

155 Midland Ave

At H F

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11/17/2022

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☒ New Construction ☐ Change of use ☐ Continued use ☐ Temporary use

1. APPLICANT INFORMATION:

(a) Name of Applicant: Seacarlos Ramirez

(b) Present Mailing Address: 501 2nd Ave, Lynchburg, VA, 24001

(c) Telephone Number (Business): 917-765-8358 (Residence)

2. PROPERTY FOR WHICH APPLICATION IS MADE:

(a) Location of Property: Street 155 Midland Avenue Lot 10 Zone

(b) Property Owner's Name Brian Lytle

(c) Present Mailing Address 157 Midland Avenue

(d) Telephone Number (Business) (Residence)

(e) (Previous) (Existing) Tenant and Use Hardware Store

3. PROPOSED TENANT/USE

(a) Name of Tenant/Occupant Seacarlos E. Serna Ramirez

(b) Present Mailing Address 501 2nd Avenue Lynchburg VA USE GROUP

(c) Detailed Description of Proposed Use Smoothie Shop ALL POSIBLE INGREDIENTS Village Nutrition CONSTRUCTION TYPE

(d) Description of Manufacturing Equipment/Processes NA

(e) What air/water discharge anticipated NA

(f) Description and Cost of Proposed Construction \$5,000

(g) Hours of operation

(h) Number of (employees) (residents) New Total

(i) Number of offstreet parking spaces provided 0

(j) Number, location and size of loading area anticipated 0

(k) Number and type of truck/trailers owned 0

(l) Number of offstreet truck spaces provided 0

(m) What outdoor storage activities planned 0

(n) Is retail outlet store planned? NO

(o) Number of offstreet customer spaces provided 0

4. SIGNATURE OF APPLICANT (Signature) (must be the same as in 1 above)

(PRINT NAME) Seacarlos E. Serna Ramirez Date 8/17/2020

5. OWNER'S AUTHORIZATION: I hereby authorize Seacarlos E. Serna Ramirez as the applicant listed above, to act as my agent in matters pertaining to this application.

Brian Lytle (Owner's Signature) Brian Lytle (Printed Name) Date 8/17/2020

CCED OF FICE USE ONLY

DATE RECEIVED FEES RECEIVED

☐ APPROVED 9/17/2020 Construction Official

☐ DENIED

CONSTRUCTION CODE
ENFORCEMENT DEPARTMENT
KEARNY, N. J.



APPLICATION FOR
CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block _____ Lot _____
Subdivision _____
Notice No. _____

IDENTIFICATION

OWNER:

Name Brian Lytle
Address 157 Midland Avenue
Town/State/Zip KEARNY NJ
Tel. () _____

CONSTRUCTION LOCATION:

Address 155 Midland Avenue
KEARNY NJ 07032
Tel. () _____

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: MANUFACTURE Previous SMALLER SHOP Current _____

FINAL COST OF CONSTRUCTION: \$ 5000
(Includes value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

N/A

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: 

☐ Owner
☒ Agent

OWNER/AGENT _____

U.C.C. Form F-270 (8/83)

SUBCODE OFFICIAL APPROVAL

BUILDING SUBCODE OFFICIAL _____ DATE _____
FIRE PROTECTION SUBCODE OFFICIAL _____ DATE _____
PLUMBING SUBCODE OFFICIAL _____ DATE _____
ELECTRICAL SUBCODE OFFICIAL _____ DATE _____

RECEIVED
AUG 07 2020
BY: _____

Town of Kearny Zoning Permit

Application #: **47837** Permit No: **20201807.000** Issue Date: **11/25/2020**
Construction Control Number :

Voucher/Receipt #:	390850
Check #:	25100
Amount collected:	\$25.00

Block: **190** Lot: **23**
Work Site: **155 MIDLAND AVE**

Qualifier:
Zone: **C-3**

Owner: **PRZYBYLSKI, KRYSTINA ETAL**
Address: **155-159 MIDLAND AVE**
City/State/Zip: **KEARNY NJ 07032**

Agent: **PRZYBYLSKI, KRYSTINA ETAL**
Address:
City/State/Zip:

Telephone: **-**

Telephone: **-**

Fax: **() -**

Fax: **() -**

E-Mail:

E-Mail :

Tenant: **Jean Carlos Ramirez d.b.a "Vintage Nutrition"**

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

CCO for a smoothy shop d.b.a "Vintage Nutrition".

