BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON, NJ 07508
973 - 423-9422

Permit Number: 20040629
Permit Date: 11/03/2004
Update Number:
Control Number: 8236
Application Date: 11/03/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 15 Lot : 6.01 Qualification Code:

Work Site Location: 750 BELMONT AVENUE NORTH HALEDON

Owner In Fee: BARNET

Address: 750 BELMONT AVENUE
NORTH HALEDON NJ 07508

Telephone: () -

Use Group(s): R-3

Contractor: HALL CONSTRUCTION

Address: 372 CENTRAL AVENUE
HALEDON NJ 07540

Telephone: (973) - 904-0961

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
RSIDENTIAL ROOFING

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	6,300.00
Cost of Demolition:	0.00
Total Cost:	$6,300.00

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.

PHILIP CHEFF
Construction Official

11/3/04
Date

PAYMENTS (Office Use Only)	
Building	$50.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$9.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$59.00**
All Fees Waived:	No

Amount to be Paid:	**$59.00**
Check Number:	2761
Check amount:	$59.00

Collected by:	BB
Receipt No:	
Total Cash Amount	
Total Check Amount	$59.00
Total CC Amount	
Grand Total	$59.00

Note:

BOROUGH OF NORTH HALEDON

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 11/03/2004 Date Issued: 11/03/2004
Control #: 8236 Permit #: 20040629

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

Block: 15 Lot: 6.01 Qualification Code:
Work Site Location: 750 BELMONT AVENUE

Owner Details

Name: BARNET
Address: 750 BELMONT AVENUE
NORTH HALEDON NJ 07508
Telephone: -

Contractor Details

Contractor: HALL CONSTRUCTION
Address: 372 CENTRAL AVENUE
HALEDON NJ 07540-
Telephone: (973) 904-0961
Fax:
Lic No. or Bldrs Reg. No.:
Federal Emp. No:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-3	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	6,300.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	$6,300.00

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

RSIDENTIAL ROOFING

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Sign_____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$50.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9.00
Total Fee	$59.00

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				

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and 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 750 Belmont Ave. North Haledon.

Owner in Fee Elizabeth Bryant.

Address 750 Belmont Ave.
North Haledon

Tel. (201) 891-3097.

Contractor Hill Construction

Address 332 Cortlyn Ave.
Haledon 07508

Tel. (973) 904-0961 FAX (973) 904-0961

Contractor License No. or Builder Registration No. _____

Federal Emp. No 040004 3353.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

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

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

INSPECTIONS

Type:	Failure	Dates (Month/Day) 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				

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. $ 6,300
2. Rehabilitation $ _____
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

Tear off existing shingles.

Block ice + water shield on gutter lines

Block felt paper.

Install new shingles.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

F10
Muncipal Building
103 Overlook Ave
North Haledon, NJ 07508
(973)423-9432 FAX(973)427-5301

Payment Transaction No. **10683**

Receipt: Payment for Permit
Parcel No. 15./6.01, Permit No. 20100044
750 BELMONT AVE

Recd for: FUCHS
750 BELMONT AVENUE
NORTH HALEDON, NJ

RIP OUT AND REPOLACE BRICWORK ON FRONT OFASCADE OF HOUSE, REPOACE WINDOW INSTALL NEW ALUMINUM COLUMNS ON PORCH & INSTALL NEW SOF

Pay Code	PER
Amount	253.00
Date	3/15/2010
Check/Cash	2148
Recd By	JB
Comment	

REQUEST ____

INSPECTION REQUEST—NORTH HALEDON – 973-423-9422 RESULT ____

March 16.2010 Block 15 Lot 6.01
Date & Time of Request

Owner/Tenant Fuchs Permit No 20100044

Contractor Address 750 Belmont Ave

Inspection Type Final windows/brickwork

BUILDING ELECTRIC PLUMBING FIRE ZONING PROPERTY MAINTENACE

RESULTS: PASS FAILE PROCESSED: CERTIFICATE OF APPROVAL CERTIFICATE OF OCCCUPANY

COMMENTS:

BUILDING 3/16/2010 JB

ELECTRIC

PLUMBING

FIRE

F10
Muncipal Building
North Haledon, NJ 07508
(973)423-9432 FAX *(973)427-5301*

Permit No. **20100044**
Control No. **11754**
Parcel(Block/Lot) **15./6.01**
Date **3/15/2010**

Construction Permit

Work Site Location 750 BELMONT AVE

Owner in Fee..... FUCHS
Address..... 750 BELMONT AVENUE
NORTH HALEDON, NJ
Phone..... (000)000-0000

Contractor.... RJF HOME BUILDERS INC
Address..... 85 LOWER NOTCH ROAD
LITTLE FALLS, NJ
Phone..... (973)785-4612
Lic No..... None
Fed Emp No.

