26-99
Bldg.

Karen Glass

From: Jeanine Siek
Sent: Wednesday, May 13, 2026 2:27 PM
To: Karen Glass
Subject: Fwd: OPRA request - Building Permits or Certificates for Property 236 Dixon Avenue, NJ

Jeanine E. Siek, RMC
Municipal Clerk
Borough Administrator
Borough of Dumont
50 Washington Avenue
Dumont, NJ 07628
201-387-5024

Begin forwarded message:

> **From:** mike lee <opra+request-91400-6b86b363@requests.opramachine.com>
> **Date:** May 13, 2026 at 10:34:52 AM EDT
> **To:** Jeanine Siek <jsiek@dumontboro.org>
> **Subject: OPRA request - Building Permits or Certificates for Property 236 Dixon Avenue, NJ**
>
>
>
> Dear Dumont Borough,
>
> Please accept this electronic request for public records made under OPRA and the common law right of access. I am not required to fill out an official form or use a particular software platform to submit my request per NJSA 47:1A-5(f), which states that an email from a requestor including all of the information required on the adopted form shall suffice in place of a completed form as a valid government record request.
>
> I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
>
> I WILL NOT use the requested government records for a commercial purpose.

I AM NOT seeking records in connection with a legal proceeding.

Records requested:

I am requesting any available records and permit information related to the construction and/or renovation of the rear deck and finished basement at the following property:

236 Dixon Avenue

Dumont, NJ 07628

Specifically, I am requesting any permits, inspections, approvals, certificates, or related documents associated with these areas of the property.

My preferred delivery method for response(s) to this request is by E-mail as attachments. Please confirm you have received this request. If you are not the custodian of records, please forward my request to that person and provide their email address to me for future reference.

Yours faithfully,

Mike Lee

mike@precisionproprtyinspectors. com

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-91400-6b86b363@requests.opramachine.com

Is jsiek@dumontboro.org the wrong address for OPRA requests to Dumont Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=dumont_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/building_permits_or_certificates

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.

"OPRAmachine's mission is to give people easy and affordable access to New Jersey public records.

For more information, contact us at: (732) 707-1628 or PO Box 3180, New Brunswick, NJ 08903."

---

245 NEEDS Basement AGGREMENT Signed 15 95

BLOCK 723 LOT 22.01 QUALIFICATION CODE _____ ADDRESS (SITE) 236 Dixon PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 236 DIXON AVE
2. Name of Owner in Fee: MARINO
   Tel. [redacted]
   Address 236 DIXON AVE (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: THE BETTER BASEMENT Tel. ( ) _____
   Address 51 DEER DR e-mail _____
   SPARTA
   License No. OR, if new home, Builder Reg. No. 13BV/674200 Exp. Date 12/31/2011
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Joe Baccarella
   Tel. [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

F0007638523

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

00081_029768 SF 20110382 2895 *0000UHYL*

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical					3/31/11				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

ATTENTION CONTRACTORS
A copy of your Home Improvement Contractors License is REQUIRED
Please enclose a copy of the license with the permit application

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (✓) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature [signature] Date 3-14-2011

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name The Better Basement Co

Address 57 Dene Dr

Sparta NJ 0781

Telephone ( ) [redacted]

Signature [signature]

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/7/11

Permit # 11-0082

IDENTIFICATION Block 723 Lot 22.01 Qualification Code

Work Site Location 236 DIXON AVE

Owner in Fee MARINO

Address 236 DIXON AVE

DUMONT

Tel. [redacted]

Contractor The Better Basement Co.

Address 52 Olive Dr

Sparta NJ

Tel. [redacted]

Lic. No. or Bldrs. Reg. No. 13VH01674200

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Basement

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 $ 3234

Construction Official

Date

PAYMENTS (Office Use Only)

Building 165.00

Electrical 60.00

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 4+16=20

Cert. of Occupancy

Other

Total 245.00

Check No. # 0625

Cash

Collected by RB

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

(see reverse side)

1. WHITE–INSPECTOR 2. CANARY–OFFICE 3. PINK–TAX ASSESSOR 4. GOLD–APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/7/11

Date Issued / Permit # 11-0082

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

Block 723 Lot 22.01 Qualification Code

Work Site Location 236 DIXON AVE

Owner in Fee: MARINO

Tel [redacted] e-mail

Address 236 DIXON AVE
street municipality zip code

Contractor: D&E BETTER BASEMENT CO. Tel. [redacted]

Address 54 DEER DR e-mail [redacted]

SPARTA NJ

Contractor License No. or Builder Registration No. 13VH01624200 Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX [redacted]

