PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 11/13/2003
Control #
Date Issued 11/13/2003
Permit # 03-11-149

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

Block 478 Lot 1 Qualification Code

Work Site Location: 1 AVENUE J M-E-P , NJ

Owner in Fee: EXXONMOBILE CORPORATION

Address 1 AVENUE J BAYONNE NJ 07002-

Email

Tel. [redacted]

Contractor:

Address NJ

Email

Tel. [redacted] Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No. [redacted]

Closed

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed F-1

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $80,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

Closed

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2-TEMP BOILER INSTALLATIONFUEL OIL PIPING AND WATER SERVICE CONNECTIONVARIOUS ELECTRIC

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
1	Water Service Connection	$45
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$216
TOTAL FEE	$261

U.C.C F130 (rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 11/13/2003
Control #
Date Issued 11/13/2003
Permit # 03-11-149

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

Block 478 Lot 1 Qualification Code

Work Site Location: 1 AVENUE J M-E-P , NJ

Owner in Fee: EXXONMOBIL CORPORATION

Address 1 AVENUE J BAYONNE NJ 07002-

Tel. [redacted] Email

Contractor:

Address NJ

Email

Tel. [redacted] Fax.

Closed

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2-TEMP BOILER INSTALLATIONFUEL OIL PIPING AND WATER SERVICE CONNECTIONVARIOUS ELECTRIC

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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 $10,000
3. Total (1+2) $10,000

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 MECH.
- ☐ Demolition

FEE (Office Use Only)

	$90

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$216
TOTAL FEE	$306

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 11/13/2003
Date Issued 11/13/2003
Control #
Permit # 03-11-149

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

Block 478 Lot 1 Qualification Code

Work Site Location: 1 AVENUE J M-E-P, NJ

Owner in Fee: EXXONMOBILE CORPORATION

Address 1 AVENUE J BAYONNE NJ 07002-

Email

Tel. [redacted]

Contractor: S M ELECTRIC CO INC

Address 601 NEW BRUNSWICK AVE RAHWAY NJ 07065-

Email

Tel. 732/3883540 Fax. 732/3883052

Lic No. 191 Exp. Date 12/31/2010

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed F-1

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $69,275

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2-TEMP BOILER INSTALLATIONFUEL OIL PIPING AND WATER SERVICE CONNECTIONVARIOUS ELECTRIC

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		MOTRS/TRANS/AMP	
		Administrative Surcharge	
		Minimum Fee	
		State Permit Surcharge Fee	$21
		TOTAL FEE	$49

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

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

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Closed

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

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 03-11-149

Permit Number

03-11-149

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
04/14/2004	MECHANICAL	John Jessen	Building	Pass	EXXONMOBILE CORPORATION 1 AVENUE J	Alteration		MECHANICAL Inspector Initials: JJ
04/14/2004	Final	John Jessen	Building	Pass	EXXONMOBILE CORPORATION 1 AVENUE J	Alteration		FINAL Inspector Initials: JJ
04/14/2004	Final	Carl Attisano InActive	Electrical	Pass	EXXONMOBILE CORPORATION 1 AVENUE J	Alteration		FINAL Inspector Initials: CA
04/14/2004	Final	John Jessen	Plumbing	Pass	EXXONMOBILE CORPORATION 1 AVENUE J	Alteration		FINAL Inspector Initials: JJ

Closed

Closed

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 4/19/2004
Date Issued 4/19/2004
Control #
Permit # 04-04-189

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

Block 478 Lot 1 Qualification Code

Work Site Location: 250 EAST 22 STREET ELECTRIC , NJ

Owner in Fee: STAR SNACKS

Address 250 EAST 22 STREET BAYONNE NJ 07002-

Email

Tel. [redacted]

Contractor: ADT SECURITY SERVICES

Address 7895 BROWNING ROAD PENNSAUKEN NJ 08109-

Email

Tel. 973/2373100 Fax. 973/2373173

Lic No. EXMT 438 Exp. Date 12/31/2012

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed F-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $8,654

