

Borough of Manaque
PASSAIC COUNTY, NEW JERSEY



MUNICIPAL OFFICE
579 RINGWOOD AVENUE
WANAQUE, NEW JERSEY 07465

Office of:
KATHERINE J. FALONE, RMC, CMC
Municipal Clerk

Phone: (973) 839-3000
Ext. 7111
Fax: (973) 839-4959

August 3, 2021

Layla Wuthrick

Re: OPRA Request re: 30 Fourth Avenue – Open Permits

Log #OPR-2021-179

Dear Ms. Wuthrick:

With regard to your request attached please find a copy of the request form and the information requested.

If you have any questions please do not hesitate to contact me.

Sincerely,


Katherine J. Falone, RMC, CMC
Municipal Clerk

Attachment

Kathy Falone

From: LW <opra+request-25023-cad96b7c@requests.opramachine.com>
Sent: Monday, August 02, 2021 4:43 PM
To: Kathy Falone
Subject: OPRA request - Open Permits on Property

OPR-2021-179

Dear Wanaque 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: I am requesting to see if there are any open permits on the property located at 30 Fourth Avenue, Haskell. Block 417 Lot 16.

Yours faithfully,
Layla Wuthrick

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-25023-cad96b7c@requests.opramachine.com

Is falone@wanaqueborough.com the wrong address for OPRA requests to Wanaque Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=wanaque_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_permits_on_property

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.

417/16

96-323

Condon, Charlie
30 Fourth Ave.

12-3-96

2,000.New Roof with Ice Shield

Expired

417/16

01-35

Condon, Charles
30 Fourth Ave.

2-20-01

1200.Water Heater

closed 2/26/01

417/16

09-276

Condon, Charles
30 Fourth Avenue

9-29-09

550.Removal of 275 Gal AST

final approval 10/8/09

417/16

11-310

Wuthrick, Layla
30 Fourth Avenue

10-18-11

1500. Temporary & 100 AMP Service
(9/12-Damage from Hurricane
Irene - Permit # Issued)

closed 3/29/12

417/16

11-353

Wuthrock, Layla
30 Fourth Avenue

10-18-11

13,600. New Roof, Vinyl Siding,
Gutters/Leaders
(Hurricane Irene Damage)

closed 12/19/11

417/16

14-103

Wuthrick, Layla
30 Fourth Avenue

4-22-14

600. Service Connection/
Service Head

closed 6/24/14



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

Owner in Fee: _____
Tel. (_____) _____ e-mail: _____

Contractor: 4140 S. 10th St. #100 Tel. (931) 334-2200
Address 4140 S. 10th St. #100 e-mail 4140 S. 10th St. #100

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

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

Federal Emp. ID No.

0-30968

FAX: () -

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	
1 1 No Plans Required	___	___	
1 1 All	___	___	
1 1 Footing	___	___	
1 1 Foundation	___	___	
1 1 Frame	___	___	
1 1 Other	___	___	
Joint Plan Review Required:			
1 1 Elec	1 1 Plumb	1 1 Fire	1 1 Elevator
SUBCODE APPROVAL			
1 1 CO	1 1 CCO	1 1 CA	
Date	___	___	
Approved by	___	___	
INSPECTIONS Type: _____ Footing _____ Footing Bonding _____ Foundation _____ Slab _____ Frame _____ Truss Sys/Bracing _____ Barrier-Free _____ Insulation _____ Finishes - Base Layer _____ Finishes - Final _____ Energy _____ Mechanical _____ TCC _____ Other: <u>Remove AS</u> Final _____ Barrier-Free _____ Dates (Month/Day) Failure _____ Approval _____ Initial _____			

Use Group	Present	Proposed	Est. Cost of Bldg. Work: 1. New Bldg. \$ 2. Rehabilitation \$ 3. Total (1 + 2) \$
Constr. Class	Present	Proposed	
No. of Stories			
Height of Structure		Ft.	

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

Date Received 9-25-04
Control #

Date Issued 9-30-09
Permit #

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

TYPE OF WORK:

[] New Building

[] Addition

[1] Rehabilitation

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1
1

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1
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Figure 1

1] Fence

[] Sign _____.

[] Pool

[] Retail

21/2 Ascha

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Lead

1. J. Radc

Other

[] Demolition

Administrative Surcharge \$

Minimum Fee \$

ate Permit Surcharge Fee \$

TOTAL FEE \$

10-8-09 TANK WAS LOCATED IN BACK LEFT CORNER OF THE
CRAWL SPACE, IT IS REMOVED & CUT OPEN, NO SIGNS
OF ANY LEAKS, OK TO REMOVE JB.