THE BOROUGH OF ROSELLE PARK

NEW JERSEY

110 EAST WESTFIELD AVENUE, ROSELLE PARK, NJ 07204

WWW.ROSELLEPARK.NET

ANDREW J. CASAIS, RMC, QPA
CHIEF ADMINISTRATIVE OFFICER,
BOROUGH CLERK & PURCHASING AGENT
(908) 245-6222
acasais@rosellepark.net

September 28, 2021

Attn: Valerie Daberkow
EnvirSure, Inc.

Sent via Email (opra+request-26049-b46720d7r@request.opramaching.com)

Re: OPRA Request Received 09-22-2021

Dear Valerie Daberkow,

Please be advised that my office received your request for public records pursuant to the New Jersey Open Public Records Act (NJ-OPRA), *N.J.S.A. 47:1A-1 et seq.*

Upon review of files kept and maintained by the Borough of Roselle Park, twenty (20) pages were found to exist pursuant to your request for: "EnviroSure is conducting a Phase I ESA at 136 East Westfield Avenue Block 913; Lot 9.01. In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns, building permits and ownership records."

You will find that certain information is redacted and not publically disclosed. NJ-OPRA and, more generally, New Jersey State law provides for specific exemptions that require certain information to be withheld from public disclosure. These specific exemptions are outlined in *N.J.S.A. 47:1A-1.1.* **In the case of your request, each redacted item is being withheld as it is personally identifying information which may include unlisted telephone numbers, social security numbers, or personal e-mail addresses.** Other than the redactions outlined herein, all other information has been provided in accordance with the law.

Please be advised that the records hereinafter provided, if any, represent the full and complete response to your captioned request by the Borough of Roselle Park. Any records requested that have not been provided herein have not been found to exist.

Regards,

Andrew J. Casais, RMC, QPA
Chief Administrative Officer,
Borough Clerk & Qualified Purchasing Agent

CC: OPRA File

Construction

Property Summary Portal | Refresh | Open All | Close All

Owner:	GALLUZZO, ROSARIO & MARIA
Location:	136 WESTFIELD AVE EAST
Block:	913
Lot:	9.01
Lead Parcel:	Yes
Qualifier:	

▼ **About the Owner...**

▼ **About the Property...**

▼ **About the Taxes...**

▲ **Construction...**

Applications... Expand

Permit Issue Date	Control Number	Permit Number	Work Type	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
6/14/2012	21755	12-264	Alteration	B	CA and Close Date Issued	8/22/2017	CA	$8,200	
ROOF									
8/31/2011	22248	11-455	Alteration	F	Open			$2,300	GALLUZZO, ROSARIO
CHIMNEY LINER									
2/24/2011	22639	11-047	Alteration	B	CA and Close Date Issued	6/30/2021	CA	$100	GALLUZZO, ROSARIO
DIRECT REPLACEMENT OF EXISTING DRIVEWAY (Zoning)									
7/9/2004	27783	04-369	Alteration	E	CA and Close Date Issued	7/21/2005	CA	$650	
REPAIR TORN 100A SERVICE									
5/6/1997	32122	97-106	Alteration	B	CA and Close Date Issued	6/30/2021	CA	$3,000	GALLUZZO

Would you like to add a application to this parcel? Yes

Inspections... Expand

Date	Control Number	Permit Number	Subcode	Type	Inspector	Result	Comment	Result Comment
7/7/2021	22248	11-455	Fire	Final	Tracy Wenskoski	Not Done	Agent: GALLUZZO, ROSARIO Phone: [redacted]	no access
6/30/2021	22248	11-455	Fire	Final	Tracy Wenskoski		Agent: GALLUZZO, ROSARIO Phone: [redacted]	

6/30/2021	22639	11-047	Building	Final	Robert VanBenschoten	Pass	Agent: GALLUZZO, ROSARIO Phone: [redacted]	
6/30/2021	32122	97-106	Building	Final	Robert VanBenschoten	Pass	Agent: GALLUZZO Phone: /	
8/21/2017	21755	12-264	Building	Final	Frank Genova InActive	Pass		FINAL Inspector Initials: FG

Violations...

There is no violation data for the selected parcel.

Would you like to add an violation to this parcel? Yes

Ongoing Applications...

There is no application data for the selected parcel.