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMODEL BASEMENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	5/2/11	
[ ] Footings/Foundations		
[ ] Structural/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	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				

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
- [X] Other Remodel Basement
- [ ] Demolition

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 9,500
3. Total (1+ 2) $ 9,500

U.C.C. F110
(rev. 12/07)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/7/11

Date Issued / Permit # 11-0082

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

Block 723 Lot 22.01 Qualification Code

Work Site Location 236 Dixon Ave

Owner in Fee: MARINO

Tel. [redacted] e-mail

Address 236 Dixon Ave
street municipality zip code

Contractor: The Better Basement Co. Tel. 973.[redacted]

Address 54 Deise Dr e-mail [redacted]

Sparta NJ

Contractor License No. or Builder Registration No. 13VH01674200 Exp. Date 12/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FA[redacted]

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMODEL BASEMENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	5/2/11	
[ ] Footings/Foundations		
[ ] Structural/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	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 R-3 Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 9,500
3. Total (1+ 2) $ 9,500

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
- [X] Other Remodel Basement
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110
(rev. 12/07)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/7/11
Date Issued
Control #
Permit # 11-0082

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

Block 723 Lot 22.01 Qualification Code

Work Site Location 236 Dixon

Owner in Fee: MARINO

Tel. ( ) e-mail

Address 236 Dixon (street) (municipality) (zip code)

Contractor: CAVISH ELECTRICAL Te[redacted]

Address 445 MAIN ST
TARE BRIDGES NJ

Contractor License No. 14646 Exp. Date 03/2012

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 68050 8613 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 3/21/11

Approved by:

SUBCODE APPROVAL

[ ] 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				

C. CERTIFICATION IN LIEU OF OATH

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

GREG CAVISH

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
14		Lighting Fixture	
11		Receptacles	
4		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. Rang/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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy

06/08

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 4/7/11
Date Issued
Control #
Permit # 11-0082

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

Block 723 Lot 22.01 Qualification Code
Work Site Location 236 DIXON

Owner in Fee: MARINO
Tel. ( ) e-mail
Address 236 DIXON
street municipality zip code
Contractor: LAVISH ELECTRICAL Tel. [redacted]
Address 445 MAIN ST
THREE BRIDGES NJ
Contractor License No. 14646 Exp. Date 03/2012
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 68050 8613 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,100

C. CERTIFICATION IN LIEU OF OATH

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

GREG LAVISH
Applicant Signature/Contractor's Seal and Signature
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
14		Lighting Fixture	
11		Receptacles	
4		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. Rang/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	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/21/11
Approved by:

SUBCODE APPROVAL

[ ] 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				

UCC/F-120
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy

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

06/08

Borough of Dumont

Municipal Code Enforcement

50 Washington Avenue, 2nd Floor Dumont, NJ 07628
(201) 387-5041 FAX (201) 387-5063

Date 4/7/11

AGREEMENT OF USE REGARDING BASEMENT/ATTICS

Block: 723 Lot: 22.01 Property Address: 236 Dixon Ave, Dumont, NJ, 07628

Proposed Buyer:

The above referenced property is receiving a Certificate of Continued Occupancy as a single family dwelling in accordance with the stipulation below.

