CITY OF
PATERSON

DEPARTMENT OF
ECONOMIC
DEVELOPMENT

DIVISION OF
COMMUNITY
IMPROVEMENTS

André Sayegh

Date: February 7, 2019

To: City Clerk's Office
Jacque Murray

From: Zuleika Torrez/Clerk
Community Improvements

Re: OPRA REQUEST CA 19: 0186

As per your request this is to inform you that we researched our files as far back as 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 as, Housing and Zoning Bureaus.

All correspondence is being sent via email.

Any questions contact me at x2211.

/ZT

CA19:0186
Due Date: 2/7/19

Twydaisha Hilbert

From: Alicia Jones <opra+request-3763-ced2c2c9@requests.opramachine.com>
Sent: Wednesday, January 30, 2019 1:44 PM
To: Opra Request
Subject: OPRA request - All open construction permits and/or violation from 1/2000 to present

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: All open/closed permit and /or violation from 1/2000 to present.
I would like to know if there are open construction permits or liens for these properties. Also, I would like to know information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank location.
655 E 26th St BLOCK 3810 LOT 15

Yours faithfully,

Alicia Jones

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-3763-ced2c2c9@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/all_open_construction_permits_an_20

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.

RECEIVED
CITY OF PATERSON, NJ
2019 JAN 30 PM 2 03
SONIA L. GORDON
ACTING CITY CLERK

File # CA19:0186

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:
1/30/19

DEPARTMENT HEAD
Mr. Michael Powell, Acting Director
Dr. Paul Persaud, Acting Director
Ms. Marge Cherone, Director

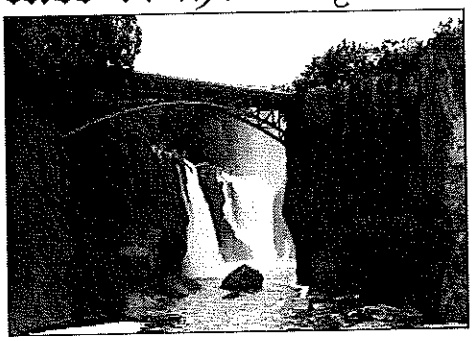
DIVISION HEAD
Chief Brian McDermott
Mr. David Gilmore, Director

FOR IMMEDIATE ATTENTION!!!

DATE SCANNED: 1/30/19 **SCANNED:** 2:27 P.M.

NO. OF PAGES: 3

Office of the City Clerk



SONIA L. GORDON, RMC
City Clerk

CITY HALL - 3RD FLOOR
155 MARKET STREET
PATERSON, NEW JERSEY 07505

OFFICE: (973) 321-1310
FAX: (973) 321-1311

January 30, 2019

Mr. Michael Powell, Acting Director
Economic Development
125 Ellison Street
Paterson, NJ 07505

Dr. Paul Persaud, Acting Director
Health & Human Services
125 Ellison Street
Paterson, NJ 07505

Ms. Marge Cherone, Director
Department of Finance
155 Market Street
Paterson, NJ 07505

Chief Brian McDermott
Paterson Fire Department
300 McBride Avenue
Paterson, NJ 07501

Mr. David Gilmore, Director
Community Improvements
111 Broadway
Paterson, NJ 07505

FILE NO: CA19:0186

Dear Department Heads/Division Heads:

The enclosed **OPRA** was received in my office on January 30, 2019.
Kindly review the information that is being requested of your Department immediately upon receipt of this communication. It is important that once you have compiled the requested documents, forward two copies of the response(s) to the City Clerk's Office and not directly to the requester.

Open Public Records requests are time sensitive, because under the law, I have seven (7) business days to respond to the requester and forward the requested records. This OPRA response should be submitted to the City Clerk's Office no later than February 7, 2019. This OPRA request will be faxed to you, followed by the hard copy. It is important that you begin working on collecting the records when you receive the fax from my office, since the clock begins to run on the date the request is received.

If you are unsure about whether the requested information is disclosable, contact Domenick Stampone, Esq., 1st Assistant Corporation Counsel in the Law Department. Also, call me if you feel this request should be sent to another Department or Division, or if you have any other questions.

