City of Linden
UNION COUNTY, NEW JERSEY

OFFICE OF CITY CLERK
City Hall – 301 North Wood Avenue
(908) 474-8452
Fax: (908) 474-8451

Joseph C. Bodek, RMC, RPPO
City Clerk

Jennifer Honan
Deputy City Clerk

May 2, 2022

Anothony J
Opra+request-31055-c36ae39b@requests.OPRAmachine.com

File Number: 2022-333

Re: OPRA Request – Permits

Dear Anothony J:

The City of Linden received your Open Public Records Act (OPRA) request on April 25, 2022. The official Records Custodian, Joseph C. Bodek, received your OPRA request on April 25, 2022.

You requested the following: See Attached

The records are now being provided to you as per your request, with redactions. In accordance with N.J.S.A. N.J.S.A. 47:1A-1 (24) Privacy Interest and N.J.S.A. 47:1A-1.1(19) Personal Identifying Information "phone numbers" a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

If you feel that your request for access to a government record has been improperly denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision of the City of Linden to deny access. I have attached information, from the Government Records Council regarding the process to file a complaint.

Sincerely,

Joseph C. Bodek
Custodian of Records
City of Linden

New Jersey Government Records Council ("GRC")

What to do if your request for a record has been denied

The New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 *et seq.*) permits a person who believes that he or she has been unlawfully denied access to a public record either to file a complaint with the GRC or to file suit in Superior Court to challenge the decision and compel disclosure. This poster describes the procedures for taking such actions.

To file a complaint with the GRC:

- Visit the GRC's website at www.nj.gov/grc for information and to register your complaint. In the alternative, you may contact the GRC by telephone at 1-866-850-0511 or by e-mail at government.records@dca.nj.gov.
- When you file the written complaint, the GRC will offer both you and the public agency non-adversarial, impartial mediation. If mediation is not accepted or is not successful, the GRC will investigate the complaint.
- In some cases, the GRC can award attorney's fees to a complainant or impose a fine against a records custodian.
- There is no fee to file a complaint with the GRC.

To file a complaint in Superior Court:

- A requestor may start a summary (expedited) lawsuit in the Superior Court. A written complaint and order to show cause must be filed with the court.
- The court requires a filing fee, and you must serve the lawsuit papers on the appropriate parties.
- The court will schedule a hearing to resolve the dispute.
- If you disagree with the court's decision, you may appeal the decision to the Appellate Division of the Superior Court.
- If you are successful, you may be entitled to reasonable attorney's fees.
- You may wish to consult with an attorney to learn about initiating and pursuing a summary lawsuit in the Superior Court.
- Filing suit in Superior Court may result in a faster resolution, because the courts adjudicate cases every day, whereas the GRC only meets once a month.

Government Records Council, P.O. Box 819, Trenton, New Jersey 08625-0819

Talia Pena-Marin <tmarin@linden-nj.gov>

Re: OPRA Request Response 2022-333

1 message

Anthony J <opra+request-31055-c36ae39b@requests.opramachine.com> Mon, Apr 25, 2022 at 11:51 AM
To: Talia Pena-Marin <tmarin@linden-nj.gov>

Dear Talia Pena-Marin,

Good morning and thank you for sending me the list of open permits after we spoke earlier on the telephone. I requested copies of the applications, permits issued, license and copies of all correspondence within the folder/permit, but I totally understand making/scanning copies of the entire contents for all the permits on the list you sent me would be overwhelming. Please do not treat this as a new request since I did not receive all the documents I requested and instead am willing to compromise on the amount of records I am willing to accept.

Therefore, I would like to requested the following for only 5 of the permits on the list of over 100 you sent me. For the following permits (20220367, 20211215, 20200849, 20190452 and 20180792)

- Construction Permit Application

- Certification in Lieu of oath

- Construction Permit

- Fire Protection Subcode application and Permit (if one was applied for and issued)

- Copies of professional licenses issued by NJ DEP summitted to your agency submitted by the applicant

- Any communication/paperwork submitted by contractor or subcontractor requesting inspections and submitting proof of proper disposal of removed tank,

- any and all other records available attached to said permit

I apologize if this caused any extra work on your part.

