



Construction

Property Summary		Portal	Refresh	Open All	Close All
Owner:	FOREST PROPERTY MANAGEMENT LLC				
Location:	22 WESTFIELD AVE E				
Block:	912				
Lot:	4				
Lead Parcel:	Yes				
Qualifier:					

▼ About the Owner...

▼ About the Property...

▼ About the Taxes...

▲ Construction...

Applications... [Expand](#)

Permit Issue Date	Control Number	Permit Number	Work Type	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
4/17/2026	C-26-152	26-128	Alteration	B	CA and Close Date Issued	4/24/2026	CA	\$5,000	RODYS ABREU
VINYL FLOORING NO STRUCTURAL, ELECTRICAL, PLUMBING, FIRE OR MECHANICAL WORK									
9/15/2023	C-23-326	23-353	Alteration	B E P F	CO and Close Date Issued	10/18/2023	CO	\$13,300	
TENANT FIT-OUT VINYL FLOOR, CEILING INSULATION									
6/8/2020	C-20-90	20-147	Alteration	B E F	CA and Close Date Issued	7/13/2021	CA	\$2,550	ALLSTATE SALES GROUP
VERIZON'S FIOS									
9/19/2013	20928	13-481	Alteration	B	CA and Close Date Issued	6/23/2021	CA	\$800	22 E. WESTFIELD RELITY LLC
3 X 8' NON-ILLUMINATED SIGN FOR STATE FARM REMOVAL OF 40' LIGHT BOX SIGN									
8/6/2003	28356	03-461	Alteration	B	CA and Close Date Issued	6/24/2021	CA	\$3,000	ESQUIRE REALTY
REPAIR ROOF									
6/18/1998	31584	98-199	Alteration	B	CA and Close Date Issued	7/13/2021	CA	\$6,500	ESQUIRE REALTY
INSTALL FIRE DOORS									

Would you like to add a application to this parcel? [Yes](#)Inspections... [Expand](#)

Date	Control Number	Permit Number	Subcode	Type	Inspector	Result	Comment	Result Comment
4/22/2026	C-26-152	26-128	Building	Final Reinsp	Michael Califano	Pass	Agent: RODYS ABREU Phone:	

4/21/2026	C-26-152	26-128	Building	Final	Michael Califano	Fail	Contact: Seline Abreu, Contact Phone: Failed final, no Return Email access nobody at Comments: the store INSPECTION HOURS ARE BETWEEN 4:00 P.M. - 8:00 P.M.
10/17/2023	C-23-326	23-353	Building	Final	Michael Califano	Pass	Agent: Phone: /
10/16/2023	C-23-326	23-353	Electrical	Final	Robert DelaRosa	Pass	Agent: Phone: /
10/16/2023	C-23-326	23-353	Fire	Final	Tracy Wenskoski	Pass	Agent: Phone: /
10/11/2023	C-23-326	23-353	Plumbing	Final Reinsp	Ben Scotti	Pass	Agent: Phone: /
10/4/2023	C-23-326	23-353	Building	FRAMING	Michael Califano	Pass	Agent: Phone: /
10/4/2023	C-23-326	23-353	Plumbing	Final	Ben Scotti	Fail	Agent: Phone: / basin temperatures are too hot they need mixing valves to bring them to 11000b0 max temperature
10/2/2023	C-23-326	23-353	Fire	ROUGH	Tracy Wenskoski	Pass	Agent: Phone: /
9/27/2023	C-23-326	23-353	Fire	ROUGH	Tracy Wenskoski	No Access	Agent: Phone: /

Violations...

There is no violation data for the selected parcel.

Would you like to add an violation to this parcel? [Yes](#)**Ongoing Applications...**

There is no application data for the selected parcel.

Would you like to add an application to this parcel? [Yes](#)

- ▼ Pet...
- ▼ Complaints...
- ▼ Land Use...
- ▼ Engineering...
- ▼ Code Enforcement...
- ▼ Health Pro...
- ▼ Fire Prevention...
- ▼ Public Works...
- ▼ Attachments...
- ▼ Comments...



Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 4/24/2026
Control Number C-26-152
Permit Number 26-128
Permit Issue Date 4/17/2026
Certificate Number 26-128

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 22 WESTFIELD AVE E/THE SCULPT ME Block: 912 Lot: 4 Qual:
STUDIO Borough of Roselle Park, NJ
Owner In Fee: FOREST PROPERTY MANAGEMENT LLC
Owner Address: 52 STONEWALL DR LIVINGSTON NJ 07039
Telephone:
Contractor: RODYS ABREU
Address: 628 ADAMS AVE. ELIZABETH NJ 07201
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Description of Work/Use: - VINYL FLOORING

NO STRUCTURAL, ELECTRICAL, PLUMBING, FIRE OR MECHANICAL WORK

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

L. Adams

Construction Official

Date Printed: 4/24/2026

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number:

Collected By:



CONSTRUCTION PERMIT

Date Issued 4/17/26
Control # C-26-152
Permit # 26-128

IDENTIFICATION Block: 912 Lot: 4 Qualifier 580949
Work Site Location: 22 WESTFIELD AVE E/THE SCULPT ME STUDIO Contractor RODYS ABREU
Borough of Roselle Park, NJ Address 628 ADAMS AVE. ELIZABETH NJ 07201
Owner in Fee FOREST PROPERTY MANAGEMENT LLC
52 STONEWALL DR LIVINGSTON NJ 07039 Telephone: [REDACTED]
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

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:

VINYL FLOORING

NO STRUCTURAL, ELECTRICAL, PLUMBING, FIRE OR MECHANICAL WORK

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 \$5,000

L. Abreu
Construction Official

4/10/26
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$200
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$10
CO Fee	
Other	\$0
Total	\$210
Check No.	
Cash	\$0
Credit	\$0
Collected By	<u>AC</u>

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 the 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 granted.

- ☒ 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 cases 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. 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

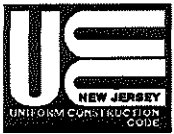
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ 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.

If you do not understand any of this information, please ask.



BUILDING 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 9/2 Lot 4 Qualification Code _____
Work Site Location 22 E. Westfield Ave. Roselle Park NJ 07204

Owner in Fee: Forest Property Management LLC

Tel. (____) _____ e-mail _____

Address 52 Stonewall DR. Livingston NJ 07039

Contractor: Rodys Abreu Tel. (____) _____

Address 628 Adams Ave Elizabeth NJ 07201

Contractor License No. or Builder Registration No. interior work Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Exempt minor work (flooring painting)

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☐ No Plans Required	_____	_____	Type:	_____	_____	_____
☐ All	_____	_____	Footings	_____	_____	_____
☐ Footings/Foundations	_____	_____	Footings Bonding	_____	_____	_____
☐ Structural/Framework	_____	_____	Foundation	_____	_____	_____
☐ Exterior	_____	_____	Slab	_____	_____	_____
☒ Interior	<u>4-22-26</u>	<u>M.C.</u>	Frame	_____	_____	_____
Joint Plan Review Required:	_____	_____	Truss Sys./Bracing	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for PERMIT	_____	_____	Insulation	_____	_____	_____
Date: <u>4-22-26</u>	_____	_____	Finishes -Base Layer	_____	_____	_____
Approved by: <u>M.C.</u>	_____	_____	Finishes -Final	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Energy	_____	_____	_____
☒ CO ☐ CCO ☐ CA	_____	_____	Mechanical	_____	_____	_____
Date: <u>4-23-26</u>	_____	_____	TCO	_____	_____	_____
Approved by: <u>M.C.</u>	_____	_____	Other	_____	_____	_____
	_____	_____	Final	<u>4-22-26</u>	<u>4-22-26</u>	<u>M.C.</u>
	_____	_____	Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present Commercial Proposed upgraded studio

No. of Stories 1

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. \$ 0

2. Rehabilitation \$ 5,000

3. Total (1+ 2) \$ 5,000

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: Seline Abreu

Print name here: Seline Abreu

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Minor interior work, renovation consisting of installation of vinyl flooring and painting. No Structural, electrical, plumbing, or mechanical work.

