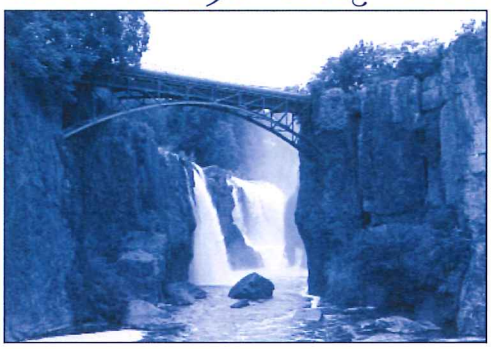
Office of the City Clerk



SONIA L. GORDON, RMC
City Clerk

CITY HALL - 3RD FLOOR
155 MARKET STREET
PATERSON, NEW JERSEY 07505

OFFICE: (973) 321-1310
FAX: (973) 321-1311

August 30, 2019

Opra+request-6310-06424450@requests.opramachine.com
Ms. Samantha Waldron

FILE NO: CA19:1426

Dear Ms. Waldron:

Enclosed please find the information you have requested from the City of Paterson under the Open Public Records Act (OPRA).

The response is in full and final satisfaction of your OPRA request submitted to the City Clerk's Office.

If you have additional questions, please submit a new OPRA request.

Sincerely,

Sonia L. Gordon

SONIA L. GORDON
CITY CLERK

/jm

Enc.

CA19: 1426
Due Date: 8/26/19

Twydaisha Hilbert

From: Samantha Marie Waldron <opra+request-6910-06424450 @requests.opramachine.com>
Sent: Friday, August 16, 2019 9:27 AM
To: Opra Request
Subject: OPRA request - ESA Environmental OPRA Request - 412-416 Broadway

Dear Paterson City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

ESA is conducting a Preliminary Assessment Report for the following property; 412-416 Broadway, Paterson City, Passaic County NJ 07501; Block 4202, Lot 6 ESA is requesting access to any files from January 1, 1932 to present pertaining to the above referenced site including, but not limited to, those noted below.
• Historical or current property record cards or title deeds; • Building/Construction Department Records; permits, certificates of occupancy, and architectural and engineering drawings; • Health Department Records: reports/ complaints of environmental contamination of soil, ground water, surface water, or alt, well permits, and septic system inspections; • Records of any Inspections or Enforcement Actions; • Permits for any on-site subsurface sewage disposal systems; • Permits for any onsite potable wells, on site underground storage tanks; • Records of the storage of hazardous substance or petroleum products onsite; • Haz-mat response records.

Thank you,
Samantha Marie Waldron

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-6910-06424450@requests.opramachine.com

Is oprarequest@patersonnj.gov the wrong address for OPRA requests to Paterson City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=paterson_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/esa_environmental_opra_request_4_5

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

CITY OF PATERSON
111 BROADWAY
PATERSON, NJ 07505
(973)321-1232

Construction Permit

Permit Number: 17-02056 | Permit Issue Date: 09/07/17 | Invoice #: I7-03274
Application Id: 30016450 | Application Date: 09/07/17

Owner/Property Details

Block/Lot/Qual: 4202. 6.
Owner Name: 414 BROADWAY, LLC
Address: 414 BROADWAY
PATERSON NJ 07501

Phone #:
Use Type: R-5 Res; 1 & 2 Family
Location: 412-416 BROADWAY

Contractor: THE BEST SIDING LLC
Address: 148 UNION AVE
BELLEVILLE, NJ 07109

Phone Number: (973)766-5786
License #:
Federal Tax Id: 474092941

Payments (Office Use Only)

DCA	9.00
BUILDING	155.00
Total	164.00

is hereby granted permission to perform the following work

BUILDING

Description of Work

REMOVE ALL EXISTING AND LAYERS OF SHINGLES, INSTALL NEW ICE SHIELD AND INSTALL NEW SHINGLES...

LRV

Alteration Cost: 4,500.00

New Construction Volume: 0

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

JL/LRV 9-6-17

Construction Official Date

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 17-02056
Issue Date: 09/07/17
Application Id: 30016450
Application Date: 09/07/17

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

Block/Lot/Qual: 4202. 6.

