BOROUGH OF NORTH HALEDON

103 OVERLOOK AVENUE NORTH HALEDON NEW JERSEY 07508
Phone number 973-423-9422 Fax number 973-427-5301

PERMIT APPLICATION

Date of application 11/17/15 Block 54 Lot 13

Application # 23 Property owner Scott Richardson

Date of Permit 11/17/15 Address: 12 Roosevelt Ave

Phone Number 862-247-3960

Work Site Location 12 Roosevelt Ave

Tenant name _____ Tenant Telephone # _____

(if applicable) _____

[] FENCE: Type _____ Height _____ linear feet _____
***copy of survey required** **Cost $75.00**
Yard location _____

[] SHED(up to 100 square feet) Length _____ Width _____ Height _____
***copy of survey required** **Cost $100.00**

[] POD (storage unit) 30 days _____ 60 days _____ 90 days _____
$100.00 per 30 days month. Must be in driveway

[] DRIVEWAY Repave ___ New X Contractor _____
Cost $30.00
Replace Concrete Apron

County road Yes ___ No X if yes must submit a copy of the application and plans to the Supervisor of Roads, County of Passaic

APRON WIDTH 10 FEET MINIUM 20 FEET MAXIUM

Scott Richardson
Signature

Office use only

Fee: ___ **Check** ___ **Cash** $30 **Construction Official** _____

BOROUGH OF NORTH HALEDON
103 OVERLOOK AVENUE
NORTH HALEDON, NJ 07508
973 - 423-9422

Permit Number: 20050305
Permit Date: 07/15/2005
Update Number:
Control Number: 8880
Application Date: 07/15/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 54 Lot : 13 Qualification Code:

Work Site Location: 12 ROOSEVELT AVENUE NORTH HALDEDON

Owner In Fee: GIANNELLA

Address: 12 ROOSEVELT
NORTH HALEDON NJ 07508

Telephone: () -

Use Group(s): U

Contractor: AMERICAN FENCE COMPANY

Address: 326 E ROUTE 46
SADDLE BROOK NJ -

Telephone: (973) - 546-4373

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
4 FOOT FENCE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	3,472.00
Cost of Demolition:	0.00
Total Cost:	$3,472.00

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

PAYMENTS (Office Use Only)

Building	$50.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$5.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$55.00**
All Fees Waived:	No

Amount to be Paid:	**$55.00**
Check Number:	745
Check amount:	$55.00

PHILIP CHEFF
Construction Official

Date

Collected by:	BB
Receipt No:	
Total Cash Amount	
Total Check Amount	$55.00
Total CC Amount	
Grand Total	$55.00

Note:

BOROUGH OF NORTH HALEDON

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 07/15/2005 Control #: 8880

Date Issued: 07/15/2005 Permit #: 20050305

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

Block: 54 Lot: 13 Qualification Code:

Work Site Location: 12 ROOSEVELT AVENUE

Owner Details

Name: GIANNELLA
Address: 12 ROOSEVELT
NORTH HALEDON NJ 07508
Telephone: -

Contractor Details

Contractor: AMERICAN FENCE COMPANY
Address: 326 E ROUTE 46
SADDLE BROOK NJ
Telephone: (973)-546-4373
Fax:
Lic No. or Bldrs Reg. No.:
Federal Emp. No:

B. BUILDING CHARACTERISTICS

Use Group	Present: U	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure	Ft.	**Est. Cost of Bldg. work:**	
Area - Largest Floor	Sq. Ft.	1. New Building	0.00
New Bldg. Area/All Floors	Sq. Ft.	2. Rehabilitation	3,472.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	$3,472.00

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

4 FOOT FENCE

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[X] Fence 4 FOOT Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	
Minimum Fee	$50.00
State Permit Surcharge Fee	$5.00
Total Fee	$55.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	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				

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

BOROUGH OF NORTH HALEDON
APPLICATION FOR ZONING REVIEW

SUBMIT APPLICATION TO ZONING OFFICER WITH A **SURVEY OF THE PROPERTY**.

FENCE REVIEW: COMPLETE #1- #3
INDICATE PROPOSED LOCATION ON SURVEY.
INDICATED HEIGHT AND TYPE OF FENCE.

