Office of the City Clerk

SONIA L. GORDON, RMC
City Clerk

CITY HALL - 3RD FLOOR
155 MARKET STREET
PATERSON, NEW JERSEY 07505

OFFICE: (973) 321-1310
FAX: (973) 321-1311

September 2, 2022

Opra+request-34592-ceecec79@requests.opramachine.com
Ms. Alina

FILE NO: CA22:1546

Dear Ms. Alina:

Enclosed please find the information you have requested from the City of Paterson under the Open Public Records Act (OPRA).

The response is in full and final satisfaction of your OPRA request submitted to the City Clerk's Office.

If you have additional questions, please submit a new OPRA request.

Sincerely,

Sonia L. Gordon

SONIA L. GORDON
CITY CLERK

/th

Enc.

CA22:1546
Due Date: 8/17/2022

Twydaisha Hilbert

From: Alina <opra+request-34592-ceecec79@requests.opramachine.com>
Sent: Monday, August 8, 2022 4:04 PM
To: Opra Request
Subject: OPRA request - OPRA Request

Dear Paterson City,

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:

I am requesting all open/closed/requested permits, history, background, anything related to the current existing land and structure located at

462 E 23rd Street, Paterson NJ 07514 and
460 E 23rd Street, Paterson NJ 07514

Thank you so much for your help,

Alina

CITY OF PATERSON

Andre Sayegh'
Mayor

DEPARTMENT OF ECONOMIC DEVELOPMENT

Michael Powell, Director

DIVISION OF COMMUNITY IMPROVEMENTS-CONSTRUCTION OFFICE

Jerry Lobozzo,
Construction Official/Public Officer

RECEIVED
CITY OF PATERSON, NJ
2022 SEP -2 A 8:49
SONIA L. GORDON
CITY CLERK

DATE: September 1, 2022

TO: City Clerk's Office
Jacque Murray

FROM: Wanda Perez, Senior Clerk
Community Improvements

RE; OPRA #: CA22:01546

SEE ATACHED CLOSED PERMTIS FOR 460 E. 23RD ST AND 460 E. 23RD ST AS OF 9/1/22

Is per your request this is to inform you that we researched our files as far back as we go which is 1984 to present for the above referenced property, attached are our findings. We researched our files in Building, Electrical, Plumbing, and Fire, as well as, Housing and Zoning Bureaus.

All correspondence is being sent via email.

Any questions contact me Ext. 2426.

Thank you.

Wanda Perez

/wp

CITY OF PATERSON CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: _____
2. Owner Name: _____ Tel. (___) _____
   Address _____
3. Principal Contractor: _____ Tel. (___) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	$ _____

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5.	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS PT-B 10303330

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE_____ DATE_____

II. AGENT SECTION

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

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ **Check if contractor.**

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 638 LOT NO. 28 SUBDIVISION _____ PERMIT NO. 8990A

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection					

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____ .
PLUMBING	_____ .
ELECTRICAL	_____ .
FIRE PROTECTION	_____ .
OTHER _____	_____ .
SUBTOTAL	$ _____ .
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____ .)
D.C.A. TRAINING FEE .0006 x _____	= _____ .
CERTIFICATE OF OCCUPANCY	_____ .
OTHER _____	_____ .
OTHER _____	_____ .
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____ .

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			_____ .
OTHER			_____ .
OTHER			_____ .
– LESS: Refunds			(_____ .)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ _____ .

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ _____ .
COLLECTED AFTER PERMIT (VB)	_____ .
TOTAL	$ _____ .

CERTIFICATE

CERT. NO 8590
DATE ISSUED 7-20-88
Block 636 Lot 19
Subdivision

IDENTIFICATION

Owner Coleman
Address 460 E. 23rd St
Paterson, N.J.
Tel. ( )
Work Site Address 460 E. 23rd St.

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fee Remitted $25
☐ Check No.
☐ Cash
☐ Other
Collected By: KE
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☑ 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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK: REHABILITATION OF A TWO FAMILY

Virginia Coleman

DEPT. OF COMMUNITY IMPROVEMENTS
BUILDING BUREAU
CITY OF PATERSON
APPROVED
DEC 19 1988
PETER T. BALDINI
CONSTRUCTION OFFICIAL

USE GROUP
FIRE GRADING
MAXIMUM LIVE LOAD
MAXIMUM OCCUPANCY LOAD
SPECIFIC USE

FINAL COST OF CONSTRUCTION $ 12,250

Peter T. Baldini
CONSTRUCTION OFFICIAL

APPLICATION FOR CERTIFICATE

PERMIT NO. 5320
DATE ISSUED 2/22/01
Block 6456 Lot 17
Subdivision
Notice No.

