

Town Clerk

From: KIMBERLY O'MALLEY
Sent: Monday, April 12, 2021 10:11 AM
To: Town Clerk; THOMAS O'MALLEY; KRYSTLE CAMACHO; Patricia Silva
Cc: ADELINNY PLAZA; Joseph Roque; Gabriela Reynoso
Subject: RE: Tracking #10233 (Request) 5711 Jefferson St.
Attachments: OPRA 10233 5711 Jefferson St..pdf

Please be advised that with regards to the above referenced Tracking Number, I have attached the only documents the building department has on file at this time, as specifically requested by the applicant.

This concludes this request. Should you have any questions, please do not hesitate to contact me.

Sincerely,

KIMBERLY O'MALLEY
Town of West New York
Dept. of Public Affairs
Building Dept./Code Enforcement
428 60th St., Room 27
West New York NJ 07093
201-295-5179



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 130 Lot 2 Qualification Code 0401
Work Site Location: 5711 JEFF ST #401 401 West New York NJ 07093

Owner in Fee: STICHOVA, BLANKA & JIRI
Address 5711 JEFFERSON ST #401 WEST NEW YORK NJ 07093

Contractor: WILLIAM J. GUARINI
Address 132 MALLORY AVE JERSEY CITY NJ 07304

Tel: [REDACTED] Email: maryanne@guariniplumbing.com
Fax: [REDACTED]

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Contractor License No. 368101242800 Expiration Date: 8/4/2020

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present R-2 Proposed R-2

Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic

Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,269

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: [REDACTED] by: [REDACTED]

Plumbing Plans Approved

Date: [REDACTED]

Approved by: [REDACTED]

Joint Plan Review Required

☐ Building

☐ Fire

☐ Electrical

☐ Refrigerator

SUBCODE APPROVAL for PERMIT

Date: [REDACTED]

Approved by: [REDACTED]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: [REDACTED]

Approved by: [REDACTED]

Truss Sys./Bracing

INSPECTIONS

Type: [REDACTED]

Slab [REDACTED]

Rough [REDACTED]

Water [REDACTED]

Sewer [REDACTED]

Fixtures [REDACTED]

Gas Equipment [REDACTED]

Gas Piping [REDACTED]

LP Gas Tank [REDACTED]

Fuel Oil Piping [REDACTED]

Solar [REDACTED]

TCO [REDACTED]

Final [REDACTED]

Other [REDACTED]

Dates (Month/Day)

Failure [REDACTED]

Approval [REDACTED]

Initial [REDACTED]

Date Received 2/2/2021
Control # C-21-00066
Date Issued 2/9/2021
Permit # 20210064

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PLUMBING ALTERATIONS, #401: One water heater.

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	
1	Water Heater	\$100
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well
Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$2
TOTAL FEE \$102

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

U.C.C. F130 (rev. 11/09)

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



TECHNICAL SECTION

Work Site Location: 5711 JEFF ST West New York Town, NJ

Address 1861 WORTHINGTON RD SU100 WEST PALM BCH FL 33409

Figure 1

TECHNICAL CHARACTERISTICS

Water Service Size _____
Estimated Cost of Plumbing Work \$1,500

Licensed Plumbing Contractor

2

11 C.C.F. 130 (Rev. 11/09)

☐ Licensed Building Contractor



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 130 Lot 2 Qualification Code 0313

Work Site Location: 5711 JEFF ST West New York Town, NJ

Owner in Fee: MOREIRA LUCIANA & R.G. OLIVERIA JR

Address 5711 JEFFERSON ST #313 WEST NEW YORK NJ 07093

Tel. _____ Email _____

Contractor: William J. Guarini Inc.

Address 132 Mallory Ave Jersey City NJ 07304

Tel. (201) 656-1530 Fax _____

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

Contractor License No. 36B01242800 Expiration Date: 6/30/2021

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-2 Proposed R-2

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Services Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$425

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure Approval Initial
☐ Partial Underlab Utilities Approved			
Date: _____ by: _____			
☐ Plumbing Plans Approved			
Date: _____			
Approved by: _____			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 11/20/2019
Control # C-19-54388
Date Issued 1/8/2020
Permit # 20200017

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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PLUMBING ALTERATIONS, Unit#313

Installation of 1 water heater.

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge
Minimum Fee \$65
State Permit Surcharge Fee \$1
TOTAL FEE \$66

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

U.C.C. F130 (rev. 11/09)



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 130 Lot 2 Qualification Code C0402

Work Site Location: 5711 Jefferson St Apt 402 West New York Town NJ

Owner in Fee: MADRASWALA, SAHEEYAH G

Address 5711 JEFF ST APT 402 WEST NEW YORK NJ 07083

Tel. _____ Email _____

Contractor: WILLIAM J. GUARINI

Address 132 MALLORY AVE JERSEY CITY NJ 07304

Tel. _____ Email maryanne@guariniplumbing.com

Fax _____

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

Contractor License No. 36B101242800 Expiration Date: 8/4/2020

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ R-2 _____ Proposed _____ R-2 _____

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1459

_____ ☐ Private Septic ☐ Private Well

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			
☐ Partial Underslab Utilities Approved			
Date: _____ by: _____			
☐ Plumbing Plans Approved			
Date: _____			
Approved by: _____			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
☐ Gas Equipment			
☐ Gas Piping			
☐ LP Gas Tank			
☐ Fuel Oil Piping			
☐ Solar			
☐ TCO			
☐ Final			
☐ Other			
SUBCODE APPROVAL for PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 11/13/2019
Control # C-19-54355
Date Issued 1/8/2020
Permit # 20200016

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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Unit #402 1 hot water heater

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	\$35
1	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge

☐ Private Septic

☐ Private Well

Minimum Fee \$65
State Permit Surcharge Fee \$3
TOTAL FEE \$68

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

U.C.C.F. 190 (rev. 11/09)



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 130 Lot 2 Qualification Code C0402

Work Site Location: 5711 Jefferson St Apt 402 West New York Town, NJ

Owner in Fee: MADRASWALA, SAEFIYAH G

Address 5711 JEFF ST APT 402 WEST NEW YORK, NJ 07093 Email

Tel. Contractor: WILLIAM J. GUARINI Tel. (862) 225-9617

Address 132 MALLOY AVE JERSEY CITY, NJ 07304 Email maryanne

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. Fax:

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-2 Proposed R-2 Fuel Type ☐ Flammable or ☐ Combustible Capacity

Heating Systems: ☐ New or ☐ Modification to Existing ☐ Fuel Storage Tank: ☐ New or ☐ Existing

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location: Fire Alarm System: ☐ New or ☐ Existing Fire Suppression/Standpipe System: ☐ New or ☐ Existing

Total Cost of Fire Protection Work \$100

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Approval	Initial
☐ No Plan Required		Alarm System			
☐ Partial Underslab Utilities Approved		Suppression Sys.			
Date: by:		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date:		Pre-Eng. System			
Approved by:		Mechanical			
Joint Plan Review Required		Smoke Control			
Building Electrical		TCO			
SUBCODE APPROVAL FOR PERMIT		Flam/Combust Tank			
Date:		Fireplaces Venting			
Approved by:		Final			
SUBCODE APPROVAL FOR CERTIFICATE		Other			
Date:					
Approved by:					

U.G.C F140 (rev. 11/08)

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

Date Received 11/13/2019
Control # C-19-54365
Date Issued 1/6/2020
Permit # 20200016

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

Unit #402 1 hot water heater

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, pull, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances ☒ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



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 130 Lot 2 Qualification Code C0304

Work Site Location: 5711 JEFF ST. West New York Town, NJ

Owner in Fee: GAUDINO, WALTER

Address 5711 JEFF ST. UNIT 304 WEST NEW YORK, NJ 07093

Tel. [REDACTED] Email

Contractor: William J. Guarini Inc.

Address 132 Mallory Ave. Jersey City, NJ 07304

Tel. (201) 656-1530 Fax

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

Contractor License No. 36B101242800 Expiration Date: 6/30/2021

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present R-2 Proposed R-2

Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic

Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$2,199

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure Approval Initial
☐ Partial Underslab Utilities Approved			
Date: by:			
☐ Plumbing Plans Approved			
Date:			
Approved by:			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ LP Gas Tank			
SUBCODE APPROVAL for PERMIT			
Date:			
Approved by:			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date:			
Approved by:			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. P190 (rev. 11/09)

Date Received 11/17/2019
Control # C-19-54327
Date Issued 11/12/2019
Permit # 20190849

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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Unit 304 - Install 1 Water Heater.

