122 Monroe Street

213
CJ

**OPRA request - Open and Closed Building/Construction Department Permits**

Joanne Raczynsky <opra+request-29772-7d8fdcef@requests.opramachine.com>
Thu 2/24/2022 11:09 AM
To: Yolanda M. Roberts <yroberts@elizabethnj.org>

*** CAUTION ***
This message came from an EXTERNAL address. DO NOT click on links or attachments unless you know the sender and the content is safe. Suspicious? Forward the message to spamreport@elizabethnj.org<mailto:spamreport@elizabethnj.org>

Dear Elizabeth 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 copies of all open and closed building/construction department permits for property located at 720-722 Monroe Street, Elizabeth.

Yours faithfully,

Joanne Raczynsky

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Please use deliver records electronically via email to the below UNIQUE address for all replies to this request: opra+request-29772-7d8fdcef@requests.opramachine.com

Is yroberts@elizabethnj.org the wrong address for OPRA requests to Elizabeth City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=elizabeth_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/open_and_closed_buildingconstruc_42

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.

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# CITY OF ELIZABETH
# BUREAU OF CONSTRUCTION

## INTEROFFICE MEMORANDUM

**MARCH 8, 2022**

**TO: Joanna Ramirez, City Clerk**

**FROM: Victoria A Rivera, Bureau of Construction**



**SUBJECT: Request for Government Records**

**RE: 722 MONROE STREET**

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We did a thorough review of our current records and we were **able** to locate requested documents under the above-mentioned property. Attached are copies. If you have any questions or concerns, please contact us at (908)820-4014.

Thank you.

Inside

BLOCK 12 LOT 1040 ADDRESS (SITE) 722 Monmouth Ave. PERMIT NO. 01-1355

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 722 MONMOUTH AVENUE
2. Name of Owner in Fee: George Salem Tel. (___) ___
   Address ___ (street / municipality / zip code)
3. Ownership in Fee: Public ___ Private ✓
4. Principal Contractor: PARELLA & SONS Tel. ___
   Address 88 CHAMBERS ST - NEWARK NJ 07
   License No. OR, if new home, Builder Reg No. * Exp. Date ___
   Federal Emp. No. ___ Social Security No. ___
5. Architect or Engineer ___ Tel. (___) ___
   Address ___
6. Responsible Person in Charge of Work Candido Pereira Tel. (___) ___

## V. FEE SUMMARY (for office use only)

| | | | Update | Update |
|---|---|---|---|---|
| 1. Building | $ | 60- | | |
| 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 | | 2- | | |
| 10. Subtotal | $ | | | |
| 11. Cert. of Occupancy | | | | |
| 12. Other | | | | |
| 13. TOTAL | $ | 62- | | |

## 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 ___ sq. ft. | |
| no ___ | |
| 11. Max. Live Load | |
| 12. Max. Occupancy Load | |

## II. PROPOSED WORK

| | Est. Cost |
|---|---|
| 1. ☐ Minor work (single trade) | |
| 2. ☒ Small Job ($5,000 and no prior approvals) | 2,000 |
| 3. ☐ New Building | |
| 4. ☐ Addition | |
| 5. ☐ Alteration | |
| 6. ☐ Fire Protection | |
| 7. ☐ Plumbing | |
| 8. ☐ Electrical | |
| 9. ☐ Elevator Devices | |
| 10. ☐ Asbestos Abatement | |
| 11. ☐ Demolition | |
| TOTAL COSTS | |

**OPTIONAL (for office use only)**

| Plans Rec'd By | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|
| | | | 8/13/01 | MK | | | |

