BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 6/10/91
Date Issued
Control #
Permit # 91-0326

CONSTRUCTION PERMIT

Date Issued 6/10/91
Control #
Permit # 91-0326

wner
lication.

IDENTIFICATION Block 154 Lot 17

Work Site Location 611 MARIN AVE. LYNDHURST

Owner in Fee ARGYELAN, JOS. & PEGGY

Address 611 MARIN AVE. LYNDHURST

Tele. (201)

Contractor C & M Pools

Address Roselle Park, NJ

Tele. (201) 241-0393

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Pool

CLOSED

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 $ 825.00 +

Manard
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)	
Building	35
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35
Check No.	1517
Cash	
Collected By:	

(see reverse side)

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

(Office Use Only) FEE	
$	
	35

Approved By: _____ Final _____

[ ] Asbestos Abatement

[ ] Other _____

I. BUILDING CHARACTERISTICS

Use Group Present X Proposed _____

Constr. Class Present X Proposed _____

No. of Stories 2

Height of Structure _____ Ft.

Area—Largest Floor _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ 825
3. Total (1+2) $ 825

Paid [ ] Check # 1517	Administrative Surcharge	$
Collected by:	Minimum Fee	$
	TOTAL FEE	$ 35

611 MARIN AVE

680-5+6.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6/19/91
Date Issued
Control #
Permit # 91-0326

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

Block 157 Lot 17
Work Site Location 611 MARIN AVE.
LYNDHURST, NJ 07071
Owner in Fee ARGYELAN, JOS. + PEGGY
Address 611 MARIN AVE.
LYNDHURST, NJ 07071
Tele. (201) _____
Contractor LP ELECTRIC
Address 16 OAKWOOD AVE
GLEN ROCK, NJ 07028
Tele. (201) _____
Lic. No. 822
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 200

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 7-9-91
Approved by: RF

INSPECTIONS: 680-6 PLUG TOO CLOSE TO POOL. (TWIST LOCK)

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	6-20-91			RF
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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.

Robert N. Purcell
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	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
1		Pool Filter Motor GFI	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Paid [✓] Check # 8551 Administrative Surcharge $ _____
Collected by: Rosa Minimum Fee $ _____
TOTAL FEE $ 30-

U.C.C. Form E-120A 1 White = Office Copy 2 Canary = Office Copy

611 Maria Ave

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6/19/91
Date Issued
Control #
Permit # 91-0556

Pool Pump - GFI Twist Lock Receptacle OK

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

Block 157 Lot 17
Work Site Location
Owner in Fee
Address
Tele. ( )
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] 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
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 7-9-91
Approved by: RB

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other installed Twist Lock + GFI Ok.				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

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.

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

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

Administrative Surcharge $
Paid [ ] Check # 2001 Minimum Fee $
Collected by: Lisa TOTAL FEE $ 50

U.C.C. Form E-120A 1 White = Office Copy 2 Canary = Office Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6/19/91
Control #
Permit # 91-0326

IDENTIFICATION Block 157 Lot 17

Work Site Location 611 MARIN Ave

Owner in Fee MR J. ARGYELAN

Address Lyndhurst

Tele. ( ) —

Contractor L.P. Electric

Address 16 OAKwood Ave
Glen Ridge

Tele. ( ) 785-9023

Lic. No. or Bldrs. Reg. No. 822 Exp. Date 1994

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[X] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

GFI Outlet for Pool Motor

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

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	
Plumbing	
Electrical	30
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	30
Check No.	8551
Cash	
Collected By:	

U.C.C. Form F-170A

(see reverse side)

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

BUILDING SUBCODE

Date Received 3-12-97
Date Issued

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 3-12-97
Control # .165
Permit # 97-165

IDENTIFICATION Block 157 Lot 16

Work Site Location 611 MARIN AVE

Owner in Fee JOSEPH CATANISSE
Address 508 PARIS AVE. LYNDHURST.
Tele. (201)

Contractor J. CATANISSE + SONS
Address 321 TOWNLINE AVE. LYNDHURST. N.J.
Tele. (201) 939-4001
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: RE ROOF

CLOSED

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 $ 800.00

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	40
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occ.	
Other	
Total	41
Check No.	3532
Cash	
Collected By:	

(see reverse side)

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

Approved By: _____ Final _____

TH

owner of record
on.

t (6' or over)
t.

