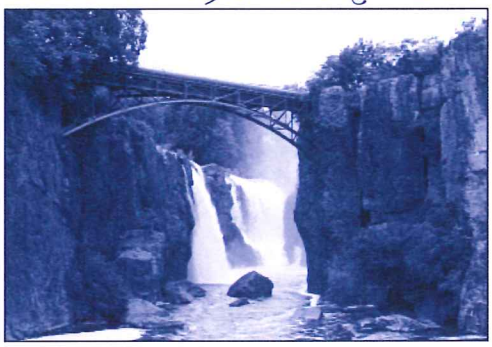
Office of the City Clerk



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
E-MAIL: sgordon@patersonnj.gov

July 9, 2019

opra+request-6119-f71ed7d3@requests.opramachine.com
Ms. Alicia Jones

FILE NO: CA19:1130

Dear Ms. Jones:

Enclosed please find the information you have requested from the City of Paterson under the Open Public Records Act (OPRA).

The response is in full and final satisfaction of your OPRA request submitted to the City Clerk's Office.

If you have additional questions, please submit a new OPRA request.

Sincerely,

Sonia L. Gordon

SONIA L. GORDON
CITY CLERK

/th

Enc.

CA19:1130
Due Date: 7/9/19

Twydaisha Hilbert

From: Alicia Jones <opra+request-6119-f71ed7d3@requests.opramachine.com>
Sent: Thursday, June 27, 2019 9:21 PM
To: Opra Request
Subject: OPRA request - All open/closed 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:I am requesting an OPRA asking for all open/closed construction permits,violations or liens for this property/properties from 1/2000 to present. Also, I would like to know information regarding the presence of an underground oil tank, if applicable, including permits, remediation report,environmental reports, and surveys showing underground oil tank location.
520 E 26th St

BLOCK 3407 LOT 11

Yours faithfully,

Alicia Jones

RECEIVED
CITY OF PATERSON, NJ
2019 JUN 28 A 9:02
SONIA L. GORDON
CITY CLERK

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-6119-f71ed7d3@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_openclosed_construction_perm_23

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.

BLOCK 611 LOT 31A QUALIFICATION CODE _____ ADDRESS (SITE) 520 E 26

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 520 E 26th St
2. Name of Owner in Fee: Mendoza Sam Tel. ( ) _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

V. FEE SUMMARY (for office use

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 CHARACTER

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	Resubmission Dates 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

6th St PERMIT NO. 92-1062

only)	Update	Update
$		
$		
$		
$		

LISTICS	(office use only)
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 PAT 10404073

U.C.C. F100-1 (rev. 3/96)

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. 5:32-2.15(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 Ricardo Leon

Address 438 6th AVE. Paterson NJ

Telephone (973) 2479562

Signature Ricardo Leon

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 5/23/2
Control #
Permit # 02-1062

IDENTIFICATION Block 611 Lot 31A

Work Site Location 520 E 26TH ST. Contractor Roswill & Sons

Address 438 6th Ave Paterson NJ

Owner in Fee Mendoza Pedro

Address 520 E 26TH ST. Tel. (973) 946 36 87

PATERSON NJ Lic. No. or Bldrs. Reg. No. 5884

Tel. (973) 279-0869

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Rip Off / Reroof

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 $ 2300

Construction Official

5/23/2
Date

PAYMENTS (Office Use Only)

Building	45-
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2-
Cert. of Occupancy	
Other	
Total	47-
Check No.	
Cash	✓
Collected by	

(see reverse side)

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

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 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

Date Received 3/23/2
Date Issued
Control #
Permit # 02-1063

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

Block Ellrll Lot 31 F1.
Work Site Location 520 E 26th Ln.

Owner in Fee MIGUEL DOZA PEDRO
Address SAME

Tele. (973) 279 0869.
Contractor L.J.S. Hill & Son
Address 2138 6th AVE

Tele. (973) 946 3687 Fax ( )
Lic. No. or Bldrs. Reg. No. 15884
Federal Emp. No.