Sincerely,

Sonia L. Gordon

SONIA L. GORDON
CITY CLERK

/th

Enc.

cc Domenick Stampone, Esq., 1st Assistant Corporation Counsel
Harlynne Lack, Assistant Corporation Counsel

DIVISION OF COMMUNITY AFFAIRS
BUREAU OF INSPECTIONS
Municipal Complex - 111 Broadway
(973) 321-1232

Ward:
Area:

Open

Date: 07/24/17
To: MILLER, PAULA E.
306 GROVE ST
JERSEY CITY NJ 07302

Notice: V7-01547
Property Location:
655 E 26TH ST
Block/Lot/Qual: 3810. 15.

NOTICE OF VIOLATION(S)

The Housing/Property Maintenance Code of the City of Paterson requires all buildings be maintained in a safe and sanitary condition, as per Chapter 271.

Upon inspection, we find the reference property in violation and hereby notify you to correct all violations listed below by 08/15/17 .

Phone 973-321-1232
8:30 - 9:30 AM
4:00 - 4:30 PM

Very truly yours,
DAVID B. GILMORE, PHM, DIRECTOR
BUREAU OF INSPECTIONS

ORDINANCE	DESCRIPTION
COMPLAINT	COMPLAINT

ACTIONS REQUIRED

271-47 Remove debris, and board up vacant building.

1) 271-40 Sanitation. All exterior property areas shall be maintained in a clean and sanitary condition, free from accumulation of rubbish, garbage, refuse and abandoned motor vehicles.

2) 271-27A(2)Exterior walls. Every exterior wall shall be free of holes, breaks, loose or rotting boards or timbers and any other conditions which might admit rain or dampness to the interior portions of the walls or to the occupied spaces of the building. All exposed surfaces thereof shall be maintained to eliminate conditions reflective of deterioration or inadequate maintenance, such as loose shingles, blistered or peeling paint, to the end that the property itself may be preserved, safety hazards eliminated and adjoining properties and the neighborhood protected from blighting influences. All exposed surfaces thereof shall be protected against weathering or deterioration by a suitable protective coating appropriate for the particular material involved.

YOU MAY APPEAL THIS NOTICE OF VIOLATIONS OR ANY PORTION THEREOF BEFORE HOUSING APPEALS PURSUANT TO THE HOUSING PROPERTY MAINTENANCE CODE, SECTION 271-19.

PERMITS MAY BE REQUIRED FOR SOME REPAIRS. FOR MORE INFORMATION CALL THE ABOVE NUMBER.

Jose Fermin
Inspector
(973)321-1232 Ext: 2564

DIVISION OF COMMUNITY AFFAIRS
BUREAU OF INSPECTIONS
Municipal Complex - 111 Broadway
(973) 321-1232

Ward:
Area:

Date: 05/15/17
To: U.S BANK TRUST,N.A
2711 N. HASKELL AVENUE
c/o CALIBER HOME LOANS
DALLAS,TX 75204

Notice: RAP02008
Property Location:
655 E 26TH ST
Block/Lot/Qual: 3810. 15.

NOTICE OF VIOLATION(S)

The Housing/Property Maintenance Code of the City of Paterson requires all buildings be maintained in a safe and sanitary condition, as per Chapter 271.

Upon inspection, we find the reference property in violation and hereby notify you to correct all violations listed below by _____.

Phone 973-321-1232
8:30 - 9:30 AM
4:00 - 4:30 PM

Very truly yours,
DAVID B. GILMORE, PHM, DIRECTOR
BUREAU OF INSPECTIONS

ORDINANCE	DESCRIPTION
RAP INSPECTION	Verification of occupancy/ vacancy inspection for RAP pursuant to T.C.O.P. Chapter 271 Housing-Property Maintenance Code, Ordinance No. 14-004
RAP INSPECTION	Verification of occupancy/ vacancy inspection for RAP pursuant to T.C.O.P. Chapter 271 Housing-Property Maintenance Code, Ordinance No. 14-004
SEE NOTES	

ACTIONS REQUIRED

YOU MAY APPEAL THIS NOTICE OF VIOLATIONS OR ANY PORTION THEREOF BEFORE HOUSING APPEALS PURSUANT TO THE HOUSING PROPERTY MAINTENANCE CODE, SECTION 271-19.

