22-052

Shanee Morris

From: Jeanette Raftery <opra+request-29863-20960cde@requests.opramachine.com>
Sent: Monday, February 28, 2022 9:30 PM
To: Erin Delaney
Subject: OPRA request - Block 312 lot 15

Dear Elmwood Park Borough,

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:
Block 312 lot 15 open and closed permits

Yours faithfully,
Jeanette Raftery

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-29863-20960cde@requests.opramachine.com

Is EDelaney@elmwoodparknj.us the wrong address for OPRA requests to Elmwood Park Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=elmwood_park_borough

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/block_312_lot_15

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.

ELECTRICAL SUBCODE TECHNICAL SECTION

Borough of Elmwood Park

Date Received: 01/20/2017 Control #: 23739

Date Issued: 01/20/2017 Permit #: 20170053

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

Block: 312 Lot: 15 Qualification Code:

Work Site Location: 141 17TH AVENUE

Owner in Fee: MC LUCKEY, PATRICIA J.

Address: 14117TH AVE
ELMWOOD PARK NJ 07407-3407

E-mail:

Telephone: ()

Contractor: PRO CUSTOM SOLAR
ATTN:

Address: 325 HIGH STREET
METUCHEN NJ -

E-mail:

Telephone:

Fax:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

DESCRIPTION OF WORK:
Solar

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

[ ]Pole/Pad # [ ]Temporary [ ] Other

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $5,860.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $5,860.00

Job Summary(Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: Approved by:

Electric Plans Approved

Date: Approved 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 Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
1		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 23	$50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
1	125.00	AMP Subpanels	$75.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3: ARRAY	$10.00
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$10.00
TOTAL FEE	$145.00

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

BUILDING SUBCODE TECHNICAL SECTION

Borough of Elmwood Park

Date Received: 01/20/2017 Date Issued: 01/20/2017

Control #: 23739 Permit #: 20170053

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

Block: 312 Lot: 15 Qualification Code:

Work Site Location: 141 17TH AVENUE

Owner Details

Name: MC LUCKEY, PATRICIA J.

Address: 141 17TH AVE
ELMWOOD PARK NJ 07407-3407

Telephone: ( )

E-mail:

Contractor Details

Contractor: PRO CUSTOM SOLAR
ATTN:

Address: 325 HIGH STREET
METUCHEN NJ -

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories		If Industrialized Building	
Height of Structure	Ft.	State Approved _____	HUD_____
Area - Largest Floor	Sq. Ft.		
New Bldg. Area/All Floors	Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure	Cu. Ft.	1. New Building	0.00
Total Land Area Disturbed	Sq. Ft.	2. Rehabilitation	1,000.00
Max. Live Load		3. Demolition	0.00
Max. Occupancy Load		4. Total (1+2+3)	$1,000.00

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Solar

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	
[ ] Roofing	
[ ] Siding	
[ ] Fence_____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1: SOLAR	$75.00
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2.00
TOTAL FEE	$77.00

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Borough of Elmwood Park

Date Received: 07/17/2015 Control #: 22023

Date Issued: 07/17/2015 Permit #: 20150499

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

Block: 312 Lot: 15 Qualification Code:

Work Site Location: 141 17TH AVENUE

Owner in Fee: MC LUCKEY, PATRICIA J.

Address: 14117TH AVE
ELMWOOD PARK NJ 07407-3407

E-mail:

Telephone: ()

Contractor: FORCE ELECTRIC
ATTN:

Address: 298 RIFLE CAMP RD
WEST PATERSON NJ 07422

E-mail:

Telephone:

Fax:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

DESCRIPTION OF WORK:
Electrical Service

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

[ ]Pole/Pad # [ ]Temporary [ ] Other

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $2,200.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $2,200.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved 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 Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
4		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 9	$50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	100.00	AMP Service	$75.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4.00
TOTAL FEE	$129.00

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

BUILDING SUBCODE TECHNICAL SECTION

Borough of Elmwood Park

Date Received: 11/22/2013 Date Issued: 11/22/2013

Control #: 20349 Permit #: 20130928

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

Block: 312 Lot: 15 Qualification Code:

Work Site Location: 141 17TH AVENUE

Owner Details

Name: MC LUCKEY, PATRICIA J.

Address: 141 17TH AVE
ELMWOOD PARK NJ 07407-3407

Telephone: ( )

E-mail:

Contractor Details

Contractor: POWER HOME
ATTN:

Address: 2501 SEAPORT
CHEASTER PA -

Telephone: Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories		If Industrialized Building	
Height of Structure	Ft.	State Approved _____	HUD_____
Area - Largest Floor	Sq. Ft.		
New Bldg. Area/All Floors	Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure	Cu. Ft.	1. New Building	0.00
Total Land Area Disturbed	Sq. Ft.	2. Rehabilitation	10,395.00
Max. Live Load		3. Demolition	0.00
Max. Occupancy Load		4. Total (1+2+3)	$10,395.00

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
RIP OFF/RE ROOF

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	
[ ] Roofing	
[ ] Siding	
[ ] Fence_____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1: ROOF	$260.00
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$18.00
TOTAL FEE	$278.00

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

Borough of Elmwood Park

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 11/17/2011 Date Issued: 11/17/2011

Control #: 17899 Permit #: 20110815

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

Block: 312 Lot: 15 Qualification Code:

Work Site Location: 141 17TH AVENUE

Owner in Fee : MC LUCKEY, PATRICIA J.

Address : 141 17TH AVE
ELMWOOD PARK NJ 07407-3407

Email:

Telephone: ()

Contractor: WILLIAM GUARINI INC
ATTN:

Address: 76-80 FISK STREET
JERSEY CITY NJ -

Telephone:

Fax:

E-mail:

Contractor License No.: Expiration Date:

Federal Emp. No.: 22-1995077

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $1,500.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
WATER HEATER

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	
1	Water Heater	$35.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	$60.00
State Permit Surcharge Fee	$3.00
TOTAL FEE	$63.00

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