Yours sincerely,

Anthony J

-----Original Message-----

Good Morning,

Enclosed please find OPRA Request response that was received by the City

Clerk's Office on April 14, 2022.

--

Best,

Talia Pena-Marin

Clerk 1- Bilingual

Office of the City Clerk

[1]cid:image001.png@01D2EA85.D1071D20

City of Linden

301 North Wood Avenue

Linden, New Jersey 07036

Office (908) 474-8447

Fax (908) 474-8451

E-mail [2][email address]

NOTICE

PRIVILEGED AND CONFIDENTIAL

THIS DOCUMENT IS SUBJECT TO THE

ATTORNEY-CLIENT PRIVILEGE AND

WORK-PRODUCT DOCTRINE

NOT SUBJECT TO DISCLOSURE UNDER THE

OPEN PUBLIC RECORDS ACT (OPRA)

Disclaimer Required by IRS Rules of Practice:

Any discussion of tax matters contained herein is not intended or written to be used, and cannot be used, for the purpose of avoiding any penalties that may be imposed under Federal tax laws.

NOTICE: This message and any attachments contain information which may be confidential and privileged. Unless you are an intended recipient (or authorized to receive for an intended recipient), you may not review, use, copy, disclose, or transmit to anyone the message or any information contained in the message or any attachments. If you have received the message in error, please advise the sender by reply email and delete the message.

References

Visible links

2. mailto:[email address]

View this OPRA request & responses online:

https://opramachine.com/request/construction_permits_12

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.

BLOCK 264 LOT 7 QUALIFICATION CODE 62939 ADDRESS (SITE) _____ PE

City of Linden
Construction Code
Department
(908) 474-8460

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 128 Elmwood Terr.
2. Name of Owner in Fee: [redacted]
   Tel. ([redacted] e-mail _____
   Address _____ (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: C. Cueto Tel. [redacted]
   Address 809 Scatterbed Ln e-mail _____
   Clark NJ
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 4/30/19.
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer C. Cueto Contact _____
   Address _____ e-mail _____
   Tel. ([redacted] FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun C. Cueto / S Bonaccorso
   Tel. ([redacted] FAX: ( ) _____

7 for Insp 6/19.

V. FEE SUMMARY (for office use only)

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	$

VI. BUILDING/SITE CHARACTERISTICS

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

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									
☐ Plumbing									
☑ Fire Protection					6/19				
☐ Elevator									
TOTAL COST	1700								

VII. DESCR
A. RESIDEI
1. State Sp
2. Use Gro
3. Change
4. No. of d
Gainec
Gainec
Lost,
Lost,
B. NON-RE
1. State S
2. Use Gr
3. Chang
C. MIXED U
D. Construc

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 Syste
9. ☐ Underground Storage
10. ☐ Swimming Pools, Spi
11. ☐ LPGas Tanks

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

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

Mechanical _____ Other _____

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISS
☐ 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.			

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908-4748463

CERTIFICATE
IDENTIFICATION

Date Issued: 06/27/2018
Control #: 62939
Permit #: 20180792

Block: 264 Lot :7

Work Site Location: 128 ELMWOOD TERR
LINDEN

Owner in Fee: PATEL RESIDENCE

Address: 128 ELMWOOD TERR
LINDEN NJ 07036

Telephone: [redacted]

Agent/Contractor: C. CUETO

Address: 809 FEATHERBED LANE
CLARK NJ 07066

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: [redacted] Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
REMOVAL 550 GALLON SAND FILLED OIL TANK

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Frank Gadomski Construction Official

Fees: $0.00
Paid[X]Check No.: 6315
Collected by: TB

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20180792
Update Number:
Control Number: 62939
Application Date: 06/15/2018
Permit Date: 06/20/2018
Expiration Date: 06/20/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 264 Lot: 7 Qualification Code:
Work Site Location: 128 ELMWOOD TERR LINDEN

Owner In Fee: PATEL RESIDENCE
Address: 128 ELMWOOD TERR
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVAL 550 GALLON SAND FILLED OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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.