Would you like to add an application to this parcel? Yes

- **Pet...**
- **Complaints...**
- **Land Use...**
- **Engineering...**
- **Code Enforcement...**
- **Health Pro...**
- **Fire Prevention...**
- **Public Works...**
- **Attachments...**
- **Comments...**

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10/11/96
Control # 17173
Permit # 96-382

IDENTIFICATION Block 913 Lot 9

Work Site Location [illegible]
Roselle Park

Owner in Fee ______
Address ______

Tele. (____) ______

Contractor M. Mangiello
Address 13 [illegible] Pl.
Maplewood, NJ

Tele. (____) [redacted]
Lic. No. or Bldrs. Reg. No. 1286 Exp. Date ______
Federal Emp. No. ______
or Social Security No. ______

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ______
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Reinstall Service

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 $ 200-

M. Bell
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	
Electrical	46-
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	5
Cert. of Occ.	
Other	
Total	51-
Check No.	96382
Cash	
Collected By:	MB

(see reverse side)

U.C.C. Form F-170C   1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 96-382

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

Block 915 Lot 9
Work Site Location 136 East Westfield Ave
Roselle Park
Owner in Fee 136 East Westfield Ave LLC
Address 11 Manor Dr ...
Edison NJ
Tele. ([redacted]
Contractor Michael Mangiarelli
Address 13 Heller Pl
Maplewood NJ
Tele. (____) [redacted]
Lic. No. 1286
Federal Emp. No. ______ or Social Security No. ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present B-2 Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ______
Approved by: ______

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved By: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	46.
	___ Kw	Generators	
	___ Amp	Service Entrance	
	___	Other	

Reinstall Panel

Paid [✓] Check # 9638
Collected by: ______

Administrative Surcharge $ TF 5
Minimum Fee $ 51
DCA Training Fee $ ______
TOTAL FEE $ ______

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block _____ Lot _____

Work Site Location _____

_____

Owner In Fee _____

Address _____

_____

Tel. (_____) _____

Contractor _____

Address _____

_____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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 Official Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9/25/97
Date Issued
Control # 17559
Permit # 97106

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

Block 513 Lot 7
Work Site Location 136 E WESTFIELD AVE ROSELLE PARK NJ.
Owner in Fee ~~SOREA~~ ROSARIO GALLEZZO
Address 12 N 9th ST KENILWORTH NJ 07033
Tele. ( ) [redacted]
Contractor MICHAEL FITCH ELECTRICAL
Address PO BOX 39 ROSELLE NJ. 07203
Tele. ( ) [redacted]
Lic. No. 3744
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as 2 Family Utility Co. _____
Est. Cost of Elec. Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9-25-97
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-97
Approved By: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-97	[signature]

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
5		Fixtures (1)	46
8		Receptacles (2)	
3		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
7		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other REPAIRS	

Paid [X] Check # 431	Administrative Surcharge	$ 5
	Minimum Fee	$ 1
Collected by: [signature]	DCA Training Fee	$
	TOTAL FEE	$ 52

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/15/96
Date Issued
Control # 17559
Permit # 97106

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

Block 913 Lot 7
Work Site Location 136 E Westfield Av
Owner in Fee Rosario Galluzzo
Address 12 N ... St
Kenilworth
Tele. ( )
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. ______ or Social Security No. ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class. Present ______ Proposed ______
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location
Total Est. Cost of Fire Prot. Work $ ______ [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] C
Date: 11-27
Approved by: [signature]

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	7	
Heat Detectors		
TOTAL		7
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [X] Check # 4311 Minimum Fee $ 40
Collected by ______ TOTAL FEE $

U.C.C. Form F 140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

BOROUGH OF ROSELLE PARK
110 E. WESTFIELD AVENUE
908-245-2721

Date Issued 07/21/05
Control #
Permit # 04-369

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 913 Lot 9.01 Qual

Work Site Location 136 WESTFIELD, EAST
REPAIR TO SERVICE

Owner in Fee/Occupant GALLUZZO

Address 12 N. 9TH ST.
KENILWORTH, NJ 07033-

Telephone [redacted]

Contractor DRY CELL ELEC.

Address 241 E. 2ND AVE.
ROSELLE, NJ 07203-

Telephone ( ) - Fax ( ) -

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3204820

Home Warranty No.

