FAIR LAWN
Block: 3716
Lot: 10
Qual:

Land Desc: 32X62
Bldg Desc: F1G2S
Addl Lots:
Acreage: 0.000 Class: 2

Owners Name: US BANK TRUST NA TRSTE C/O RESICAP
Street Address: 3630 PEACHTREE RD NE
City & State: STE 1500 ATLANTA, GA Zip: 30326
Property Location: 325 PLAZA RD N 1X

Land: 164,500
Impr: 97,000
Total: 261,500
Exempt:

Reval Date: 2006/10/01
Map:
Seq#: 6191 (#1 of 1)

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
SAUDINO, MICHAEL BC SHERIFF	10/09/17	2872 /1954	100	12
ENGLE (EXEC), RICHARD W	12/22/05	8988 /386	275000	10
	04/27/56	03759/00432	13250	

ASSESSMENT HISTORY

Year	Land	Impr	Total
2011	235000	107700	342700
2012	164500	97000	261500

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.
01/17/06	KICHEN & BATH RENO	1800	00/00/00
01/12/06	BATH & KIT RENO	3200	00/00/00

LAND CALCULATIONS

Frt	Eff D	Back L	Tri	Dpf	FFF	Dep	Reason	Value
33	65			0.83		0.95	EASEMENT	18214
1	LOT(S)			1.00		0.95	EASEMENT	146300

Neigh:
VCS: FS12
Zone: R1-3
Min Front: 65
Std Depth: 100

Front Ft Value: 700
Acre Value:
Lot Value: 154000

Land Value: 164,500

SITE INFORMATION

Road:	PAVED	Util:	SEW/WATER
Curbs:	YES	Gas:	YES
Sidewalk:	YES	Elec:	YES
Loc:		Topo:	LEVEL

STAFF CONTROL

Info By:	TENANT	Date:	10/04/06
Visits:	2	Collector:	50
Old B:		Prtd:	04/26/19
Old L:		Card:	M TW

BUILDING INFORMATION

Class: 17	Roof Type: GABLE
Age/Eff Age: 76 / 35 (Y)	Roof Material: SHINGLE
Exterior Walls: ALUM/VINYL BRICK	Room Count: Total Rooms: 6 Bed Rooms: 3
Style: COLONIAL	Row/End: N.A.
Story Height: TWO STORY	Conversion:
Exterior Condition: NORMAL	Number of Units: 1
Interior Condition: NORMAL	Heat Source: GAS
Foundation: CONCRETE BLOCK	Livable Area: 1086 SF

DEPRECIATION

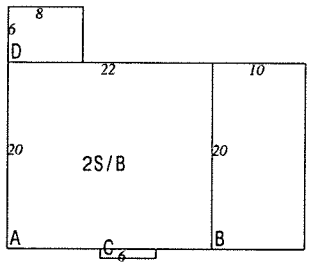
Physical:	31 %	Auto:	Y
Func Obs:	%	Over Imp:	%
Econ Obs:	%	Under Imp:	%
		Final Net:	0.69

Baths: M:1 A: O:
Kitchens: M:1 A: O:

NOTES

2006 TWT

BUILDING SKETCH



A:2S/B	u1,r0:u20 r22	440
B:2S/SL/BIG	u1,r22:u20 r10	200
C:2NDOH	u0,r10:u1 r6	6
D:PATIO	aa w8 l6	48
E:		0
F:		0
G:		0
H:		0
I:	M:	
J:	N:	
K:	O:	
L:	P:	

Scale: 20

RESIDENTIAL COST APPROACH

Basement	Area		Rate	Const	Q/F	Mult	Value
BASEMENT	440	x	9.560 +	2120	x1.15	x1.00=	7275
Main Bldg							
FIRST STORY	640	x	92.800 +	0	x1.00	x1.00=	59392
UPPER STORY	646	x	41.790 +	8190	x1.00	x1.00=	35186
BRICK SF	560	x	11.170 +	84	x1.00	x1.00=	6339
CONC. SLAB	200	x	-3.820 +	0	x1.14	x1.00=	-871
BUILT-IN GARAGE	200	x	-14.550 +	-1500	x1.14	x1.00=	-5027
Heat/AC							
HW/STEAM RADIATOR	1086	x	3.810 +	1500	x1.12	x1.00=	6314
Plumbing							
3 FIXTURE BATH	1- 2	x	2595.000 +	0	x1.12	x1.00=	-2906
2 FIXTURE BATH	0- 1	x	1895.000 +	0	x1.12	x1.00=	-2122
Fireplace							
Attic							
Deck/Patio							
PATIO	48	x	5.450 +	182	x1.15	x1.00=	510
Garage							

