BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 3/20/2015
Control # C15-03-1184
Date Issued 3/20/2015
Permit # 15-03-104

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne , NJ 07002

Owner in Fee: GIGANTE, ANDREW & JOANNE
Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879
Tel. Email
Contractor: ANDREW GIGANTE
Address 67 MERCURY STREET SOUTH AMBOY NJ 08879-
Email
Tel. 732/7214755 / Cell: [redacted] Fax.
Contractor License No. or, if new home, Bldrs Reg. No. 2006-229 Exp. 3/27/2007
Home improvment Contractor Registration No. or Exemption Reason(is applicable):
Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BATH RENOVATION, REMODEL BATHROOM ON 1ST AND 2ND FLOOR

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	Dates (Month/Day) 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				

Closed

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$76
☐ 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	
Administrative Surcharge	
Minimum Fee	$100
State Permit Surcharge Fee	$5
TOTAL FEE	$105

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed R-3
Constr. Class Present ______ Proposed ______
Number of Stories
Height of Structure ______ Ft.
Area - Largest Floor ______ Sq. Ft.
New Blbg. Area / All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $2,700
3. Total (1+2) $2,700

U.C.C F110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 3/20/2015
Control # C15-03-1184
Date Issued 3/20/2015
Permit # 15-03-104

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne, NJ 07002

Owner in Fee: GIGANTE, ANDREW & JOANNE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879 Email

Tel. Closed

Contractor: ANDREW GIGANTE

Address 67 MERCURY STREET SOUTH AMBOY NJ 08879- Email

Tel. 732/7214755 / Cell: [redacted] Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 4861 Expiration Date: 6/30/2017

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

Closed

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATH RENOVATION, REMODEL BATHROOM ON 1ST AND 2ND FLOOR

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$30
	Urinal/Bidet	
1	Bath Tub	$30
1	Lavatory	$30
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	$100
State Permit Surcharge Fee	$3
TOTAL FEE	$103

U.C.C F130 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 3/20/2015
Date Issued 3/20/2015
Control # C15-03-1184
Permit # 15-03-104

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne , NJ 07002

Owner in Fee: GIGANTE, ANDREW & JOANNE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879 Email

Tel.

Contractor: J & S MUGRACE ELECTRIC

Address 137 LEXINGTON AVENUE BAYONNE NJ 07002- Email

Tel. (201) 823-8469 / Cell: [redacted] Fax.

Lic No. 10748A Exp. Date 3/31/2018

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $500

Closed

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATH RENOVATION, REMODEL BATHROOM ON 1ST AND 2ND FLOOR

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
1		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
5		TOTAL NUMBERS	$80
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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 $100
State Permit Surcharge Fee $1
TOTAL FEE $101

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
☐ No Plan Required
☐ Partial/Underslab Approved
Partial Underslab Utilities Approved
Date: by:
☐ Electrical Plans Approved
Date: by:
Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
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				

Closed

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 15-03-104

Permit Number
15-03-104

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
03/24/2015	FRAMING	Joseph Benkert	Building	Pass	GIGANTE, ANDREW & JOANNE 74 W 19TH ST	Alteration	BATH RENOVATION	PM APPOINTMENT - GIGANTE/ANDY 732-887-4580 Carl did inspection JB 3/24/2015
03/24/2015	ROUGH	Carl Attisano InActive	Electrical	Pass	GIGANTE, ANDREW & JOANNE 74 W 19TH ST	Alteration	BATH RENOVATION	PM APPOINTMENT - MUGRACE ELEC/ANDY 732-887-4580
03/24/2015	ROUGH	Richard Bielinski	Plumbing	Pass	GIGANTE, ANDREW & JOANNE 74 W 19TH ST	Alteration	BATH RENOVATION	PM APPOINTMENT - GIGANTE/ANDY 732-887-4580
05/05/2015	Final	Joseph Benkert	Building	Pass	GIGANTE, ANDREW & JOANNE 74 W 19TH ST	Alteration	BATH RENOVATION	AM APPOINTMENT - GIGANTE/ANDY 732-887-4580 3rd floor bath only JB 5/5/2015
05/05/2015	Final	Carl Attisano InActive	Electrical	Pass	GIGANTE, ANDREW & JOANNE 74 W 19TH ST	Alteration	BATH RENOVATION	AM APPOINTMENT - MUGRACE/ANDY 732-887-4580
05/05/2015	Final	Richard Bielinski	Plumbing	Pass	GIGANTE, ANDREW & JOANNE 74 W 19TH ST	Alteration	BATH RENOVATION	AM APPOINTMENT - GIGANTE/ANDY 732-887-4580

