

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

January 18, 2022

opra+request-28228-726a4c38@requests.opramachine.com

Ms. Jennifer Romero

FILE NO: CA21:2314

Dear Ms. Romero:

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,

A handwritten signature in cursive script that reads "Sonia L. Gordon".

SONIA L. GORDON
CITY CLERK

/th

Enc.

Twydaisha Hilbert

CA21:2314
Due Date: 12/28/2021

From: Jennifer Romero <opra+request-28228-726a4c38@requests.opramachine.com>
Sent: Wednesday, December 15, 2021 3:45 PM
To: Opra Request
Subject: OPRA request - Oil tank documentation and roofing permits for 421-425 Knickerbocker Avenue

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:

Any and all permits and documentation regarding roofing and oil tank at 421-425 Knickerbocker Avenue Paterson, NJ

Yours faithfully,

Jennifer Romero

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-28228-726a4c38@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/oil_tank_documentation_and_roofi

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.

RECEIVED
CITY OF PATERSON, NJ
201 DEC 16 P 3:33
SOMIA L. BORDOLI
CITY CLERK



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



Block 3305 Qualification Code _____
 Work Site Location, 49. Knickerbocker Ave

Tel. 201-933-1444 e-mail dai@allan.org

Contractor: SCHRIBER ELECTRIC INC Tel. 201-954-1654
7111 1110 ST

Contractor License No. 1001144 Exp. Date 3-31-21

Federal Emp. ID No. 22-3522104 FAX: _____

Use Group	Present	Proposed
1 Police/Def #	1	1
2 Temporary	1	1
3 Other		

Est. Cost of Elec. Work	\$ 6000
-------------------------	---------

[illegible]

Approved by: Barnard Tree
Date: 11/11/11

Date	_____	Approved by _____	Const. Serv.
		TCS	

SUBCODE APPROVAL for PERMIT

Approved by _____
 Temp. Cooling Card Date Issued _____

Date	Amount	Particulars
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Available! More information from your local Association for Environment Africa, please write to:

U.C.C. F120 (rev. 11/05).
Internet version
original plus three photocopies,
applicable when submitting this petition to your local Commission Code Enforcement Office, please print

Applicant sign/Contractor
sign and seal here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Asst. Dir. of Crim. Justice

Lighting Fixtures
Receptacles

Detectors
Light Poles

Emergency & Exit Lights
Communications Points

230	TOTAL NUMBERS	2
-----	---------------	---

Pool Permit with UV Lights
Storable Pool/Spa/Hot Tub

KW Oven/Surface Unit
KW Elec Water Heater

KW Diehwaster
HG Gohano, Dloemal

_____	KW Baseboard Heat	_____
_____	HP Motors 1/4 HP	_____

AMP Service	
AMP Submarine's	

KW Elec. Sign/Outline Light

Minimum Fee	\$
-------------	----

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
ADVANCED PROFESSIONAL PLUMBING HEATING & COOLING LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/18/2019 TO 03/31/2020
VALID SIGNATURE

13VH07678600

License/Registration Certificate #

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
Dafallah A. Al-Jaloudi
Master Plumber

05/15/2019 TO 06/30/2021
VALID SIGNATURE

36BI01223400

License/Registration Certificate #

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Dafallah A. Al-Jaloudi
Master HVACR Contractor

06/29/2018 TO 06/30/2020
VALID SIGNATURE

19HC00280600

License/Registration Certificate #

Shawn M. Jurek
ACTING DIRECTOR

Application for Zoning Permit
City of Paterson, New Jersey

The Application for a Zoning Permit Shall Request the Following Information from an Applicant Wishing to Submit an Application for Development or Wishing to Obtain a Building Permit or a Certificate of Occupancy.

1. Name of Applicant: Daifallah Aljaloudi
2. Address of the Applicant: 419 Knickerbocker Ave, Paterson.
3. Name and Address of owner if different from that of the applicant: _____
4. Block and lot number and street address of premises for which a zoning permit is desired: 7705 / 24
5. State dimensions of principal building: _____
6. State dimensions of accessory building: 305 sq-ft.
7. Describe in detail the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any of the accessory buildings or on the lot:
This building is used as a dwelling
space and will be conducted in such
manner. Enclose Rear Porch As Per Plans.
8. State whether any of the activities described in number 7 are conducted as a non-conforming use: (If so, state the facts supporting this contention:
N/A.
9. Have the premises been the subject of any prior application to the Planning Board or Zoning Board of Adjustment to the applicant's knowledge. If so, what was the date and nature of the prior application(s): N/A.