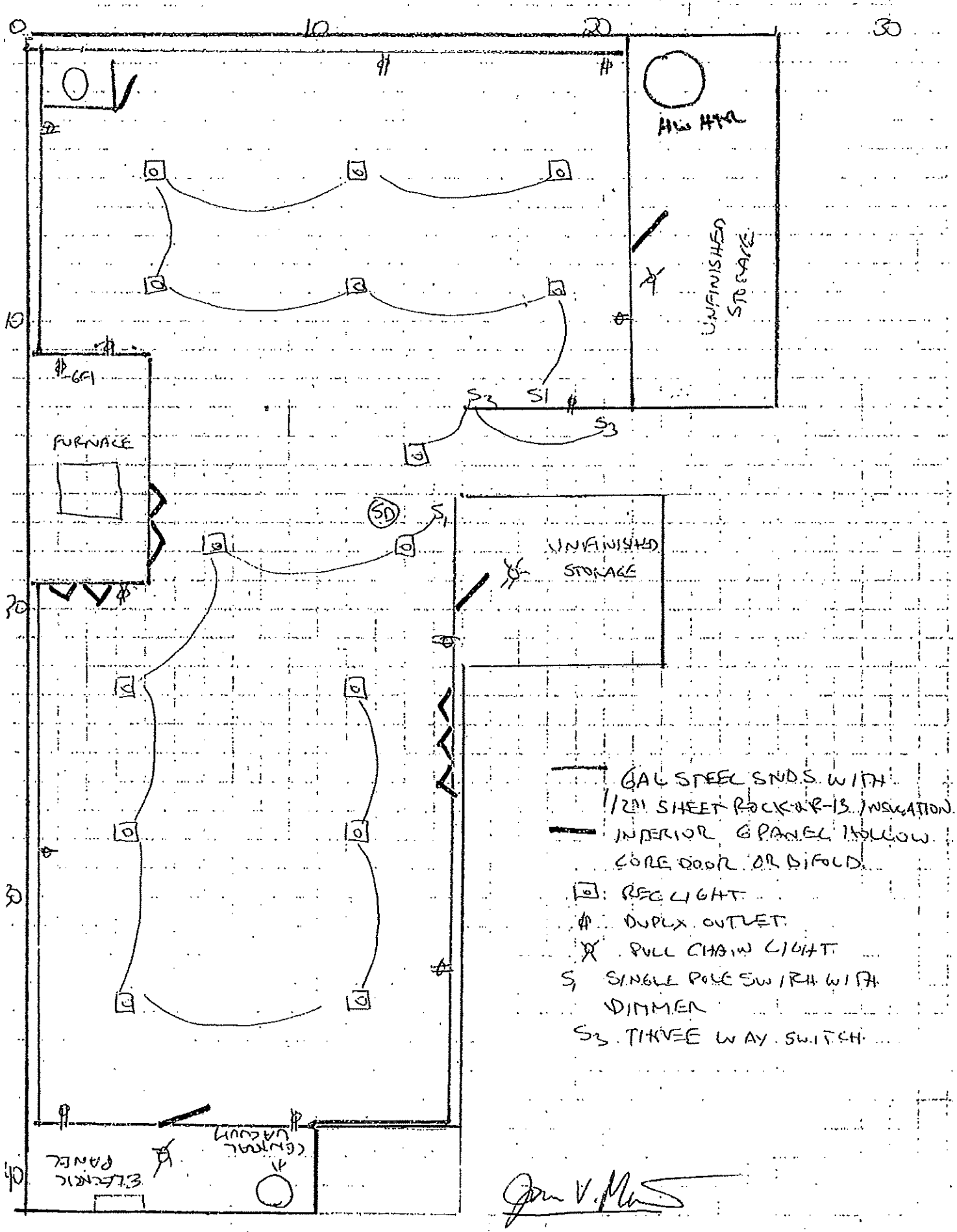
The basement/attic area of the premise may **NOT** be used for an exclusive dwelling unit. The basement/attic may only be used by the occupants of the first floor/2nd floor apartment in conjunction with their tenancy. The basement/attic may **NOT** contain any sleeping areas or bedrooms. No cooking facilities may be installed in the basement/attic portion of the premises.

