

Laura Burns

From: Valerie Egan
Sent: Thursday, February 24, 2022 9:01 AM
To: Laura Burns
Subject: FW: OPRA request - OPRA Request -

RECEIVED
FEB 24 2022
BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

-----Original Message-----

From: Jennifer <opra+request-29765-cfde620f@requests.opramachine.com>
Sent: Thursday, February 24, 2022 6:19 AM
To: Valerie Egan <Vegan@hopatcong.org>
Subject: OPRA request - OPRA Request -

CAUTION:

This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Hopatcong Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

502 Durban Ave ,Hopatcong

11107-6

emailed entire file
(LB)

Any open permits
All closed permits
Any violations
Any documentation re UST (oil tank removal)

Yours faithfully,
Jennifer

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-29765-cfde620f@requests.opramachine.com

Is vegan@hopatcong.org the wrong address for OPRA requests to Hopatcong Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=hopatcong_borough



Block 11107 Lot 6
Subdivision _____

A. IDENTIFICATION

Owner Mary Ann Snook Agent _____
Address 502 Durban Avenue Address _____
Hopatcong, N.J. 07843
Tel. (908) 438-4444 Tel. (_____) _____
Work Site Address _____ Lic. No. _____
Federal Emp. No. _____

PAYMENTS

Amount \$ 10.00
Paid \$ 10.00
Balance \$ _____
Date _____
Authorized by _____
Date 7-13-84

is hereby granted permission
to perform the following work:

- ☒ **BUILDING** ☐ **ELECTRICAL**
☐ **PLUMBING** ☐ **FIRE PROTECTION**
☐ **OTHER** _____

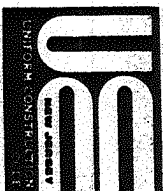
Description of work:

Siding house with wood shakes

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.

Estimated Cost of Work: \$ 237.00

Robert J. White
CONSTRUCTION OFFICIAL



BUILDING 4/3/84

SUBCODE

TECHNICAL SECTION



PERMIT NO. 2240
DATE ISSUED 4/13/84
REVISION DATE
Block 11107 Lot 6
Subdivision

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only	When changing contractors, notify this office
Owner <u>Mary Ann Sirok</u>	Contractor _____
Address <u>5021 Durban Ave</u>	Address _____
<u>Hopatcong NJ</u>	Tel. (____) _____
Tel. <u>Bel 388-1111</u>	Lic. No. _____
Work Site Address <u>Same</u>	Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Mary Ann Sirok
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Siding house with
wood shake

- TYPE OF WORK:
- ☐ New Building
 - ☐ Addition
 - ☐ Alteration/Renovation
 - ☐ Roofing
 - ☒ Siding
 - ☐ Other _____
 - ☐ Demolition
 - ☐ Miscellaneous
 - ☐ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Elevator
 - ☐ Other _____

☐ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____	Present _____	Proposed _____
No. of Stories _____	Total Building Area-All Floors _____	Sq. Ft. _____
Height of Structure _____	Volume of Structure _____	Cu. Ft. _____
Area-Largest Floor _____	Sq. Ft. _____	Total Land Area Disturbed _____
Estimated Cost of Building Work: \$	<u>237.00</u>	

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

SUBTOTAL
Minimum Building Fee (if applicable)
Total Building Fee
(Greater of Minimum or Subtotal)

ELECTRICAL SUBCODE TECHNICAL SECTION



PERMIT NO.	5411
DATE ISSUED	4/17/86
REVISION DATE	
Block	1107 Lot 6
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	JAMES SNOW	Contractor	- OWNER -
Address	502 DUEMAN AVE	Address	
	4090 ARCONG N.S. 07843		
Tel. (201)		Tel. ()	
Work Site Address	502 DUEMAN AVE	Lic. No./Bus. Permit	
	4090 ARCONG N.S. 07843	Federal Emp. No.	