PERMITS MAY BE REQUIRED FOR SOME REPAIRS. FOR MORE INFORMATION CALL THE ABOVE NUMBER.

Juan Jimenez
Inspector
Ext: 2528

CITY OF PATERSON
111 BROADWAY
PATERSON, NJ 07505
(973)321-1232

Construction Permit

Permit Number: 08-2134
Permit Issue Date: 10/16/08
Invoice #:
Application Id: 00001353
Application Date:

Owner/Property Details

Block/Lot/Qual: 3810. 15.
Owner Name: MILLER, PAULA E.
Address: 655 E 26TH ST
PATERSON NJ 07504

Phone #:
Use Type: R-5 Res; 1 & 2 Family
Location: 655 E 26TH ST

Contractor: Conversion Customer
Address:
,

Phone Number:
License #:
Federal Tax Id:

Payments (Office Use Only)

DCA	2.00
PLUMBING	25.00
Total	27.00

is hereby granted permission to perform the following work:

PLUMBING

Description of Work

Alteration Cost: 1,129.00

New Construction Volume: 0

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

Construction Official

Date

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 08-2134
Issue Date: 10/16/08
Application Id: 00001353
Application Date:

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

Block/Lot/Qual: 3810. 15.
Work Site Location: 655 E 26TH ST

Owner in Fee: MILLER, PAULA E.
Tel. email:
655 E 26TH ST PATERSON NJ 07504
Contractor: Conversion Customer
email:

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

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 1,129.00

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: _____
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
1	Other _____	25.00

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.

CONSTRUCTION PERMIT

Permit #: 08-2134
Date Issued: 10/16/08

IDENTIFICATION Block/Lot/Qual: 3810. 15.
Work Site Location: 655 E 26TH ST
Owner in Fee: MILLER, PAULA E.
Address: 655 E 26TH ST
PATERSON NJ 07504
Tel.

Contractor: Conversion Customer
Address:
,
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	25.00
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	2.00
Cert. of Occupancy	
Other	
Total	27.00

Check No. _____
Cash _____
Collected by _____

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 $ 1,129.00

_____ _____
Construction Official Date

(see reverse side)

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

BLOCK F0699 LOT 7 ADDRESS (SITE) 655 E. 26th St. PERMI

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 655 E 26th St Paterson
2. Name of Owner in Fee: Robinson Tel. (279-6450
   Address Same
   street municipality zip code
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: LAVERTY HEATING SERVICE INC. Tel. (201) 869-6358
   Address 129-69th ST. GUTTENBERG, N.J.
   License No. OR, if new home, Builder Reg. No. 7928 Exp. Date 6/30/96
   Federal Emp. No. 222255382 Social Security No. ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work ALAN LAVERTY Tel. ( ) ____

V. FEE SUMMARY (fo

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 C

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3000.00

OPTIONAL (for office use only)

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

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 Ope
9. ☐ Underground Storage Tanks

IT NO. 94-131

ır office use only)

	Update	Update
$		
$		
$		
$		
$		

CHARACTERISTICS	(office use only)
ft.	
sq. ft.	
sq. ft.	
cture cu. ft.	
cation	
lurbed sq. ft.	
ft.	
sq. ft.	
ad	

Re-viewer

n Wells

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 10610791

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

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

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

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

( ) Check if contractor.

Agent Name METRO-LIONETTI FUEL OIL CO.

Address 1011 HUDSON AVENUE

RIDGEFIELD, NJ 07657

Telephone ( ) _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition		Other
Building		Energy			
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy No.				
☐ Temporary Certificate of Compliance No.				
☐ Continued Certificate of Occupancy No.				
☐ Certificate of Compliance No.				
☐ Certificate of Occupancy No.				
☐ Certificate of Approval No.				