Frank Gadomski 6-20-18
Frank Gadomski — Date
Construction Official

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid:	**$100.00**
Check Number:	6315
Check amount:	$100.00

Collected by:	TB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$100.00
Total CC Amount:	
Grand Total:	$100.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8459

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/17/18
Control # 12939
Date Issued 6-20-18
Permit # 20180798

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

Block 264 Lot 7 Qualification Code ____
Work Site Location 128 Elmwood Terr.
Owner in Fee: Patel
Tel. [redacted] e-mail ____
Address ____ (street) (municipality)
Contractor: C. Cueto Tel. [redacted]
Address 709 Featherbed Ln e-mail ____
Clark NJ
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. Reg# 520086 6/20/18 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 $ 1700.

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: [signature]
Print name here: Christian Cueto
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove 550 gal Sand Filled Oil Tank.
Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

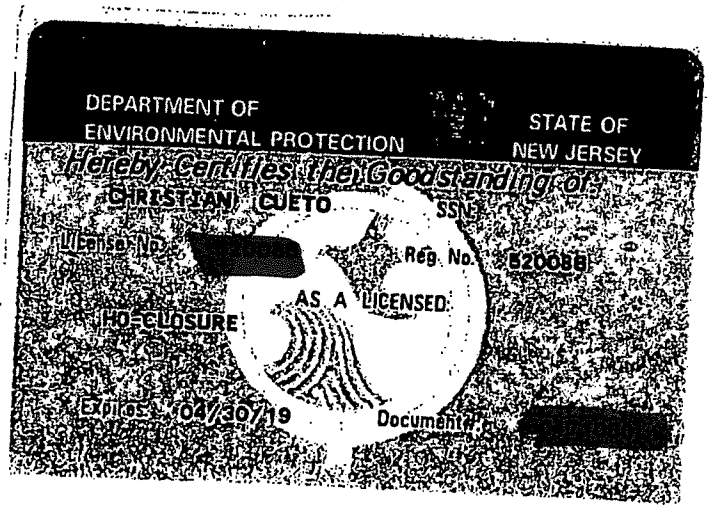
	NUMBER	FEE (Office Use Only)
		$ 100
Flammable/Combustible Tanks Removal 550	1	
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
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 $		
State Permit Surcharge Fee $		6.00
TOTAL FEE $		106

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: 6/19/18 Approved by: [signature]
[ ] Fire Protection Plans Approved
Date: ____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Plumb [ ] Elev
SUBCODE APPROVAL for PERMIT
Date: 6/19/18
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CEO [X] CA
Date: 6/19/18
Approved by: [signature]

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final 550 gal			6/19/18	[signature]
Other Tank Removal				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy


DEPARTMENT OF
ENVIRONMENTAL PROTECTION
STATE OF
NEW JERSEY
Hereby Certifies the Goodstanding of:
CHRISTIAN CUETO
SS#
License No.
Reg. No. 620088
AS A LICENSED
HQ=CLOSURE
Expires 04/30/19
Document#

BLOCK 404 LOT 11 QUALIFICATION CODE 104163 ADDRESS (SITE) _____ PI

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 239-241 W. Linden Ave.
2. Name of Owner in Fee: C. Charnitski
   Tel. [redacted] e-mail _____
   Address _____ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: C. Cueto Tel [redacted]
   Address 809 Featherbed LA e-mail _____
   OAK NJ 07436
   License No. OR, if new home, Builder Reg. No [redacted] Exp. Date 4/30/19
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer C. Cueto Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun C. Cueto / S Bowaccord
   Tel. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

1.	Building	$
2.	Electrical	
3.	Plumbing	
4.	Fire Protection	I
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	$ 1

VI. BUILDING/SITE CHARACTERISTICS

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

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									
☐ Plumbing									
☑ Fire Protection					4/16/19	[illegible]			
☐ Elevator									
TOTAL COST	1-100								

VII. DESC

A. RESIDE
1. State Sp
2. Use Gro
3. Change
4. No. of d
Gaine
Gaine
Lost,
Lost,
B. NON-RE
1. State S
2. Use G
3. Chang
C. MIXED
D. Constru

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 Syste
9. ☐ Underground Storag
10. ☐ Swimming Pools, Sp
11. ☐ LPGas Tanks

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 _____ 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. 5:23-2.15(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.