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	\$35
1	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge

Minimum Fee \$65

State Permit Surcharge Fee \$4

TOTAL FEE \$69

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



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 130 Lot 2 Qualification Code C0304

Work Site Location: 5711 JEFFE ST. West New York Town, NJ

Owner in Fee: GAUDINO, WALTER

Address 5711 JEFFE ST. UNIT 304 WEST NEW YORK, NJ 07093 Email

Contractor: GUARINI FIRE PROTECTION Tel. (201) 656-1530

Address 132 Mallory Street Jersey City, NJ 07304 Email

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

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

Fire Alarm Contractor No. P01365 Expiration Date:

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

Federal Employee No. Fax:

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-2 Proposed R-2 Fuel Type Flammable or Combustible

Constr. Class Present Proposed Capacity

Heating Systems: New or Modification to Existing Fire Alarm System: New or Existing

or Conversion or Replacement Location of Panel:

Type: Gas Oil Electric Solar New or Existing

Other Location of Main Control Valve:

Location:

Total Cost of Fire Protection Work \$100

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

No Plan Required

Partial Underslab Utilities Approved, Alarm System

Date: by: Suppression Sys.

Fire Protection Plans Approved, Standpipe

Date: Fire Pump

Approved by: Pre-Eng. System

Joint Plan Review Required Mechanical

Building Plumbing Smoke Control

Electrical Elevator TCO

SUBCODE APPROVAL for PERMIT Flammable Tank

Date: Fireplace Venting

Approved by: Final

SUBCODE APPROVAL for CERTIFICATE Other

CO CCO CA

Date: Approved by:

Approved by:

Approved by:

Approved by:

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 11/7/2019
Control # C-19-54327
Date Issued 11/12/2019
Permit # 20190949

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

Unit 304 - Install 1 Water Heater.

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, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances Gas ☒ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other

\$30

\$65

\$65

\$65

\$65

\$65

\$65

\$65

\$65

\$65

\$65

\$65

\$65

\$65

\$65

\$65



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 130 Lot 2 Qualification Code C0413

Work Site Location: 5711 Jefferson Street # 413 WEST NEW YORK, NJ 07093, NJ

Owner in Fee: Eric Gooden

Address 5711 Jefferson Street # 413 WEST NEW YORK, NJ 07093

Email

Tel

Contractor: WILLIAM J. GUARINI

Address 132 MALLORY AVE JERSEY CITY, NJ 07304

Email

Tel

Fax

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

Expiration Date:

Contractor License No.

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present

Proposed R-2

Building Sewer Size

Public Sewer

Water Service Size

Public Water

Estimated Cost of Plumbing Work \$1,169

JOB SUMMARY (Office Use Only)		Initial	
PLAN REVIEW	Date	Initial	
☐ No Plan Required			
☐ Partial Underslab Utilities Approved			
Date: by:			
☐ Plumbing Plans Approved			
Date:			
Approved by:			
Joint Plan Review Required			
☐ Building			
☐ Fire			
☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date:			
Approved by:			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO	☐ CCO	☐ CA	
Date:			
Approved by:			
Truss Sys./Bracing			
INSPECTIONS			
Type:		Failure	Approval
Slab			
Rough			
Water			
Seal			
Structures			
Gas Equipment			
Gas Piping			
LP Gas Tank			
Fuel Oil Piping			
Solar			
TCO			
Final			
Other			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 2/4/2019
Control # 28331
Date Issued 9/5/2019
Permit # 20190734

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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water Heater - Unit 413 - Replacement of 1 Water Heater

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
☐ Private Septic		Administrative Surcharge
☐ Private Well		Minimum Fee
		State Permit Surcharge Fee \$4
		TOTAL FEE \$39

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

U.C.C. P130 (rev. 11/09)



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 130 Lot 2 Qualification Code CM13

Work Site Location: 5711 Jefferson Street # 413 WEST NEW YORK, NJ 07093, NJ

Owner in Fee: Eric Gooden

Address 5711 Jefferson Street # 413 WEST NEW YORK, NJ 07093 Email

Tel. [REDACTED] Email

Contractor: WILLIAM J. GUARINI

Address 132 MALLORE AVE, JERSEY CITY, NJ 07304

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. Fax:

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Fuel Type Flammable or Combustible Capacity

Constr. Class Present Proposed Fuel Storage Tank

Heating Systems: New or Modification to Existing Fire Alarm System: New or Existing

or Conversion or Replacement Location of Panel:

Type: Gas Oil Electric Solar New or Existing

Location: Location of Main Control Valve:

Total Cost of Fire Protection Work \$100

JOBSUMMARY (Office Use Only)

PLAN REVIEW Initial Date Initial

No Plan Required Alarm System Failure Approval

Partial Underlab Utilities Approved Suppression Sys. Initial

Date: by: Standpipe Fire Pump Mechanical

Fire Protection Plans Approved Smoke Control TCO

Approved by: Flammable Tank Fireplaces Venting

Joint Plan Review Required Building Plumbing

Electrical Elevator SUBCODE APPROVAL for PERMIT

Date: Approved by: Final Other

SUBCODE APPROVAL for CERTIFICATE

CO CC CA

Date: Approved by:

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

U.C.C. F140 (rev. 11/08)

Date Received 2/4/2019
Control # 28331
Date Issued 9/5/2019
Permit # 20190734

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

Water Heater - Unit 413 - Replacement of 1 Water Heater

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances Gas Oil Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



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 130 Lot 2 Qualification Code C0409

Work Site Location: 5711 JEFFERSON STREET WEST NEW YORK, NJ 07093 NJ

Owner in Fee: GONZALEZ OSCAR & WILLIAM N

Address 5711 JEFFERSON STREET #214 WEST NEW YORK, NJ 07093 NJ

Tel. [REDACTED] Email [REDACTED]

Contractor: WILLIAM J. GUARINI

Address 132 MALLORY AVE JERSEY CITY NJ 07304

Tel. [REDACTED] Fax [REDACTED]

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

Contractor License No. [REDACTED] Expiration Date: [REDACTED]

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present [REDACTED] Proposed R-2

Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic

Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,999

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure Approval Initial
☐ Partial Underslab Utilities Approved			
Date: [REDACTED] by: [REDACTED]			
☐ Plumbing Plans Approved			
Date: [REDACTED]			
Approved by: [REDACTED]			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date: [REDACTED]			
Approved by: [REDACTED]			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: [REDACTED]			
Approved by: [REDACTED]			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F190 (rev. 11/09)

Date Received 6/5/2018
Control # 27415
Date Issued 8/19/2019
Permit # 20190707

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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water Heater Unit 214 1 hot water heater

NO.	FXTURE/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	\$35
1	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
☐ Private Septic		Administrative Surcharge
☐ Private Well		Minimum Fee
		State Permit Surcharge Fee \$5
		TOTAL FEE \$70

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



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 130 Lot 2 Qualification Code C0409

Work Site Location: 5711 JEFFERSON STREET WEST NEW YORK, NJ 07093, NJ

Owner in Fee: GONZALEZ, OSCAR & WILLIAM, INC.

Address 5711 JEFFERSON STREET #214 WEST NEW YORK, NJ Email

Tel. 97093 NJ 07093

Contractor: WILLIAM J. GUARINI Tel. [REDACTED]

Address 132 MALLORY AVE. JERSEY CITY, NJ 07304 Email mryan@guariniplumbing.co

Fire Protection Equipment, NJ Div of Fire Safety Permit No. [REDACTED]

Fire Protection Equipment, NJ Div of Fire Safety Installer No. [REDACTED]

Fire Alarm Contractor No. [REDACTED] Expiration Date: [REDACTED]

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

Federal Employee No. [REDACTED] Fax: [REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-2 Fuel Type [REDACTED] Flammable or [REDACTED] Combustible Capacity

Constr. Class Present Proposed

Heating Systems: [REDACTED] New or [REDACTED] Modification to Existing [REDACTED] New or [REDACTED] Existing

or [REDACTED] Conversion or [REDACTED] Replacement

Type: [REDACTED] Gas [REDACTED] Oil [REDACTED] Electric [REDACTED] Solar [REDACTED] New or [REDACTED] Existing

[REDACTED] Other Location of Main Control Valve: [REDACTED]

Location: [REDACTED]

Total Cost of Fire Protection Work \$100

JOBSUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[REDACTED] No Plan Required

[REDACTED] Partial Underslab Utilities Approved

Date: [REDACTED] by: [REDACTED]

[REDACTED] Fire Protection Plans Approved

Date: [REDACTED]

Approved by: [REDACTED]

Joint Plan Review Required

[REDACTED] Building [REDACTED] Plumbing

[REDACTED] Electrical [REDACTED] Elevator

SUBCODE APPROVAL for PERMIT

Date: [REDACTED]

Approved by: [REDACTED]

SUBCODE APPROVAL for CERTIFICATE

[REDACTED] CO [REDACTED] CCO [REDACTED] CA

Date: [REDACTED]

Approved by: [REDACTED]

Initial

Failure

Dates (Month/Day)

Approval

Initial

Failure

Dates (Month/Day)

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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 130 Lot 2 Qualification Code G0314
Work Site Location: 5711 JEFFERSON STREET # 314 WEST NEW YORK, NJ 07093, NJ

Owner in Fee: GARCIA, ALEIDA & GISELA
Address 5711 JEFFERSON STREET # 314 WEST NEW YORK, NJ 07093

Tel. [REDACTED]
Contractor: William J. Guarini Inc.

