CITY OF
PATERSON

DEPARTMENT OF
ECONOMIC
DEVELOPMENT

DIVISION OF
COMMUNITY
IMPROVEMENTS

André Sayegh

Date: July 3, 2019

To: City Clerk's Office
Jacque Murray

From: Zuleika Torrez/Clerk
Community Improvements

Re: OPRA REQUEST CA 19: 1129

As per your request this is to inform you that we researched our files as far back as we go which is 1984 to present for the above referenced property, attached are our findings. We researched our files in Building, Electrical, Plumbing, and Fire, as well as, Housing and Zoning Bureaus.

All correspondence is being sent via email.

Any questions contact me at x2211.

/ZT

File # CA19:1129

Police/Fire Request X

Other Departments X

THE NEW JERSEY

OPEN PUBLIC RECORDS ACT

(OPRA)

INFORMATION REQUEST FORM

FROM

SONIA L. GORDON

CITY CLERK

Contact No.: (973) 321-1310

DATE OF REQUEST:
6/28/19

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

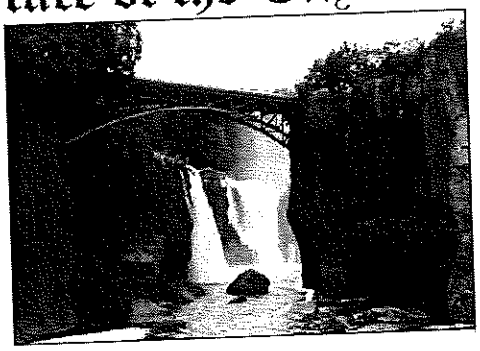
DIVISION HEAD
Chief Brian McDermott
Mr. David Gilmore, Director

FOR IMMEDIATE ATTENTION!!!

DATE SCANNED: 6/28/19 **SCANNED:** 10:36 A.M.

NO. OF PAGES: 3

Office of the City Clerk



SONIA L. GORDON, RMC
City Clerk

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

OFFICE: (973) 321-1310
FAX: (973) 321-1311
E-MAIL: sgordon@patersonnj.gov

June 28, 2019

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

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

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

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

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

FILE NO: CA19:1129

Dear Department Heads/Division Heads:

The enclosed **OPRA** was received in my office on June 28, 2019.
Kindly review the information that is being requested of your Department immediately upon receipt of this communication. It is important that once you have compiled the requested documents, forward two copies of the response(s) to the City Clerk's Office and not directly to the requester.

Open Public Records requests are time sensitive, because under the law, I have seven (7) business days to respond to the requester and forward the requested records. **This OPRA response should be submitted to the City Clerk's Office no later than July 9, 2019**. This OPRA request will be faxed to you, followed by the hard copy. It is important that you begin working on collecting the records when you receive the fax from my office, since the clock begins to run on the date the request is received.

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

Sincerely,

Sonia L. Gordon

SONIA L. GORDON
CITY CLERK

/th

Enc.

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

CA19:1129
Due Date: 7/9/19

Twydaisha Hilbert

From: Alicia Jones <opra+request-6120-ca261751@requests.opramachine.com>
Sent: Thursday, June 27, 2019 9:22 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.
181 Kearney St

BLOCK 910 LOT 18

Yours faithfully,

Alicia Jones

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-6120-ca261751@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_24

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

RECEIVED
CITY OF PATERSON, NJ
2019 JUN 28 A 8:59
SONIA L. GORDON
CITY CLERK

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-01112
Issue Date: 06/26/19
Application Id: 30022657
Application Date: 06/26/19

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

Block/Lot/Qual: 910. 18.

Work Site Location: 181 KEARNEY ST

Owner in Fee: U.S. BANK TRUST, N.A./WRIPM
Tel. (404)334-7077 email:
c/o WRI PROPERTY MANAGEME
P.O. BOX 4698

Contractor: PRATO CHIMNEY SERVICE LLC
301 FRANKLIN STREET email:
BLOOMFIEL, NJ 07003

Contractor License No. or Builder Registration No.: 13VH00981600 Exp Date: 03/30/17
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 141869720 FAX: (973)599-0134

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BUILDING- INSTALL A UL TESTED SS CHIMNEY LINER

FIRE- LINER

WP

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____
110.00

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present _____ Proposed _____

No. of Stories 0.
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+2) $ 912.00

U.C.C. F110 (rev. 11/09)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 19-01112
Issue Date: 06/26/19
Application Id: 30022657
Application Date: 06/26/19

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

Block/Lot/Qual: 910. 18.

Work Site Location: 181 KEARNEY ST

Owner in Fee: U.S. BANK TRUST, N.A./WRIPM

Tel. (404)334-7077 email:

P.O. BOX 4698 c/o WRI PROPERTY MANAGEME

Contractor: PRATO CHIMNEY SERVICE LLC

301 FRANKLIN STREET email:

BLOOMFIEL, NJ 07003

Fire Alarm Contractor No.: 13VH00981600 Exp Date: 03/30/17

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

Federal Emp. ID No. 141869720 FAX: (973)599-0134

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed _____

Constr. Class: Present Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Est. Cost of Fire Protection Work $ 913.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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.