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ 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
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Closed

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
VARIOUS ELECTRIC

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

Closed

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $12
TOTAL FEE $87

U.C.C F120 (rev. 11/09)

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

Closed

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Inspection Activity Report

Inspections for Permit Number 04-04-189

Permit Number
04-04-189

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
07/12/2004	Final	Carl Attisano InActive	Electrical	Pass	STAR SNACKS 250 EAST 22 STREET	Alteration		FINAL Inspector Initials: CA

Closed

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/4/2010
Control # D10-116
Date Issued 6/3/2010
Permit # 10-06-023

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J Bayonne City, NJ

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON NJ 77001

Tel. Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO COMMERCIAL, WAREHOUSE

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

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)

$250

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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) $30,000

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$250

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/4/2010
Control # D10-115
Date Issued 6/3/2010
Permit # 10-06-024

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J PIER 1 Bayonne, NJ 07002

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON NJ 77001

Tel. [redacted] Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO COMMERCIAL, PIER DEMO

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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) $450,000

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)

$90

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE $90

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/4/2010
Control # D-10-114
Date Issued 6/3/2010
Permit # 10-06-022

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J Bayonne City, NJ

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON NJ 77001

Tel. [redacted] Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE ABOVE GROUND TANK, 1.5 MILLION GAL OIL/WATER TANK

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

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)

$325

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE $325

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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) $17,500

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 6/23/2010
Control # D10-176
Date Issued 7/6/2010
Permit # 10-07-029

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J Bayonne, NJ 07002

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON NJ 77001

Tel. [redacted] Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE ABOVE GROUND TANK, REMOVE 39 TANKS VARIOUS SIZES ALL OVER 20,000 GALLONS

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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) $780,000

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)

$12,675

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE $12,675

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 12/2/2010
Date Issued 1/13/2011
Control # C10-355
Permit # 11-01-062

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J 1 AVENUE J Bayonne , NJ 07002

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON NJ 77001

Email

Tel. [redacted]

Contractor: MOD SPACE

Address 100 PANNVAL ROAD WOODBRIDGE NJ 07095

Email

Tel. (732) 404-9550 Fax. (732) 404-1061

Lic No. Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed U

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Closed

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
COMMERCIAL BUILDING, ASSEMBLY OF A MODULAR 6 TRAILER OFFICE COMPLEX

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	600	AMP Service	$92
1	100	AMP Subpanels	$40
1	150	AMP Motor Control Center	$40
		KW Elec. Sign/Outline Light	

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE $172

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 12/2/2010
Control # C10-355
Date Issued 1/13/2011
Permit # 11-01-062

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J 1 AVENUE J Bayonne NJ 07002

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON NJ 77001

Tel. [redacted] Email

Contractor: MOD SPACE

Address 100 PANNVAL ROAD WOODBRIDGE NJ 07095

Email

Tel. (732) 404-9550 Fax. (732) 404-1061

Contractor License No. or, if new home, Bldrs Reg. No. 2011-013 Exp. 12/31/2011

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

COMMERCIAL BUILDING, ASSEMBLY OF A MODULAR 6 TRAILER OFFICE COMPLEX

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories 1 HUD
Height of Structure 12 Ft.
Area - Largest Floor 4440 Sq. Ft.
New Blbg. Area / All Floors 4440 Sq. Ft.
Volume of New Structure 44400 Cu. Ft.
Total Land Area Disturbed 4440 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $201,228
2. Rehabilitation
3. Total (1+2) $201,228

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)

	$1,332
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$148
TOTAL FEE	$1,480

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

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

Closed

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Inspection Activity Report

Inspections for Permit Number 11-01-062

Permit Number
11-01-062

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
02/07/2011	Final	Carl Attisano InActive	Electrical	Pass	EXXON CORPORATION 22ND ST & AVENUE J	New	COMMERCIAL BUILDING	AM APPOINTMENT (EII LLC DOM 908-482-4987)
02/10/2011	Final	Mike Porter InActive	Building	Pass	EXXON CORPORATION 22ND ST & AVENUE J	New	COMMERCIAL BUILDING	AM APPOINTMENT - DOMINIC - 908-482-4987

