

BOROUGH OF FAIR LAWN
OPEN PUBLIC RECORDS ACT REQUEST FORM

8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410
201-794-5340 FAX 201-475-1581
mbojanowski@fairlawn.org

Marilyn B. Bojanowski, RMC, Municipal Clerk

303-2019

✓ Building

✓ Health

✓ Tax Assessor

✓ Tax Collector

✓ Property Maint.

RECEIVED
MUNICIPAL CLERK'S OFFICE

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name	Alicia	MI		Last Name	Jones
Email address	opra+request-5047-8a30de8a@requests.opramachine.com>				
Mailing Address					
City			State		
Telephone					
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature					Date

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Property located at 326 Plaza Road North Block 3715 Lot 10

Open/Closed permits

Violations

Liens

Oil Tank

Remediation report and environmental reports

Pursuant to N.J.S.A. 39:4-131, all mailed, faxed or emailed requests for accident reports will be assessed an administrative charge of \$5.00, plus any fee that may apply pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1 et seq. ("OPRA"). Any "in person" request for accident reports will not incur the administrative charge of \$5.00 but will be subject to all applicable OPRA fees.

Due: 4/29/19

Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filled	- Closed _____
Partial	- Closed _____

Tracking Information		Final Cost	
Tracking #	303-2019	Total	_____
Rec'd Date	4/18/19	Deposit	_____
Ready Date	4-25-19	Balance Due	_____
Total Pages	23	Balance Paid	_____
Records Provided			
M. Bojanowski		4-25-19	
Custodian Signature		Date	

FAIR LAWN
Block: 3723
Lot: 5
Qual:
Land Desc: 41X79
Bldg Desc: B2S
Addl Lots: 5.01
Acreage: 0.00

Owners Name: GEWING, JAYME FAITH & RAFAEL DANON
Street Address: PO BOX 676
City & State: FAIR LAWN, NJ
Property Location: 326 PLAZA RD N 2X
Zip: 07410 0676

Land: 154,800
 Impr: 217,100
 Total: 371,900
 Exempt:

Reval Date: 2006/10/01
 Map:
 Seq#: 6312 (#

1 of 1)

SALES HISTORY					ASSESSMENT HISTORY				BUILDING PERMITS/REMARKS			
Grantor	Date	Book/Page	Price	Nu#	Year	Land	Impr	Total	Date	Work Description	Amount	Comp
GEWING, JAYME FAITH	05/07/18	2941 /536		1 1	2011	221100	241300	462400	03/17/04	KIT & BATH ALT, CAC, FIN BSMT	14000	100/00/00
DANON, RAFAEL & JAYME FAITH	03/24/15	1898 /2438		1 1	2012	154800	217100	371900	09/26/02	RESTORE PORCH	5350	00/00/00
DANON, RAFAEL	08/29/08	09603/00028		1 1					00/00/00	TWO FAMILY DWELLING	0	00/00/00
ASHKINADZE, LEO & PAULA	10/25/03	08642/00531	335000									

LAND CALCULATIONS					SITE INFORMATION				RESIDENTIAL COST APPROACH										
Frt	Eff D	Back L	Tri	Dpf	FFF	Dep	Reason	Value	Road:	PAVED	Util:	SEW/WATER	Basement	Area	Rate	Const	O/F	Mult	Value
17	137			1.14		1.00		13566	Curbs:	YES	Gas:	YES	BASEMENT	870 x	9.520	+ 2160	x1.15	x1.00=	12009
1	LOT(S)			1.00		1.00		126000	Sidewalk:	YES	Elec:	YES	BASEMENT	783 x	13.510	+ 1176	x1.15	x1.00=	13517
13	96			0.98		1.00		8918	Loc:		Topo:	LEVEL	Main Bldg	870 x	73.570	+33640	x1.00	x1.15=	112993
10	79			0.90		1.00		6300					FIRST STORY	870 x	51.990	+10440	x1.00	x1.15=	64022
Neigh:																			
VCS: FS05					Front Ft Value: 700														
Zone: R-2					Acre Value:														
Min Front: 65					Lot Value: 126000														
Std Depth: 100					Land Value: 154,800														

