# PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/22/93
Date Issued
Control #
Permit # 93-0251

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

Block 3705 Lot 13
Work Site Location 269 wedgewood Rd.

Owner in Fee NOBUKI, FUMIA
Address 269 wedgewood Rd. Mahwah
Tele. ( ) 529-1380
Contractor Jim Lonetto Contr.
Address 261 Fort Lee Rd Teaneck N.J.
Tele. ( ) 836-3600
Lic. No. BIO 5922
Federal Emp. No. 22-2266482 or Social Security No.

**B. PLUMBING CHARACTERISTICS**

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 3/22/93
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by:
Date: 3/24/93

| INSPECTIONS: Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Final | | | | |
| Solar | | | | |
| TCO | | | | |
| | | | | |
| | | | | |

**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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**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 | |
| X | 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 | |

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 30.00
Collected by: TOTAL $

U.C.C. Form F-130A

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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued 9/12/07
Permit # 07-1383

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

Block 3705 Lot 13 Qualification Code
Work Site Location 269 Wedgewood Dr.

Owner in Fee Realty International
Address 2035 Lemoine Ave
Fort Lee N.J. 07024
Tel ( 201 ) 585-8088
Contractor Steve Margulies Plumbing + Heating
Address 680 Palmer Ave.
Teaneck N.J. 07666
Tel ( 201 ) 801-0370 FAX ( )
Contractor License No. 11930
Federal Emp. No. 65-1193347

**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 $ 8000.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/10/07
Approved by: MTO

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/17/07
Approved by: MTO

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | 9/17/07 | MTO |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | 9/17/07 | MTO |

New To Cust.

**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's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA (List of 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 | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| | Other Sewer replacement to curb | |
| | Other | |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ ~~50.00~~ |

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received / Control # 1-14-09

Date Issued / Permit # 09-0049

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

Block 3705 Lot 13 Qualification Code

Work Site Location 269 Wrshwood drive Paramus NJ Wedgewood Dr

Owner in Fee: Windy Ruiz

Tel. (201) 803-6617 e-mail

Address (street, municipality, zip code)

Contractor: Jose Ortiz Elect. Tel. (973) 229-4768

Address 16 Knickerbocker Ave e-mail

Contractor License No. 8564 Paterson Exp. Date 3-31-09

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

Federal Emp. ID No. 580-96-9955 FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present % Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as 1 family Utility Co.

Est. Cost of Elec. Work $ 1,150.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date / Initial

[X] No Plans Required 1/14/09

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 3/13/09

Approved by: JS

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service PMC 1/15/09 | 1/15 | | 3/13 | JS |
| Final | | | | |
| Barrier-Free | | | | |
| Temp. Cut-in-Card Date Issued | | | | |
| Final Cut-in-Card Date Issued | | 3/13/09 | | |
| Annual Pool Inspection | | | | |
| Date of Grounding and Bonding Certification | | | | |

O/C to FILE

**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.

J. Ortiz

Applicant's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Update old Federal Pacific 100 AMP Panel for a new Siemens 100 amp Panel

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS | $ |
| | | 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 | |
| 1 | 100 | AMP Main Panel | 40.00 |

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ 40.00 |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ |

# BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-13-00
Date Issued
Control #
Permit # 00-2067

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

Block 3705 Lot 13
Work Site Location 269 Wedgewood Drive Paramus
Owner in Fee Ejima Nobuki
Address 269 Wedgewood Drive Paramus
Tele. (201) 585-8088
Contractor Hackensack Roofing Co
Address 83 First St. Hack
Tele. (201) 487-5050 Fax (201) 487 5050
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1611861

**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 Richard Marino

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK Remove the old roofing - Install ice guard tar paper & new shingles

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ X ] CA
Date: 3/2/20
Approved by: MD

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 3/2/20 MD | |
| Barrier-Free | | | | |

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [X] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

4725
a

FEE (Office Use Only)
$ 45.00

| | |
|---|---|
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

**B. BUILDING CHARACTERISTICS**

| | Present | Proposed |
|---|---|---|
| Use Group | | |
| Constr. Class | | |

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 $ 6000.-
3. Total (1+ 2) $

U.C.C. F110 (rev. 3/96)

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

# MECHANICAL INSPECTOR
## TECHNICAL SECTION

Date Received
Control # 11/15/10

Date Issued
Permit # 10-1807

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

Block 3705 Lot 13 Qualification Code

Work Site Location 269 WEDGEWOOD DR, PARAMUS, NJ 07652

Owner in Fee ALVARO RUIZ

Address SAME

Tel (201) 803-6617

Contractor PUBLIC SERVICE ELECTRIC & GAS CO.

Address 451 New Milford Avenue, Oradell, NJ 07649

Tel ( ) FAX ( 201 ) 225-1984

Contractor License No.