CONSTRUCTION PERMIT

Date Issued 1/25/94
Control #
Permit # 94-131

IDENTIFICATION Block F0699 Lot 7

Work Site Location ~~###~~ 655 E 26th St
Patterson

Owner in Fee Robinson Samuel
Address
Tele. (___) 279 6450

Contractor LAVERTY HEATING SERVICE INC.
Address 129 - 69th STREET
GUTTENBERG, N.J.
Tele. (201) 869-6358
Lic. No. or Bldrs. Reg. No. 7928 Exp. Date 6/30/96
Federal Emp. No. 2222 58 38
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Replacement of heating unit
oil to oil
112,000 BTU's

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	35.-
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2.-
Cert. of Occ.	
Other	
Total	37.-
Check No.	25086
Cash	
Collected By:	GR.

(see reverse side)

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 $ 3000.00

Richard Reddin
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

605 Ellison

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11/25/94
Date Issued
Control #
Permit # 94-131

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

Block 10699 Lot 19
Work Site Location 655 E 26th ST Paterson
Owner in Fee Robinson
Address same.
Tele. (____) 279-6450
Contractor LAVERTY HEATING SERVICE INC.
Address 129-69th STREET GUTTENBERG, N.J.
Tele. (201) 869-6358
Lic. No. 7928
Federal Emp. No. 222255382 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed 1F
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Allen Laverty
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Replacement oil to oil

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	25.00
	Gas Piping	
X	Steam Boiler	
	Hot Water Boiler	10.00
	Sewer Pump	
	Interceptor/Separator	
X	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # 25086 Minimum Fee $ 35.00
DCA Training Fee $ 2.00
Collected by: VR. TOTAL $ 37.00

U.C.C. Form F-130B

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

BLOCK #0699 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 655 E. 26

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 655 E. 26TH ST. PATERSON NJ 07524
2. Name of Owner in Fee: RACHEL ROBINSON Tel. (973) 684-4673
   Address 655 E. 26TH ST. PATERSON N.J. 07524
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: AMERIO PAGANO Tel. (732) 573-0506
   Address 212 GARFIELD AVE. TOMS RIVER N.J. 08753
   License No. OR, if new home, Builder Reg. No. 5327 (Hoi) Exp. Date 6/30/01
   Federal Employee No. 154-24-7037 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work AMERIO PAGANO
   Tel. (732) 573-0506 FAX (_____) _____

V. FEE SUMMARY (for office us

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	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. 00-2812

se only)

	Update	Update
$		
$		
$		
$		

RISTICS	(office use only)
2	
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 10202459

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 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 Amedio Pagano

Address 212 Garfield Ave.
Toms River N.J. 08753

Telephone (732) 573-0508

Signature Amedio Pagano

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 12/18/00
Control #
Permit # 00-2812

IDENTIFICATION Block F0699 Lot 7
Work Site Location 655 E. 26TH ST. PATERSON, N.J. 07542
Owner in Fee ROBINSON
Address 655 E. 26TH ST. PATERSON, N.J. 07542
Tel. (973)

Contractor AMERICO PACIONE (A-1 MARCO)
Address 212 GARFIELD AVE. TOMS RIVER, N.J. 08753
Tel. (732) 573-0506
Lic. No. or Bldrs. Reg. No. 5327
Fed. Emp. No. 156-24-7037 1864

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: BOILER + BACKFLOW + 550 TANK ABAN.

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 $ 4,000.00

Construction Official

12/18/00
Date

PAYMENTS (Office Use Only)

Building	50.00
Electrical	
Plumbing	35.00
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4.00
Cert. of Occupancy	
Other	
Total	$ 89.00
Check No.	5813
Cash	
Collected by	

(see reverse side)

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

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-18-00
Date Issued
Control #
Permit # 00-2812

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

Block F0699 Lot 7
Work Site Location 655 E. 26th ST.
PATERSON, NJ. 07542
Owner in Fee Rachel Robinson
Address 655 E. 26th ST.
Paterson, NJ. 07542
Tele. (973) 742-9160
Contractor A-1 Marco Inc.
Address 138 Crook St.
Paterson, NJ. 07502
Tele. (____) _____ Fax (____) _____
Lic. No. or Bldrs. Reg. No. 18164
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

Pump & Clean 550 TANK- OIL
Fill with Pea Gravel-
Dep # 50074

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:	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 OIL TANK
[ ] Demolition

FEE (Office Use Only)
$ 50.-

B. BUILDING CHARACTERISTICS

Use Group Present R3 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 $ 1,200
3. Total (1+ 2) $ 1,200.