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 interior finish work (flooring & painting)
- ☐ Demolition

FEE (Office Use Only)

\$ _____

200

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 10

TOTAL FEE \$ 210



Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 10/18/2023
Control Number C-23-326
Permit Number 23-353
Permit Issue Date 9/15/2023
Certificate Number 23-353

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 22 WESTFIELD AVE E Borough of Roselle Park, NJ Block: 912 Lot: 4 Qual: _____
Owner In Fee: FOREST PROPERTY MANAGEMENT LLC
Owner Address: 52 STONEWALL DR LIVINGSTON NJ 07039
Telephone: _____
Contractor _____
Address NJ
Telephone: _____ Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: _____ Maximum Occupancy Load: _____

Description of Work/Use: - TENANT FIT-OUT

VINYL FLOOR, CEILING INSULATION

Certificate Comments:

☒ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
- ☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
- ☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

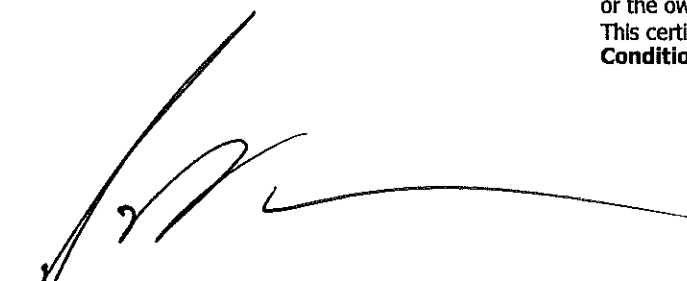
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:



Construction Official
Date Printed: 10/18/2023

U.C.C. F260 (rev. 08/05)

Fee: \$500.00

Check Number: 9570

Collected By: Kimberly Brown



CONSTRUCTION PERMIT

Date Issued 9-15-23
Control # C-23-326
Permit # 13353

IDENTIFICATION Block: 912 Lot: 4 Qualifier _____
Work Site Location: 22 WESTFIELD AVE E Borough of Roselle Park, Contractor _____
NJ Address _____
Owner in Fee FOREST PROPERTY MANAGEMENT LLC Telephone: _____
52 STONEWALL DR LIVINGSTON NJ 07039 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

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:

TENANT FIT-OUT

VINYL FLOOR, CEILING INSULATION

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 \$13,300

Construction Official _____

Date 9/14/23

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$1,000
Electrical	\$100
Plumbing	\$100
Fire Protection	\$200
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$25
CO Fee	\$500.00
Other	\$0
Total	\$1,925
Check No. <u>9570</u>	
Cash	\$0
Credit	\$0
Collected By <u>KB</u>	

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 the 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 granted.

☒ 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 cases 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. 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

If you do not understand any of this information, please ask.



Date Received 6-12-23
Control # C-23-326
Date Issued 9-15-23
Permit # 23-353

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

Block 912 Lot 4 Qualification Code _____
Work Site Location 22 E. WESTFIELD AVE, ROSSELLE ILL 60068

Owner in Fee: BRONIA SHIN VIL

Tel. _____

Address 56 ROSE ST., CLIFFWOOD, NJ 07721

Contractor: BRIANNA KANDALL Tel.