**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:

E6216

U.C.C. Form F-100B

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Candido Pereira Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone ( ____ ) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☐ Zoning Officer | | | X | X | X | X | X | X | |
| ☐ Planning Board | | | | | | | X | X | |
| ☐ Zoning Board | | | X | X | X | X | X | X | |
| ☐ Sewer Authority | | | | | | | X | X | |
| ☐ Water Authority | | | | | | | X | X | |
| ☐ Fire Department | | | | | X | X | X | X | |
| ☐ Police Department | | | X | X | X | X | X | X | |
| ☐ Health Department | | | | | X | X | | | |
| ☐ Soil Conservation | | | | | | | X | X | |
| ☐ N.J. Dept. of Community Affairs | X | X | X | X | X | X | | | |
| ☐ N.J. Department of Transportation | X | X | X | X | X | X | | | |
| ☐ N.J. Dept. of Environmental Protect. | X | X | X | X | X | X | | | |
| ☐ Utility Dig No. | | | X | X | X | X | X | X | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

| | Name of Code & Edition | | Name of Code & Edition | | |
|---|---|---|---|---|---|
| Building | | Energy | | Other | |
| Electrical | | Barrier Free | | | |
| Plumbing | | Flood Hazard | | | |
| Fire Protection | | As Built Elevation Cert. | | | |
| Mechanical | | Other | | | |

X. CERTIFICATES ISSUED **(office use only)**

| | | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. | | | | |
| ☐ Temporary Certificate of Compliance | No. | | | | |
| ☐ Continued Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Compliance | No. | | | | |
| ☐ Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Approval | No. | | | | |

CITY OF ELIZABETH
CONSTRUCTION CODE BUREAU
ELIZABETH, NJ

Date Issued 8/16/01
Control # C121040
Permit # 01-1355

# UCC NEW JERSEY
# CONSTRUCTION PERMIT

IDENTIFICATION Block 12 Lot 1040 Qual

Work Site Location 722 MONROE AVENUE
ROOF
Owner in Fee SALEN GEORGE
Address 720 MONROE AVENUE
ELIZABETH, NJ
Telephone ( )

Contractor PEREIRA & SONS INC
Address 88 CHAMBERS STREET
NEWARK, NJ
Telephone
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RIP OFF ROOF & RE-ROOF

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 $ 2,000

Michael Keegan
Construction Official

8/15/01
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 60 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 2 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 62 |
| Check No. | |
| Cash | 62.00 |
| Collected By | RD |

U.C.C. P170 (rev. 3/96)

CITY OF ELIZABETH
CONSTRUCTION CODE BUREAU
ELIZABETH, NJ

Date Issued 8/16/01
Control # C121040
Permit # 01-1355

# UCC NEW JERSEY
# CONSTRUCTION PERMIT

IDENTIFICATION Block 12 Lot 1040 Qual

Work Site Location 722 MONROE AVENUE
ROOF
Owner in Fee SALEH GEORGE
Address 720 MONROE AVENUE
ELIZABETH, NJ
Telephone ( )

Contractor PEREIRA & SONS INC
Address 88 CHAMBERS STREET
NEWARK, NJ
Telephone
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RIP OFF ROOF & RE-ROOF

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 60 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 2 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 62 |
| Check No. | |
| Cash | 62.00 |
| Collected By | RD |

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 $ 2,000

Michael Deazza
Construction Official

8/15/01
Date

U.C.C. P170 (rev. 3/96)

CITY OF ELIZABETH
CONSTRUCTION CODE BUREAU
ELIZABETH, NJ

# UCC NEW JERSEY
# BUILDING
# SUBCODE
# TECHNICAL SECTION

Date Received 08/14/2001
Date Issued 8/16/01
Control # C121040
Permit # 01-1355

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

Block 12 Lot 1040 Qual
Work Site Location 722 MONROE AVENUE
ROOF
Owner in Fee SALEH GEORGE
Address 720 MONROE AVENUE
ELIZABETH, NJ
Tele.( )
Contractor PEREIRA & SONS INC
Address 88 CHAMBERS STREET
NEWARK, NJ
Tele. Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RIP OFF ROOF & RE-ROOF

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [X] No Plans Req | 8/15/01 | MW |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| BarrierFree | | | | |

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2)$ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 0 |
| [X] Roofing | 60 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

Paid [ ] ~~Check #~~ CASH 62.00
Collected by: R.D.

