BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/25/19

Date Issued / Permit # 19-1425

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

Block 6904 Lot 2 Qualification Code

Work Site Location 749 HIGHLAND AVE

Owner in Fee: MATHIN MANSOORI

Tel. (551) 245 5404 e-mail Highland749@GMAIL.COM

Address 749 HighLand AVE (street) PARAMUS (municipality) NJ 07652 (zip code)

Contractor: R. BLANCO CONTRACTING Tel. (551) 245 5404

Address 491 OAKDENE AVE e-mail

RIDGFIELD AVE

Contractor License No. or Builder Registration No. 13VH09485000 Exp. Date 03/31/20

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9/24/19
Approved by: MS

SUBCODE APPROVAL for CERTIFICATE
[ ] 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

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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 14000

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

DEMOLITION

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

FEE (Office Use Only)
$ 300

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 300

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

U.C.C. F110
(rev. 12/07)

BUILDING SUBCODE
TECHNICAL SECTION

Fence

Date Received 6/14/20
Control # 6 1468

Date Issued 11/18/20
Permit # 20-1374

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

Block 6904 Lot 2 Qualification Code

Work Site Location 749 Highland Ave, PARAMUS NJ 07652

Owner in Fee: Matheeen Mansoori

Tel. (551) 245 5404 e-mail ALEGROLLC@Gmail.com

Address 749 Highland Ave

Contractor: ALEGRO ASSOCIATE LLC (street / municipality) Tel. (551) 245 5404 (zip code)

Address 630 ALWOOD ROAD e-mail

CLIFTON NJ 07012

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

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

Federal Emp. ID No. FAX: ( )

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

NEW FENCE 6' PVC
High

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/3/20
Approved by: M. C.

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			12/3/20	
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [X] Fence 6' Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other FENCE
- [ ] Demolition

FEE (Office Use Only)
$ 45

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 7000

U.C.C. F110
(rev. 12/07)

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

BUILDING SUBCODE
TECHNICAL SECTION

Control # [illegible]

Date Issued
Permit # 20-0016

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

Block 6904 Lot 2 Qualification Code

Work Site Location 749 HIGHLAND AVE
PARAMUS NJ 07652

Owner in Fee: MATHIN MANSOORI

Tel. (551) 245 5404 e-mail HIGHLAND749@GMAIL.COM

Address (street / municipality / zip code)

Contractor: ALEGRO ASSOCIATES LLC. Tel. (551) 245 5404

Address 749 HIGHLAND AV e-mail
PARAMUS NJ 07652

Contractor License No. or Builder Registration No. 051471 Exp. Date 08/31/19

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

Federal Emp. ID No. FAX: ( )

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

NEW SINGLE FAMILY

FLS? 1/22/20 MS

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 12/11/19 MO
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 12/11/19
Approved by: MO

SUBCODE APPROVAL for CERTIFICATE
[X] CO 12/3/20 [ ] CCO [ ] CA
Date:
Approved by: MO

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing			1-6-20	MS
Footing Bonding			1-6-20	MS
Foundation	1/16/20		1/17/20	MS
Slab garage			2/13/20	MS
Frame	4/29/20		5/4/20	MS
Truss Sys./Bracing				
Barrier-Free				
Insulation			6/5/20	MS
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other back fill	12/2/20		1/22/20	MS
Final			12/3/20	MS
Barrier-Free				

TYPE OF WORK:
- [X] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] 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)

$ 1997

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 1997

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories ~~2~~ 2
Height of Structure 30 ft.
Area — Largest Floor 2510 sq. ft.
New Bldg. Area/All Floors 8893 sq. ft.
Volume of New Structure 66,545 cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work: 387000
1. New Bldg. $ 430000
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110 (rev. 12/07)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5993B
Control # 3/10/20.

Date Issued
Permit # 20-00160

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

Block 6904 Lot 2 Qualification Code

Work Site Location 749 HIGHLAND AVE
PARAMUS NJ 07652

Owner in Fee: MATEEN MALICK

Tel. (551) 245-5404

Red Barn Electric
292 Park Ave.
Midland Park, NJ 07432
201-445-2287
Lic. # 16766
FEIN # 274154294

Address _____ (street)

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____ (zip code)

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: (____)

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 500.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: 3/9/20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/23/20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			11/23/20	DP
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			5/5/20	DP
Final			11/23/20	DP
Other				

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.

Applicant/Contractor sign here:

Print name here: Frank Ritz

D. TECHNICAL SITE DATA [✓] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: NEW HOUSE / BASEMENT

Water Supply Source

Method of Alarm/Suppression System Supervision

BLDG DEC 0 8 2020

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pull, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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		
CO_2 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		

Administrative Surcharge $	
Minimum Fee $	75.00
State Permit Surcharge Fee $	
TOTAL FEE $	75.00

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 59498 1/3/20

Date Issued
Permit # 20-0016

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

Block 6904 Lot 2. Qualification Code

Work Site Location 749 HIGHLAND AVE PARAMUS NJ. 07652.

Owner in Fee: MATHIN MANSOORI

Tel. (551) 245 5404 e-mail

Address 749 HIGHLAND AVE (street) PARAMUS (municipality) NJ 07652 (zip code)

Contractor: Red Barn Electric Tel. ( )

Address 292 Park Ave. Midland Park, NJ 07432 e-mail

201-445-2257

Lic. # 16766

FEIN # 274154294

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 1,500.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name here: Travis Killpack

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOUSE WIRING

Water Supply Source

Method of Alarm/Suppression System Supervision

BLDG DEC 0 9 2020

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	11	
Alarm Systems		
[ ] System		
[X] 110v Interconnected		150.00
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pull, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL #1		
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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		125.00
Smoke Control System		75.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney	1	
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		350.00
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: 12/23/19 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CC [ ] CA

Date: 11/23/20

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			11/23/20	DP
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			5/5/20	DP
Final			11/23/20	DP
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/3/20

Date Issued / Permit # 20-0016

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

Block 6904 Lot 2 Qualification Code

Work Site Location 748 Highland AVE PARAMUS NJ 07652

Owner in Fee: MATHIN MANSOORI

Tel. (551 245 5404 e-mail

Address 748 Highland AVE (street) (municipality)

Contractor: GENNARO LOBOZO Tel. (201 362 4429 (zip code)

Address 99 Florence Place e-mail jerrylobo220@gmail

Elmwood Park NJ 07407

Contractor License No. 7528 Exp. Date 6-30-21

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

Federal Emp. ID No. 151542244 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ $ 11000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date 12-10-19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-10-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/25/20
Approved by: DM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	3-2-20		6-2-20	DM
Rough	3-2-20		6-2-20	DM
Water 1"			6-2-20	DM
Sewer 25 FT From curb			6-2-20	DM
Fixtures	11-6-20		11/25/20	DM
Gas Equipment	11-6-20		11/25/20	DM
Gas Piping	3-2-20		6-2-20	DM
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ Shower pan	3-2-20		6-2-20	DM
TCO				
Final			11/25/20	DM

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 sign/Contractor sign and seal here:

Print name here: GENNARO LOBOZO

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
5	Water Closet	125
	Urinal/Bidet	
3	Bath Tub	75
6	Lavatory	150
2	Shower	50
1	Floor Drain	65
3	Sink	75
1	Dishwasher	30
	Drinking Fountain	
1	Washing Machine	30
2	Hose Bibb	50
1	Water Heater	40
	Fuel Oil Piping	
7	Gas Piping	175
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	20
	Greasetrap	
1	Sewer Connection	75
1	Water Service Connection	75
	Stacks 2	70
	HVAC Other 2 Unit	150

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 1255.00
TOTAL FEE	$

OVER →

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 59938 3/10/20

Date Issued / Permit # 20-0016U

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

Block 6904 Lot 2 Qualification Code

Work Site Location 749 HIGHLAND AVE PARAMUS NJ 07652

Owner in Fee: MATHIN MANSOORI

Tel. (551) 245 5404 e-mail

Address 749 HighLand AVE PARAMUS NJ 07652 (street / municipality / zip code)

Contractor: Gennaro Lobozzo Tel. (201) 522-6468

Address 99 florence e-mail

ELMWOOD PARK

Contractor License No. 7528 Exp. Date 6-30-21

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

Federal Emp. ID No. 15/54 4244 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 2/21/20 Approved by: DM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/21/20
Approved by: DM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/25/20
Approved by: DM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures	11-6-20		11/25/20	DM
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11/25/20	DM

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 sign/Contractor sign and seal here:

Print name here: Gennaro Lobozzo 2/20

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Permit update basement bathroom

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	25
	Urinal/Bidet	
1	Bath Tub	25
1	Lavatory	25
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	60
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 135.00
TOTAL FEE	$

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/3/20
Control #
Date Issued
Permit # 20-00160

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

Block 6904 Lot 2 Qualification Code

Work Site Location 749 HIGHLAND AVE PARAMUS NJ 07652

Owner in Fee: MATHEW MANSOORI

Tel. (551) 245 3404

Address 749 HIGHLAND PARK street PARAMUS NJ, 07652 zip code

Contractor: Red Barn Electric 292 Park Ave. Midland Park, NJ 07432 201-445-2257 Lic. # 16766 FEIN # 274154294 Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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.

Est. Cost of Elec. Work $ 25,000.00

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 sign/Contractor sign and seal here:

Print name here: Travis K. Miller

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOUSE WIRING

QTY.	SIZE	ITEMS	FEE (Office Use Only)
150		Lighting Fixtures	
105		Receptacles	
80		Switches	
11		Detectors	
		Light Poles	
5		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
346		TOTAL NUMBERS	$ 610.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	50 AMP	KW Oven/Surface Unit	20.00
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	20AMP	KW Dishwasher	20.00
		HP Garbage Disposal	
2	30/40 AMP	KW Central A/C Unit	40.00
		HP/KW Space Heater/Air Handler	40.00
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	30.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $ 780.00

State Permit Surcharge Fee $

TOTAL FEE $

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: 12/24/19

Approved by: MD

SUBCODE APPROVAL for CERTIFICATE

[ ] TCO [ ] CCO [ ] CA

Date: 11/25/20

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			4/20/20	MD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			4/27/20	MD
Final	11/6/20	11/18/20	11/25/20	MD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 4/27/20

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/10/20 — Control # 59938
Date Issued — Permit # 20-00160

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

Block 6904 Lot 2 Qualification Code
Work Site Location 749 HIGHLAND AVE PARAMUS NJ 07652.
Owner in Fee: MATEEN MANSOOR.
Tel. (551) 245-5404. e-mail
Address (street / municipality / zip code)
Contractor: Red Barn Electric Tel. ( )
Address 292 Park Ave. Midland Park, NJ 07432 e-mail
201-445-2257
Contractor License No. Lic. # 16766 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FEIN # 274154294 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 2/28/20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 12/31/20
Approved by:

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			4/20/20	MJ
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/25/20	MJ
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 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 sign/Contractor sign and seal here:
Print name here: JTROLLSKILLY
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOUSE / BASEMENT.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
40		Lighting Fixtures	
36		Receptacles	
18		Switches	
4		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
4		Alarm Devices/F.A.C. Panel	
108		TOTAL NUMBERS	$ 210.00
		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 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	

Administrative Surcharge $
Minimum Fee $ 210.00
State Permit Surcharge Fee $
TOTAL FEE $

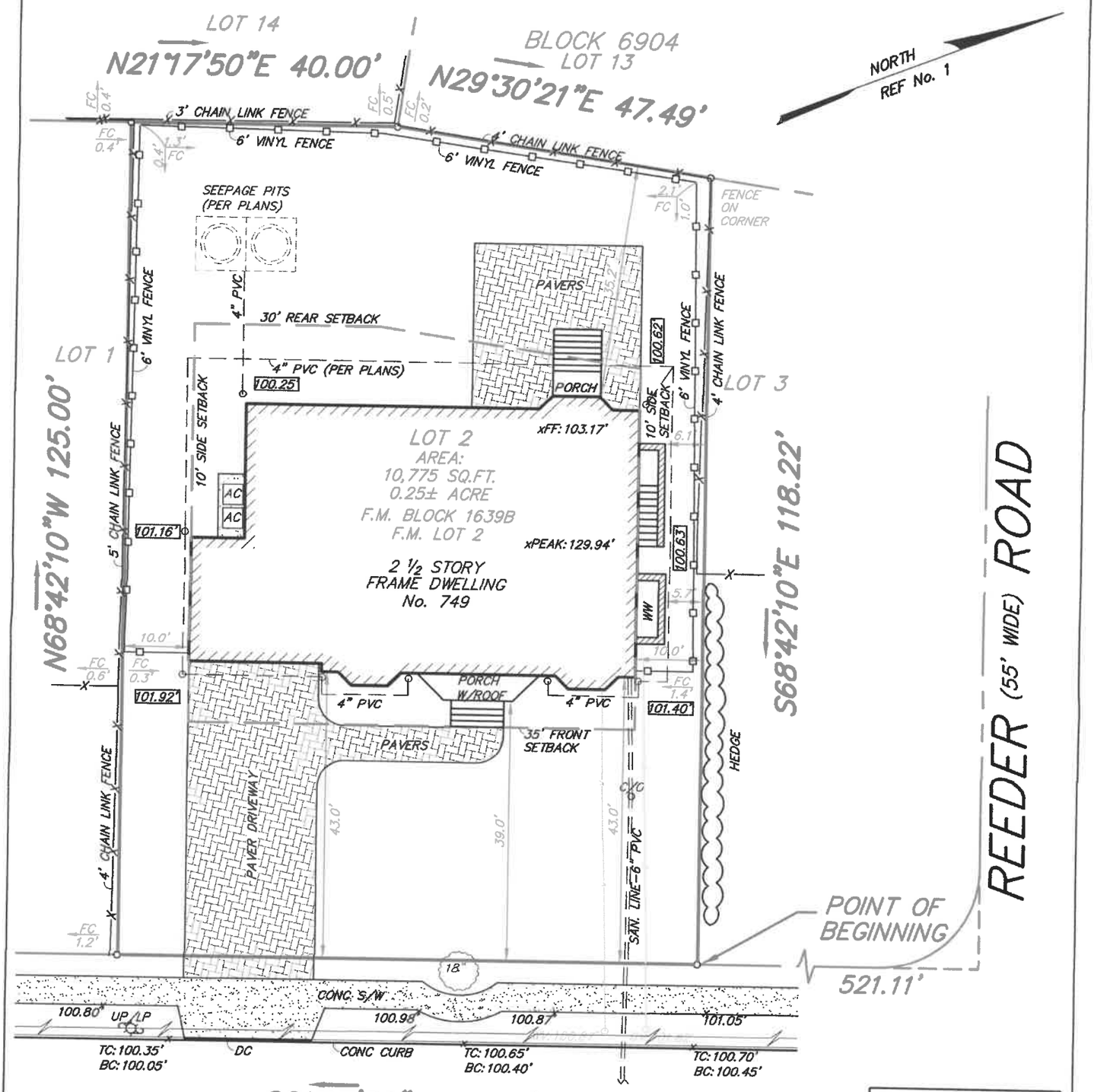
U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FINAL AS BUILT

TAX LOT 2 BLOCK 6904
749 HIGHLAND AVENUE
BOROUGH OF PARAMUS
BERGEN COUNTY, NEW JERSEY

CERTIFICATION:
I HEREBY CERTIFY TO THE FOLLOWING PARTIES LISTED BELOW, THAT THIS MAP HAS BEEN PREPARED UNDER MY DIRECT SUPERVISION AND IS BASED UPON AN ACTUAL FIELD SURVEY PERFORMED 01-15-2020 AND TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, CORRECTLY REPRESENTS THE CONDITIONS FOUND EXCEPT SUCH EASEMENTS NOT DISCLOSED IN THE TITLE REPORT, OR FOUND BELOW THE GROUND.

THIS MAP IS CERTIFIED TO:
-MARTIN MANSOORI



BLDG. HEIGHT:

ROOF PEAK:	129.94'
AVERAGE GRADE:	100.99'
BLDG HEIGHT:	28.94'

IMPERVIOUS COVERAGE:

HOUSE:	2543 SF	23.60%
FR. PORCH:	90 SF	0.84%
REAR PORCH:	70 SF	0.65%
DRIVEWAY:	864 SF	8.02%
WALK:	150 SF	1.39%
REAR PVRS:	530 SF	4.92%
BAS. ENT:	57 SF	0.53%
AC PAD:	38 SF	0.35%
WINDOW WELL:	44 SF	0.41%
TOTAL:	4386 SF	40.71%

COLOR KEY:
- -BLUE: BOUNDARY LINES, COURSES AND DISTANCES
- -GREEN: TAX LOT/BLOCK AND AREA
- -RED: BOUNDARY OFFSETS
- -BLACK: EXISTING FEATURES
- -● SET/FOUND PROPERTY MARKER

ABBREVIATIONS:
-FC: FENCE CORNER -MH: MANHOLE -PH: PORCH
-DC: DROP CURB -WV: WATER VALVE -MAS: MASONRY
-GV: GAS VALVE -UP: UTILITY POLE -LA: LANDSCAPING

REFERENCES:
1.) KNOWN AS LOT 2 IN BLOCK 1639B AS SHOWN ON A CERTAIN FILED MAP ENTITLED "SUBDIVISION PLAT, LINWOOD KNOLLS SECTION NO. 3, BOROUGH OF PARAMUS, BERGEN COUNTY, NJ", FILED IN THE BERGEN COUNTY CLERK'S OFFICE ON FEBRUARY 11, 1954 AS MAP NO. 4643
2.) V BOOK: 768 PAGE: 2287
3.) PREMIERE TITLE AGENCY, LLC (COMMITMENT No. 19-1168)
4.) OFFICIAL TAX MAP OF THE BOROUGH OF PARAMUS

NOTES:
1.) THIS SURVEY HAS BEEN PREPARED IN ACCORDANCE WITH N.J.A.C. 13:40-5.
2.) A WRITTEN "WAIVER AND DIRECTION NOT TO SET CORNER MARKERS" HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO N.J.A.C. 13:40-5.1(d).
3.) SURVEY BASED ON DEEDS FURNISHED; IT IS STRONGLY RECOMMENDED THAT A FULL TITLE SEARCH BE PERFORMED ON ALL ADJOINING PROPERTIES PRIOR TO ANY PERMANENT CONSTRUCTION

Proj: BSM19-6931	Scale: 1"= 20'	12/01/2020

BUTLER
SURVEYING & MAPPING, INC.
PROFESSIONAL ENGINEERING AND SURVEYING SERVICES
78 VREELAND AVENUE • MIDLAND PARK • NJ • 07432
PH: (201) 390-0740 • FAX: (201) 857-3695 • E: INFO@BUTLERSM.COM
DIVISION OF CONSUMER AFFAIRS LICENSE NUMBER • 24GA28157600

JOHN J. BUTLER, PLS

PMJ -3089