(1✓) Check if contractor.

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE RE
☐ 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.			

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908-4748463

CERTIFICATE
IDENTIFICATION

Date Issued: 05/02/2019
Control #: 64723
Permit #: 20190452

Block: 464 Lot: 11

Work Site Location: 239-241 W LINDEN AVE
LINDEN

Owner in Fee: C. CHARNITSKI
Address: 239-241 W LINDEN AVE
LINDEN NJ 07036
Telephone: [redacted]

Agent/Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: [redacted] Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
REMOVE 550 GALLON OIL TANK

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Frank Gadomski

Frank Gadomski Construction Official

Fees: $0.00
Paid[X]Check No.: 6531
Collected by: km

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20190452
Update Number:
Control Number: 64723
Application Date: 04/12/2019
Permit Date: 04/17/2019
Expiration Date: 04/16/2020

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 464 Lot: 11 Qualification Code:
Work Site Location: 239-241 W LINDEN AVE LINDEN

Owner In Fee: C. CHARNITSKI
Address: 239-241 W LINDEN AVE
LINDEN NJ 07036

Telephone: [redacted]

Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.: [redacted]

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 550 GALLON OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,750.00
Total Cost:	$1,750.00

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.

Frank Gadomski
Construction Official

4/17/19
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid:	**$100.00**
Check Number:	6531
Check amount:	$100.00

Collected by:	km
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$100.00
Total CC Amount:	
Grand Total:	$100.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8459

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/11/19
Control # 64723
Date Issued
Permit # 20190452

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

Block 4104 Lot 11 Qualification Code

Work Site Location 239-241 W. Linden Ave

Owner in Fee: C. CHARNITSKI

Tel. [redacted] e-mail

Address

Contractor: C. Cueto (street) (municipality) Tel.

Address 809 Featherbed LA e-mail

CRANE NJ 07066

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

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

Fire Alarm Contractor [redacted] Exp. Date 4/30/19

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

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 $ 1700

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 4/16/19 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/16/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [A] CA
Date: 4/25/19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/23/19	
Other Test Removal			4/24/19	

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: Christian Cueto

D. TECHNICAL SITE DATA [✓] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Remove 550 gal oil tank

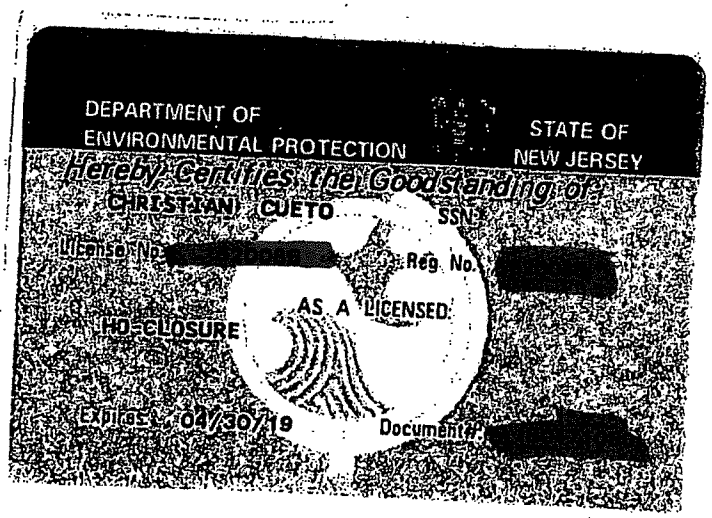
Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $ 100
Flammable/Combustible Tanks	1	
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		
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 $		
State Permit Surcharge Fee $		100
TOTAL FEE $		

RECEIVED
APR 12 2019
CONSTRUCTION CODE

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy


DEPARTMENT OF
ENVIRONMENTAL PROTECTION
STATE OF
NEW JERSEY
Hereby Certifies the Goodstanding of:
CHRISTIAN CUETO
SSN:
License No:
Reg. No.
AS A LICENSED:
HO-CLOSURE
Expires: 04/30/19
Document#:

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908-4748463

CERTIFICATE
IDENTIFICATION

Date Issued: 09/01/2021
Control #: 67883
Permit #: 20200849

Block: 198 Lot :48

Work Site Location: 302 HUSSA ST
LINDEN

Owner in Fee: B. HELM

Address: 302 HUSSA ST
LINDEN NJ 07036

Telephone: [redacted]

Agent/Contractor: C. CUETO

Address: 809 FEATHERBED LANE
CLARK NJ 07066

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: [redacted] Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
REMOVE 550 GALLON OIL TANK SAND FILLED

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Mark Ritacco Construction Official

Fees: $0.00
Paid[X]Check No.: 6900
Collected by: km

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20200849
Update Number:
Control Number: 67883
Application Date: 10/09/2020
Permit Date: 10/14/2020
Expiration Date: 10/14/2021

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 198 Lot: 48 Qualification Code:
Work Site Location: 302 HUSSA ST LINDEN

Owner In Fee: B. HELM
Address: 302 HUSSA ST
LINDEN NJ 07036

Telephone: [redacted]

Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066

Telephone [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 550 GALLON OIL TANK SAND FILLED

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,700.00
Total Cost:	$1,700.00

Amount to be Paid: **$100.00**
Check Number: 6900
Check amount: $100.00

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.

Mark Ritacco
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: km
Receipt No:
Total Cash Amount:
Total Check Amount: $100.00
Total CC Amount:
Grand Total: $100.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20200849
Update Number:
Control Number: 67883
Application Date: 10/09/2020
Permit Date: 10/14/2020
Expiration Date: 10/14/2021

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 198 Lot: 48 Qualification Code:
Work Site Location: 302 HUSSA ST LINDEN

Owner In Fee: B. HELM
Address: 302 HUSSA ST
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 550 GALLON OIL TANK SAND FILLED

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,700.00
Total Cost:	$1,700.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid: **$100.00**
Check Number: 6900
Check amount: $100.00

Mark Ritacco
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: km
Receipt No:
Total Cash Amount:
Total Check Amount: $100.00
Total CC Amount:
Grand Total: $100.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20200849
Update Number:
Control Number: 67883
Application Date: 10/09/2020
Permit Date: 10/14/2020
Expiration Date: 10/14/2021

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 198 Lot: 48 Qualification Code:
Work Site Location: 302 HUSSA ST LINDEN

Owner In Fee: B. HELM
Address: 302 HUSSA ST
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 550 GALLON OIL TANK SAND FILLED

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,700.00
Total Cost:	$1,700.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid: **$100.00**
Check Number: 6900
Check amount: $100.00

Mark Ritacco
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
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Collected by: km
Receipt No:
Total Cash Amount:
Total Check Amount: $100.00
Total CC Amount:
Grand Total: $100.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20200849
Update Number:
Control Number: 67883
Application Date: 10/09/2020
Permit Date: 10/14/2020
Expiration Date: 10/14/2021

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 198 Lot: 48 Qualification Code:
Work Site Location: 302 HUSSA ST LINDEN

Owner In Fee: B. HELM
Address: 302 HUSSA ST
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 550 GALLON OIL TANK SAND FILLED

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,700.00
Total Cost:	$1,700.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid: **$100.00**
Check Number: 6900
Check amount: $100.00

Mark Ritacco
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by: km
Receipt No:
Total Cash Amount:
Total Check Amount: $100.00
Total CC Amount:
Grand Total: $100.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

FIRE SUBCODE TECHNICAL SECTION

Date Received 10/09/2020 Date Issued 10/14/2020
Control # 67883 Permit # 20200849

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

Block: 198 Lot: 48 Qualification Code:

Work Site Location : 302 HUSSA ST

Owner Details

Owner in Fee: B. HELM
Address: 302 HUSSA ST
LINDEN NJ 07036
Telephone: [redacted]
E-mail:

Contractor Details

Contractor: C. CUETO
ATTN:
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone [redacted] Fax:
E-mail:

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present U Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing
or [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
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:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel
1. New: $0.00 2. Rehabilitation: $0.00 3. Demolition: $1,700.00
Total Cost of Fire Protection (1+2+3) Work: $1,700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REMOVE 550 GALLON OIL TANK SAND FILLED