Address 132 Mallory Ave. Jersey City, NJ 07304

Tel. (201) 365-6124 Fax [REDACTED]
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Contractor License No. [REDACTED] Expiration Date: [REDACTED]
Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed B-2
Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic
Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$2,199

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure
☐ Partial Underslab Utilities Approved			Final
Date: [REDACTED] by: [REDACTED]			Approval
☐ Plumbing Plans Approved			Initial
Date: [REDACTED]			
Approved by: [REDACTED]			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL FOR PERMIT			
Date: [REDACTED]			
Approved by: [REDACTED]			
SUBCODE APPROVAL FOR CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: [REDACTED]			
Approved by: [REDACTED]			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

Date Received 6/24/2019
Control # 28861
Date Issued 7/18/2019
Permit # 20190642

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water Heater - 1 Water Heater

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well
Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$6
TOTAL FEE \$7.4

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



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 130 Lot 2 Qualification Code C0314

Work Site Location: 5711 JEFFERSON STREET # 314 WEST NEW YORK, NJ 07093, NJ

Owner in Fee: GARCIA, ALEIDA & GISELA
Address 5711 JEFFERSON STREET # 314 WEST NEW YORK, Email
Tel. NJ 07093
Contractor: GUARINI FIRE PROTECTION Tel. (201) 656-1530
Address 132 Mallory Street, Jersey City, NJ 07304 Email
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. B01365 Expiration Date:
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Employee No. Fax:

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed R-2 Fuel Type ☐ Flammable or ☐ Combustible
Constr. Class Present Proposed Capacity
Heating Systems: ☐ New or ☐ Modification to Existing Fuel Storage Tank
or ☐ Conversion or ☐ Replacement Location of Panel: ☐ New or ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing
☐ Other Location of Main Control Valve:
Location:

Total Cost of Fire Protection Work \$100

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

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 6/24/2019
Control # 28861
Date Issued 7/18/2019
Permit # 20190642

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
Water Supply Source
Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks
Alarm Systems
☐ System
☐ 110v Interconnected
☐ CO Detectors/110v
Alarm Devices (i.e. smoke, heat, pulls, waterflow)
Supervisory Devices (tamper, low/high air)
Signaling Devices (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
Fire Appliances ☒ Gas ☐ Oil ☐ Solid
Fireplace Venting/Metal Chimney
Other

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 130 Lot 2 Qualification Code CD305

Work Site Location: 5711 JEFFERSON ST. UNIT 305 WEST NEW YORK, NJ

Owner in Fee: NAVAS, JR. ANDRES A

Address 5711 JEFF ST #305 WEST NEW YORK, NJ 07093

Tel. Email

Contractor: 1.800 Heaters, Inc.

Address 2 GOURMEL LANE UNIT G & H Edison, NJ 08837

Email permits@1800heaters.com

Tel. (732) 970-8074 Fax (732) 417-0695

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

Expiration Date:

Contractor License No.

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,399

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.S.C.F. 130 (rev. 11/09)

Date Received 7/18/2018
Control # 27538
Date Issued 3/22/2019
Permit # 20190322

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RENOVATION #305 replacement of water heater

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$4

TOTAL FEE \$39

☐ Private Septic

☐ Private Well

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



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 130 Lot 2 Qualification Code C0305

Work Site Location: 5711 JEFFERSON ST. UNIT 305 WEST NEW YORK, NJ

Owner in Fee: NAVAS, JR. ANDRES A

Address 5711 JEFF ST #305 WEST NEW YORK, NJ 07093 Email

Tel. Contractor: 1.800 Heaters, Inc. Tel. (732) 970-9074

Address 2 GOURMET LANE UNIT G & H Edison, NJ 08837 Email permits@1800heaters.com

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. Fax (732) 417-1695

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Fuel Type: ☐ Flammable or ☐ Combustible Capacity

Const. Class Present Proposed Fuel Storage Tank:

Heating Systems: ☐ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing

or ☐ Conversion or ☐ Replacement Location of Panel:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Total Cost of Fire Protection Work \$50

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: by:		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date:		Pre-Eng. System			
Approved by:		Mechanical			
Building		Smoke Control			
Electrical		TCO			
Plumbing		Flam/Combust Tank			
Elevator		Fireplace Venting			
SUBCODE APPROVAL for PERMIT		Final			
Date:		Other			
Approved by:					
CO ☐ CCO ☐ CA ☐					
Date:					

U.C.C. P-140 (rev. 11/09)

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

Date Received 7/18/2018
Control # 27538
Date Issued 3/22/2019
Permit # 20190322

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
RENOVATION #305 replacement of water heater

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, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances ☒ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



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 130 Lot 2 Qualification Code C0206

Work Site Location: 5711 JEFFERSON STREET WEST NEW YORK, NJ 07093, NJ

Owner in Fee: NICHEV, IONY & PETIA LAZAROVA

Address 5711 JEFFERSON STREET WEST NEW YORK, NJ 07093, NJ

Tel. [REDACTED] Email [REDACTED]

Contractor: WILLIAM J. GUARINI

Address 132 MALLORY AVE. JERSEY CITY, NJ 07304

Tel. [REDACTED] Fax [REDACTED]

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

Contractor License No. [REDACTED] Expiration Date: [REDACTED]

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-2

Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic

Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,169

Truss Sys./Bracing

INSPECTIONS

PLAN REVIEW

☐ No Plan Required

☐ Partial Underslab Utilities Approved

Date: [REDACTED] by: [REDACTED]

☐ Plumbing Plans Approved

Date: [REDACTED]

Approved by: [REDACTED]

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: [REDACTED]

Approved by: [REDACTED]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: [REDACTED]

Approved by: [REDACTED]

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. F130 (rev. 11/09)

Date Received 12/5/2018
Control # 28011
Date Issued 1/14/2019
Permit # 20190098

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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations apt# 206
1 Water heater

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	\$35
1	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE

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



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 130 Lot 2 Qualification Code 00206

Work Site Location: 5711 JEFFERSON STREET WEST NEW YORK, NJ 07093, NJ

Owner in Fee: NICHEV, TONY Y. & PETIA LAZAROVA

Address 5711 JEFFERSON STREET WEST NEW YORK, NJ Email

Tel. 07093, NJ

Contractor: WILLIAM J. GUARINI Tel. Email

Address 132 MALLORY AVE. JERSEY CITY, NJ 07304

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. Fax:

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Fuel Type ☐ R-2 ☐ Flammable or ☐ Combustible

Const. Class Present Proposed Capacity

Heating Systems: ☐ New or ☐ Modification to Existing ☐ New or ☐ Existing

or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Location: Fire Alarm System: ☐ New or ☐ Existing

Location of Panel: Fire Suppression/Standpipe System:

Location of Main Control Valve: ☐ New or ☐ Existing

Total Cost of Fire Protection Work \$100

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

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 12/5/2018
Control # 28011
Date Issued 1/14/2019
Permit # 20190098

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

Alterations apt# 206

1 Water heater

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Spinkler 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

Fire Appliances ☒ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



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 130 Lot 2 Qualification Code C2405

Work Site Location: 5711 Jefferson St unit 405 WEST NEW YORK, NJ 07093 NJ

Owner in Fee: John A. Scipione

Address 5711 Jefferson St unit 405 WEST NEW YORK, NJ 07093 NJ

Email

Tel. [REDACTED]

Contractor: Cronin Plumbing & Heating, LLC

Address 290 Hoover Avenue Bayville NJ 08721

Email

Tel. (732) 552-5449 Fax

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

Contractor License No. Expiration Date:

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-2

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,150

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure
☐ Partial Underslab Utilities Approved			Failure
Date: by:			Initial
☐ Plumbing Plans Approved			
Date:			
Approved by:			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date:			
Approved by:			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date:			
Approved by:			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C.F.30 (rev. 11/09)

Date Received 12/19/2018
Control # 28094
Date Issued 1/11/2019
Permit # 20190092

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water Heater/Emergency replacement unit 405

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	\$35
1	Water Heater	
	Fuel Oil Piping	\$35
1	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
☐ Private Septic		Administrative Surcharge
☐ Private Well		Minimum Fee
		State Permit Surcharge Fee \$4
		TOTAL FEE \$74

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



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 130 Lot 2 Qualification Code C0405

Work Site Location: 5711 Jefferson St. Unit 405 WEST NEW YORK, NJ 07093, NJ

Owner in Fee: John A. Scipione

Address 5711 Jefferson St. Unit 405 WEST NEW YORK, NJ 07093 Email

Tel. (732) 552-5449

Contractor: Conth Plumbing & Heating, LLC

Address 280 Hoover Avenue Bayville, NJ 08721

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

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

Fire Alarm Contractor No.

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

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-2 Fuel Type Flammable or Combustible

Const. Class Present Proposed Capacity

Heating Systems: New or Modification to Existing Fire Alarm System: New or Existing

or Conversion or Replacement Location of Panel:

Type: Gas Oil Electric Solar New or Existing

Location: Location of Main Control Valve:

Total Cost of Fire Protection Work \$200

APPLICANT COPY

INSPECTIONS

PLAN REVIEW Initial Date Initial Approval

No Plan Required Alarm System

Partial Underslab Utilities Approved Suppression Sys.