ALL OTHER REVIEWS: COMPLETE #1-#5
INDICATE PROPOSED CONSTRUCTION IMPROVEMENT ON SURVEY.
INDICATE THE DISTANCE TO LOT LINES OF PROPOSED CONSTRUCTION
INDICATE DISTANCE BETWEEN EXISTING AND PROPOSED CONSTRUCTION.
INDICATE ALL STRUCTURE HEIGHTS
INDICATE AREAS THAT EXCEED SLOPE OF 8%.

1. OWNERS NAME Giselle Micchio

2. ADDRESS 12 Roosevelt Avenue

SITE LOCATION North Haledon, NJ 07508

BLOCK _____ LOT _____ PHONE (973) 423-1337

3. TYPE OF WORK INVOLVED Installation of 4' fence in backyard

4. SINGLE FAMILY ____ TWO FAMILY X BUSINESS ____ INDUSTRIAL ____
SIZE OF LOT (SQ FT) 6,500 BUILDING COVERAGE (%) _____

5. I (OWNERS NAME) Giselle Micchio
HEREBY SWEAR AND CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM AND SUBMITTED SURVEY IS TRUE.

OFFICE USE ONLY

APPROVED ✓ **DENIED** _____

REASON FOR DENIAL

USE ____ AREA ____ COVERAGE ____ HEIGHT ____ FRONT YARD ____
REAR YARD ____ SIDE YARD ____ TOTAL SIDE YARD ____
THE FOLLOWING ARE THE REQUIRED VARIANCES THAT MUST BE REQUESTED ON THE VARIANCE APPLICATION FORM
BOROUGH ORDINANCE _____ LIMITING SCHEDULE _____

ZONING OFFICER _____ **DATE** 7/15/05

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 12 Roosevelt Avenue
North Haledon, NJ 07508

Owner in Fee Giselle Micchio

Address Same

Tel. (973) 423-1337

Contractor American Fence Co.

Address 326 East Rt. 46
Saddle Brook, NJ 07663

Tel. (973) 546-8110 FAX (973) 546-4373

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

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.

X _____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

4 foot fence

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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 _____ 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 $ 3472
3. Total (1+ 2) $ _____

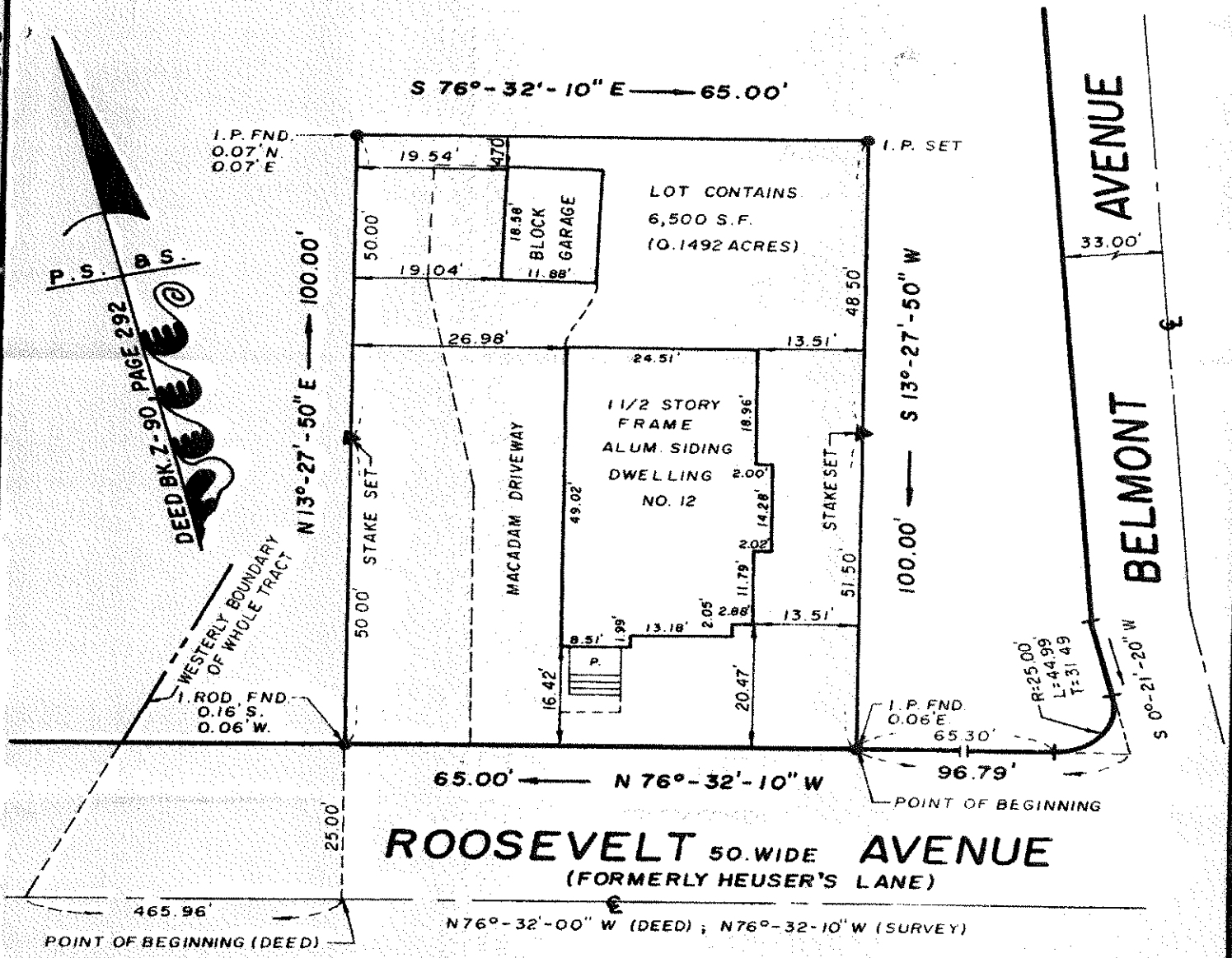
TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [x] Fence 4' Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ _____