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)		
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
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		
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: Removal/Abandonment heating oil tanks ur	1	$100.00

Administrative Surcharge	
Mininimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$100.00

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908-4748463

CERTIFICATE
IDENTIFICATION

Date Issued: 01/27/2022
Control #: 70251
Permit #: 20211215

Block: 227 Lot :13

Work Site Location: 6 FURBER AVE
LINDEN

Owner in Fee: YEATS, LAUREN

Address: 6 FURBER AVE
LINDEN NJ 07036

Telephone: [redacted]

Agent/Contractor: C. CUETO

Address: 809 FEATHERBED LANE
CLARK NJ 07066

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: [redacted] Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
REMOVE A 550 GALLON SAND FILLED OIL TANK

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Mark Ritacco Construction Official

Fees: $0.00
Paid[X]Check No.: 7146
Collected by: TB

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20211215
Update Number:
Control Number: 70251
Application Date: 10/22/2021
Permit Date: 10/26/2021
Expiration Date: 10/26/2022

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 227 Lot: 13 Qualification Code:
Work Site Location: 6 FURBER AVE LINDEN

Owner In Fee: YEATS, LAUREN
Address: 6 FURBER AVE
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE A 550 GALLON SAND FILLED OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,900.00
Total Cost:	$1,900.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid:	**$100.00**
Check Number:	7146
Check amount:	$100.00

Mark Ritacco
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by:	TB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$100.00
Total CC Amount:	
Grand Total:	$100.00

Note:

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20211215
Update Number:
Control Number: 70251
Application Date: 10/22/2021
Permit Date: 10/26/2021
Expiration Date: 10/26/2022

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 227 Lot: 13 Qualification Code:
Work Site Location: 6 FURBER AVE LINDEN

Owner In Fee: YEATS, LAUREN
Address: 6 FURBER AVE
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE A 550 GALLON SAND FILLED OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,900.00
Total Cost:	$1,900.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid:	**$100.00**
Check Number:	7146
Check amount:	$100.00

Mark Ritacco
Construction Official

Date

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Collected by:	TB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$100.00
Total CC Amount:	
Grand Total:	$100.00

Note:

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20211215
Update Number:
Control Number: 70251
Application Date: 10/22/2021
Permit Date: 10/26/2021
Expiration Date: 10/26/2022

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 227 Lot: 13 Qualification Code:
Work Site Location: 6 FURBER AVE LINDEN

Owner In Fee: YEATS, LAUREN
Address: 6 FURBER AVE
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE A 550 GALLON SAND FILLED OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,900.00
Total Cost:	$1,900.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid: **$100.00**
Check Number: 7146
Check amount: $100.00

Mark Ritacco
Construction Official

Date

Collected by: TB
Receipt No:
Total Cash Amount:
Total Check Amount: $100.00
Total CC Amount:
Grand Total: $100.00

:: Failure to obtain all required inspections may result in administrative action.
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Note:

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20211215
Update Number:
Control Number: 70251
Application Date: 10/22/2021
Permit Date: 10/26/2021
Expiration Date: 10/26/2022

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 227 Lot: 13 Qualification Code:
Work Site Location: 6 FURBER AVE LINDEN

Owner In Fee: YEATS, LAUREN
Address: 6 FURBER AVE
LINDEN NJ 07036
Telephone: [redacted]

Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE A 550 GALLON SAND FILLED OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,900.00
Total Cost:	$1,900.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid: **$100.00**
Check Number: 7146
Check amount: $100.00

Mark Ritacco
Construction Official

Date

Collected by: TB
Receipt No:
Total Cash Amount:
Total Check Amount: $100.00
Total CC Amount:
Grand Total: $100.00

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

City of Linden

FIRE SUBCODE TECHNICAL SECTION

Date Received 10/22/2021 Date Issued 10/26/2021
Control # 70251 Permit # 20211215

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

Block: 227 Lot: 13 Qualification Code:

Work Site Location : 6 FURBER AVE

Owner Details

Owner in Fee: YEATS, LAUREN
Address: 6 FURBER AVE
LINDEN NJ 07036
Telephone: [redacted]
E-mail:

Contractor Details

Contractor: C. CUETO
ATTN:
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephon[redacted] Fax:
E-mail:

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present U Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
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:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel
1. New: $0.00 2. Rehabilitation: $0.00 3. Demolition: $1,900.00
Total Cost of Fire Protection (1+2+3) Work: $1,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REMOVE A 550 GALLON SAND FILLED OIL TANK

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)		
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
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		
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: Removal/Abandonment heating oil tanks ur	1	$100.00

Administrative Surcharge	
Mininimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$100.00

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908-4748463

CERTIFICATE
IDENTIFICATION

Date Issued: 04/18/2022
Control #: 71326
Permit #: 20220367

Block: 266 Lot :16

Work Site Location: 123 ROBBINWOOD TERR
LINDEN

Owner in Fee: CURREA, ROBERT

Address: 123 ROBBINWOOD TERR
LINDEN NJ 07036

Telephone: [redacted]

Agent/Contractor: C. CUETO

Address: 809 FEATHERBED LANE
CLARK NJ 07066

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: [redacted] Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
REMOVE 550 GALLONSAND FILLED OIL TANK

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] **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

Mark Ritacco Construction Official

Fees: $0.00
Paid[X]Check No.: 7244
Collected by: TB

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20220367
Update Number:
Control Number: 71326
Application Date: 03/28/2022
Permit Date: 03/28/2022
Expiration Date: 03/28/2023

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 266 Lot: 16 Qualification Code:
Work Site Location: 123 ROBBINWOOD TERR LINDEN

Owner In Fee: CURREA, ROBERT
Address: 123 ROBBINWOOD TERR
LINDEN NJ 07036

Telephone: [redacted]

Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.: [redacted]

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 550 GALLONSAND FILLED OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,900.00
Total Cost:	$1,900.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid:	**$100.00**
Check Number:	7244
Check amount:	$100.00

Mark Ritacco
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by:	TB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$100.00
Total CC Amount:	
Grand Total:	$100.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20220367
Update Number:
Control Number: 71326
Application Date: 03/28/2022
Permit Date: 03/28/2022
Expiration Date: 03/28/2023

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 266 Lot: 16 Qualification Code:
Work Site Location: 123 ROBBINWOOD TERR LINDEN

Owner In Fee: CURREA, ROBERT
Address: 123 ROBBINWOOD TERR
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 550 GALLONSAND FILLED OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,900.00
Total Cost:	$1,900.00

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.

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid:	**$100.00**
Check Number:	7244
Check amount:	$100.00

Mark Ritacco
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
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Receipt No:	
Total Cash Amount:	
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City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20220367
Update Number:
Control Number: 71326
Application Date: 03/28/2022
Permit Date: 03/28/2022
Expiration Date: 03/28/2023

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 266 Lot: 16 Qualification Code:
Work Site Location: 123 ROBBINWOOD TERR LINDEN

Owner In Fee: CURREA, ROBERT
Address: 123 ROBBINWOOD TERR
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
[ ]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE 550 GALLONSAND FILLED OIL TANK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	1,900.00
Total Cost:	$1,900.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$100.00**
All Fees Waived:	No

Amount to be Paid:	**$100.00**
Check Number:	7244
Check amount:	$100.00

Mark Ritacco
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Collected by:	TB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$100.00
Total CC Amount:	
Grand Total:	$100.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20220367
Update Number:
Control Number: 71326
Application Date: 03/28/2022
Permit Date: 03/28/2022
Expiration Date: 03/28/2023

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 266 Lot: 16 Qualification Code:
Work Site Location: 123 ROBBINWOOD TERR LINDEN

Owner In Fee: CURREA, ROBERT
Address: 123 ROBBINWOOD TERR
LINDEN NJ 07036
Telephone: [redacted]
Use Group(s): U

Contractor: C. CUETO
Address: 809 FEATHERBED LANE
CLARK NJ 07066
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.:

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[ ]BUILDING [ ]PLUMBING [X] DEMOLITION
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Building	
Electrical	
Plumbing	
Fire Protection	$100.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
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Amount to be Paid:	**$100.00**
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Check amount:	$100.00

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