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 0 |
| TOTAL FEE | $ 60 |
| DCA Training Fee | $ 2 |

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

# BUILDING SUBCODE TECHNICAL SECTION

8/14/01 RP

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____

Work Site Location 720 MONROE AV

Owner In Fee MONROE SALEMA

Address 720 MONROE AV

Tele. (_____)

Contractor PEREIRA & SONS

Address 88 chambers ST NEWARK

Tele. (_____) Fax (_____)

Lic. No. or Bidrs. Reg. No. _____

Federal Emp. No. _____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

[X] No Plans Required 8/15/01 JM
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

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

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| 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.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ _____ $2,000=

**C. CERTIFICATION IN LIEU OF OATH**

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

_____
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK Remove roof and Re-Roof

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
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

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

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

**Pereira & Sons, Inc.**

GENERAL
CONTRACTOR

Beeper: (973) 730-8002

Tel: (973) 465-0405
Fax: (973) 491-0767

BLOCK 12 LOT 1175 QUALIFICATION CODE _____ ADDRESS (SITE) 727 Monroe Ave. PERMIT NO. 05-0122

1-5-05

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Propsed Work Site at: 727 Monroe Ave
2. Name of Owner In Fee: Mrs. P. Lynch Tel. ( ) _____
   Address 727 Monroe Ave Elm 08241
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Lawrence Ferreira Tel.
   Address 731 Monroe Ave
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 60 | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | $ | | |
| 7. Less 20% for State Plan Review | | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | 5 | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 65 | | |

## 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

OPTIONAL (for office use only)

| II. PROPOSED WORK | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☒ Minor Work | 4000.00 | | | | 7/4/05 | MH | | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ a. Repair | | | | | | | | | |
| ☐ b. Alteration | | | | | | | | | |
| ☐ c. Renovation | | | | | | | | | |
| ☐ d. Reconstruction | | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | | |
| 6. ☐ Plumbing | | | | | | | | | |
| 7. ☐ Electrical | | | | | | | | | |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☐ Demolition | | | | | | | | | |
| TOTAL COSTS | 4000.00 | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

| 4. No. of dwelling units: | All Units | Income-restricted |
|---|---|---|
| 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:

## 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
10. ☐ Swimming Pools, Spas and Hot Tubs

**CERTIFICATION IN LIEU OF OATH**

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature_____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name Lawrence Ferreira

Address 731 Monroe Ave
Elizabeth N.J. 07201

Telephone

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☐ Zoning Officer | | | | | | | | | |
| ☐ Planning Board | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | |
| ☐ Police Department | | | | | | | | | |
| ☐ Health Department | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | |
| ☐ N.J. Department of Community Affairs | | | | | | | | | |
| ☐ N.J. Department of Transportation | | | | | | | | | |
| ☐ N.J. Department of Environmental Protection | | | | | | | | | |
| ☐ Utility Dig No. | | | | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE** (office use only—optional)

| Name of Code & Edition | | Name of Code & Edition | | | |
|---|---|---|---|---|---|
| Building | | Energy | | Other | |
| Electrical | | Barrier Free | | | |
| Plumbing | | Flood Hazard | | | |
| Fire Protection | | As Built Elevation Cert. | | | |
| Mechanical | | Other | | | |

**X. CERTIFICATES ISSUED** (office use only)

| | | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. | | | | |
| ☐ Temporary Certificate of Compliance | No. | | | | |
| ☐ Continued Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Compliance | No. | | | | |
| ☐ Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Approval | No. | | | | |
| ☐ Lead Abatement Clearance Certificate | No. | | | | |

CITY OF ELIZABETH
CONSTRUCTION CODE BUREAU
ELIZABETH, NJ

Date Issued 01/21/05
Control # C121175
Permit # 05-0122

UCC NEW JERSEY

# CONSTRUCTION PERMIT

IDENTIFICATION Block 12 Lot 1175 Qual

Work Site Location 727 MONROE AVENUE
ROOF
Owner in Fee LYNCH P.
Address 727 MONROE AVENUE
ELIZABETH, NJ 07201-
Telephone ( )