BUILDING SKETCH									

BUILDING INFORMATION									
Info By: TENANT		Date: 09/27/06		Roof Type: GABLE		Room Count: 2		Number of Units: 2	
Visits: 1		Collector: 50		Roof Material: SHINGLE		Total Rooms: 8		Heat Source: GAS	
Old B: 04/18/19		Prtd: 04/18/19		Card: M TW		Bed Rooms: 4		Livable Area: 1740 SF	
Old L:								CONCRETE BLOCK	
Class: 47		Age/Eff Age: 76 / 35 (Y)		Exterior Walls: BRICK		Style: MULTI FAMILY		DEPRECIATION	
Story Height: TWO STORY		Conversion: N.A.		Row/End: N.A.		Exterior Condition: NORMAL		Physical: 29 %	
Exterior Condition: NORMAL		Interior Condition: NORMAL		Foundation: CONCRETE BLOCK		Func Obs: %		Auto: Y	
Interior Condition: NORMAL		Foundation: CONCRETE BLOCK		Econ Obs: %		Over Imp: %		Under Imp: %	
Foundation: CONCRETE BLOCK		Econ Obs: %		Final Net: 0.71		Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0	
Physical: 29 %		Func Obs: %		Econ Obs: %		Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0	
Auto: Y		Over Imp: %		Under Imp: %		Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0	
Final Net: 0.71		Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0		Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0	
Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0		Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0		Baths: M:2 A: 1 O: 0	
Kirchens: M:2 A: 1 O: 0		Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0		Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0	
Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0		Baths: M:2 A: 1 O: 0		Kirchens: M:2 A: 1 O: 0		Baths: M:2 A: 1 O: 0	
Kirch									
2004 GMT									

Base Cost: 226527		CCF: 1.35		Cost New: 305811	
Net Cond: 0.71				Bldg Value: 217126	
Detached Items:					

Tax Account Maintenance

Notes Exist

Block: 3723

Lot: 5

Qualifier:

Owner: GIVING, JAYNE FAITH & RAFAEL DANON

Prop Loc: 326 PLAZA RD N 2X Account Id: 00006321

General		Assessed Value	Additional	Billing	Deductions	Balance	All Charges	Add/Omit	Notes
Year	Qtr	Type	Billed	Principal Balance	Interest	Total Balance			
2019	2		3,076.00	3,076.00	.00	3,076.00			
2019	1		3,076.00	.00	.00	.00			
2019	Total		6,152.00	3,076.00	.00	3,076.00			
2018	4		3,115.03	.00	.00	.00			
2018	3		3,189.42	.00	.00	.00			
2018	2		2,999.00	.00	.00	.00			

Other Delinquent Balances: .00 Interest Date: 04/18/19

Other APR2 Threshold Amt: .00 Per Diem: .0000 Last Payment Date: 01/28/2019

TOTAL TAX BALANCE DUE

Principal: .00 Penalty: .00
 Misc. Charges: .00 Interest: .00 Total: .00

* Indicates Adjusted Billing in a Tax Quarter.



CONSTRUCTION PERMIT

Date Issued 8-3-00
Control #
Permit # 00 1722

IDENTIFICATION Block 3723 Lot 5

Work Site Location 3264 Pleasant D
Fair Lane

Owner in Fee Lee Ashkinadze

Address 201 Greenwood Dr
Fair Lane

Tele. [REDACTED]

Contractor Ken Traub
Address 105125 RBT Rd
Fair Lane

Tele. (Tel) 794 3386

Lic. No. or Bldg. Reg. No. 5351 Exp. Date 5-01

Federal Emp. No. [REDACTED]
or Social Security No. 14246-7511

is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Replace Window Helder

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 \$ 4000

2. Hancock
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

(see reverse side)

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	<u>35</u>
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	<u>(35)</u>
Check No.	<u>3354</u>
Cash	
Collected By:	<u>[Signature]</u>