Date: by: Standpipe

Fire Protection Plans Approved Fire Pump

Date: Pre-Eng. System

Approved by: Mechanical

Joint Plan Review Required Building Plumbing

Electrical Elevator

SUBCODE APPROVAL for PERMIT

Date: Flammable Tank

Approved by: Fireplace Venting

SUBCODE APPROVAL for CERTIFICATE Final

CO CCO CA Other

Date: Approved by:

U.L.C. F140 (rev. 11/09)

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

APPLICANT COPY

INSPECTIONS

PLAN REVIEW Initial Date Initial Approval

No Plan Required Alarm System

Partial Underslab Utilities Approved Suppression Sys.

Date: by: Standpipe

Fire Protection Plans Approved Fire Pump

Date: Pre-Eng. System

Approved by: Mechanical

Joint Plan Review Required Building Plumbing

Electrical Elevator

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

Water Heater-Emergency replacement unit 405

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

System

110v Interconnected

CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances Gas Oil Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

12/19/2018

Control # 28094

Date Issued 1/11/2019

Permit # 20190092



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 130 Lot 2 Qualification Code CO410
Work Site Location: 5711 Jefferson Street Unit 410 WEST NEW YORK, NJ 07093, NJ

Owner in Fee: BARRERA, MARYANN
Address 5711 Jefferson Street Unit 410 WEST NEW YORK, NJ 07093

Tel. [REDACTED]
Contractor: WILLIAM J. GUARINI
Address 132 MALLORY AVE. JERSEY CITY, NJ 07304

Tel. [REDACTED] Fax [REDACTED]
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Expiration Date:

Contractor License No. [REDACTED]
Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed R-5
Building Sewer Size [] Public Sewer [] Private Septic
Water Service Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$1,359

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure Approval
☐ Partial Underlab Utilities Approved			
Date: by:			
☐ Plumbing Plans Approved			
Date:			
Approved by:			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date:			
Approved by:			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date:			
Approved by:			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.G. F150 (rev. 11/09)

Date Received 3/1/2017
Control # 25703
Date Issued 3/3/2017
Permit # 20170144

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Alterations - Unit 410 - 1 Hot Water Heater

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/separator	
	Backflow Preventor	
	Greasetrapp	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well
Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$1
TOTAL FEE \$58

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



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 130 Lot 2 Qualification Code 00412

Work Site Location: 5711 Jefferson Street WEST NEW YORK, NJ 07083, NJ

Owner in Fee: SUAREZ-ANAYA, ESPERANZA & VAROLI

Address 515 E 85TH STREET #4F New York, NY 10028

Tel. [REDACTED] Email [REDACTED]

Contractor: WILLIAM J. GUARINI

Address 132 MALLOBY AVE, JERSEY CITY, NJ 07304

Tel. [REDACTED] Fax [REDACTED]

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

Contractor License No. [REDACTED] Expiration Date: [REDACTED]

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-2

Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic

Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,059

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure: Approval Initial
☐ Partial Underslab Utilities Approved			
Date: [REDACTED] by: [REDACTED]			
☐ Plumbing Plans Approved			
Date: [REDACTED]			
Approved by: [REDACTED]			
☐ Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date: [REDACTED]			
Approved by: [REDACTED]			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: [REDACTED]			
Approved by: [REDACTED]			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C.F150 (rev. 11/09)

Date Received 12/13/2016
Control # 25476
Date Issued 1/3/2017
Permit # 20170005

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent or) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Alterations 1 HWH

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
☐ Private Septic		Administrative Surcharge
☐ Private Well		Minimum Fee
		State Permit Surcharge Fee \$4
		TOTAL FEE \$69

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



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 130 Lot 2 Qualification Code CO412
Work Site Location: 5711 Jefferson Street WEST NEW YORK, NJ 07093, NJ

Owner in Fee: SUAREZ-ANAYA, ESPERANZA & VAROLLI
Address 515 E 85TH STREET #4E New York, NJ 10028 Email

Tel. Contractor: WILLIAM J. GUARINI
Address 132 MALLORY AVE, JERSEY CITY, NJ 07304 Email

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. Fax.

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed R-2 Fuel Type ☐ Flammable or ☐ Combustible Capacity

Constr. Class Present Proposed
Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement

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

Location: Fire Alarm System: ☐ New or ☐ Existing
Fire Suppression/Standpipe System: ☐ New or ☐ Existing
Location of Main Control Valve:

Total Cost of Fire Protection Work \$200

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Failure	Approval
☐ No Plan Required		Alarm System			Initial
☐ Partial Underlab Utilities Approved		Suppression Sys.			
Date: by:		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date:		Pre-Eng. System			
Approved by:		Mechanical			
☐ Building ☐ Plumbing ☐ Electrical ☐ Elevator		Smoke Control			
SUBCODE APPROVAL for PERMIT		TCO			
Date:		Flam/Combust Tank			
Approved by:		Fireplace Venting			
SUBCODE APPROVAL for CERTIFICATE		Final			
☐ CO ☐ CCO ☐ CA		Other			
Date:					
Approved by:					

U.C.C. F140 (rev. 1/08)

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

Date Received 12/13/2016
Control # 25476
Date Issued 1/3/2017
Permit # 20170005

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
Alterations 1 HWH
Water Supply Source
Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, waterflow)		
Supervisory Devices (tamper, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☒ Gas ☐ Oil ☐ Solid	1	\$30
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$4
TOTAL FEE \$58



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 130 Lot 2 Qualification Code CO202
Work Site Location: 5711 Jefferson Street West New York, NJ

Owner in Fee: PAVONARTURO
Address 5711 Jefferson Street #202 West New York, NJ 07093

Tel. [REDACTED]
Contractor: WILLIAM J. GUARINI
Address 132 MALLOREY AVE JERSEY CITY, NJ 07304

Tel. [REDACTED] Fax [REDACTED]
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Contractor License No. [REDACTED] Expiration Date [REDACTED]

Federal Employee No. [REDACTED]
B. PLUMBING CHARACTERISTICS
Use Group Present Proposed R-5
Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic
Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,999

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure Approval
☐ Partial Underslab Utilities Approved			Failure
Date: by:			Slab
☐ Plumbing Plans Approved			Rough
Date:			Water
Approved by:			Sewer
Joint Plan Review Required			Fixtures
☐ Building ☐ Electrical			Gas Equipment
☐ Fire ☐ Elevator			Gas Piping
SUBCODE APPROVAL for PERMIT			LP Gas Tank
Date:			Fuel Oil Piping
Approved by:			Solar
SUBCODE APPROVAL for CERTIFICATE			TCO
☐ CO ☐ CCO ☐ CA			Final
Date:			Other

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 7/20/2016
Control # 24974
Date Issued 9/27/2016
Permit # 20160731

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Alterations #202 1 hot water heater

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well
Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$5
TOTAL FEE \$70



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 130 Lot 2 Qualification Code CO202

Work Site Location: 5711 Jefferson Street West New York, NJ

Owner in Fee: PAVONARTURO

Address 5711 Jefferson Street #202 West New York, NJ 07093 Email

Tel. Tal. Email

Contractor: WILLIAM J. GUARINI

Address 132 MALLORY AVE. JERSEY CITY, NJ 07304

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. Fax:

Fuel Storage Tank:

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5 Fuel Type Flammable or Combustible

Capacity

Constr. Class Present Proposed

Heating Systems: New or Modification to Existing

or Conversion or Replacement

Type: Gas Oil Electric Solar

Fire Alarm System: New or Existing

Fire Suppression/Standpipe System: New or Existing

Location of Main Control Valve:

Location:

Total Cost of Fire Protection Work \$200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Initial Date

No Plan Required

Partial Underslab Utilities Approved

Date: by:

Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

Building Plumbing

Electrical Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

CO CCO CA

Date:

Approved by:

U.C.C.F.140 (rev. 11/09)

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

Date Received 7/20/2015
Control # 24974
Date Issued 9/2/2016
Permit # 20160731

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

Alterations #202 1 hot water heater

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, water/flow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$20

\$20



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 130 Lot 2 Qualification Code 00404
Work Site Location: 5711 Jefferson Street West New York, NJ

Owner in Fee: JODA ALIAKSANDR & ALENA KUTSEI
Address 5711 Jefferson Street Unit 404 West New York NJ 07093

Tel. [REDACTED] Email [REDACTED]

Contractor: WILLIAM J. GUARINI
Address 132 MALLORY AVE JERSEY CITY NJ 07304

Tel. [REDACTED] Fax [REDACTED]

Home Improvement Contractor Registration No. or Exemption Reason(s) applicable: [REDACTED]

Contractor License No. [REDACTED] Expiration Date: [REDACTED]

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed R-5
Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic
Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$13,559

JOB SUMMARY (Office Use Only)		Initial	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Approval
☐ Partial Under-slab Utilities Approved			Failure
Date: [REDACTED] by: [REDACTED]			Initial
☐ Plumbing Plans Approved			
Date: [REDACTED]			
Approved by: [REDACTED]			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date: [REDACTED]			
Approved by: [REDACTED]			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: [REDACTED]			
Approved by: [REDACTED]			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. P130 (rev. 11/09)