Date: 1/23/2020 Daifallah Aljaloudi.
(Applicant) (Individual)

Attest: _____
Advanced Professional
Name of Corporation

By: _____
Authorized Officer

For Use by the Zoning Officer:

Specify as to which Sections of the Ordinance are involved, what variance would be required, before which Board, before a zoning permit can be issued:

APPROVED MD
JAN 28 2020
ZONING OFFICER

OK
Mr. Dentel
1/28/2020

Zoning Permit

City of Paterson, New Jersey

Date of Application: 1/28/20
Application Number: _____
Date of Permit: 1/28/20
Zoning District: R-2
Block: 1308, Lot(s) 7
Owner(s): Darfa Hah A J aloudi
Address: 419 Knickerbocker Avenue, Paterson, N.J.
Telephone Number: _____

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Enclose Rear porch As Per Plans

This constitutes:

- ☒ Use permitted by Ordinance for this zone district.
- () Use permitted by variance approved on _____, subject to any Special conditions attached to the grant thereof.
- () Valid nonconforming use as established by () finding of the Zoning Board of Adjustment, or () by the undersigned Zoning Officer on the basis of evidence supplied by the applicant as specified on the reverse side hereof. Also specified on the reverse side hereof is a detailed statement of all aspects of the nonconforming use.
- () There is a nonconforming structure on the premises by reason of insufficient () setback, () side yards, () rear yard () other (specify).
- () Special conditions granted use variance (attach copy of grant thereof).

OK
M. Dentist
1/28/20

APPROVED MD
JAN 28 2020
ZONING OFFICER

Department of
Economic Development

Michael Powell, *Acting Director*

Division of Community Improvements

David B. Gilmore, PHM, *Director*

CITY OF PATERSON



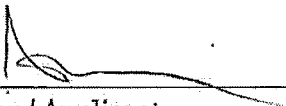
André Sayegh
Mayor

MUNICIPAL COMPLEX
111 BROADWAY
PATERSON, NJ 07505-1124
PHONE (973) 321-1232
Ext: 2244

MULTI-JURISDICTIONAL APPROVALS

PLEASE READ & SIGN

The applicant represents and warrants that all necessary approvals have been secured in a timely fashion. This includes all necessary approvals, whether Federal, State, County or Local. Many projects require multiple approvals within each jurisdiction. By signing this document, the applicant represents that as such approvals have been secured or will be secured as required by law. In the event that any significant approval has not or will not be obtained, this approval may be revoked by the City of Paterson. The applicant acknowledges that The City of Paterson is relaying on this representation of compliance is issuing this approval.



Signature Owner / Applicant

01 - 28 - 2002

Date

Org. 8/10/04

111 Broadway Paterson, NJ 07505-1119 • Phone (973) 321-1232 • Fax (973) 321-1247

BUILDING DEPARTMENT
REMOVAL OF CONSTRUCTION SITE DEBRIS & RECYCLABLE

PRIOR APPROVAL

OWNER / CONTRACTOR Advanced Professional
ADDRESS: 19-23 Ryle Ave, Paterson 07512
TELEPHONE: 973-894-3005
EMAIL: info@AdvancedPROPhc.com
PROPERTY ADDRESS: 419 Leickert Boulevard Ave BLOCK: 7705
LOT: 24

Will there be a dumpster located on job site Yes ☐ No ☒

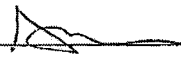
I have received and read the handout entitled "Removal of Construction Site Debris and Recyclables Prior Approval" which was given to me when I applied for a Building Permit. I understand that it is my responsibility to properly dispose of all construction site trash at Passaic County Transfer Stations, and Source separated Recyclable material may go to the Passaic County or an approved recycling center. Owners or contractors must make sure that recyclable material (recycling tax) is credited to the Community or County of Origin.

