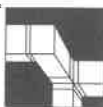




MECHANICAL INSPECTOR TECHNICAL SECTION



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

Block 3700 lot 31 Qualification Code DT

Work Site Location 286 Wedgewood Dr

Owner in Fee: Ridahi Patel

Tel. (201) 960 8321 e-mail _____

Address same

Contractor: Lombardo Environmental (201) 3963390

Address Elmwood Plc 07407 e-mail _____

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

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

Federal Emp. ID No. 223548562 FAX: (201) 3963354

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

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

Type: [] Hydronic [] Hot Air

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

Estimated Cost of Mechanical Work \$ 700,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Mechanical Plans Approved

Date 3/8/21 Approved by: K. Lombardo

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Fire.

[] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

Date: 4/9/21

Approved by: [Signature]

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other AST Removal

DATES

Failure

Failure

Approval

Initial

4/9/21

DT

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: [Signature]

Print name here: Ken Lombardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of 1225 gal

A S.T. in basement.

4/9/21- Tank removed. No evidence

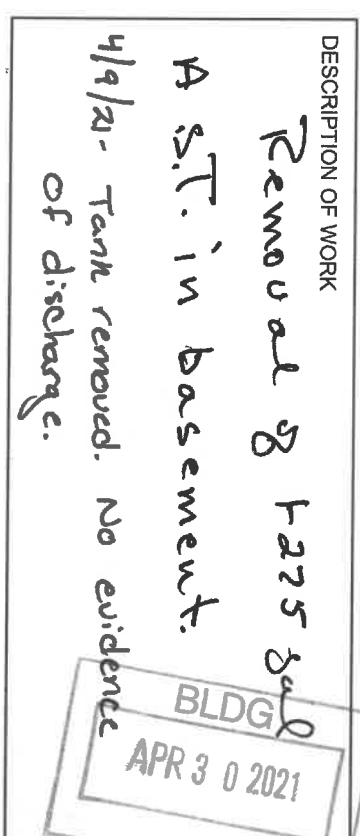
of discharge.

NO. _____

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

FEE (Office Use Only)

\$ _____



Date Received 62035
Control # 318121
Date Issued 01-0254
Permit # _____



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received 6/23/93
Date Issued
Control # 93-0950
Permit # U

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

Block 3106 Lot 31
Work Site Location 286 Wedgwood Ave

Owner in Fee Smith
Address Smith

Tele. (201) 599-2587
Contractor Smith & Co. Inc

Address 1107 Ave. RD
Fair Lawn, N.J. 07410

Tele. (201) 320-3200
Lic. No. 3567
Federal Emp. No. 22-1221 364 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:	
Type:		Dates (Month/Day)	
Failure		Approval	
Initial			
☒ No Plans Required			
Joint Plan Review Required:			
☐ Bldg. ☐ Plumb. ☐ Fire			
☐ Elec. Plans Approved			
Date: <u>6/23/93</u>			
Approved by: <u>[Signature]</u>			
SUBCODE APPROVAL:			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

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.

☐ Licensed Electrical Contractor ☐ Exempt Applicant [Signature] Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit <u>4050</u>	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Paid ☐ Check # <u>15303</u>	Administrative Surcharge	\$ <u>30.00</u>
Collected by: _____	Minimum Fee	\$ _____
	TOTAL FEE	\$ _____



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

6/23/93
93-09904

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

Block 9706 Lot 31
Work Site Location 286 Wedgewood Ave

Owner in Fee Patel
Address Same

Tele. () 599-2587
Contractor Keiner & Co Inc
Address 11-02 River Rd

Tele. () 794-3900
Lic. No. 5567
Federal Emp. No. 82-1771-397 or Social Security No. 07410

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work \$ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
☒ No Plans Required	Slab	
☐ Joint Plan Review Required:	Rough	
☐ Bldg. [] Elec. [] Fire	Water	
☐ Plumbing Plans Approved	Sewer	
Date: <u>6/3/93</u>	Fixtures	
Approved by: <u>[Signature]</u>	Gas Equipment	<u>No GAS TEST 7/27/93</u>
SUBCODE APPROVAL:	Gas Final	
☐ CO [] CCO [] CA	Solar	
Approved by: <u> </u>	TCO	
Date: <u> </u>		

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.

[] Licensed Plumbing Contractor [] Exempt Applicant
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other <u>FURNACE</u>	
Administrative Surcharge		\$
Paid [] Check # <u>15523</u> Minimum Fee		\$
Collected by: <u> </u> TOTAL		\$ <u>30.00</u>



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 6/22/93
Date Issued
Control #
Permit # 93-0950

Alt to

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

Block 3106 Lot 3
Work Site Location 286- Wedgewood Ave

Owner in Fee Sank Patel
Address Sank Patel

File: (599-2587)
Contractor Reiner & Co. Inc.

Address 4-67 River Rd. N.J. 07410

File: (1794-3700)
C. No. 5567

Federal Emp. No. 22-1771-394 or Social Security No. _____

FIRE PROTECTION CHARACTERISTICS

Fire Group Present _____ Proposed _____
Construction Class. Present _____ Proposed _____
Existing Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 100.00 [] Other _____

OB SUMMARY (Office Use Only)

PLAN REVIEW: _____
[] No Plans Required
Joint Plan Review Required: _____
Type: _____
[] Bldg. [] Plumb. [] Elec.
[] Fire Plans Approved
Date: 6/22/93
Approved by: [Signature]
SUBCODE APPROVAL: _____
[] CO [] ECO [] CA
Date: 6-22-93
Approved by: [Signature]

INSPECTIONS: _____
Type: _____
Dates (Month/Day) _____
Failure Failure Approval Initial

	Suppression Test	Fire Alarm Test	Smoke Test	Mechanical	TCO	Other	Other	Other

CERTIFICATION IN LIEU OF OATH

I certify that I am the (agent of) owner of _____
and am authorized to make this application _____
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

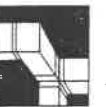
Gas or Oil Fired Appliance _____
OTHER TRUCK ABANDONMENT _____

Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ _____

FEE (Office Use Only)



MECHANICAL
INSPECTOR
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

1/30/06
06-0133

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

Block 33706 Lot 301
Work Site Location 33706 Meadowood Dr
Owner in Fee Paraguard
Address Same
Tele. (201) 599-2587
Contractor J.T. O'Brien Plumbing & Heating
Address 10 Railroad Avenue
Ridgefield Park, New Jersey 07660
Tele. (201) 931-1333 Fax (201) 931-1711
Lic. No. 11633
Federal Emp. No. 952-000000 260-0000573

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System ☐ Conversion ☐ Replacement
Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other
Type: ☐ Hydronic ☒ Hot Air
Estimated Cost of Mechanical Work \$ 999

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		DATES		
		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Gas Piping				
Joint Plan Review Required		Appliance				
☐ Bldg.	☐ Plumb.	Chimney/Vent				
☐ Elec.	☐ Elevator	Oil Piping				
☐ Fire	☒ Mech.	Oil Tank				
PLANS APPROVED		LPG Tank				
Date: <u>1-30-06</u>		Hydronic Piping				
Approved by: <u>[Signature]</u>		Fireplace				
SUBCODE APPROVAL		Chimney Cert.				
☒ CA	☐ ECO	Other				
Date: <u>2/23/06</u>						
Approved by: <u>[Signature]</u>						

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace
Water
heater

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
☒	Water Heater	<u>15.00</u>
☐	Fuel Oil Piping	
☐	Gas Piping	
☐	Steam Boiler	
☐	Hot Water Boiler	
☐	Hot Air Furnace	
☐	Oil Tank	
☐	LPG Tank	
☐	Fireplace	
☐	Other	

Administrative Surcharge	\$	
Minimum Fee	\$	<u>30.00</u>
DCA Training Fee	\$	
TOTAL FEE	\$	

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]
Signature