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 3723 Lot 5

Work Site Location 326 PLAZA ROAD

Owner in Fee THE LAWY, N. 07410

Address 19-34 CHAUNDEE DR

City FAIR HAVEN, N. 07410

Contractor REBEL DRYER

Address 19-34 CHAUNDEE DR

Telephone (201) 687-7777 Fax (201) 687-7777

Lic. No. 55-0536429a

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group	Present _____	Proposed _____	Fire Alarm System	New ☐ Existing ☐
Constr. Class	Present _____	Proposed _____	Location of Panel:	New ☐ Existing ☐
Heating Systems	☐ New ☐	☐ Existing ☐	HVAC	Fire Suppression/Standpipe System
Type: ☐ Gas ☐ Oil ☐	☐ Electric ☐	☐ Solar	New ☐ Existing ☐	Location of Main Control Valve:
Location:	_____			

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
☐ No Plans Required	Type: _____	Dates (Month/Day)	Approval Initial
Joint Plan Review Required:	Alarm System	_____	_____
☐ Building ☐ Plumbing	Suppression Sys.	_____	_____
☐ Electric ☐ Elevator	Standpipe	_____	_____
☒ Fire Alarm	Fire Pump	_____	_____
Date: <u>3/5/05</u>	Pre-Eng. System	_____	_____
Approved by: <u>[Signature]</u>	Mechanical	_____	_____
SUBCODE APPROVAL	Smoke Control	_____	_____
☐ CO ☒ CCO ☐ CA	TCO	_____	_____
Date: <u>11/5/05</u>	Final	_____	_____
Approved by: <u>[Signature]</u>	Other	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

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

3-17-04
04-0466

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source [Signature]
Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid
☐ LPG ☐ LNG Capacity _____ Fuel _____
Alarm Systems ☐ 110V Interconnected NUMBER _____

Alarm Devices (i.e., smoke, heat, pulls, 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 50 & 100 lbs. 50 lbs. _____

Kitchen Hood Exhaust System _____
Smoke Control System _____
Gas ☐ or Oil ☐ Fired Appliances _____

Other _____

FEE (Office Use Only)

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

See attached letter from Taz Electric



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 3723 Lot 5

Work Site Location 326 PLAZA ROAD R

Owner In Fee PAFFER DAVON

Address 19-34 CHANDLER DR

FAIR LAKE NJ 07410

Telephone [REDACTED]

Contractor P. PAFER DORNB

Address 161-34 CHANDLER DR

FAIR LAKE NJ 07410

Tele. (201) 681-7777 Fax ()

Lic. No. or Bids. Reg. No. 053642962

Federal Emp. No. 053642962

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Approval	Initial
☐ No Plans Required			Type:					
☐ All			Footings					
☐ Footing			Foundation					
☐ Foundation			Slab					
☐ Frame			Frame					
☐ Other			Barrier-Free					
Joint Plan Review Required:			Insulation					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes					
SUBCODE APPROVAL			Energy					
☐ CO ☐ CCO ☐ CA			Mechanical					
Date:			TCO					
Approved by:			Other					
			Final					
			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed

Constr. Class Present S-1 Proposed

No. of Stories 2

Height of Structure 26 Ft.

Area — Largest Floor 900 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. \$ 14,000

2. Alteration \$ 14,000

3. Total (1+2) \$ 28,000



Date Received
Date Issued
Control #
Permit #

3-17-04
04-0966

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR ABATEMENT REPLACE KT CABINET
BATHROOM FIXTURES & FINISH BASEMENT
1ST FLOOR ONLY

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ 258

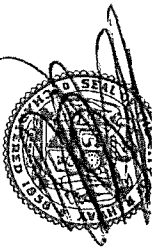
Minimum Fee \$

DCA Training Fee \$

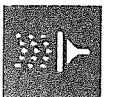
TOTAL FEE \$

U.C.C. F110
(rev. 3/05)

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

3-17-04
04-0461

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

Block 3723 Lot 5
Work Site Location 320 TAZA ROAD N
Owner in Fee RAFAEL JAVIER DE
Address 19-34 CHANDLER DR.
FAIR HAVEN, NY 07410
Tele. [REDACTED]
Contractor RAFAEL JAVIER DE
Address 19-34 CHANDLER DR. FAIR HAVEN NY 07410
Lic. No. 11675 11580 7287 Fax () 017026 8942-C
Federal Emp. No. 11580 7287