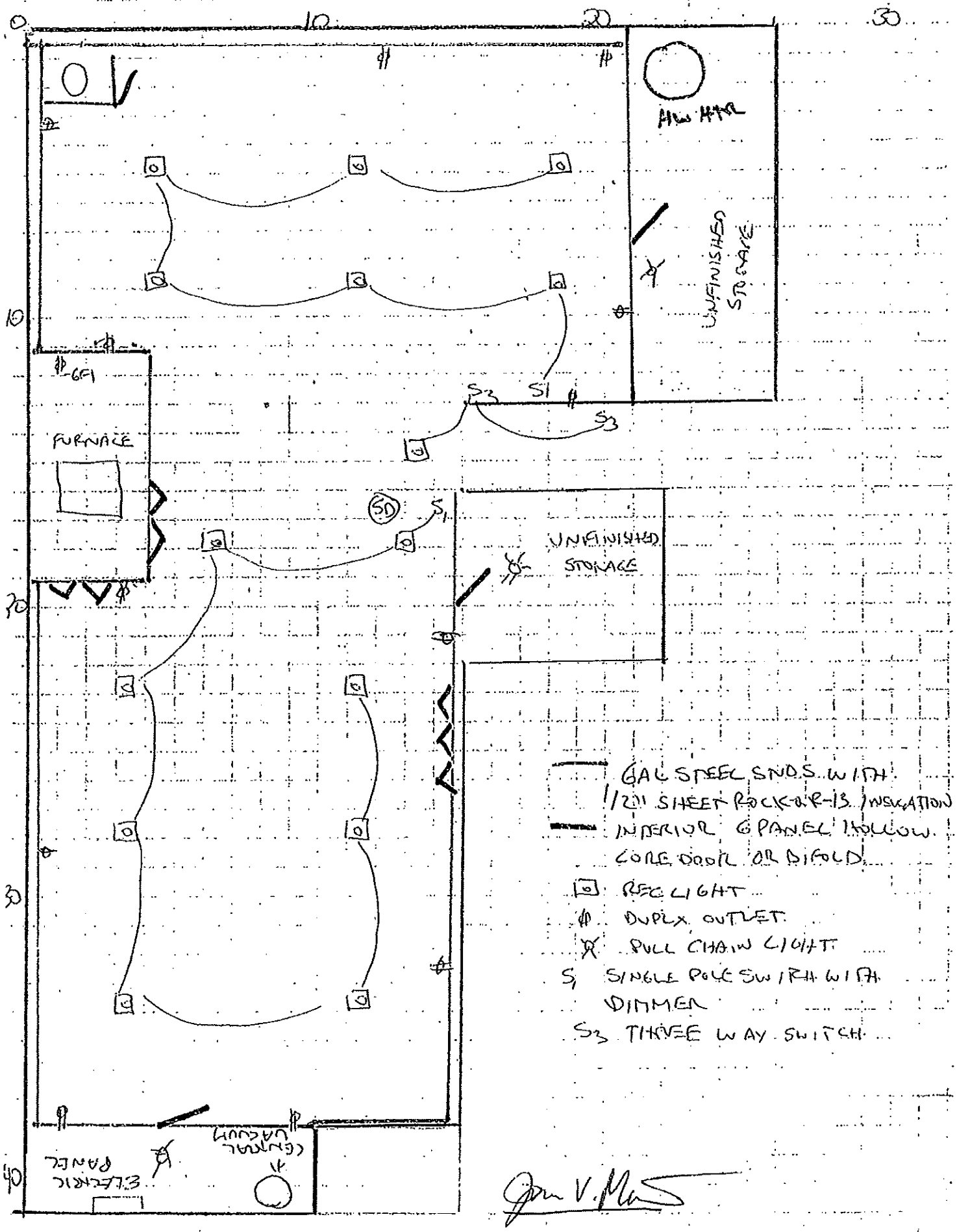
Signature of Owner R Radules

Date 4/7/11

Attached Stamp of Notary Below

Notary Public
State of New Jersey
Kathleen Schaefer
My Com. Expires June 9, 2015


0
10
20
30
UNFINISHED STORAGE
FURNACE
UNFINISHED STORAGE
ELECTRIC PANEL
FURNACE GAS OUT
6GA STEEL SNDS WITH 1/2" SHEET ROCK-R-13 INSULATION
INTERIOR 6 PANEL HOLLOW CORE DOOR OR BIFOLD
REC LIGHT
DUPLX OUTLET
PULL CHAIN LIGHT
S1 SINGLE POLE SWITCH WITH DIMMER
S3 THREE WAY SWITCH


0
10
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40
HW HTR
UNFINISHED STORAGE
GFI
FURNACE
S3
S1
S3
S3
S1
UNFINISHED STORAGE
GAL STEEL SNDS WITH 1/2" SHEET ROCK-OR-IS INSULATION
INTERIOR 6 PANEL HOLLOW CORE DOOR OR BIFOLD
REC LIGHT
DUPLX OUTLET
PULL CHAIN LIGHT
S1 SINGLE POLE SWITCH WITH DIMMER
S3 THREE WAY SWITCH
ELECTRIC PANEL
CENTRAL VACUUM

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

The Batter Basement Co.
Cosmo J. Baccarella
54 Daire Drive
Sparta NJ 07871

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/25/2010 TO 12/31/2011
VALID

13VH01674200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
The Batter Basement Co
Home Improvement Contractor