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 12/3/2014
Control # C14-12-3600
Date Issued 12/3/2014
Permit # 14-12-023

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne City, NJ

Owner in Fee: GIGANTE, ANDREW & JOANNE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879

Tel. Email

Contractor: ACA REMODELING

Address 27 WEST 7TH STREET BAYONNE NJ 07002

Email

Tel. (201) 437-0997 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REAR EGRESS STAIRS

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	Dates (Month/Day) 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				

Closed

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 _____
- ☐ Demolition

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed

Number 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.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:

1. New Bldg.
2. Rehabilitation $5,800
3. Total (1+2) $5,800

FEE (Office Use Only)

$162

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$11
TOTAL FEE	$173

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Closed

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Inspection Activity Report

Inspections for Permit Number 14-12-023

Permit Number
14-12-023

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
03/31/2015	Final	Dan Wall	Building	Not Ready	GIGANTE, ANDREW & JOANNE 74 W 19TH ST	Alteration		Guardrail
05/15/2015	Final	Dan Wall	Building	Pass	GIGANTE, ANDREW & JOANNE 74 W 19TH ST	Alteration		

Closed

Date Printed: 2/4/2021 15:41

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 11/14/2011
Control # C11-11-1042
Date Issued 11/14/2011
Permit # 11-11-131

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne City, NJ

Owner in Fee: GIGANTE, ANDREW & JOANNE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879

Tel. [redacted] Email

Contractor: GIGANTE, ANDREW & JOANNE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879

Email

Tel. (732) 721-4755 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BATH RENOVATION, BATHROOM RENOVATION

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	Dates (Month/Day) 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				

Closed

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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. Rehabilitation $500
3. Total (1+2) $500

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
- ☐ Demolition

FEE (Office Use Only)

Rehabilitation	$12
Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$1
TOTAL FEE	$61

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 11/14/2011
Control # C11-11-1042
Date Issued 11/14/2011
Permit # 11-11-131

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne City, NJ

Owner in Fee: GIGANTE, ANDREW & JOANNE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879

Email

Tel. [redacted]

Contractor: GIGANTE, ANDREW & JOANNE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879

Email

Tel. (732) 721-4755 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No: Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

Closed

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATH RENOVATION, BATHROOM RENOVATION

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$15
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$15
1	Shower	$15
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$45
	Fuel Oil Piping	
1	Gas Piping	$60
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6
TOTAL FEE	$156

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 11/14/2011
Date Issued 11/14/2011
Control # C11-11-1042
Permit # 11-11-131

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne City, NJ

Owner in Fee: GIGANTE, ANDREW & JOANNE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879

Email

Tel. [redacted]

Contractor: J & S MUGRACE ELECTRIC

Address 137 LEXINGTON AVENUE BAYONNE NJ 07002-

Email

Tel. (201) 823-8469 / Cell: [redacted] Fax.