Contractor LAWRENCE FERREIRA
Address 731 MONROE AVENUE
ELIZABETH, NJ 07201-
Telephone
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVE OLD ROOF & RE-ROOF

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

Construction Official

1/4/05
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 60 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA State Permit Fee | 5 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 65 |
| Check No. | 2056 |
| Cash | |
| Collected By | |

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

NJ UCCARS 5.24E
CITY OF ELIZABETH
CONSTRUCTION CODE BUREAU
ELIZABETH, NJ

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/03/2005
Date Issued 01/12/05
Control # C121175
Permit # 05-0122

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

Block 12 Lot 1175 Qual
Work Site Location 727 MONROE AVENUE
ROOF
Owner in Fee LYNCH P.
Address 727 MONROE AVENUE
ELIZABETH, NJ 07201-
Tele.( )
Contractor LAWRENCE FERREIRA
Address 731 MONROE AVENUE
ELIZABETH. NJ 07201-
Tele. Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE OLD ROOF & RE-ROOF

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [X] Other Roof 1175 Mon | | |
| Joint Plan Review Required: | | |
| [ ] Elect [ ] Plumb [ ] Fire | | |
| SUBCODE APPROVAL [ ] Elev | | |
| [ ] CO [ ] CCO [ ] CA | | |
| Date: | | |
| Approved By: | | |

| INSPECTIONS | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Type | | | | |
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| BarrierFree | | | | |

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 0 |
| [X] Roofing | 60 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,000
3. Total (1+2) $ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Paid [✓] Check # 2056
Collected by:

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 0 |
| TOTAL FEE | $ 60 |
| DCA State Permit Fee | $ 5 |

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

# BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1/3/05
Control #
Permit #

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

Block 12 Lot 1175
Work Site Location 727 Monroe Ave
Elizabeth
Owner In Fee Mrs P. Lynch
Address 727 Monroe Ave
Elz
Tele. ( )
Contractor Lawrence Ferreira
Address 731 Monroe Ave
Elz NJ 07201
Tele. Fax
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Remove old roofing install Ice Shield and new Shingles

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [✓] Other ROOF | 1/05 | JW |

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

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

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

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

[ ] Demolition

FEE (Office Use Only)
$

**B. BUILDING CHARACTERISTICS**

Use Group Present ✓ Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 4000.00
2. Alteration $
3. Total (1+ 2) $ 4000.00

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

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

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

BLOCK 12 LOT 1040 QUALIF /CODE _____ ADDRESS (SITE) 722 Monroe Ave 1st floor PERMIT NO. 14-1327

7.22.'14

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I,II,II (optional). IV, VI, and VII

## I. IDENTIFICATION

1. Proposed Work Site at:
2. Name of Owner in Fee: Karin Estefan — 722 Monroe Avenue 1st Floor — Elizabeth — NJ 07201 — (908) 943-8850
   Tel. ( ) ____
   Address: ____ (street) ____ (municipality) ____ (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: ADT LLC — Tel. ____
   Address 19 SCHOOLHOUSE ROAD, SOMERSET, NJ 08873 — e-mail ADTCNJPermits@ADT.com
   License No. OR, if new home, Builder Reg. No. 34BF00048300 — Exp. Date 1/31/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. ____ — Fax ( ) ____
5. Architect or Engineer ____ — Contact ____
   Address ____ — e-mail ____
   Tel. ( ) ____ — FAX ( ) ____
6. Responsible Person in Charge once Work has Begun ____ ADT LLC
   Tel ____ Fax ____

## V. FEE SUMMARY (for office use only)

| | | | Update | Update |
|---|---|---|---|---|
| 1. | Building | $ | | |
| 2. | Electrical | | 60 | |
| 3. | Plumbing | | | |
| 4. | Fire Protection | | | |
| 5. | Elevator Devices | | | |
| 6. | Subtotal | | | |
| 7. | Less 20% for State Plan Review | $ | | |
| 8. | Subtotal | $ | | |
| 9. | State Permit Surcharge Fee | | 1 | |
| 10. | Subtotal | $ | | |
| 11. | Cert. of Occupancy | | | |
| 12. | Other | | | |
| 13. | TOTAL | $ | 61 | |