Closed

Closed

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6077

Certificate

Construction Code Division
(Certificate of Occupancy)

Date Issued 2/23/2011
Control Number C10-355
Permit Number 11-01-062
Permit Issue Date 1/13/2011
Certificate Number 11-01-062

Identification

Work Site Location: 22ND ST & AVENUE J 1 AVENUE J Bayonne , NJ 07002 Block: 478 Lot: 1 Qual:

Owner in Fee: EXXON CORPORATION

Owner Address: P O BOX 53 HOUSTON NJ 77001

Telephone: [redacted]

Contractor MOD SPACE

Address 100 PANNVAL ROAD WOODBRIDGE NJ 07095

Telephone: (732) 404-9550 Fax: (732) 404-1061 Federal Emp. Number:

License Number or Builders Registration Number: 2011-013

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: COMMERCIAL BUILDING - ASSEMBLY OF A MODULAR 6 TRAILER OFFICE COMPLEX

Certificate Comments: Closed

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed 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 constructed 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 inspection.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Closed

Fee: $200.00
Check Number: [redacted]
Collected By: Esther Newman

Construction Official
Date Printed: 9/1/2021

U.C.C. F260 (rev. 08/05)

Closed

ELEVATOR SUBCODE
TECHNICAL SECTION

Closed

Date Received 12/19/2011
Control # C11-12-1525
Date Issued 12/19/2011
Permit # 11-12-139

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

Block 478 Lot 1 Qualification Code

Work Site Location: 21ND ST & AVENUE J Bayonne, NJ 07002

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON NJ 77001

Tel. Email

Contractor: THYSSENKRUPP ELEVATOR Tel. (908) 603-4546

Address 125 MOEN AVE 114 TOWNPARK DR. STE 300, KENNESAW, GA, 30144 CRANFORD NJ 07016

Fax. (866) 774-2116 Email

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Exp. Date

Federal Employee No. [redacted]

Maintenance Tel.

Address

Fax. Email

B. ELEVATOR CHARACTERISTICS

Building Use Group Building Registration No.

Manufacturer ESI Device I.D.

Machine Room Location ADJACENT

No. of Stops 3 No. of Openings 3

Travel (ft.) 30 Speed (f.p.m.) 75

Type of Control Type of Operation SIMPLEX

Passenger Freight

Capacity (lbs.) 20000

Yr. of Installation 1958 Standard Yr. of Alteration Standard

Estimated Cost of Elevator Work $5,000

Closed

C. CERTIFICATION IN LIEU OF OATH

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

Signature Date:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELEVATOR, DECOMMISSION ELEVATOR

Closed

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
1	Other HYDROLIC	$62
	Other	

Administrative Surcharge
State Permit Surcharge Fee $9
TOTAL FEE $71

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial
☐ No Plan Required
☐ Building Plans and Elevator Specs.
Date: by:
☐ Elevator Layout Drawings
Date: by:
Joint Plan Review Required
☐ Building ☐ Elec. ☐ Plumb. ☐ Fire
SUBCODE APPROVAL for PERMIT
Date:
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPROVAL of CERTIFICATE
☐ CO ☐ CA
Date:
Approved by:

U.C.C F150 (rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

OPEN

Date Received 1/17/2012
Control # C12-013
Date Issued 1/24/2012
Permit # 12-01-138

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J Bayonne , NJ 07002

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON TX 77001

Tel. [redacted] Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVAL OF UNDERGROUND STORAGE TANK, REMOVAL OF 9 TANKS
5@ 253791 GALLON
2@ 154213 GALLON
1@ 301258 GALLON
1@ 616853 GALLON

OPEN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

OPEN

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)

$2,925

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$2,925

B. BUILDING CHARACTERISTICS

Use Group Present Proposed S-2 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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) $450,000