Lic No. 10748A Exp. Date 3/31/2018

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

Closed

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $200

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATH RENOVATION, BATHROOM RENOVATION

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
2		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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 $60
State Permit Surcharge Fee
TOTAL FEE $60

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ 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)		
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

Closed

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 8/22/2011
Date Issued 8/22/2011
Control # C11-08-0273
Permit # 11-08-146

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne, NJ 07002

Owner in Fee: ANDREW GIGANTI

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879

Email

Tel. [redacted]

Contractor: NARDINI BROS

Address 99 WEST 5TH ST 26 MAIN STREET SUITE G BAYONNE/TOMS RIVER NJ 07002- - 08753

Email

Tel. (201) 437-4700 Fax. (201) 437-4770

Lic No. 5011 Exp. Date 6/30/2018

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $3,385

Closed

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRICAL ALTERATIONS, ELECTRICAL ALTERATIONS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
2		Switches	
6		Detectors	
		Light Poles	
		Motors - Fract. HP	
4		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
12		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	60	AMP Subpanels	$30
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		EM SWITCHES	$90

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6
TOTAL FEE	$176

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ 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)			
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

Closed

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE SUBCODE
TECHNICAL SECTION

Closed

Date Received 8/22/2011
Control # C11-08-0273
Date Issued 8/22/2011
Permit # 11-08-146

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne , NJ 07002

Owner in Fee: ANDREW GIGANTI

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879 Email

Tel. [redacted]

Contractor: NARDINI BROS Tel. (201) 437-4700

Address 99 WEST 5TH ST 26 MAIN STREET SUITE G BAYONNE/TOMS RIVER NJ 07002- - 08753 Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted] Fax. (201) 437-4770

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

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:

Total Cost of Fire Protection Work $100

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's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRICAL ALTERATIONS, ELECTRICAL ALTERATIONS

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	6	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	6	$25.00
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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	
TOTAL FEE	$60

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

Closed

Closed

U.C.C F140 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 11-08-146

Permit Number

11-08-146

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/29/2011	Final	Carl Attisano InActive	Electrical	Pass	ANDREW GIGANTI 74 W 19TH ST	Alteration	ELECTRICAL ALTERATIONS	AM APPOINTMENT - NARDINI/ANDY 732-887-4580 FINAL FOR BOILER NEED UPDATE FURNACES ANDMETER
10/13/2011	METER	Carl Attisano InActive	Electrical	Cancelled	ANDREW GIGANTI 74 W 19TH ST	Alteration	ELECTRICAL ALTERATIONS	PM APPOINTMENT - NARDINI/NICK 201-437-4700
10/14/2011	Final	Joseph Coughlin	Fire	Pass	ANDREW GIGANTI 74 W 19TH ST	Alteration	ELECTRICAL ALTERATIONS	PM APPOINTMENT - NARDINI/NICK 201-437-4700

Closed

FIRE SUBCODE
TECHNICAL SECTION

Closed

Date Received 8/22/2011
Control # C11-08-0274
Date Issued 8/22/2011
Permit # 11-08-147

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne, NJ 07002

Owner in Fee: ANDREW GIGANTE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879 Email

Tel. [redacted]

Contractor: Tel.

Address NJ Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-3

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $100

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's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW BOILER, WATER HEATER, 2 H/W BOILER, 1 WATER HEATER

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System ☐ 110v Interconnected ☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☑ Gas ☐ Oil ☐ Solid	2	$120
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$120

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:

Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

Closed

U.C.C F140 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 8/22/2011
Control # C11-08-0274
Date Issued 8/22/2011
Permit # 11-08-147

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne, NJ 07002

Owner in Fee: ANDREW GIGANTE

Address 67 MERCURY CIRCLE SOUTH AMBOY NJ 08879

Email

Tel. [redacted]

Contractor: ANDREW GIGANTE

Address 67 MERCURY STREET SOUTH AMBOY NJ 08879-

Email

Tel. 732/7214755 / Cell: [redacted] Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 4861 Expiration Date: 6/30/2017

Federal Employee No. [redacted]

Closed

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

Closed

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW BOILER, WATER HEATER, 2 H/W BOILER, 1 WATER HEATER

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	
1	Water Heater	$45
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
2	Hot Water Boiler	$120
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$12
TOTAL FEE	$177

U.C.C F130 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 11-08-147

Permit Number
11-08-147

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/29/2011	Final	Joseph Coughlin	Fire	Cancelled	ANDREW GIGANTE 74 W 19TH ST	Alteration	NEW BOILER WATER HEATER	AM APPOINTMENT - GIGANTE/ANDY 732-887-4580
08/29/2011	Final	Richard Bielinski	Plumbing	Pass	ANDREW GIGANTE 74 W 19TH ST	Alteration	NEW BOILER WATER HEATER	AM APPOINTMENT - GIGANTE/ANDY 732-887-4580
08/31/2011	Final	Joseph Coughlin	Fire	Pass	ANDREW GIGANTE 74 W 19TH ST	Alteration	NEW BOILER WATER HEATER	AM APPOINTMENT - GIGANTE/ANDY 732-887-4580

Closed

ELECTRICAL SUBCODE
TECHNICAL SECTION

closed

Date Received 7/14/2006
Date Issued 7/14/2006
Control # C06-1694
Permit # 06-07-151

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne City, NJ

Owner in Fee: LOMBARDO, VINCENT W

Address 74 W 19TH ST BAYONNE NJ 07002

Email

Tel. [redacted]

Contractor: DENIS SMALLEY ELECTRICAL CONTR

Address 45 WEST 52 ST BAYONNE NJ 07002-

Email

Tel. 201/3398666 Fax.

Lic No. 953 Exp. Date 12/31/2010

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

closed

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $150

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) 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				

closed

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRICAL ALTERATIONS, 3 RECEPTACLES

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$45
State Permit Surcharge Fee	
TOTAL FEE	$45

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 06-07-151

Permit Number
06-07-151

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/02/2006	Final	Carl Attisano InActive	Electrical	Pass	LOMBARDO, VINCENT W 74 W 19TH ST	Alteration	ELECTRICAL ALTERATIONS	

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 9/29/2000
Control #
Date Issued 9/29/2000
Permit # 100-9194

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 W 19TH ST Bayonne City, NJ

Owner in Fee: BARAN, BRIAN & LISA

Address 18 W 7TH ST BAYONNE NJ 07002

Tel. Email

Contractor: KEN'S MARINE SERVICE INC

Address 116 EAST 22 STREET PO BOX 4001 BAYONNE NJ 07002-

Email

Tel. (201) 339-0673 Fax. (201) 339-8029

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TANK DECOMMISSION 550 GAL

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	Dates (Month/Day) 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				

Closed

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
- ☑ Demolition

FEE (Office Use Only)

$50

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE $50

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Number 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.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $1,000
3. Total (1+2) $1,000

U.C.C F110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 100-9194

Permit Number

100-9194

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
10/17/2000	Final	RIBARRO, BRIAN	Building	Pass	BARAN, BRIAN & LISA 74 W 19TH ST	Demolition		FINAL Inspector Initials: BR

Closed

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 9/11/2000
Control #
Date Issued 9/11/2000
Permit # 300-922

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

Block 224 Lot 34 Qualification Code

Work Site Location: 74 WEST 19TH STREET VARIOUS PLUMBING , NJ

Owner in Fee: LOMBARDO,RACHAEL

Address 74 WEST 19TH STREET BAYONNE NJ 07002-

Email

Tel. [redacted]

Contractor:

Address NJ

Email

Tel. [redacted] Fax.

Closed

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $6,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

Closed

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
VARIOUS PLUMBING

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	
1	Water Heater	$25
	Fuel Oil Piping	
1	Gas Piping	$45
	LP Gas Tank	
1	Steam Boiler	$45
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventor	$10
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$5
TOTAL FEE	$130

U.C.C F130 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Closed

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Inspection Activity Report

Inspections for Permit Number 300-922

Permit Number
300-922

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
09/13/2000	Final	John Jessen	Plumbing	Pass	LOMBARDO,RACHAEL 74 WEST 19TH STREET	Alteration		FINAL Inspector Initials: JJ

Closed