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

U.C.C. F110
(rev. 3/98)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-18-00
Control #
Permit # 00-2812

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

Block 1 F0669 Lot 7
Work Site Location 655 F. 26TH ST
NORTHSON, NJ 07502
Owner in Fee MARIOL KORINSON
Address 655 F 26TH ST.
NORTHSON NJ 07502
Tele. (973) 747-9160
Contractor A-1 MOCCO T.
Address 138 CROOKS AVE.
NORTHSON NJ 07502
Tele. (____) ____ Fax (____) ____
Lic. No. or Bldrs. Reg. No. 13101
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

PUMP + CLEAN 550 TANK. OIL
FILL WITH PEA GRAVEL
DEP # 50074
1-1000 gal

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	Failure	Approval	Initial
	Dates (Month/Day)			
Footing	____	____	____	____
Foundation	____	____	____	____
Slab	____	____	____	____
Frame	____	____	____	____
Barrier-Free	____	____	____	____
Insulation	____	____	____	____
Finishes	____	____	____	____
Energy	____	____	____	____
Mechanical	____	____	____	____
TCO	____	____	____	____
Other	OVER			
Final	____	____	12/26	BB
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 OIL TANK
[ ] Demolition

FEE (Office Use Only)
$ 50.00

B. BUILDING CHARACTERISTICS

Use Group Present U3 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 $ 1200
3. Total (1+ 2) $ 1200.

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

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

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

12/19/00 - Over 1000 gal cleaned and ok to Backfill Ray

655 E 26

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 00-2812

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

Block 50079 Lot 77
Work Site Location 655 E. 26th ST.
PATERSON, N.J. 07524
Owner in Fee RACHEL ROBINSON
Address 655 E. 26th ST.
PATERSON N.J. 07542
Tele. (732) 573-0586
Contractor Angelo Vogano
Address 218 GARFIELD AVE.
TOMS RIVER N.J. 08753
Tele. (732) 573-0506 Fax (____)
Lic No. or Bldrs. Reg. No. 5327
Federal Emp. No. 154-74-7037

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.

Angelo Vogano
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Pump + Clean 550 oil Tank.
Fill with Pea Gravel

Dep # 50074
1-1000 gal

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				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final		OVER	12/29/00	RR
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
[X] Other OIL TANK.
[ ] Demolition

FEE (Office Use Only)
$ 50

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R
Constr. Class Present _____ Proposed _____
No. of Stories 2
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 $ 1,200
3. Total (1+ 2) $ 1,200

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

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

12/19/00 - Ore cooled cleaned and dr 6 backfills . . .

Ray

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 00-2812

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

Block F0699 Lot 17
Work Site Location 655 E. 26TH ST. PATERSON N.J. 07544
Owner in Fee Rachel Robinson
Address 655 E. 26TH ST. PATERSON, N.J. 07544
Tele. (732) 573-0506
Contractor Amedio Pagano
Address 812 Cokefield Ave. Toms River N.J. 08753
Tele. (732) 573-0506 Fax ( )
Lic. No. 5327
Federal Emp. No. 154-24-7037

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed 2F
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
Est. Cost of Plumbing Work $ 3,700.00

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: ____
Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO ____				

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.