Base Cost: 104090 CCF: 1.35 Cost New: 140522
Net Cond: 0.69 Bldg Value: 96960

Detached Items:

Land: 164,500 Impr: 97,000 Total: 261,500

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

Date Issued 01/12/06
Control #
Permit # 060046

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 3716 Lot 10 Qual

Work Site Location 325 PLAZA N
FAIR LAWN
Owner in Fee PEREYRA
Address SAME
SAME, NJ 07410-
Telephon[redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
KITCHEN & BATH REPLACE

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

Estimated Cost of Work $ 3,200

D. Volow

Construction Official

01/12/06
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	50
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	5
Cert. of Occupancy	0
Other	
Total	105
Check No.	235
Cash	
Collected By	LF

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

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

UCC NEW JERSEY
BUILDING SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 01/12/06
Control #
Permit # 060046

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

Block 3716 Lot 10 Qual
Work Site Location 325 PLAZA N
FAIR LAWN
Owner in Fee PEREYRA
Address SAME
SAME, NJ 07410-
Tele. [redacted]
Contractor HOMEOWNER
Address
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

KITCHEN & BATH REPLACE

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 [X] CA 9/12/06
Date:
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame		EXLSTG NC 1/26/06		
BarrierFree			1/27/06	
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6/14/06	
BarrierFree				

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building	$	0
[ ] Addition		0
[X] Alteration		34
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0 Height (exceeds 6')		0
[ ] Sign 0 Sq. Ft.		0
[ ] Pool - Above Ground		0
[ ] Pool - In Ground		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2) $ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$	0
Paid [X] Check # 235 Minimum Fee	$	16
Collected by: LF TOTAL FEE	$	50
DCA State Permit Fee	$	3

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 660046

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

Block 03716 Lot 00010 Qualification Code _____
Work Site Location 325 Plaza Rd North
Fair Lawn NJ
Owner in Fee OLGA PEREYMA
Address 5 Essex Rd
Cedar Grove NJ
Tel. [redacted]
Contractor Homeowner
Address _____
Tel. (____) _____ FAX (____) _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Kitchen Replacement
Bathroom Replacement

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

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

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

INSPECTIONS

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

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

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 53
TOTAL FEE $ _____

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. $ _____
2. Rehabilitation $ 3000
3. Total (1+ 2) $ _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 06 0046

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

Block 03116 Lot 00010 Qualification Code

Work Site Location 325 PLAZA Rd North
FAIRLAWN NJ

Owner in Fee OLGA PERLEYMA

Address 5 ESSEX Rd
Cedar Grove NJ 07009

Tel [redacted]

Contractor M.R. ELECTRICAL MAINTENANCE

Address 129 SOUTH PROSPECT AVE
Bergenfield NJ 07621

Tel (201) 519 9325 FAX (201) 244 9849

Contractor License No. 10030A

Federal Emp. No. 043766396

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. 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.

M.R. Electrical Maint.
Mario Ramirez
Electrical Contractor
Lic. &Bus. Permit # 10030A

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $
Minimum Fee $ 52
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

Update Issued 01/17/06
Control #
Permit # 060046+A
Permit Issued 01/12/06

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 3716 Lot 10 Qual

Work Site Location 325 PLAZA N
FAIR LAWN
Owner in Fee PEREYRA
Address SAME
SAME, NJ 07410-
Telephone [redacted]

Contractor RICHARD S. LOMBARDI CO INC
Address 651 ALPS RD
WAYNE, NJ 07470-
Telephone (973) 694-2224
Lic. No. or Bldrs. Reg. No. 9259
Federal Emp. No. 22-3145221