Applicant/Contractor sign here: _____

Print name here: _____ [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems [ ] System [ ] 110v Interconnected [ ] CO Detectors/110v		
Alarm Devices (smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney	1	100.00
Other _____		

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

U.C.C. F140 (rev. 02/11) Internet version

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

BLOCK 30144 LOT 36 ADDRESS (SITE) 181 Kearny Street PERMIT

[redacted]

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 181 Kearny St. Paterson
2. Name of Owner in Fee: Betty Harter Tel. 973 460147
   Address 181 Kearny St. Paterson (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Lombardo Tel. 201,796 3390
   Address 72 Bucheo Lane, Elmwood Pk.
   License No. OR, if new home, Builder Reg. No. DEP15209487 Exp. Date ____
   Federal Emp. No 223548562 Social Security No. ____
5. Architect or Engineer ____ Tel. (___) ____
   Address ____
6. Responsible Person in Charge of Work Ken Lombardo Tel. 201,796 3390

V. FEE SUMMARY (for

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal
7. Less 20% for State Plan Review
8. Subtotal
9. OCA Training Fee
10. Subtotal
11. Cert. of Occupancy
12. Other
13. TOTAL

VI. BUILDING/SITE

1. Number of Stories
2. Height of Structure
3. Area—Largest Floor
4. New Building Area
5. Volume of New Str
6. Construction Classi
7. Total Land Area Di
8. Flood Hazard Zone
9. Base Flood Elevati
10. Wetlands yes ___ no ___
11. Max. Live Load
12. Max. Occupancy L

II. PROPOSED WORK

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

OPTIONAL (for office use only)

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

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
9. ☐ Underground Storage Tank

U.C.C. Form F-100A

NO. 071440 ✓

office use only)	Update	Update
$		
$		
$		
$		
$		

HARACTERISTICS	(office use only)
ft.	
sq. ft.	
sq. ft.	
ture cu. ft.	
ation	
rbed sq. ft.	
ft.	
sq. ft.	

Re-viewer

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 PA-B 10517341

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): th proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make thi 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 Divisio 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 Lombardo

Address 72 Bucknes Lane
Elmwood Pk

Telephone (201) 796 3390

Signature Ken Lombardo Date 7/12/07

OFFICE DATE RECEIVED: _____

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

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

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

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued
-or-
Control #
Certificate Issued Date:

IDENTIFICATION

Block b0144 Lot 36 Qualification Code

Work Site Location 181 Kearny Street
Paterson. NJ

Owner in Fee Betty Martin
Address 181 Kearny Street
Paterson. NJ

Tel. (973) 460-9473

Contractor Lombardo
Address 12 Bushes Lane
Elmwood Park. NJ

Tel: (201) 796-3390 FAX ( )
Lic. No. or Bldrs. Reg. No. DEPUS00987
Federal Employer No.

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

550 GALLON OIL TANK ABANDONMENT W/FOAM

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been construced 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 construced 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 _____.

Fee $ 50.00
Paid [X] Check No. CASH
Collected by: DM

CONSTRUCTION OFFICIAL DATE

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

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Issued 1/22/07
Permit # 07-1440

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

Block 30144 Lot 36 Qualification Code _____
Work Site Location 181 Kearny St
Paterson
Owner in Fee: Betty Martin
Tel. (973) 460-9473 e-mail _____
Address 181 Kearny St Paterson
street municipality zip code
Contractor Lombardo Tel. 201 796-3390
Address 12 Buenos Lane Elmwood Pk e-mail _____
Contractor License No. or Builder Registration No. DEP15008 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 223548562 FAX: (201) 796-2254

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.

Ken Lombardo
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

550 gal. oil tank abandonment w/ foam
DEP 26313

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 — Failure / Dates (Month/Day) Failure / Approval / Initial
Type:
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
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 75.00

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed 1F
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 950.00
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

NO HARD COPY

VP

U.C.C. F110 - (rev. 7/06)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Issued
Permit # 07-1440

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

Block 20144 Lot 36 Qualification Code
Work Site Location 181 Kearny St Paterson
Owner in Fee: Betty Martin
Tel. (973) 460-9473 e-mail
Address 181 Kearny St Paterson (street / municipality / zip code)
Contractor: Lombardo Tel. 201 796-3390
Address 12 Buenos Lane Elmwood Pk e-mail
Contractor License No. or Builder Registration No. DEPISCOR Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 223548562 FAX: (201) 796-2254

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: 7/18/07
Approved by:

INSPECTIONS — Dates (Month/Day) — Failure / Failure / Approval / Initial

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/24/07	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group — Present R-5 — Proposed 1F
Constr. Class — Present — Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work
1. New Bldg. $ 950.00
2. Rehabilitation $
3. Total (1+ 2) $

NO HARD COPY

U.C.C. F110 (rev. 7/06)

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.

