

26-946

OPRA

From: khurram Mustafa <opra+request-91847-410fd26c@requests.opramachine.com>
Sent: Tuesday, May 26, 2026 12:05 AM
To: OPRA
Subject: OPRA request - CCO, building permit, and zoning records for 121 W 57th St (Block 15, Lot 21)

Dear Bayonne City,

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 — all of the following pertain to the property located at 121 West 57th Street, Bayonne, NJ 07002 (Block 15, Lot 21):

All Certificates of Occupancy, Certificates of Continued Occupancy, and Certificates of Habitability ever issued for this property, together with the applications submitted for each — including, specifically, the most recent resale / transfer-of-title CCO application and any unit-count information stated on it.

All building permit and construction permit records for this property, both open and closed, including permit applications, approvals, and any associated inspection records.

Any zoning records for this property, including zoning permits, variance applications and approvals, resolutions, and any Certificate of Nonconformity.

The current tax assessor's property record card (property card) for this 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,

Khurram Mustafa

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002

MAY 27 2026



Bayonne
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

(201) 858-6073
Fax: (201) 858-6122

Date Issued 2/15/2013
Tracking Number C13-02-0537
Permit Number NP13-02-015
Permit Issue Date 2/12/2013
Certificate Number _____

CERTIFICATE OF CONTINUED OCCUPANCY - TWO FAMILY

Identification

Work Site Location: 121 W 57TH ST BAYONNE, NJ 07002 Block: 15 Lot: 21 Qual: _____
Owner in Fee: CHICONELLI, ADALBERTO
Owner Address: 121 W 57TH ST BAYONNE NJ 07002
Telephone: _____

Use Group: R-3 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work Use: CCO

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.

SMOKE / CARBON MONOXIDE DETECTORS INCLUDED IN INSPECTION.

IF THESE PREMISES ARE USED FOR ANY PURPOSE OTHER THAN STATED IN THIS CERTIFICATE OF CONTINUED OCCUPANCY, MONETARY PENALTY ASSESSMENT WILL BE IMPOSED AND MUNICIPAL COURT ACTION INSTITUTED AGAINST THE OWNER. THIS CERTIFIES THAT SAID BUILDING CONFORMS TO THE ZONING ORDINANCE OF THE CITY OF BAYONNE, REGARDING LEGAL USE.

Fee: 95
Check No.



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 15 Lot 21 Qualification Code _____
Work Site Location 121 WEST 57 STREET ELECTRIC/FIRE, NJ 07002

Owner in Fee: DIAZ
Tel. [REDACTED] e-mail _____
Address 121 WEST 57 STREET BAYONNE NJ 07002-

Contractor: GARRIDO ELECTRIC Municipality _____ zip code _____
Address 411 58 STREET WEST NEW YORK NJ 07093- Tel. (201) 662-1895

Contractor License No. 5845 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. [REDACTED] FAX _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____ R-3 _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ \$850

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required
☐ Partial-Underslab Approved
Date: _____ Approved by: _____

☐ Electrical Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA

Date: _____
Approved by: _____

INSPECTIONS

Type: _____ 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 _____

U.C.C F120 (rev. 01/21)

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

Date Received 10/1/2004
Date Issued 10/1/2004
Control # _____
Permit # 04-10-021

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor sign

and seal here: Print name here: _____

☐ Licensed Electrical Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
5 DETECTORS, 7 EM/EX LTS5 DETECTORS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
5		Detectors	
		Light Poles	
		Motors - Fract. HP	
7		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
12		TOTAL NUMBERS	\$ <u>\$35</u>
		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 Hand	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge\$

Minimum Fee\$ \$45

State Permit Surcharge Fee\$ \$2

TOTAL FEES\$ \$47

CJ0801



FIRE 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 15 Lot 21 Qualification Code _____

Work Site Location 121 WEST 57 STREET ELECTRIC/FIRE, NJ 07002

Owner in Fee: DIAZ
Tel. [REDACTED] e-mail _____
Address 121 WEST 57 STREET BAYONNE NJ 07002
Street _____ Municipality _____ zip code _____
Contractor: GARRIDO ELECTRIC Tel. (201) 662-1895
Address 411 58 STREET WEST NEW YORK NJ 07093 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(if applicable): _____
Federal Emp. ID No. [REDACTED] Fax. _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ R-3 _____ Fuel Type ☐ Flammable or ☐ Combustible Capacity _____
Constr. Class: Present _____ Proposed _____
Heating Systems: ☐ New or ☐ Modification to Existing ☐ New or ☐ Existing
or ☐ Conversion or ☐ Replacement
Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____
Location: _____
Fire Alarm System: ☐ New or ☐ Existing
Location of Panel: _____
Fire Suppression/Standpipe System: ☐ New or ☐ Existing
Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ \$850

