Gmail

William Robins <wrobins@dunellenborough.com>

OPRA request - Open and Closed Building/Construction Department Permits

1 message

Joanne Raczynsky <opra+request-33818-767c263d@requests.opramachine.com> Thu, Jul 14, 2022 at 6:21 AM
To: OPRA requests at Dunellen Borough <wrobins@dunellenborough.com>

Dear Dunellen Borough,

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 copies of all open and closed building/construction department permits for property located at 819 N. Washington Avenue.

Thank you.

Joanne Raczynsky

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-33818-767c263d@requests.opramachine.com

Is wrobins@dunellenborough.com the wrong address for OPRA requests to Dunellen Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=dunellen_borough

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/open_and_closed_buildingconstruc_154

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.

B 17
C 5

Closed

BLOCK 17 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 819 N. WASHINGTON AVE PERMIT NO. 2003-069

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Propsed Work Site at: 819 N. WASHINGTON AVE
2. Name of Owner in Fee: ROGER NAZAIRE Tel. ( ) _____
   Address 819 N. WASHINGTON DUNELLEN
   (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private V
4. Principal Contractor: JUAN A. MAYAMOROS Tel. (908) 338 1108
   Address 352 HOE AVE SCOTCH PLAINS
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 147 84 4957 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

RECEIVED 4/3/03

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/3/03
Control #
Permit # 2003-069

IDENTIFICATION Block 17 Lot 5
Work Site Location 819 NORTH WASHINGTON DUNNELLEN
Owner in Fee ROGER NAZAIRE
Address 819 NORTH WASHINGTON DUNNELLEN
Tel. ( )

Contractor JUAN A. MATAMOROS
Address 359 HOE AVE SCOTCH PLAINS N.J. 07076
Tel. (908) 338 1108
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 147-84 49 57

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DECK BUILDING

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 $ 4.000 00

Scott
Construction Official

4/3/03
Date

PAYMENTS (Office Use Only)

Building	96.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other ZONING	20.00
DCA Training Fee	4.00
Cert. of Occupancy	
Other	
Total	120.00
Check No.	CASH
Cash	
Collected by	BAC

U.C.C. F170
(rev. 3/96)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK -TAX ASSESSOR GOLD - APPLICANT

(see reverse side)

Closed

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/3/03
Date Issued 4/3/03
Control #
Permit # 2000-069

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

Block 17 Lot 5
Work Site Location 819 NORTH WASHINGTON

Owner in Fee ROGER NAZAIRE
Address SAME AS ABOVE

Tele. ( )
Contractor JUAN A. MAYA MOROS
Address 359 MOE AVE SCOTCH PLAINS NJ

Tele. (908) 338 11 08 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All 4/3/03 JA
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
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. Alteration $ 4,000.00
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.

Juan A. Maya Moros
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BUILD DECK: 20 X 24

WOLMA NAZID LUMBER

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence Height (exceeds 6')
  - [ ] Sign Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement Subchapter 8
  - [ ] Lead Haz. Abatement NJAC 5:17
  - [V] Other DECK
- [ ] Demolition

FEE (Office Use Only)

$ 96.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 96.00
TOTAL FEE	$ 96.00

U.C.C. F110
(rev. 3/96)

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

Borough of Dunellen

Application For Zoning Permit

A plan must be submitted with this application showing the size and location of the lot, the dimensions and location of the proposed building or structure on the lot, building set back, dimensions of rear and side yards, and the dimensions and locations of the existing buildings or structures on the lot.

Date 04-03-03

Permit No. Z- _____

Owner ROGER NACAIRE
Address 819 NORTH WASHINGTON
Block 17 Lot 5
Zone _____

Applicant JUAN A. MAYAMORDS
Address 352 HOE AVE SCOTCH PLAI

Description Of Work:

Type Of Work:
( ) Addition / Add – A – Level / Dormer
( ) Garage
(V) Deck / Porch
( ) Shed
( ) Pool
( ) Fence
( ) Other _____

I (We) hereby declare and represent to the Borough of Dunellen that the statements made by me (us) in this application are true and that I understand that if any of the above statements are willfully false, I (we) am subject to punishment.

Juan A. Mayamords
Signature of Owner or Authorized Agent

Fee Paid $20.00
Date _____
Check No. _____

Scott Luthman
Zoning Official