Date Received 8/23/2016
Control # 25053
Date Issued 9/2/2016
Permit # 20160730

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$4
TOTAL FEE \$63

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



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 130 Lot 2 Qualification Code CO404

Work Site Location: 5711 Jefferson Street West New York, NJ

Owner in Fee: JODA ALIAKSANDER & ALENA KUTSEI
Address 5711 Jefferson Street Unit 404 West New York, NJ 07093 Email _____
Tel. _____ Tel. _____
Contractor: WILLIAM J. GUARINI Email _____
Address 132 MALLORY AVE. JERSEY CITY, NJ 07304
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Expiration Date: _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. _____ Fax: _____

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

Total Cost of Fire Protection Work \$200

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

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 8/23/2016
Control # 25053
Date Issued 9/2/2016
Permit # 20160730

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		FEE (Office Use Only)	
DESCRIPTION OF WORK		NUMBER	
Alterations # 404 1 hot water heater			
Water Supply Source			
Method of Alarm/Suppression System Supervision			
Flammable/Combustible Tanks			
Alarm Systems			
☐ System			
☐ 110v Interconnected			
☐ CO Detectors/110v			
Alarm Devices (i.e. smoke, heat, pulls, waterflow)			
Supervisory Devices (tamper, low/high air)			
Signaling Devices (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			
CO2 Suppression			
Foam Suppression			
FM200 Suppression			
Other			
Other Systems			
Kitchen Hood Exhaust System			
Smoke Control System			
Fire Appliances	☒ Gas ☐ Oil ☐ Solid		\$30
Fireplaces Venting/Metal Chimney			
Other			
Administrative Surcharge			
Minimum Fee			\$4
State Permit Surcharge Fee			\$69
TOTAL FEE			\$69



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 130 Lot 2 Qualification Code 00411
Work Site Location: 5711 Jefferson Street Unit 411 West New York, NJ

Owner in Fee: RICHARDS, JEFF
Address 5711 Jefferson Street Unit 411 West New York, NJ
Tel. [REDACTED] Email [REDACTED]

Contractor: S. PRUZANSKY PLUMBING & HEATING, INC.
Address 364 OAK ST. PASSAIC, NJ 07055

Tel. (973) 778-1178 Fax (973) 777-7777

Home Improvement Contractor Registration No. or Exemption Reason(s) applicable: [REDACTED]

Contractor License No. [REDACTED] Expiration Date: [REDACTED]

B. PLUMBING CHARACTERISTICS

Federal Employee No. [REDACTED]

Use Group Present Proposed R-2

Building Sewer Size [REDACTED] ☐ Public Sewer ☐ Private Septic

Water Service Size [REDACTED] ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$11,150

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure Approval Initial
☐ Partial Underslab Utilities Approved			
Date: [REDACTED] by: [REDACTED]			
☐ Plumbing Plans Approved			
Date: [REDACTED]			
Approved by: [REDACTED]			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date: [REDACTED]			
Approved by: [REDACTED]			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: [REDACTED]			
Approved by: [REDACTED]			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C.F130 (rev. 11/09)

Date Received 2/11/2016
Control # 24318
Date Issued 2/16/2016
Permit # 20160081

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Alterations - UNIT 411 - HWH replacement 40 gas hwh

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
☐ Private Septic		Administrative Surcharge
☐ Private Well		Minimum Fee
		State Permit Surcharge Fee \$15
		TOTAL FEE \$71

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



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 130 Lot 2 Qualification Code CO411

Work Site Location: 5711 Jefferson Street Unit 411 West New York, NJ

Owner in Fee: RICHARDS, JEFF

Address 5711 Jefferson Street Unit 411 West New York, NJ Email

Tel. (973) 778-1176

Contractor: S. PRUZANSKY PLUMBING & HEATING, INC. Email

Address 364 OAK ST. PASSAIC, NJ 07055

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

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

Fire Alarm Contractor No. Expiration Date:

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Fax (973) 778-1176

Federal Employee No. Fuel Storage Tank

B. FIRE PROTECTION CHARACTERISTICS Use Group Present Proposed Fuel Type Flammable or Combustible

Constr. Class Present Proposed Capacity

Heating Systems: New or Modification to Existing Fire Alarm System: New or Existing

or Conversion or Replacement Location of Panel:

Type: Gas Oil Electric Solar New or Existing

Location: Location of Main Control Valve:

Total Cost of Fire Protection Work \$1,150

DATE RECEIVED 2/11/2016

CONTROL # 24318

DATE ISSUED 2/16/2016

PERMIT # 20160081

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

Applicant's Signature/Contractor's Seal and Signature and Printed Name

Applicant's Signature/Contractor's Seal and Signature and Printed Name

Applicant's Signature/Contractor's Seal and Signature and Printed Name

Applicant's Signature/Contractor's Seal and Signature and Printed Name

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Applicant's Signature/Contractor's Seal and Signature and Printed Name

Applicant's Signature/Contractor's Seal and Signature and Printed Name

Applicant's Signature/Contractor's Seal and Signature and Printed Name

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations - UNIT 411 - HWH replacement 40 gas hwh

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

System

110v Interconnected

CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances Gas Oil Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

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

U.C.C. F140 (rev. 11/09)



BUILDING SUBCODE TECHNICAL SECTION



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

Block 130 Lot 2 Qualification Code _____

Work Site Location: 5711 JEFFERSON STREET common - roof WEST NEW YORK, NJ

Owner In Fee: 5719 JEFFERSON ST, LLC

Address 224 61ST STREET WEST NEW YORK, NJ 07093

Tel. (201) 868-9898 Email _____

Contractor: ALL CITY CONSTRUCTION LLC

Address 86 POPLAR STREET JERSEY CITY, NJ

Tel. (201) 656-8560 Fax _____

Contractor License No. or, if new home, Bldgs Reg. No. _____ Exp. _____

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

Federal Emp. ID No. _____

B. BUILDING CHARACTERISTICS

Use Group Present R-2 _____

Constr. Class Present _____

Number of Stories _____

Height of Structure _____ Ft.

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$175,000

3. Total (1+2) _____

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

APPLICANT COPY

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

State Approved _____



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 130 Lot 2 Qualification Code C0302

Work Site Location: 5711 JEFFERSON STREET 302 WEST NEW YORK, NJ

Owner in Fee: BOYE YAYE-MAH

Address 5711 Jefferson St Apt 302 WEST NEW YORK NJ 07093

Email

Tel.

Contractor: WILLIAM J. GUARINI

Address 506 PALSADE AVE JERSEY CITY NJ 07307

Email

Tel. Fax

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

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,999

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure Approval Initial
☐ Partial Underslab Utilities Approved			
Date: by:			
☐ Plumbing Plans Approved			
Date:			
Approved by:			
Joint Plan Review Required			
☐ Building ☐ Electrical			
☐ Fire ☐ Elevator			
SUBCODE APPROVAL for PERMIT			
Date:			
Approved by:			
SUBCODE APPROVAL for CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date:			
Approved by:			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 5/12/2015
Control # 23640
Date Issued 7/30/2015
Permit # 20150631

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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Alterations Apt. 302 1 hot water heater

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$5

TOTAL FEE \$70

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

U.C.C. F130 (rev. 11/09)



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 130 Lot 2 Qualification Code C0302
Work Site Location: 5711 JEFFERSON STREET 302 WEST NEW YORK, NJ

Owner in Fee: BOYE, YAYE-MAH
Address 5711 Jefferson St Apt. 302 WEST NEW YORK, NJ 07093 Email
Tel. [REDACTED] Tel. [REDACTED]
Contractor: WILLIAM J. GUARINI
Address 506 PALISADE AVE JERSEY CITY, NJ 07307 Email
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Expiration Date:
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Employee No. [REDACTED] Fax:

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed R-5 Fuel Type ☐ Flammable or ☐ Combustible
Constr. Class Present Proposed Capacity
Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Location: ☐ New or ☐ Existing
Location of Main Control Valve:
Fuel Storage Tank:
Fire Alarm System: ☐ New or ☐ Existing
Location of Panel:
Fire Suppression/Standpipe System:
Type: ☐ New or ☐ Existing
Location of Main Control Valve:

Total Cost of Fire Protection Work \$200

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

U.C.C. F140 (rev. 11/05)

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

Date Received 6/12/2015
Control # 23640
Date Issued 7/30/2015
Permit # 20150631

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

Alterations Apt. 302 1 hot water heater

Water Supply Source
Method of Alarm/Suppression System Supervision

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e. smoke, heat, pulls, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

Fire Appliances ☒ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other _____

\$30

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$5

TOTAL FEE \$70



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 130 Lot 2 Qualification Code C0201
Work Site Location: 5711 JEFFERSON STREET #201 WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON ST., LLC
Address 224.61 ST STREET WEST NEW YORK NJ 07083

Tel. (201) 888-8898 Email

Contractor: 1,800 Heaters, Inc.

