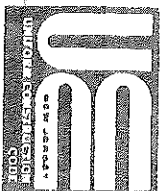
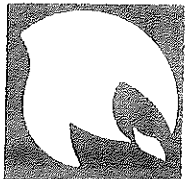


ADDRESS	Permit Number	Date Issued	Date Completed	Disposition	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Removed	In place
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Removed	In place
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Removed	In place
63 Bonn Place	96-096	05/08/96	05/09/96	☐ Removed	☒ In place



FIRE SUBCODE
TECHNICAL SECTION



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

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

D. TECHNICAL SITE DATA

Block 414
Work Site Location 43 Avenue C, 07087

Owner in Fee James J. Bond
Address 43 Avenue C, 07087

Tele. 1-800-272-1000
Contractor J. J. Bond Construction, Inc.
Address 43 Avenue C, 07087

Tele. 1-800-272-1000
Lic. No. 07610
Federal Emp. No. 265561 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present 1-3 14 Proposed
Constr. Class. Present Proposed
Heating Systems () New () Existing
Type: () Gas () Oil () Electrical () Solar
Location
Total Est. Cost of Fire Prot. Work \$ 492.00 () Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
No Plans Required	Joint Plan Review Required	Type:	Dates (Month/Day)
			Failure Failure Approval Initial
() Bidg () Plumb		Suppression Test	
() Elec () Elevator		Fire Alarm Test	
() Fire Plans Approved		Smoke Test	
Date: 5/6/96		Mechanical	
Approved by: J. J. Bond		TCO	
SUBCODE APPROVAL		Other	
() CO () CCO () CA		Other	
Date:		Other	
Approved by:		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

UCC FORM F-140 B

1 White Inspector Copy 2 Gold Applicant Copy

PRO 205 B

Description of Work	Number	Fee (Office Use Only)
Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervision		
Proprietary Supervision		
Flammable Liquid Storage Tanks		
Combustible Liquid Storage Tanks		
L.P.G. Storage Tanks		
L.N.G. Storage Tanks		
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 Check # 4604	Administrative Surcharge \$
Collected by: C. K. 108	Minimum Fee \$
	DCA Training Fee \$
	TOTAL FEE \$ 65.00



**BUILDING
SUBCODE
TECHNICAL SECTION**

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 BARN PL. WYU NJ.

Owner in Fee (M) FLEAD

Address 50 MC MC ABOVE

Tele. (201) 865-1994

Contractor INTERIOR CONSTRUCTION, INC.

Address 8427 BERGENLINE AVE.

Tele. (201) 865-4832

Fax (201) 861-7184

Lic. No. or Bldgs. Reg. No. 222424770

Federal Emp. No. 222424770

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date 3/31/04

INSPECTIONS

Dates (Month/Day)

☒ No Plans Required

Type:

Failure Failure Approval Initial

☐ All

Footings

☐ Footing

Foundation

☐ Foundation

Slab

☐ Frame

Frame

☐ Other

Barrier-Free

Joint Plan Review Required:

Insulation

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

Finishes

SUBCODE APPROVAL

Energy

☐ CO ☐ CCO ☐ CA

Mechanical

Date:

TCO

Approved by:

Other

Final

Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present R3-14

Proposed same

Est. Cost of Bldg. Work: 6,000.00

Constr. Class Present 20

Proposed same

1. New Bldg. \$ 6,000.00

No. of Stories 20

Proposed same

2. Alteration \$ 0.00

Height of Structure 20'

Proposed same

3. Total (1+2) \$ 6,000.00

Area — Largest Floor 1900

Proposed same

New Bldg. Area/All Floors

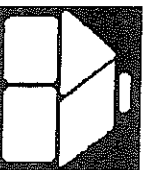
Proposed same

Volume of New Structure

Proposed same

Total Land Area Disturbed

Proposed same



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

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

Asbestos with chrysotile
abraded, most of front porch
with ladder

1 L-4Y13R

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Alteration

☒ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$

\$

\$

\$

\$

\$

\$

\$

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\$

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\$

\$

\$

\$

\$

\$

\$

\$

\$

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

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4. White Tag



**FIRE
SUBCODE
TECHNICAL SECTION**

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 60 BOHE PL WYH.

Contractor SAHME AC HILL

Address

Telephone (201) 565-1894

Contractor SAHME AC HILL

Address 8427 BROADWAY AVE.

NORTH BERGEN, NJ 07047

Telephone (201) 566-4838 Fax (201) 561-7184

Lic. No.

Federal Emp. No. 22-2424770

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R3-14 Proposed Same

Construction Class Present

Heating Systems ☐ New ☐ Existing ☐ HVAC

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Location

Total Cost of Fire Protection Work \$

Location of Main Control Valve

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 [Signature]

SUBCODE APPROVAL

☐ CO ☐ OCO ☐ CA

Date

Approved by

INSPECTIONS

Type

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Final

Other Tare

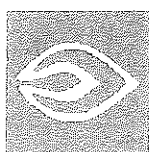
Dates (Month/Day)

Failure

Failure

Approval

Initial



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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install 1st floor alarm, install 1st floor
standpipe on 1st floor, 1st

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

Alarm Devices (i.e., smoke, heat, puls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/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

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas ☐ or Oil ☐ Fired Appliances

Other

Other

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

FREE (Office Use Only)

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]

[Signature]

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2 Green = Office Copy
4 Gold = Applicant Copy

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



BUILDING
SUBCODE
TECHNICAL SECTION

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

Owner in Fee James-Jean Flood

Address 63 Bonn Place

Telephone 865-1894

Contractor ELIO HARRISON, INC.

Address 213 HARRISON AVE

Telephone 433-1430 Fax ()

Lic. No. or Bids. Reg. No. 140-38-1886

Federal Emp. No. 140-38-1886

JOB SUMMARY (Office Use Only)

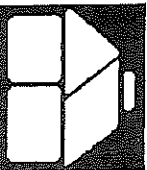
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☒ No Plans Required	<u>3/2</u>	<u>EL</u>					
☐ All			Footings				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes				
SUBCODE APPROVAL			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date:			TCO				
Approved by:			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Const. Class	<u>3-14</u>	<u>3-14</u>
No. of Stories		
Height of Structure		
Area — Largest Floor		
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:

1. New Bldg.	\$	
2. Alteration	\$	
3. Total (1+2)	\$	<u>1500</u>



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

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 John Flood

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
<u>Repair chimney</u>
<u>Water roof.</u>

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

Administrative Surcharge	\$
Minimum Fee	<u>40.</u>
DCA Training Fee	<u>2</u>
TOTAL FEE	<u>42.</u>

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