Federal Emp. No. 221212800

**B. MECHANICAL CHARACTERISTICS**

Use Group R-3, R-4 or R-5

Heating System [ ] Conversion [X] Replacement

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

Type: [ ] Hydronic [X] Hot Air

Estimated Cost of Mechanical Work $ 9,690

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Replace existing gas furnace + A/C

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| 1 | Hot Air Furnace | 35.00 |
| | Oil Tank | |
| | LPG Tank | |
| | Fireplace | |
| 1 | Other CONDENSING UNIT | 20.00 |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

**TOTAL FEE** $ 55.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.

PLANS APPROVED
Date: 11/8/10
Approved by:

SUBCODE APPROVAL
[X] CA [ ] CCO
Date: 6/4/12
Approved by:

| INSPECTIONS Type: | Failure | Failure | DATES Approval | Initial |
|---|---|---|---|---|
| Gas Piping | | | | |
| Appliance | | | 6/4/12 | |
| Chimney/Vent | | | | |
| Oil Piping | | | | |
| Oil Tank | | | | |
| LPG Tank | | | | |
| Hydronic Piping | | | | |
| Fireplace | | | | |
| Chimney Cert. | | | 11/8/10 | |
| 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.

Joan Gerundo
Signature

U.C.C. F145
(rev. 5/03)

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 11/15/10
Date Issued
Control #
Permit # 101807

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

Block 3705 Lot 13
Work Site Location 269 WEDGEWOOD DR. PARAMUS
Owner in Fee/Occupant A RUIZ
Address 269 WEDGEWOOD DR. PARAMUS
Tele. (201) 803-6617
Contractor Romar Electrical Contractors Inc.
Address 205 South Newman Street
Hackensack, NJ 07601
Tele. (1-866) 729-7662 Fax (201) 343-0344
Lic. No. 14023A
Federal Emp. No. 223 782792

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 210.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 11/8/10
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/4/12
Approved by: _____

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 6/4/12 | |

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

OK TO CUT-IN

**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's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors -- Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | ..... | |
| | | TOTAL NUMBERS | $ |
| | | 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 | |
| 1 | 3.5TON | KW Central A/C Unit REPLACEMENT | 40 |
| | | 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 | $ 40 |
| DCA Training Fee | $ |
| TOTAL FEE | $ |

U.C.C. F120 (rev. 3/96)

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

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 7/5/12

Date Issued / Permit # 12-1180

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

Block 3705 Lot 13 Qualification Code

Work Site Location 269 Wedgewood Dr.
Paramus NJ 07652

Owner in Fee: ANDY TARABOCCHIA

Tel. (201) 316 5347 e-mail andy.tarabocchia@gmail.com

Address 269 Wedgewood Dr Paramus NJ 07652
(street / municipality / zip code)

Contractor: Homeowner Tel. ( )

Address 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. 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

FRONT STEPS Replacement

Same Size

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [X] Exterior | 6/26/12 | M |
| [ ] Interior | | |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/13/14
Approved by: MP66

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 6/13/14 | CS |
| Barrier-Free | | | | |

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
- [X] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ 50.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 50.00

**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 $ 2000.00
3. Total (1+ 2) $ 2000.00

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

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 7/12/12

Date Issued
Permit # 12-1221

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

Block 3705 Lot 13 Qualification Code

Work Site Location 269 Wedgewood Dr., Paramus, NJ 07652

Owner in Fee: ANDY TARABOCCHIA

Tel. (201) 316-5347 e-mail andy.tarabocchia@gmail.com

Address 269 Wedgewood Dr, Paramus, NJ 07652
street municipality zip code

Contractor: DELIA ELECTRIC INC Tel. (201) 7980984

Address 316 SIXTH ST e-mail
JERSEY CITY NJ

Contractor License No. 5309A Exp. Date

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

Federal Emp. ID No. 223438027 FAX: (201) 986395

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 750.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: 7/11/12 Approved by: JS

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | 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

**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's Signature Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 9 | | Lighting Fixtures | |
| 4 | | Receptacles | |
| 2 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | TOTAL NUMBERS 1 | $ 50.00 |
| | | 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 | |
| 1 | | KW Dishwasher | 20.00 |
| | | 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 $ 70.00
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 7/12/12

Date Issued / Permit # 12-1221

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

Block 3705 Lot 13 Qualification Code

Work Site Location 269 Wedgewood Dr, Paramus, NJ 07652

Owner in Fee: ANDY TARABOCCHIA

Tel. (201) 316-5347 e-mail andy.tarabocchia@gmail.com

Address 269 Wedgewood Dr Paramus NJ 07650
(street / municipality / zip code)

Contractor SUBEMA PHED INC Tel. 201-2480100

Address 385 HENRY ST FAIRVIEW e-mail

Contractor License No 4732 Exp. Date 6-30-13

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

Federal Emp. ID No. 27-257x191 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 $ 5,000—