[ ] Demolition

(Office Use Only)
FEE

	$
	40

Paid [X] Check # 3532
Collected by: _____

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 1
TOTAL FEE	$ 41

B. BUILDING CHARACTERISTICS

Use Group	Present _____	Proposed _____
Constr. Class	Present _____	Proposed _____
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.	
Area Disturbed	_____ Sq. Ft.	

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Alteration	$ 800.00
3. Total (1+2)	$

U.C.C. Form F-110B

1 White = Office Copy
2 Canary = Office Copy
3 Pink = Applicant Copy
4 Hard = Inspector Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (___) _____
Contractor _____
Address _____
Tele. (___) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

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

Re-Roof
Closed

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA TRAINING FEE	$ _____
TOTAL FEE	$ _____

U.C.C. Form F-110B

1 White = Office Copy
2 Canary = Office Copy
3 Pink = Applicant Copy
4 Hard = Inspector Copy

BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 4-27-95
Date Issued
Control #
Permit # 95-240

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

C. CERTIFICATION IN LIEU OF OATH

of record

CONSTRUCTION PERMIT

Date Issued 4-27-95
Control #
Permit # 95-240

IDENTIFICATION Block 159 Lot 16

Work Site Location 611 Marin Ave. Lyndhurst

Owner in Fee Argyelan, Joe + Peggy

Address 611 Marin Ave

Tele. (201) _____

Contractor Artistic Fence Co

Address 757 River Dr Passaic, NJ

Tele. (201) 779-4540

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. _____

te Fence
rd. Four
of Property

CLOSED

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

White Vinyl Slate Fence 4' High around front yard (on side of House) + 5' High down side for 30 feet (starting 12' BACK from Front Line).

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 $ 3152.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	40
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other	
Total	42
Check No.	365
Cash	
Collected By:	

(see reverse side)

(Office Use Only)
FEE

$ _____
_____
_____
_____
40
_____
_____
_____
_____
_____
_____
_____

or over)

U.C.C. Form F-170C

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

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
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.
Total Land Area Disturbed _____ Sq. Ft.

1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 3152

ive Surcharge $ _____
Minimum Fee $ _____
Collected by: _____ TRAINING FEE $ _____
TOTAL FEE $ 42

U.C.C. Form F-110B

1 White = Office Copy
3 Pink = Applicant Copy
2 Canary = Office Copy
4 Hard = Inspector Copy

OFFICE OF THE CONSTRUCTION OFFICIAL

TOWNSHIP OF LYNDHURST
253 STUYVESANT AVENUE
LYNDHURST, NJ 07071

201-804-2490

Project Inspection Activity Report

Permit No.: 20061056
Issued On:
Closed On:

IDENTIFICATION

Work Site Location: 611 Marin Ave

Block : Lot :

Owner In Fee:

Address: Catanese

Subcodes:					
Bldg	Elec	Fire	Plmb	Elev	Mech
Y	N	N	N	N	N

Work Type and Description: Altrtn
Temp. Shed

Number of Updates: 0

[redacted] OPEN

HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results	Comment
	:		:	:	

Total Inspections: Bldg - 0 Elec - 0 Fire - 0 Plmb - 0 Elev - 0 Mech - 0

Legend : P-Pass F-Fail C-Cancel X-Not Ready N-Not Done ***-Third Party Agency

CALL BEFORE YOU DIG 1-800-272-1000

2006 1056

PERMIT REQUEST FORM

[Office use Only] [Please Print]

Date Received: _____

Control Number: _____

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone Numbers, Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION , WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block : _____ Lot : _____ Agent: SAME

