



CONSTRUCTION PERMIT

Date Issued 8-29-05
Permit # 05-315

IDENTIFICATION Block 223 Lot 1.01 Qualification Code _____
Work Site Location 581 Building - Newark Rd. Contractor Aliano Brothers Gen Bldg.
Owner in Fee POS Landmarks Address 256 Industrial Hwy
Address PO Box 279 Tel. (856) 794-4490
CMH, NJ 08210 Lic. No. or Bids. Reg. No. 607444
Tel. (226) 871 22-2389821

is hereby granted permission to perform the following work:

☒ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER _____

(Subchapter 8 only)

DESCRIPTION OF WORK:

Warehouse - Shell only

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ _____
Construction Begins _____ Date 8-29-05

PAYMENTS (Office Use Only)	
Building _____	<u>1340</u>
Electrical _____	
Plumbing _____	
Fire Protection _____	
Elevator Devices _____	
Other _____	
DCA State Permit Fee <u>292</u>	
Cert. of Occupancy <u>65</u>	
Other _____	
Total <u>1897</u>	
Check No. <u>10833</u>	
Cash _____	
Collected by <u>[Signature]</u>	



PERMIT UPDATE

Date Update Issued 11/16/15
Control # 05-3157-A
Permit # 8/29/05
Date Permit Issued

IDENTIFICATION Block 233 Lot 1.01
Work Site Location 321 Wadsworth Avenue Rd
Owner in Fee 805 Fortlands
Address P.O. Box 279
CNEH, N.S. 08210
Tele. () 224-8715

Contractor Allene Brothers
Address 2515 Industrial Way
Yonkers, NY 10704
Tele. () 914 794-9900
Lic. No. or Bids. Reg. No. 007487
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ OTHER _____
☒ ELECTRICAL ☒ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Electric, Fire & Plumbing for Warehouse

Estimated Cost of Work \$ 32,000.00

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building _____	
Electrical <u>379</u>	
Plumbing <u>265</u>	
Fire Protection <u>38</u>	
Elevator Devices _____	
Other _____	
DCA Training Fee _____	
Cert. of Occ. _____	
Other _____	
Total <u>682</u>	
Check No. <u>1212</u>	
Cash _____	
Collected By: <u>L. Holt</u>	