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Maxim Durok
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data
TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Fee
	Switching Outlets	\$		H.V.A.C. Equipment	\$	COLUMN 1 \$
	Lighting Outlets			Switching Devices		COLUMN 2 \$
	Receptacle Outlets			Transformers		SUBTOTAL \$
	Range/Oven			Motors/Generators/Compressors (state no. and size of each)		Minimum Electrical Fee (If applicable) \$
	Dryer, Electric					Total Electrical Fee (Greater of Minimum or Subtotal) \$ 20 -
	Water Heater, Electric					
	Heating, Electric					
	Switches			Other		
	Lighting Fixtures			Other		
	Receptacles			Other		
	Bonding, Pool/Vault			Other		
	Service/Feeders					
COLUMN 1 \$			COLUMN 2 \$			

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____
 Service: 100 Amps 1 Phase _____ System _____
 Wire 220 Volts _____ Wiring Method _____
 Total No. of Meters: 1
 Estimated Cost of Electrical Work: \$ 125.00

D. COMMENTS

☐ Partial Releases

☐ Prototype Processing

CONSTRUCTION PERMIT

IDENTIFICATION Block 11107 Lot 1/6

Work Site Location 502 Durban Avenue

Owner in Fee J. Snook

Address 502 Durban Ave

Hopkings, N.J. 07843

Tele. () 784-0784

Contractor
Address

Tele. ()

Lic. No. or Bldg. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING

☐ ELECTRICAL ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

replacing existing shed

(Disposition of old shed Receipt Required)

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.

Estimated Cost of Work \$ 1200.00

[Signature]
CONSTRUCTION OFFICIAL

Date Issued
Control #
Permit #

4/8/94
13610

PAYMENTS (Office Use Only)

Building 34.00

Electrical

Plumbing

Fire Protection

Elevator Devices

Other Zoning 20.00

DCA Training Fee 1.00

Cert. of Occ. 20.00

Other

Total 75.00

Check No.

Cash

Collected By: *[Signature]*

(see reverse side)



CERTIFICATE

Date Issued 9/14/94
Control #
Permit # 13610 - 4 8 94

IDENTIFICATION

Block 11107 Lot 6
Work Site Location 502 Durban Ave
Owner In Fee J. Snook
Address 502 Durban Ave
Hopatcong, N.J. 07843
Tele. ()
Contractor
Address
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group 1
Maximum Live Load 100 (Shed)
Description of Work/Use:

replace exst shed

Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

☒ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than , 19 or the owner will be subject to a fine or order to vacate:

Fee \$ 20.00
Paid [] Check No. cash
Collected by: ef

CONSTRUCTION OFFICIAL

[Signature]

RECEIVED

APR 6 1994



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

13610

4/8/94

BOARD OF HOPALONG
CONSTRUCTION APPLICANTS

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

Block 11101 Lot 124

Work Site Location

502 DUEBANDAYE

Owner in Fee JAMES R. SNOOK

Address 502 DUEBANDAYE N.E. 0843

Telephone 201-201-1111

Contractor SAF

Address SAF

Telephone 201-201-1339

Lic. No. or Bldg. Reg. No. 110-1339

Federal Emp. No. 110-1339

or Social Security No. 110-1339

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Failure
☒ All	4/7/94	MSM	Footings		
☐ Foundation			Foundation		
☐ Slab			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☒ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	58	58	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area - Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 James R. Snook

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace existing damaged storage shed.

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	Asbestos existing shed
☐ Demolition	

(Office Use Only)

FEE

\$

34.08

Paid ☒ Check # <u>100</u>	Administrative Surcharge	\$
Collected by: <u>MSM</u>	Minimum Fee	\$ 1.00
	DCA TRAINING FEE	\$
	TOTAL FEE	\$ 35.00

Office Use Date Time By
 Application for Zoning Permit Only Rec'd

I N S T R U C T I O N S

1. Please use ball pen or type. Do not use pencil.
2. Please answer all questions. If the answer is "none," state "none."
3. Attach a plot plan or survey map, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved area, signs, etc. and show their dimensions and distances from all property lines and roads.

RECEIVED
 APR 6 1994
 BORO OF HOPATCONG
 CONSTRUCTION DEPT.