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				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5B Proposed 5B
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. $ 2500
2. Alteration $
3. Total (1+ 2) $

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
NEW ROOF.
-RIP OFF
W/ ICE SHIELDS

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 _____

[ ] Demolition

FEE (Office Use Only)

$	
	140
	40
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 Gold = Applicant Copy

BLOCK 6611 LOT 31 ADDRESS (SITE) _____ PER

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: _____
2. Name of Owner in Fee: _____ Tel. (___) _____
   Address _____ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (fo

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Other _____
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 Structur
3. Area—Largest Floo
4. Building Area—All
5. Volume of Structu
6. Construction Classi
7. Total Land Area
8. Flood Hazard Zon
9. Base Flood Elevat
10. Wetlands yes___ no___
11. Fire Grading ___
12. Max. Live Load ___
13. Max. Occupancy

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. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	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 Asse
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Oper
9. ☐ Underground Storage Tanks

MIT NO. _____

ır office use only)		Update	Update
	$		
	$		
	$		
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	$		

HARACTERISTICS	(office use only)
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Floors sq. ft.	
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sq. ft.	
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	Re-viewer

mbly

ı 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 10505997

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 Wilfredo Santos 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 _____

Address _____

_____

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	
☐ 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.									
☐ Other									
☐									
☐									

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

Name of Code & Edition

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Name of Code & Edition

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

Other _____

X. CERTIFICATES ISSUED **(office use only)**

DATE EXPIRED

☐ Temporary Certificate of Occupancy No. _____ _____ _____
☐ Temporary Certificate of Occupancy No. _____ _____ _____
☐ Continued Certificate of Occupancy No. _____ _____
☐ Certificate of Occupancy No. _____ _____
☐ Certificate of Approval No. _____ _____
☐ None

CONSTRUCTION PERMIT

Date Issued 8/8/90
Control #
Permit # 11197

IDENTIFICATION Block E6611 Lot 31

Work Site Location 520 Bay 26th St

Owner in Fee Alba Santos
Address Same

Tele. ( ) 964-0038

Contractor
Address Owner

Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
repair rear exterior wall - Replace missing bricks

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 $ 1500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	
Plumbing	10
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170A

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 170B

CITY OF PATERSON

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/8/90
Date Issued
Control #
Permit # 11197

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

Block 66ff Lot 31
Work Site Location 320 East 26th St
Owner in Fee Elba Santos
Address Same
Tele. (201) 904-0038
Contractor
Address Owner-
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
( ) No Plans Req.		
( ) All		
( ) Footing		
( ) Foundation		
( ) Frame		
( ) Other		
Joint Plan Review Required:		
( ) Elec. ( ) Plumb. ( ) Fire		
SUBCODE APPROVAL		
( ) CO ( ) CCO ( ) CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present 2 fam Proposed 2 fam
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2)$ 4500

2 fam

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.

Adidia Santos
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Rear exterior wall damaged by fire. Replace missing brick 2 windows - replacement - part of roof.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ 16

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

DPK

U.C.C. Form F-110A

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

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT #_____

Date 7/5/05

Location 520 E 26th St

Owner Santos ~~E 26th St~~ ELBA

Address Same
E 06113

FINDINGS:

Violation noted

Notice Sent to wrong owner
Sent Letter to proper
owner.

Note - tree is Still in yard.

Form BLDG-2009

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT #

Date 6/20/80

Location 520 E 26th St

Owner Gold Otis Jr. & Christine

Address Same

E 0610
16

FINDINGS:

Complaint.

Tree in Rear yard
fell & hit House
causing damage to Rear wall.

tree must be removed
immediately & repair wall.

Also section of Bricks
missing at front of building at
first porch roof. these Bricks
may fall - must be repair
immediately

Form BLDG-2009

Sal Aletta.

City of Paterson
Dept. of Community Improve
Municipal Complex
111 Broadway - 4th flr.
Paterson, N.J. 07505
(201) 881-3576

☒ NOTICE OF VIOLATION AND ORDER TO TERMINATE.
☐ NOTICE AND ORDER OF PENALTY.

Date Issued
Control #
Permit #

IDENTIFICATION

Work Site Location 520 East 26th Street Block _____ Lot _____

Owner in Fee Elba Santos Agent _____
Address 520 E. 26th St. Address _____
Paterson, N.J.

ACTION

DATE OF NOTICE: 7-26-90 COMPLIANCE DUE DATE: 8-9-90 DATE OF INSPECTION: 7-9-90

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that: Tree in rear fell and damaged rear wall. Must remove tree & repair wall. Permit required. Section of bricks missing at fro of front porch roof. Some are loose and ready to fall creating hazardous condition. Must repair immediately.