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

OPEN

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Inspection Activity Report

Inspections for Permit Number 12-01-138

Permit Number

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments

OPEN

OPEN

NO Inspections on File

BUILDING SUBCODE
TECHNICAL SECTION

closed

Date Received 6/1/2012
Control # C12-135
Date Issued 6/28/2012
Permit # 12-06-221

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J Bayonne , NJ 07002

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON TX 77001

Tel. Email

Contractor:

Address NJ

Email

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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 $120,000
3. Total (1+2) $120,000

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)

$3,180

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$204
TOTAL FEE	$3,384

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 6/1/2012
Date Issued 6/28/2012
Control # C12-135
Permit # 12-06-221

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J Bayonne NJ 07002

Owner in Fee: EXXON CORPORATION

Address P O BOX 53 HOUSTON TX 77001

Email

Tel.

Contractor: EII ELECTRIC/EII INC.

Address 530 SOUTH AVENUE EAST CRANFORD NJ 07067-

Email

Tel. 908/2761000 Fax. 908/2764038

Lic No. 7767 Exp. Date 3/30/2012

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed B

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,926,569

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ 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
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Closed

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Closed

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		SEE ATTACH LIST	$4,095

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee $3275

TOTAL FEE $7,370

U.C.C F120 (rev. 11/09)

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

Closed

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Inspection Activity Report

Inspections for Permit Number 12-06-221

Permit Number
12-06-221

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/22/2012		Carl Attisano InActive	Electrical	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		AM APPOINTMENT - EII ELEC/STEVE 908-413-3669 CALL STEVE AT GATE
08/29/2012	UNDERGROUND	Carl Attisano InActive	Electrical	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		AM APPOINTMENT - EII ELEC/STEVE 908-413-3667
09/05/2012	UNDERGROUND	Carl Attisano InActive	Electrical	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		AM APPOINTMENT - STEVE - EII ELEC - 908-413-3669
09/13/2012	SLAB	Joseph Benkert	Building	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		AM APPOINTMENT - EII ELEC/STEVE 908-413-3669
09/13/2012	CHECK PERMIT WORK	Carl Attisano InActive	Electrical	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		AM APPOINTMENT - STEVE - EII ELEC - 908-413-3669
10/04/2012	UNDERGROUND	Carl Attisano InActive	Electrical	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		AM APPOINTMENT - EII ELEC/STEVE 908-413-3669 CALL STEVE
01/15/2013	UNDERGROUND	Carl Attisano InActive	Electrical	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		AM APPOINTMENT - EII ELEC/BILL 201-803-7937
04/19/2013	Final	Joseph Benkert	Building	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		AM APPOINTMENT - EII ELEC/BILL 201-803-7937
04/19/2013	Final	Dan Wall	Electrical	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		AM APPOINTMENT - EII ELEC/BILL 201-803-7937

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 2/10/2014
Control # D14-037-E
Date Issued 3/13/2014
Permit # 14-03-066

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J - BUILDING #5 (E) Bayonne City, NJ

Owner in Fee: EXXON CORPORATION

Address PO BOX 53 HOUSTON NJ 77001

Tel. Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO BUILDING #5 (E)

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

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 DEMO COMMERCIAL TANKS
- ☐ Demolition

FEE (Office Use Only)

	$14,000

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$170
TOTAL FEE	$14,170

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:

Constr. Class Present Proposed State Approved

Number of Stories HUD

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) $100,000

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 2/10/2014
Control # D14-037-D
Date Issued 3/13/2014
Permit # 14-03-067

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J BUILDING 4 Bayonne City, NJ

Owner in Fee: EXXON CORPORATION

Address PO BOX 53 HOUSTON NJ 77001

Tel. Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO COMMERICAL BUILDING

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

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 DEMO COMMERICAL
- ☐ Demolition

FEE (Office Use Only)

	$75

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$21
TOTAL FEE	$96

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:

Constr. Class Present Proposed State Approved

Number of Stories 1 HUD

Height of Structure 40 Ft.