Ben Lombardo
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

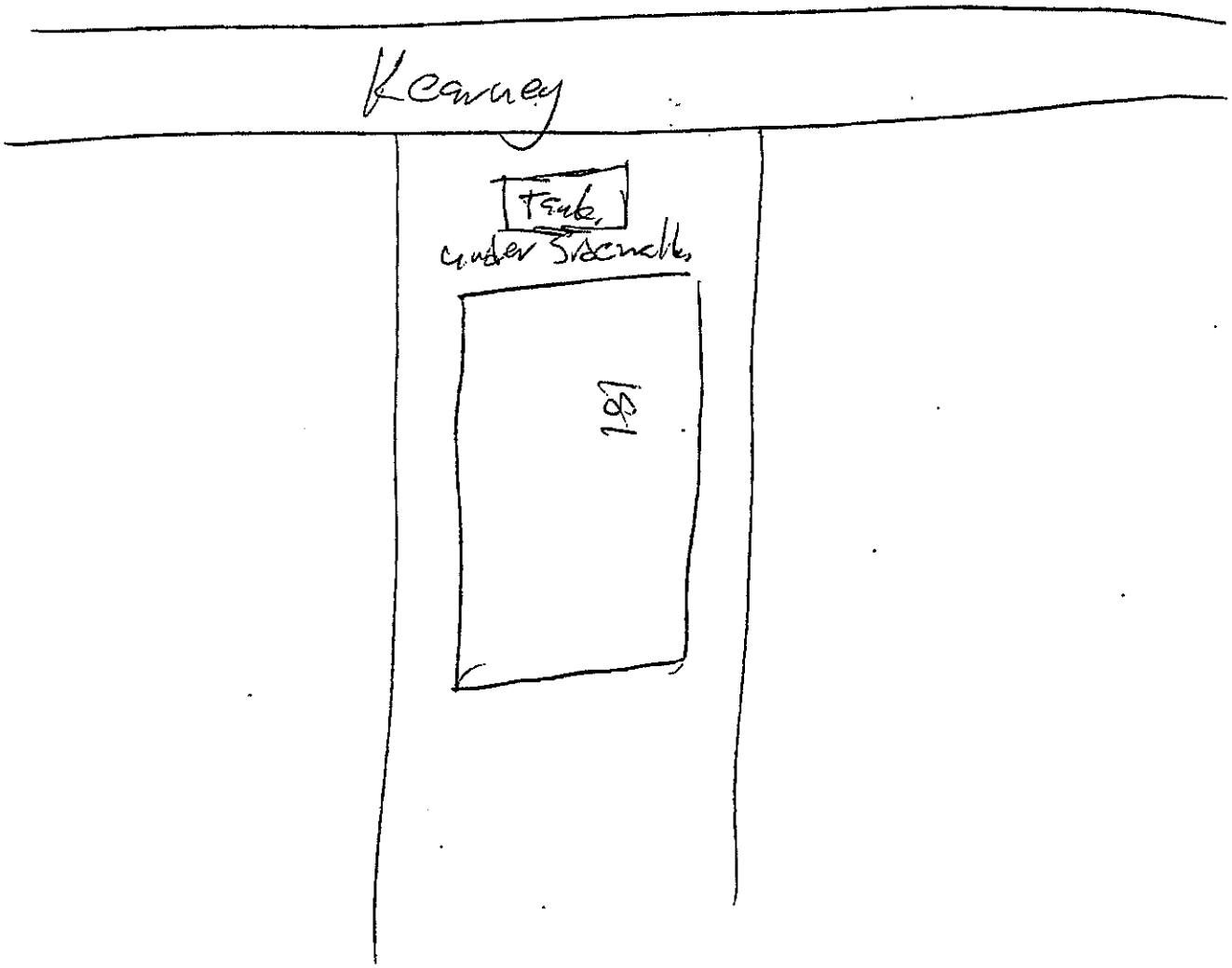
550 gal. oil tank abandonment w/ foam
DEP 26313

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

FEE (Office Use Only)
$ 50

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

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


Kearney
Tank
under Stairwell
181

PLUMBING SUBCODE
TECHNICAL SECTION

Date Issued
Permit # 071440

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

Block 20144 Lot 36 Qualification Code
Work Site Location 181 Kearny
Owner in Fee: MARTIN
Tel. (973) 942-0469 e-mail
Address 181 Kearny St (street) (municipality) (zip code)
Contractor: Martin Plumbing Tel. (201) 703-0775
Address 167 Hillmanor e-mail
Contractor License No. 12121 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-1247307 FAX: (201) 703-9192

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed H
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 4,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	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

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	35
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	35
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	10
1	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	100.00

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Issued
Permit # 071440

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

Block 20144 Lot 36 Qualification Code
Work Site Location 181 Kearney
Owner in Fee: MARTIN
Tel. (973) 942-0469 e-mail
Address 181 Kearney St (street) (municipality) (zip code)
Contractor: Martin Plumbing Tel. (201) 703-0771
Address 167 Hillmanor e-mail
Contractor License No. 12121 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (If applicable):
Federal Emp. ID No. 22-1247307 FAX: (201) 703-9192

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed If
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 4,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	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

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	25
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	25
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	10
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 100.00

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 7-12-07

Permit # 07-1440

IDENTIFICATION Block 6144 Lot 36 Qualification Code

Work Site Location 181 Kearny St Paterson

Owner In Fee Betty Martin

Address 181 Kearny St Paterson

Tel. (973) 460-1473

Contractor Lombardo

Address 72 Hughes Lane Elmwood Pk

Tel. (201) 796-3390

Lic. No. or Bldrs. Reg. No: Depus00987

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: 550 gal. oil tank (Water H. (Hot W/Boiler Backfill

Abandonment w/ foam

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

Estimated Cost of Work $ 4,950.00

ST

Construction Official

7/12/07

Date

U-D R-5

PAYMENTS (Office Use Only)

Building 50.-

Electrical

Plumbing 100-

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 7.-

Cert. of Occupancy

Other

Total 157.00

Check No.