B. PLUMBING CHARACTERISTICS

Use Group Present 12 Proposed NO CHANGE
Building Sewer Size 4" Public Sewer 4" Private Septic 4"
Water Service Size 3/4" Public Water 1" Private Well 1"
Est. Cost of Plumbing Work \$ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
[] No Plans Required		Type:	Dates (Month/Day)			
Joint Plan Review Required:		Slab	Failure	Failure	Approval	Initial
[] Building [] Electric		Rough				
[] Fire [] Elevator		Water				
[] Plumbing Plans Approved		Sewer				
Date: <u>3/5/04</u>		Fixtures				
Approved by: <u>[Signature]</u>		Gas Equipment				
		Gas Piping				
		Solar				
SUBCODE APPROVAL		TCO				
[] CO [] CCE						
Date: <u>3/5/04</u>						
Approved by: <u>[Signature]</u>						

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

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

NO. FIXTURE/EQUIPMENT

2 Water Closet

2 Urinal/Bidet

2 Bath Tub

2 Lavatory

1 Shower

1 Floor Drain

1 Sink

1 Dishwasher

1 Drinking Fountain

1 Washing Machine

1 Hose Bibb

1 Water Heater

1 Fuel Oil Piping

1 Gas Piping

1 Steam Boiler

1 Hot Water Boiler

1 Sewer Pump

1 Interceptor/Separator

1 Backflow Preventer

1 Greasetrapp

1 Sewer Connection

1 Water Service Connection

1 Stacks

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

1 Other

FEE (Office Use Only)	
Administrative Surcharge	\$ <u>35</u>
Minimum Fee	\$ <u>145</u>
DCA Training Fee	\$ <u>0</u>
TOTAL FEE	\$ <u>160</u>

U.C.C. F130

(rev 3/93)

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy



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 3123 Lot 5

Work Site Location 320 B PLAZA RD NORTH

Owner In Fee PARSONS NY 0740

Address 220 B PLAZA RD NORTH

Telephone PARSONS NY 0740

Contractor 1140 10th Street

Address 1070 20th NY 07024

Tele. (917) 626-8442 Fax 901-224-8074

Lic. No. 113.80987

Federal Emp. No. 1075

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 \$ 1200

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.

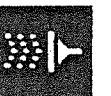
Signature Contractor's Seal

Signature _____

Signature _____

Signature _____

Signature _____



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

NO.

DATE RECEIVED

DATE ISSUED

CONTROL #

PERMIT #

12-23-11

04-466-1A

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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

Greaselap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

\$

\$

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**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 3723 Lot 5

Work Site Location 326 PLAZA ROAD

Owner in Fee/Occupant FAIR LANE, NY 07410

Address 19-34 CHANDLER DR

Address FAIR LANE, NY 07410

Tele. [REDACTED]

Contractor FAIR LANE

Address 7-18 Kings Rd P.

Address 1500 LINDEN, 155, 07410

Tele. (201) 714-0349 Fax (201) 731-7387

Lic. No. 9227

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present N2 Proposed N2

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 2500

JOB SUMMARY (Office Use Only)

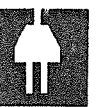
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Failure
[] No Plans Required					
Joint Plan Review Required:					
[] Building [] Plumbing			Rough		
[] Fire [] Elevator			Temp. Serv.		
Constr. Serv.					
Date: <u>3/17/04</u>			TCO		
Approved by: <u>[Signature]</u>			Other		
			Service		
			Final		
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued		
CO <u>1</u> GCO <u>1</u> CA <u>1</u>			Final Cut-In-Card Date Issued		
Date: <u>3/17/04</u>					
Approved by: <u>[Signature]</u>					

C. CERTIFICATION—IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	DATE RECEIVED
10		Lighting Fixtures	
15		Receptacles	
5		Switches	
5		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			
		Pool Permit/with UV Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	

Administrative Surcharge	\$	400
Minimum Fee	\$	
DCA Training Fee	\$	
TOTAL FEE	\$	