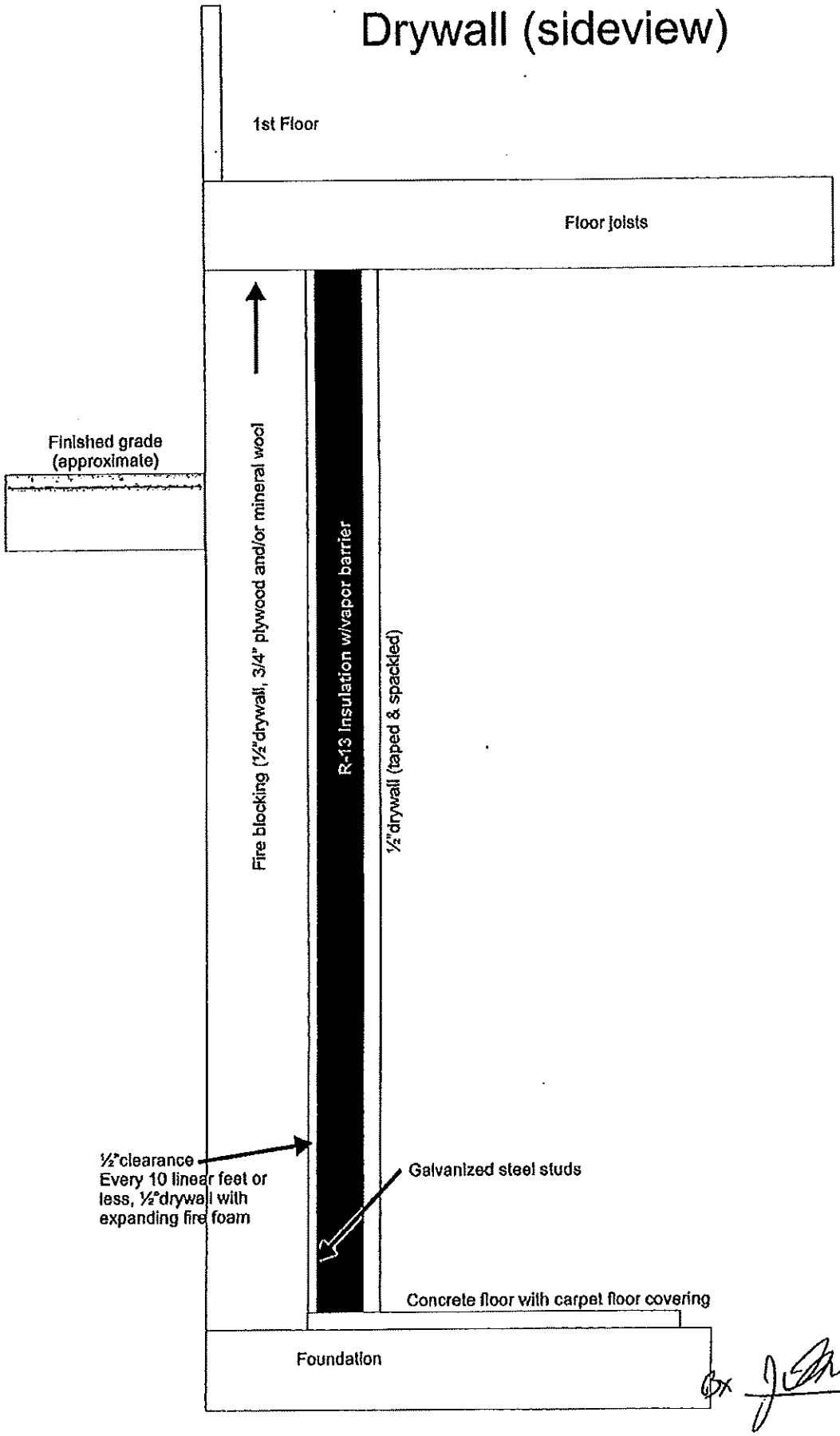
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
10/25/2010 TO 12/31/2011
VALID
13VH01674200
License/Registration/Certificate #
SIGNATURE
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

Drywall (sideview)



NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

The Better Basement Co.
Cosmo J. Baccarella
54 Deira Drive
Sparta NJ 07871

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/26/2010 TO 12/31/2011
VALID

13VH01674200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
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THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
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The Better Basement Co
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

10/26/2010 TO 12/31/2011
VALID

SIGNATURE

13VH01674200
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

BLOCK 723 **LOT** 22.01 **QUALIFICATION CODE** _____ **ADDRESS (SITE)** 231 Dixon Ave **PERMIT NO.** 11-0082

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☑ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

RB
3/17/11

BLOCK 723 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) 236 Dixon Ave Dumont PERMIT NO. 04-382

CONSTRUCTION PERMIT APPLICATION

F0007658031

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Propsed Work Site at: 236 Dixon Ave Dumont
2. Name of Owner in Fee: Michele Musse Tel. [redacted]
   Address 236 Dixon Ave (street) Dumont (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: myself Tel. ( ) _____
   Address S/A
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer Designer Tel. ( ) _____
   Address S/A
6. Responsible Person in Charge of Work Michele Musse
   Tel. [redacted] FAX ( ) _____

$50.00 Fee to Subcon

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work					4/21/04	MB			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

PERMIT UPDATE

Date Update Issued 05-06-04
Control #
Permit #
Date Permit Issued 04-382

IDENTIFICATION Block 723 Lot 22

Work Site Location 236 DIXON AVE DUMONT, NJ

Owner in Fee Michelle M.