Cash

Collected by HM

(see reverse side)

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

U.C.C. F170-2 (rev. 1/04)

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

LOMBARDOENVIRONMENTAL, INC

Environmental Construction, Service Station Maintenance, Tank Installation and Removal

To:	Paterson /Bldg. Department	**From:**	Jessica Clurciu
Fax:	973-321-1247	**Pages:**	2 (including cover page)
Phone:	973-321-1232	**Date:**	8/1/2007

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

95-1D CHECKLIST FOR THE CLOSURE OF UNDERGROUND STORAGE TANKS

Owner of Tank: Betty Martin

Address of Site:181 Kearny street B0144-30

Permit No: 2007-1440

Certified Contractor: Lombardo Environmental **Please Send Certificate of Approval to Lombardo Environmental**

The items on this checklist are practices currently accepted by the Department of Environmental Protection. Further explanation can be found in Appendix B of NFIPA30 and the American Petroleum Institute's Bulletin 1604 entitled "Recommended Practice for Abandonment or Removal of Used Underground Storage Tanks".

1. ✓ Owner/Contractor reports that the tank was properly cleaned of residual material.
2. ✓ Owner/Contractor reports that all residual material including water used in cleaning was properly contained for proper off-site disposal.
3. ✓ Inspection reveals that all affected piping was disconnected/capped/removed.
4. ✓ For abandonment in place, tank was observed to be filled and sealed with an appropriate inert material.

For removal:

a. Owner/contractor has determined that the tank has been disposed of properly.

b. The tank was rendered free of flammable vapors (e.g. Contractor has tested tank with proper monitoring equipment such as an explosive gas indicator (e.g.) explosion meter).

c. * The tank excavation observed to be free of obvious evidence of contamination (e.g. odors, stained soil, free product).

d. Contaminated soil is properly staged on plastic and covered with plastic or equivalent.

e. * The removed tank was free of obvious corrosion holes or structural failure.

If NO, then immediately contact the 24 hour DEP Hotline at (609) 292-7172 to report a discharge. It is recommended that an excavation which indicates contamination remain open for investigation where possible. It should, however, be secured for safety reasons.

380 N. Midland Avenue, Saddle Brook, New Jersey 07663
Phone: 201-796-3390 Fax: 201-796-2254
NJ License # US00987

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of
NJ.90.1-Exempt		72407A

3. Generator's Name and Mailing Address: Lombardo Environmental, 72 Bushes Lane, Elmwood Park, NJ 07407
4. Generator's Phone ( ): 201-796-3390

5. Transporter 1 Company Name	6. US EPA ID Number	A. Transporter's Phone
Lombardo Environmental	NJ.90.1-Exempt	201-796-3390
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone

9. Designated Facility Name and Site Address	10. US EPA ID Number	C. Facility's Phone
Lone 450 S. Front St. Elizabeth, NJ 07202	NJ 000 03.036	908-820-8800

11. Waste Shipping Name and Description	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. Non-Dot Regulated material (Front)	001	TT	850	G
b. " " (Back)	001	TT	1850	G
c.				
d.				

D. Additional Descriptions for Materials Listed Above: oil/water/solids

E. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information: Emergency # 201-796-3390

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name	Signature	Month	Day	Year
Glenn Lombardo		7	24	07

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Glenn Lombardo		7	24	07

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
MATRIK		07	24	07

GENERATOR — TRANSPORTER — FACILITY

ORIGINAL - RETURN TO GENERATOR

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS _____

Applicant John Martin Company Martin Plumbing

Certifying Individual Dawn Martin

Address 167 Hilltown Drive Elmwood Park NJ 07407
Street City State Zip Code

Tel. (201) 703-0725

Check the Appropriate Box

Type of Replacement:

[X] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[X] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

_____ Date
Signature

Oil to Oil or Gas to Gas Replacements:

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

_____ Date
Signature

Certification Not Submitted:

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

Dawn Martin 2-18-07
Signature Date

Direct Vent Appliance:

No certification required:

_____ Date
Signature

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

U.C.C. F370
(rev. 3/96)

CITY OF PATERSON

Department of
Community Development

GARY MELCHIANO
ACTING DIRECTOR

Department of
Community Improvements

Kathleen Easton
Director

Jose "Joey" Torres
Mayor

MUNICIPAL COMPLEX
111 BROADWAY
PATERSON, NJ 07505-1124
PHONE (973) 321-1232
EX: 2212

MULTI-JURISDICTIONAL APPROVALS

PLEASE READ & SIGN

The applicant represents and warrants that all necessary approvals have been secured or will be secured in a timely fashion. This includes ALL necessary approvals, whether Federal, State, County or Local. Many projects require multiple approvals at the Federal, State, County or Municipal levels. Some projects require multiple approvals within each jurisdiction. By signing this document, the applicant represents that all such approvals have been secured or will be secured as required by law. In the event that any significant approval has not or will not be obtained, this approval may be revoked by the City of Paterson. The applicant acknowledges that the City of Paterson is relying on this representation of compliance in issuing this approval.

