#23-841

OPRA

From: Vicki Koch <opra+request-44543-5b3a4cd2@requests.opramachine.com>
Sent: Wednesday, May 31, 2023 3:57 PM
To: OPRA
Subject: OPRA request - Building Permit

Dear Bayonne City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
Building permit if issued within the last 6 months for a Multi-Family Residential Bldg located at 54 Flagship St (P@BH: Harbor Station South) Block 751 Lot 1.06

Yours faithfully,

Vicki Koch

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-44543-5b3a4cd2@requests.opramachine.com

Is oprarequest@baynj.org the wrong address for OPRA requests to Bayonne City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=bayonne_city
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/building_permit_48

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.

BUILDING SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

CITY OF BAYONNE
BUILDING DEPARTMENT
630 AVENUE C
BAYONNE, NEW JERSEY 07002

Date Received
Control #
Date Issued
Permit #

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

Block 721 Lot 1.06 Qualification Code M1 Lot 7

Work Site Location [illegible] Bayonne NJ 07002

Owner in Fee: [illegible] UC LLC

Tel. [redacted] e-mail [illegible]

Address [redacted] Kennedy Blvd Bayonne NJ 07304
street municipality zip code

Contractor: [illegible] Tel. 201 858 7758

Address [illegible] Kennedy Blvd Bayonne NJ e-mail

Contractor License No. or Builder Registration No. [illegible] Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 22 31

Federal Emp. ID No. [redacted] FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footings/Foundations	5/11/23	
[X] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
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 ✓
No. of Stories ____
Height of Structure ____ ft.
Area — Largest Floor [illegible] sq. ft.
New Bldg. Area/All Floors [illegible] sq. ft.
Volume of New Structure 1,919,400 cu. ft.
Max. Live Load 100
Max. Occupancy Load 1,414

Constr. Class Present ____ Proposed ____

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ [illegible]
2. Rehabilitation $ ____
3. Total (1+ 2) $ ____

U.C.C. F110

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: [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Footing and foundation Permit Request

FOOTINGS AND FOUNDATIONS ONLY

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)
$ 70.770

Administrative Surcharge $ ____
Minimum Fee $ ____
DCA Training Fee $ 1.121
TOTAL FEE $ [illegible]

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

BEP

8/16/2022

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # C22-08-1890
Date Issued 8.9.23
Permit # 23-05.055

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

Block 751 Lot 1.06 Qualification Code M Lic

Work Site Location 54 Flagship St. Bayonne, NJ 07002

Owner in Fee: Gauri Shankar Flagship UR, LLC

Tel. [redacted] e-mail vgcoclev@gmail.com

Address 2449 Kennedy Blvd. Jersey City, NJ 07304
(street, municipality, zip code)

Contractor: ALAN T Zwerin Plumbing Tel. 201 745 1587

Address 4710 Park Ave e-mail
Weehawken NJ 07086

Contractor License No. 10775 Exp. Date 6/30/23

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 6500

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. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/25/23
Approved by:

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

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

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 sign/Contractor sign and seal here: Alan T Zwerin

Print name here: ALAN T Zwerin

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
5	Floor Drain	150
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	6" Sewer Connection	300 85
1	6" Water Service Connection	150
2	Stacks	300
1	1st Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 985

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PEF

Date Received 3/16/2023
Control # C22 08-1590
Date Issued
Permit # 5923

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

Block 231 Lot 106 Qualification Code M Lic

Work Site Location 54 Fleet St Bayonne NJ 07002

Owner in Fee: [redacted]

Tel. [redacted] e-mail [redacted]

Address [redacted]

Contractor: Eastern Power Electric LLC Tel. 201 624 9037
(street / municipality / zip code)

Address 1315 72nd St North Bergen NJ 07047 e-mail

Contractor License No. 19894 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300

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:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by: 4/24/23

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

INSPECTIONS Type:	Failure Dates (Month/Day)	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

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 sign/Contractor sign and seal here:

Print name here: Ivan Lopez

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Foundation Grounding

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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 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 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	
1		Grounding	100

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 100

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