Address S/A

Tele. (____)

Contractor myself

Address 236 Dixon Ave Dumont NJ

Tele. [redacted]

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

or Social Security No. 081-70-4781

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: [redacted] DECK

Estimated Cost of Work $ [redacted] 3,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	45.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5.00
Cert. of Occ.	
Other	
Total	50.00
Check No.	
Cash	50.00
Collected By:	DE

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 05-06-04
Date Issued
Control #
Permit # 04-382

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

Block _____ Lot _____
Work Site Location 236 Dixon Ave Dumont NJ
Owner in Fee Michelle M.
Address S/A
Tele [redacted]
Contractor myself
Address 236 Dixon Ave Dumont NJ
Tele. [redacted] Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Build Deck in back of house

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/6/04	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. 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.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 3000
3. Total (1+ 2) $ 3000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

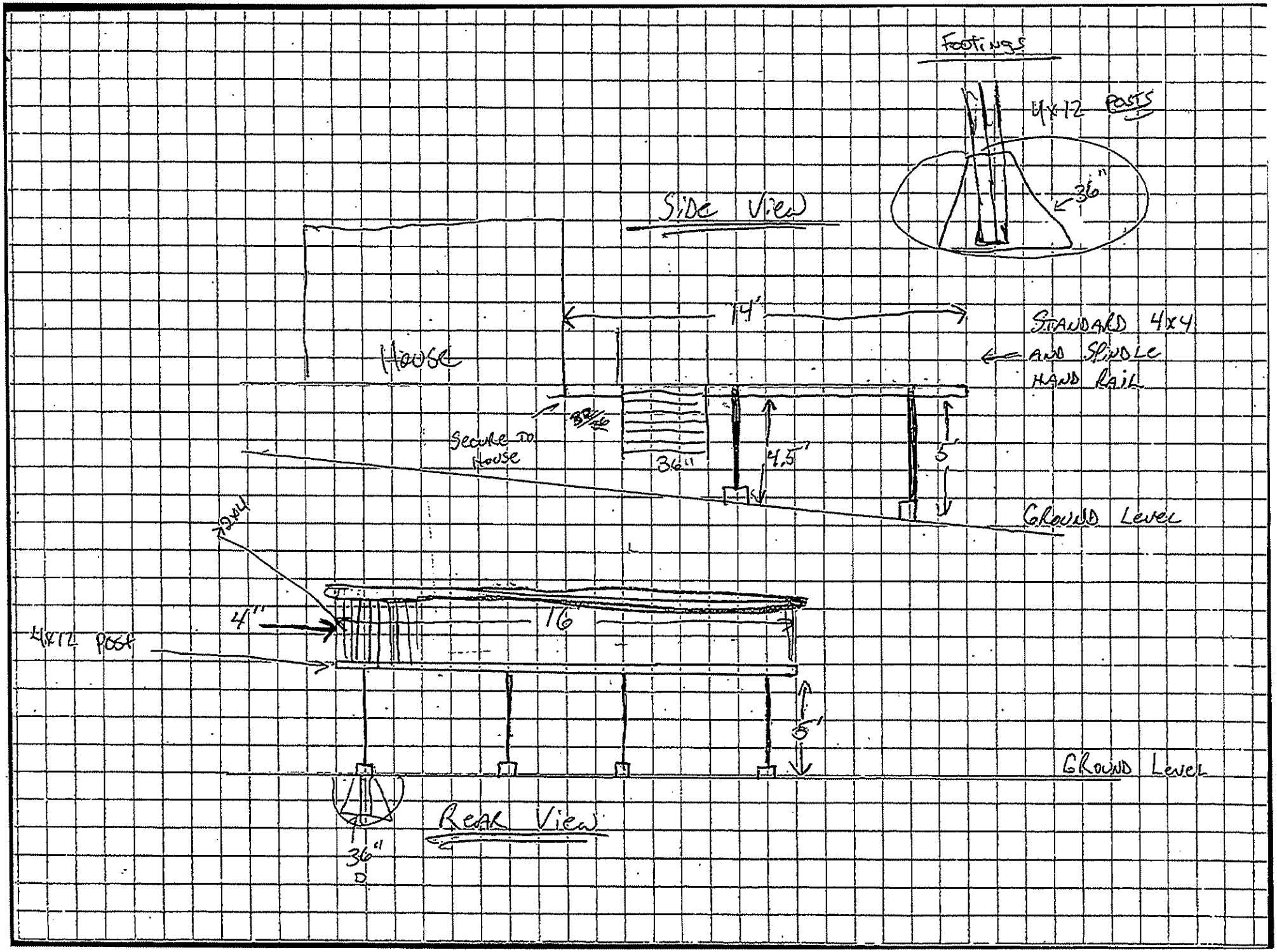
FEE (Office Use Only)