Address 2 GOURMET LANE UNIT G & H Edison NJ 08837
Tel. (732) 970-8074 Fax (732) 417-0685

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

Federal Employee No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,349

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underlab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type: Failure Approval Initial

Slab Rough Water Sewer Fixtures

Gas Equipment Gas Piping LP Gas Tank Fuel Oil Piping

Solar TCO Final Other

Truss Sys./Bracing

Dates (Month/Day)

Failure Approval Initial

Slab Rough Water Sewer Fixtures

Gas Equipment Gas Piping LP Gas Tank Fuel Oil Piping

Solar TCO Final Other

Truss Sys./Bracing

Date Received 5/12/2015
Control # 23841
Date Issued 5/24/2015
Permit # 20150443

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Alterations Apt. 201 replacement of 1 hot water heater

FEE (Office Use Only)

NO. FIXTURE/EQUIPMENT

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

Backflow Preventor

Greasetrap

Sewer Connector

Water Service Connection

Stacks

Other

1

\$35

☐ Private Septic

☐ Private Well

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$4

\$68

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

U.C.C. F130 (rev. 11/09)

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



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 130 Lot 2 Qualification Code C0201

Work Site Location: 5711 JEFFERSON STREET #201 WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON ST, LLC
Address 224 61ST STREET WEST NEW YORK NJ 07083 Email
Tel. (201) 868-9898 Tel. (732) 970-8074
Contractor: 1 800 Heaters, Inc.
Address 2 GOURMET LANE UNIT G & H Edison NJ 08837 Email
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Expiration Date:
Home Improvement Contractor Registration No. or Exemption Reason(s) applicable):
Federal Employee No. Fax (732) 417-0695

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed R-5 Fuel Type ☐ Flammable or ☐ Combustible
Constr. Class Present Proposed Capacity
Heating Systems: ☐ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing
or ☐ Conversion or ☐ Replacement Location of Panel:
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing
☐ Other Location of Main Control Valve:
Location:

Total Cost of Fire Protection Work \$50

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

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 6/12/2015
Control # 23641
Date Issued 6/24/2015
Permit # 20150443

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

Alterations Apt. 201 replacement of 1 hot water heater

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, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances ☒ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



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 130 Lot 2 Qualification Code C0313
Work Site Location: 5711 JEFFERSON STREET #313 WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON ST., LLC
Address 224.61 ST. STREET WEST NEW YORK, NJ 07083

Tel. (201) 868-9898 Email

Contractor: WILLIAM J. GUARINI
Address 506 PALISADE AVE. JERSEY CITY, NJ 07307

Tel. Fax

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

Federal Employee No. Proposed R-2

Use Group Present Building Sewer Size ☐ Public Sewer ☐ Private Septic
Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,800

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☐ No Plan Required			Failure Approval Initial
☐ Partial Underslab Utilities Approved			Slab
Date: by:			Rough
☐ Plumbing Plans Approved			Water
Date:			Sewer
Approved by:			Fixtures
Joint Plan Review Required			Gas Equipment
☐ Building ☐ Electrical			Gas Piping
☐ Fire ☐ Elevator			LP Gas Tank
SUBCODE APPROVAL for PERMIT			Fuel Oil Piping
Date:			Solar
Approved by:			TCO
SUBCODE APPROVAL for CERTIFICATE			Final
☐ CO ☐ CCO ☐ CA			Other
Date:			
Approved by:			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 2/27/2015
Control # 23280
Date Issued 3/24/2015
Permit # 20150202

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
☐ Private Septic		Administrative Surcharge
☐ Private Well		Minimum Fee
		State Permit Surcharge Fee \$2
		TOTAL FEE \$73

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

U.C.C. F130 (rev. 11/09)



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 130 Lot 2 Qualification Code C0313

Work Site Location: 5711 JEFFERSON STREET #313 WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON ST., LLC
Address 224 61ST STREET WEST NEW YORK, NJ 07093 Email
Tel. (201) 868-9898
Contractor: WILLIAM J. GUARINI Tel.
Address 506 PALISADE AVE. JERSEY CITY, NJ 07307 Email
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Expiration Date:
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Employee No. Fax:

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed R-2 Fuel Type Flammable or Combustible
Capacity
Constr. Class Present Proposed
Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other Location of Main Control Valve:
Location: Total Cost of Fire Protection Work \$1,800

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

U.L.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 2/27/2015
Control # 23290
Date Issued 3/24/2015
Permit # 20150202

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
UNIT 313 installation of one hot water heater
Water Supply Source
Method of Alarm/Suppression System Supervision

FLAMMABLE/COMBUSTIBLE TANKS	NUMBER	FEE (Office Use Only)
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, waterflow)		
Supervisory Devices (tamper, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☒ Gas ☐ Oil ☐ Solid	1	\$30
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$5
TOTAL FEE \$23



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 130 Lot 2 Qualification Code _____

Work Site Location: 5711 JEFFERSON STREET COMMON WEST NEW YORK, NJ

Owner in Fee: YLLU

Address 5711 JEFFERSON ST WEST NEW YORK NJ 07093

Tel. _____ Email _____

Contractor: WILLIAM J. GUARINI

Address 506 PALISADE AVE JERSEY CITY NJ 07307

Tel. _____ Fax _____

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-2

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$1,000

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plan Required		Type:	Failure Approval Initial
☐ Partial Underlab Utilities Approved		Slab	
Date: _____ by: _____		Rough	
☐ Plumbing Plans Approved		Water	
Date: _____		Sewer	
Approved by: _____		Fixtures	
Joint Plan Review Required		Gas Equipment	
☐ Building ☐ Electrical		Gas Piping	
☐ Fire ☐ Elevator		LPG Gas Tank	
SUBCODE APPROVAL for PERMIT		Fuel Oil Piping	
Date: _____		Solar	
Approved by: _____		TCO	
SUBCODE APPROVAL for CERTIFICATE		Final	
☐ CO ☐ CCO ☐ CA		Other	
Date: _____			
Approved by: _____			

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. F130 (rev. 11/09)

Date Received 10/9/2014
Control # 22887
Date Issued 10/24/2014
Permit # 20140776

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 Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL WATER HEATER 40,000 BTU

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	
1	Water Heater	\$35
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$2

TOTAL FEE \$57

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block 130 Lot 2 Qualification Code _____
Work Site Location: 5711 JEFFERSON STREET COMMON TOWN OF WEST NEW YORK, NJ _____

Owner in Fee: 5719 JEFFERSON ST., LLC _____

Address 224 61ST STREET WEST NEW YORK NJ 07093 _____

Tel. (201) 868-9898 _____ Email _____

Contractor: UNITED WATER, NJ _____

Address 60 DEVOE PLACE HACKENSACK NJ 07601 _____

Tel. (201) 868-6662 _____ Fax _____

Contractor License No. or, if new home, Bids Reg. No. _____ Exp. _____

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

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Struct/Framework	_____	_____
☐ Exterior	_____	_____
☐ Interior	_____	_____
Joint Plan Review Required	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____
SUBCODE APPROVAL FOR PERMIT		
Date: _____	_____	_____
Approved by: _____	_____	_____
SUBCODE APPROVAL FOR CERTIFICATE		
☐ CO ☐ CCC ☐ CA	_____	_____
Date: _____	_____	_____
Approved by: _____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Barrier-Free	Proposed	State Approved	HUD	Est. Cost of Bldg. Work:
Const. Class	Present	Proposed	Proposed	Proposed	Proposed	Proposed	1. New Bldg. _____
Number of Stories	_____	_____	_____	_____	_____	_____	2. Rehabilitation \$1,000 _____
Height of Structure	_____ Ft.	_____ Ft.	_____ Ft.	_____ Ft.	_____ Ft.	_____ Ft.	3. Total (1+2) _____
Area - Largest Floor	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	
New Bldg. Area / All Floors	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	
Volume of New Structure	_____ Cu. Ft.	_____ Cu. Ft.	_____ Cu. Ft.	_____ Cu. Ft.	_____ Cu. Ft.	_____ Cu. Ft.	
Total Land Area Disturbed	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	_____ Sq. Ft.	

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

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

Date Received 8/21/2007
Control # 15195
Date Issued 8/29/2007
Permit # 20070907

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.

