Town Clerk

From:	KIMBERLY O'MALLEY
Sent:	Tuesday, May 11, 2021 10:17 AM
To:	Town Clerk; THOMAS O'MALLEY; KRYSTLE CAMACHO; Patricia Silva
Cc:	ADELINNY PLAZA; Joseph Roque; Gabriela Reynoso
Subject:	RE: Tracking #10295 (Request)
Attachments:	opra 10295 22 api #501.pdf

Please be advised that with regards to the above referenced Tracking Number, I have attached the only documents the building department has on file at this time, as specifically requested by the applicant.

This concludes this request. Should you have any questions, please do not hesitate to contact me.

Sincerely,

KIMBERLY O'MALLEY
Town of West New York
Dept. of Public Affairs
Building Dept./Code Enforcement
428 60th St., Room 27
West New York NJ 07093
201-295-5179

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/30/2008
Control # 16164
Date Issued 6/20/2008
Permit # 20080457

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

Block 168.01 Lot 7.05 Qualification Code

Work Site Location: 22 AVE. @ PORT IMP/501-504 UNITS 501-504 TOWN OF WEST NEW YORK, NJ

Owner in Fee: K. HOVNANIAN

Address 110 FIELDCREST AVE. EDISON NJ 08818

Tel. [redacted] Email

Contractor: K. HOVNANIAN PORT IMPERIAL

Address 110 FIELDCREST AVE. CN 7825 EDISON NJ 08818

Email

Tel. (201) 553-9860 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

Alterations - #501, 502, 503, 504 - REMOVE NON-BEARINGWALLS @ SALES OFFICE TO CONSTRUCT RES. UNITS AS PER ORIGINAL PLAN.

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				

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed 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 $20,000
3. Total (1+2)

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	$225
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$27
TOTAL FEE	$252

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.