Work Site Location: 412-416 BROADWAY

Owner in Fee: 414 BROADWAY, LLC

Tel. email:

414 BROADWAY PATERSON NJ 07501

Contractor: THE BEST SIDING LLC

148 UNION AVE email:

BELLEVILLE, NJ 07109

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

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

Federal Emp. ID No. 474092941 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: _____

Print name here: SIGNATURE ON ORIGINAL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE ALL EXISTING AND LAYERS OF SHINGLES, INSTALL NEW ICE SHIELD AND INSTALL NEW SHINGLES...

LRV

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

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
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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
[X] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____
155.00

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present _____ Proposed _____

No. of Stories 0.
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 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) $ 4,500.00

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
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 ______ Lot ______ Qualification Code ______
Work Site Location 444 Broadway
Owner in Fee: Riverview Medical Association
Tel. 201-937-3369. e-mail
Address 444 Broadway Paterson NJ (street, municipality, zip code)
Contractor: The Best Siding LLC Tel. 973-766 5786
Address 118 [illegible] ave. e-mail
Belleville NJ 07109
Contractor License No. or Builder Registration No. 13VH09395800 Exp. Date 3/21/18
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 47-40 92941 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[ ] All
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] OA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day): Failure, Failure, Approval, Initial
Type: Footing, Footing Bonding, Foundation, Slab, Frame, Truss Sys./Bracing, Barrier-Free, Insulation, Finishes-Base Layer, Finishes-Final, Energy, Mechanical, TCO, Other, Final, Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories 2
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 ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______
Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4500 0

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

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: Carlos [signature]
Print name here: CARLOS IDRCVO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove all existing. 1 layer of shingles, install new ice shield and paper. install new Tamko-shingles.

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)
$
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.

CONSTRUCTION PERMIT

Permit #: 17-02056
Date Issued: 09/07/17

IDENTIFICATION Block/Lot/Qual: 4202. 6.

Work Site Location: 412-416 BROADWAY

Owner in Fee: 414 BROADWAY, LLC

Address: 414 BROADWAY
PATERSON NJ 07501

Tel.

Contractor: THE BEST SIDING LLC

Address: 148 UNION AVE
BELLEVILLE, NJ 07109

Tel. (973)766-5786

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE ALL EXISTING AND LAYERS OF SHINGLES, INSTALL NEW ICE SHIELD AND INSTALL NEW SHINGLES...

PAYMENTS (Office Use Only)	
Building	155.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	9.00
Cert. of Occupancy	
Other	
Total CHECK	164.00
Check No.	
Cash	
Collected by LRV	

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.

Est. Cost of Work $ 4,500.00

JL/LRV
Construction Official

9-6-17
Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

CITY OF PATERSON
111 BROADWAY
PATERSON, NJ 07505
(973)321-1232

Construction Permit

Permit Number: 17-02286 | Permit Issue Date: 10/04/17 | Invoice #: I7-03663
Application Id: 30016742 | Application Date: 10/03/17

Owner/Property Details

Block/Lot/Qual: 4202. 6.
Owner Name: 414 BROADWAY, LLC
Address: 414 BROADWAY
PATERSON NJ 07501

Phone #:
Use Type: B Business
Location: 412-416 BROADWAY

Contractor: A+L PLUMBING, LLC.
Address: 300 EAST 16TH STREET
PATERSON, NJ 07524
UNITED STATES

Phone Number: (201) 691-5187
License #: 9524
Federal Tax Id: 800146103

Payments (Office Use Only)

FIRE	50.00
DCA	7.00
ELECTRICAL	46.00
PLUMBING	70.00
Total	173.00

is hereby granted permission to perform the following work

PLUMBING
ELECTRICAL
FIRE

Description of Work

REPLACE HOT WATER BOILER

KR

Alteration Cost: 3,800.00

New Construction Volume: 0

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

JL/LN — Construction Official

10/4/17 — Date

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 17-02286
Issue Date: 10/04/17
Application Id: 30016742
Application Date: 10/03/17

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

Block/Lot/Qual: 4202. 6.
Work Site Location: 412-416 BROADWAY

Owner in Fee: 414 BROADWAY, LLC
Tel. email:
414 BROADWAY PATERSON NJ 07501
Contractor: A+L PLUMBING,LLC.
300 EAST 16TH STREET email:
PATERSON, NJ 07524
Contractor License No.: 9524 Exp Date: 06/30/15
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 800146103 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 3,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] 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
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar _____				
TCO				
Final				
_____				

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.

