

67.01 / 43

92 / 93

Cathy Lime

From: Breeanna Smith
Sent: Thursday, August 18, 2022 8:59 AM
To: Cathy Lime
Subject: FW: OPRA request - Building and construction permit history for 51 Rafkind Rd. Bloomingdale

Hi Cathy – see request below,
Thank you!

Breeanna Smith, RMC, CMR
Municipal Clerk / Deputy Registrar
Borough of Bloomingdale
101 Hamburg Turnpike
Bloomingdale, NJ 07403

*Please note my email address update: bsmith@bloomingdalenj.net

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-----Original Message-----

From: John Cox <opra+request-34780-0bd4800f@requests.opramachine.com>
Sent: Wednesday, August 17, 2022 6:52 PM
To: Breeanna Smith <bsmith@bloomingdalenj.net>
Subject: OPRA request - Building and construction permit history for 51 Rafkind Rd. Bloomingdale

CAUTION: This email originated from outside of the Borough of Bloomingdale.
Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Bloomingdale 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:

Complete building and construction history for 51 Rafkind Rd. Bloomingdale.

Permit Report
Attached 1 page
Copies of old perm. fr
not on report Attached 5 pages
Cathy Lime - Bldg Dept 8-18-22



CONSTRUCTION PERMIT

Date Issued

6/23/06

Permit #

208-06

IDENTIFICATION Block

Work Site Location

Owner in Fee

Address

Tel.

Lot

Contractor

Address

Tel. ()

Lic. No. or Bldrs. Reg. No.

Qualification Code

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Replace Water Heater

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

Estimated Cost of Work \$

Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	65
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	2
Cert. of Occupancy	
Other	67
Total	
Check No.	#18411
Cash	
Collected by	

(see reverse side)

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



CONSTRUCTION PERMIT

Date Issued 6/21/02
Control #
Permit # 213-02

IDENTIFICATION Block 92 Lot 93

Work Site Location 51 Rafkind Road

Bloomington NJ 07403

Owner in Fee Mary Kay Brown

Address 51 Rafkind Road

Bloomington, NJ

Tele. (973) 838-3873

Contractor Ron-Jon Heating & Cooling Inc.

Address 24 Great Meadow Lane

East Hanover, NJ 07936

Tele. (973) 560-9198

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 222534157

is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL A/C

PAYMENTS (Office Use Only)

Building	50-
Electrical	50-
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4-
Cert. of Occ.	
Other	15-
Total	119-
Check No.	5609
Cash	
Collected By:	MBP

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

Estimated Cost of Work \$ 4500.00

Date

Inspector *[Signature]*

CONSTRUCTION OFFICIAL

(see reverse side)



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

6/21/02
213-02

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-4000.

Block 92 Lot 93
Work Site Location 51 KatKind Road
Owner in Fee/Occupant Bloominadeke NJ 07403
Address 51 KatKind Road
Bloominadeke, NJ 07403
Tele. (913) 838-8793
Contractor Ken-Jon Heating & Cooling Inc / RPAH & P.
Address 24 Great Meadow Lane / PO BOX 2000
East Hanover, N.J. 07936
Tele. (913) 560-9198 FAX (913) 973-417-3674
Lic. No. 53330
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 387.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☒ No Plans Required								
Joint Plan Review Required:								
[] Building [] Plumbing								
[] Fire [] Elevator								
[] Elec. Plans Approved								
Date: <u>6/14/02</u>								
Approved by: <u>[Signature]</u>								
SUBCODE APPROVAL								
[] CO [] CCO [] CA								
Date: <u>9-5-06</u>								
Approved by: <u>cu</u>								

D. TECHNICAL SITE DATA

QTY SIZE ITEMS
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights
Storage 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 Heater/Air Handler
KW Baseboard Heat
HP Motors 1/+ HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ <u>50</u>

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

U.C.C. F120 (rev. 3/95)

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



PLUMBING
SUBCODE
TECHNICAL SECTION

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

Block 92 Lot 93

Work Site Location 51 Kethind Road

Owner in Fee Blomminedale NJ 07403

Address 51 Kethind Road

Address Blomminedale NJ 07403

Tele. (913) 838-8723

Contractor Ken-Ton Heating & Cooling, Inc.

Address 94 Orchardwood Road

Address East Hanover NJ 07936

Tele. (913) 377-4955 Fax (913) 560-8339

Lic. No. 2223534153

Federal Emp. No. 2223534153

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Proposed 1

Building Sewer Size Public Sewer Private Septic Public Water

Water Service Size Public Water Private Well Public Water

Est. Cost of Plumbing Work \$ 2775

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required: 1

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 5/23/02

Approved by: [Signature]

SUBCODE APPROVAL: 1 CO 1 CCO 1 CA

Date: 9/5/06

Approved by: [Signature]

INSPECTIONS

Type: Slab Failure Failure Approval Initial

Rough Failure Failure Approval Initial

Water Failure Failure Approval Initial

Sewer Failure Failure Approval Initial

Fixtures Failure Failure Approval Initial

Gas Equipment Failure Failure Approval Initial

Gas Piping Failure Failure Approval Initial

Solar Failure Failure Approval Initial

TCO Failure Failure Approval Initial

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. 1

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

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other Hot Air Blower

Other Hot Air Blower

Other Hot Air Blower

Other Hot Air Blower

Other Hot Air Blower

Other Hot Air Blower

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FEE (Office Use Only)

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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.

Signature — Contractor's Seal [Signature]

Signature — Licensed Plumbing Contractor [Signature]

Signature — Exempt Applicant [Signature]

Signature — Exempt Applicant [Signature]

Signature — Exempt Applicant [Signature]

Date Received 6/21/02

Date Issued 6/21/02

Control # 213-02

Permit # 213-02

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Permit # 213-02

Administrative Surcharge \$ 50

Minimum Fee \$ 50

DCA Training Fee \$ 50

TOTAL FEE \$ 50

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Hard = Applicant Copy