I am aware that in accordance with the Code of Paterson ("TCOP") 183-4, a fee for a construction permit shall be the sum of the sub-code fees listed in TCOP 183-5 through 183-7 in addition to a \$20.00 safe disposal fee for debris, which must be paid before the permit is issued

I also understand that I am required to obtain a receipt from the disposal site indicating that the construction debris and recyclables had been properly disposed of, bring these receipts to this Building Department within 10 days from the date of disposal.

I am aware that I may be fined up to \$2,000.00 and imprisoned for up to 90 days if I do not obtain a receipt for disposal of debris, or recyclables, and bring the receipt to the office of Community Improvements

I have read the above and certify that I am the owner, contractor and or/ agent of Block 7705 Lot 24 in this town (Paterson) and if I sell the property before I obtain the required receipt I will notify the new owner of these requirement and penalties.


(Signature)

Date: 01-28-2020

3802428

Re: 419 KNICKERBOCKER AVE

Rec'd: 1/28/2020

#65342
Prior Approvals

	Completed	Not Comp.	Not Required	BUILDING	ELECTRICAL
1) ZONING APPROVAL					
2) BOARD APPROVAL					
a) SITE PLAN					
b) RESOLUTION/MINUTES					
3) LICENSE					
a) DCA NEW HOME REG.#					
b) STATE LIC.(RESIDENTIAL)					
c) CITY LIC.(commercial)					
4) P.H.E. soil conservation					
5) CITY ENGINEER'S					
6) CITY ENG. Permits					
a) street opening					
b) curb/sidewalk					
c) sewer					
7) PVSC					
8) Floor Area					
9) Historic District					
10) Passaic County					
11) Board of Health					
a) City					
b) County					
c) State					
d) Fire Department					
12) CERTIFICATE of FORMATION					

ELECTRICAL

BUILDING

1-29-2020

PLUMBING

FIRE

City Engineer

Rec'd from contractor

Sent to engineer

Rec'd from eng. Approved

Rec'd from eng. Not approved

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

Construction Permit

Permit Number: 20-00319	Permit Issue Date: 02/20/20	Invoice #: 10-00526
Application Id: 30024428	Application Date: 01/28/20	
Owner/Property Details		
Block/Lot/Qual: 7705, 24, Owner Name: AL-JALOUDI, DAIFALLAH Address: 419 KNICKERBOCKER AVE PATERSON NJ 07503	Phone #: Use Type: R-5 Res; 1 & 2 Family Location: 419-421 KNICKERBOCKER AVE	
Contractor: ADVANCED PROFESSIONAL PHC Address: 19-23 RYLE AVE PATERSON, NJ 07522		
Phone Number: (973) 894-3005 License #: 13VH07678600 Federal Tax Id:		
Payments (Office Use Only)		
DCA 32.00 BUILDING 575.00 ELECTRICAL 46.00 Total 653.00		
Is hereby granted permission to perform the following work:		
BUILDING ELECTRICAL		
Description of Work		
AS PER PLAN DATED 11/20/2019; PROJECT NUMBER 1270-A		

Alteration Cost: 16600.00

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/MA
Construction Official

2/20/2020
Date



CONSTRUCTION PERMIT

Permit #: 20-00319
Date Issued: 02/20/20

IDENTIFICATION Block/Lot/Qual: 7705. 24.

Work Site Location: 419-421 KNICKERBOCKER AVE

Owner in Fee: AL-JALOUJI, DAIFALLAH

Address: 419 KNICKERBOCKER AVE

PATERSON NJ 07503

Contractor: ADVANCED PROFESSIONAL PHC

Address: 19-23 RYLE AVE

PATERSON, NJ 07522

Tel. (973)894-3005

Lic. No. or Bldrs. Reg. No. 13VH07678600

Tel.

Is hereby granted permission to perform the following work:

- [X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER R5
(Subchapter 8 only)

DESCRIPTION OF WORK:

AS PER PLAN DATED 11/20/2019; PROJECT
NUMBER 1270-A

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 \$ 16600.00

JL/MA

Construction Official

2/20/2020

Date

U.C.C. F170 (rev. 01/94)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)	
Building	575.00
Electrical	46.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	32.00
Cert. of Occupancy	
Other	
Total	653.00
Check No.	3131
Cash	
Collected by	MA



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/Lot/Qual: 7705. 24.