Borough of Fair Lawn
POST OFFICE BOX 376, FAIR LAWN, NEW JERSEY • 07410

OFFICE OF THE
CONSTRUCTION OFFICIAL

201 - 794-5307
FAX: 703-4268

CUT-IN-CARD

UNIFORM CONSTRUCTION CODE

MUNICIPALITY Fair Lawn LOCATION 336 Ylanga

OWNER R. Danner OCCUPANT R. Danner

BLK 3733 LOT 5

UTILITY CO PSE+G

DESCRIPTION OF SERVICE 300A 10 120-2400

INSTALLED BY Ray Clark LICENSE NO 9227

DATE 6/15/04 PERMIT # 04-0466 INSPECTOR CLM/ma

☒ FINAL ☐ TEMPORARY. This approval void after _____ days

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

☐ CALLED IN 6/15/04 Fixed 5630 Lic. No:



CONSTRUCTION PERMIT

Date Issued 3-17-04
Control # 04
Permit # 0466

IDENTIFICATION Block 37 23 Lot 5
Work Site Location 326 PLAZA RD NORTH B. Contractor PARCELOUS
Owner in Fee PARCELOUS Address 19-34 CHANDLER RD.
Address PARCELOUS Tel. (203) 681-7777
Tel. 203 64 2402

Is hereby granted permission to perform the following work:
☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

INTERIOR RENOVATION

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 \$ 14,000

Construction Official [Signature] Date 3-17-04

U.C.C. F170 (rev. 5/2K) 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	<u>238</u>
Electrical	<u>400</u>
Plumbing	<u>1400</u>
Fire Protection	<u>350</u>
Elevator Devices	
Other	
DCA Training Fee	<u>70</u>
Cert. of Occupancy	
Other	
Total	<u>26874</u>
Check No.	<u>58530</u>
Cash	
Collected by	<u>[Signature]</u>



PERMIT UPDATE

Date Update Issued 12-23-04
Control #
Permit #
Date Permit Issued 04-04-04

IDENTIFICATION Block 3723 Lot 5
Work Site Location 326 B PRAZANO N

Owner In Fee 326 B PRAZANO N
Address 326 B PRAZANO N

Tel. [REDACTED]
Contractor ROBERT DODSON
Address 326 B PRAZANO N
Tel. (326 B PRAZANO N)
Lic. No. or Bids. Reg. No. 326 B PRAZANO N
Fed. Emp. No. 326 B PRAZANO N

- I hereby granted permission to perform the following work:
- ☐ BUILDING
 - ☐ ELECTRICAL
 - ☐ ELEVATOR DEVICES
 - ☒ PLUMBING
 - ☐ FIRE PROTECTION
 - ☐ ASBESTOS ABATEMENT (Subchapter B only)
 - ☐ LEAD HAZARD ABATEMENT
 - ☐ DEMOLITION
 - ☐ OTHER

DESCRIPTION OF WORK:

Estimated Cost of Work \$ 1200

U.C.C. F.180
(rev. 3/99)
Construction Official [Signature]

Date 12-23-04

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

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	<u>115</u>
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	<u>3</u>
Cert. of Occupancy	
Other	
Total	<u>118</u>
Check No.	
Cash	
Collected by	<u>[Signature]</u>



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

9-26-02
02-2177

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

Block 3723 Lot 5

Work Site Location 3268 Plain Rd

Owner in Fee/Occupant Leo Askinar

Address 30-11 Greenwood Dr

Tele. () 66254 Fax () 66254

Contractor NORSE CORP ELECTRICAL CONTRACTORS

Address 5 Smithfield Terrace

Tele. () 66254 Fax () 66254

Lic. No. 66254 Federal Emp. No. 222771666

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Present

[] Pole/Pad # 1 [] Temporary [] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date 9/17/02 Initial CV

☒ No Plans Required

Joint Plan Review Required: 10/24/02 Initial CV

[] Building [] Plumbing Rough Type: Failure Failure Approval Initial

[] Fire [] Elevator Const. Serv. TCO Other Service Final

[] Elec. Plans Approved

Date: 10/23/02

Approved by: CV

SUBCODE APPROVAL

[] 9/15/02 [] CA

Date: 10/23/02 Final Cut-in-Card Date Issued

Approved by: CV

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

Call for

TOTAL NUMBERS

Pool Permit with UV 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 1/2 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

\$ 50.00

U.C.C. F120

(rev 3/96)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hard = Applicant Copy



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 3723 Lot 5
Work Site Location 3-26-4 11424

Owner In Fee LEO ASHKINADZC
Address 20-21 GREENWOOD DRIVE
Tel. 609-261-1145
Contractor SEANER CONCRETE INC
Address 645 GRIFFIN BLVD
Tel. (201) 643-1847 Fax (201) 643-7069
Lic. No. or Bids. Reg. No. 22-3691633
Federal Emp. No.