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:
BATH AND KITCHEN RENOVATION, REPLACEMENT SAME LOCATION

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	100
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	102
Check No.	
Cash	X
Collected By	TS

Estimated Cost of Work $ 1,800

Construction Official

01/17/06
Date

U.C.C. F190 (rev. 3/96)

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

UCC NEW JERSEY
PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 01/17/06
Control #
Permit # 060046+A

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

Block 3716 Lot 10 Qual
Work Site Location 325 PLAZA N
FAIR LAWN
Owner in Fee PEREYRA
Address SAME
SAME, NJ 07410-
Tele. [redacted]
Contractor RICHARD S. LOMBARDI CO INC
Address 651 ALPS RD
WAYNE, NJ 07470-
Tele. (973) 694-2224 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 9259
Federal Emp. No. 22-3145221

B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,800

1/26/06 Not ready

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CO [ ]
Approved By:
Date: 9/12/06

INSPECTIONS Type	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures	6/14/06		9/12/06	
Gas Equip.				
Gas Piping				
Solar				
TCO				

Dates (Month/Day)

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 Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
1	Bath Tub	15
1	Lavatory	15
0	Shower	0
0	Floor Drain	0
1	Sink	15
1	Dishwasher	15
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other W/C	40
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # Cash Minimum Fee $ 0
Collected by: TS TOTAL FEE $ 100
DCA State Permit Fee $ 2

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 03716 Lot 00010 Qualification Code _____

Work Site Location 325 PLAZA Rd NORTH
FAIR LAWN NJ

Owner in Fee OLGA PEREYRA

Address 5 ESSEX Rd
CEDAR GROVE NJ

Tel ([redacted]

Contractor RICHARD J. LOMBARDI CO INC

Address 651 ALPS RD Wayne, NJ

Tel (973) 694 2220 FAX (_____) _____

Contractor License No. 9259

Federal Emp. No. 223144221

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 $ 1800

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.

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	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 _____	
	Other Replacement	
	Other for ALL ABOVE	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

U.C.C. F130
(rev. 01/04)

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

6/4/06 2nd floor Bedroom right side of stairs
· Outlet open ground
Electrician will check approve outlets
9/12/06 Above Corrected.

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

UCC NEW JERSEY
ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 01/12/06
Control #
Permit # 060046

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

Block 3716 Lot 10 Qual
Work Site Location 325 PLAZA N
FAIR LAWN
Owner in Fee PEREYRA
Address SAME
SAME, NJ 07410-
Tele [redacted]
Contractor M.R. ELECTRICAL MAINTENANCE
Address 129 SOUTH PROSPECT AVE
BERGENFIELD, NJ 07621-
Tele. (201) 519-9325 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 10030A
Federal Emp. No. 04-3766396

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/12/06
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough			1-25-06	(illegible)
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	6/14/06		9/12/06	(illegible)

Dates (Month/Day)

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

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

NO.	SIZE	ITEM	FEE (Office Use Only)
5		Lighting Fixtures	
15		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
23		TOTAL NUMBERS	46
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 235 Minimum Fee $ 4
Collected by: LF TOTAL FEE $ 50
DCA State Permit Fee $ 2

Note
6/14/06

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

6/14/06 ON RANGE - BATTERY TOP CHECK.
ROOF S.W. WEST.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/1/04
Control #
Permit # 04 2149

IDENTIFICATION Block 3716 Lot 10
Work Site Location 325 Plaza Rd North

Owner in Fee Engly
Address 325 Plaza Rd North
Fair Lawn
Tel. ([redacted]

Contractor Carlson Bros
Address 10-04 River Rd
Fair Lawn NJ 07410
Tel. (201) 796-7374
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: Rip off + Reroof
Ice Shield

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 $ 3200

Construction Official AP

Date 9/8/04

PAYMENTS (Office Use Only)

Building	50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4
Cert. of Occupancy	
Other	
Total	$54
Check No.	64267
Cash	
Collected by	AP

U.C.C. F170
(rev. 5/2K)

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

(see reverse side)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9-11-02
Control #
Permit # 02-2054