Work Site Location: 419-421 KNICKERBOCKER AVE

Permit #: 20-00319

Issue Date: 02/20/20

Application Id: 30024428

Application Date: 01/28/20

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

AS PER PLAN DATED 11/20/2019; PROJECT

NUMBER 1270-A

Owner in Fee: AL-JALOUDI, DAIFALLAH

Tel.

email:

419 KNICKERBOCKER AVE

PATERSON NJ 07503

Contractor: ADVANCED PROFESSIONAL PHC

email:

19-23 RYLE AVE

PATERSON, NJ 07522

Contractor License No. or Builder Registration No.: 13VH07678600 Exp Date: 06/30/21

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

Federal Emp. ID No.

FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Type:		Failure	Approval	Initial
☐ All			Footings				
☐ Footings/Foundations			Footings Bonding				
☐ Structural/Framework			Foundation				
☐ Exterior			Slab				
☐ Interior			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes-Base Layer				
			Finishes-Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

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: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	Proposed	R-5	Proposed	Constr. Class	Present	Proposed
No. of Stories						If Industrialized Building:		
Height of Structure						State Approved		HUD
Area — Largest Floor						Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors						1. New Bldg.		
Volume of New Structure						2. Rehabilitation		
Max. Live Load						3. Total (1+2)		
Max. Occupancy Load								

16,000.00

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

LCC F110 (rev. 11/09)
Internet version



ELECTRICAL 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/Lot/Qual: 7705. 24.
Work Site Location: 419-421 KNICKERBOCKER AVE

Owner in Fee: AL-JALOUDI, DAIFALLAH
Tel. _____

419 KNICKERBOCKER AVE PATERSON NJ 07503
email: _____

Contractor: ADVANCED PROFESSIONAL PHC

19-23 RYLE AVE email: _____

PATERSON, NJ 07522

Contractor License No.: 13VH07678600

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

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☐ No Plans Required		Rough			
☐ Partial - Underslab Utilities Approved		Barrier-Free			
Date: _____	Approved by: _____	Trench			
☐ Electric Plans Approved		Temp. Serv.			
Date: _____	Approved by: _____	Constr. Serv.			
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: _____		Final			
Approved by: _____		Barrier-Free			
		Temp. Cut-in-Card Date Issued			
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in-Card Date Issued			
☐ CO ☐ CCC ☐ CA		Annual Pool Inspection			
Date: _____		Date of Grounding and Bonding			
Approved by: _____		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.

Permit #: 20-00319
Issue Date: 02/20/20
Application Id: 30024428
Application Date: 01/28/20

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

☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr' ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

AS PER PLAN DATED 11/20/2019; PROJECT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
9		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
23		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 1/4 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 \$

CITY OF PATERSON

INVOICE #

10-00526

INVOICE DATE: 02/20/20

DUE DATE: 02/20/20

ACCOUNT ID: ADVAN060

ADVANCED PROFESSIONAL PHC
19-23 RYLE AVE
PATERSON, NJ 07522

PERMIT INFORMATION

PERMIT NO: 20-00319

LOCATION: 419-421 KNICKERBOCKER AVE

OWNER: AL-JALOUDI, DAIFALLAH

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 20-00319		
1.0000	UCDCAALT	DCA Alteration Fee Permit No: 20-00319	32.000000	32.00
1.0000/EA	DEBRIS	REMOVAL OF DEBRIS FEE Permit No: 20-00319	20.000000	20.00
1.0000	UCB06A	Fence Permit No: 20-00319	75.000000	75.00
1.0000/\$	UCB06Z	TOTAL ALTERATION/RENOVATIONS Permit No: 20-00319	480.000000	480.00
11.0000	UCE01A	Lighting Fixtures Permit No: 20-00319	0.000000	0.00
9.0000	UCE02A	Receptacles Permit No: 20-00319	0.000000	0.00
3.0000	UCE03A	Switches Permit No: 20-00319	0.000000	0.00
1.0000/EA	UCE11A	TOTAL ELECTRICAL FIXTURES Permit No: 20-00319	46.000000	46.00
TOTAL DUE:				\$ 653.00
Prn Payment: 02/20/20 CK 3131				-653.00
BALANCE:				\$ 0.00

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT

CITY OF PATERSON

INVOICE #: 10-00526

DESCRIPTION: Permit No: 20-00319

ACCOUNT ID: ADVAN060

DUE DATE: 02/20/20

TOTAL DUE: \$ 0.00

ADVANCED PROFESSIONAL PHC
19-23 RYLE AVE
PATERSON, NJ 07522



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 7705 Lot 24 Qualification Code _____
Work Site Location 419 knickerbocker Ave

