#23-169

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029 *Fax (201) 823-4391*
E-Mail: OPRAREQUEST@BAYNJ.ORG
Madelene C. Medina, City Clerk, Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name BHUVNESH MI ____ Last Name AGGARWAL

E-mail Address BAGGARWAL27@GMAIL.COM

Mailing Address 331 MERCER LOOP

City JERSEY CITY State NJ Zip 07302

Telephone ____ FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Bhuvnesh Date 12/04/2023

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide Occupancy Certificate for
506 AVENUE E, BAYONNE, NJ, 07002
Additional details
Tax Lot 14
Tax Block 406

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided ____

Custodian or his Assignee Signature ____ Date ____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
DEC -5 P 3:03

Bayonne City
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	4/7/2020
Date Expired	
Tracking Number	C20-04-0792
Permit Number	NP20-04-007
Permit Issue Date	4/7/2020
Certificate Number	NP20-04-007

CERTIFICATE OF CONTINUED OCCUPANCY - SINGLE FAMILY

Identification

Work Site Location: 506 AVENUE E Bayonne , NJ 07002 Block: 406 Lot: 14 Qual:

Owner in Fee: FASHEH, CHRISTOPHER

Owner Address: 506 AVENUE E BAYONNE NJ 07002

Telephone: (201) 887-6334

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:

THIS SERVES NOTICE THAT BASED ON A GENERAL INSPECTION OFTHE VISIBLE PARTS OF THE BUILDING THERE ARE NO IMMENENT 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 MUNICPAL COURT ACTION INSTITUED AGAINST THE OWNER. THIS CERTIFIES THAT SAID BUILDING CONFORMS TO THE ZONING ORDINANCE OF THE CITY OF BAYONNE, REGARDING LEGAL USE.

CONSTRUCTION OFFICIAL

Fee: 100
Check No. 312

Date Printed: 4/7/2020