IDENTIFICATION Block 3716 Lot 10

Work Site Location 325 Plaza Rd

Owner in Fee Mr Engle

Address 325 Plaza Rd N Teaneck [redacted]

Tel. ( ) [redacted]

Contractor SANTANA AND SON

Address 21-00 MORLOT AVE FAIR LAWN NJ

Tel. ( ) 201 796-4597

Lic. No. or Bldrs. Reg. No. 5860 2228549 9

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 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 $ 529.-

J W Hook, S — Construction Official

9-11-02 — Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing 35
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total 35
Check No. 10943
Cash
Collected by S

U.C.C. F170
(rev. 5/2K)

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

(see reverse side)

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9-11-02
Date Issued
Control #
Permit # 02-2054

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

Block 3716 Lot 10

Work Site Location 325 Eagle Rock Ave N

Owner In Fee Mr Eagle

Address 325 Eagle Rock Ave N
East Orange NJ

Tele. ( ) [redacted]

Contractor SANTANA AND SON

Address 21-00 MORLOT AVE FAIR LAWN NJ

Tele. ( ) 201 796-4597 Fax ( )

Lic. No. 5860

Federal Emp. No. 2228549 9

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 $ 525 —

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 [ ] CSO [ ] CA
Date: 9/20/02
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment W/T			9/20/02	
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.

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	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

CK 10943

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 35
TOTAL FEE	$

U.C.C. Form F-130B

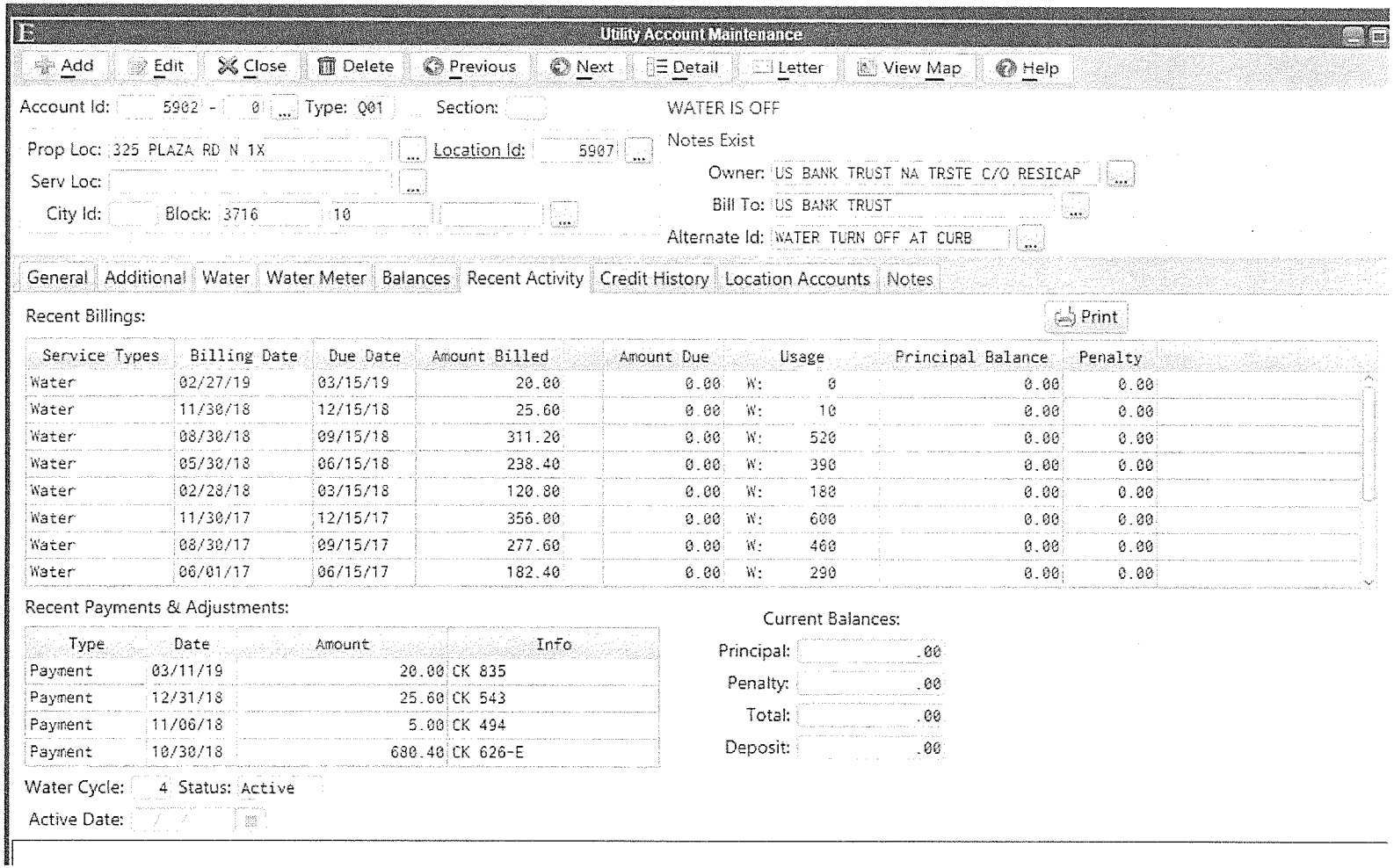
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