## VI. BUILDING/SITE CHARACTERISTICS

| | | (office use only) |
|---|---|---|
| 1. | Number of Stories 2 | |
| 2. | Height of Structure 25 ft. | |
| 3. | Area—Largest Floor 2000 sq. ft. | |
| 4. | New Building Area ____ sq. ft. | |
| 5. | Volume of New Structure ____ cu. ft. | |
| 6. | Max. Live Load ____ | |
| 7. | Max Occupancy Load ____ | |
| 8. | If Industrialized Building: State Approved ____ HUD ____ | |
| 9. | Total Land Area Distrubed ____ sq. ft. | |
| 10. | Flood Hazard Zone ____ | |
| 11. | Base Flood Elevation ____ ft. | |
| 12. | Wetlands yes ____ no ____ | |

## IIa. PROPOSED WORK:

- ☑ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

## IIb. SUBCODES:

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Building | | | | | | | | | |
| ☑ Electrical | 124 | | | | 7/22/14 | R | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COSTS | 124 | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: R-5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *Total Units Income-restricted*
   - Gained, Sale ____
   - Gained, Rental ____
   - Lost, Sale ____
   - Lost, Rental ____

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____ Proposed ____

## 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. [ ] Undergroound Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LP Gas Tanks





67268

**CERTIFICATION IN LIEU OF OATH**

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ✓ Check if contractor.

Agent Name ADT LLC

Address 19 SCHOOLHOUSE ROAD
SOMERSET, NJ 08873

Telephone ( 732 ) 983-5075

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

**UCC/F-100**
**Professional Printing**
**(856) 468-7933**

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☐ Zoning Officer | | | X | X | X | X | X | X | |
| ☐ Planning Board | | | | | | | X | X | |
| ☐ Zoning Board | | | X | X | X | X | X | X | |
| ☐ Sewer Authority | | | | | | | X | X | |
| ☐ Water Authority | | | | | | | X | X | |
| ☐ Police Department | | | X | X | X | X | X | X | |
| ☐ Health Department | | | | | X | X | | | |
| ☐ Soil Conservation | | | | | | | X | X | |
| ☐ N.J. Department of Community Affairs | X | X | X | X | X | X | | | |
| ☐ N.J. Department of Transportation | X | X | X | X | X | X | | | |
| ☐ N.J. Department of Environmental Protection | X | X | X | X | X | X | | | |
| ☐ Utility Dig No. | | | X | X | X | X | X | X | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE** (office use only—optional)

| Name of Code & Edition | | Name of Code & Edition | | | |
|---|---|---|---|---|---|
| Building | _____ | Energy | _____ | Other | _____ |
| Electrical | _____ | Barrier Free | _____ | | _____ |
| Plumbing | _____ | Flood Hazard | _____ | | _____ |
| Fire Protection | _____ | As Built Elevation Cert. | _____ | | _____ |
| Mechanical | _____ | Other | _____ | | _____ |

**X. CERTIFICATES ISSUED** (office use only)

| | | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Temporary Certificate of Compliance | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Continued Certificate of Occupancy | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Certificate of Compliance | No. _____ | _____ | _____ | _____ | _____ |
| ☐ Certificate of Occupancy | No. _____ | _____ | _____ | | |
| ☐ Certificate of Approval | No. _____ | _____ | _____ | | |
| ☐ Lead Abatement Clearance Certificate | No. _____ | _____ | _____ | _____ | _____ |