Owner in Fee: Dafallah Aljaloudi
Tel. 2018321444 e-mail dafallah060710@gmail.com
Address 419 Knickerbocker Ave Paterson 07503
Contractor: Advanced Professional PHC municipality
Address 19-23 Ryle Ave Tel. (973) 894-3005
Paterson NJ 07522 e-mail info@advancedprophc.com

Contractor License No. or Builder Registration No. 12234 Exp. Date 6/30/2021
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 463470021 FAX: (973) 860-0880

JOB SUMMARY (Office Use Only)		INSPECTIONS		DATES (When Due)	
PLAN REVIEW	DATE	TYPE	INITIAL	FAILURE	APPROVAL
☐ No Plans Required					
☐ All		Footing			
☐ Footing/Foundations		Footing Reinforcing			
☐ Structural Framework		Foundation			
☐ Exterior		Slab			
☐ Interior		Frame			
☐ Joint Plan Review Required		Truss/Sys. Bracing			
☐ Elec. / Plumbing / Fire / Elevator		Barrier Free			
☐ SUBCODE APPROVAL BY CERTIFICATE		Insulation			
☐ SUBCODE APPROVAL BY PERMIT		Finishes - Base Layer			
☐ SUBCODE APPROVAL BY PERMIT		Finishes - Final			
☐ Approved by _____		Energy			
☐ SUBCODE APPROVAL BY CERTIFICATE		Mechanical			
☐ Approved by _____		TCG			
☐ Approved by _____		Other			
☐ Approved by _____		Final			
☐ Approved by _____		Barrier Free			

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building: State Approved _____ HUD _____
Est. Cost of Bldg. Work:
1. New Bldg. \$ 16000
2. Rehabilitation \$ 0
3. Total (1+2) \$ 0

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

Date Received
Control #

Date Issued 2/20/2020
Permit # 20-00319

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Dafallah Aljaloudi

Print name here: Dafallah Aljaloudi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

As per plan dated 11/20/2019; project number 1270-A.

PPSD Deck Enclosure
2 family

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

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.



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Application for Zoning Permit
City of Paterson, New Jersey

The Application for a Zoning Permit Shall Request the Following Information from an Applicant
Wishing to Submit an Application for Development or Wishing to Obtain a Building Permit or a
Certificate of Occupancy.

1. Name of Applicant: Daifallah Aljaloudi
2. Address of the Applicant: 419 Knickerbocker Ave, Paterson.
3. Name and Address of owner if different from that of the applicant: _____
4. Block and lot number and street address of premises for which a zoning permit is desired:
7705 / 24
5. State dimensions of principal building: _____
6. State dimensions of accessory building: 305 sq-ft.
7. Describe in detail the activity or activities to be conducted in the principal building and any
accessory activities to be conducted in any of the accessory buildings or on the lot:
This building is used as a dwelling
space and will be conducted in such
manner. Enclose Rear Porch As Per Plans.
8. State whether any of the activities described in number 7 are conducted as a non-conforming
use: (If so, state the facts supporting this contention:
N/A.
9. Have the premises been the subject of any prior application to the Planning Board or Zoning
Board of Adjustment to the applicant's knowledge. If so, what was the date and nature of the
prior application(s): N/A.

Date: 1/23/2020 Daifallah Aljaloudi
(Applicant) (Individual)

Attest: _____ Advanced Professional
Name of Corporation

By: _____
Authorized Officer

For Use by the Zoning Officer:

Specify as to which Sections of the Ordinance are involved, what variance would be required,
before which Board, before a zoning permit can be issued:

APPROVED MD

JAN 28 2020

ZONING OFFICER

OK
M. Dental
1/28/2020

Zoning Permit

City of Paterson, New Jersey

Date of Application: 1/28/20

Application Number: _____

Date of Permit: 1/28/20

Zoning District: R-2

Block: 1308, Lot(s) 7

Owner(s): Darfa Mah Ali Aloudi

Address: 419 Knickerbocker Avenue, Paterson, N.J.