Area - Largest Floor 4050 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) $12,500

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 2/10/2014
Control # D14-037-A
Date Issued 3/13/2014
Permit # 14-03-063

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J building 1 Bayonne City, NJ

Owner in Fee: EXXON CORPORATION

Address PO BOX 53 HOUSTON NJ 77001

Tel. Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

demo building

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

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 COMMERCIAL DEMO
- ☐ Demolition

FEE (Office Use Only)

	$75
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$20
TOTAL FEE	$95

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:

Constr. Class Present Proposed State Approved

Number of Stories HUD

Height of Structure 14 Ft.

Area - Largest Floor 4080 Sq. Ft.

New Blbg. 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) $12,000

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 2/10/2014
Control # D14-037-B
Date Issued 3/13/2014
Permit # 14-03-064

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J building 2 Bayonne , NJ 07002

Owner in Fee: EXXON CORPORATION

Address PO BOX 53 HOUSTON NJ 77001

Tel. Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO OF COMMERCIAL BUILDING

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

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 COMMERCIAL WAREHOUSE
- ☐ Demolition

FEE (Office Use Only)

Other	$3,375
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1318
TOTAL FEE	$4,693

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:

Constr. Class Present Proposed State Approved

Number of Stories 2 HUD

Height of Structure 40 Ft.

Area - Largest Floor 225000 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) $775,000

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 2/10/2014
Control # D14-037-C
Date Issued 3/13/2014
Permit # 14-03-065

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J - BUILDING # 3 (C) Bayonne City, NJ

Owner in Fee: EXXON CORPORATION

Address PO BOX 53 HOUSTON NJ 77001

Tel. Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO BUILDING # 3

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor 1200 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) $12,000

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 Demo - Accessory
- ☐ Demolition

FEE (Office Use Only)

	$75
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$20
TOTAL FEE	$95

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

BUILDING SUBCODE
TECHNICAL SECTION

OPEN

Date Received 4/14/2015
Control # D15-086
Date Issued 6/2/2015
Permit # 15-06-012

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J Bayonne , NJ 07002

Owner in Fee: EXXON CORPORATION

Address PO BOX 53 HOUSTON NJ 77001

Tel. Email

Contractor: SABRE DEMOLITION CORPORATION

Address 115 RAILROAD STREET WARNERS NY 13164

Email

Tel. (315) 320-4233 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLITION OF 146 ABOVE GROUND STORAGE TANKS

OPEN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

OPEN

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 TANK REMOVAL
- ☐ Demolition

FEE (Office Use Only)

	$62,050

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$62,050

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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) $2,250,000

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

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

OPEN

Inspection Activity Report

Inspections for Permit Number 15-06-012

Permit Number

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments

OPEN

OPEN

NO Inspections on File

FIRE SUBCODE
TECHNICAL SECTION

Closed

Date Received 11/15/2016
Control # C16-11-5563
Date Issued 12/2/2016
Permit # 16-12-022

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

Block 478 Lot 1 Qualification Code

Work Site Location: 22ND ST & AVENUE J Bayonne City, NJ

Owner in Fee: EXXON CORPORATION

Address PO BOX 53 HOUSTON NJ 77001 Email

Tel.

Contractor: EII ELECTRIC/EII INC. Tel. 908/2761000

Address 530 SOUTH AVENUE EAST CRANFORD NJ 07067- Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted] Fax. 908/2764038

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

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:

Total Cost of Fire Protection Work $10,300

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DRY FIRE HYDRANT

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 (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other DRY FIRE HYDRANT		$85
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		$100
State Permit Surcharge Fee		$20
TOTAL FEE		$120

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ 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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tank				
Fireplace Venting				
Final				
Other				

Closed

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

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 16-12-022

Permit Number
16-12-022

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
01/25/2017	Final	Joseph Coughlin	Fire	Pass	EXXON CORPORATION 22ND ST & AVENUE J	Alteration		

Closed

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 12/3/2001
Control #
Date Issued 12/3/2001
Permit # 01-12-005