Amedio Pagano
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	25.00
1	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	10.00
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other ____	
	Other ____	
	Other ____	

Administrative Surcharge	$	
Minimum Fee	$	35.00
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F130
(rev. 3/96)

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

655 E. 26th St.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1/10/00
Date Issued
Control #
Permit # 00-2512

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

Block F0199 Lot 7
Work Site Location 655 E. 26th St
Paterson, NJ 07513
Owner in Fee Pedro Ordonez
Address 655 E. 26th St
Paterson, NJ 07513
Tele. (732) 573-0506
Contractor Amenio Pacano
Address 812 Garfield Ave
Toms River, NJ 08753
Tele. (732) 573-0506 Fax ( )
Lic. No. 5327
Federal Emp. No. 154-74-7037

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed 2F
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 3,200

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: 2/7/01
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Amenio Pacano
Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	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	35
1	Steam Boiler	35
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	10
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	15
DCA Training Fee	$	3.50
TOTAL FEE	$	

STATE OF NEW JERSEY LICENSED MASTER PLUMBER 0527

U.C.C. F130 (rev. 3/96)

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

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 10699 LOT: 7 PERMIT#: 00-2812

WORKSITE ADDRESS: 655 E. 26th St.

Certifying Individual(Print Name)
Name: Amedio Vagano
Address
Street: 212 Garfield Ave.
State: Toms River, N.J. 08753

Company
Name:
City:
Zip:
Phone#( )

Check The Appropriate Box
Type of replacement:
[X] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other (describe):

Existing vent/chimney:
[ ] B label vent
[ ] L label vent
[X] Masonry chimney-Tile lined
[ ] Flexible liner
[ ] Power vent/exhauster
[ ] Other (describe):

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS.
CERTIFICATION

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Amedio Vagano 12/18/00
Signature Date

Direct Vent Appliances:
No certification required:

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

F370

BLOCK F0699 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 655 East 26th

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 655 East 26th Street
2. Name of Owner in Fee: Paula miller
   Tel. (973) 851-1291 e-mail _____
   Address _____ (street) _____ (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____ Tel. _____
4. Principal Contractor: _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office us

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal
7. Less 20% for State Plan Re
8. Subtotal
9. State Permit Surcharge Fe
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 _____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES *(Check all that apply)*

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

III. PLAN REVIEW (optional)

DO YOU WANT:
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

h St PERMIT NO. 07-2106

e only)	Update	Update
$		
eview $		
$		
e		
$		
$		

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

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 *(primary use)*

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

C. MIXED USE -List secondary use(s):

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

U.C.C. F100-1 (rev. 9/06)

LDS PA-B 10700810

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.ix:

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 Laura Miller Date 10/14/07

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.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building	_____	Energy	_____	Other _____
Electrical	_____	Barrier Free	_____	_____
Plumbing	_____	Flood Hazard	_____	_____
Fire Protection	_____	As Built Elevation Cert.	_____	_____
Mechanical	_____	Other	_____	_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

BUILDING SUBCODE
TECHNICAL SECTION

Control #

Date Issued 10-11-07

Permit # 07-2106

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

Block 10699 Lot 7 Qualification Code

Work Site Location 655 East 26th Street

Paterson N.J. 07504

Owner in Fee: Paula Miller

Tel. (973) 851-1291 e-mail

Address Same
street municipality zip code

Contractor: OWNER Tel. ( )

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

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:	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 R5 Proposed 1F

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. Rehabilitation $
3. Total (1+ 2) $ 1,100.00

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.

X Paula Miller
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Flooring & Side of Porch
Same size

Wood to Wood & Brick face

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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$ 50

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

CONSTRUCTION PERMIT

Date Issued 10-11-07

Permit # 07-2106

IDENTIFICATION Block 10 699 Lot 7 Qualification Code _____

Work Site Location 655 East 26th Street
Paterson N.J. 07504

Owner in Fee Paula Miller

Address SAME OWNER

Tel. (_____) _____

Contractor _____

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 _____

DESCRIPTION OF WORK: Replace flooring & Side of Porch
Wood to Wood & Brick face Same size

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 $ 1,100.-

SF
Construction Official

W.M.

10-11-07
Date

F-5

PAYMENTS (Office Use Only)

Building	50.-
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1.-
Cert. of Occupancy	
Other	
Total	51.-
Check No.	272
Cash	
Collected by	W.M.