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations replace 4 inches service valve

TYPE OF WORK

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

_____ \$30
_____ \$45
_____ \$1
_____ \$1
TOTAL FEE _____

Administrative Surcharge

Minimum Fee \$45

State Permit Surcharge Fee \$1

TOTAL FEE \$1



ELEVATOR 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 130 Lot 2 Qualification Code
Work Site Location: 5711 JEFFERSON STREET COMMON - ELEVATOR TOWN OF WEST NEW YORK
Owner in Fee: 5719 JEFFERSON AVE., LLC
Address 224.61 ST. STREET WEST NEW YORK NJ 07083
Tel. (201) 868-9898 Email
Contractor: GS ELEVATOR INC. Tel. (201) 868-0131
Address 1453.75TH STREET NORTH BERGEN NJ 07047
Fax
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Contractor License No. Exp. Date
Federal Employee No. Tel.
Maintenance
Address Email
Fax

B. ELEVATOR CHARACTERISTICS

Building Use Group Building Registration No.
Manufacturer Devices I.D.
Machine Room Location
No. of Stops No. of Openings
Travel (ft.) Speed (f.p.m.)
Type of Control Type of Operation
Passenger Freight
Capacity (lbs.) Yr. of Installation Standard Yr. of Alteration Standard
Estimated Cost of Elevator Work \$63,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial
☐ No Plan Required
☐ Building Plans and Elevator Specs.
Date: by:
☐ Elevator Layout Drawings
Date: by:
Joint Plan Review Required
☐ Building ☐ Elec. ☐ Plumb. ☐ Fire
SUBCODE APPROVAL for PERMIT
Date: Approved by:
SUBCODE APPROVAL of CERTIFICATE
☐ CO ☐ CA
Date: Approved by:

Date Received 4/9/2007
Control # 14500
Date Issued 5/8/2007
Permit # 20070639

C. CERTIFICATION IN LIEU OF OATH

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

Signature
Print name here: Date:

D. TECHNICAL SITE DATA DESCRIPTION OF WORK Alterations - ELEVATOR

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	
	Over 10 Floors	
1	Hydraulic	\$216
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical	
	Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
	Other	
	Other	

Administrative Surcharge
State Permit Surcharge Fee \$3.5
TOTAL FEE \$20.1



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 130 Lot 2 Qualification Code
Work Site Location: 5711 JEFFERSON STREET ROAD OPENING - GAS SHUT OFF TOWN OF WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON AVE., LLC
Address 224 51ST STREET WEST NEW YORK, NJ 07093
Tel. (201) 888-8888 Email
Contractor: Address NJ Email
Tel. Fax
Contractor License No. or, if new home, Bldgs Reg. No. Exp.
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No.

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

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed

Constr. Class Present

Number of Stories _____ Ft.

Height of Structure _____ Sq. Ft.

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors _____ Cu. Ft.

Volume of New Structure _____ Sq. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$1,000 _____

3. Total (1+2) _____

HUD

State Approved

If Industrial Building:

State Approved

HUD

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

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.

Signature _____
Print Name Here: _____
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations road opening install gas service off Washington st.

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$30

Administrative Surcharge

Minimum Fee \$45

State Permit Surcharge Fee \$1

TOTAL FEE \$1

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block 130 Lot 2 Qualification Code
Work Site Location: 5711 JEFFERSON STREET ROAD OPENING - SEWER CONNECTION TOWN OF WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON AVE, LLC
Address 224.61ST STREET WEST NEW YORK NJ 07093
Tel. (201) 868-9898 Email
Contractor: C.P. BUILDING ENTERPRISES
Address 224.61ST STREET WEST NEW YORK NJ 07093
Tel. (201) 868-9898 Fax
Contractor License No. or, if new home, Bids Reg. No. Exp
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No.

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Failure	Approval
☐ No Plan Required		Footing			Initial
☐ All		Footing Bonding			
☐ Footing/Foundation		Foundation			
☐ Struct/Framework		Slab			
☐ Exterior		Frame			
☐ Interior		Truss Sys/Bracing			
Joint Plan Review Required		Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation			
SUBCODE APPROVAL FOR PERMIT		Finishes-Base Layer			
		Finishes-Final			
		Energy			
		Mechanical			
		TCO			
		Other			
		Barrier-Free			
Date:					
Approved by:					
SUBCODE APPROVAL FOR CERTIFICATE					
☐ CO ☐ CCO ☐ CA					
Date:					
Approved by:					

B. BUILDING CHARACTERISTICS

Use Group Present RS-3 Proposed
Constr. Class Present Proposed
Number of Stories
Height of Structure
Area - Largest Floor
New Bldg. Area / All Floors
Volume of New Structure
Total Land Area Disturbed

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation
3. Total (1+2)

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

Date Received 10/12/2008
Control # 13859
Date Issued 10/18/2008
Permit # 20061012

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.

Signature
Print Name Here
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations - ROAD OPENING FOR SEWER CONNECTION.

TYPE OF WORK

☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fences
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other
☐ Demolition

Height (exceeds 6')
Sq. Ft.
Sq. Ft.

FEE (Office Use Only)

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 9/26/2006
Date Issued 9/28/2006
Control # 13773
Permit # 20060924

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 Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certifi Landscape Installation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations - 2 TEMP. SERVICES

Block 130 Lot 2 Qualification Code

Work Site Location: 5711 JEFFERSON STREET TEMP. SERVICE TOWN OF WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON AVE, LLC

Address 224 61ST STREET WEST NEW YORK, NJ 07093

Tel. (201) 868-9898 Email

Contractor: E & E ELECTRICAL CONTRACTOR CORP.

Address 6029 Hudson Avenue WEST NEW YORK, NJ 07093

Tel. (201) 522-3027 Fax

Lic No. 34EB00781000 Exp. Date 3/31/2021

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

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$3,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Under-slab Approved

Partial Under-slab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: Approved by:

Date of Grounding and Bonding

Certification

Dates (Month/Day)

Failure Approval Initial

Failure

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCC

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

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

U.G.C.F.120 (rev. 11/09)

FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors - Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air

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

State Permit Surcharge Fee

TOTAL FEE



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 130 Lot 2 Qualification Code
Work Site Location: 5711 JEFFERSON STREET COMMON - SPRINKLERS TOWN OF WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON AVE, LLC
Address 224 61ST STREET WEST NEW YORK, NJ 07093 Email
Tel. (201) 888-9898
Contractor:
Address 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. Expiration Date:
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Employee No. Fax.

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed R-2 Fuel Type ☐ Flammable or ☐ Combustible
Capacity

Const. Class Present Proposed
Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement
Fire Alarm System: ☐ New or ☐ Existing
Location of Panel:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other
Fire Suppression/Standpipe System:
Location of Main Control Valve:

Location:

Total Cost of Fire Protection Work \$95,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Approval	Initial
☐ No Plan Required		Alarm System			
☐ Partial Under-slab Utilities Approved		Suppression Sys.			
Date: by:		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date:		Pre-Eng. System			
Approved by:		Mechanical			
☐ Building		Smoke Control			
☐ Plumbing		TCO			
☐ Electrical		Flam/Combust Tank			
☐ Elevator		Fireplace Venting			
SUBCODE APPROVAL for PERMIT		Final			
Date:		Other			
Approved by:					
SUBCODE APPROVAL for CERTIFICATE					
☐ CO					
☐ CCO					
☐ CA					
Date:					
Approved by:					

U.C.C. F140 (rev. 11/08)

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

Date Received 3/1/2007
Control # 14442
Date Issued 3/9/2007
Permit # 20060837-R

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
Alterations - SPRINKLERS - AS PER PLAN

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, waterflow)

Supervisory Devices (tamper, low/high air)

Signaling Devices (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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fire Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$430



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 130 Lot 2 Qualification Code _____

Work Site Location: 5711 JEFFERSON STREET TOWN OF WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON AVE, LLC

Address 224 61ST STREET WEST NEW YORK NJ 07093

Tel. (201) 868-9888 Email _____

Contractor: C & P BUILDING ENTERPRISES

Address 224 61ST STREET WEST NEW YORK NJ 07093

Tel. (201) 868-9888 Fax _____

Contractor License No. or, if new home, Bldgs Reg. No. _____ Exp. _____

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

Federal Emp. ID No. _____

B. BUILDING CHARACTERISTICS

Use Group _____ Present R-2 _____

Constr. Class _____ Present _____

Number of Stories _____

Height of Structure _____ Ft.

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors 72727 Sq. Ft.

Volume of New Structure 674518 Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$5,900,000

2. Rehabilitation _____

3. Total (1+2) _____

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

APPLICANT COPY

HUD

State Approved

Barrier-Free

Proposed _____

Proposed _____

If Industrial Building:

State Approved

Barrier-Free

Proposed _____

Proposed _____

Barrier-Free

Proposed _____

Proposed _____

Barrier-Free

Proposed _____

Date Received 12/11/2006
Control # 14130
Date Issued 3/1/2007
Permit # 20060837+A

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.

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Multifamily - NEW CONSTRUCTION - 42 UNIT CONDO. BLDG.