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

Block 480 Lot 1 Qualification Code

Work Site Location: 250 EAST 22ND STREET BUILDING , NJ

Owner in Fee: IMTT BAYONNE

Address 250 EAST 22ND STREET BAYONNE NJ 07002-

Tel. Email

Contractor: JOHN A MORECRAFT INC

Address 47-49 LEXINGTON AVE BAYONNE NJ 07002-

Email

Tel. (201) 436-9427 / Cell: [redacted] Fax. (201) 436-7176

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONCRETE FOUNDATION

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

B. BUILDING CHARACTERISTICS

Use Group Present Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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 $250,000
3. Total (1+2) $250,000

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)

Rehabilitation	$4,150

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$200
TOTAL FEE	$4,350

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 7/30/2002
Control #
Date Issued 7/30/2002
Permit # 01-12-005+A

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

Block 480 Lot 1 Qualification Code

Work Site Location: 250 EAST 22ND STREET BUILDING , NJ

Owner in Fee: IMTT BAYONNE

Address 250 EAST 22ND STREET BAYONNE NJ 07002-

Tel. Email

Contractor: SIMPSON & BROWN, INC

Address 119 NORTH AVE CRANFORD NJ 07016-

Email

Tel. 908/2762776 Fax. 908/2722627

Contractor License No. or, if new home, Bldrs Reg. No. 2002-569 Exp. 2/23/2003

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONCRETE FOUNDATION-CHANGE OF CONTRACTER-FEE PAID UNDER PERMIT NO. 01-12-005

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

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)

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE

B. BUILDING CHARACTERISTICS

Use Group Present Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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 $1
3. Total (1+2) $1

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 12/26/2002
Date Issued 12/26/2002
Control #
Permit # 02-12-240

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

Block 480 Lot 1 Qualification Code

Work Site Location: 250 EAST 22ND STREET BUILDING/ELECTRIC , NJ

Owner in Fee: IMTT BAYONNE

Address 250 EAST 22ND STREET BAYONNE NJ 07002-

Email

Tel. [redacted]

Contractor: MOORES ELECTRIC INC

Address 183 OLD YORK ROAD HAMILTON NJ 08620-

Email

Tel. 609/2981146 Fax. 609/2981881

Lic No. 4213B Exp. Date 12/31/2010

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed F-1

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $90,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONSTRUCTION OF FOUNDATIONS FOR GAS METER, PIPE BRIDGE, ELEC TRANSFORMER GAS BOOSTER PUMP, AND PIPE SUPPORTSVARIOUS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	$40
1	225	AMP Subpanels	$40
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		1 5O+1 1000KVA	

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $1[illegible]
TOTAL FEE $[illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Closed

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 12/26/2002
Control #
Date Issued 12/26/2002
Permit # 02-12-240

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

Block 480 Lot 1 Qualification Code

Work Site Location: 250 EAST 22ND STREET BUILDING/ELECTRIC , NJ

Owner in Fee: IMTT BAYONNE

Address 250 EAST 22ND STREET BAYONNE NJ 07002-

Tel. [redacted] Email

Contractor: FOLGORE MOBILE WELDING INC

Address 526 ROOSEVELT AVENUE CARTERET NJ 07008-

Email

Tel. 732/5412974 Fax. 732/5419202

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONSTRUCTION OF FOUNDATIONS FOR GAS METER, PIPE BRIDGE, ELEC TRANSFORMER GAS BOOSTER PUMP, AND PIPE SUPPORTSVARIOUS ELECTRIC

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

B. BUILDING CHARACTERISTICS

Use Group Present Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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 $80,000
3. Total (1+2) $80,000

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)

$1,540

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$162
TOTAL FEE	$1,702

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

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

Closed

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Inspection Activity Report

Inspections for Permit Number 02-12-240

Permit Number
02-12-240

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
04/02/2003	Final	Carl Attisano InActive	Electrical	Pass	IMTT BAYONNE 250 EAST 22ND STREET	Alteration		FINAL Inspector Initials: CA
04/07/2003	Final	Dan Wall	Building	Pass	IMTT BAYONNE 250 EAST 22ND STREET	Alteration		FINAL Inspector Initials: DW