Work Site Location: 1011 MARIN AVE Address : _____

Owner In Fee : JAMES CATANESE

Address : 508 STUYVESANT AVE LYNDHURST N.J. 07071 Telephone : _____ Fax : _____

LicenseNo : _____ Fed Id Number: 22-3349536

Telephone : _____ Is this a rental property ? [ ]-Yes [✓]-No Number of Tenants: _____

BUILDING SECTION

Description Of Work:

CONSTRUCT TEMPORARY SHED

[✓] New Building [ ] Sign _____ Sq.Ft

[ ] Addition [ ] Pool

[ ] Alteration [ ] Asbestos Abatement Subchapter 8

[ ] Roofing [ ] Lead hazard Abatement N.J.A.C. 5:17

[ ] Siding [ ] Demolition

[ ] Fence [ ] Other

Ht _____ (Exceeds 6')

Contractor J. CATANESE & SONS

Address P.O. BOX 468 LYNDHURST N.J.

Phone 201-939-4001

Lic. No. _____ Fed. Emp. No. 22-3307836

Est Cost Of Bldg. Work:

1. New Bldg $ 800.00 3. Demolition $ _____

2. Alteration $ _____ 4. Total(1+2+3) $ _____

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

X _____ (Signature)

Office Use Only

Plan Review Date Initial

[✓] No Plans Reqd 12/18/06 MJ

[ ] All

[ ] Footing

[ ] Foundation

[ ] Frame

[ ] Other

Joint Plan review Required:

[ ] Elec [ ] Plumb [ ] Fire

Cubic Ft: _____

Square Ft: _____

% Land Distributed _____

PLUMBING SECTION

Description Of Work:

No.	Fixture/Equipmt	No.	Fixture/Equipmt
_____	Water Closet	_____	LPGas Tank
_____	Urinal/Bidet	_____	Steam Boiler
_____	Bath Tub	_____	Hot water Boiler
_____	Lavatory	_____	Sewer Pump
_____	Shower	_____	Interceptor/Separator
_____	Floor Drain	_____	Back flow Preventor
_____	Sink	_____	Greasetrap
_____	Dishwasher	_____	Residential A/C Unit
_____	Drinking Fountain	_____	Sewer Connection
_____	Washing Machine	_____	Water Service Connection
_____	Hose Bib	_____	Stacks
_____	Water Heater	_____	Other _____
_____	Fuel Oil Piping	_____	Other _____
_____	Gas Piping	_____	Other _____

Contractor _____

Address _____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

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

X _____

Applicant's Signature/Contractor's Seal and Signature

Estimated Cost of Plumbing Work:

$ _____

Office Use Only

Joint Plan Review Required: [ ] No Plans Required

[ ] Building [ ] Electric [ ] Plumbing Plans Approved

[ ] Fire [ ] Elevator

Date: _____ Approved By: _____

OFFICE OF THE CONSTRUCTION OFFICIAL

TOWNSHIP OF LYNDHURST
253 STUYVESANT AVENUE
LYNDHURST, NJ 07071

201-8042490

Project Inspection Activity Report

Permit No.: 20080953
Issued On: December 18,2008
Closed On:

IDENTIFICATION

Work Site Location: 611 MARIN AVENUE

Block : 157 Lot : 16

Owner In Fee: Argyelan

Address: 611 MARIN AVENUE
LYNDHURST , NJ 07071

Subcodes:					
Bldg	Elec	Fire	Plmb	Elev	Mech
Y	N	N	Y	N	N

Work Type and Description: InsTnk
Tank Removal, Tank Installation

Number of Updates: 0

HISTORY

Requested On	Inspected On	Subcode	Inspector	Inspection Types and Results		Comment
04/24/2009	04/24/2009	Building	PF	Tank Remove : F	:	:
04/24/2009	04/24/2009	Building	PF	Tank Install : P	:	:
05/05/2009	05/06/2009	Plumbing	CF	Final : P	:	:
04/24/2009	04/24/2009	Plumbing	CF	Final : F	:	:

Total Inspections: Bldg - 2 Elec - 0 Fire - 0 Plmb - 2 Elev - 0 Mech - 0

Legend : P-Pass F-Fail C-Cancel X-Not Ready N-Not Done ***-Third Party Agency

OPEN

TOWNSHIP OF LYNDHURST

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 12/16/2008 Date Issued: 12/18/2008

Control #: 22653 Permit #: 20080953

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 157 Lot: 16 Qualification Code:
Work Site Location: 611 MARIN AVENUE

Owner in Fee : Argyelan
Address : 611 MARIN AVENUE
LYNDHURST NJ 07071
Telephone :
Contractor:
Address:

Telephone: Fax:
Contractor License No.: Federal Emp. No.:

B. PLUMBING CHARACTERISTICS

Use Group: Present: U Proposed:
Building Sewer Size: Public Sewer: Private Septic:
Water Service Size: Public Water: Private Well:
1. New Building: $0.00
2. Rehabilitation: $2,600.00
3. Demolition: $0.00
Estimated Cost of Plumbing Work (1+2+3): $2,600.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-5-09
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	5-4-09	5-1-09	5-5-09	[illegible]
Chimney Cert.				
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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

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	
1	Fuel Oil Piping	$35.00
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other_____	
	Other_____	
	Other_____	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4.00
TOTAL FEE	$39.00

U.C.C.F130(rev. 1/04)

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

PERMIT REQUEST FORM

Date Received: _____

[Office use Only] [Please Print]

Control Number: _____

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone Numbers, Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block : _____ Lot : _____

Agent: BLUE RIBBON FUEL CORP.

Work Site Location: 611 MARIN AVE

Address : 59 NICOLA PL.

Owner In Fee : J. ARGEVEHAN

NUTLEY

Address : 611 MARIN AVE.

LYNDHURST

Telephone : 973-667-7988 Fax : 973 667-0809

LicenseNo : _____ Fed Id Number: 22 148 1927

Telephone : _____ Is this a rental property ? [ ]-Yes [X]- No Number of Tenants: _____

BUILDING SECTION

Description Of Work: REMOVE 1000 GALLON U.S.T. REAR YARD.

[ ] New Building [ ] Sign _____ Sq.Ft

[ ] Addition [ ] Pool

[ ] Alteration [ ] Asbestos Abatement Subchapter 8

[ ] Roofing [ ] Lead hazard Abatement N.J.A.C. 5:17

[ ] Siding [X] Demolition

[ ] Fence [ ] Other

Ht _____ (Exceeds 6')

Contractor BLUE RIBBON FUEL.

Address 59 NICOLA PL.
NUTLEY NJ. 07110

Phone 973-667-7988

Lic. No. _____ Fed. Emp. No. _____

Est Cost Of Bldg. Work:

1. New Bldg $_____ 3. Demolition $_____

2. Alteration $_____ 4. Total(1+2+3) $2,500.00

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

X _____ (Signature)

Office Use Only

Plan Review Date Initial

[X] No Plans Reqd 12/15/05 MM

[ ] All _____

[ ] Footing _____

[ ] Foundation _____

[ ] Frame _____

[ ] Other _____

Joint Plan review Required:

[ ] Elec [ ] Plumb [ ] Fire

Cubic Ft: _____

Square Ft: _____

% Land Distributed _____

PLUMBING SECTION

Description Of Work: INSTALL 330 GALLON OIL TANK - BASEMENT

No.	Fixture/Equipmt	No.	Fixture/Equipmt
_____	Water Closet	_____	LPGas Tank
_____	Urinal/Bidet	_____	Steam Boiler
_____	Bath Tub	_____	Hot water Boiler
_____	Lavatory	_____	Sewer Pump
_____	Shower	_____	Interceptor/Separator
_____	Floor Drain	_____	Back flow Preventor
_____	Sink	_____	Greasetrap
_____	Dishwasher	_____	Residential A/C Unit
_____	Drinking Fountain	_____	Sewer Connection
_____	Washing Machine	_____	Water Service Connection
_____	Hose Bib	_____	Stacks
_____	Water Heater	_____	Other _____
1	Fuel Oil Piping	_____	Other _____
_____	Gas Piping	_____	Other _____

Contractor BLUE RIBBON FUEL CORP.