Applicant sign/Contractor sign and seal here: _____
Print name here: SIGNATURE ON ORIGINAL
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE HOT WATER BOILER

QTY.	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	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	50.00
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
1	Other _____	20.00

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 17-02286
Issue Date: 10/04/17
Application Id: 30016742
Application Date: 10/03/17

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

Block/Lot/Qual: 4202. 6.
Work Site Location: 412-416 BROADWAY

Owner in Fee: 414 BROADWAY, LLC
Tel. email:
414 BROADWAY PATERSON NJ 07501
Contractor: A+L PLUMBING,LLC.
300 EAST 16TH STREET email:
PATERSON, NJ 07524
Contractor License No.: 9524 Exp Date: 06/30/15
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 800146103 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE HOT WATER BOILER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 46.00
		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	

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

U.C.C. F120 (rev. 11/09)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 17-02286
Issue Date: 10/04/17
Application Id: 30016742
Application Date: 10/03/17

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

Block/Lot/Qual: 4202. 6.

Work Site Location: 412-416 BROADWAY

Owner in Fee: 414 BROADWAY, LLC

Tel. email:

414 BROADWAY PATERSON NJ 07501

Contractor: A+L PLUMBING,LLC.

300 EAST 16TH STREET email:

PATERSON, NJ 07524

Fire Alarm Contractor No.: 9524 Exp Date: 06/30/15

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

Federal Emp. ID No. 800146103 FAX:

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed _____

Constr. Class: Present Proposed _____

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

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

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:

Est. Cost of Fire Protection Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] 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 _____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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 (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	1	50.00
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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/3/17
Control # 3001674 2
Date Issued 10/4/17
Permit # 17-02286

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

Block 11202 Lot 6 Qualification Code

Work Site Location 414 Broadway

Owner in Fee: Dr. Alisa Peroda

Tel. 201-937-3369 e-mail

Address

Contractor: (street) H L Plumbing (municipality) LLC Tel. 201 697 5167 (zip code)

Address 300 Ellis Pkwy e-mail

Paterson NJ 07524

Contractor License No. 9529 Exp. Date 6-30-19

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 800146102 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200

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.

Applicant sign/Contractor sign and seal here:

Print name here: Hugo Soto

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Boiler Replacement

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-In-Card Date Issued				
Final Cut-In-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/09) Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/3/17
Control # 300167 42
Date Issued 10/4/17
Permit # 17-02286

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 444 Broadway

Owner In Fee: Elisa Perdomo

Tel. 201 937-3369 e-mail _____

Address _____

Contractor: H2L plumbing LLC Tel. 201 6975187

Address 300 East 16st Jersey City NJ 07524

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 _____

Federal Emp. ID No. 800141103 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 100

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____ [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER
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	0
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	1
Fireplace Venting/Metal Chimney	
Other	

FEE (Office Use Only)
$

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] 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				
CO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 02/11) Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/3/17
Control #. 38016742
Date Issued 10/4/17
Permit # 17-02284

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

Block 4202 Lot 6 Qualification Code

Work Site Location 414 Broadway
Paterson NJ

Owner in Fee: Dr Hilda Gerardo

Tel. (2nd) 9733369 e-mail

Address (street) municipality zip code

Contractor: AZL plumbing llc Tel. ( )

Address 300 East 16st e-mail
Paterson NJ 07524

Contractor License No. 9527 Exp. Date 6-30-19

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

Federal Emp. ID No. 800146105 FAX ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3500

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of one Hot water Heaters Boiler

QTY.	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	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] 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
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TOO				

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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

CONSTRUCTION PERMIT

Permit #: 17-02286
Date Issued: 10/04/17

IDENTIFICATION Block/Lot/Qual: 4202. 6.
Work Site Location: 412-416 BROADWAY
Owner in Fee: 414 BROADWAY, LLC
Address: 414 BROADWAY
PATERSON NJ 07501
Tel.

Contractor: A+L PLUMBING,LLC.
Address: 300 EAST 16TH STREET
PATERSON, NJ 07524
Tel. (201)691-5187
Lic. No. or Bldrs. Reg. No. 9524

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE HOT WATER BOILER

KR

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.