[ ] State [ ] Private

Use Group R-3

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

REPAIR TORN 100A SERVICE

[ ] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Fee $ 0
Paid [X] Check No. 1835
Collected by: MW

Construction Official

BOROUGH OF ROSELLE PARK
110 E. WESTFIELD AVENUE
908-245-2721

Date Issued 7/9/04
Control # C913-9-01
Permit # 24018
04-369

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 913 Lot 9.01 Qual

Work Site Location 136 WESTIFELD, E

Owner in Fee GALLUZZO
Address 12 N. 9TH ST.
KENILWORTH, NJ 07033-
Telephone ( )

Contractor DRY CELL ELEC.
Address 241 E. 2ND AVE.
ROSELLE, NJ 07203-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3204620

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPAIR TORN 100A SERVICE

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 $ 650

Construction Official

7/9/04
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	50
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	500
Total	551
Check No.	1896
Cash	
Collected By	

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24K

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-9-04
Date Issued
Control #
Permit # 24018 04-369

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

Block 913 Lot 9.01
Work Site Location 136 E. Westfield Ave. Roselle Park, N.J. 07204
Owner in Fee/Occupant Rosario Galluzzo
Address 12 N. 9th St. Kenilworth N.J. 07033
Tele. [redacted]
Contractor Dry Cell Electrical Cont. Inc.
Address 241 E 2nd Ave. Roselle, N.J. 07203
Tele. ([redacted] Fax (908) 241-8322
Lic. No. 10894
Federal Emp. No. 22-3204620

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Commercial Bldg. Utility Co. P.S.E&G
Est. Cost of Elec. Work: $ 650.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12-4-03
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			7-20-05	[signature]
Final				

SUBCODE APPROVAL
[ ] CO [ ] COO [ ] CA
Date: _____
Approved by: _____

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications 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 Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1		Repair Town Down 100A O.H. Service

FEE (Office Use Only)

$	
	50
	1

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 5
TOTAL FEE	$ 56

1816

U.C.C. F120 (rev. 3/95)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BOROUGH OF ROSELLE PARK
110 E. WESTFIELD AVENUE
908-245-2721

Date Issued / /
Control # C913-9
Permit # 11-455
(372655)

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 913 Lot 9.01 Qual

Work Site Location 136 WESTFIELD, E.
CHIMNEY LINER
Owner in Fee GALLUZZO, ROSARIO
Address 167 PRINCE CHARLES DRIVE
TOMS RIVER, NJ 08753-
Telephone [redacted]

Contractor MARK JAMESON CONTRACTORS, INC.
Address 373 E. WESTFIELD AVE.
ROSELLE PARK, NJ 07204-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3734336

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CHIMNEY LINER

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 $ 2,300

Construction Official

Date 8/11/11

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	75
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	79
Check No.	1385
Cash	
Collected By	M.S

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Control # 9PIII

Date Issued
Permit #

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

Block 93 Lot 9 Qualification Code

Work Site Location 136 E. WESTFIELD Ave Roselle PARK

Owner in Fee: ROSARIO CALLIZZO

Tel. [redacted] e-mail

Address 136 E. WESTFIELD Ave Roselle PARK

Contractor: MARK JAMESON CONSTR. INC Tel. [redacted]

Address 323 E. WESTFIELD Ave e-mail

Roselle PARK

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04492200

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other CHIMNEY LINER

Location:

Total Cost of Fire Protection Work $ 2300

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reline CHIMNEY TOP TO BOTTOM WITH 7"X39' STAINLESS STEEL CHIMNEY LINER 242,000 BTUS

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other CHIMNEY LINER	1	225
Administrative Surcharge $		
Minimum Fee $		70
State Permit Surcharge Fee $		4
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 8/9/11 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

BOROUGH OF ROSELLE PARK
110 E. WESTFIELD AVENUE
908-245-2721

Date Issued 08/22/17
Control #
Permit # 12-264

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 913 Lot 9.01 Qual
Work Site Location 136 WESTFIELD, EAST
ROOF
Owner in Fee/Occupant GALLUZZO, ROSARIO
Address 12 NORTH 9TH STREET
KENILWORTH, NJ 07033-
Telephone [redacted]
Contractor H O M E O W N E R
Address
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ROOF

[ ] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Construction Official

Fee $ 0
Paid [X] Check No. 196
Collected by: SC

U.C.C. F260 (rev. 3/96)

BOROUGH OF ROSELLE PARK
110 E. WESTFIELD AVENUE
908-245-2721

Date Issued 6/14/12
Control # C913-9
Permit # 12-264
(578071)

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 913 Lot 9.01 Qual

Work Site Location 136 WESTFIELD, EAST
ROOF
Owner in Fee GALLUZZO, ROSARIO
Address 12 NORTH 9TH STREET
KENILWORTH, NJ 07033-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOF

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 $ 8,200

Construction Official Richard Belluscio

6/14/12
Date

PAYMENTS (Office Use Only)

