

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

April 10, 2019

opra+request-4625-887a85c7@requests.opramachine.com

Ms. Alicia Jones

FILE NO: CA19:0535

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,

A handwritten signature in black ink that reads "Sonia L. Gordon".

SONIA L. GORDON
CITY CLERK

/th

Enc.

CA19:0535
Due Date: 4/8/19

Twydaisha Hilbert

From: Alicia Jones <opra+request-4625-887a85c7@requests.opramachine.com>
Sent: Thursday, March 28, 2019 8:55 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 would like to know if there are open/closed construction permits, violations and/or liens from 1/200 to present for this property. Also, I would like to know information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank location. 352-354 East 25th St
BLOCK 2717 LOT 20

Yours faithfully,

Alicia Jones

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-4625-887a85c7@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_7

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 organization's website.

RECEIVED
CITY OF PATERSON, NJ
2019 MAR 29 AM 10 28
SONIA L. GORDON
ACTING CITY CLERK

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

Construction Permit

Permit Number: 10-00923	Permit Issue Date: 05/25/10	Invoice #:
Application Id: 00007413	Application Date:	<i>Open</i>
Owner/Property Details		
Block/Lot/Qual: 2717. 20. Owner Name: CHAMBERS, DOROTHY J. Address: 352 E 25TH ST PATERSON NJ 07514	Phone #: Use Type: R-5 Res; 1 & 2 Family Location: 352 E 25TH ST	
Contractor: Conversion Customer Address: /		
Phone Number: License #: Federal Tax Id:	Payments (Office Use Only) DCA 4.00 BUILDING 50.00 Total 54.00	
Is hereby granted permission to perform the following work:		
BUILDING		
Description of Work		

Alteration Cost: 2,200.00

New Construction Volume: 0

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

Construction Official

Date

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

Ward:

Area:

Date: 05/24/18
To: U.S. BANK TRUST, N.A.
P.O. BOX 4698
13801 WIRELESS WAY
OKLAHOMA CITY OK 73134

Notice: RAP02324
Property Location:
352-354 E 25TH ST
Block/Lot/Qual: 2717. 20.

Open

NOTICE OF VIOLATION(S)

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

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

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

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

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

SEE NOTES

ACTIONS REQUIRED

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

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

Philip Cosentino
Inspector

CITY OF PATERSON



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: _____
2. Owner Name: Irene Green Tel. (201) 589-6205
Address: 585 East 25th Street Paterson
3. Principal Contractor: Boyd's Plumber Tel. (201) 939-6546
Address: 190 Main Ave. Secaucus
Lic. No. or Builder Reg. No. 5731 Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (____) _____
Address: _____
5. Responsible Person in Charge of Work: _____ Tel. (____) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|---|-----------------|
| 1. ☐ Building/Structural | \$ _____ |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other _____ | _____ |
| 6. ☐ Other _____ | _____ |
| TOTAL COST | \$ _____ |

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units: _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b) If other than new construction, enter no. of dwelling units: _____
4. ☐ One-Family (R-3a) Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

- | | |
|---|---|
| 5. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmeries (I-2) |
| 7. ☐ Night Clubs (A-2) | 18. ☐ Group Homes (I-3) |
| 8. ☐ Restaurants, Libraries, Museums (A-3) | 19. ☐ Mercantile (M) |
| 9. ☐ Religious Assembly (A-4) | 20. ☐ Moderate-Hazard Warehouse (S-1) |
| 10. ☐ Outdoor Assembly (A-5) | 21. ☐ Low-Hazard Warehouse (S-2) |
| 11. ☐ Business (B) | 22. ☐ Temporary, Misc. (U) |
| 12. ☐ Educational (E) | 23. ☐ Other: _____ |
| 13. ☐ Moderate-Hazard Factory (F-1) | |
| 14. ☐ Low-Hazard Factory (F-2) | |
| 15. ☐ High-Hazard (H) | |

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

- | Principal | Secondary | Type |
|-----------------------------|--------------------------|--------------------------|
| 3. ☐ | ☐ | Gas |
| 4. ☐ | ☐ | Oil |
| 5. ☐ | ☐ | Electric |
| 6. ☐ | ☐ | Solid (Wood, Coal, Etc.) |
| 7. ☐ | ☐ | Propane |
| 8. ☐ | ☐ | Solar |
| 9. ☐ | ☐ | Other _____ |

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories: _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building

B2. ☐ Electrical

B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____

DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

James Brann

TEL.

(501) 939-6546

ADDRESS

190 main ave

ewellington n.j.

SIGNATURE

James Brann

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:			
EDITION OF CODE		EDITION OF CODE	
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____
☐ Building	_____	☐ Energy	_____
☐ Electrical	_____	☐ Barrier Free	_____
☐ Plumbing	_____	☐ Other	_____
☐ Fire Protection	_____	☐ Flood Hazard	_____
		☐ As Built Elevation Certification	_____
		☐ Other	_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

Date Issued

- ☐ Temporary Certificate of Occupancy
Date Expired _____
- ☐ Temporary Certificate of Occupancy
Date Expired _____
- ☐ Certificate of Occupancy
No. _____
- ☐ Certificate of Continued Occupancy
No. _____
- ☐ Certificate of Approval
No. _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Tickler

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	\$ _____
- LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ _____
DATE _____ Collected By _____	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____	_____
OTHER	_____	_____	_____
OTHER	_____	_____	_____
- LESS: Refunds	_____	_____	(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

1/28/91
11717

IDENTIFICATION Block E6611 Lot 5

Work Site Location

385 E 25th Street

Contractor

Bogush Plumbing

Owner in Fee

James Green

Address

190 W. 25th Street

Address

385 E 25th Street

Tele. (201)

939-6246

Tele. (201)

369 6245

Lic. No. or Bldrs. Reg. No.

5731

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:

Replacing sewer line
house to curb

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 \$ 1200.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)

Building 25
Plumbing 25
Electrical
Fire Protection
Other
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No. 12571
Cash
Collected By: [Signature]

(see reverse side)

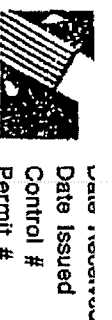
REQUIRED INSPECTIONS

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.



1/29/71
11717

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

Block 5011 Lot 5
Work Site Location 2700 S. 25th Street
Owner in Fee 2700 S. 25th Street
Address 5011 S. 25th Street
Telephone 800-69-6000
Contractor 1000 S. 25th Street
Address 1000 S. 25th Street
Telephone 800-69-6000
Lic. No. 5731 or Social Security No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 1000.00

JOB SUMMARY (Office Use Only)	
PLAN REVIEW:	INSPECTIONS:
☐ No Plans Required	Type: _____
Joint Plan Review Required:	Failure Failure Approval Initial
☐ Bldg. ☐ Elec. ☐ Fire	Slab _____
☐ Plumb. Plans Approved	Rough _____
Date: _____	Water _____
Approved by: _____	Sewer _____
	Fixtures _____
	Gas Equipment _____
	Gas Final _____
	Solar _____
	TCO _____
SUBCODE APPROVAL:	
☐ CO ☐ CCO ☐ CA	
Approved by: _____	
Date: _____	

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.

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

James B. Breen
Signature-Contractor Seal

Teddy M. 1st
1st

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge \$ 25
Paid ☐ Check # 12571 Minimum Fee \$ 25
Collected by: _____ TOTAL \$ 25

U.C.C. Form F-130A

1 White = Office Copy
3 Pink = Applicant Copy

2 Canary = Office Copy
4 Hard = Inspector Copy