Address 59 NICOLA PL.
NUTLEY N.J. 07110

Phone 973-667-7988

Lic. No. _____ Fed. Emp. No. 22148 1927

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

X _____ > _____

Applicant's Signature/Contractor's Seal and Signature

Estimated Cost of Plumbing Work: $ 600.00

Office Use Only

Joint Plan Review Required: [ ] No Plans Required

[ ] Building [ ] Electric [ ] Plumbing Plans Approved

[ ] Fire [ ] Elevator

Date: 12/16/05 Approved By: _____

TOWNSHIP OF LYNDHURST
253 STUYVESANT AVENUE
LYNDHURST, NJ 07071
201 - 804-2490

Permit Number: 20080953
Permit Date: 12/18/2008
Update Number:
Control Number: 22653
Application Date: 12/16/2008

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 157 Lot: 16 Qualification Code:
Work Site Location: 611 MARIN AVENUE LYNDHURST

Owner In Fee: Argyelan
Address: 611 MARIN AVENUE
LYNDHURST NJ 07071
Telephone:
Use Group(s): U

Contractor: Blue Ribbon Fuel
Address: 59 Nicola Pl
Nutley NJ -
Telephone: (973) - 667-7988
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 22-1481927

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
Tank Removal, Tank Installation

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,100.00
Cost of Demolition:	0.00
Total Cost:	$5,100.00

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

MARK SADONIS
Construction Official

Date

PAYMENTS (Office Use Only)

Building	$184.00
Electrical	
Plumbing	$35.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$7.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$226.00
All Fees Waived:	No

Amount to be Paid:	**$226.00**
Check Number:	8457
Check amount:	$226.00

Collected by:	cz
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$226.00
Total CC Amount:	
Grand Total:	$226.00

Note:

TOWNSHIP OF LYNDHURST

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 12/16/2008
Control #: 22653

Date Issued: 12/18/2008
Permit #: 20080953

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 157 Lot: 16 Qualification Code:
Work Site Location: 611 MARIN AVENUE

Owner Details

Name: Argyelan
Address: 611 MARIN AVENUE

LYNDHURST NJ 07071

Telephone:

Contractor Details

Contractor: Blue Ribbon Fuel
Address: 59 Nicola Pl
Nutley NJ -
Telephone: (973) 667-7988
Fax:
Lic No. or Bldrs Reg. No.:
Federal Emp. No: 221481927

B. BUILDING CHARACTERISTICS

Use Group	Present: U	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure	Ft.	**Est. Cost of Bldg. work:**	
Area - Largest Floor	Sq. Ft.	1. New Building	0.00
New Bldg. Area/All Floors	Sq. Ft.	2. Rehabilitation	2,500.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	$2,500.00

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

Tank Removal, Tank Installation

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] 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:

		FEE (Office Use Only)
[ ]	New Building	
[ ]	Addition	
[X]	Rehabilitation	$84.00
[ ]	Roofing	
[ ]	Siding	
[ ]	Fence_____ Height (exceeds 6')	
[ ]	Pylon Sign Sq. Ft.	
[ ]	Ground or Wall Sign Sq. Ft.	
[ ]	Pool	
[ ]	Asbestos Abatement	
[ ]	Lead Haz. Abatement	
[ ]	Other 1	
[ ]	Other 2	
[ ]	Other 3	
[X]	Demolition	$100.00

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$3.00
Total Fee	$187.00

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

TOWNSHIP OF LYNDHURST

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 12/16/2008 Date Issued: 12/18/2008

Control #: 22653 Permit #: 20080953

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 157 Lot: 16 Qualification Code:
Work Site Location: 611 MARIN AVENUE

