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-4631-0f161f71@requests.opramachine.com
Ms. Alicia Jones

FILE NO: CA19:0539

Dear Ms. Jones:

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

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

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

Sincerely,

Sonia L. Gordon

SONIA L. GORDON
CITY CLERK

/th

Enc.

CA19:0539
Due Date: 4/8/19

Twydaisha Hilbert

From: Alicia Jones <opra+request-4631-0f161f71@requests.opramachine.com>
Sent: Friday, March 29, 2019 1:43 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,enviromental reports, and surveys showing underground oil tank location.
245-247 Chamberlian Ave
BLOCK 1211 LOT 34

Yours faithfully,

Alicia Jones

RECEIVED
CITY OF PATERSON, NJ
2019 MAR 29 PM 3 10
SONIA L. GUIDICE
ACTING CITY CLERK

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-4631-0f161f71@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_8

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.

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

Bureau of Combustibles—Oil Burner Installations **Hobart Strathearn, Chief**

2939

Owner of Premises	Frank Sisti
Address	247 Chamberlain Avenue
Name of Applicant	Dowling Fuel Co
Address	Grand & Slater Street's
Location of Installation	247 Chamberlain Avenue
Type of Burner	General Motors Delco
Location of Tank	Yard at side of house
Capacity of Tank	550 Gals. Fuel Oil Fee $10.00
By Whom Installed	John Ruan
Address	33 Trenton Avenue
By Whom Inspected	Deputy Chief Walter L. Titus
Date of Inspection	September 9th 1955
Type of Occupancy	One Family dwelling
Date of Final Inspection	October 19th/1955

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

Ward:
Area:

Date: 06/06/18
To: U.S.BANK TRUST, N.A.
13801 WIRELESS WAY
OKLAHOMA CITY, OK 73134

Notice: V8-01152
Property Location:
245-247 CHAMBERLAIN AVE
Block/Lot/Qual: 1211. 34.

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 10/03/18 .

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

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

ORDINANCE	DESCRIPTION
COMPLAINT	COMPLAINT
271-26.A	Clean or remove rubbish or garbage
271-26.B	Grading and drainage. All premises shall be graded and maintained so as to prevent the accumulation of stagnant water thereon or within any building or structure located thereon.

ACTIONS REQUIRED

271-26.A Sanitation. All exterior property areas shall be maintained in a clean and sanitary condition free from any accumulation of rubbish or garbage.

271-26.B Grading and drainage. All premises shall be graded and maintained so as to prevent the accumulation of stagnant water thereon or within or any building or structure located thereon.

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.

Shonte Price
Inspector
sprice@patersonnj.gov

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

Ward:
Area:

Date: 12/21/17
To: U.S.BANK TRUST, N.A.
13801 WIRELESS WAY
US BANK
OKLAHOMA CITY, OK 73134

Notice: RAP02241
Property Location:
245-247 CHAMBERLAIN AVE
Block/Lot/Qual: 1211. 34.

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

SEE NOTES

ACTIONS REQUIRED

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

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

Shonte Price
Inspector
sprice@patersonnj.gov

BLOCK 60246 LOT 8A QUALIFICATION CODE _____ ADDRESS (SITE) 245 Chamberlain

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 245 Chamberlain Ave
2. Name of Owner in Fee: Smith Tel. ( ) _____
   Address same 245 Chamberlain Ave Paul
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Great American Log Furn Tel. (201) 825-2155
   Address 1814 Route 70 Suite 350 Cherry Hill NJ 08003
   License No. OR, if new home, Builder Reg. No. 6720 Exp. Date 12-31-05
   Federal Employee No. _____ FAX: (856) 761-0538
5. Architect or Engineer _____ Tel. (201) 825-2155
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Jolan Guzik
   Tel. (973) 725-0505 FAX: (856) 761-0538

V. FEE SUMMARY (for office u

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

VI. BUILDING/SITE CHARACTE

1. Number of Stories _____
2. Height of Structure _____
3. Area — Largest Floor _____
4. New Building Area _____
5. Volume of New Structure _____
6. Construction Classificatior
7. Total Land Area Disturbed
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers

rev Add PERMIT NO. 05 – 1039

se only)	Update	Update
$		
$		
leview		
$		
se		
$		
$		

ERISTICS	(office use only)
ft.	
sq. ft.	
sq. ft.	
cu. ft.	
sq. ft.	
ft.	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	*All Units*	*Income-restricted*
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:

8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 12/03)

LDS PT-B 10305029

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(x) Check if contractor.