(see reverse side)

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

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

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.

Paula Miller 10/11/07

Signature owner/applicant **Date**

BUILDING DEPARTMENT

REMOVAL OF CONSTRUCTION SITE DEBRIS & RECYCLABLE

PRIOR APPROVAL

OWNER/CONTRACTOR Paula Miller

ADDRESS: 655 East 26th St.

TELEPHONE: 973-857-1291

LOCATION: BLOCK _____ LOT _____

STREET Same

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.

Paula Miller

(SIGNATURE)

DATE: 10/11/07

BLOCK F0099 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 655 E.

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 655 E. 26TH St.
2. Name of Owner in Fee: D. Williams Tel. (973) 851-291
   Address Same (street) Paterson (municipality) 07504 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: J. T. O'Brien Plumbing & Heating, LLC Tel. (201) 931-1333
   Address 10 Railroad Avenue Ridgefield Park, N.J. 07660
   License No. OR, if new home, Builder Reg. No. 11633 Exp. Date _____
   Federal Employee No. 260-006573 FAX: (201) 931-1711
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun John T. O'Brien
   Tel. (201) 931-1333 FAX: (201) 931-1711

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
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 Disturbec
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

26th St. PERMIT NO. 08-2134

use only)

	Update	Update
$		
$		
Review		
$		
Fee		
$		
$		

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group: (Family.
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 10105074

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. 5:23-2.15(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.

(X) Check if contractor.

Agent Name **J. T. O'Brien Plumbing & Heating, LLC**

Address **10 Railroad Avenue**

Ridgefield Park, N.J. 07660

Telephone (**201**) **931-1333**

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10/16/08

Permit # 08-2134

IDENTIFICATION Block F0099 Lot 7 Qualification Code

Work Site Location 655 E. 26th St. Paterson 07504

Owner in Fee D. Williams

Address Same

Tel. (973 851-1291

Contractor J.T. O Brien Plumbing & Heating

Address 10 Railroad Avenue
Ridgefield Park, New Jersey 07660

Tel. (201) 931-1333

Lic. No. or Bldrs. Reg. No. 11633
260-006573

Is hereby granted permission to perform the following work:

[ ] BUILDING	[X] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER R-5

DESCRIPTION OF WORK

Replace water heater;

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 $ 1129

SLMVD
Construction Official

10/16/08
Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing 25
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 2
Cert. of Occupancy
Other
Total 27
Check No. 2243
Cash
Collected by MVD

(see reverse sid

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

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.

2. Foundations and all walls up to grade level prior to back filling.

3. Utility services, including septic.

4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

PLUMBING SUBCODE
TECHNICAL SECTION

Control # 10110110

Date Issued

Permit # 08-2134

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

Block EQ099 Lot 7 Qualification Code

Work Site Location 65 S 26TH ST

Paterson 07504

Owner in Fee D. Williams

Address Same

Tel (973) 851-1291

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

Address 10 Railroad Avenue

Ridgefield Park, New Jersey 07660

Tel (201) 931-1353 FAX (201) 931-1711

Contractor License No. 11035

Federal Emp. No. 260-606573

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed 1 Fam

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1129

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:

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				

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	25
	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	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U C C F130 (rev. 1/04)
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

Control # 10116106
Date Issued
Permit # 08-2134

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

Block 1000 19 Lot 7 Qualification Code
Work Site Location 655 E. 7th St.
Owner in Fee Peterson 57-4
Address D. Williams
Tel (973) 831-1277
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 R-5 Proposed 1 Fam
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1121

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:
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				

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
1	Hose Bibb
	Water Heater
	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
	Other

ILLEGIBLE

FEE (Office Use Only)
$ 25

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

U.C.C. F130 (rev. 1/04)
Internet version

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

City of Paterson
Dept of Community Improvements
Building Dept.

****

DATE 10/16/2008 THU TIME 11:07

NONADD #	49285
Plumb Permit	$25.00
State Fees	$2.00
2.00xITEMS	
TOTAL	$27.00
CHECK	$27.00

****

Melissa. No.032938 00000