JOB SUMMARY (Office Use Only)

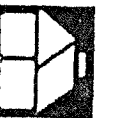
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type	Failure Failure Approval Initial
☐ No Plans Required	<u>4/24/02</u>	<u>WJH</u>	☒ Footing	<u>4/24/02</u>
☐ All			☐ Foundation	<u>4/24/02</u>
☐ Footing			☐ Slab	<u>4/24/02</u>
☐ Foundation			☐ Frame	<u>4/24/02</u>
☐ Other			☐ Barrier-Free	<u>4/24/02</u>
Joint Plan Review Required:			☐ Insulation	<u>4/24/02</u>
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			☐ Finishes	<u>4/24/02</u>
SUBCODE APPROVAL			☐ Energy	<u>4/24/02</u>
☐ CO ☐ CCO ☐ CA			☐ Mechanical	<u>4/24/02</u>
Date:			☐ TCO	<u>4/24/02</u>
Approved by:			☐ Other	<u>4/24/02</u>
			☐ Final	<u>4/24/02</u>
			☐ Barrier-Free	<u>4/24/02</u>

B. BUILDING CHARACTERISTICS

Use Group Present 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. \$ 5000
2. Alteration \$ 5000
3. Total (1+2) \$ 10000



Date Received 9-26-02
Date Issued 02-2177
Control #
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

1. RESTORE THE FIELD AREA SCREEN PORCH TO THE ORIGINAL SCREEN PORCH
2. REMOVE PORCH ON MAIN. INSTANT
3. INSTANT A SPINABLE BLIND ON TWO
4. NEW TOP ROOF BURN DOWN

TYPE OF WORK:

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ 85
Minimum Fee \$ 85
DCA Training Fee \$ 85
TOTAL FEE \$ 85

U.C.C. F110
(rev. 5/89)

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

10/10/02 Dinner bet on auto.

Auton Reader as new right corner

10/15/02 Arch must spec replacing of actual beam.

10/25/02 Stair main must be equal

DANON GROUP
19-34 Chandler Drive, Fair Lawn, NJ 07410
(201) 681-7777

October 22, 2002

Building Department
Borough of Fair Lawn
8-01 Fair Lawn Ave.
Fair Lawn, NJ 07410
Attn: Building Inspector
Mr. Van Hook

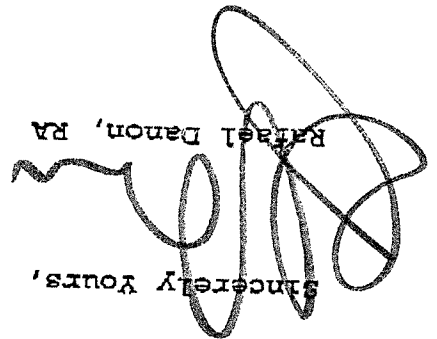
Re: Leon Ahkinadze
3-26 Plaza Road
Fair Lawn, NJ 07410

As per your request, please be advised of the following:

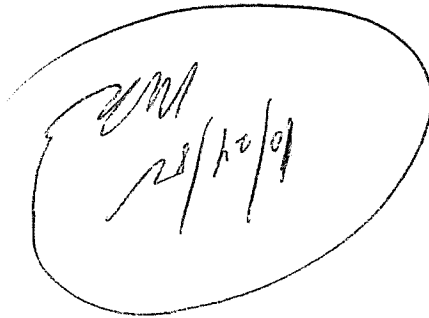
I inspected the damaged beam at the above noted location and
found the beam corrected as per my instruction.

If you have any questions please feel free to call me.