Building	164
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	14
Cert. of Occupancy	0
Other	
Total	178
Check No.	196
Cash	
Collected By	MS

U.C.C. F170 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/12/12
Control # 6/14/12
Date Issued
Permit # 12-364 (518071)

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

Block 913 Lot 4101 Qualification Code

Work Site Location 136 Westfield Ave. Roselle Park

Owner in Fee: Rosario Gallucco

Tel. ([redacted]) e-mail

Address 12 N 9th Street (street) Kenilworth (municipality) 07033 (zip code)

Contractor: Home Owner Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Rosario Gallucco

Print name here: ROSARIO GALLUCCO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Install new roof
Replace sheathing Removal of Debris
New Gutters

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All	6/12/12	LC
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 6/12/12
Approved by: LC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 8/30/12
Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/30/12	[signature]
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-2 **Constr. Class** Present _____ Proposed 1 & 3

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 8200 8,200.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [x] 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)

$ 169
Paid
#196

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 14
TOTAL FEE $ 169

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

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

REALTY APPRAISAL COMPANY

COMMERCIAL-INDUSTRIAL PROPERTY RECORD CARD

CARD 1 OF 1 CARDS

IDENTIFICATION DATA

913 9.01
ROSELLE PARK
136 WESTFIELD AVE EAST

STAFF CONTROL DATA

Card Code	28	
Source of Information 1 = Owner 2 = Spouse (3) = Tenant 4 = Agent 5 = Other 6 = Estimate 7 = Refusal	30	
Interior Inspection 0 = No (1) Yes	31	
Cost Base Year	32	
Enumerated By	34	AT
Enumeration Date Month/Year	37	10/15
Appraised By	41	
Appraisal Date Month/Year	44	
Reviewed By	48	
Review Date Month/Year	51	
Permanent Land Review Code	55	
Permanent Improvement Review Code	56	
Number of Principal Buildings	57	

SALES VERIFICATION DATA

Card Code	28	
Sales Price	30	
Sales Date Month/Year	40	
Source 1 = Buyer 2 = Seller 3 = R.T. Fee 4 = Agent	44	
Validity 0 = Not Valid 1 = Valid	45	
Type of Sale 1 = Land 2 = Building 3 = Land and Building	46	

Permit #	Description of Work	Date	Amount

NOTES

TG BASILE - 2 of 2 = RES
WAS CLASS 2

MAIL CERT.	
MAIL REG.	
OWNER	
NOT REQ.	

LAND DATA

Unit Codes 1 = Front Feet 2 = Square Feet 3 = Acreage 4 = Site
Influence Factor Codes 1 = Depth Factor 2 = Frontage Factor 3 = Backlot Factor 4 = Triangle Factor .30 or .60 5 = Corner Lot Factor 6 = Topography Factor

Zone 30	Frontage 32	Depth 36	Backlot Setback 40	Standard Depth 44	Area (decimal if acres) 48	Unit Value 55	Card Code 28	Influence Factors 1 30	2 33	3 36	4 39	5 41	6 44	Adjusted Unit Value 46	Land Value 52
B-3	50	223				3000									150000
	50	23						25					20		7500

Total Land Value

Sales Ratio Date	Sales Price	Ratio	Assessment Yr.	%	Building	Land	Total	Exempt SC/VET	C or S	Appeal Decision Building	Land	Total

SUMMARY

Building No.	Building Value
Land	157500
Building	391100
Total	548600

STANDARD BUILDING ACCESSORIES DATA

Card Code 28	Seq. No. 30-31	Acces. Code 32-35	Measure One 36-41	Measure Two 42-47	Ql. 48	Rate	Quality Factor	+ -	Cost
		FA02	2247						
		SD06	12X12(2)	288					
		SD06	10X10(2)	200					

Standard Building Accessories Total Cost

STANDARD EXTERIOR ACCESSORIES DATA

Card Code 28	Seq. No. 30-31	Acces. Code 32-35	Measure One 36-41	Measure Two 42-47	Ql. 48	Rate	Quality Factor	Final Net Cond.	Cost
		PV05	5000						
		CW01	5 TOPS	36					