Signature owner/applicant **Date**

Org. 8/10/04

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

LOMBARDO ENVIRONMENTAL INC.
72 BUSHES LANE
PO BOX 62

Elmwood Park, NJ 07407

Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
Is hereby approved to perform the following services:

CLOSURE
INSTALLATION-ENTIRE UST SYSTEM
SUBSURFACE EVALUATION

02/28/2009
EXPIRATION DATE

US00987
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

PATERSON, CITY OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

94-2889

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

Block 6144 Lot 36
Work Site Location 181 Kearney St. Paterson N.J.
Owner in Fee John & Betty Martin
Address 181 Kearney St. Paterson.
Tele. (___)
Contractor ERS Construction
Address 1011 E. 23rd St. Paterson N.J.
Tele. (201) 684-0059
Lic. No. or Bldrs. Reg. No. 1471
Federal Emp. No. 22-3242697 or Social Security 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

Repair damages due to fire.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	12/19/94	
[ ] 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				

NO CALL FOR FINAL

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. Alteration $ ___
3. Total (1+2) $ 8000.—

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[✓] Roofing
[✓] Siding
[ ] Fence ___ Height (6' or over)
[ ] Sign ___ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[✓] Other Repair damages due to fire
[ ] Other ___
[ ] Demolition

(Office Use Only)
FEE

Administrative Surcharge	$ 120—
Minimum Fee	$
DCA TRAINING FEE	$ 7.00SR
TOTAL FEE	$

Paid [ ] Check # 187
Collected by:

17

U.C.C. Form F-110B

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

12/28/94 frame
not Ready
A) must fire stop
B) must installed collar ties
C) must scarf Beam [illegible]
D) must close hole in ceiling
E) must reinforce Beam [illegible]
F) must finish framing ceiling

1/3/94 frame
Still not Ready
A) must finish fire stop
B) must finish installing collar ties
C) must scarf Beam [illegible]
D) must close hole in ceiling
E) must Reinforce Beam [illegible]

1/4/94 frame + insulation
wall + [illegible] insulation
Only to be done after sheetrock.
[illegible]

NO CALL FOR EXAM

PATERSON, CITY OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

SUBCODE
TECHNICAL SECTION

Date Issued
Control #
Permit # 94-2859

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

Block 6141 Lot 36
Work Site Location 181 Kearney St. Patterson NJ
Owner in Fee John & Betty Martin
Address 181 Kearney St. Patterson NJ
Tele. ( )
Contractor DOMINICK J. GALLONE E/C
Address 36 NAGLE ST. PATERSON NJ 07501
Tele. ( )
Lic. No. 7637
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $200.— [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	3	30—
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Paid [ ] Check # 187	Administrative Surcharge	$ 30—
Collected by _____	Minimum Fee	$
	TOTAL FEE	$

U.C.C. Form F-140A

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

BLOCK 3144 LOT 36 ADDRESS (SITE) 181 Kearney St PERM

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 181 Kearney St.
2. Name of Owner in Fee: John + Betty Martin Tel. (___) ___
   Address 181 Kearney St. (street) Paterson (municipality) 07503 (zip code)
3. Ownership in Fee: Public ___ Private ✓
4. Principal Contractor: ERS Construction Tel. (201) 684-0050
   Address 1011 E. 23rd St. Paterson NJ
   License No. OR, if new home, Builder Reg. No. 1471 Exp. Date ___
   Federal Emp. No. 22-3242699 Social Security No. ___
5. Architect or Engineer ___ Tel. (___) ___
   Address ___
6. Responsible Person in Charge of Work Joseph LaCorte Tel. (201) 684-0050

V. FEE SUMMARY

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

1. Number of Stories
2. Height of Structure
3. Area—Largest Floo
4. New Building Area
5. Volume of New St
6. Construction Class
7. Total Land Area D
8. Flood Hazard Zon
9. Base Flood Elevat
10. Wetlands yes ___ no ___
11. Max. Live Load ___
12. 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	8000
6.	☑ Fire Protection	200
7.	☐ Plumbing	
8.	☑ Electrical	420
9.	☐ Elevator Devices	
10.	☐ Asbestos Abatement	
11.	☐ Demolition	
	TOTAL COSTS	8,620

OPTIONAL (for office use only)

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

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
9. ☐ Underground Storage Tanks

MIT NO. 94-2889

(or office use only)

	Update	Update
$		
$		
$		
$		
$		

CHARACTERISTICS (office use only)

ft.
sq. ft.
sq. ft.
ucture cu. ft.
fication
sturbed sq. ft.
on ft.
sq. ft.
oad

Re-viewer

en 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 10509881

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. 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 o the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will b deemed part of, an existing single family residence that is owned and occupied by myself and located o 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 Jers 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 Sta county, and local prior approvals have been given, including such certification as the construction official may requi

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make 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 St county, and local prior approvals have been given, including such certification as the construction official may requ

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Divi 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 EBS Construction

Address 1011 E. 23rd St.
Paterson NJ

Telephone (201) 684-0050
Mobile #

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				

CONSTRUCTION PERMIT

Date Issued 12-29-94
Control #
Permit # 94-2889

IDENTIFICATION Block 3144 Lot 36

Work Site Location 181 Kearney St. Paterson N.J.
Owner in Fee John + Betty Martin
Address 181 Kearney St. Paterson N.J. 07503
Tele. (____)

Contractor ERS Construction
Address 1011 E. 23rd St. Patrsn. N.J. 07513
Tele. (____) 684-0850
Lic. No. or Bldrs. Reg. No. 1471 Exp. Date
Federal Emp. No. 22-3242699
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Repair all damages due to fire.

