

Borough of Haledon

PASSAIC COUNTY, NEW JERSEY
INCORPORATED 1908
510 BELMONT AVENUE
HALEDON, NEW JERSEY 07508
TELEPHONE: 973-595-7766 EXT. 140
FACSIMILE: 973-790-4781
jlindberg@haledonboronj.com

May 28, 2021

Re: OPRA 2021-00350
424 Hobart Ave.
Haledon, N.J. 07508

Dear Sirs,

Please be advised after further search of all archive records, as per your request here is all permits for 424 Hobart Ave block 46 lot 15. Also there are no code violations for this address.

All records here are to the best of my knowledge.
Please contact our office with any questions.

Respectfully,

A handwritten signature in black ink, appearing to read 'John Lindberg', with a long horizontal stroke extending to the right.

John Lindberg
Code Enforcement Officer

973-934-6293

Borough of Haledon

510 Belmont Ave

Haledon, NJ 07508

(000)000-0000 FAX (000)000-0000

Permit No. **20130246**Control No. **92005927**Parcel(Block/Lot)**46/15**Date **10/24/2013****Construction Permit**Work Site Location 424 HOBART AVEContractor.... G.C. CONSTRUCTION CONTRACTOR LLCOwner in Fee..... WILKIE ERNEST JAddress..... 1061-1063 EAST 25TH ST.Address..... 424 HOBART AVEPATERSON, NJ 07501HALEDON NJ 07508Phone..... (973)809-7478Phone..... 9737907830

Lic No.....

Fed Emp No. 454597068

Permission is hereby granted to do the following work:

☒ BUILDING☐ PLUMBING☐ DEMOLITION☐ ONGOING -☐ ELECTRIC☐ FIRE☐ ASBESTOS ABATEMENT☐ OTHER☐ ELEVATOR☐ MECHANICAL☐ LEAD HAZARD ABATEMENT

Description of Work:

RIP OFF AND RE-ROOF APPROXIMATELY
1,900 SQ. FT. ASPHALT ROOF.

*Note: If construction does not commence within one (1) year
of the date of issuance or if construction ceases for a period
of six(6) months, this permit is Void.*

Estimated Cost of Work: \$4,300

Construction Official _____

Date _____

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*

PAYMENTS * (Office Use Only)

Building	<u>\$65</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>7</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$72</u>

Check#/Cash..... CASHPaid \$72 |Collected By JJ |

Total Administrative Fee: \$0



Borough of Haledon
BUILDING SUBCODE
TECHNICAL SECTION



Date Received **10/22/2013**
Control # **92005927**

Date Issued **10/24/2013**
Permit # **20130246**

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

Block/Lot **46/15**

Work Site Location **424 HOBART AVE**

Owner in Fee: **WILKIE ERNEST J**

Tel. **9737907830**

e-mail _____

Address: **424 HOBART AVE** **HALEDON NJ 07508**

Street

municipality

zip code

Contractor: **G.C. CONSTRUCTION CONTRACTOR LLC** Tel. **(973)809-7478**

Address: **1061-1063 EAST 25TH ST., PATERSON, NJ 07501**

e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. **454597068**

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

RIP OFF AND RE-ROOF APPROXIMATELY 1,900 SQ. FT. ASPHALT ROOF.

TYPE OF WORK

- ☐ New Building
☐ Addition
☒ Rehabilitation
☒ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8_
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

65

Administrative Surcharge \$ **0**

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 65

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)				
[] No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial	
[] All	_____	_____	Footings	_____	_____	_____	_____	
[] Footing	_____	_____	Footings Bonding	_____	_____	_____	_____	
[] Foundation	_____	_____	Foundation	_____	_____	_____	_____	
[] Frame	_____	_____	Slab	_____	_____	_____	_____	
[] Other	_____	_____	Frame	_____	_____	_____	_____	
			Truss Sys./Bracing	_____	_____	_____	_____	
Joint Plan Review Required			Barrier-Free	_____	_____	_____	_____	
[] Elec. [] Plumb [] Fire [] Elevator			Insulation	_____	_____	_____	_____	
			Finishes-Base Layer	_____	_____	_____	_____	
			Finishes-Final	_____	_____	_____	_____	
			Energy	_____	_____	_____	_____	
			Mechanical	_____	_____	_____	_____	
			TCO	_____	_____	_____	_____	
			Final	_____	_____	_____	_____	
			Other	_____	_____	_____	_____	

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present **R-5** 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. Rehabilitation \$ **4,300**
3. Total (1+2) \$ **4,300**

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this form to your Local construction code Enforcement Office, please provide one original plus three photocopies