Standard Exterior Accessories Total Depreciated Cost

Cost Conversion Factor

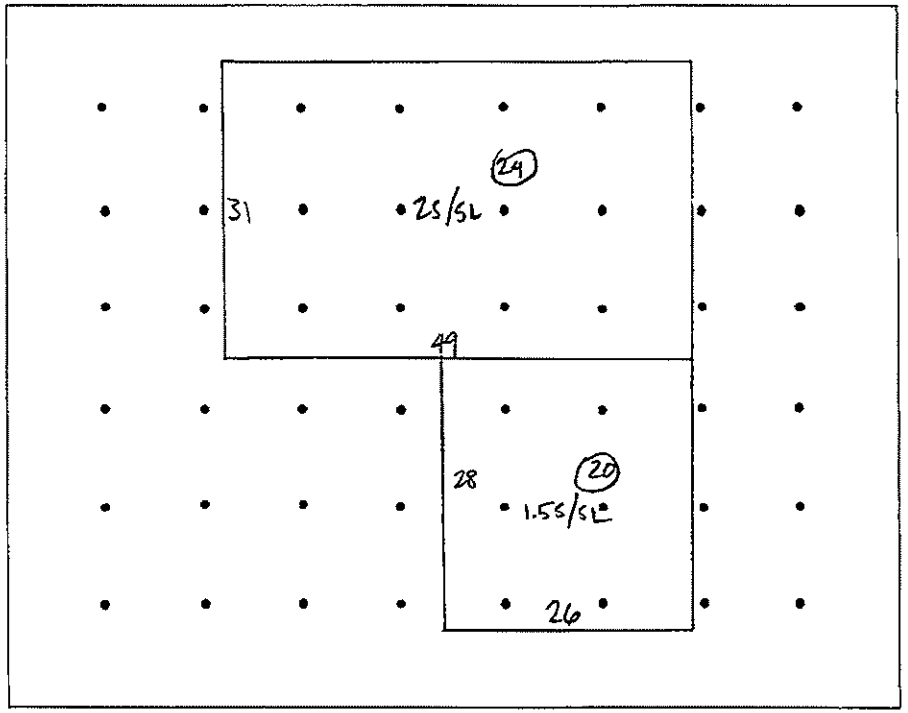
Standard Exterior Accessories Total Cost

SPECIAL EXTERIOR ACCESSORIES DATA

Card Code 28	Seq. No. 30-31	Description 32-58	Depr. Full Value 59-67

Special Exterior Accessories Total Depr. Full Value

BUILDING SKETCH Scale 1 □ =



Segment	Width	Length	Height	Ground Area	Perimeter	Building Description
25/SL			24	1519		
1.5S/SL			20	728		
				2247		

BUILDING VALUATION SUMMARY

1.	Structural Shell Base Cost	
2.	Exterior Finish Total Cost	
3.	Interior Finish Total Cost	
4.	Heating/Cooling Total Cost	
	Industrial Unit Heaters Total Cost	
5.	Plumbing Fixtures Total Cost	
6.	Electrical Installation Total Cost	
7.	Sprinkler System Total Cost	
8.	Standard Bldg. Access. Total Cost (±)	
	1975 Replacement Cost	
	COST CONVERSION FACTOR	
	Replacement Cost New	
	Final Net Condition	
	Depreciated Building Cost	
9.	Exterior Access. Total Cost	
10.	TOTAL VALUE = Bldg. & Ext. Access.	

Rentx

COMMERCIAL-INDUSTRIAL PROPERTY RECORD CARD

Owner

Street Address

COMMERCIAL BUILDING DATA

Card Code 28

Building Number 30

Predominant Shell Type 32 103

Predominant Use Type 1 = Apt. 2 = Comm. 3 = Indus. 35

Overall Quality 1 = Low 2 = Below Avg. 3 Avg. 4 = Above Avg. 5 = High 36

Year Built 37 1925

DEPRECIATION

Condition 1 = Poor 2 = Fair 3 = Normal 4 = Good 5 = Excel. 41

Effective Age in Years 42 25

100% − (Eff. Age Dep. ____.___% Obser. Phys. Cond. ____%)
= Physical Net Condition 45