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 $ ~~8620~~ 8620

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	120 -
Electrical	42 -
Plumbing	30 -
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	7 - -
Cert. of Occ.	
Other	
Total	199 -
Check No.	187
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170C

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Issued
Control #
Permit # 91-2889

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

Block 16 Lot
Work Site Location
Owner in Fee
Address
Tele. ( )
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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

Repair damages due to fire.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	12/19/94	
[ ] 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				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[✓] Roofing
[✓] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other Damage Repairs due to fire.
[ ] Other
[ ] Demolition

(Office Use Only)
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. Alteration $
3. Total (1+2) $ 8,000.00

Paid [ ] Check # 187
Collected by:

Administrative Surcharge	$ 3
Minimum Fee	$ 7.00
DCA TRAINING FEE	$
TOTAL FEE	$

17

U.C.C. Form F-1108

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

UNIFORM CONSTRUCTION CODE

SUBCODE
TECHNICAL SECTION

Control # 94-2889
Permit #

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

Block 6144 Lot 36
Work Site Location 181 Kearney St. Paterson
Owner in Fee John + Betty Martin
Address 181 Kearney St Paterson N.J. 07522
Tele. (____)
Contractor DOMINICK J GALLONE EC
Address 36 NAGLE ST PATERSON, NJ 07501
Tele. (____)
Lic. No. 7637 or Social Security No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 420.—

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.			7/22	
TCO				
Other				
Service				
Final				

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.

Dominick J Gallone
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
4		Fixtures (1)
10		Receptacles (2)
4		Switches (3)
18		Total 1 + 2 + 3
	___Kw	Range
	___Kw	Oven(s)
	___Kw	Surface Unit
	___hp	Dishwasher
	___hp	Garbage Disposal
	___Kw	Dryer
	___Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
3		Smoke Detectors
	___hp	Whirlpool/spa
		Pool Bonding
	___hp	Pool Filter Motor
		Pool Lights
	___Kw	Water Heater(s)
	___Kw	Central heat: oil, gas or elec.
	___Kw	Baseboard Heat Units
		Thermostats
	___hp	Heat Pump
	___hp	Pump(s)
	___Amp	Motor Control Center/Sub Panels
		Signs
		Light Standards
	___hp	Motors—Fractional H.P.
	___hp	Motors—All Others
	___Kw	Transformers
	___Kw	Generators
	___Amp	Service Entrance
		Other

FEE (Office Use Only)

	28
	14
	42

Paid [ ] Check # 187
Collected by:

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

U.C.C. Form F-120B

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

1-3-95 Alvarez Insp R/W 2nd floor Only

1-18-95 Alvarez Insp send Cut in Card for 120/240V 100A Meter Existing Service Final is to be done after power is turn on by P.S.E&G.

5-8-95 Alvarez locked Must make final inspection

5/11/95 - Send contact letter

5-19-95 Alvarez Insp Need to Change Rec Receptacle for GFI by Sink, Bath Room & Kitchen First & 2nd floor

1-3-96 Alvarez Defect Must make final inspection on permit # 94-2489

1/4/96 - Send Contact letter

1-22-96 Alvarez Defect 3 gang Switch Box at first floor Hallway Very loose & Coming out the wall.

1/23/96 - Send letter

7-22-96 Alvarez Final

SUBCODE
TECHNICAL SECTION

Control #
Permit # 94-2869

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

Block 6141 Lot 36
Work Site Location 181 Kearney St. Paterson N.J.
Owner in Fee John & Betty Martin
Address 181 Kearney St Paterson NJ
Tele. ( )
Contractor DOMICK J. GALLONE E/C
Address 30 ALASKA ST. PATERSON NJ 07501
Tele. ( )
Lic. No. 7637
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ~ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $200.— [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	3	30
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Paid [ ] Check # 187 Administrative Surcharge $ _____
Minimum Fee $ 30
Collected by _____ TOTAL FEE $ 30

U.C.C. Form F-140A 1F

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 #_____

INSP. SAL IANNELLI

Date 10/20/94

Location 181 Kearny ST

Owner Martin John C+ wife

Address 181 Kearny ST

Paterson NJ ZIP 07522

BLOCK B0144 LOT 36

FINDINGS

Vacant 2 Story wood frame
Dwelling - secured
w/ present · (fire damage)

Send Ltr to Remove
debris from yard +
to Remove any loose
or hanging debris from
Dwelling
Also to call for exterior
inspection of building

Form BLDG-2009

-- OF --

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT #

INSP. SAL IANNELLI

Date 10/31/94

Location 181 Kearny ST

Owner

Address

ZIP.