Permission is hereby granted to do the following work:

- [x] BUILDING
- [ ] ELECTRIC
- [ ] ELEVATOR
- [ ] PLUMBING
- [ ] FIRE
- [ ] ASBESTOS ABATEMENT
- [ ] LEAD HAZARD ABATEMENT
- [ ] DEMOLITION
- [ ] OTHER
- [ ] Mechanical

Description of Work:

RIP OUT AND REPOLACE BRICWORK ON FRONT OFASCADE OF HOUSE, REPOACE WINDOW INSTALL NEW ALUMINUM COLUMNS ON PORCH & INSTALL NEW SOF

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

Estimated Cost of Work: $7,500

Construction Official Date

PAYMENTS * (Office Use Only)

Building	$240
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	13
Certificate of Occupancy	0
Other	0
Total	$253
Check#/Cash.....	2148
Paid	$253
Collected By	JB

* (Includes Admin Fee of $0)

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

Municipality Copy/Applicant Copy

U.C.C. F190 (Rev. 3/96)

BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON, NJ 07508
973 - 423-9422

Control Number: 11754
Application Date: 12/19/2008

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 15 Lot: 6.01 Qualification Code:

Work Site Location: 750 BELMONT AVENUE NORTH HALEDON

Owner In Fee: FUCHS
Address: 750 BELMONT AVENUE
NORTH HALEDON NJ

Telephone: () -

Use Group(s): R-5

Contractor: RJF HOME BUILDERS INC
Address: 85 LOWER NOTCH ROAD
LITTLE FALLS NJ -

Telephone: (973) - 785-4612

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION

[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER

[ ]ELEVATOR DEVICES [ ]MECHANICAL

[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
RIP OUT AND REPOLACE BRICWORK ON FRONT OFASCADE OF HOUSE, REPOACE WINDOW INSTALL NEW ALUMINUM COLUMNS ON PORCH & INSTALL NEW SOFFIT & FASCIAS ON PORCH

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	7,500.00
Cost of Demolition:	0.00
Total Cost:	$7,500.00

PAYMENTS (Office Use Only)	
Building	$240.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$13.00
DCA Minimum	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$253.00**
All Fees Waived:	No

Amount to be Paid: **$253.00**

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.

PHILIP CHEFF
Construction Official

Date

Note:

BOROUGH OF NORTH HALEDON

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 12/19/2008 Date Issued:
Control #: 11754 Permit #: 0

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

Block: 15 Lot: 6.01 Qualification Code:

Work Site Location: 750 BELMONT AVENUE

Owner Details

Name: FUCHS

Address: 750 BELMONT AVENUE
NORTH HALEDON NJ

Telephone: ( )

E-mail:

Contractor Details

Contractor: RJF HOME BUILDERS INC
ATTN:

Address: 85 LOWER NOTCH ROAD
LITTLE FALLS NJ

Telephone: (973) 785-4612 Fax:

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 13VH02153000

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	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	7,500.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	$7,500.00

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

RIP OUT AND REPOLACE BRICWORK ON FRONT OFASCADE OF HOUSE, REPOACE WINDOW INSTALL NEW ALUMINUM COLUMNS ON PORCH & INSTALL NEW SOFFIT & FASCIAS ON PORCH

TYPE OF WORK:

FEE (Office Use Only)

[ ] New Building
[ ] Addition
[X] Rehabilitation $240.00
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$13.00
Total Fee	$253.00

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				

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and 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 15 Lot 601 Qualification Code

Work Site Location 750 Belmont AVE.

Owner in Fee MRS. Fuchs

Address

Tel. ( )

Contractor R.J.F. Home Builders Inc.