Closed

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 12/26/2002
Control #
Date Issued 12/26/2002
Permit # 02-12-240+A

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

Block 480 Lot 1 Qualification Code

Work Site Location: 250 EAST 22ND STREET MECHANICAL , NJ

Owner in Fee: IMTT BAYONNE

Address 250 EAST 22ND STREET BAYONNE NJ 07002-

Tel. [redacted] Email

Contractor: FOLGORE MOBILE WELDING INC

Address 526 ROOSEVELT AVENUE CARTERET NJ 07008-

Email

Tel. 732/5412974 Fax. 732/5419202

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS PIPING

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Closed

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Number 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.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $100,000
3. Total (1+2) $100,000

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 GAS PIPING
- ☐ Demolition

FEE (Office Use Only)

	$45

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$96
TOTAL FEE	$141

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

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

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 02-12-240+A

Permit Number
02-12-240+A

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
04/02/2003	MECHANICAL	John Jessen	Building	Pass	IMTT BAYONNE 250 EAST 22ND STREET	Alteration		MECHANICAL Inspector Initials: JJ
04/02/2003	Final	John Jessen	Building	Pass	IMTT BAYONNE 250 EAST 22ND STREET	Alteration		FINAL Inspector Initials: JJ

Closed

Closed

BUILDING SUBCODE
TECHNICAL SECTION

OPEN

Date Received 9/6/2007
Control # C07-3109
Date Issued 9/6/2007
Permit # 07-09-033

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

Block 480 Lot 1 Qualification Code

Work Site Location: HOOK ROAD Bayonne City, NJ

Owner in Fee: BAYONNE INDUSTRIES INC/IMTT

Address PO BOX 67 250 E 22ND ST BAYONNE NJ 07002

Tel. Email

Contractor: BAYONNE INDUSTRIES INC/IMTT

Address PO BOX 67 250 E 22ND ST BAYONNE NJ 07002

Email

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ABANDONMENT OF UNDERGROUND STORAGE TANK, 6000 GAL. TANK

OPEN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

OPEN

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)

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	
TOTAL FEE	$238

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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) $5,000

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

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

OPEN

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Inspection Activity Report

Inspections for Permit Number 07-09-033

Permit Number
07-09-033

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner / Location	Work Type	Work Description	Inspection Comments
09/18/2007		Joseph Benkert	Building	Fail	BAYONNE INDUSTRIES INC/IMTT HOOK ROAD	Demolition	ABANDONMENT OF UNDERGROUND STORAGE TANK	AM APPOINTMENT - IMTT 201-858-6827 Tank is a leaker

OPEN

OPEN

* Need NFA Letter From State *

↓

"No Further Action"

FIRE SUBCODE
TECHNICAL SECTION

Closed

Date Received 7/14/2011
Control # C11-191
Date Issued 7/21/2011
Permit # 11-07-112

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

Block 480 Lot 1 Qualification Code

Work Site Location: 250 E 22ND ST Bayonne, NJ 07002

Owner in Fee: BAYONNE INDUSTRIES INC

Address PO BOX 67 250 E 22ND ST BAYONNE NJ 07002 Email

Tel.

Contractor: APPROVED FIRE PROTECTION SYST. Tel. 732/9680200

Address 202 12 STREET PISCATAWAY NJ 08854- Email

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

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

Fire Alarm Contractor No. P00459 Expiration Date: 10/22/2018

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted] Fax. 732/9681630

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $1,880

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:

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's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WET CHEMICAL, WET CHEMICAL

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 (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (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	1	$60
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Closed

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$3
TOTAL FEE	$63

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ 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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

Closed

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

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 11-07-112

Permit Number

11-07-112

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
07/28/2011	FIRE SUPPRESSION	Dan Wall	Fire	Pass	BAYONNE INDUSTRIES INC 250 E 22ND ST	Alteration	WET CHEMICAL	AM APPT., 11-07-112-250 EAST 22 ST-IMTT-WET CHEM. SANDY 732-643-0075 X180

Closed