BLOCK LOT

FINDINGS

Owner had no Light & outlets
2nd floor-
1st floor outlets & smoke
[illegible] - [illegible]
was appointment made for
11/1/94 - for 2nd floor
- [illegible] Still not [illegible] X

Form BLDG-2009

BUILDING BUREAU

INSPECTOR'S REPORT

Paterson, New Jersey

PERMIT #_____

INSP. Rudy MoRaBiTo

Date 11-1-94

Location 181 KEARNY ST

Owner John Martin & Wife

Address 181 Kearny St

Paterson NJ ZIP 07522

Block B0144 LOT 36

FINDINGS

1) HEAVY FIRE + DAMAGE FRONT SECTION OF BUILDING 2nd FLOOR

2) HEAVY SMOKE DAMAG THROUGHT-OUT 2nd FLOOR.

3 NEED REPLACMENT OF STUDING & ROOF RAFTERS

4. SECTION OF ROOF NEED TO BE REPLACED.

5 1st floor WATER DAMAGE NEED TO CLEAN & REMOVE DEBRIS 1st & 2nd FLOORS

Form BLDG-2009

6-WILL RETURN AFTER CLEAN UP FOR MUCH BETTER

INSPECTION

NEED BUILDING & ELECTRIC PERMITS – SEND LETTER

Rudy

PB

— OF —

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT #

INSP. Sal Iannelli

Date 12/14/94

Location 181 Kenny St

Owner 181 Kearney NJ

Address

ZIP

BLOCK LOT

FINDINGS

VL

Contractor safety net
Debris & Runway
Debris

Contractor Stair will have
for permit

Form BLDG-2008

OF

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT #_____

INSP. Sal Iannelli

Date 11/28/94

Location 181 Ivy St

Owner _____

Address _____

ZIP

BLOCK _____ LOT _____

FINDINGS

V

Directly across street

Removal debris from

front of Property

& Removal Any Debris

I Stop Work Order

Orally

Form BLDG-2009

ELEC-1017

ELECTRICAL BUREAU

111 BROADWAY, PATERSON, NEW JERSEY 07501

RE-INSPECTION

Date 9/4 19 94

1. Fire Occurred 181 KEARNEY ST. Reported Caused by UNKNOWN
   Give Date
   Electric Service Discontinued — Yes ..... No ..... At Pole ..... In Manhole ..... At Meter .....
2. Meter No ..... Discontinued from service — From ..... Re-inspect X
   For Light ..... For Power ..... Combined Light and Power .....
3. Defects Exist on — Service Conduit ..... Service Conductors ..... Meter Board .....
4. Defects Exist on — Light Wiring ..... Light Fixtures .....
5. Overloaded Condition Exists on — Light Wiring ..... Light Fixtures .....
6. Defects Exist on — Power Wiring X ..... Motors ..... Other Equipment .....
7. Overloaded Condition Exists on — Power Wiring ..... Motors ..... Other Equipment .....
8. Installed Without a Permit — Light Service ..... Light Wiring .....
   Light Fixtures (Bulb) ..... Light Fixtures (Fluorescent) ..... Light Fixtures (Discharge) .....
   Signs (Bulb) ..... Signs (Discharge) .....
   Power Service ..... Power Wiring ..... Motors .....
   Oil Burner ..... Refrigerator ..... Other Equipment .....

Floors 2 | V 1962

Location 181 KEARNEY ST. Apt. No .....

Occupant JOHN MARTIN

Energy is being supplied by PS

Service is for .....

Service Construction .....

Meter Devices .....

Wiring Type—Open ..... Concealed X

Building is—Finished X ..... Being Altered ..... Under Construction ..... As a .....

Installation (if any) installed by .....

Address .....

Town .....

Owner's Name JOHN MARTIN

Owner's Address 181 KEARNEY ST.

Town PATERSON N.J.

Approval Certificate .....

No .....

Progress .....

Deficiency No .....

Order to Remedy No .....

Disconnect No .....

Inspector .....

Issued by .....

JOHN J. WELSH,
Chief Electrical Inspector

Inspector's Job Report

Date	Inspector	Condition	Outlets	Switches	Recept.	Lamp Sockets	Lamp Recept.	Fluoras-cants	Motors	H. P.	Volts
9/2/94	Sent	letter					Basement				
							1st Floor				
							2nd Floor				
							Other Floors				

NOTES

CUT-IN-CARD

MUNICIPALITY Paterson

LOCATION 181 Kennedy St. UTILITY CO PSE&G

BLK 13144 LOT 36

OWNER Merlin OCCUPANT

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

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE Replace 100A 7 CIRC. 1 meter

INSTALLED BY Calling Elec. LICENSE NO 7637

DATE 11/1/95 PERMIT # 942886 INSPECTOR Alvarez

☐ CALLED IN 11/1/95 Lic. No: 6355

U.C.C. Form F-3508 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

B-144-36

City of Paterson
Dept. of Community Improvement
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 11/9/94
Control #
Permit # 94-08889

IDENTIFICATION

Work Site Location 181 Kearney ST. Block Lot

Owner In Fee John Martin Agent

Address 181 Kearney St. Address
Paterson NJ 07522

ACTION

DATE OF NOTICE: 11-3-94 COMPLIANCE DUE DATE: 11-17-94 DATE OF INSPECTION: 11-1-94

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

Must obtain Building & Electrical permits.