Address 56 Rose St., Cliffwood e-mail _____
NJ 07721

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
	Date	Initial	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☐ All			Footings/Bonding				
☐ Footings/Foundations			Foundation				
☐ Structural/Framework			Slab				
☐ Exterior			<u>Frame</u>				
☐ Interior			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec.			Insulation				
☐ Plumb.			Finishes -Base Layer				
☐ Fire			Finishes -Final				
☐ Elevator			Energy				
SUBCODE APPROVAL for PERMIT			Mechanical				
Date:			TCO				
Approved by:			Other				
SUBCODE APPROVAL for CERTIFICATE			<u>Final</u>				
☐ CO			Barrier-Free				
☐ CCO							
Date:							
Approved by:							

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed UB

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 16

Constr. Class Present 513 Proposer 512

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$_____

2. Rehabilitation \$ 12,500.00

3. Total (1+2) \$ 12,570.00

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: Marianna Samvel

Print name here: Brianna Sainvil

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Tenant Fit up

- Install vinyl dance floor. (~\$10,000)
- Insulate ceiling (~\$2,500)

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
☐ Other CO →
☐ ~~Demolition~~ VARIATION

FEE (Office Use Only)

\$ 5.00

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 24
TOTAL FEE \$ _____

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Allegra Marketing/Print & Mail - Marmora, NJ



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 6-12-23
Control # 0-23-326
Date Issued 9-15-23
Permit # 23-353

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

Block 912 Lot 4 Qualification Code _____
Work Site Location 22 E. Westfield Avenue
ROSELIE PARK NJ 07204
Owner in Fee: Brianna Sainvil
Tel. _____ e-mail _____

Address 56 ROSE ST. Cliffwood, NJ 07721
Contractor: Brianna Sainvil Tel. _____
Address 56 ROSE Street e-mail _____
Cliffwood, NJ 07721

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ 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 \$ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		DATES (Month/Day)			
		Failure	Failure	Approval	Initial
☒ No Plans Required					
☐ Partial -Underslab Utilities Approved					
Date: _____ Approved by: _____	Slab				
☐ Plumbing Plans Approved	Rough				
Date: _____ Approved by: _____	Water				
Joint Plan Review Required:	Sewer				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Fixtures				
SUBCODE APPROVAL for PERMIT	Gas Equipment				
Date: <u>7/18/23</u>	Gas Piping				
Approved by: <u>BS</u>	LPGas Tank				
SUBCODE APPROVAL for CERTIFICATE	Fuel Oil Piping				
☐ CO ☐ CCO ☐ CA	Solar				
Date: _____	TCO				
Approved by: _____	Final	<u>10/4/23</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 sign/Contractor sign and seal here: Brianna Sainvil
Print name here: Brianna Sainvil
[] Licensed Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK TENANT FIT OUT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	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	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

VERIFY
1200 ROOMS
FOR A
CHANGE OF USE
B-A-3

2-BASIC TOWN
ARE TOO HOT
10/4/23
1-BASIC HAS LOW
WATER PRESSURE

Administrative Surcharge	\$	_____
Minimum Fee	\$	_____
State Permit Surcharge Fee	\$	_____
TOTAL FEE	\$	<u>100</u>



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 6-12-23
Control # 0-23-326
Date Issued 9-15-23
Permit # 23353

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

Block 912 Lot 4 Qualification Code _____
Work Site Location 22 E. Westfield Avenue Roselle Park
NEW JERSEY, 07204
Owner in Fee: Brianna Sainvil

Tel. _____ e-mail _____
Address 56 ROSE ST. Cliffwood, NJ 07721

Contractor: Brianna Sainvil Tel. _____
Address 56 ROSE ST. Cliffwood, NJ 07721 e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New or [] Modification to Existing
or [] Conversion or [] Replacement
Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____
Total Cost of Fire Protection Work \$ 100.00

Fuel Storage Tank:
Fuel Type: [] Flammable or [] Combustible
Capacity _____
Fire Alarm System: [] New or [] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[] New or [] Existing
Location of Main Control Valve: _____

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.