Sincerely Yours,


Rafael Danon, RA

3723/5


10/24/02

CONSTRUCTION PERMIT

Date Issued 9-26-02
 Control # 02-2177
 Permit # 02-2177

IDENTIFICATION Block 3723 Lot 5
 Work Site Location 380 Plaza Rel North
 Owner in Fee Lee Abdurisculie
 Address 30-11 Greenville Dr
APT 2, CHASE N.J.
 Tel. [REDACTED]
 Contractor Square Corner
 Address 645 Battelle Pl
 Tel. (201) 493-1863
 Lic. No. or Bldrs. Reg. No. 22-3691633

I hereby granted permission to perform the following work:
☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
 (Subchapter 8 only)

DESCRIPTION OF WORK:
Restore Porch

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 \$ 5350.

Construction Official

Date

U.C.C. F170
 (rev. 5/2K)
 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	<u>85</u>
Electrical	<u>50</u>
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	<u>5</u>
Cert. of Occupancy	
Other	<u>140.</u>
Total	
Check No.	<u>1300</u>
Cash	
Collected by	<u>[Signature]</u>



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 3723 Lot 5
Work Site Location 306 Plaza Rd N

Owner In Fee Mr Leo Abknecht
Address _____

Tele. 3-16 Plaza Rd N
Contractor Don DeDall Jr
Address 844 Forest Road

Tele. (201) 744-8544 Fax ()
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. 22-30670

JOB SUMMARY (Office Use Only)

PLAN/REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☒ No Plans Required			Footings				
☐ All			Foundation				
☐ Footing			Slab				
☐ Foundation			Frame				
☐ Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes				
SUBCODE APPROVAL			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date: _____			TCO				
Approved by: _____			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Const. Class	<u>14</u>		1. New Bldg. \$ _____
No. of Stories			2. Alteration \$ _____
Height of Structure			3. Total (1+2) \$ <u>800</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			



Date Received
Date Issued
Control #
Permit #

9-8-03
03-1962

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
Abandon old back-sill house w/pea gravel.
S&R work on Ce. Dog S 223

TYPE OF WORK:

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

FEE (Office Use Only)

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



CERTIFICATE

Permit # 03-1962
Date Issued 9-17-03
- or -
Control #

IDENTIFICATION

Block 3722 Lot 5 Qualification Code _____
Work Site Location 326 Plaza Road
Park Lawn, NJ 07410
Owner in Fee Ashkenadze
Address same
Tel. [REDACTED]
Contractor Vander Wall III
Address 3-64 Forest
Park Lawn, NJ
Tel. () FAX ()
Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate: _____

☐ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- [☐] Total removal of lead-based paint hazards in scope of work
[☐] Partial or limited time period (years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Abandon 1000 gallon oil tank
clean and fill with pea gravel

Home Warranty No. _____
Type of Warranty Plan: [☐] State [☐] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

CONSTRUCTION OFFICIAL Thomas A. Van Hook

U.C.C. F260
(rev. 5/03)

1 WHITE — APPLICANT

2 CANARY — OFFICE

3 PINK — TAX ASSESSOR

Fee \$ Paid with permit
Paid [☐] Check No. _____
Collected by: _____



PERMIT UPDATE

Date Update Issued **9-8-03**
Control #
Permit #
Date Permit Issued **03-1962**

IDENTIFICATION Block 3723 Lot 5
Work Site Location 3-26 Plaza Rd

Owner In Fee No Fee Abatement
Address 3-26 Plaza Rd

Tel. [REDACTED]

Contractor Donnell & Son
Address 8-64 Forest
Tel. (201) 794-8544
Lic. No. or Bldg. Reg. No. [REDACTED]
Fed. Emp. No. 22-307603

I hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
- (Subchapter B only)

DESCRIPTION OF WORK:

Abandon 100 gallon oil tank - Upgrade Fee

550 gal

Estimated Cost of Work \$ 1200

2144002.8

Date 9-8-03

Construction Official

U.C.C. F190
(rev. 3/99)
1 WHITE--INSPECTOR COPY 2 CANARY--OFFICE COPY 3 PINK--OFFICE COPY 4 GOLD--APPLICANT COPY

PAYMENTS (Office Use Only)	
Building	<u>\$225</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	<u>1225</u>
Check No.	<u>3703</u>
Cash	
Collected by	<u>[Signature]</u>



