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,

Sonia L. Gordon

SONIA L. GORDON
CITY CLERK

/th

Enc.

CA21:2314
Due Date: 12/28/2021

Twydaisha Hilbert

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
2021 DEC 16 P 3:33
OFFICE OF THE CITY CLERK

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 7705 Lot 24 Qualification Code _____

Work Site Location 419 knickerbocker Ave

Owner in Fee: Daifallah Aljaloudi

Tel. 2018321444 e-mail daifallah060710@gmail.com

Address 419 Knickerbocker Ave (street) Paterson (municipality) 07503 (zip code)

Contractor: Advanced Professional PHC Tel. (973) 894-3005

Address 19-23 Ryle Ave e-mail info@advancedprophc.com

Paterson NJ 07522

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)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] GA
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				

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. $ _____
2. Rehabilitation $ 16000
3. Total (1+ 2) $ 0

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: Daifallah Aljaloudi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
As per plan dated 11/20/2019; project number 1270-A

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] 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 $

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

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

ELECTRICAL 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 7705 Lot 24 Qualification Code

Work Site Location 419 Knickerbocker Ave

Owner in Fee: Daifallah Alyalaudi

Tel. 201-832-1444 e-mail daifallah060710@gmail.com

Address 419 Knickerbocker Ave Paterson NJ 07503
(street, municipality, zip code)

Contractor: SPARTAN ELECTRIC LLC Tel. 201-954-1654

Address 344 ELLIOT PL e-mail spartanelc@gmail.com
PARAMUS NJ 07652

Contractor License No. 10414A Exp. Date 3-31-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3522104 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co. PSE&G

Est. Cost of Elec. Work $ 6000

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: JOSEPH CASCIONE JR

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
As Per Plans

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			
0		TOTAL NUMBERS	$
		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/+ 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	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Const. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in Card Date Issued				
Final Cut-in Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding 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.

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

NOT AN ELECTRICIANS OR PLUMBERS 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 Jaloudi
Master Plumber

05/16/2019 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 Jaloudi
Master HVACR Contractor

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

SIGNATURE

19HC00280600
License/Registration/Certificate #

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 Alyaloudi
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 Alyaloudi.
(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. 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): Daifallah Aljaloudi

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:

(X) 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. Ventent
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

01-28-20

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 07522

TELEPHONE: 973-894-3005

EMAIL: info@AdvancedPROInc.com

PROPERTY ADDRESS: 419 Kenilworth Blvd **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: 01-25-2022

3802428

Re: 419 KNICKERBOCKER AVE

Rec'd: 1/28/2020

#6532

	Prior Approvals	Completed	Not Comp.	Not Required	BUILDING	ELECTRICAL
1)	ZONING APPROVAL					
2)	BOARD APPROVAL					dm 1-29-2020
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				PLUMBING	FIRE
a)	street opening					
b)	curb/sidewalk					
c)	sewer					
7)	PVSC					
8)	Floor Area					
9)	Historic District					
10)	Passaic County					
11)	Board of Health					City Engineer
a)	City					Rec'd from contractor
b)	County					
c)	State					Sent to engineer
d)	Fire Department					Rec'd from eng. Approved
12)	CERTIFICATE of FORMATION					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 #: I0-00526
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 — 2/20/2020
Construction Official — 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-JALOUDI, DAIFALLAH
Address: 419 KNICKERBOCKER AVE
PATERSON NJ 07503
Tel.

Contractor: ADVANCED PROFESSIONAL PHC
Address: 19-23 RYLE AVE
PATERSON, NJ 07522
Tel. (973)894-3005
Lic. No. or Bldrs. Reg. No. 13VH07678600

Is hereby granted permission to perform the following work:

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

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

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

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

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

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. email:

419 KNICKERBOCKER AVE PATERSON NJ 07503

Contractor: ADVANCED PROFESSIONAL PHC

19-23 RYLE AVE email:

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:

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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: _____

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

FEE (Office Use Only)

	$
	75.00
	500.00

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

No. of Stories 0.
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 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. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 16,000.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

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. email:

419 KNICKERBOCKER AVE PATERSON NJ 07503

Contractor: ADVANCED PROFESSIONAL PHC

19-23 RYLE AVE email:

PATERSON, NJ 07522

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

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 $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

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 [ ] Certif'd Landscape Irrigation Cont'r [ ] 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/+ 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	$

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.

CITY OF PATERSON

INVOICE #
I0-00526

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	32.000000	32.00
		Permit No: 20-00319		
1.0000/EA	DEBRIS	REMOVAL OF DEBRIS FEE	20.000000	20.00
		Permit No: 20-00319		
1.0000	UCB06A	Fence	75.000000	75.00
		Permit No: 20-00319		
1.0000/$	UCB06Z	TOTAL ALTERATION/RENOVATIONS	480.000000	480.00
		Permit No: 20-00319		
11.0000	UCE01A	Lighting Fixtures	0.000000	0.00
		Permit No: 20-00319		
9.0000	UCE02A	Receptacles	0.000000	0.00
		Permit No: 20-00319		
3.0000	UCE03A	Switches	0.000000	0.00
		Permit No: 20-00319		
1.0000/EA	UCE11A	TOTAL ELECTRICAL FIXTURES	46.000000	46.00
		Permit No: 20-00319		
			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 #: I0-00526
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

Date Received
Control #

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

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: Daifallah Aljaloudi

Tel. 2018321444 e-mail daifallah060710@gmail.com

Address 419 Knickerbocker Ave (street) Paterson (municipality) 07503 (zip code)

Contractor: Advanced Professional PHC Tel. (973) 894-3005

Address 19-23 Ryle Ave e-mail info@advancedprophc.com

Paterson NJ 07522

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)

PLAN REVIEW — Date / Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] QA
Date
Approved by:

INSPECTIONS — Dates (Month/Day)

Type	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				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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. $
2. Rehabilitation $ 16000
3. Total (1+2) $ 0

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: Daifallah Aljaloudi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
As per plan dated 11/20/2019; project number 1270-A.
PPSD Deck Enclosure
2family

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] 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 $

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

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

Block 7305 Lot 24 Qualification Code

Work Site Location 419 Knickerbocker Ave

Owner In Fee: Daifallah Alyalaudi

Tel. 201-832-1444 e-mail daifallah060710@gmail.com

Address 419 Knickerbocker Ave. Paterson NJ 07503
(street) (municipality) (zip code)

Contractor: SPARTAN ELECTRIC LLC Tel. 201-954-1654

Address 344 ELLIOT PL e-mail spartanelc@gmail.com
PARAMUS NJ 07652

Contractor License No. 10414A Exp. Date 3-31-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3522104 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co. PSE&G

Est. Cost of Elec. Work $ 6000

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: Joseph Cascione Jr

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: As Per Plan's

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			
0		TOTAL NUMBERS	$ 70.00
		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/+ 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	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-20-2020
Approved by:

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

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Const. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding 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.

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 Alyalaudi
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 Alyalaudi.
(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. 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): Daifa Hajh Ali & Loudi

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:

(X) 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. Dentici
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

01-28-2022
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 07522

TELEPHONE: 973-894-3005

EMAIL: info@AdvancedPROPhc.com

PROPERTY ADDRESS: 419 kenilworth blvd **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: 01-25-2022

Niecha Mcpherson

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 ELECTRICIANS OR PLUMBERS 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 Jaloudi
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 Jaloudi
Master HVACR Contractor

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

SIGNATURE

19HC00280600
License/Registration/Certificate #

ACTING DIRECTOR