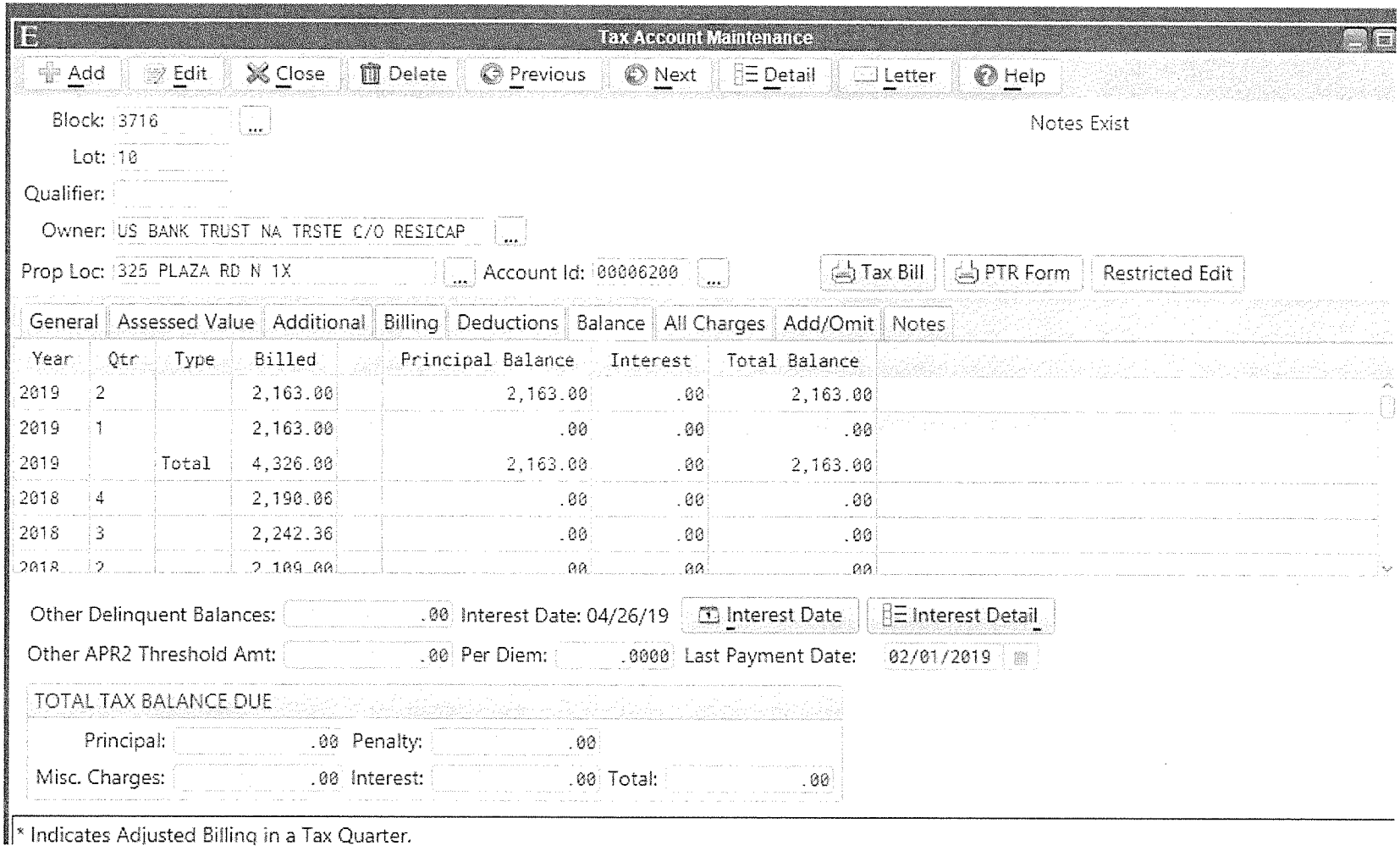
Range: Block: 3716 to 3716 Include Lien Type: Municipal: Y Outside: Y Assign Full: Y Assign < Cert: Y
Lot: 10 10 Include Lien Status: Open: Y Redeemed: Y Foreclosed: Y Canceled: Y
Qual: Sale Dates: First to Last Include Fees: Y
Status Dates: First to 12/31/00 Include Costs: Y
Transaction Dates: First to 04/26/19