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Initial	Type:	Failure	Failure	Approval
☐ No Plan Required		Alarm System			Initial
☐ Partial Underslab Utilities Approved		Suppression Sys.			
Date: _____		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date: _____		Pre-Eng. System			
Joint Plan Review Required		Mechanical			
☐ Bldg. ☐ Elec. ☐ Plumb ☐ Elev.		Smoke Control			
SUBCODE APPROVAL for PERMIT		TCO			
Date: _____		Flam/Cumbust Tank			
Approved by: _____		Fireplace Venting			
SUBCODE APPROVAL for CERTIFICATE		Final			
☐ CO ☐ CCO ☐ CA		Other			
Date: _____					
Approved by: _____					

Closed

U.C.C F140 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received 10/1/2004
Control # _____
Date Issued 10/1/2004
Permit # 04-10-021

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's Signature/Contractor's Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
5 DETECTORS, 7 EM/EX LTS5 DETECTORS
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	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)	<u>5</u>	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	<u>5</u>	<u>\$25.00</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		
CO2 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 \$ \$45
State Permit Surcharge Fee \$ \$2
TOTAL FEE \$ \$47



PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 15 Lot 21 Qualification Code _____
Work Site Location 121 WEST 57 STREET PLUMBING, NJ 07002

Owner in Fee: DIAZ
Tel: [REDACTED] e-mail: _____
Address 121 WEST 57 STREET BAYONNE NJ 07002

Contractor: J.P.'S PLUMBING & HEATING CORP TA EFFECTIVE PLUMBING 04360900
Address 116 LINNETT STREET BAYONNE NJ 07002

Contractor License No. 11076 13VH03441200 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. [REDACTED] FAX 201/4360926

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
Water Service Size _____ ☐ Public Water ☐ Private Well
Est. Cost of Plumbing Work \$ \$190

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Truss Sys./Bracing	
☐ No Plan Required	INSPECTIONS	Failure	Dates (Month/Day)
☐ Partial Underslab Utilities Approved	Type:	Failure	Approval
Date: _____ Approved by: _____	Slab		Initial
☐ Plumbing Plans Approved	Rough		
Date: _____ Approved by: _____	Water		
Joint Plan Review Required	Sewer		
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Fixtures		
SUBCODE APPROVAL for PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

CID889

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 11/15/2004
Control # _____
Date Issued 11/15/2004
Permit # 04-11-172

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.
Applicant's sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 BACKFLOW PREVENTER

NO.	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	_____
	LP Gas Tank	_____
	Steam Boiler	_____
	Hot Water Boiler	_____
	Sewer Pump	_____
	Interceptor/Separator	_____
1	Backflow Preventor	\$10
	Greasetrap	_____
	Sewer Connector	_____
	Water Service Connection	_____
	Stacks	_____
	Other	_____

Administrative Surcharge \$ _____
Minimum Fee \$ \$45
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ \$45



PLUMBING SUBCODE
TECHNICAL SECTION



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

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

Block 13 Lot 21 Qualification Code _____
Work Site Location 121 West 57th Street Bayonne

Owner in Fee: Solimana Hassanin

Tel. () 201-358-9848 e-mail _____

Address 121 West 57th Street Bayonne

Contractor: Peter Hywel Plumbing Tel. 201-358-9848

Address 51 Woodland Rd. e-mail hywelplumbing@aol.com

Contractor License No. 36B100946700 Exp. Date 6/30/27

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

Federal Emp. ID No. 201-358-9848 FAX: () 201-358-9848

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size 1 Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
[] Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
[] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[] Bldg. [] Elec. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/1/25
Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA
Date: 10/1/25
Approved by: [Signature]

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

Closed

10/1/25
Date Received
Control # 025-10-2063
Date Issued 10/1/25
Permit # 28-P-004

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: Peter Hywel

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of water service

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 <u>water service</u>	

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