You are hereby ordered to terminate the said violations on or before 8-9-90
No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☒ Failure to comply with this Order will subject you to a penalty of $ 50/20 per day

☐ You are hereby ordered to pay a penalty in the amount of $ _____ for each violation for a tota penalty of $ _____. Each _____ that any of the said violations remain outstanding after _____ shall result in an additional penalty of $ _____ per _____

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the City of Paterson within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 50.00 to be forwarded with your application to the Board of Appeals office at 111 Broadway, Paterson, New Jersey 07505

If you have any questions concerning this matter, please call: Inspector Ianelli at 881-359(

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ DATE: _____
SCO
NOTICE AND ORDER OF PENALTY: _____ DATE: _____

City of Paterson
Dept. of Community Improve
Municipal Complex
111 Broadway - 4th flr.
Paterson, N.J. 07505
(201) 881-3576

☒ NOTICE OF VIOLATION AND ORDER TO TERMINATE
☐ NOTICE AND ORDER OF PENALTY

Date Issued
Control #
Permit #

IDENTIFICATION Non Owner

Work Site Location 520 East 26th St. Block _____ Lot _____

Owner in Fee Gold Otis Jr. & Theresa Agent _____
Address 520 East 26th Street Address _____
Paterson, New JERSEY

ACTION

DATE OF NOTICE: 6-28-90 COMPLIANCE DUE DATE: 7-12-90 DATE OF INSPECTION: 6-20-90

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that: Tree in rear fell and damaged rear wall. Must remov tree and repair wall. Permit required. Also section of bricks missing at front of dwelling front porch roof. Some are loose and ready to fall creat hazardous condition. Must repair immediately.

You are hereby ordered to terminate the said violations on or before 7-12-90.
No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☒ Failure to comply with this Order will subject you to a penalty of $ 50/20 per day.

☐ You are hereby ordered to pay a penalty in the amount of $ _____ for each violation for a total penalty of $ _____. Each _____ that any of the said violations remain outstanding after _____ shall result in an additional penalty of $ _____ per _____.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the City of Paterson within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 50.00 to be forwarded with your application to the Board of Appeals office at 111 Broadway, Paterson, New Jersey 07505.

If you have any questions concerning this matter, please call: Inspector Iannelli at 881-3590

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ DATE: _____
SCO
NOTICE AND ORDER OF PENALTY: _____ DATE:

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

Ward:
Area:

Date: 03/14/19
To: U.S. BANK TRUST, N.A.
P.O. BOX 4698
LOGAN, UT 84323

Notice: RAP02444
Property Location:
520-522 E 26TH ST
Block/Lot/Qual: 3407. 12.

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-HOUSING-PRO	Chapter 271 Housing-Property Maintenance Code, Ordinance No. 14-004
	Verification of occupancy/ vacancy inspection for RAP pursuant to T.C.O.P. Chapter 271 Housing-Property Maintenance Code, Ordinance No. 14-004
RAP-HOUSING-PRO	Chapter 271 Housing-Property Maintenance Code, Ordinance No. 14-004
	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.

Leoncio Fermin
Housing & Zoning Insp.
(973)321-1232 Ext: 2564
lfermin@patersonnj.gov

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

Ward:
Area:

Date: 12/07/16
To: MENDOZA,PEDRO D.
6031 CONNECTION DRIVE
c/o CALIBER HOME
PATERSON NJ 07514

Notice: RAP01866
Property Location:
520-522 E 26TH ST
Block/Lot/Qual: 3407. 12.

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

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
Housing & Zoning Insp.
(973)321-1232 Ext: 2528
jjimenez@patersonnj.gov

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

Ward:
Area:

Date: 07/20/18
To: U.S. BANK TRUST, N.A.
P.O. BOX 4698
LOGAN, UT 84323

Notice: V8-11586
Property Location:
520-522 E 26TH ST
Block/Lot/Qual: 3407. 12.

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 08/08/18 .

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

RAP- HOUSING-PRO
CHAPTER 271 HOUSING-PROPERTY MAINTENANCE CODE, ORDINANCE NO. 14-004 VERIFICATION OF OCCUPANCY/ VACANCY
INSPECTION FOR RAP PURSUANT O T.C.O.P. CHAPETER 271 HOUSING-PROPERTY MAINTANANCE 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

271- 26. A.
ALL EXTERIOR PROPERTY AREAS SHALL BE MAINTAINED IN A CLEAN AND SANITARY CONDITION FREE FROM ANY ACCUMULATION
OF RUBBISH OR GARBAGE.

