ADDRESS	Permit Number	Date Issued	Date Completed	Disposition	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted] Removed	[redacted] In place
[redacted]	[redacted]	[redacted]	[redacted]	[redacted] Removed	[redacted] In place
[redacted]	[redacted]	[redacted]	[redacted]	[redacted] Removed	[redacted] In place
63 Bonn Place	96-096	05/08/96	05/09/96	☐ Removed	☒ In place

FIRE SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received 5/8/96
Date Issued 5/6/96
Control #
Permit # 96-046

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

Block 4.4 Lot 2

Work Site Location 3 Bonne Rd [illegible] 07087

Owner in Fee James Flood

Address Same

Tele. (

Contractor [illegible]

Address P.O. Box 305 [illegible] 07660

Tele. (201) [illegible]

Lic. No.

Federal Emp. No. [illegible] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 1/4 Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location
Total Est. Cost of Fire Prot. Work $ 400.— [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required
[ ] Bldg [ ] Plumb
[ ] Elec [ ] Elevator
[ ] Fire Plans Approved
Date 5-[illegible]
Approved by [illegible]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Tank			5-7-96	[illegible]
Other				
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. [signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

1000 gal. fuel oil tank

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Paid [X] Check # Cash
Collected by CK
Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 25

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PRO 205 B

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/31/04
Date Issued 3/31/04
Control #
Permit # 04-084

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

Block 41.01 Lot 4
Work Site Location 63 BONN PL. WNY NJ.
Owner in Fee (JIM) FLOOD
Address SAME AS ABOVE
Tele. (201) 565-1994
Contractor ~~[illegible] BROS., INC.~~
Address ~~8427 BERGENLINE AVE.~~ ~~NORTH BERGEN, NJ 07047~~
Tele. (201) ~~861-4832~~ Fax (201) 861-7184
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22 2424 770

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[✓] No Plans Required 3/31/04 [illegible]
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/26/04	[illegible]
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R3-1U Proposed Same
Constr. Class Present [illegible] Proposed
No. of Stories 2
Height of Structure 22' Ft.
Area — Largest Floor 1200 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. $ 6,000.
2. Alteration $
3. Total (1+ 2) $ 6,000.00

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
Reroof with fiberglass shingle, reroof front porch with fiber
1 LAYER

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

Pd ck #2466

FEE (Office Use Only)
$

Administrative Surcharge	$	
Minimum Fee	$	115
DCA Training Fee	$	
TOTAL FEE	$	

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FIRE SUBCODE TECHNICAL SECTION

Date Received 3/31/04
Date Issued 3/31/04
Control #
Permit # 04-084

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

Block 41.01 Lot 4
Work Site Location 68 BOHN PL WKH.
~~JAMES~~ (JIM) FLOOD
Owner in Fee
Address SAME AS ABOVE
Tele. (201) 865-1894
Contractor
Address 8427 BERGENLINE AVE.
NORTH BERGEN, NJ 07047
Tele. (201) 866-4832 Fax (201) 861-7164
Lic. No.
Federal Emp. No. 22-2424770

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R3-1U Proposed Same
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 4-2-04
Approved by:

SUBCODE APPROVAL
[ ] 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				
Final				
Other Torch			4-2-04	

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 Joan Flood

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

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Rcd #2466

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install bar sheet, Install C AP Matchdoor on front porch
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____
Alarm Systems [ ] 110v Interconnected NUMBER
[ ] System

	NUMBER
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., 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	
CO_2 Suppression	
Foam Suppression	
Halon Suppression	
Other _____	
Kitchen Hood Exhaust System	
Smoke Control System	
Gas [ ] or Oil [ ] Fired Appliances	
Other _____	

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$ 33.
DCA Training Fee	$
TOTAL FEE	$

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/11/04
Date Issued 3/12/04
Control #
Permit # 04-070

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

Block 4101 Lot 4
Work Site Location 63 Bonn Place
Weehawken
Owner in Fee James - Joan Flood
Address 63 Bonn Place
Weehawken NJ 07086
Tele. (201) 865-1894
Contractor Elio Ligelini
Address 213 Harrison Ave
Jersey City NJ
Tele. (201) 433-1430 4 Fax ( ) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 140-38-1886

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 Joan Flood

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Repair chimney above roof.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required — 3/12 — FL
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

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

$ _____

Pd ck #2457

Administrative Surcharge	$	
Minimum Fee	$	40.
DCA Training Fee	$	2
TOTAL FEE	$	42.

B. BUILDING CHARACTERISTICS

Use Group Present R-3-14 Proposed Same
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 $ _____
3. Total (1+ 2) $ 1500.

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