OBSOLESCENCE

100% − (Func. Obsol. ____% + Econ. Obsol. ____%)
= Obsol. Net Condition 48

Physical Net Cond. ____.___% x Obsol. Net Cond. ____%
= Final Net Condition 51

1 STRUCTURAL SHELL

Card Code 28

Structural Shell Type Codes 101 = Lt. Wood Frame 102 = Heavy Timber 103 = Masonry Load Bearing 104 = Reinf. Conc. 105 = Steel 106 = Fireproof Steel 107 = Lt. Steel with Galvanized Steel Exterior 108 = Lt. Steel with Enameled Steel or Aluminum Exterior 109 = Lt. Steel with Insulated Sandwich Panel Exterior 110 = Bsmt. with Conc. Floor 111 = Bsmt. with Wood Floor 112 = Dock High Foundation 123 = Low Quality Service Station 124 = Below Average Quality Service Station 125 = Average Quality Service Station 126 = Above Average Quality Service Station 127 = Good Quality Service Station 133 = Low Quality Specialty Bldg. 134 = Below Average Quality Specialty Bldg. 135 = Average Quality Specialty Bldg. 136 = Above Average Quality Specialty Bldg. 137 = Good Quality Specialty Bldg. 145 = Garden Apartments

Shell Segment Quality Codes 1 = Low 3 = Average 5 = High 2247

	Segmt.	Ql	Type	Sty/Hgt	Ground Area	Perimeter
2	30	32	103	24	1519	216
1W	48	50	103	20	728	
	Card Code 28					
	Card Code 28					
	Card Code 28					

Segmt.	WR	Quality Factor	Rate	Apt. Factor	Cost
	12				

Structural Shell Base Cost

Roof 1 = Lt. Wood 2 = Heavy Timber 3 = Stl. Deck 4 = Concrete 5 = Galv. Steel 6 = Enam. Steel 7 = Insul. Panels 8 = Precast Conc.

2 EXTERIOR WALL FINISH

Card Code 1080 3896 28

Exterior Wall Finish Codes 1 = Grooved Plywood or Equiv. 2 = Wood Siding or Equiv. 3 = Cement Block or Equiv. 4 = Tilt-up Concrete Panels or Equiv. 5 = Common Brick on Block or Equiv. 6 = Face Brick on Wood Sheathing or Equiv. 7 = Face Brick on Block or Equiv. 8 = Common Brick on Reinf. Conc. or Equiv. 9 = Face Brick on Reinf. Conc. or Equiv. 10 = Precast Con. Panels with Expose Aggregate or Equiv. 11 = Metal and Glass Curtain Walls or Equiv. 12 = Stone or Equiv. 13 = Limestone or Equiv. 14 = Marble or Equiv. 15 = Polished Granite or Equiv. 16 = Store Front

Quality Codes 1 = Low 3 = Average 5 = High

Type	Ql.	Wall Area	Rate	W/D Factor	Cost
30	32	33			
40	42	43			
50	52	53			
60	62	63			
70	72	73			
Card Code 28					
30	32	33			
40	42	43			
50	52	53			

Exterior Wall Total Cost

3 INTERIOR FINISH

Card Code 832 28

Interior Finish Codes 1 = Apt. Avg. Size 300 s.f. 400 s.f. 500 s.f. 600 s.f. 700 s.f. 800 s.f. 900 s.f. 1000 s.f. and over 2 = Apt. Utility Area 3 = Hotel or Equiv. 4 = Small Off. or Equiv. 5 = Large Open Offices or Equiv. 6 = Prof. Off. or Equiv. 7 = Clinics or Equiv. 8 = Large Retail Stores or Equiv. 9 = Retail Stores or Equiv. 10 = Banks or Equiv. 11 = Warehouse 12 = Light Mfg. Area 13 = Heavy Mfg. Area

Quality Codes 1 = Low 2 = Below Average 3 = Average 4 = Above Average 5 = High 3298

Gross Apartment Floor Area ÷ Number of Apartment Units
= Average Sq. Feet per Apartment 30

Type	Ql.	Floor Area	Rate	Cost
34	36	37		
44	46	47		
54	56	57		
64	66	67		
Card Code 28				
30	32	33		

Interior Finish Total Cost

4 HEATING/COOLING

Card Code 3298 28

Building Use Type Codes 1 = Apt. 2 = Comm. 3 = Indust.

Heating/Cooling Unit Type Codes 1 = Hot Water 2 = Forced Hot Air 3 = Unit Heaters 4 = Central Cooling 5 = Package Cooling 6 = Central Combined 7 = Package Combined 832

Heating/Cooling Quality Codes 1 = Low 3 = Average 5 = High

Boiler Present for Type 1 Unit 0 = No 1 = Yes 30

Building Unit Use Code	Code	Ql.	Floor Area	Rate	Cost
31	32	33	34		
42	43	44	45		
53	54	55	56		