Telephone Number: _____

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Enclose Rear porch As Per Plans

This constitutes:

- ☒ Use permitted by Ordinance for this zone district.
- () Use permitted by variance approved on _____ subject to any Special conditions attached to the grant thereof.
- () Valid nonconforming use as established by () finding of the Zoning Board of Adjustment, or () by the undersigned Zoning Officer on the basis of evidence supplied by the applicant as specified on the reverse side hereof. Also specified on the reverse side hereof is a detailed statement of all aspects of the nonconforming use.
- () There is a nonconforming structure on the premises by reason of insufficient () setback, () side yards, () rear yard () other (specify).
- () Special conditions granted use variance (attach copy of grant thereof).

OK
M. Venturi
1/28/20

APPROVED MD
JAN 28 2020
ZONING OFFICER

Department of
Economic Development

Michael Powell, *Acting Director*

Division of Community Improvements

David B. Gilmore, PHM, *Director*

CITY OF PATERSON



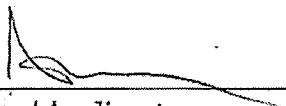
André Sayegh
Mayor

MUNICIPAL COMPLEX
111 BROADWAY
PATERSON, NJ 07505-1124
PHONE (973) 321-1232
Ext: 2244

MULTI-JURISDICTIONAL APPROVALS

PLEASE READ & SIGN

The applicant represents and warrants that all necessary approvals have been secured in a timely fashion. This includes all necessary approvals, whether Federal, State, County or Local. Many projects require multiple approvals within each jurisdiction. By signing this document, the applicant represents that as such approvals have been secured or will be secured as required by law. In the event that any significant approval has not or will not be obtained, this approval may be revoked by the City of Paterson. The applicant acknowledges that The City of Paterson is relaying on this representation of compliance is issuing this approval.


Signature Owner / Applicant

01-28-2002
Date

Org. 8/10/04

BUILDING DEPARTMENT
REMOVAL OF CONSTRUCTION SITE DEBRIS & RECYCLABLE

PRIOR APPROVAL

OWNER / CONTRACTOR Advanced Professional
ADDRESS: 19-23 Ryle Ave, Paterson 07512
TELEPHONE: 973-894-3005
EMAIL: info@AdvancedProPhc.com
PROPERTY ADDRESS: 419 Kenickelbouwer Ave BLOCK: 7705
LOT: 24

Will there be a dumpster located on job site Yes ☐ No ☒

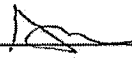
I have received and read the handout entitled "Removal of Construction Site Debris and Recyclables Prior Approval" which was given to me when I applied for a Building Permit. I understand that it is my responsibility to properly dispose of all construction site trash at Passaic County Transfer Stations, and Source separated Recyclable material may go to the Passaic County or an approved recycling center. Owners or contractors must make sure that recyclable material (recycling tax) is credited to the Community or County of Origin.

I am aware that in accordance with the Code of Paterson ("TCOP") 183-4, a fee for a construction permit shall be the sum of the sub-code fees listed in TCOP 183-5 through 183-7 in addition to a \$20.00 safe disposal fee for debris, which must be paid before the permit is issued

I also understand that I am required to obtain a receipt from the disposal site indicating that the construction debris and recyclables had been properly disposed of, bring these receipts to this Building Department within 10 days from the date of disposal.

I am aware that I may be fined up to \$2,000.00 and imprisoned for up to 90 days if I do not obtain a receipt for disposal of debris, or recyclables, and bring the receipt to the office of Community Improvements

I have read the above and certify that I am the owner, contractor and or/ agent of Block 7705 Lot 24 in this town (Paterson) and if I sell the property before I obtain the required receipt I will notify the new owner of these requirement and penalties.



(Signature)

Date: 01-28-2020

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED

ADVANCED PROFESSIONAL PLUMBING HEATING & COOLING LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/18/2019 TO 03/31/2020

VALID

SIGNATURE

13VH07678600

License/Registration/Certificate #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED

Dafallah A. Al Jakudi
Master Plumber

05/15/2019 TO 06/30/2021

VALID

SIGNATURE

36BI01223400

License/Registration/Certificate #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED

Dafallah A. Al Jakudi
Master HVACR Contractor

06/29/2018 TO 06/30/2020

VALID

SIGNATURE

19HC00280600

License/Registration/Certificate #

ACTING DIRECTOR