

#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.

2023 MAY -1 A 3:53
RECEIVED
BAYONNE, NJ



BUILDING SUBCODE TECHNICAL SECTION



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

Date Received
Control # 003-011010
Date Issued
Permit # 5993

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

Block 201 Lot 116 Qualification Code 171 License
Work Site Location Bay Street Bayonne NJ 07002

Owner in Fee: Bayonne Housing Corp LLC
Tel. [redacted] e-mail [redacted]
Address [redacted] Bayonne, NJ 07002 zip code 07002
Contractor: [redacted] municipality
Address [redacted] Tel. 701-458-7758 e-mail [redacted]

Contractor License No. or Builder Registration No. 00853 Exp. Date 22-30
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. [redacted] FAX: [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:	Failure			
☐ All			Footings				
☒ Footings/Foundations	11/11/03	[signature]	Foundation				
☒ Structural/Framework			Slab				
☐ Exterior			Frame				
☐ Interior			Truss Sys./Bracing				
Joint Plan Review Required:							
☒ Elec. ☐ Plumb. ☐ Fire ☐ Elevator							
SUBCODE APPROVAL FOR PERMIT							
Date: 11/11/03							
Approved by: [signature]							
SUBCODE APPROVAL FOR CERTIFICATE							
☒ CO ☐ CCO ☐ CA							
Date: [redacted]							
Approved by: [redacted]							

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories	1	1	If Industrialized Building:	State Approved	HUD
Height of Structure	24' 0" (2nd floor)	24' 0" (2nd floor)	Est. Cost of Bldg. Work:		
Area — Largest Floor	24' 0" x 30' 0" = 720 sq. ft.	24' 0" x 30' 0" = 720 sq. ft.	1. New Bldg.	\$ 35,000	
New Bldg. Area/All Floors	720 sq. ft.	720 sq. ft.	2. Rehabilitation	\$	
Volume of New Structure	1,440 cu. ft.	1,440 cu. ft.	3. Total (1+2)	\$	
Max. Live Load	100	100			
Max. Occupancy Load	1,440	1,440			

DESCRIPTION OF WORK

Footings 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)

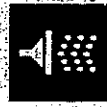
Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ 82.00

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

BEP



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 751 Lot 1.06 Qualification Code 7M L01
Work Site Location 541 Flagship St, Bayonne, NJ 07002

Owner In Fee: Gauri Shankar Flagship U.R. LLC
Tel. [REDACTED] e-mail vgcodev@gmail.com

Address 2449 Kennedy Blvd. Jersey City, NJ 07304

Contractor: ALAN T Zwerin Tel. 201 795 1587

Address 4710 Park Ave e-mail [REDACTED]

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

Home Improvement Contractor Registration No. or Exemption Reason [REDACTED] FAX: [REDACTED]

Federal Emp. ID No. [REDACTED]

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed [REDACTED]
Building Sewer Size [REDACTED] Public Sewer [REDACTED] Private Septic [REDACTED]
Water Service Size [REDACTED] Public Water [REDACTED] Private Well [REDACTED]
Est. Cost of Plumbing Work \$ 6500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type	Failure	Failure	Approval	Initial	
☐ No Plans Required					
☐ Partial - Under Slab - Utilities Approved					
Date: <u>[REDACTED]</u> Approved by: <u>[REDACTED]</u>					
☐ Plumbing Plans Approved					
Date: <u>[REDACTED]</u> Approved by: <u>[REDACTED]</u>					
Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.					
SUBCODE APPROVAL FOR PERMIT					
Date: <u>4/23/23</u>					
Approved by: <u>[REDACTED]</u>					
SUBCODE APPROVAL FOR CERTIFICATE					
☐ CO. ☐ CCO. ☐ CA					
Date: <u>[REDACTED]</u>					
Approved by: <u>[REDACTED]</u>					

Date Received: 8/16/2022
Control # C72-08-1890
Date Issued: 8-9-23
Permit # 23-05-055

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 Zwerin
Print name here: ALAN T Zwerin

[] Licensed Contractor [] Exempt Applicant

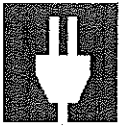
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK		FEE (Office Use Only)
QTY.	FIXTURE/EQUIPMENT	
	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 Preventer	
	Grease Trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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



ELECTRICAL 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 201 Lot 100 Qualification Code 07002

Work Site Location 541 Clifton Ave. Clifton, NJ 07002

Owner in Fee: [Redacted] e-mail valuedesigns@gmail.com

Tel. [Redacted] Address 201 Kennedy Blvd. Jersey City, NJ 07304

Contractor: Costan Power Electric LLC Tel. 201 624 9037

Address 1315 72nd St North Bergen, NJ 07047 e-mail [Redacted]

Contractor License No. 10898 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason [Redacted]

Federal Emp. ID No. [Redacted] FAX: [Redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed [Redacted]

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

Building Occupied as [Redacted] Utility Co. [Redacted]

Est. Cost of Elec. Work \$ 2100

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Approval	Initial		
[] No Plans Required					
[] Partial - Underslab Utilities Approved					
Date: <u>[Redacted]</u> Approved by: <u>[Redacted]</u>					
[] Electric Plans Approved					
Date: <u>[Redacted]</u> Approved by: <u>[Redacted]</u>					
Joint Plan Review Required:					
[] Bldg. [] Plumb. [] Fire. [] Elev.					
SUBCODE APPROVAL for PERMIT					
Date: <u>10/24/23</u>					
Approved by: <u>[Redacted]</u>					
SUBCODE APPROVAL for CERTIFICATE					
[] CO [] CCC [] CA					
Date: <u>[Redacted]</u>					
Approved by: <u>[Redacted]</u>					
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:

[X] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contractor [] Permit-Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Foundation Grounding

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 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 1/4 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		<u>Grounding</u>

FEE (Office Use Only)

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

Date Received 5/16/1005
Control # 022 08 1890
Date Issued 5923
Permit # 5923