BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/12/2003
Control #
Date Issued 5/12/2003
Permit # 03-05-124

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

Block 276 Lot 3 Qualification Code

Work Site Location: 95 WEST 9 STREET BUILDING , NJ

Owner in Fee: LANGEN

Address 95 WEST 9 STREET BAYONNE NJ 07002-

Tel [redacted] Email

Contractor: K-TEC CONSTRUCTION CO. INC

Address 67 WEST 42 ST BAYONNE NJ 07002-

Email

Tel. (201) 339-4422 Fax. (201) 339-0781

Contractor License No. or, if new home, Bldrs Reg. No. 2005-111R Exp. 4/21/2005

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ROOF

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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 — 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				

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$80
☐ Roofing	
☐ Siding	
☐ Fence ____ Height (exceeds 6')	
☐ Sign ____ Sq. Ft.	
☐ Pool	
☐ Retaining Wall ____ Sq. Ft.	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other.	
☐ Demolition	
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4
TOTAL FEE	$84

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

Constr. Class Present ____ Proposed ____

Number of Stories

Height of Structure ____ Ft.

Area - Largest Floor ____ Sq. Ft.

New Blbg. Area / All Floors ____ Sq. Ft.

Volume of New Structure ____ Cu. Ft.

Total Land Area Disturbed ____ Sq. Ft.

If Industrial Building:
State Approved
HUD

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

Applicant: When submitting this form to your Local Construction Code

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C,
Room 18A
Bayonne, New Jersey 07002

Closed

Inspection Activity Report

Inspections for Permit Number 03-05-124

Permit Number
03-05-124

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
06/03/2003	Final	Dan Wall	Building	Pass	LANGEN 95 WEST 9 STREET	Alteration		FINAL Inspector Initials: DW

Closed

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 6/16/2009
Date Issued 6/16/2009
Control # C09-06-0193
Permit # 09-06-224

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

Block 276 Lot 3 Qualification Code

Work Site Location: 95 W 9TH ST Bayonne City, NJ

Owner in Fee: WRIGHT, DENNIS

Address 95 W 9TH ST BAYONNE NJ 07002

Email

Tel. [redacted]

Contractor: BRIDGE ELECTRIC

Address 23 WEST 18TH STREET BAYONNE NJ 07002-

Email

Tel. 201/8588595 Fax. 201/8588596

Lic No. 9052 Exp. Date 3/31/2018

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

Electric Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Electrical Plans Approved

SUBCODE APPROVAL for PERMIT

Date: 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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRICAL ALTERATIONS,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
16		Receptacles	
3		Switches	
3		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
25		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$60
State Permit Surcharge Fee	$3

ELECTRICAL SUBCODE
TECHNICAL SECTION

OPEN

Date Received 3/26/2019
Date Issued 3/29/2019
Control # C19-03-1153
Permit # 19-03-121

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

Block 276 Lot 3 Qualification Code

Work Site Location: 95 W 9TH ST Bayonne, NJ 07002

Owner in Fee: US BANK TRUST % RESICAP

Address 3630 PEACHTREE RD NE 1500 ATLANTA GA 30326

Email

Tel.

Contractor: DC MECHANICAL SERVICE LLC

Address 713 ERUDO STREET LINDEN NJ 07036

Email

Tel. Fax.

Lic No. Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $200

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BACKFLOW PREVENTER/LAWN SPRINKLER, REPLACEMENT BOILER, REPLACEMENT WATER HEATER,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$80
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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 $100
State Permit Surcharge Fee
TOTAL FEE $100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: by:		
Electric Plans Approved		
Date: by:		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
SUBCODE APPROVAL for PERMIT		
Date: by:		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date:		
Approved by:		

INSPECTIONS

Type:	Failure	Dates (Month/Day) 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 Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

PLUMBING SUBCODE

TECHNICAL SECTION

OPEN

Date Received 3/26/2019
Control # C19-03-1153
Date Issued 3/29/2019
Permit # 19-03-121

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

Block 276 Lot 3 Qualification Code

Work Site Location: 95 W 9TH ST Bayonne, NJ 07002

Owner in Fee: US BANK TRUST % RESICAP

Address 3630 PEACHTREE RD NE 1500 ATLANTA GA 30326

Email

Tel.

Contractor: DC MECHANICAL SERVICE LLC

Address 713 ERUDO STREET LINDEN NJ 07036

Email

Tel. Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 12211 Expiration Date:

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BACKFLOW PREVENTER/LAWN SPRINKLER, REPLACEMENT BOILER, REPLACEMENT WATER HEATER,

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$85
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
1	Hot Water Boiler	$85
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventor	$30
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$13
TOTAL FEE	$213

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 6/12/2009
Control # C09-06-0173
Date Issued 6/12/2009
Permit # 09-06-210

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

Block 276 Lot 3 Qualification Code ____

Work Site Location: 95 W 9TH ST BAYONNE, NJ 07002

Owner in Fee: DENNIS WRIGHT

Address 95 W 9TH ST BAYONNE NJ 07002

Tel. [redacted] Email ____

Contractor: DENNIS WRIGHT

Address 95 W 9TH ST BAYONNE NJ 07002

Email ____

Tel. (551) 689-6853 Fax. ____

Contractor License No. or, if new home, Bldrs Reg. No. ____ Exp. ____

Home improvment Contractor Registration No. or Exemption Reason(is applicable): ____

Federal Emp. ID No. ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature ____

Print Name Here: ____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR ALTERATION(S), REMOVE LATH & PLASTER

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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 — 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				

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$12
☐ Roofing	
☐ Siding	
☐ Fence ____ Height (exceeds 6')	
☐ Sign ____ Sq. Ft.	
☐ Pool	
☐ Retaining Wall ____ Sq. Ft.	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other ____	
☐ Demolition	

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$1
TOTAL FEE	$61

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

Constr. Class Present ____ Proposed ____

Number of Stories ____

Height of Structure ____ Ft.

Area - Largest Floor ____ Sq. Ft.

New Blbg. Area / All Floors ____ Sq. Ft.

Volume of New Structure ____ Cu. Ft.

If Industrial Building:
State Approved ____
HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. ____
2. Rehabilitation $500
3. Total (1+2) $500