Which is a:

☐ Use permitted by Zoning Ordinance, Article - Section -

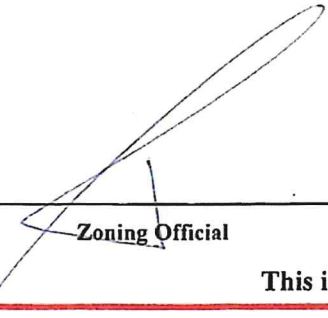
☐ Use permitted by variance approved on _____, # _____ subject to any special conditions attached to the grant thereof.

☒ Valid nonconforming use as established by () findings of the Zoning Board of Adjustment or by (X) the undersigned zoning officer or by () Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

☐ There is a nonconforming structure on the premises by reason of insufficient

☐ Other:

Tony Chisari


Zoning Official

This is NOT a Construction Permit



TOWN OF KEARNY

Construction Code Enforcement Department
410 Kearny Avenue, Kearny, N.J. 07032
(201) 955-7880 - FAX (201) 998-5171
www.kearnynj.org

ZONING PERMIT APPLICATION

Date: 9/14/2020

Is this an update to a previously submitted application? Yes: , No: ✓, If Yes Previous Permit No:

Block #: 190 Lot #: 23 Zone: C3 ✓

Address of Work Site Location: 155 Midland Avenue

Existing Use (i.e., One Fam., Two Fam., # of Commercial Units): Hardware

Proposed Use: Smoothie Shop

Property Owner's Name: Brian Lytle Krystina Przybylo

Owner's Address: 157 Midland Avenue

Description of Work: CCO for a "smoothie shop d.b.a. "Vintage Nutrition"

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all applicable laws of this jurisdiction.

Owner/Agent's Name: Jean Carlos Ramirez

(Print Name)

Jean Carlos Ramirez
(Signature of Owner/Agent)

501 2nd Avenue Lyndhurst
(Address) NS04071

917-765-8858
Telephone #

Documents Submitted:

- Two sets of floor plans (showing dimensions & type of rooms) of area to be occupied
- Two copies of a signed & sealed survey by a NJ licensed Land Surveyor
- Two Subdivision Plats, prepared in accordance with the Town of Kearny Land Use Regulations (LUR)
- Two Site Plans, prepared in accordance with the Town of Kearny LUR.
- Construction Permit(s)

Passaic Valley Sewerage Commission: Application given to applicant by: on

Office Use Only:

Variance: Approval Date: Previously approved, File #:

Check Applicable: Corner Lot: , Inside Lot:

Setbacks: Front: , Rear: , Side yard One: , Side Yard Two: , Second Front:

Ground Floor Area: Existing: , Proposed: , Total square feet:

Square Foot of Lot: , Percentage of Lot covered by bldg: , Height:

Swimming Pool distance from: Foundation Wall: , Side: , Rear:

Fencing: Type: , Height: , Location:

Application Fee: \$25.00 - Please make checks payable to the Town of Kearny

This application is: Approved: Denied: Zoning Permit Appl. #:

Received: Cash - Receipt #: 390850, Check #: 25100, Construction Control #:

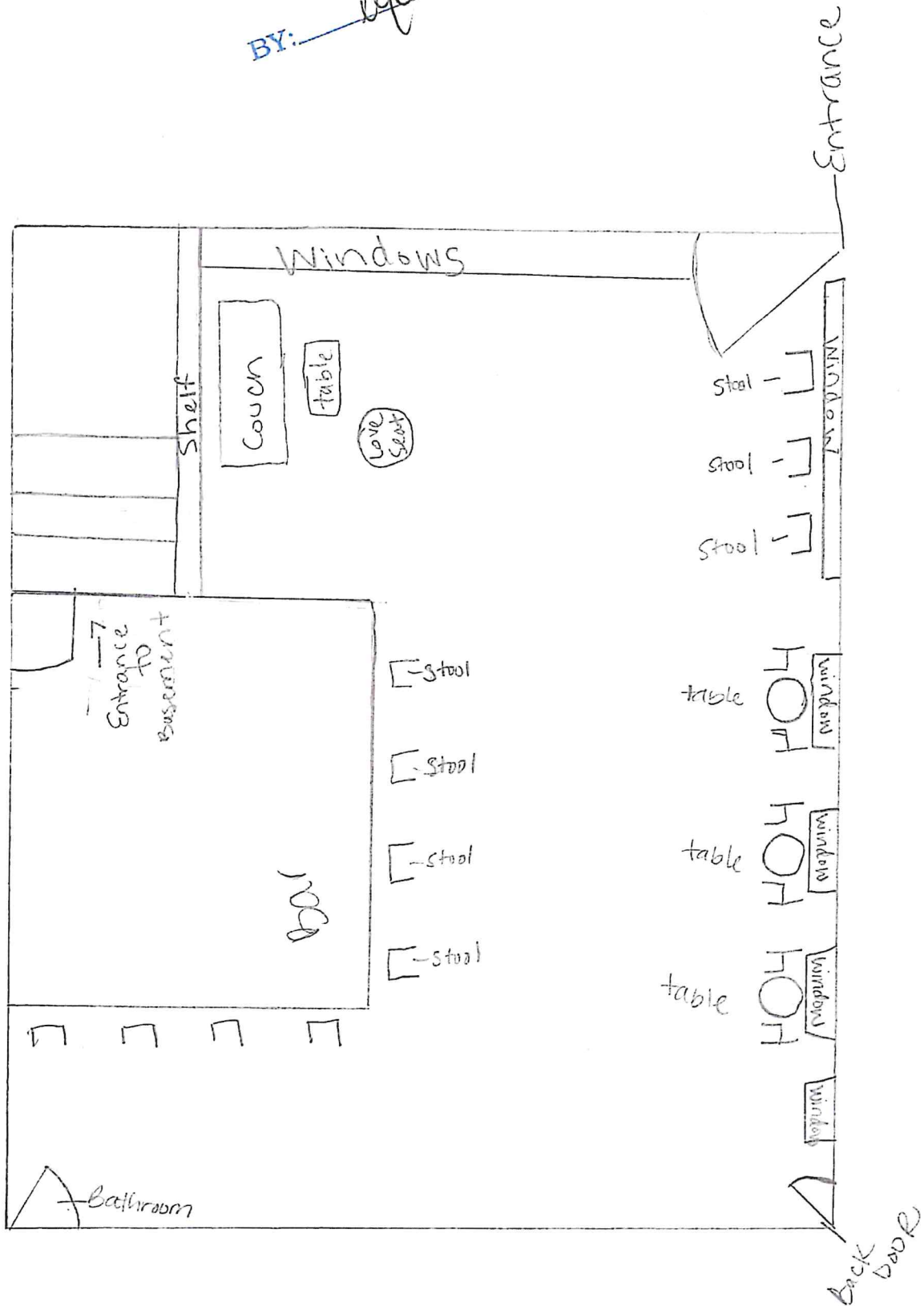
See 302739
CK R10843333
740 4750 00
Tony Chisari, A/Construction Official/Zoning Officer

1100 sq. ft

RECEIVED

SEP 14 2020

BY: WJG





KEARNY FIRE DEPARTMENT
BUREAU OF COMBUSTIBLES

109 MIDLAND AVENUE
KEARNY, N.J. 07032

JUAN C. BARROSO JR.
FIRE OFFICIAL
CHIEF FIRE INSPECTOR

PHONE: 201-955-7422 FAX: 201-998-8287

EMAIL: fireboc@kearnynj.org

APPLICATION FOR REGISTRATION OF BUSINESS

(please print or type all information)

The Uniform Fire Code states:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

this area office use only

Local I.D.#: 00492-1 State I.D.#: _____ Date Registered: 4/9/21

Business Name: Vintage Nutrition
Street Address: 155 Midland
EMAIL: VintageNutrition@gmail.com
Phone #: 917-765-8858

Do you... OWN or LEASE the property (circle one)

Building Owner's Name: Brian

Phone #: 551-580-1602

Street Address: 155 Midland Ave, Kearny, New Jersey, 07032

Business Owner's Name: Juan Carlos Ramirez

Federal I.D. Number: 85-2629621 Phone #: 917-765-8858

Street Address: 1501 2nd Ave Lyndhurst, New Jersey

Business Type: Individual _____ Partnership _____ Corporation _____ Other _____
Government _____ Cooperative _____ Condominium _____ LLC ☒

Emergency Contacts:

#1: Juana Bonilla Phone #: 917-428-1817

#2: Mike Ramirez Phone #: 917-514-1251

#3: _____ Phone #: _____

Please indicate with an arrow where all mail, actions, orders, or notices are to be sent.

over →

APPLICATION FOR REGISTRATION OF BUSINESS

(page 2)

this area office use only

Local ID#: _____ State ID#: _____ Date Registered: _____

Alarm/Suppression System Information:

Describe System: _____

Monitoring Co. Name: _____

Phone #: _____

Description of use/occupancy of this building/business:

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE UNIFORM FIRE SAFETY CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

Teodoro Ramirez
Print Name

Owner
Title

[Signature]
Signature

4/9/2021
Date