ACTIONS REQUIRED

CLEAN REMOVE GARBAGE AND RUBBISH CUT GRASS AND WEEDS FROM ENTIRE PROPERTY BEFORE RE INSPECTION DATE.

COURTDATE : 12/14/18
OUTCOME : ADJ 1/18/19

OB

COURT DATE: 2.22.19
OUTCOME: BENCH WARRANT $750
LRV

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.

Jesus Castro
Housing & Zoning Inspector
(973)321-1232 Ext: 2575
jcastro@patersonnj.gov

07/01/19

CITY OF PATERSON
DIVISION OF HEALTH
PATERSON NJ 07505
973-321-1277

Rodent Notice

File # : 114 Year : 2018 Complaint Date : 8/ 7/2018 Court Complaint : Bite Investigation :

Owner Name : WRI MANAGEMENT JARYLYNN / KIAR
Street : PO BOX 4698
City, State : LOGAN UT 84323
Phone :

Location Street : 520 EAST 26TH ST.
Location City, State : PATERSON NJ
Stru. Type :

Bait Blocks # : 0
ReInsp. Bait Blocks # : 0
Flyers # : 0
Demolition Baiting :

Insp. Block Type :
ReInspection Block Type :
Re Demolition Baiting :

Div/Health Baited :

Comment :

ABANDONED HOUSE DEBRIS RATS, CATS AND OTHER ANIMALS JUNGLE LIKE BRUSH IN REAR ABANDONED TRUCK & DEBRIS 8/09 CUT & REMOVE THE VERY HIGH GRASS GARBARGE & DEBRIS.FAILURE TO COMPLY WILL RESULT IN LEGAL ACTION (COURT)!) SPOKE WITH JARYLUNN (470-809-0102)

FIRE DEPARTMENT OF THE CITY OF PATERSON, N. J.

Bureau of Combustibles—Oil Burner Installations *James J. Troy, Chief*

Owner of Premises	POLLARD, C.
Address	520 East 26th Street
Name of Applicant	William Mayko
Address	
Location of Installation	520 East 26th Street
Type of Burner	Quiet Heat
Location of Tank	Under front lawn
Capacity of Tank	550 gallons
By Whom Installed	Joseph Derricks Co.
Address	837 Main Ave. Clifton, NJ
By Whom Inspected	Captain Frank A. Dowdall
Date of Inspection	September 19, 1949
Type of Occupancy	Dwelling
Date of Final Inspection	10-11-49

City Hall
155 Market St
Paterson, New Jersey 07505-1467
Phone: (973) 321-1300
Fax: (973) 321-1301 or 1302

DATE: June 29, 2019

PROPERTY: 518-520 East 26th Street

OWNER: Maria Puente De La Vega

BLOCK & LOT: 3407-11

Taxes have been paid on the above property through the 2nd qtr of 20 19., as of the Posting Date of 8/8/19.

Mary Ann Williams
Revenue Collection

NOTE: THIS IS NOT AN OFFICIAL TAX SEARCH. SUBJECT TO SUBSEQUENT PAYMENT OF TAXES, SEWER CHARGES AND, SUBJECT TO ALL PENDING LIENS OR ADJUSTMENTS.

BLQ: 3407. 11.
Owner Name: MARIA PUENTE DE LA VEGA

Tax Year: 2019 to 2019
Property Location: 518-520 E 26TH ST

Tax Year: 2019	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	1,482.43	1,482.43	0.00	0.00	2,964.86
Payments:	1,482.43	1,482.43	0.00	0.00	2,964.86
Balance:	0.00	0.00	0.00	0.00	0.00

Date	Qtr	Type / Description	Code	Check No	Mthd	Reference		Batch Id	Principal	Interest	2019 Prin Balance
		Original Billed							2,964.86		2,964.86
03/14/19	1	Payment CORELOGIC2-2019Q1	001		CK	25135	4494	CORELOG2	1,482.43	0.00	1,482.43
05/08/19	2	Payment CORELOGIC-2019Q2	001		CK	32351	3222	CORELOG	1,482.43	0.00	0.00

Total Principal Balance for Tax Years in Range: 0.00