477
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CITY OF ELIZABETH

CITY CLERK'S OFFICE

50 WINFIELD SCOTT PLAZA
ELIZABETH, N.J. 07201

April 30, 2021

EMAIL: opra+request-22526-700a15b7@requests.opramachine.com
Janeth Chan

RE: 953 – 955 EDGEWOOD ROAD

Dear Ms. Chan,

Pursuant to your OPRA request dated April 28, 2021, enclosed please find the memos and documents from our Bureau of Construction and Fire Prevention Bureau.

Should you have any questions with regards to this matter, please feel free to contact me at (908) 820-4134.

Very truly yours,

Vicki Eanes

Vicki Eanes
City Clerk's Office

ELIZABETH FIRE DEPARTMENT
FIRE PREVENTION BUREAU
411 Irvington Avenue, Elizabeth, NJ 07208
Office(908)820-4040 Fax (908)629-0292

April 30, 2021

JANETH CHAN

Re: 953-955 EDGEWOOD ROAD, ELIZABETH, NEW JERSEY 07206

This letter is in regard to the recent environmental assessment request that was submitted to the Elizabeth Fire Prevention Bureau. Our records indicate that we have information only on 953 Edgewood Road regarding underground storage tanks or violations. Records are viewed by appointment only. Please contact our office to set up time and date.

Thank You,

Ms. Sandie Claramella
Elizabeth Fire Prevention Bureau

CITY OF ELIZABETH
BUREAU OF CONSTRUCTION

INTEROFFICE MEMORANDUM

APRIL 29, 2021

TO: Vicki Eanes, City Clerk's Office

FROM: Nicole Matos, Bureau of Construction

SUBJECT: Request for Government Records

RE: 953 Edgewood Road

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)820-4084.

Thank you.

CITY OF ELIZABETH
CONSTRUCTION CODE BUREAU
ELIZABETH, NJ

Date Issued 3/26/08
Control # C10510
Permit # 08-0489

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 10 Lot 510 Qual

Work Site Location 953 EDGEWOOD ROAD
ROOF
Owner in Fee SCRILLO
Address 953 EDGEWOOD ROAD
ELIZABETH, NJ
Telephone [redacted]

Contractor CROCE BUILDERS INC
Address 18E GRANT AVENUE
ROSELLE PARK, NJ 07204-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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 $ 6,800

Construction Official

3/25/08
Date

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	9
Cert. of Occupancy	0
Other	
Total	69
Check No.	
Cash 69.00	
Collected By	

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

Emegency

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/25/08 MA
Control #

Date Issued
Permit #

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

Block 10 Lot 510 Qualification Code

Work Site Location 953 Edgewood Elizabeth

Owner in Fee: SCRIO

Tel. [redacted] e-mail

Address (street, municipality, zip code)

Contractor: CROCE Builders Inc. 908-241-0997 ( )

Address PO Box 1200 Mountainside NJ 07092 (street, municipality, state)

Contractor License No. or Builder Registration No: Exp. Date

Home Improvement Contractor Registration No. 13VH00998900 Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	3/25/08	MA
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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				

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. $ 6800
2. Rehabilitation $
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

R.I.P off
Ice weather shield
15 pound felt
30 year shingles

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

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

Y OF ELIZABETH

FIRE SUBCODE TECHNICAL SECTION

Date Received 12/09/2016 Date Issued 12/20/16
Control # 9160 Permit # 0 16-2424

DENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN
ANGING CONTRACTORS, NOTIFY THIS OFFICE.

ck: 10 Lot: 510
rk Site Location : 953-955 EDGEWOOD RD

ner Details
mer in Fee: SERILLOI LILLIAN
dress: 953 EDGEWOOD RD
ELIZABETH NJ 07208
lephone: [redacted]
mail:

Qualification Code:

Contractor Details
Contractor: VIVINT INC. C/O STEVE COPPOLA
ATTN:
Address: 820 BEAR TAVERN RD 3RD FL.
WEST TRENTON NJ 08628-
Telephon[redacted] Fax:
E-mail:

ome Improvement Registration No. or Exemption Reason:
re/Security Alarm Contractor No.:
re Protection Equipment, NJ Div of Fire Safety Installer No.:
re Protection Equipment, NJ Div of Fire Safety Permit No.:

Federal Emp. No.: [redacted]
License No.:
Exp. Date:

. FIRE PROTECTION CHARACTERISTICS

se Group: Pres[redacted] Proposed
onstr. Class: Present Proposed
leating Systems: [ ]New *or* [ ]Mod. to Existing
or [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
uel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
ocation:
uel Storage Tanks:
ype: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New *or* [ ] Existing
Location of Main Control Valve:

1. New: $0.00 2. Rehabilitation: $99.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $99.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: 12/9/16
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALLATION OF LOW-VOLTAGE WIRELESS BURGLAR ALARM SYSTEM

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	3	$50.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	3	$50.00
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ]Gas [ ]Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other: CK#5		

Administrative Surcharge	5388
Mininimum Fee	
State Permit Surcharge Fee	5389
TOTAL FEE	NC $65.00

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: _____

[ ] Certified Contractor [ ] Exempt Applicant

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

Y OF ELIZABETH

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 12/09/2016
Control #: 9160

Date Issued: 12/20/16
Permit #: 0 16-2494

IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN ANGING CONTRACTORS, NOTIFY THIS OFFICE.

ck: 10 Lot: 510 Qualification Code:

rk Site Location: 953-955 EDGEWOOD RD

vner in Fee: SERILLOI LILLIAN

ldress: 953EDGEWOOD RD
ELIZABETH NJ 07208

mail:

elephone: [redacted]

ontractor: VIVINT INC. C/O STEVE COPPOLA

ATTN:

ddress: 820 BEAR TAVERN RD 3RD FL.
WEST TRENTON NJ 08628-

-mail:

lome Improvement Registration No. or Exemption Reason:

Contractor License No: [redacted] Exp Date:

Federal Emp. No.: [redacted]

DESCRIPTION OF WORK:
INSTALLATION OF LOW-VOLTAGE WIRELESS BURGLAR ALARM SYSTEM

Telephone: [redacted]

Fax:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present [redacted] Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00
2. Rehabilitation $199.00
3. Demolition $0.00

Est.Cost of Elec.Work (1+2+3) $199.00

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: 12-21-16
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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
3		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
5		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
8		TOTAL NUMBER
		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)

$45.00

@ CK#5

Administrative Surcharge	5388
Minimum Fee	
State Permit Surcharge Fee	5389 NC
TOTAL FEE	$65.00

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

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

U.C.C.F120(rev. 11/09)

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

Control Number: 9160
Application Date: 12/09/2016
12/20/16
16-2494

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 10 Lot: 510 Qualification Code:
Work Site Location: 953-955 EDGEWOOD RD ELIZABETH

Owner In Fee: SERILLOI LILLIAN
Address: 953 EDGEWOOD RD
ELIZABETH NJ 07208

Telephone: [redacted]

Use Group(s): [redacted]

Contractor: VIVINT INC. C/O STEVE COPPOLA
Address: 820 BEAR TAVERN RD 3RD FL.
WEST TRENTON NJ 08628

Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
INSTALLATION OF LOW-VOLTAGE WIRELESS BURGLAR ALARM SYSTEM

PAYMENTS (Office Use Only)	
Building	
Electrical	$65.00
Plumbing	
Fire Protection	$65.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$131.00**
All Fees Waived:	No

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	298.00
Cost of Demolition:	0.00
Total Cost:	$298.00

Amount to be Paid: **$131.00**

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

12/9/16
Date

CK#s
5388
5389
NC

Note: ORD#3722, NO CONSTRUCTION WORK IN OPERATION WITHIN BOUNDARIES OF CITY OF ELIZABETH ON SUNDAY & LEGAL HOLIDAYS, NOISE OPERATING EQUIP BTWN 7:00 AM - 7:30 PM

477
CV)

OPRA request - Open and closed permits including oil tank removal.

Janeth Chan <opra+request-22526-700a15b7@requests.opramachine.com>

Tue 4/27/2021 10:04 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: Open and closed permits including oil tank removal.

Property Address:
953-955 Edgewood Road
Elizabeth, NJ 07208
Block: 10
Lot: 510

Yours faithfully,
Janeth Chan
RE/MAX Select
Mobile: 201-456-0210
Office: 908-233-9292

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-22526-700a15b7@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

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