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



Also being known as Lot 13 in Block 54 on the Borough of North Haledon Tax Assessment Map.

This survey is certified to GISELLE GIANNELLA, Single LAWYERS TITLE INSURANCE CORPORATION, CROSSTATE TITLE AGENCY, INC., HUDSON CITY SAVINGS BANK, BARTEL & BARTEL, ESQS. As Being Accurate and Correct.

N.J. License No. 9978

MAP OF PROPERTY
SITUATE AT
BORO. OF NORTH HALEDON-PASSAIC COUNTY, NJ

THIS SURVEY IS MADE FOR
GISELLE GIANNELLA
AUGUST 2, 1999

PAUL SCHILLING & SON

LICENSED, PROFESSIONAL ENGINEERS,
PLANNERS AND LAND SURVEYORS
194 WARBURTON AVENUE, HAWTHORNE, N.J.

SCALE 1" = 20'

BOOK **PAGE**

North Haledon
Municipal Building
North Haledon, NJ 07508
(973)423-9422 FAX *(973)427-5301*

Permit No. **20170527**
Control No. **16229**
Parcel(Block/Lot) **54/13**
Date **11/28/2017**

Construction Permit

Work Site Location 12 ROOSEVELT AVE

Owner in Fee..... **RICHARDSON SCOTT J & KAREN M**
Address..... 12 ROOSEVELT AVE
NORTH HALEDON NJ 07508
Phone.....

Contractor.... **DELIGHT CONSTRUCTION**
Address..... 143 GREGLWAN DRIAVE
PARAMUS NEW JERSEY
Phone.....(201)523-3828
Lic No..... **13VH04133600- 3/31/18**
Fed Emp No.

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:

RESIDENTIAL ROOFING, REMOVE ROOF
GABLE WATER DAMAAGE

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: $5,800

Construction Official _____ Date 11/30/17

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	$75
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	11
Certificate of Occupancy	0
Other	0
Total	$86
Check#/Cash	1645
Paid	$86
Collected By	LD

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

North Haledon
BUILDING SUBCODE
TECHNICAL SECTION

Date Receiv 11/28/2017
Control # 16229

Date Issued 11/28/2017
Permit # 20170527

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

Block/Lot 54/13

Work Site Location 12 ROOSEVELT AVE

Owner in Fee: RICHARDSON SCOTT J & KAREN M

Tel. _____ e-mail _____

Address: 12 ROOSEVELT AVE (Street) NORTH HALEDON NJ 07508 (municipality, zip code)

Contractor: DELIGHT CONSTRUCTION Tel. (201)523-3828

Address: 143 GREGLWAN DRIAVE, PARAMUS NEW JERSI e-mail _____

Contractor License No. 13VH04133600- 3/31/18 Exp. Date _____

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Inital
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Final				
Other				

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 Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ _____
2. Rehabilitation $ 5,800
3. Total (1+2) $ 5,800

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

RESIDENTIAL ROOFING, REMOVE ROOF GABLE WATER DAMAAGE

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [ ] Rehabilation
- [x] 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)

Roofing	65
Administrative Surcharge $	0
Minimum Fee $	75
State Permit Surcharge Fee $	
TOTAL FEE $	75

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 12 Roosevelt Ave North Haledon NJ

Owner in Fee: Scott Richardson O

Tel. 862 247 3960 e-mail BIGSrich426@GMail.com

Address 12 Roosevelt Ave North Haledon 07508
street municipality zip code

Contractor: Dright Construction LLC Tel. _____

Address 143 Gregiana Dr Pamona e-mail _____
NJ 07508

Contractor License No. or Builder Registration No. 13VH04133600 Exp. Date 3/31/18

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/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	Failure	Approval	Initial
	Dates (Month/Day)			
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 _____ 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____
Est. Cost of Bldg. Work:
1. New Bldg. $ $5800.00
2. Rehabilitation $ _____
3. Total (1+ 2) $ 0

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.
Sign here: _____
Print name here: George Miller

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Rip off existing layers of Roofing
Ice shield re shingle Mission brown
Remove roof Gable water DAMAGE
Frame New Hip roof 2x6 RAFTERS
5/8 sheathing Ice shield Shingle

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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)
$ _____

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

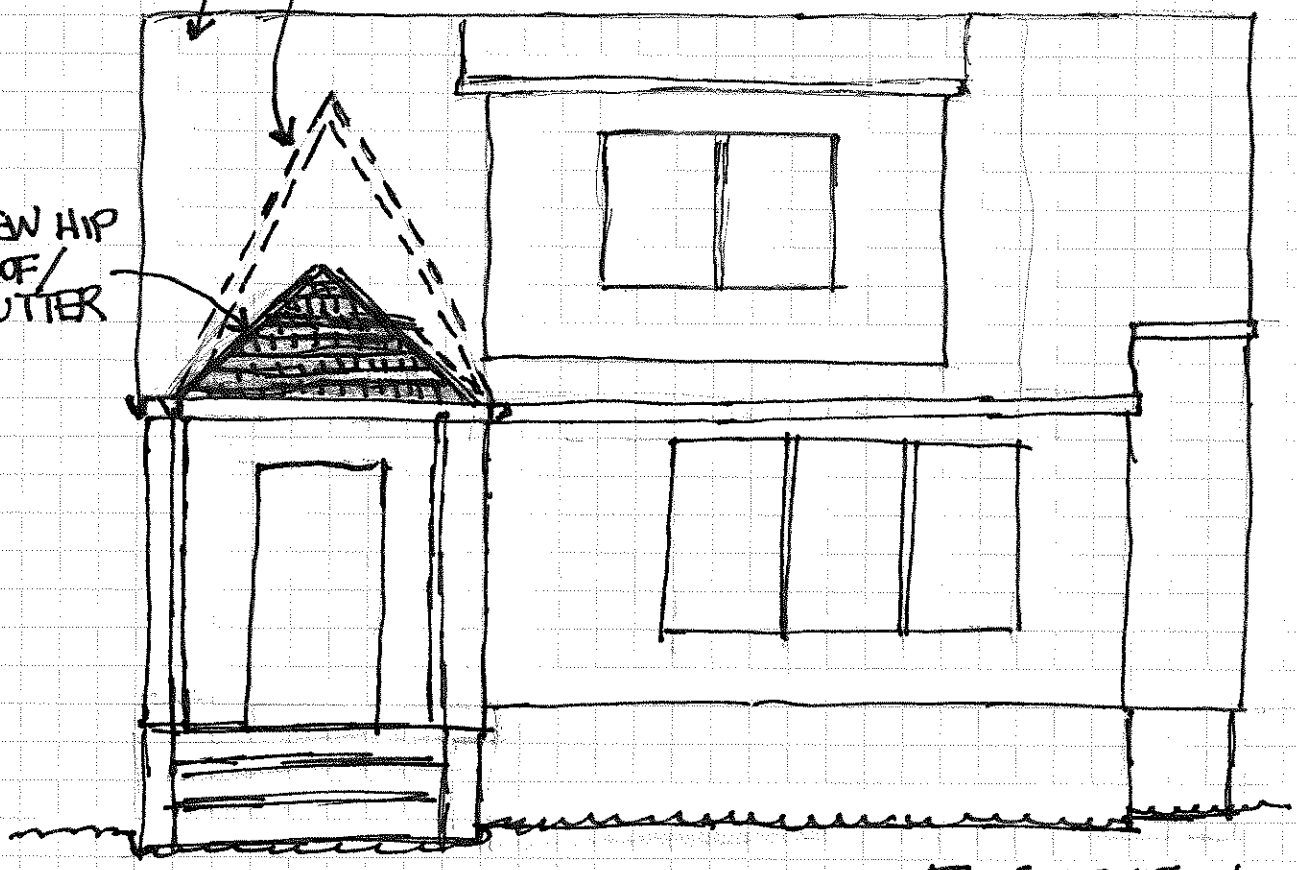
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

RICHARDSON RESIDENCE
12 ROOSEVELT AVE - N. HALEDON, NJ

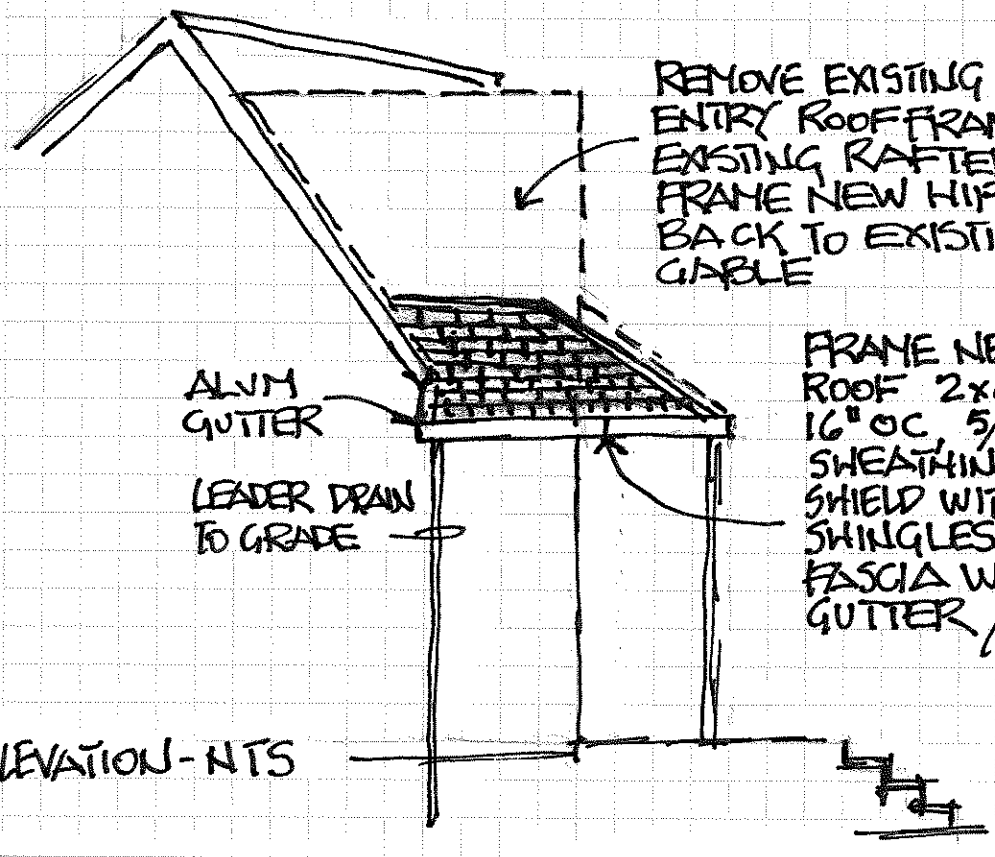
RESHINGLE ROOF SECTION

REMOVE EXISTING ROOF GABLE AT FRONT ENTRY - REPLACE WATER DAMAGED SHEATHING

NEW HIP ROOF/ GUTTER



FRONT ELEVATION - NTS



SIDE ELEVATION - NTS

Scott Richardson
12 Roosevelt Ave, North Haledon
07508
862-247-3960

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

DELIGHT CONSTRUCTION
Marilee Miller-Tornatare
143 Greglawn Drive
Paramus NJ 07652

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/15/2017 TO 03/31/2018
VALID

13VH04133600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
DELIGHT CONSTRUCTION
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBERS LICENSE

02/15/2017 TO 03/31/2018
VALID

SIGNATURE

13VH04133600
License/Registration/Certificate #

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE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4G LTE
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