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908-8204091

# CERTIFICATE
## IDENTIFICATION

Date Issued: 08/21/2014
Control #: 1247
Permit #: 20141327

Block: 12 Lot: 1040 Qual:
Work Site Location: 720-722 MONROE AVE
ELIZABETH
Owner in Fee: ESTEFAN KARIN
Address: 722 MONROE AVENUE
ELIZABETH NJ 07201
Telephone:
Agent/Contractor: ADT LLC
Address: 19 SCHOOLHOUSE ROAD
SOMERSET NJ 08837
Telephone:
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
LOW VOLTAGE BURGLAR ALARM

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ X ] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

RAYWANT P. SARRAN Construction Official

Fees: $0.00
Paid[ X ]Check No.: 066088-89
Collected by: SM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CITY OF ELIZABETH
50 WINFIELD SCOTT PLAZA
ELIZABETH, NJ 07201
908 - 8204091

7-30-14 SM

Control Number: 1247
Application Date: 07/21/2014

# CONSTRUCTION PERMIT

14-1327

## IDENTIFICATION

**OWNER/PROPERTY DETAILS**

Block: 12 Lot: 1040 Qualification Code:
Work Site Location: 720-722 MONROE AVE ELIZABETH

Owner In Fee: ESTEFAN KARIN
Address: 722 MONROE AVENUE
ELIZABETH NJ 07201

Telephone:

Use Group(s): R-5

Contractor: ADT LLC
Address: 19 SCHOOLHOUSE ROAD
SOMERSET NJ 08837

Telephone:

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ X ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:
LOW VOLTAGE BURGLAR ALARM

ESTIMATED COST OF WORK:

| | |
|---|---|
| Cost of Construction: | 0.00 |
| Cost of Rehabilitation: | 124.00 |
| Cost of Demolition: | 0.00 |
| Total Cost: | $124.00 |

| PAYMENTS (Office Use Only) | |
|---|---|
| Building | |
| Electrical | $60.00 |
| Plumbing | |
| Fire Protection | |
| Elevator Devices | |
| Mechanical | |
| VolFee (DCA) | |
| AltFee (DCA) | |
| DCA Minimum Fee | $1.00 |
| Other Fees | |
| CO Fee | |
| CCO Fee | |
| Minimum Fee | |
| **Total** | **$61.00** |
| All Fees Waived: | No |

**Amount to be Paid:** **$61.00**

CK 066088
066089

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.

RAYWANT P. SARRAN
Construction Official

7/22/14
Date

Note:

CITY OF ELIZABETH

# ELECTRICAL SUBCODE TECHNICAL SECTION

CK 066088-066089

Date Received: 07/21/2014 Date Issued: 7-30-14
Control #: 1247 SM Permit # 20141327

**A. IDENTIFICATION APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 12 Lot: 1040 Qualification Code:

Work Site Location: 720-722 MONROE AVE

Owner in Fee: ESTEFAN KARIN

Address: 722MONROE AVENUE
ELIZABETH NJ 07201

E-mail:
Telephone:
Contractor:

Address:

E-mail:
Home Improvement Registration No. or Exemption Reason:
Contractor License No.: Exp Date: Federal Emp. No.:

**DESCRIPTION OF WORK:**
LOW VOLTAGE BURGLAR ALARM

Telephone:
Fax:

**B. ELECTRICAL CHARACTERISTICS**

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $124.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $124.00

**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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 7/22/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8/20/14
Approved by: EW

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp.Serv | | | | |
| Constr.Serv | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 8/20/14 | EW |
| Barrier-Free | | | | |
| Temp Cut-in-Card Date Issued | | | | |
| Final Cut-in-Card Date Issue | | | | |
| 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's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS |
|---|---|---|
| | | Lighting Fixtures |
| | | Receptacles |
| | | Switches |
| | | Detectors |
| | | Light Poles |
| | | Motor-Fract.HP |
| | | Emergency&Exit Lights |
| | | Communication Points |
| 6 | | Alarm Devices/F.A.C. Panel |
| | | Other 1: |
| | | Other 2: |
| | | TOTAL NUMBER 6 |
| | | 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 Htr./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 |
| | | KW Photovoltaic Systems |
| | | Other 3: |
| | | Other 4: |
| | | Other 5: |
| | | Other 6: |
| | | Other 7: |
| | | Other 8: |
| | | Other 9: |

FEE (Office Use Only)

$40.00

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | |
| TOTAL FEE | $60.00 |



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

CITY OF ELIZABETH

# ELECTRICAL SUBCODE TECHNICAL SECTION

LK 066088 - 066057

Date Received: 07/21/2014
Control #: 1247

Date Issued: 7-30-14
SM Permit # E 0141327

**A. IDENTIFICATION APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 12 Lot: 1040 Qualification Code:

Work Site Location: 720-722 MONROE AVE

Owner in Fee: ESTEFAN KARIN

Address: 722MONROE AVENUE
ELIZABETH NJ 07201

E-mail:
Telephone:
Contractor:

Address:

E-mail:

**DESCRIPTION OF WORK:**
LOW VOLTAGE BURGLAR ALARM

Telephone:
Fax:

Home Improvement Registration No. or Exemption Reason:
Contractor License No.: Exp Date: Federal Emp. No.:

**B. ELECTRICAL CHARACTERISTICS**

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $124.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $124.00

**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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: 7/22/14
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates(Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| 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 Issue | | | | |
| 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's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS |
|---|---|---|
| | | Lighting Fixtures |
| | | Receptacles |
| | | Switches |
| | | Detectors |
| | | Light Poles |
| | | Motor-Fract.HP |
| | | Emergency&Exit Lights |
| | | Communication Points |
| 6 | | Alarm Devices/F.A.C. Panel |
| | | Other 1: |
| | | Other 2: |
| | | TOTAL NUMBER 6 |
| | | 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 Htr./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 |
| | | KW Photovoltaic Systems |
| | | Other 3: |
| | | Other 4: |
| | | Other 5: |
| | | Other 6: |
| | | Other 7: |
| | | Other 8: |
| | | Other 9: |

FEE (Office Use Only)

$40.00

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | |
| TOTAL FEE | $60.00 |



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

ADT # 401034150
81529474

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-18-14 A.A.
Date Issued
Control #
Permit # #1247

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

Block 12 Lot 1040 Qualification Code

Work Site Location 722 Monroe Avenue 1st Floor
Elizabeth NJ 07201

Owner in Fee: Karin Estefan

Tel. ( ) e-mail

Address Same
street municipality zip code

Contractor: ADT, LLC Tel.

Address 19 SCHOOLHOUSE ROAD
SOMERSET, NJ 08873 e-mail ADTCNPermits@ADT.com

Contractor License No. Exp. Date 1/31/17

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

Federal Emp. ID No. FAX:

**B. ELECTRICAL CHARACTERISTICS**

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ $124.00

**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: 7/22/14

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

**INSPECTIONS**

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | | | | |

Dates (Month/Day)

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 I am authorized to make this application, and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: ANTHONY PANTALEO

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

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**
BURGLAR ALARM

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixture | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| 6 | | Alarm Devices/F.A.C. Panel | |
| 6 | | burglar components (1 alarm system) | |
| | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Rang/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 | |
| LOW VOLTAGE PLUG IN | | | |

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

State of New Jersey

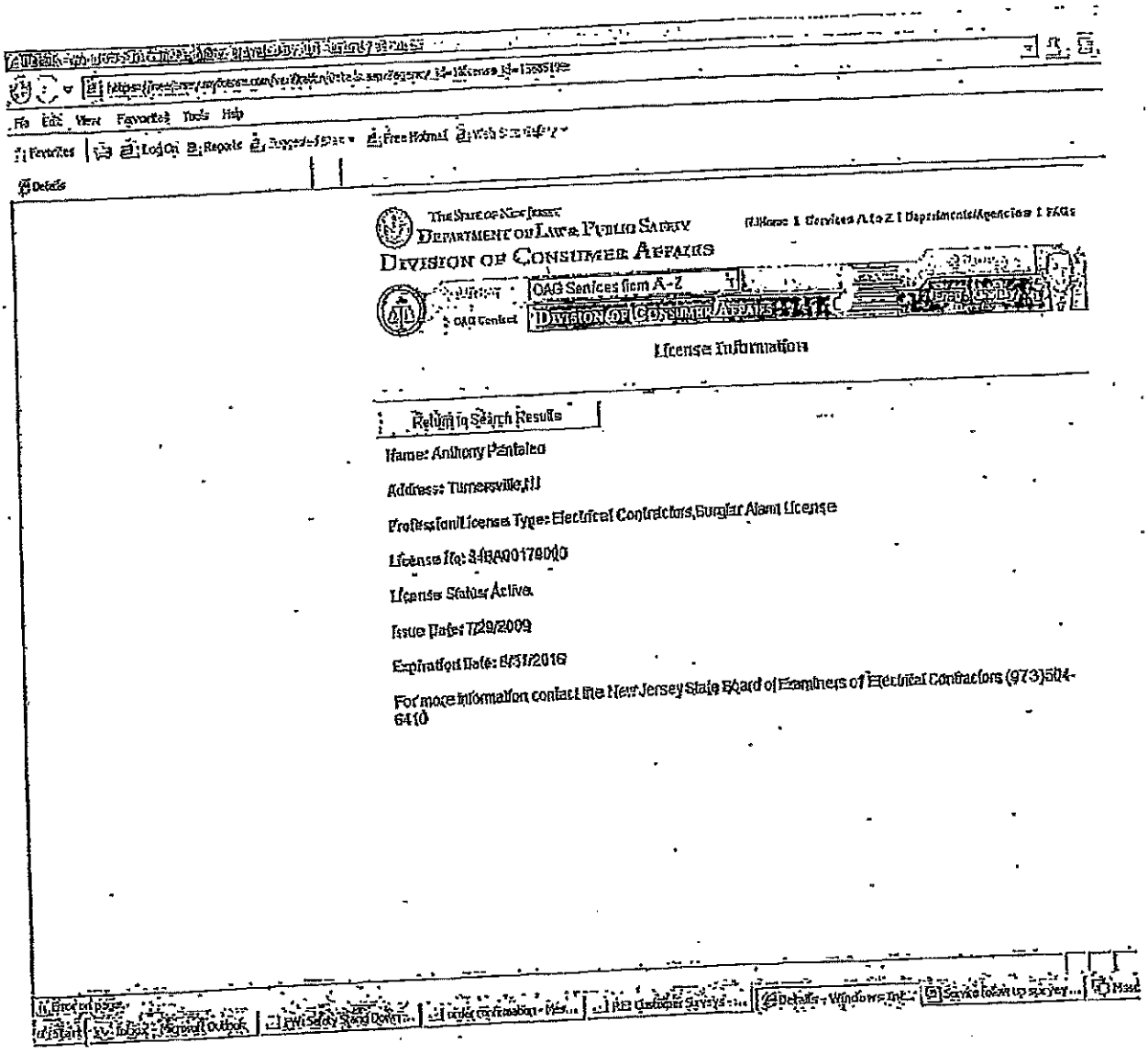
BURGLAR ALARM
LICENSE
34BA00179000
EXPIRES: 8/31/2016
DOB: 11/27/1971

ANTHONY PANTALEO

State of New Jersey

FIRE ALARM
LICENSE
34FA00140500
EXPIRES: 8/31/2016
DOB: 11/27/1971

ANTHONY PANTALEO



The State of New Jersey
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS

Home | Services A to Z | Departments/Agencies | FAQs

OAG Services from A-Z

OAG Contact

Division of Consumer Affairs

License Information

Return to Search Results

Name: Anthony Pentaleo

Address: Turnersville,NJ

Professional License Type: Electrical Contractors,Burglar Alarm License

License No: 34BA00178010

License Status: Active

Issue Date: 7/29/2009

Expiration Date: 5/31/2016

For more information contact the New Jersey State Board of Examiners of Electrical Contractors (973)504-6410