Address 85 Lower Notch Rd. Little Falls NJ

Tel. (973) 785-4612 Cell (973) 464-3901

Contractor License No. or Builder Registration No. 13VH02153000

Federal Emp. No

Cell #

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 Rip-out and Replace BRICKWORK ON FRONT Fascade of House, Replace window install New Aluminum columns on porch + install new soffit + Fascias on Porch

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				

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. Rehabilitation $
3. Total (1+ 2) $ 7,500.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[x] Other Replacements
[ ] Demolition

FEE (Office Use Only)
$

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

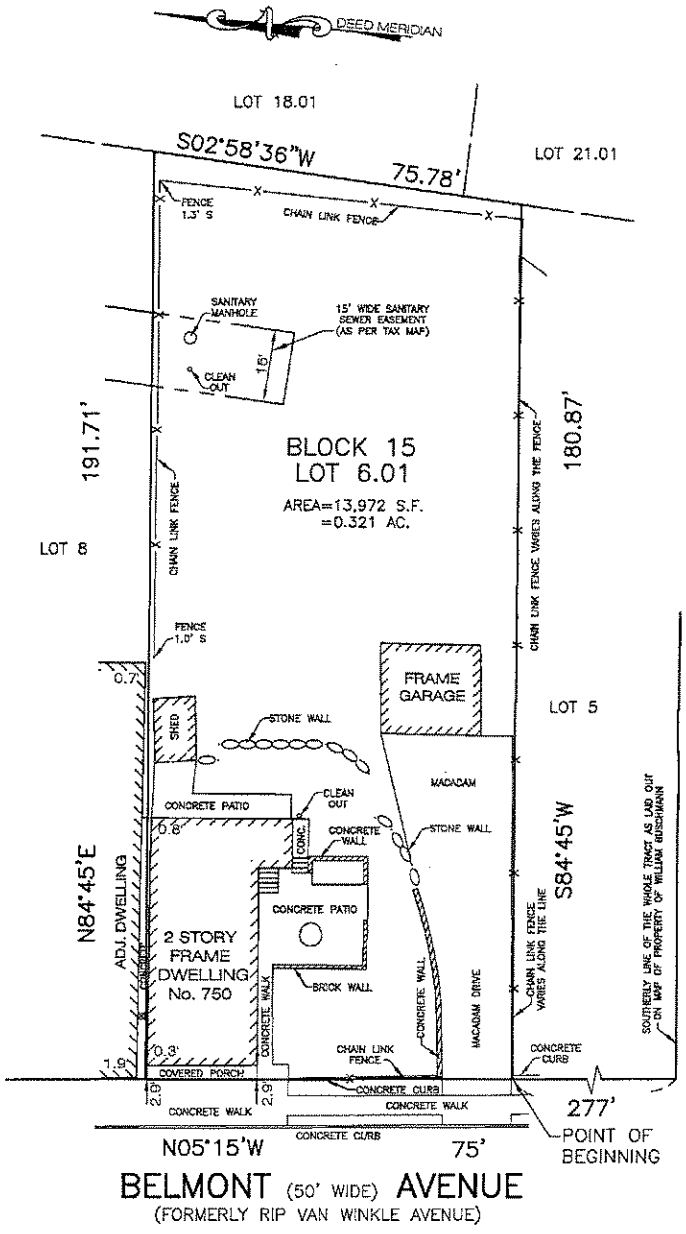
U.C.C. F110
(rev. 07/03)

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

GALIANO, HARRIS & ASSOCIATES, LLC PROFESSIONAL LAND SURVEYORS

5 SICOMAC ROAD, NORTH HALEDON, NJ 07508 PHONE: 973-732-1853 FAX: 973-732-1854

CERTIFICATE OF AUTHORIZATION No. 24GA28160600



- THIS SURVEY IS SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.
- SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND AGREEMENTS OF RECORD.
- PROPERTY CORNERS TO BE SET AS PER CONTRACT ALONG THE SOUTHERLY LINE.

REFERENCES:

1. TAX ASSESSMENT MAP OF THE BOROUGH OF NORTH HALEDON.

SURVEY OF PROPERTY

LOCATION: LOT 6.01 IN BLOCK 15
BOROUGH OF NORTH HALEDON
PASSAIC COUNTY, NEW JERSEY

CERTIFIED TO:

CHICAGO TITLE INSURANCE COMPANY
ALTOR ABSTRACT COMPANY, INC.
NJ LENDERS CORP., ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTERSTS MAY APPEAR
BART GENTILE AND LAURIE GENTILE, HUSBAND AND WIFE
JOSEPH C. PERCONTI, ESQ.

RYAN R. HARRIS
PROFESSIONAL LAND SURVEYOR, N.J. LICENSE No. 43289

SCALE: 1" = 30'	JOB No: AAC18521P	DATE: 10.12.15
CREW: JJG	DRAWN BY: RRH	CHECKED BY: RRH