Name of Applicant Name of Owner (if different from applicant)

JAMES R. SNOOK

SAME

Address of Applicant

Address of Owner (if different)

502 DURBAN AVE

SAME

Phone number of applicant:

What is present use of principal building?

What is proposed use of principal building?

What are the present uses of any accessory buildings?

What are the proposed uses of any accessory buildings?

What are the proposed uses of any new structures or additions for which a zoning permit is requested?

STORAGE SHED (REPLACEMENT)

State whether the premises or property has been the subject of any prior application(s) to the Zoning Board of Adjustment or Planning Board. If none, state none. If so, state the nature of the application, the date, and the action(s) of the Board(s).

Street Address of premises:

502 DURBAN AVE

Block#

11107

Lot#

86

Zone

I hereby make application for a zoning permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit, which requires a separate application. I certify that the answers to the above questions and any statements or representations made on attachments to this application are true and complete to the best of my knowledge.

Date

4-6-94

Signature of Applicant (individual)

Name of Corporation or Association

Attest

Secretary

By:

RECEIVED

DO NOT WRITE IN THIS SPACE

☒ The use or change is permitted by ordinance.

Permit issued - No

Date

APR 6 1994

☒ Variance application recommended.

Per

Sh. Wilson

BORO OF HOPATCONG
 ZONING OFFICER

Samuel L. Wilson, Zoning Officer

OLD SHED TO BE REMOVED
 WHEN NEW SHED IS BUILT.

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 10/28/04
Control # C1110716
Permit # 04-1406

IDENTIFICATION Block 11107 Lot 6 Qual _____
Work Site Location 502 DURBAN AVE
SEWER CONNECTION
Owner in Fee SNOOK J
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 708-1660
Contractor H O M E O W N E R
Address _____
Telephone () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. HO- _____

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:
SEWER CONNECTION

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.

Estimated Cost of Work \$ 500

Construction Official

W O'Conor

Date

10/28/04

I.C.C. #170 (rev. 3/96) NJ HGCAWS 5.24E

PAYMENTS (Office Use Only)

Building _____ 0
Electrical _____ 0
Plumbing _____ 65
Fire Protection _____ 0
Elevator Devices _____ 0
Other _____
DCA State Permit Fee _____ 1
Cert. of Occupancy _____ 0
Other _____
Total _____ 66
Check No. 638
Cash _____
Collected By SSA

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 05/05/05
Control #
Permit #

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 11107 Lot 6 Qual
Work Site Location 502 DURBAN AVE
SEWER CONNECTION
Owner in Fee/Occupant SNOOK J
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 770-1337
Contractor
Address
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

[] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than / or the owner will be subject to fine or order to vacate:

Home Warranty No.
[] State [] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SEWER CONNECTION

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until /

William D. Lewis
Construction Official

Fee \$ 0
Paid [X] Check No. 638
Collected by: SJH

RECEIVED

OCT 26 2004



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received 10/28/04
Date Issued
Control #
Permit # 04-1406

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

Block 11107

Lot 6

Work Site Location

502 DuRan Ave
Hobart, OR 97843

Owner in Fee

JAMES R. SNOOK

Address

502 DuRan Ave
Hobart, OR 97843

Tele. (973) 466-3000

Contractor

SELF (owner)

Address

Tele. () ()

Fax () ()

Lic. No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size

Water Service Size

Est. Cost of Plumbing Work \$ 500

Proposed

Public Sewer

Private Septic

Public Water

Private Well

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 10/28/04

Approved by: *awc*

INSPECTIONS

Type: Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

Solar

TCO

Subcode Approval

☐ CO ☐ PCCO ☐ CA

Date: 4/15/05

Approved by: *awc*

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 and perform the work listed on this application.

Signature: *awc*

Contractor's Seal

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

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1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Homeowner needs \$1000. cash Bond

NO TANKS - 11/3/04
4/14/05 - need to know what tanks have been filled.
4/15/05 - Tank pumped and filled
1 pit filled - 4/15/05