Heating/Cooling Base Cost

Type 1 Boiler Adjustment Factor

Heating/Cooling Predominant Class Quality Factor

Heating/Cooling Adjusted Cost

Industrial Unit Heaters

	Number	Rate	Cost
Small Ind. Ht.	64		
Med. Ind. Ht.	69		
Large Ind. Ht.	74		

Unit Heaters Total Cost

5 PLUMBING FIXTURES

Card Code 28

Plumbing Fixture Quality Codes 1 = Low 3 = Average 5 = High

	Number	Ql.	Rate	Cost
Apt. Fix.	30	35		
Comm. Fix.	36 3	41		
Ind. Fix.	42	47		

Plumbing Total Cost

6 ELECTRICAL INSTALLATION

Light Intensity 1 = Minimum 2 = Adequate 3 = Bright 48

Quality Codes 1 = Low 3 = Average 5 = High

Type	Floor Area	Ql	Rate	Cost
Apt.	49	56		
Comm.	57 4130	64		
Ind.	65	72		

Electrical Installation Total Cost

7 SPRINKLER SYSTEM

Card Code NONE 28

Quality Codes 1 = Low 3 = Average 5 = High

Type	Floor Area	Ql	Rate	Cost
Apt.	30	37		
Comm.	38	45		
Ind.	46	53		

Sprinkler System Base Cost

Sprinkler System Quality Factor

Sprinkler System Total Cost

ROSELLE PARK
Block: 913
Lot: 9.01
Qual:

Land Desc: 50X223 50X23(REAR)
Bldg Desc: 2SF2UNITS GARAG
Addl Lots:
Acreage: 0.000 Class: 4A

Owners Name: GALLUZZO, ROSARIO & MARIA
Street Address: 167 PRINCE CHARLES DR
City & State: TOMS RIVER, NJ Zip: 08757
Property Location: 136 WESTFIELD AVE EAST

Land: 0
Impr: 57,500
Total: 57,500
Exempt:

Reval Date: 2015/10/01
Map:
Seq#: 3710 (#2)

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#

ASSESSMENT HISTORY

Year	Land	Impr	Total
2020	0	57500	57500
2021	0	146200	146200

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.

LAND CALCULATIONS

Frt	Eff D	Back L	Tri	Dpf	FFF	Dep	Reason	Value

Neigh:
VCS: FS24
Zone: B-3
Min Front:
Std Depth:

Front Ft Value:
Acre Value:
Lot Value:
Land Value: 0

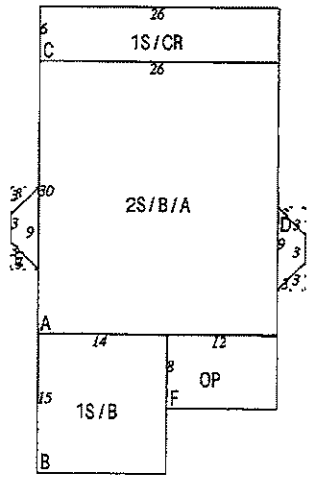
SITE INFORMATION

Road:	PAVED	Util:	SEW/WATER
Curbs:	YES	Gas:	YES
Sidewalk:	YES	Elec:	YES
Loc:	OTHER	Topo:	LEVEL

STAFF CONTROL

Info By:	TENANT	Date:	8/6/15
Visits:	1	Collector:	88
Old B:	913	Prtd:	09/24/21
Old L:	9	Card:	A GV

BUILDING SKETCH



A: 2S/B/A	u15 r0 u30 r26	780
B: 1S/B	u0 r0 u15 r14	210
C: 1S/CR	u45 r0 u6 r26	156
D: 1SOH	u29 r26 e3 s3 d3 s3 w3 u9	18
E: 2S/B	u22r0 w3 n3 u3 n3 e3 d9	18
F: OP	u7 r14 u8 r12	96
G:		0
H:		0
I:		
J:	M:	
K:	N:	
L:	O:	
	P:	

Scale: 20

BUILDING INFORMATION

Class: 45	Roof Type: HIP
Age/Eff Age: 90 / 35 (Y)	Roof Material: SHINGLE
Exterior Walls: FRAME	Room Count: Total Rooms: 7 Bed Rooms: 3
Style: MULTI FAMILY	Row/End: N.A.
Story Height: TWO STORY	Conversion:
Exterior Condition: FAIR	Number of Units: 2
Interior Condition: NORMAL	Heat Source: GAS
Foundation: CONCRETE BLOCK	Livable Area: 1980 SF

DEPRECIATION

Physical:	44 %	Auto:	Y
Func Obs:	%	Over Imp:	%
Econ Obs:	%	Under Imp:	%
		Final Net:	0.56