Include Charge Type: Tax: Y Water: Y Sewer: Y Electric: Y Utility: Y
Sp. Assmnt: Y Misc: Y Boarding Up: Y Demolition: Y

For Liens with Sale Date and/or Assign Date in the Transaction Date Range:
Municipal, Outside & 'Assign for < Cert' Prin Balances = Certificate + Adjustments + all Fees - Redemption Payments Principal.
'Assignment for Full Amount' Prin Balance = Assigment Payments (prin & interest) + Adjustments (after assignment) + all Fees - Redemption Payments Principal.
For Municipal, Outside & 'Assign for < Cert' Liens with Sale Date before the low Transaction Date Range and for 'Assign for Full Amount' Liens with Assignment Date before the low Transaction Date Range:
Prin Balances = Previous Balance + Adjustments + all Fees - Redemption Payments Principal.

Block / Lot / Qual / Cert Num / Lien Hldr Id	Owner Name / Street Address / City, St / Property Location / Name	Trans: Balance Type	Sale Date / Held By / Zip / Date	Yr	Qtr	Status / Tax Years / Code	Status Date / Check Cleared Date / Balance Type / Description	Certificate % / Amounts In Sale / Principal	Interest	Premium / Total / Prin Balance
3716 / 10 / / 09-00019 / 23	US BANK TRUST NA TRSTE C/O RESICAP / 3630 PEACHTREE RD NE STE 1500 ATLANTA, GA / 325 PLAZA RD N 1X / HAVID DEVELOPMENT LLC		06/08/10 Outside 30326			Redeemed 2009	04/26/11		0.00 %	6,800.00
							Tax	7,378.33	1,088.20	8,466.53
							Water	0.00	0.00	0.00
							Cost	100.00	0.00	100.00
							Total In Sale:			8,566.53
							Record Fee:	55.00		
							Begin Balance:			55.00
		Tax	06/16/10	10	1	J 074	PAID BY HAVID	1,970.46	0.00	10,591.99
		Tax	06/16/10	10	2	J 074	PAID BY HAVID	1,887.44	0.00	12,479.43
		Tax	08/18/10	10	3	J 074	PAID BY HAVID	2,094.51	0.00	14,573.94
		Tax	12/07/10	10	4	J 074	PAID BY LIENHOLDER	2,091.91	0.00	16,665.85
		Water	02/28/11	10	4	J 074	PAID BY HAVID	213.50	0.00	16,879.35
		Tax	02/28/11	11	1	J 074	PAID BY HAVID	1,979.47	0.00	18,858.82
		Tax	04/26/11	09	1	P	OLR CK 9915	8,466.53	338.66	10,392.29
		Cost	04/26/11	09	1	P	OLR CK 9915	100.00	4.00	10,292.29
		Tax	04/26/11	10	1	P	REC CK 9915	55.00	0.00	10,237.29
		Tax	04/26/11	10	1	P	OLR CK 9915	1,970.46	1,145.69	8,266.83
		Tax	04/26/11	10	2	P	OLR CK 9915	1,887.44	0.00	6,379.39
		Tax	04/26/11	10	3	P	OLR CK 9915	2,094.51	0.00	4,284.88
		Tax	04/26/11	10	4	P	OLR CK 9915	2,091.91	0.00	2,192.97
		Water	04/26/11	10	4	P	OLR CK 9915	213.50	8.01	1,979.47
		Tax	04/26/11	11	1	P	OLR CK 9915	1,979.47	0.00	0.00