Applicant/Contractor sign here: Brianna Sainvil
Print name here: Brianna Sainvil

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TENANT FIT OUT
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems	_____	_____
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] 110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>2</u>	<u>100-</u>
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices <u>EMERGENCY LIGHTS</u>	<u>3</u>	<u>100-</u>
TOTAL	_____	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances [] Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ 200
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
[] No Plans Required		Alarm System	<u>rough</u>	<u>10/2</u>	<u>W</u>
[] Partial -Underslab Utilities Approved		Suppression Sys.	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____
[] Fire Protection Plans Approved		Fire Pump	_____	_____	_____
Date: <u>7/17/23</u> Approved by: <u>W</u>		Pre-Eng. System	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Elev.		Smoke Control	_____	_____	_____
SUBCODE APPROVAL TO PERMIT		TCO	_____	_____	_____
Date: <u>7/17/23</u>		Flam/Combust Tanks	_____	_____	_____
Approved by: <u>[Signature]</u>		Fireplace Venting	_____	_____	_____
SUBCODE APPROVAL TO CERTIFICATE		Final	_____	_____	_____
[] CO [] <u>10/16/2023</u>		Other	_____	_____	_____
Date: _____					
Approved by: <u>[Signature]</u>					



Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 7/13/2021
Control Number C-20-90
Permit Number 20-147
Permit Issue Date 6/8/2020
Certificate Number 20-147

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 22 E. WESTFIELD AVE. ROSELLE PARK, NJ 07016 Block: 912 Lot: 4 Qual: _____

Owner In Fee: 22 EAST WESTFIELD REALTY, LLC

Owner Address: POST OFFICE BOX 574 CRANFORD NJ 07016

Telephone: _____

Contractor: ALLSTATE SALES GROUP

Address: 670 N BEERS ST HOLMDEL NJ 07733

Telephone: _____ Fax: (732) 365-5041 Federal Emp. Number: 27-0265243

License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-2 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - VERIZON'S FIOS

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Construction Official
Date Printed: 7/13/2021

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____



CONSTRUCTION PERMIT

Date Issued 6/18/20
Control # C-20-90
Permit # 20-147

IDENTIFICATION Block: 912 Lot: 4 Qualifier 49/303
Work Site Location: 22 E. WESTFIELD AVE. ROSELLE PARK, NJ Contractor ALLSTATE SALES GROUP
07016 Address 670 N BEERS ST HOLMDEL NJ 07733
Owner in Fee 22 EAST WESTFIELD REALTY, LLC
POST OFFICE BOX 574 CRANFORD NJ 07016 Telephone: [REDACTED]
Telephone: [REDACTED] Lic. No. or Bldrs. Reg. No. 2588 34E101741000
Federal Employee No. 27-0265243

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:

VERIZON'S FIOS

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 \$2,550

Construction Official [Signature]

Date 3/6/2020

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$90
Plumbing	\$0
Fire Protection	\$90
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$334
Check No. <u>7327</u>	
Cash	\$0
Credit	\$0
Collected By <u>MB</u>	

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 the 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 granted.

- ☒ 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 cases 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. 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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

If you do not understand any of this information, please ask.



BUILDING 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 912 Lot 4 Qualification Code _____
Work Site Location 22 E WESTFIELD AVE, ROSELLE PARK 07204

Owner in Fee: 22 EAST WESTFIELD REALTY, LLC

Tel. _____ e-mail _____
Address POST OFFICE BOX 574 CRANFORD 07016

Contractor: ALLSTATE SALES GROUP Tel. _____
Address 670 N BEER ST e-mail _____
HOLMDEL NJ, 07733

Contractor License No. or Builder Registration No. 2588 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason Telcom
Federal Emp. ID No. 270265243 FAX: (732) 365-5041