Est. Cost of Work $ 3,800.00

JL/LN
Construction Official

Date 10/4/17

PAYMENTS (Office Use Only)	
Building	
Electrical	46.00
Plumbing	70.00
Fire Protection	50.00
Elevator Devices	
Other	
DCA State Permit Fee	7.00
Cert. of Occupancy	
Other	
Total	173.00

Check No. 8711685706
Cash _____
Collected by LN

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

Block: **4202** Lot: **6** Qual: Cl: 4A

412-416 BROADWAY

414 BROADWAY, LLC

414 BROADWAY, PATERSON NJ 07501

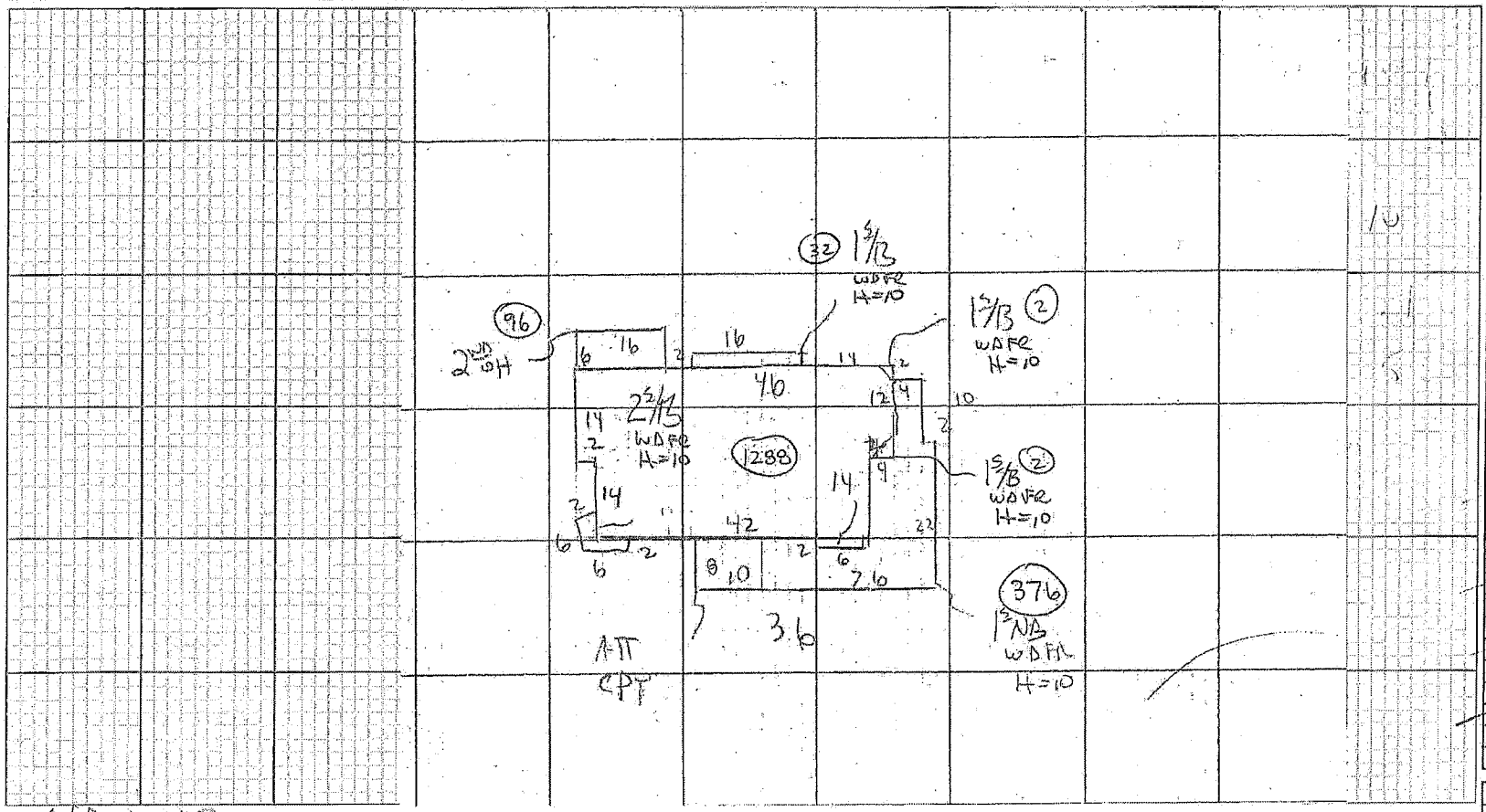
Desc: 2 F 62.5X111 Acre: 0.159

Additional Lots: R439 VAN HOUTEN ST Card____ of ____

1025 14

RECORD OF OWNERSHIP

OWNER	Deed Date	Date Reg	Book	Page	SRIA #	Usable	Ratio	Sale Price



PROPERTY USE:

NOTES

1ST & 2ND

FERRARO MUSICK ASSOCIATES, PA

1 UNIT / OWNER OCC

MED OFFICE 3084

ADDITIONAL PARKING ON 4202/15

6 TECH 052

VERIFICATION OF INSPECTION:	MEASURED BY:	DATE:	INSPECTED BY:	DATE:	GROUND AREA:	GROSS BLDG AREA:	HEIGHT:
973-743-2300	AA	10/20	AA	10/20	1700	3084	10

PATERSON COMMERCIAL

APPRAISAL SYSTEMS INC

EXT. ACCESSOR.

Conc. Paving		Lighting	
Black Top	3000	Fences	
Curbing		Islands	

Section _____

Building Data

Occ Num	Occupancy Name	%	Class*	Height	Rank**
341	M&A	100	D	10	2

Total Floor Area (sq. ft.) 412

Number of Stories: Section 1 Building _____

Perimeter (linear feet) _____ OR Shape*** 3

Effective Age (years) 20 Base Date _____ Adj. Value _____

Depreciation %: Overall _____ OR Physical _____ Functional _____

External _____

Components (see back of page 1 for list:)

Code	System	Description	Area	%	Rank	Depr	Other	
604		MW		100				
618		CAC		100				

Section _____

Building Data

Occ Num	Occupancy Name	%	Class*	Height	Rank**
341	M&A	100	D	10	2

Total Floor Area (sq. ft.) 2672

Number of Stories: Section 2 Building _____

Perimeter (linear feet) _____ OR Shape*** 4

Effective Age (years) 20 Base Date _____ Adj. Value _____

Depreciation %: Overall _____ OR Physical _____ Functional _____

External _____

Components (see back of page 1 for list:)

Code	System	Description	Area	%	Rank	Depr	Other	
604		MW		100				
618		CAC		100				

Basement

Occ Num	Occupancy Name	Type*	Area	Class	Depth	Rank	Depr
	UNF B		1324				

Number of Levels: _____ Fireproofing ☐ Yes ☐ No

Perimeter (linear feet) _____ OR Shape*** _____

Section _____

Components (HVAC and Sprinklers only)

Code	System	Description	Area	%	Rank	Depr	Other	

** Ranks: 1 Low
2 Average
3 Good
4 Excellent

* Marshall & Swift Classes:
A Fireproof Structural Steel Frame
B Reinforced Concrete Frame
C Masonry Bearing Walls
D Wood or Steel Frame Walls
M Mill Type
P Pole Frame
S Metal Frame Walls

*** Shapes: 1=Square, 2=Rectangular or Slightly Irregular, 3=Irregular, 4=Very Irregular

FINISHED FLOORING		
Softwood		
Hardwood		
Asphalt Tile		
Other		
CEILINGS		
Plaster	Acoustical Tile	
Sheetrock	Suspended	

ROOF				
Flat	Hip	Gable		
Gambrel		Mansard		
Type Prepared Roll				
Asphalt Shingles				
Wood Shingles				
Built-up T. & G.				
Slate or Tile				

SITE		
Topography	Public Water	Private Well
	Curbs	Paved Road
	Unpaved Road	Sidewalk
Landscaping	Public Sewer	Septic Tank
G Avg F	Electric	Gas

CONCRETE-MASONRY WALLS/BEARING or CURTAIN
Brick
807 Brick, Solid
808 Brick, SCR Modular (6"-8")
805 Brick with Block Back-up
806 Brick with Clay Tile Back-up
810 Cavity Brick
811 Cavity Brick with Block Back-up
Block
801 Adobe Block
812 Concrete Block
804 Block with Stucco
803 Block with EIFS
814 Concrete Block, Slumpstone
815 Concrete Block, Textured Face
813 Concrete Block, Glazed
809 Cavity Concrete Block
821 Hollow Clay Block
826 Structural Clay Tile