Agent Name Kevin Mathos

Address 1211 Route 70 Suite 350 Cherry Hill NJ 08003

Telephone (201) 885-2155

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			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	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	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. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

IFICATION Block B0246 Lot 8 A Qualification Code

Site Location 245 Chamberlain Ave Contractor Select American Roofing

Address 1814 Route 70 East

rin Fee SMITH Shayne Cherry Hill NJ 08003

Address 245 Chamberlain Ave Tel. (201) 825-2155 6720

Tel. ( ) Lic. No. or Bldrs. Reg. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Tear off & replace Roof Decking as per Shingles & Shingles

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

Estimated Cost of Work $ 3,700.00

Construction Official

4/27/05
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	5
Cert. of Occupancy	
Other	
Total	65
Check No.	6095
Cash	
Collected by	LH

(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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 04-21-05
Control #

Date Issued
Permit # 05-1039

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

Block B0246 Lot 8 F Qualification Code
Work Site Location 246 Chamberlain Ave

Owner in Fee Smith, Tapone
Address Same
07502
Tel. (201) 825-2155
Contractor Gloat American Roofing
Address 1811 Route 70 Ste 350
Cherry Hill NJ 08003
Tel. ( ) FAX ( ) 6720
Contractor License No. or Builder Registration No.
Federal Emp. No

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	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				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 3700

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

Tear OFF + Replace ROOF w/Ice Shield & Shingles

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

FEE (Office Use Only)
$ 60

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9-21-05
Control #

Date Issued
Permit # 05-1039

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

Block B0246 Lot 8 17 Qualification Code

Work Site Location 346 Lawnwood Ave

Owner in Fee Smith, Eugene

Address Same

07502

Tel. (201) 835-3165

Contractor Great Northern Roofing

Address 1911 Route 70 Suite 350

Cherry Hill NJ 08003

Tel. ( ) FAX ( ) 6720

Contractor License No. or Builder Registration No.

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tear off + Replace Roof w/ Ice Shield & Shingles

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: 11/6/06
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			11/9/06	LV
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5B Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 3700

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

FEE (Office Use Only)
$ 60

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

U.C.C. F110
(rev. 07/03)

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

BUILDING DEPARTMENT
REMOVAL OF CONSTRUCTION SITE DEBRIS & RECYCLABLE

PRIOR APPROVAL

OWNER/CONTRACTOR Great American Roofing

ADDRESS: 1814 Block 70 Sub 350 Cherry Hill NJ 08003

TELEPHONE: 201-825-2155

LOCATION: BLOCK _____ LOT _____

STREET _____

I have received and read the handout entitled "Removal of Construction Site Debris and Recyclables Prior Approval" which was given to me when I applied for a Building Permit. I understand that it is my responsibility to properly dispose of all construction site trash at Passaic County Transfer Stations, and Source separated Recyclable material may go to the Passaic County or an approved recycling center. Owners or contractors must make sure that recyclable material (recycling tax) is credited to the Community or County of Origin.

I also understand that I am required to obtain a receipt from the disposal site indicating that the construction debris and recyclables had been properly disposed of, bring these receipts to this Building Department within 10 days from the date of disposal.

I am aware that I may be fined up to $1,000, and imprisoned for up to 90 days if I do not obtain a receipt for the disposal of debris, ore recyclables, and bring the receipt to the Building Department.

I have read the above and certify that I am the owner of Block _____, Lot _____ in this town and if I sell the property before I obtain the required receipt I will notify the new owner of these requirements and penalties.

(SIGNATURE)

DATE: 4-07-05

Department of
Community Development

Marilee Jackson
Director

Department of
Community Improvements

Kathleen Easton
Director

CITY OF PATERSON

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.

4-27-05

Signature owner/applicant **Date**

Org. 8/10/04

Fax# 973 321-1247

The Great American Roofing Company

COVERING AMERICA ONE ROOF AT A TIME

September 14, 2005

Attn: Leon Vildshteyn

GAF ice and water shield was installed on all four roofs. If you have any further questions please give me a call at 201 825-2155. 234 Lenox Ave permit # 05-1376. 245 Chamberlain ave permit# 05-1039. 273 Arlington Ave permit# 05-1041. 195 Michigan Ave permit# 05-1040.

Thank you,

Trudy