You are hereby ordered to terminate the said violations on or before 11-17-94 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 $ 50.00 per day

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

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

Your application for appeal must be in writing, setting forth your address and name, the address of the buil or site in question, the permit number, the specific sections of the Regulations in question, and the extent nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position 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 Appeals office at 111 BROADWAY, PATERSON, NEW JERSEY 07505

If you have any questions concerning this matter, please call: INSPECTOR Morabito at 881- Between 8:30-9:30 or 3:30-4:30 p.m. 881-

NOTICE OF VIOLATION AND ORDER TO TERMINATE: [signature] DCO DATE:

NOTICE AND ORDER OF PENALTY: CO DATE:

City of Paterson
Dept. of Community Improvement
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: 181 Kearney Street — Block: _____ Lot: _____

Owner in Fee: John Martin & Wife — Agent: _____

Address: 181 Kearney St. Paterson, N.J. 07522 — Address: _____

ACTION

DATE OF NOTICE: 10-25-94 COMPLIANCE DUE DATE: 11-8-94 DATE OF INSPECTION: 10-20-94

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that: MUST REMOVE DEBRIS FROM YARD & REMOVE ANY LOOSE OR HANGING DEBRIS FROM DWELLINGS. ALSO MUST CALL INSPECTOR IANNELLI TO ARRANGE F AN INTERIOR INSPECTION OF DWELLING IMMEDIATELY.

You are hereby ordered to terminate the said violations on or before 11-8-94.
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 $ 50.00 per day.

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

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 881-359 881-350
Between 8:30-9:30 or 3:30-4:30 p.m.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: Peter J. Iannelli DATE: _____

NOTICE AND ORDER OF PENALTY: _____ DATE: _____

EO

BLOCK 144 LOT 36 ADDRESS (SITE) _____ PER

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 181 KEARNEY ST
2. Name of Owner in Fee: John M MARTIN Tel. (201) 942-6128
   Address 181 KEARNEY ST PAT NJ 07522
   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. (____) _____

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 Dat Approval	Reject

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processi

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 A
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in
9. ☐ Underground Storage Tanks

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 Occupan
12. Other _____
13. TOTAL

VI. BUILDING/SITE

1. Number of Stori
2. Height of Structu
3. Area—Largest Flo
4. Building Area—A
5. Volume of Struc
6. Construction Clas
7. Total Land Area
8. Flood Hazard Zo
9. Base Flood Elev
10. Wetlands yes_ no _
11. Fire Grading _
12. Max. Live Load
13. Max. Occupancy

MIT NO. 10850

r office use only)

	Update	Update
$		
$		
$		
$		
y		
$		

HARACTERISTICS	(office use only)
i	
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Floors sq. ft.	
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ion ft.	
sq. ft.	
oad	

	Re-viewer

nbly

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 10604859

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 John Mathew 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 the 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							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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 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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/30/90
Control # 10852
Permit #

IDENTIFICATION Block 6144 Lot 36

Work Site Location 181 KEARNEY ST

Owner In Fee JOHN MARTIN
Address 181 KEARNEY ST
PAT NJ 07522
Tele. (201) 942 6125

Contractor
Address
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:

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

DESCRIPTION OF WORK:
Replace front porch - Same Size

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

Estimated Cost of Work $ 700

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	8
Plumbing	
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 1708

CITY OF PATERSON

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/8/2
Date Issued 10/30/90
Control #
Permit #

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

Block 6146 Lot 36
Work Site Location 181 Kearney ST

Owner in Fee John MARTIN
Address 181 KEARNEY ST
PAT NJ 07522
Tele. ( ) 284 742 6122
Contractor
Address

Tele. (201) 941 6122
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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 John Martin

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE FRONT PORCH
SAME SIZE

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 Proposed
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)$ 400

I farm.

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
$

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

U.C.C. Form F-110A

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

CONSTRUCTION PERMIT

Permit #: 19-01112
Date Issued: 06/26/19

IDENTIFICATION Block/Lot/Qual: 910. 18.
Work Site Location: 181 KEARNEY ST
Owner in Fee: U.S. BANK TRUST, N.A./WRIPM
Address: P.O. BOX 4698
c/o WRI PROPERTY MANAGEME
Tel. (404)334-7077

Contractor: PRATO CHIMNEY SERVICE LLC
Address: 301 FRANKLIN STREET
BLOOMFIEL, NJ 07003
Tel. (973)661-8898
Lic. No. or Bldrs. Reg. No. 13VH00981600

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

BUILDING- INSTALL A UL TESTED SS CHIMNEY LINER

FIRE- LINER

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

Est. Cost of Work $ 1,825.00

_____ _____
Construction Official Date

PAYMENTS (Office Use Only)	
Building	110.00
Electrical	
Plumbing	
Fire Protection	100.00
Elevator Devices	
Other	
DCA State Permit Fee	3.00
Cert. of Occupancy	
Other	
Total	213.00

Check No. _____
Cash _____
Collected by _____

(see reverse side)

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

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