$	
	95.00

Administrative Surcharge	$ 45.00
Minimum Fee	$
DCA Training Fee	$ 5.00
TOTAL FEE	$ 50.00

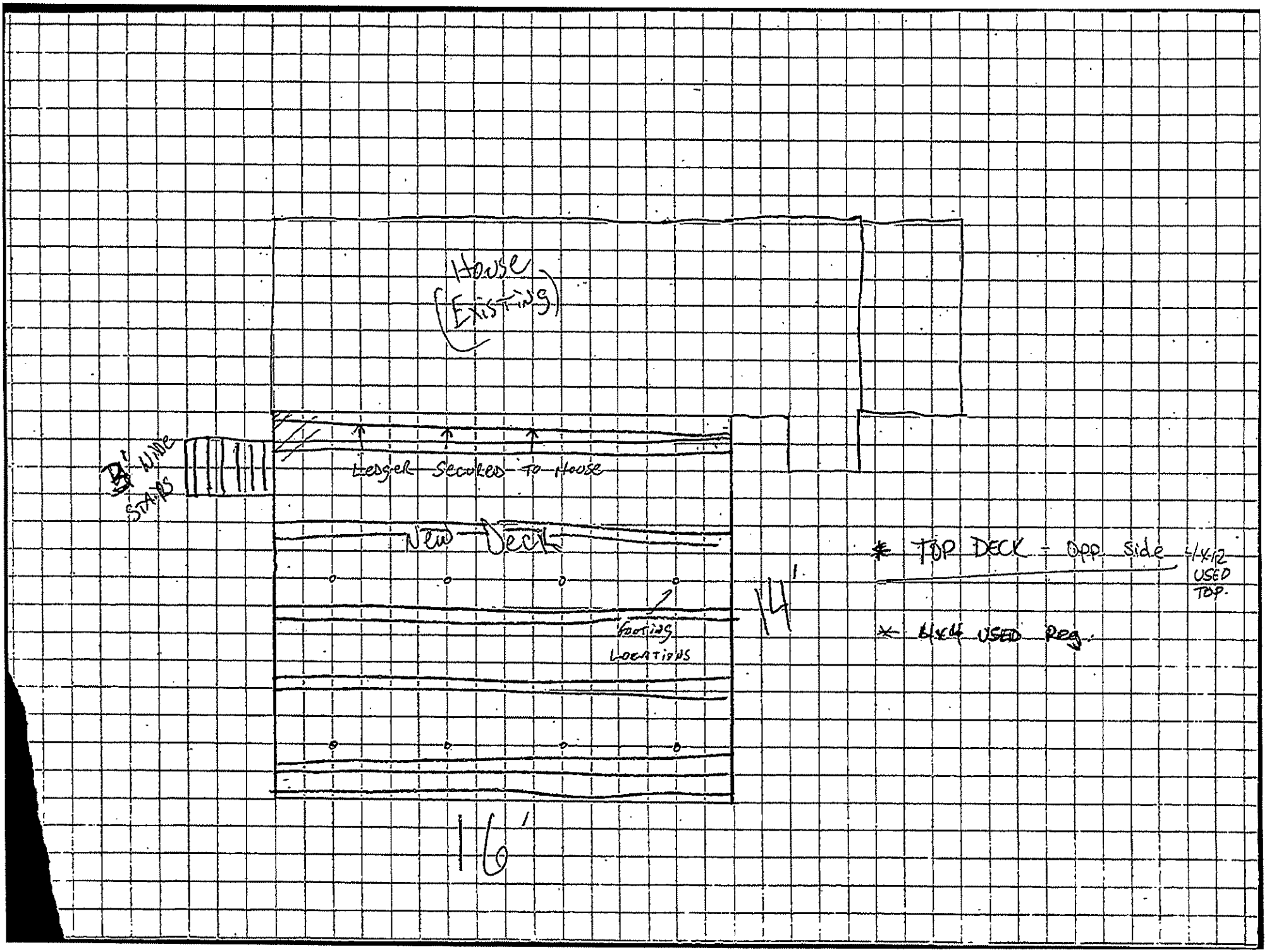
U.C.C. P110
(rev. 3/96)