CURTAIN WALLS
Masonry
843 Concrete & Glass Panels
845 Glass Fiber Reinforced Concrete Panels
848 Masonry Panels
Studs
851 Steel Studs & Stucco
844 EIFS Panels
855 Wood Siding Panels
849 Aggregate Siding Panels
Stone
847 Stone Panels, Marble
852 Stone Panels, Granite
854 Stone Panels, Limestone
853 Stone Panels, Local Store
842 Composite Stone Panels
Pre Engineered - Sandwich
865 Metal Sandwich Panels
866 Texture Covered Metal Sandwich Panels

STUD WALLS
Siding
896 Wood Siding
894 Textured Plywood
887 Hardboard Siding
886 Hardboard Sheet
888 Metal Siding
895 Vinyl Siding
890 Shingles
880 Asphalt Siding
884 Cement Fiber Siding
Stucco
892 Stucco
885 EIFS
Masonry Veneer
882 Brick Veneer
883 Block Veneer
881 Ashlar Stone Veneer
889 Rubble Stone Veneer
893 Synthetic Masonry
891 Stressskin Sandwich

820 Glass Block
Concrete
816 Concrete, Formed
819 Concrete w/ Stay-In-Place Forming
817 Concrete, Precast Panels
818 Concrete, Tilt-up
Stone
802 Ashlar, Stone Veneer, Block Back-up
822 Rubble Stone Veneer, Block Back-up
823 Solid Granite Stone
824 Solid Limestone
825 Solid Local Stone
CURTAIN WALLS
Glass
849 Metal/Glass Panels
850 Stainless Steel Panels
841 Bronze Panels
846 Glazed Atrium

861 Cold Storage Metal Sandwich Panels
862 Cold Storage Stainless Steel Sandwich Panels
864 Glass Exterior w/Metal Sandwich Panels
863 Fiberglass Sandwich Panels
860 Cement Fiber Sandwich Panels
Pre Engineered Buildings - Prefabricated Wall Panels (Service Stations)
868 Pre-Fab Panels, Metal & Glass
869 Pre-Fab Panels, Metal with Block Back-up
871 Stucco on Pre-Fab Metal Panels
867 Pre-Fab Panels, Masonry Veneer
870 Stone Veneer on Pre-Fab Metal Panels
872 Porcelain Enamel Finish (Add)

SINGLE WALL
919 Rustic Log
918 Metal on Wood Frame
916 Metal on Steel Frame
917 Metal, Texture Covered on Steel Frame
912 Cement Fiber on Wood Frame
913 Cement Fiber on Steel Frame
914 Fiberglass Panels on Wood Frame
915 Fiberglass Panels on Steel Frame
921 Stucco on Wood Frame
922 Synthetic Plaster on Steel Frame (EIFS)
910 Boards on Wood Frame
911 Boards on Steel Frame
923 Wire Mesh on Wood Frame
920 Spaced Boards on Wood Frame:
924 Interior Finish Liner (Add)

Heating, Cooling & Ventilation

600 None
601 Electric
602 Electric Wall
603 Forced Air Unit
604 Hot Water
605 Hot Water, Radiant
606 Space Heaters
607 Steam
608 Steam Without Boiler
609 Ventilation
610 Wall Furnace
611 Package Unit
612 Warmed and Cooled Air
613 Hot and Chilled Water
614 Heat Pump
615 Floor Furnace
616 Individual Thru-Wall Heat Pump
617 Complete HVAC
618 Evaporative Cooling
619 Refrigerated Cooling
620 Electric Panels
621 Space Heaters, Radiant
622 Space Heaters, Steam Coil w/ Boiler
623 Space Heaters, Steam Coil w/o Boiler
624 Heat Pump, Ground Loop
625 Refrigerated Cooling, Packaged
626 Controlled Atmosphere, Cond. Air
627 Controlled Atmosphere, Livestock
628 ControlledAtmosphere, High to Precise Humidity
629 Cont. Atmosphere, Warmed/Cooled
649 No HVAC

Other Components

681 Sprinklers
682 Dry Sprinklers
683 Wet Sprinklers
650 Elevators (By Area)
651 Elevators-Passenger
652 Elevators-Freight Power Doors
653 Elevators-Freight Manual Doors
759 Mezzanine
760 Mezzanine-Display
761 Mezzanine-Office
762 Mezzanine-Open
763 Mezzanine-Storage
755 Malls-Open
756 Malls-Covered
757 Malls-Enclosed
758 Malls-Elevator
751 Balcony
764 Fire Alarm System