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7/13/12

Approved by: MD

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

**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's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) $ |
|---|---|---|
| 2 | Water Closet | 50 |
| | Urinal/Bidet | |
| 1 | Bath Tub | 25 |
| 2 | Lavatory | 50 |
| 1 | Shower | 25 |
| | Floor Drain | |
| 1 | Sink | 25 |
| 1 | Dishwasher | 25 |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| | Other | |
| | Other | |

| | |
|---|---|
| Administrative Surcharge $ | |
| Minimum Fee $ | |
| State Permit Surcharge Fee $ | 5 |
| TOTAL FEE $ | 200 |

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

# BUILDING SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 7/12/12

Date Issued / Permit # 12/12/21

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

Block 3705 Lot 13 Qualification Code _____

Work Site Location 269 Wedgewood Dr, Paramus NJ 07652

Owner in Fee: ANDY TARABOCCHIA

Tel. (201) 316-5347 e-mail andy.tarabocchia@gmail.com

Address 269 wedgewood Dr Paramus NJ 07652
(street / municipality / zip code)

Contractor: Homeowner Tel. ( ) _____

Address _____ 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. _____ FAX: ( ) _____

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [X] Interior | 7/12/12 | |

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 Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| 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 $ 7000.00
3. Total (1+ 2) $ _____

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

**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 Homeowner

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Remodel Kitchen

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

| | |
|---|---|
| $ | |
| | 175.00 |
| Administrative Surcharge $ | |
| Minimum Fee $ | |
| State Permit Surcharge Fee $ | |
| TOTAL FEE $ | 175.00 |

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

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 5/9/14

Date Issued / Permit # 14-0685

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

Block 3705 Lot 13 Qualification Code

Work Site Location 269 Wedgewood Dr

Owner in Fee: ANDY TARABOCCHIA

Tel. (201) 3165347 e-mail andy.tarabocchia@gmail.com

Address 269 Wedgewood Dr (street) Pawamus (municipality) 07652 (zip code)

Contractor: Forever Fence Tel. (973) 835 3333

Address Pompton Plains NJ 07444 e-mail

Contractor License No. or Builder Registration No. 13VH06165500 Exp. Date 12/31/14

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

Federal Emp. ID No. 27-2929236 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:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| 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. $ 6150
2. Rehabilitation $
3. Total (1+ 2) $ 6150

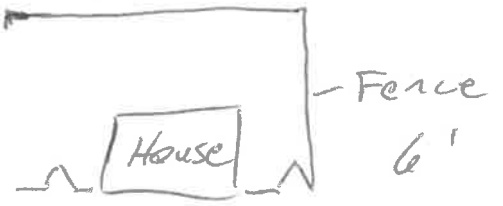
**C. CERTIFICATION IN LIEU OF OATH**

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 Fence Install




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
- [ ] Demolition

FEE (Office Use Only)

$ 45.00

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

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

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

(500 sq. ft.)

# BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

5/14/15

15-0723

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

Block 3705 Lot 13
Work Site Location 269 (W) Wedgewood Place Paramus
Owner in Fee Andy Tarabacchia
Address 269 Wedgewood Place Paramus
Tel. (201) 316-5347
Contractor HACKENSACK ROOFING CO.
Address 83 FIRST STREET HACKENSACK, NJ 07601
Tel. (201) 487-5050 Fax (201) 487-1180
Lic. No. or Bldrs. Reg. No. 13VH01605700
Federal Emp. No. 22-1611861

**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 Ray Sarno

**D. TECHNICAL SITE DATA** Garage Roof

DESCRIPTION OF WORK
Remove the old roofing. Install tar paper + new shingles

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3/2/20
Approved by: MO

| INSPECTIONS Type: | Failure | Failure | Approval (Dates Month/Day) | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 3/6/20 MO | |
| Barrier-Free | | | | |

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 75.00

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

**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 $ 2000.00
3. Total (1+ 2) $ _____

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

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 10/27/16

Date Issued / Permit # 16-1788

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

Block 305 Lot 13 Qualification Code

Work Site Location 269 Wedgewood Drive Palomar, NJ

Owner in Fee: Andy Tarabochia

Tel. (201) 3164347 e-mail

Address

Contractor: American Home Remodeling (street, municipality) Tel. (973) 374-6700 (zip code)

Address 89-91 Grt St Irvington, NJ 07111 e-mail

Contractor License No. or Builder Registration No. 13VH01504400 Exp. Date 3/31/2017

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

Federal Emp. ID No. 223335541 FAX: (973) 374-9446

**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: 11/17/16
Approved by: Jose G

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | | Dates (Month/Day) | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | ASFG | | 11/17/16 | CG |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present ____ Proposed ____
No. of Stories 1
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) $ 7349

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

**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.

Victor Flores
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK Roofing Project - tear off Stripall layers over house. Replace any rotted wood where necessary. GAF Timberline HD shingles, #45 felt paper, ice shield, ridge vent & caps

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

| | |
|---|---|
| $ | |
| | 75 |
| Administrative Surcharge $ | |
| Minimum Fee $ | |
| State Permit Surcharge Fee $ | 75 |
| TOTAL FEE $ | |

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