Owner in Fee : Argyelan
Address : 611 MARIN AVENUE
LYNDHURST NJ 07071
Telephone :
Contractor:
Address:

Telephone: Fax:
Contractor License No.: Federal Emp. No.:

B. PLUMBING CHARACTERISTICS

Use Group: Present: U Proposed:
Building Sewer Size: Public Sewer: Private Septic:
Water Service Size: Public Water: Private Well:
1. New Building: $0.00
2. Rehabilitation: $2,600.00
3. Demolition: $0.00
Estimated Cost of Plumbing Work (1+2+3): $2,600.00

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

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	
1	Fuel Oil Piping	$35.00
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other_____	
	Other_____	
	Other_____	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4.00
TOTAL FEE	$39.00

U.C.C.F130(rev. 1/04)

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

B157
L16
20080953

14776

ALL AMERICAN OIL RECOVERY COMPANY

1867 Route 23 South
Wayne, New Jersey 07470
(973) 628-WASTE • (973) 628-9278

Date: FRIDAY 04-04-08

GENERATOR/LOCATION ACCOUNT #

NAME

INFORMATION/ATTENTION LINE ACCOUNT APPROVAL CODE

DELIVERY ADDRESS 611 MARIN AVE

CITY LYNDHURST, STATE NJ ZIP

PHONE NUMBER PURCHASE ORDER NUMBER

(USA EPA ID NO. IF APPLICABLE) STATE ID NO.

BILL TO (IF DIFFERENT FROM LOCATION) BlueRibbon Fuel

NAME

INFORMATION/ATTENTION LINE ACCOUNT APPROVAL CODE

DELIVERY ADDRESS

CITY STATE ZIP

PHONE NUMBER PURCHASE ORDER NUMBER

MANIFEST NUMBER

SHIPPING INFORMATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SALES REPRESENTATIVE

NO.	TYPE	QTY.	UNIT	US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)
		5	Gal	PETROLEUM OILS, UNSP, 3, NA1270, PG III

SERVICE SECTION

SALES CODE	DESCRIPTION	WASTE CODE	QUANTITY	UNIT OF MEASURE	PRICE	TAX	LINE TOTAL
	USED OIL REMOVAL						
	OILY WATER DISPOSAL						
V	SLUDGE DISPOSAL		5	GALLONS			
	#2 FUEL OIL						
V	VAC TRUCK & OPERATOR						
	SERVICE CHARGE						
	DEXIL TEST KH						
	Entered Clean Copy - Original Filed						
						TOTAL	

AAORC REP (PRINT NAME) Ray McCord

AAORC REP (SIGNATURE)

GENERATOR/CUSTOMER (PRINT NAME)

GENERATOR/CUSTOMER (SIGNATURE)

GALLONS QUANTITY GENERATOR CERTIFICATION

GENERATOR INITIALS

PAYMENT RECEIVED SECTION

CASH TOTAL RECEIVED

CHECK NUMBER

Generator certifies that the waste is _____ In accordance the N.J.A.C. 7:26-12.1 et seq., All American Oil Recover Company has the requited permits to accept the above described waste.
In accordance with 40 CFR § 43(5), All American Oil Recovery Company has notified the US EPA of its location and used oil mar agement activities.
EPA ID # NJR 000003616 DERE # 50074

BLUE RIBBON FUEL CORP
FUEL OIL
PLUMBING-HEATING - COOLING
59 NICOLA PLACE
NUTLEY, NJ 07110

PHONE: [973] 667-7988
FAX: [973] 667-0809

NJ PLUMBING LICENSE # 7851
ELECTRICAL LICENSE # 10227

TO: PHIL FUCETOLA Code Enforcement Lyndhurst

FAX #: 201 -939-8088

PHONE #:

DATE: 4/24/09

TOTAL NUMBER OF PAGES [INCLUDING COVER SHEET] 2

FROM: Guy Harris

COMMENTS: Argyelan 611 Mapleid Ave Lyns.
Monfset 611 Mapleid Ave L
DEP Closed 09042411470Z

-FAX-