

Darlene Abreu

22-0299

From: Theresa Lopez
Sent: Monday, October 3, 2022 4:56 PM
To: Darlene Abreu
Cc: Irving Lozada
Subject: FW: OPRA request - NJ UCC building permits

Good afternoon all,

Due on: 10/13/22

See OPRA below request.

Have a great evening!

-----Original Message-----

From: Pam Hulseapple [mailto:opra+request-35827-f16fc30a@requests.opramachine.com]
Sent: Monday, October 3, 2022 4:48 PM
To: Victoria Ann Kupsch <victoria@perthamboynj.org>
Subject: OPRA request - NJ UCC building permits

Dear Perth Amboy 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:

please provide NJ UCC building permits, APPLIED for or granted, within the past year for:

Harbortown Residential Development Phase IVA, Block 353, Lots 1.01 and 1.06; Block 353.02, Lots 1 and 2; Block 353.03, Lots 1, 2.01, 2.02, 3.01 and 3.02; Block 353.04, Lots 1, 2, and 3; Block 353.05, Lots 1-9. Block 353.06, Lots 1-6; Block 353.07, Lots 1 and 1.01; and Block 353, Lot 1.06.

No Records
Found within past year.

Bridge Point ePort Logistic Center (aka BridgePort Two)(Bldg 1 - Phase 2), 1160 State St, Block 430 Lot 1, 428/1.04

Bridge Point ePort Logistic Center (Bldg 2 - Phase 2), 1160 State St, Block 430 Lot 1, 428/1.04

No Records
Found

Apartment Building with Parking Garage, 575-605 Sayre Ave, Block 183 Lots 29-41, 41.01, 42, 42.01 & 43-46 = * please

permits for site trailer, footings & Foundations only

See
Attached

Yours faithfully,

Pam Hulseapple

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-35827-f16fc30a@requests.opramachine.com



CONSTRUCTION PERMIT

Date Issued 12/18/2020
Control # C-51583
Permit # 20-0788+A

IDENTIFICATION Block: 183 Lot: 39 Qualifier _____
Work Site Location: 585 SAYRE AVE. Perth Amboy City, NJ Contractor ATLANTIC INDUSTRIES LLC
Address 14 CRANBURY NEEK RD CRANBURY NJ 08512
Owner in Fee 585 SAYRE AVENUE LLC
585 SAYRE AVE. PERTH AMBOY NJ 08861 Telephone: (732) 500-1012
Telephone: (732) 324-0300 Lic. No. or Bids. Reg. No. _____
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

COMPLETE DEMOLITION

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 \$75,000

PAYMENTS (Office Use Only)

Building	\$250
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$250
Check No.	1063/1064
Cash	\$0
Credit	\$0
Collected By	Maria Wesson-Pineiro

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

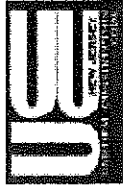
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 183 Lot 39 Qualification Code

Work Site Location: 585 SAYRE AVE., Perth Amboy City, NJ

Owner in Fee: 585 SAYRE AVENUE LLC

Address 585 SAYRE AVE., PERTH AMBOY NJ 08861

Tel. (732) 324-0300 Email

Contractor: ATLANTIC INDUSTRIES LLC

Address 14 CRANBURY NEEK RD. CRANBURY NJ 08512

Tel. (732) 500-1012 Fax

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

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

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
☐ No Plan Required			Footings			
☐ All			Footings Bonding			
☐ Footings/Foundation			Foundation			
☐ Struct/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer			
Date:			Finishes-Final			
Approved by:			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
☐ CO ☐ CCO ☐ CA			TCO			
Date:			Other			
Approved by:			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____

Constr. Class Present _____

Number 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) \$75,000

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

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

Date Received 12/15/2020
Control # C-51583
Date Issued 12/18/2020
Permit # 20-0788+A

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

COMPLETE DEMOLITION

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
☐ Other _____
☒ Demolition

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$250

\$35



CONSTRUCTION PERMIT

Date Issued _____
Control # C-53612
Permit # _____

IDENTIFICATION Block: 183 Lot: 29.01 Qualifier _____
Work Site Location: 585 SAYRE AVE. Perth Amboy City, NJ Contractor 585 SAYRE AVENUE LLC
Address PO BOX 2275 PERTH AMBOY NJ 08862
Owner in Fee 585 SAYRE AVENUE LLC
PO BOX 2275 PERTH AMBOY NJ 08862 Telephone: (732) 397-0574
Telephone: (732) 397-0574 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☒ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

NEW MULTI-FAMILY 117 UNIT AS PER PLANS

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 \$11,775,000

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	_____	\$0
Electrical	_____	\$0
Plumbing	_____	\$0
Fire Protection	_____	\$0
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$1
CO Fee	_____	
Other	_____	\$0
Total	_____	\$1
Check No.	_____	
Cash	_____	\$0
Credit	_____	\$0
Collected By	_____	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

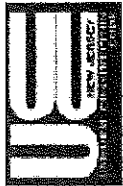
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION

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

Block 183 Lot 29.01 Qualification Code

Work Site Location: 585 SAYRE AVE. Perth Amboy City, NJ

Owner In Fee: 585 SAYRE AVENUE LLC

Address PO BOX 2275 PERTH AMBOY NJ 08862

Tel. (732) 397-0574 Email

Contractor: 585 SAYRE AVENUE LLC

Address PO BOX 2275 PERTH AMBOY NJ 08862

Tel. (732) 397-0574 Email Fax

Contractor License No. or, if new home, Bids Reg. No. Exp

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

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
☐ No Plan Required			Footing			
☐ All			Footing Bonding			
☐ Footing/Foundation			Foundation			
☐ Struct/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free			
SUBCODE APPROVAL for PERMIT			Insulation			
Date: _____			Finishes-Base Layer			
Approved by: _____			Finishes-Final			
SUBCODE APPROVAL for CERTIFICATE			Energy			
☐ CO ☐ CCO ☐ CA			Mechanical			
Date: _____			TCO			
Approved by: _____			Other			
			Final			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ If Industrial Building: _____

Constr. Class Present _____ Proposed _____ State Approved _____ HUD _____

Number of Stories _____

Height of Structure _____ Ft.

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors 1 _____ Sq. Ft.

Volume of New Structure 1 _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$9,000,000

2. Rehabilitation

3. Total (1+2) \$9,000,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW MULTI-FAMILY 117 UNIT AS PER PLANS

TYPE OF WORK

- ☒ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ 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 \$1

TOTAL FEE \$1