumbing & Heating, LLC

Address 10 Railroad Avenue

Ridgefield Park, New Jersey 07660

Tel (201) 931-1333 FAX (201) 931-1711

Contractor License No. 11633

Federal Emp. No. 260-006573

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 249

C. CERTIFICATION IN LIEU OF OATH

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 3/3/08

Approved by: _____

TCO _____

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. _____

Water Closet

Unifal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrapp

Sewer Connection

Water Service Connection

Stacks

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

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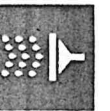
FEE (Office Use Only)

Date Received 3/14/08
Control # 3
Date Issued 3/20/08
Permit # 2008 058

Administrative Surcharge	\$	_____
Minimum Fee	\$	45
State Permit Surcharge Fee	\$	_____
TOTAL FEE	\$	45



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block 65.09 Lot 5.01 Qualification Code _____

Work Site Location 7 Chestnut St.

Owner in Fee: Guillermo Alarcon

Tel. (862) 377-5190 e-mail _____

Address same street municipality zip code

Contractor: 1 800 Heaters Inc Tel. (732) 970-8074

Address 2 Gourmet Lane, Unit G & H e-mail _____

Edison, NJ 08837

Contractor License No. 12352 Exp. Date 6/30/2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300

Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 937.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial Underslab Utilities Approved

Date: 1/16/14 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: _____ Failure _____ Dates (Month/Day) _____ Initial _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

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: Leonard Gerardo

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

Replacement

Hot Water Heater

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 65.09 Lot 5.01 Qualification Code _____

Work Site Location 7 Chestnut St. Wallington Boro

Owner in Fee: Christopher Alarcon

Tel. (862) 221-8020 e-mail _____

Address 7 Chestnut St. Wallington Boro

Contractor: Endeavor Telecom

Address 120 Interstate N Pkwy Ste 210

Atlanta, GA 30339

Contractor License No. 34BX00016100

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 752984739

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Occupied as Single family residence Utility Co. _____

Est. Cost of Elec. Work \$ \$300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☒ Partial—Handslab Utilities Approved

Date: 11/14/16 Approved by: [Signature]

☐ 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 6/11/16 17 CA

Date: 6/11/16

Approved by: [Signature]

INSPECTIONS	Dates (Month/Day)	Initial
Type:	Failure	Approval
☐ 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/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: Don Armstrong

☐ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Installation of Security Alarm System

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	
		Transmitters	
		TOTAL NUMBERS	
		Pool Permit/with UVW 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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ 5.9

Minimum Fee \$ 1

State Permit Surcharge Fee \$ 5.9

TOTAL FEE \$ 12.8

Date Received 4-14-14
Control # 4-8-15
Date Issued 2-15-15
Permit # 657



**PLUMBING
SUBCODE
TECHNICAL SECTION**

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

Block 6509

Lot 501

Work Site Location 7 CHESTNUT ST WASHINGTON

Owner in Fee SAN BASSAM

Address 7 CHESTNUT ST WASHINGTON

Tele. () 935-0750

Contractor ED MECHANICAL

Address 241ST ST WASHINGTON

Tele. () 935-0750

Lic. No. 4579

Federal Emp. No. 22-3457243

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓

Building Sewer Size 4" Public Sewer ✓ Private Septic ✓

Water Service Size 4" Public Water ✓ Private Well ✓

Est. Cost of Plumbing Work \$ 6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 11/14/02

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 11/14/02

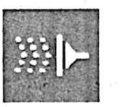
Approved by: [Signature]

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature — Contractor's Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



Date Received 11/14/02
Date Issued 11/14/02
Control # 2002-349
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. 1 FUTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

FEE (Office Use Only)
\$ 260

Administrative Surcharge \$ 260
Minimum Fee \$ 260
DCA Training Fee \$ 260
TOTAL FEE \$ 260



FIRE SUBCODE TECHNICAL SECTION

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

Block 6509

Lot 501

Work Site Location 7 CHESTNUT ST Wallingford

Owner In Fee SAW B ASSUM.

Address 7 CHESTNUT ST

Tele. ()

Contractor EDD MECHANICAL

Address 2415 ST N ARLINGTON

Tele. (201) 955-0750

Fax ()

Lic. No. 4579

Federal Emp. No. 22-3457243

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present 61C Proposed SHS

Const. Class Present 01C Proposed 01C

Heating Systems ☒ New ☒ Existing ☐ HVAC

Type: ☒ Gas ☒ Oil ☒ Electric ☐ Solar

☐ Other

Location: Fire Alarm System

Total Cost of Fire Protection Work \$ 6,500

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/owner) of record and am authorized to make this application.

Signature [Signature]

Date 11/28/02

Approved by 705

SUBCODE APPROVAL

☐ CO ☐ CA

Date 11/28/02

Approved by 705

SUBCODE APPROVAL

☐ CO ☐ CA

Date 11/28/02

Approved by 705

SUBCODE APPROVAL

☐ CO ☐ CA

Date 11/28/02

Approved by 705

SUBCODE APPROVAL

☐ CO ☐ CA

Date 11/28/02

Approved by 705



Date Received 11/29/02
Date Issued 11/29/02
Control # 2002-349
Permit # 2002-349

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid

☐ LPG ☐ LNG Capacity Fuel

Alarm Systems ☐ 110V Interconnected NUMBER

☐ System

Alarm Devices (i.e., smoke, heat, pull, water/flow)

Supervisory Devices (i.e., tamper, 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

CO₂ Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas ☒ or Oil ☐ Fired Appliances

Other

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

\$ 129

\$ 129

\$ 129

\$ 129

\$ 129

\$ 129

FEE (Office Use Only)

\$ 129

\$ 129

\$ 129

\$ 129

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