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required			Type:	Failure	Approval
☒ All	<u>3/2/20</u>	<u>[Signature]</u>	Footings		
☐ Footings/Foundations			Footings Bonding		
☐ Structural/Framework			Foundation		
☐ Exterior			Slab		
☐ Interior			Frame		
			Truss Sys./Bracing		
			Barrier-Free		
Joint Plan Review Required:					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL FOR PERMIT			Finishes -Base Layer		
Date:	<u>3/2/20</u>		Finishes -Final		
Approved by:	<u>[Signature]</u>		Energy		
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:	<u>7/13/21</u>		Other		
Approved by:	<u>[Signature]</u>		Final	<u>07/13/21</u>	<u>[Signature]</u>
			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.
Max. Live Load _____
Max. Occupancy Load _____

if Industrial/Residential Building:
State Approved _____ HUD _____
Est. Cost of Bldg. Work:
1. New _____ \$ _____
2. Rehabilitation \$ 765
3. Total (1+2) \$ 765

U.C.C. F110 (rev. 11/09)
Internet version

104

Date Received 2/26/20
Control # C-20-90
Date Issued 6-8-20
Permit # 20-147

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: JEFF LUKE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONSTRUCT PATHWAY FOR VERIZON'S FIBER OPTIC CABLE

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 \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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



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 912 Lot 4 Qualification Code _____
Work Site Location 22 E. WESTFIELD AVE, ROSELLE PARK 07204

Owner in Fee: 22 EAST WESTFIELD REALTY, LLC

Tel. _____ e-mail: _____

Address POST OFFICE BOX 574 CRANFORD 07016

Contractor: ALLSTATE SALES GROUP Tel. _____

Address 670 N BEERS ST e-mail: _____

Holmdel, NJ 07733

Contractor License No. 34E101741000 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 270265243 FAX: (732) 365-5041

B. ELECTRICAL CHARACTERISTICS

Use Group Present: _____ Proposed: _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1,530

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[X] No Plans Required <u>3-2-2020</u>		Rough	_____	_____	_____
[] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____
[] Electric Plans Approved		Temp. Serv.	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other	_____	_____	_____
SUECODE APPROVAL for PERMIT		Service	_____	_____	_____
Date: _____		Final	<u>6-28-21</u>	<u>7-12-21</u>	<u>10</u>
Approved by: _____		Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued	_____	_____	_____
Date: <u>7-12-21</u>		Annual Pool Inspection	_____	_____	_____
Approved by: _____		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: JOSEPH R HORLING III

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Construct pathway for Verizon's fiber optic cable

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 1/2- HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

6-23-21
Rasch
6-28-21

Paid
check #
7322

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



FIRE PROTECTION 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 912 Lot 4 Qualification Code _____
Work Site Location 22 E WESTFIELD AVE, ROSELLE PARK 07204

Owner in Fee: 22 EAST WESTFIELD REALTY, LLC

Tel. _____ e-mail _____

Address POST OFFICE BOX 574 CRANFORD 07016

Contractor: ALLSTATE SALES GROUP municipality _____ Tel. _____

Address 670 N BEERS ST e-mail _____

HOLMDEL, NJ 07733

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason Telcom

Federal Emp. ID No. 270265243 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ 255

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
		Type:	Failure	Failure	Approval	Initial	
PLAN REVIEW							
☐ No Plans Required		Alarm System					
☐ Partial -Underslab Utilities Approved		Suppression Sys.					
Date: _____ Approved by: _____		Standpipe					
☒ Fire Protection Plans Approved		Fire Pump					
Date: <u>3/2/20</u> Approved by: <u>[Signature]</u>		Pre-Eng. System					
Joint Plan Review Required:		Mechanical					
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control					
SUBCODE APPROVAL for PERMIT		TCO					
Date: <u>3/2/20</u>		Flam/Combust Tanks					
Approved by: <u>[Signature]</u>		Fireplace Venting					
SUBCODE APPROVAL for CERTIFICATE		Final					
☐ CO <u>7/12/20</u> ☐ CA		Other					
Date: _____							
Approved by: <u>[Signature]</u>							

U.C.C. F-140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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.