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

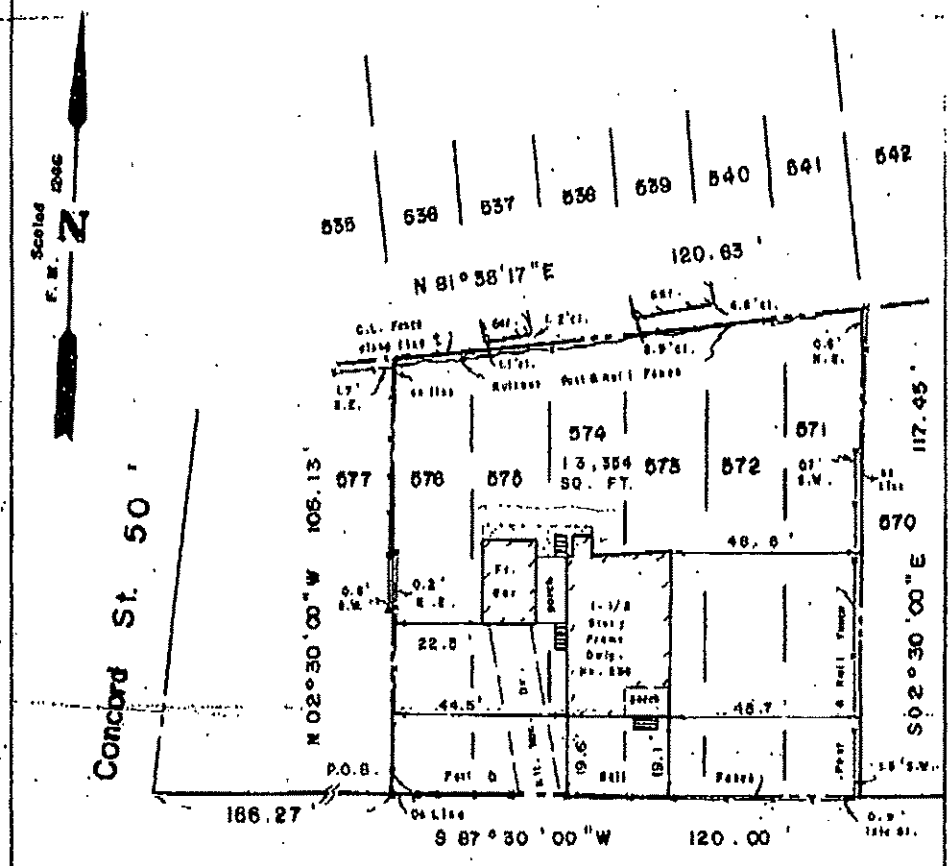

Footings
4x12 Posts
36"
Side View
14'
Standard 4x4
and Spindle
Hand Rail
House
Secure to House
36"
4.5'
5'
Ground Level
12x4
4"
16
4x12 Post
5'
Ground Level
Rear View
36"

NEED BROTHER PLANS

1. ~~POST SIZE~~
2. ~~ROOFING PITCH~~
3. BEAM SIZE AND LOCATION
4. ~~STAIRS DIMENSIONS~~
5. ~~RAIL SPECS~~
6.


House
(Existing)
6' Wide
Stairs
Ledger Secured to House
New Deck
Footing
Locations
16'
14'
* TOP DECK - Opp. side 4/4x12 USED TOP.
* BLKG USED REG.

LOCATION SURVEY		236 DIXON AVENUE BOROUGH OF DUMONT, N.J.		
SCALE: 1"=30'	DATE: 7-16-96	JOB NO.: 17487	TITLE NO.: QT 14098	BY: GAC



PROPERTY CORNERS NOT SET

NOTES: THIS SURVEY IS BASED ON DEEDS FURNISHED
THIS SURVEY IS FOR TITLE PURPOSES, NOT TO BE USED FOR CONSTRUCTION.

FILED MAP NO.: 1246	CERTIFIED TO: QUEST TITLE AGENCY, INC.,
FILED DATE: Nov. 20, 1909	COMMONWEALTH LAND TITLE INSURANCE COMPANY,
BLOCK: LOT: 571-576 INCL.	PETER JOHN HUSSE AND MICHELE HUSSE, H/W, AND
T.M. BLOCK: 723 LOT: 22	ANTOINETTE HUSSE, SINGLE,
DBK: 5194 PG.: 265	TIMOTHY TUTTLE, ESQ.,
MAP ENTITLED: "MAP OF GILPIN PARK BOROUGH OF DUMONT, BERGEN COUNTY NEW JERSEY"	RAMAPO FUNDING GROUP, INC., ITS SUCCESSORS AND/OR ASSIGNS

G. CASSETTA & ASSOC.
889 QUEEN ANNE RD. BOGOTA, N.J.
PHONE NO. 968-3176

Gerald Cassetta

GERALD A. CASSETTA N.J.L.S. 17422

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				