Baths:	M:	A: 2	O:		
Kitchens:	M:	A: 2	O:		

NOTES

RESIDENTIAL COST APPROACH

Basement	Area	Rate	Const	Q/F	Mult	Value
BASEMENT	1008 x	9.460 +	2220	x1.00	x1.00=	11756
Main Bldg						
FIRST STORY	1182 x	54.382 +	25038	x1.00	x1.00=	89318
UPPER STORY	798 x	48.180 +	0	x1.00	x1.00=	38448
Heat/AC						
HW/STEAM RADIATOR	1980 x	3.830 +	1440	x1.00	x1.00=	9023
AC (SEP DUCTS)	1980 x	1.530 +	2400	x1.00	x1.00=	5429
Plumbing						
3 FIXTURE BATH	2- 2 x	2595.000 +	0	x1.00	x1.00=	0
Fireplace						
Attic						
SMALL DORMER	3 x	1935.000 +	0	x1.00	x1.00=	5805
UNFIN ATTIC	780 x	4.555 +	420	x1.00	x1.00=	3973
Deck/Patio						
OPEN PORCH	96 x	11.080 +	424	x1.00	x1.00=	1488
Garage						

Base Cost: 165240 CCF: 1.58 Cost New: 261079
Net Cond: 0.56 Bldg Value: 146204

Detached Items:

Land: 0 Impr: 146,200 Total: 146,200

ROSELLE PARK
Block: 913
Lot: 9.01
Qual:

Land Desc: 50X223 50X23(REAR)
Bldg Desc: 2SF2UNITS GARAG
Addl Lots:
Acreage: 0.141 Class: 4A

Owners Name: GALLUZZO, ROSARIO & MARIA
Street Address: 25 PARKSIDE RD
City & State: BEDMINSTER, NJ Zip: 07921
Property Location: 136 WESTFIELD AVE EAST

Land: 157,500
Impr: 391,100
Total: 548,600
Exempt:

Reval Date: 2015/10/01
Map:
Seq#: 2863 (#1 of 2)

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
	04/09/97	4508 /98	205000	

ASSESSMENT HISTORY

Year	Land	Impr	Total
2020	157500	391100	548600
2021	157500	391100	548600

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.

LAND CALCULATIONS

Frt	Eff D	Back L	Tri	Dpf	FFF	Dep	Reason	Value
50	223			1.00		1.00		150000
50	23			0.25		0.20	ACCESS	7500

Neigh: FS24
VCS: FS24
Zone: B-3
Min Front: 75
Std Depth: 200

Front Ft Value: 3000
Acre Value:
Lot Value: 0

Land Value: 157,500

SITE INFORMATION

Road:	PAVED	Util:	SEW/WATER
Curbs:	YES	Gas:	YES
Sidewalk:	YES	Elec:	YES
Loc:	OTHER	Topo:	LEVEL

STAFF CONTROL

Info By:	TENANT	Date:	8/6/15
Visits:	1	Collector:	88
Old B:	913	Prtd:	09/24/21
Old L:	9	Card:	M GV

BUILDING SKETCH

BUILDING INFORMATION

Class:	Roof Type:
Age/Eff Age: / 35 (Y)	Roof Material:
Exterior Walls:	Room Count: Total Rooms: Bed Rooms:
Style:	Row/End: N.A.
Story Height:	Conversion:
Exterior Condition:	Number of Units:
Interior Condition:	Heat Source:
Foundation:	Livable Area: 0 SF

DEPRECIATION

Physical:	39 %	Auto:	Y
Func Obs:	%	Over Imp:	%
Econ Obs:	%	Under Imp:	%
		Final Net:	0.61

Baths:	M:	A:	O:		0
Kitchens:	M:	A:	O:		0
					0
					0
					0
					0
					0

A:
B:
C:
D:
E:
F:
G:
H:
I:
J:
K:
L:
M:
N:
O:
P:

NOTES

1995;FWV
1995;FWV

RESIDENTIAL COST APPROACH

Basement	Area	Rate	Const	Q/F	Mult	Value
Main Bldg						
Heat/AC						
Plumbing						
Fireplace						
Attic						
Deck/Patio						
Garage						

Base Cost: D CCF: 1.58 Cost New: 0
Net Cond: 0.61 Bldg Value: 0

Detached Items:
COMM. COST APPROACH 244,900
ADDL BLDGS COMBINED FROM OTHER PRC CARD(S) 146,200

Land: 157,500 Impr: 391,100 Total: 548,600