Applicant/Contractor sign here: _____

Print name here: JEFF LUKE

D. TECHNICAL SITE DATA

☐ Certified Contractor ☒ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source CONSTRUCT PATHWAY FOR

Method of Alarm/Suppression System Supervision VERIZON FIOS

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems	_____	_____
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	<u>0</u>	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other <u>3M FIRE STOP</u>	<u>2</u>	_____

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

no one knows what work was done.



Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 7/13/2021
Control Number 31584
Permit Number 98-199
Permit Issue Date 6/18/1998
Certificate Number 98-199

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 22 WESTFIELD, E , NJ Block: 912 Lot: 4 Qual: _____
Owner in Fee: ESQUIRE REALTY
Owner Address: NJ
Telephone: _____
Contractor ESQUIRE REALTY
Address NJ
Telephone: _____ Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-2 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: _____

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Date Printed: 7/13/2021

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

18310
6/18/98
98,199

IDENTIFICATION Block 912 Lot 4
Work Site Location 22 E. WESTFIELD
Owner in Fee ESQUIRE REALTY
Address 21 HICKORY RD.
SHORT HILL
Tel. ()
Contractor
Address
Tel. ()
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

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:

Five Doors

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

\$ 6500

Construction Official

Date

6/18/98

PAYMENTS (Office Use Only)

Building 77
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 5
Cert. of Occupancy
Other
Total 1233 82
Check No. 1233
Cash
Collected by 6/18/98

U.C.C. F170
(rev. 3/96)

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

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

6/4/95
18310
98 199

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

Block 912 Lot 4
Work Site Location 222 Chestnut Street AVE
Philadelphia PA 19106
Owner in Fee 850-192-1000
Address 21 HICKORY AVE
SHORT HILLS N.J. 07078
Tele. ()
Contractor
Address
Tele. () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	6/18	1003	Footing				
☒ All			Foundation				
☐ Footing			Slab				
☐ Foundation			Frame				
☐ Frame			Barrier-Free				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes				
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	Energy			
SUBCODE APPROVAL				Mechanical			
☐ CO	☐ CCO	☐ CA	TCO				
Date:				Other			
Approved by: <u>[Signature]</u>				Final		7-13-21	<u>[Signature]</u>
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present R3 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 \$ 6500
3. Total (1+ 2) \$

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

Insta Fire Doors

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ 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)

\$ 77

Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$ 80

U.C.C. F110
(rev. 3/95)

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



Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 6/24/2021
Control Number 28356
Permit Number 03-461
Permit Issue Date 8/6/2003
Certificate Number 03-461

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 22 E. WESTFIELD AVE. , NJ Block: 912 Lot: 4 Qual: _____
Owner In Fee: ESQUIRE REALTY
Owner Address: 22 E. WESTFIELD AVE. ROSELLE PARK NJ 07204-
Telephone: _____
Contractor ESQUIRE REALTY
Address 22 E. WESTFIELD AVE. ROSELLE PARK NJ 07204-
Telephone: _____ Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: - REPAIR ROOF

Certificate Comments:

☐ Certificate of Occupancy

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ Certificate of Continued Occupancy

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ Temporary Certificate of Compliance

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ Certificate of Compliance

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official
Date Printed: 6/24/2021

U.C.C. F280 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

8/8/03
23730
03-46

IDENTIFICATION Block 912 Lot 4
Work Site Location 22 E. WESTFIELD AVE
ROSELLE PK. N.J.
Owner in Fee IRVING MENLO
Address 21 HICKORY RD
SHORT HILLS, NJ
Tel. [REDACTED]

Contractor STEVE FERRANTE
Address 22 E. WESTFIELD AVE
ROSELLE PK NJ
Tel. [REDACTED]
Lic. No. or Bldrs. Reg. No. _____
Fed. Emp. No. _____

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

REPAIR ROOF

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 \$ 3000

Construction Official

Date

U.C.C. F170
(rev. 3/98)

1 WHITE—INSPECTOR COPY

2 CANARY—OFFICE COPY

3 PINK—OFFICE COPY

4 GOLD—APPLICANT COPY

(see reverse side)