TYPE OF WORK

- ☒ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$18,212

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$1,737

TOTAL FEE \$19,949

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



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 130 Lot 2 Qualification Code _____

Work Site Location: 5711 JEFFERSON STREET, TOWN OF WEST NEW YORK, NJ _____

Owner in Fee: 5719 JEFFERSON AVE., LLC _____

Address 224 61ST STREET, WEST NEW YORK, NJ 07093 _____

Tel. (201) 868-9898 _____ Email _____

Contractor: G.I. PLUMBING _____

Address 167 WEIGANDS LANE, SECaucus NJ 07094 _____

Tel. (201) 401-0959 _____ Fax _____

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

Contractor License No. 08226 _____ Expiration Date: 5/30/2021 _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____ R-2

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$440,000 _____

JOB SUMMARY (Office Use Only)		Initial		Truss Sys./Bracing	
PLAN REVIEW	Date	INSPECTIONS	Dates (Month/Day)	Failure	Approval
☐ No Plan Required		Type:			Initial
☐ Partial Underslab Utilities Approved		Slab			
Date: _____ by: _____		Rough			
☐ Plumbing Plans Approved		Water			
Date: _____		Sewer			
Approved by: _____		Fixtures			
Joint Plan Review Required		Gas Equipment			
☐ Building ☐ Electrical		Gas Piping			
☐ Fire ☐ Elevator		LP Gas Tank			
SUBCODE APPROVAL for PERMIT		Fuel Oil Piping			
Date: _____		Solar			
Approved by: _____		TCC			
SUBCODE APPROVAL for CERTIFICATE		Final			
☐ CO ☐ CCO ☐ CA		Other			
Date: _____					
Approved by: _____					

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. F130 (rev. 11/09)

Date Received 12/11/2006
Control # 14110
Date Issued 3/1/2007
Permit # 20060837-A

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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
MultiFamily - NEW CONSTRUCTION - 42 UNIT CONDO. BLDG.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
54	Water Closet	\$1,350
	Urinal/Bidet	
54	Bath Tub	\$1,350
54	Lavatory	\$1,350
	Shower	
48	Floor Drain	\$720
42	Sink	\$1,050
42	Dishwasher	\$1,050
	Drinking Fountain	
42	Washing Machine	\$1,050
4	Hose Bibb	\$100
42	Water Heater	\$1,050
	Fuel Oil Piping	
42	Gas Piping	\$1,050
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	\$65
1	Sewer Connector	\$65
1	Water Service Connection	\$1,000
40	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 12/11/2006
Date Issued 3/1/2007
Control # 14110
Permit # 20060637-A

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 Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Multi-Family - NEW CONSTRUCTION - 42 UNIT CONDO. BLDG.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
565		Lighting Fixtures	
1314		Receptacles	
525		Switches	
148		Detectors	
		Light Poles	
84		Motors - Fract. HP	
44		Emergency & Exit Lights	
		Communication Points	
1		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
2881		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	\$546
42	2	KW Dishwasher	
		HP Garbage Disposal	
88	4	KW Central A/C Unit	\$1,144
		HP/KW Space Heater/Air	
6	2	KW Baseboard Heat	\$78
		HP Motors 1/4 HP	
		KW Transformer/Generator	
1	1500	AMP Service	\$624
42	80	AMP Subpanels	\$2,688
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	\$1,782
TOTAL FEE	\$7,882

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

Block 130 Lot 2 Qualification Code _____
Work Site Location: 5711 JEFFERSON STREET TOWN OF WEST NEW YORK, NJ
Owner in Fee: 5719 JEFFERSON AVE, LLC
Address 224 61ST STREET WEST NEW YORK, NJ 07093
Tel. (201) 958-9898 Email _____
Contractor: E & E ELECTRICAL CONTRACTOR CORP
Address 6029 Hudson Avenue WEST NEW YORK, NJ 07093 Email ees@aol.com
Tel. (201) 522-3027 Fax _____
Lic No. 34EB00781000 Exp. Date 3/31/2021
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed R-2
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$250,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date Initial	Type:	Failure	Approval	Initial
☐ No Plan Required		Rough			
☐ Partial/Under-slab Approved		Barrier-Free			
Partial Under-slab Utilities Approved		Trench			
Date: _____ by: _____		Temp. Serv.			
☐ Electrical Plans Approved		Constr. Serv.			
Date: _____ by: _____		TCO			
Joint Plan Review Required		Other			
☐ Building ☐ Plumbing		Service			
☐ Fire ☐ Elevator		Final			
SUBCODE APPROVAL for PERMIT		Barrier-Free			
Date: _____		Temp. Cut-in-Card Date Issued			
Approved by: _____		Final Cut-in-Card Date Issued			
SUBCODE APPROVAL for CERTIFICATE		Annual Pool Inspection			
☐ CO ☐ CCO ☐ CA		Date of Grounding and Bonding			
Date: _____		Certification			
Approved by: _____					

U.L.C. F120 (rev. 1/109) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



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 130 Lot 2 Qualification Code _____
Work Site Location: 5711 JEFFERSON STREET TOWN OF WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON AVE, LLC
Address 224 61ST STREET WEST NEW YORK, NJ 07093 Email _____
Tel. (201) 868-9896
Contractor: E & E ELECTRICAL CONTRACTOR CORP Tel. (201) 522-3027
Address 6029 Hudson Avenue WEST NEW YORK, NJ 07093 Email eee@aol.com
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Expiration Date: _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____ Fax: _____
Federal Employee No. _____ Fuel Storage Tank:

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present _____ Proposed _____ R-2 Fuel Type ☐ Flammable or ☐ Combustible Capacity _____
Constr. Class Present _____ Proposed _____
Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____
Location: _____
Fire Alarm System: ☐ New or ☐ Existing
Fire Suppression/Standpipe System: ☐ New or ☐ Existing
Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$2,000

JOB SUMMARY (Office Use Only)		DATES (Month/Day)	
PLAN REVIEW	Initial	Failure	Approval
☐ No Plan Required			
☐ Partial Underslab Utilities Approved			
Date: _____ by: _____			
☐ Fire Protection Plans Approved			
Date: _____			
Approved by: _____			
Joint Plan Review Required			
Building ☐ Plumbing			
Electrical ☐ Elevator			
SUBCODE APPROVAL FOR PERMIT			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL FOR CERTIFICATE			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

U.C.C. F-40 (rev. 11/09)

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

Date Received 12/11/2006
Control # 14110
Date Issued 3/1/2007
Permit # 20060837-A

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
Multi-Family - NEW CONSTRUCTION - 42 UNIT CONDO. BLDG.
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, waterflow)	204	
Supervisory Devices (tamper, low/high air)		
Signaling Devices (horn/strobes, bells)	22	
Other Devices		
TOTAL	226	
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		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$1,787
TOTAL FEE \$1,787



BUILDING SUBCODE TECHNICAL SECTION



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

Block 130 Lot 2 Qualification Code _____
Work Site Location: 5711 JEFFERSON STREET TOWN OF WEST NEW YORK, NJ _____

Owner in Fee: 5719 JEFFERSON AVE, LLC _____

Address 224 61ST STREET WEST NEW YORK, NJ 07093 _____

Tel. (201) 868-9898 Email _____

Contractor: C & P BUILDING ENTERPRISES _____

Address 224 61ST ST. WEST NEW YORK, NJ 07093 _____

Email _____

Tel. (201) 868-9898 Fax _____

Contractor License No. or, if new home, Bldgs Reg. No. _____ Exp. _____

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

Federal Emp. ID No. _____

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.

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW CONSTRUCTION - FOOTINGS AND FOUNDATION ONLY.

TYPE OF WORK

- ☒ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other
☐ Demolition

FEE (Office Use Only)

\$16,247

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$1,595

TOTAL FEE \$17,842

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

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



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 130 Lot 2 Qualification Code _____

Work Site Location: 5711 JEFFERSON STREET FOUNDATION - PILES ONLY TOWN OF WEST NEW YORK, NJ

Owner in Fee: 5719 JEFFERSON AVE., LLC
Address 224 61ST STREET WEST NEW YORK NJ 07093
Tel. (201) 868-9898 Email _____
Contractor: G & P BUILDERS ENTERPRISES
Address 224 61ST STREET WEST NEW YORK NJ 07093
Tel. (201) 868-9898 Fax _____
Contractor License No. or, if new home, Bldgs Reg. No. _____ Exp. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Failure	Approval
☐ No Plan Required	Initial	Footings			Initial
☐ All		Foundation			
☐ Footing/Foundation		Slab			
☐ Struct/Framework		Truss Sys./Bracing			
☐ Exterior		Barrier-Free			
☐ Interior		Insulation			
☐ Joint Plan Review Required		Finishes-Base Layer			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Finishes-Final			
SUBCODE APPROVAL for PERMIT		Energy			
Date: _____		Mechanical			
Approved by: _____		TCO			
SUBCODE APPROVAL for CERTIFICATE		Other			
CO ☐ CCO ☐ CA		Final			
Date: _____		Barrier-Free			
Approved by: _____					

B. BUILDING CHARACTERISTICS		If Industrial Building:	
Use Group	Present (R-2)	Proposed	State Approved
Const. Class	Present		
Number of Stories			
Height of Structure			
Area - Largest Floor	Sq. Ft.		
New Bldg. Area / All Floors	Sq. Ft.		
Volume of New Structure	Cu. Ft.		
Total Land Area Disturbed	Sq. Ft.		

HUD	
Est. Cost of Bldg. Work	
1. New Bldg.	
2. Rehabilitation	\$100,000
3. Total (1+2)	

U.C.C P110 (rev. 11/09)

Date Received 7/24/2008
Control # 13491
Date Issued 8/1/2008
Permit # 20080704

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.

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations-FOUNDATION PILES ONLY

TYPE OF WORK

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$1,025

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE

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