CONSTRUCTION PERMIT

Date Issued **9-8-03**
Control # **03-1962**
Permit # **03-1962**

IDENTIFICATION Block 3-26 Lot Paradise Rd
Work Site Location 3-26 Paradise Rd
Owner in Fee Mr Leo Ashkharadze
Address 3-26 Paradise Rd
Tel. [REDACTED]
Contractor Don DeLeon T&E Inc
Address 8415 Rogers
Tel. (201) 799-8599
Lic. No. or Bids. Reg. No. 22-3074253

Is hereby granted permission to perform the following work:
☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:
Abandon old pole fill w/ pea gravel

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 \$ 800
Work 9-8-03

Construction Official _____ Date _____
U.C.C. F170
(rev. 5/2K) 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAXASSESSOR 4 GOLD—APPLICANT
(See reverse side)

PAYMENTS (Office Use Only)	
Building	<u>50</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	<u>(50)</u>
Check No.	<u>3702</u>
Cash	
Collected by	<u>[Signature]</u>

**UCC NEW JERSEY
CONSTRUCTION
PERMIT**

IDENTIFICATION	Block	3723		Lot	5		Qual	
Work Site Location		326 PLAZA NO					Contractor	RAFAEL DANON
		FAIR LAWN					Address	15 BEEKMAN PL
Owner in Fee	DANON							FAIR LAWN, NJ 07410-
Address		326 PLAZA NO					Telephone	(201) 681-7777
		FAIR LAWN,	NJ 07410-				Lic. No. or Bldrs. Reg. No.	
Telephone		[REDACTED]					Federal Emp. No.	05-3642962

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

PAYMENTS (Office Use Only)	
Building	50
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	53
Check No.	6104
Cash	
Collected By	LF

07/22/05
Date

BOROUGH OF FAIR LAWN
8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/22/05
Date Issued 07/22/05
Control #
Permit # 051613

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

Block 3723 Lot 5 Qual

Work Site Location 326 PLAZA NO

FAIR LAWN

Owner in Fee DANON

Address 326 PLAZA NO

FAIR LAWN, NJ 07410-

Tele

Contractor RAFAEL DANON

Address 15 BERKMAN PL

FAIR LAWN, NJ 07410-

Tele (201) 681-7777 Fax () -

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 05-3642962

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[] No Plans Req.

[] All

[] Footing

[] Foundation

[] Frame

[] Other

Joint Plan Review Required:

[] Elect [] Plumb [] Fire

SUBCODE APPROVAL [] Elev

[] CO [] CCO [] CA

Date:

Approved By:

Final

BarrierFree

INSPECTIONS

Type

Failure

Failure Approval Initial

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure

Failure Approval Initial

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

BarrierFree

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[X] Roofing

[] Siding

[] Fence

[] Sign

[] Pool - Above Ground

[] Pool - In Ground

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Other

Other

Other

Demolition

FEE (Office Use Only)

\$

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43

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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 3123 Lot 5
Work Site Location PAIR LANE W/ PLAZA RD
Owner In Fee 15 BEEKMAN PL
Address FAIR HAVEN NJ
Tel. [REDACTED]
Contractor CHARLES CAROL
Address 15 BEEKMAN PL
Tel. (201) 681-7777 Fax ()
Lic. No. or Bids. Reg. No. 053 CE 2962
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Failure	Approval	Initial
☐ No Plans Required				Footings				
☐ All				Foundation				
☐ Footings				Slab				
☐ Foundation				Frame				
☐ Other				Barrier-Free				
Joint Plan Review Required:			Insulation					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes					
SUBCODE APPROVAL			Energy					
☐ CO ☐ CCO ☐ CA			Mechanical					
Date: _____			TCO					
Approved by: _____			Other					
			Final					
			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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. \$ 2000
2. Alteration \$ 2500
3. Total (1 + 2) \$ 4500



Date Received
Date Issued
Control #
Permit #

05/16/13

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

3 DIMENSIONAL ROOFING
OVER 15# FELT & ICE & WATER
SHIELD.

TYPE OF WORK

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)

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

U.C.C. F110
(rev. 3/05)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy