



Borough of Maywood
15 Park Avenue
Maywood, NJ 07607
201 - 8452900

Permit Number: 20210042
Update Number:
Control Number: 3776
Application Date: 02/09/2021
Permit Date: 02/09/2021

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 122	Lot: 5	Qualification Code:	
Work Site Location:	283 ECCLESTON PL MAYWOOD		
Owner In Fee:	RODANI HOMES LLC	Contractor:	RODANI HOMES LLC
Address:	1133 LINWOOD AVE	Address:	1133 LINWOOD AVE
	WASHINGTON TOWNSHIP NJ 07880		WASHINGTON TOWNSHIP NJ 07880
Telephone:	[REDACTED]	Telephone:	[REDACTED]
Use Group(s):	R-5	Lic. No. / Bldrs. Reg. No.:	
		Federal Emp. No.:	

is hereby granted permission to perform the following work :

☒ BUILDING	☒ PLUMBING	☐ DEMOLITION
☒ ELECTRICAL	☒ FIRE PROTECTION	☐ OTHER
☐ ELEVATOR DEVICES	☐ MECHANICAL	
☐ ASBESTOS ABATEMENT	☐ LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:

RENOVATION & ADDITION

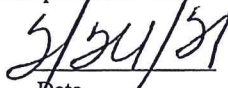
ESTIMATED COST OF WORK:

Cost of Construction:	170,500.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00

Total Cost:	\$170,500.00
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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.


JAMES MAZZER
Construction Official


Date

PAYMENTS	(Office Use Only)
Building	\$530.00
Electrical	\$270.00
Plumbing	\$840.00
Fire Protection	\$65.00
Elevator Devices	
Mechanical	
VolFee (DCA)	\$44.00
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
DCA Minimum	\$0.00
Minimum Fee	
Total	\$1,749.00
All Fees Waived:	No

Amount to be Paid:	\$1,749.00
Check Number:	2618
Check amount:	\$1,749.00

Collected by:	dl
Receipt No:	
Total Cash Amount:	
Total Check Amount:	\$1,749.00
Total CC Amount:	
Grand Total:	\$1,749.00

Note:



Borough of Maywood
15 Park Avenue
Maywood, NJ 07607
201 - 8452900

Permit Number: 20210042
Update Number: 1
Control Number: 3777
Application Date: 02/09/2021
Permit Date: 02/24/2021

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 122	Lot: 5	Qualification Code:	
Work Site Location:	283 ECCLESTON PL MAYWOOD		
Owner In Fee:	RODANI HOMES LLC		
Address:	1133 LINWOOD AVE WASHINGTON TOWNSHIP NJ 07880		
Telephone:	[REDACTED]		
Use Group(s):	R-5	Lic. No. / Bldrs. Reg. No.:	
		Federal Emp. No.:	
Contractor:	RODANI HOMES LLC		
Address:	1133 LINWOOD AVE WASHINGTON TOWNSHIP NJ 07880		
Telephone:	[REDACTED]		

is hereby granted permission to perform the following work :

☐ BUILDING	☐ PLUMBING	-	☐ DEMOLITION
☐ ELECTRICAL	☒ FIRE PROTECTION		☐ OTHER
☐ ELEVATOR DEVICES	☐ MECHANICAL		
☐ ASBESTOS ABATEMENT	☐ LEAD HAZARD ABATEMENT		

(Subchapter 8 only)

DESCRIPTION OF WORK:

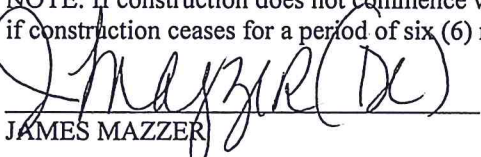
INSTALL 2 HVAC SYSTEMS

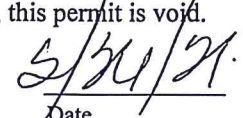
ESTIMATED COST OF WORK:

Cost of Construction:	5,000.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00

Total Cost:	\$5,000.00
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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.


JAMES MAZZER
Construction Official


Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	\$130.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
DCA Minimum	\$0.00
Minimum Fee	
Total	\$130.00
All Fees Waived:	No

Amount to be Paid:	\$130.00
Check Number:	2618
Check amount:	\$130.00

Collected by:	dl
Receipt No:	
Total Cash Amount:	
Total Check Amount:	\$130.00
Total CC Amount:	
Grand Total:	\$130.00

Note:



BOROUGH OF MAY WOOD
15 PARK AVENUE
MAYWOOD, NJ 07607
201-8452900

CERTIFICATE

Date Issued: 06/11/2021
Control #: 3943
Permit #: 20210219

IDENTIFICATION

Block: 122 Lot: 5 Qualific: _____
Work Site Location: 283 ECCLESTON PL
MAYWOOD
Owner in Fee: RODANI HOMES LLC
Address: 1133 LINWOOD AVE
WASHINGTON TOWNSHIP NJ 07880

Telephone: [REDACTED]
Agent/Contractor: SILVER STAFF MAINTANCE INC
Address: 126 CANTERBURY AVE
N ARLINGTON NJ 07031
Telephone: 201 914-0453
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-3655918
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
REMOVE 275 GALLON AST

Update Desc. of Wk/Use:

☐ CERTIFICATE OF OCCUPANCY

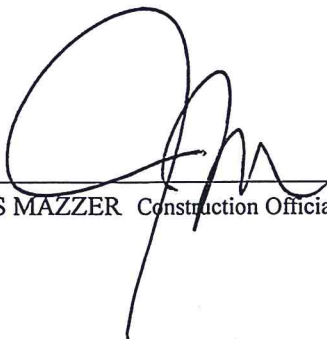
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:



JAMES MAZZER Construction Official

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period(____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees \$0.00
Paid ☒ X] Check No. 3257
Collected by: tg



BOROUGH OF MAYWOOD
15 PARK AVENUE
MAYWOOD, NJ 07607
201-8452900

CERTIFICATE

Date Issued: 01/28/2021
Control #: 1849
Permit #: 20170433

IDENTIFICATION

Block: 122 Lot: 5 Qualific: _____
Work Site Location: 283 ECCLESTON PL

MAYWOOD

Owner in Fee: BERTIE, MARGARET F & KARIN M ROSE

Address: 279 ECCLESTON PL

MAYWOOD NJ 07607

Telephone: _____

Agent/Contractor: BERTIE, MARGARET F & KARIN M ROSE

Address: 279 ECCLESTON PL

MAYWOOD NJ 07607

Telephone: _____

Lic. No./ Bldrs. Reg.No.: _____

Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: _____

INTERIOR DEMO

Update Desc. of Wk/Use: _____

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

JAMES MAZZER Construction Official

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees \$0.00

Paid ☒ Check No. 336

Collected by: DL

BOROUGH OF MAYWOOD
DEPT. OF CODE ENFORCEMENT
459 MAYWOOD AVE, MAYWOOD

Date Issued 01/14/2000
Control #
Permit # 99-798

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 122 Lot 5 Qual
Work Site Location 283 ECCLESTON PL
Owner in Fee/Occupant BERTIE, MARGARET M
Address 283 ECCLESTON PL
MAYWOOD NJ, NJ 07607
Telephone ()
Contractor COOPER PLUMBING AND HEATING
Address 9 E. PLEASANT AVENUE
MAYWOOD, NJ 07607-
Telephone (201)843-3032 Fax ()
Lic. No. or Bldrs. Reg. No. 8680
Federal Emp. No. 22-3044618

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE HOT WATER HEATER

[] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- [] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Fee \$ 0
Paid [X] Check No. 1111111
Collected by: MR

BOROUGH OF MAYWOOD
DEPT. OF CODE ENFORCEMENT
459 MAYWOOD AVE, MAYWOOD

Date Issued 07/12/99

Control #

Permit # 99-190

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 122 Lot 5 Qual
Work Site Location 283 ECCLESTON PL
Owner in Fee/Occupant BERTIE, MARGARET M
Address 283 ECCLESTON PL
MAYWOOD NJ, NJ 07607
Telephone ()
Contractor JIM VAN RENSA LIER
Address 119 GROVE AVE
MAYWOOD, NJ 07607-
Telephone (201)712-1853 Fax ()
Lic. No. or Bldrs. Reg. No. 1
Federal Emp. No. 22-2465554

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

HANDICAPP RAMP

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than , or the owner will be subject to fine or order to vacate:

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until , .

Fee \$ 0

Paid ☐ Check No.

Collected by:



Borough of Maywood
459 Maywood Avenue
Maywood, NJ 07607



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 5/25/95
Date Issued 5/25/95
Control #
Permit # 95-325

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

Block 13 122 Lot 5
Work Site Location 283 ECCLESTON PL
MAYWOOD NJ 07607
Owner in Fee MARGARET M. BERTIE
Address 283 ECCLESTON PL.
MAYWOOD NJ 07607
Tele. [REDACTED]
Contractor AAA, INC
Address 261 HUYLER ST.
SP. HACKENBACK NJ. 07601
Tele. [REDACTED]
Lic. No. or Bldrs. Reg. No. 76
Federal Emp. No. 222 036 295 or Social Security No. _____

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.

Margaret M. Bertie
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ORIGINAL FENCE DESTROYED BY FALLING
TREE IS BEING REPLACED.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Req.	_____	_____	Footing	_____	_____	_____	_____
☐ All	_____	_____	Foundation	_____	_____	_____	_____
☐ Footing	_____	_____	Slab	_____	_____	_____	_____
☐ Foundation	_____	_____	Frame	_____	_____	_____	_____
☐ Frame	_____	_____	Insulation	_____	_____	_____	_____
☒ Other <u>Survey 5/25/95</u>	_____	_____	Finishes:	_____	_____	_____	_____
Joint Plan Review Required:	_____	_____	Energy	_____	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire	_____	_____	Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL	_____	_____	TCO	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA	_____	_____	Other	_____	_____	_____	_____
Date: _____	_____	_____	Final	_____	_____	_____	_____
Approved By: _____	_____	_____		_____	_____	_____	_____

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. \$ _____
2. Alteration \$ 715
3. Total (1+2) \$ _____

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (6' or over)
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement
☐ Other _____
☐ Other _____
☐ Demolition

(Office Use Only)

FEE

\$ _____

Administrative Surcharge \$ _____
Paid ☐ Check # 7426 Minimum Fee \$ _____
Collected by: K904 DCA TRAINING FEE \$ _____
TOTAL FEE \$ 35



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 3-6-91
Date Issued _____
Control # _____
Permit # 46

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

Block 122 Lot 5
Work Site Location 283 ECCLESTON PL
MAYWOOD NJ 07606
Owner in Fee Margaret Bertic
Address 283 ECCLESTON PL
MAYWOOD NJ 07606
Tele. (201) 1845-6326
Contractor Vincent Parnese
Address 487 KENNEDY AVE
HACKENSACK NJ 07601
Tele. [REDACTED]
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Req.	_____	_____	Type:	Failure	Failure	Approval	Initial
[] All	_____	_____	Footing	_____	_____	_____	_____
[] Footing	_____	_____	Foundation	_____	_____	_____	_____
[] Foundation	_____	_____	Slab	_____	_____	_____	_____
[] Frame	_____	_____	Frame	_____	_____	_____	_____
[] Other _____	_____	_____	Insulation	_____	_____	_____	_____
Joint Plan Review Required:			Finishes:	_____	_____	_____	_____
[] Elec. [] Plumb. [] Fire			Energy	_____	_____	_____	_____
SUBCODE APPROVAL			Mechanical	_____	_____	_____	_____
[] CO [] CCO [] CA			TCO _____	_____	_____	_____	_____
Date: _____			Other _____	_____	_____	_____	_____
Approved By: _____			Final _____	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
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 Vincent Parnese

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Shingles 2 Layers
INSTALL 15lb Felt
INSTALL 220lb Shingles
clean up + Remove DEBRIS

TYPE OF WORK:

- [] New Building
[] Addition
[] Alteration
[] Roofing
[] Siding
[] Other _____
[] Demolition
[] Miscellaneous
[] Fence _____ Height
[] Sign _____ Sq. Ft.
[] Pool
[] Elevator
[] Asbestos Abatement
[] Other _____

(Office Use Only)

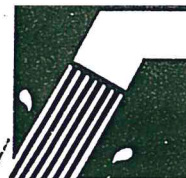
FEE

\$ _____

Administrative Surcharge \$ _____
Paid [] Check # 3370 Minimum Fee \$ _____
Collected by: me TOTAL FEE \$ 30



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 524
DATE ISSUED 2-29-88
REVISION DATE _____
Block MU Lot 9
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner MRS BERTIE
Address 283 E COLESTON DR
MAYWOOD NJ
Tel. () 945-6326
Work Site Address SAME

Contractor KEVIN KIEFER
Address 550 E 10th St
Maywood NJ
Tel. () 945-1185 (456-1250)
Lic.No./Bus. Permit 6358 BUS.
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job-Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

*To remove and reset existing water closet and lav,
To remove and replace existing bathtub.*

No.	Fixture	Fee	No.	Fixture	Fee	Fee
<u>1</u>	Water Closet/Bidet/Urinal	\$ <u>4</u>		Garbage Disposal	\$	COLUMN 1 \$ <u>12</u>
<u>1</u>	Bathtub	\$ <u>4</u>		Air Conditioner Unit		COLUMN 2 \$ <u>15</u>
<u>1</u>	Lavatory/Sink	\$ <u>4</u>		Indirect Connection		SUBTOTAL \$
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee
	Washing Machine			Grease Trap		(If applicable) \$
	Dishwasher			Interceptor		Total Plumbing Fee
	Commercial Dishwasher			Backflow Device		(Greater of Minimum
	Water Heater			Reduced Pressure		or Subtotal) \$ <u>27</u>
	Domestic Boiler/			Backflow Device		
	Furnace			Vent Stack		
	Steam Boiler			Solar System		
	Water Util. Connection			Other		
	Sewer Util. Connection			Other		
	Hose Bibb			Other <u>filling</u>	\$ <u>15</u>	
	Water Cooler			Other		
COLUMN 1		\$ <u>12</u>	COLUMN 2		\$ <u>15</u>	

C. PLUMBING CHARACTERISTICS

USE GROUP: 23 Present _____ Proposed _____

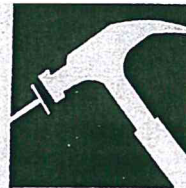
Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: \$ 1,195.00

D. COMMENTS

☐ Partial Releases

☐ Prototype Processing



A. IDENTIFICATION

When changing contractors, notify this office

Federal Emp. [REDACTED]

agent.



AGENT SIGNATURE

B. TECHNICAL SITE DATA

Give detail description including materials used, dimensions, etc.

Renovate Bath room remove
plaster & (tile ceramic) off
walls & ~~floor~~ sheet rock walls and
ceiling $\frac{1}{2}$ " Tub area wonder
board, drop ceiling over tub
area 7' from floor water proof
sheet rock underside of drop
spackle ready for painting
Bathroom size is 5' x 7'

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration/Renovation
 ☐ Roofing
 ☐ Siding
 ☐ Other _____
☐ Demolition
☐ Miscellaneous
 ☐ Fence
 ☐ Sign
 ☐ Pool
 ☐ Elevator
 ☐ Other _____

Fee Basis

Fee

19

SUBTOTAL

5

**Minimum Building
Fee (if applicable)**

\$

Total Building Fee
(Greater of Minimum
or Subtotal)

\$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft. _____

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ ~~7,000~~ 2600

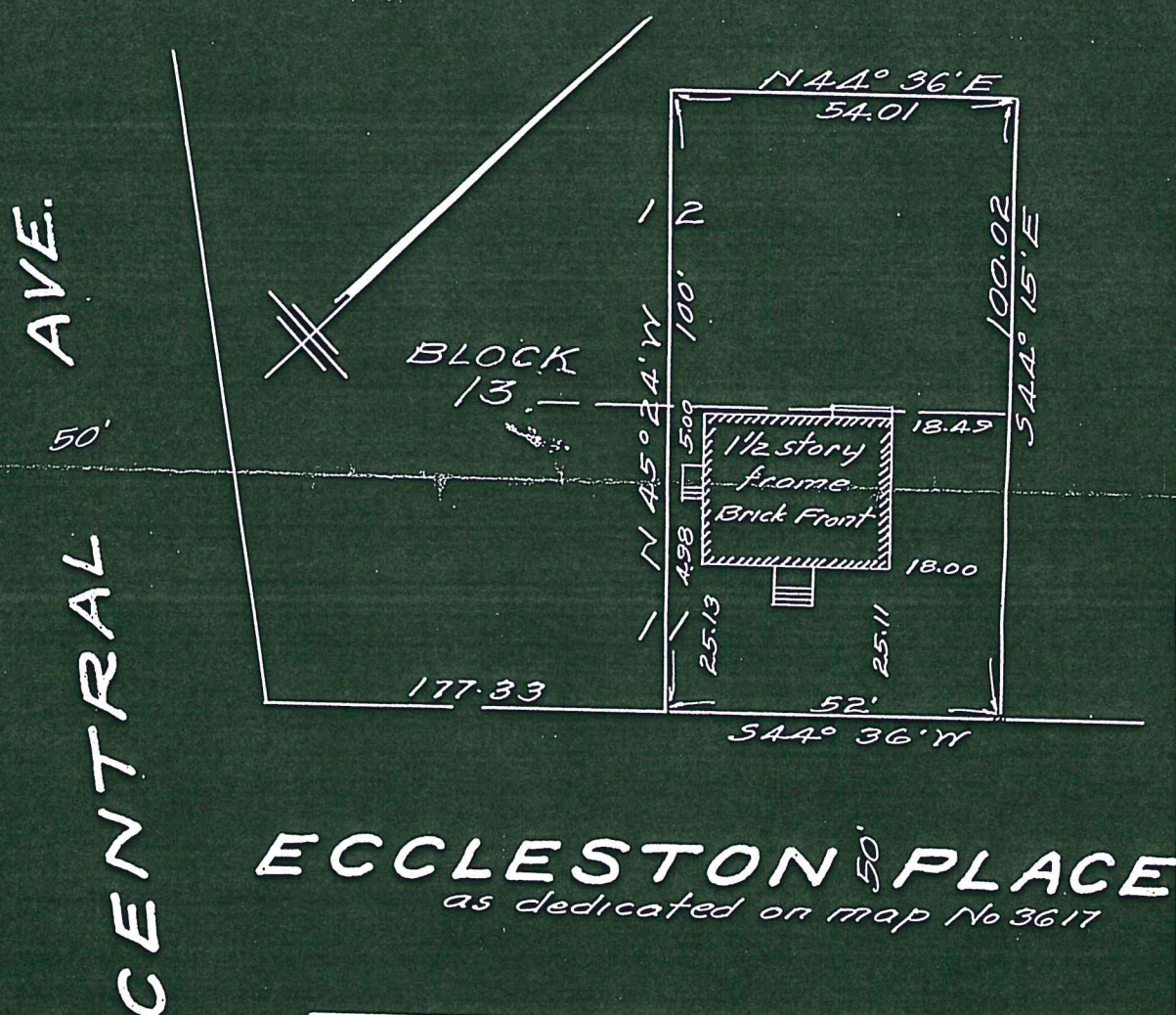
D. COMMENTS

- ☐
- Partial Releases
- ☐
- Prototype Processing

PRINTS (4) 7-22-48
SURVEYED BY JCA Jack DR
DRAWN BY DHR
CHECKED BY AJM

TOWN MAYWOOD
STREET Eccleston Place
JOB 6617
SURVEY DATE July 19, 1948

SURVEY
OF PROPERTY IN
MAYWOOD N.J.



Being parts of lots 11 & 12 Block 13 as shown on a map entitled Map of property of Maywood Land Company Maywood & Rochelle Park Bergen County N.J. Filed in the Bergen County clerks office July 6, 1909 as map #788

CERTIFIED: to all parties interested in title to premises surveyed as being an accurate and true survey

John Fraleigh
LIC. ENG. AND LAND SURVEYOR

SCALE 1" = 30'
DATED July 22, 1948

FRALEIGH & SCHWANEWEDE
ENGINEERS & SURVEYORS
426 CEDAR LANE, TEANECK, N. J.