Utility Account Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Letter
View Map
Help
Account Id: 5902 - 0 Type: Q01 Section:
WATER IS OFF
Prop Loc: 325 PLAZA RD N 1X
Location Id: 5907
Notes Exist
Serv Loc:
Owner: US BANK TRUST NA TRSTE C/O RESICAP
City Id: Block: 3716 10
Bill To: US BANK TRUST
Alternate Id: WATER TURN OFF AT CURB
General
Additional
Water
Water Meter
Balances
Recent Activity
Credit History
Location Accounts
Notes
Recent Billings:
Print
Service Types | Billing Date | Due Date | Amount Billed | Amount Due | Usage | Principal Balance | Penalty
Water | 02/27/19 | 03/15/19 | 20.00 | 0.00 | W: 0 | 0.00 | 0.00
Water | 11/30/18 | 12/15/18 | 25.60 | 0.00 | W: 10 | 0.00 | 0.00
Water | 08/30/18 | 09/15/18 | 311.20 | 0.00 | W: 520 | 0.00 | 0.00
Water | 05/30/18 | 06/15/18 | 238.40 | 0.00 | W: 390 | 0.00 | 0.00
Water | 02/28/18 | 03/15/18 | 120.80 | 0.00 | W: 180 | 0.00 | 0.00
Water | 11/30/17 | 12/15/17 | 356.00 | 0.00 | W: 600 | 0.00 | 0.00
Water | 08/30/17 | 09/15/17 | 277.60 | 0.00 | W: 460 | 0.00 | 0.00
Water | 06/01/17 | 06/15/17 | 182.40 | 0.00 | W: 290 | 0.00 | 0.00
Recent Payments & Adjustments:
Type | Date | Amount | Info
Payment | 03/11/19 | 20.00 | CK 835
Payment | 12/31/18 | 25.60 | CK 543
Payment | 11/06/18 | 5.00 | CK 494
Payment | 10/30/18 | 680.40 | CK 626-E
Current Balances:
Principal: .00
Penalty: .00
Total: .00
Deposit: .00
Water Cycle: 4 Status: Active
Active Date:


Tax Account Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Letter
Help
Block: 3716
Lot: 10
Qualifier:
Owner: US BANK TRUST NA TRSTE C/O RESICAP
Notes Exist
Prop Loc: 325 PLAZA RD N 1X
Account Id: 00006200
Tax Bill
PTR Form
Restricted Edit
General
Assessed Value
Additional
Billing
Deductions
Balance
All Charges
Add/Omit
Notes
Year Qtr Type Billed Principal Balance Interest Total Balance
2019 2 2,163.00 2,163.00 .00 2,163.00
2019 1 2,163.00 .00 .00 .00
2019 Total 4,326.00 2,163.00 .00 2,163.00
2018 4 2,190.06 .00 .00 .00
2018 3 2,242.36 .00 .00 .00
Other Delinquent Balances: .00
Interest Date: 04/26/19
Interest Date
Interest Detail
Other APR2 Threshold Amt: .00
Per Diem: .0000
Last Payment Date: 02/01/2019
TOTAL TAX BALANCE DUE
Principal: .00
Penalty: .00
Misc. Charges: .00
Interest: .00
Total: .00
* Indicates Adjusted Billing in a Tax Quarter.