PAYMENTS (Office Use Only)

Building 50
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 4
Cert. of Occupancy _____
Other _____
Total 54
Check No. 767
Cash _____
Collected by [Signature]



BUILDING 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 912 Lot 4
Work Site Location 22 E. WESTFIELD AVE
ROSELLE PK N.J.
Owner in Fee TRUNG MEDIC
Address 21 HICKORY RD
SHORT HILLS, NJ
Tele. ()
Contractor STEVE FERRANTE
Address 22 E. WESTFIELD AVE
ROSELLE PK NJ
Tele. [REDACTED] Fax ()
Lic. No. or Bids. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☐ All			Foundation				
☐ Footing			Slab				
☐ Foundation			Frame				
☐ Frame			Barrier-Free				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date: <u>6/24/03</u>			Other				
Approved by: <u>[Signature]</u>			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
No. of Stories _____ 2. Alteration \$ _____
Height of Structure _____ Ft. 3. Total (1+2) \$ 3000-
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.



Date Received 8-7-03
Date Issued 23730
Control #
Permit # 03-461

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPAIRING ROOF

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ 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)

\$ 50

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 54



Borough of Roselle Park
BOROUGH OF ROSELLE PARK
110 EAST WESTFIELD AVENUE
ROSELLE PARK, NJ 07204-2015

Date Issued 6/23/2021
Control Number 20928
Permit Number 13-481
Permit Issue Date 9/19/2013
Certificate Number 13-481

Certificate Construction Code Division (Certificate of Approval)

Identification

Work Site Location: 22 WESTFIELD, EAST SIGN: STATE FARM, Block: 912 Lot: 4 Qual: _____
NJ
Owner In Fee: 22 E. WESTFIELD RELITY LLC
Owner Address: 22 E. WESTFIELD AVE. ROSELLE PARK NJ 07204-
Telephone: _____
Contractor: INTERNATIONAL ELECTRIC & FLAG
Address: 66 HONISS STREET BELLEVILLE NJ 07109-1050
Telephone: _____ Fax: 973/7591388 Federal Emp. Number: 22-2504739
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - 3 X 8' NON-ILLUMINATED SIGN FOR STATE FARM REMOVAL OF 40' LIGHT BOX SIGN

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
- ☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
- ☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Fee: \$0.00
Check Number: _____
Collected By: _____

Construction Official

Date Printed: 6/23/2021

U.C.C. F260 (rev. 08/05)

Date Received
Control #

Date Issued
Permit #

7/24/13
045630
9/9/13
13-481

Block 412 Lot 4 Qualification Code _____
Work Site Location 22 E westfield Ave Roselle Park

Owner in Fee: 22E. Westfield Relativity LLC

Tel. () e-mail

Address 4 Central Ave Clarksburg, NJ 07016

Contractor: International Street municipality: pin code:

Address 66 Mcniss St. Bellingham 07109 e-mail

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Federal Employee No. 222504739000 FAX: 928 7591388

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

Signature _____

DESCRIPTION OF WORK

3x8' sign installation
Non-illuminated

Removal of 40' Light Box
Sign -

Type of Work:

() Fence
(X) Sign 245F No Light
() Patio
() Driveway
() Sidewalk

FEE (Office Use Only)

\$ _____

Pd
OK #300

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial
☐	No Plans Required	_____	_____
☐	All	_____	_____
☐	Footings	_____	_____
☐	Foundation	_____	_____
☐	Frame	_____	_____
☐	Other	_____	_____

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

Zoning approved
R.R.H.
9-9-13

Est. Cost of Bldg. Work:

1. New Bldg.	\$	1 800
2. Rehabilitation	\$	800
3. Total (1+ 2)	\$	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
TOTAL FEE \$ 25

1 White = Inspector Copy
3 Pink = Applicant Copy

2 Canary = Office Copy