IDENTIFICATION

OWNER
Name: Coleman
Address: 460 E 23 St
Town/State/Zip: Bay NJ

CONSTRUCTION LOCATION
Address: 460 E 23 St
Tel. (___) ___

ACTION

☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

Rehab 2 family

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
☐ Owner
☐ Agent

CC Form 122 (Rev. ...)

CITY OF
PATERSON

CONSTRUCTION PERMIT

PERMIT NO. 852,0
DATE ISSUED 7/20/88
Block 630 Lot 70
Subdivision

A. IDENTIFICATION

Owner Colyumbus of Agent
Address 460 E 23rd St. Address
Paterson
Tel. ( ) Tel. ( )
Work Site Address 460 E 23rd St. Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 56 Bldg
Fees Remitted $ 25.00
☐ Check No. 20 Elec
☐ Cash 100 Plumb
☐ Other
Collected By: 201
Date: KC

is hereby granted permission
to perform the following work:

☑ BUILDING ☑ ELECTRICAL
☑ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:
Rehab of
2 family.

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: $ 12,250

P T Baldwin
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

CITY OF
PATERSON

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8590
DATE ISSUED 11/4/88
Block 628 Lot 28
Subdivision

A. IDENTIFICATION

Owner Coleman
Address 462 East 32nd St
Paterson
Tel. ( ) 742-5316
Work Site Address Same

Agent Convenience Elect Contrs.
Address 42 James Ave
Clark NJ 07066
Tel. (201) 276-3342
Lic. No. 6557
Federal Emp. No. 22-2510283

PAYMENTS

Permit Fee $ 40.-
Fees Remitted $
☐ Check No. 1148
☐ Cash
☐ Other
Collected By
Date:

is hereby granted permission
to perform the following work:

☐ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☒ FIRE PROTECTION
☐ OTHER

Description of work:

Garage repairs
25. D.

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: $ 800

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (9/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

CITY OF
PATERSON

BUILDING
SUBCODE
TECHNICAL SECTION

PERMIT NO. 559
DATE ISSUED 7/22/88
REVISION DATE
Block E0636 Lot 29
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner MINGO + MARY Coleman
Address 41st & 28 Street
Paterson, N. J.
Tel. ( ) 742-5016
Work Site Address Same

Contractor Jorge Benavides
Address 2548 Trenton
Paterson, N. J. 07513
Tel. ( ) 345-2407
Lic. No. 2031
Federal Emp. No. 136-44-3628

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.

Jorge Benavides
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

Repair wall & Ceiling
Floor bath + Kitchen
First + second Floor
Rehab

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☒ Other Rehab
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator 0.0
  - ☒ Other

Fee Basis	Fee
	$
	$ 56.00
	$ 25.00
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee (Greater of Minimum or Subtotal)	$ 81.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 7,900

D. COMMENTS

2 Family

☐ Partial Releases ☐ Prototype Processing

460 - E 23-84

CITY OF PATERSON

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 5 Lot 22
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Coleman
Address 462 East 32nd St.
Paterson
Tel. ( ) 942-5316
Work Site Address Same

Contractor Cloverleaf Elect Contr
Address 79 James Ave
Clark NJ 07066
Tel. (201) 574-3342
Lic.No./Bus. Permit 6557
Federal Emp. No. 22-2510263

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric		1	1 Pump	10
	Switches				
	Lighting Fixtures		2	Other S.P.	10
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 20

C. ELECTRICAL CHARACTERISTICS

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

D. COMMENTS

General repairs

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS
11-14	P.J. JAASEN GROUND FAULT
	~~ET~~ 2° FLOOR & ~~OTHER~~ REVERSE POLARITY
	BASEMENT 3 CABLE IN 1 BOX
	OF BOILER. 11/16/88 Letter

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO

Date: 12-6-88

Inspected By: John C

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

CITY OF
PATERSON

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. B-9[illegible]
DATE ISSUED 11/4/88
REVISION DATE
Block 238 Lot 28
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — *When changing contractors, notify this office*

Owner Coleman
Address 462 East 32nd St
Paterson
Tel. ( ) 442-5316
Work Site Address same

Contractor Convenience Elect Contrs
Address 47 James Ave
Clark NJ 07066
Tel. (201) 276-3342
Lic.No./Bus. Permit. 6559
Federal Emp. No. 22-2510283

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric			T Baths	10
	Switches				
	Lighting Fixtures		2	Other S.D.	10
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 20

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
Estimated Cost of Electrical Work: $ 200

D. COMMENTS

General repairs

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

CITY OF PATERSON

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 5590
DATE ISSUED 3/20/87
REVISION DATE
Block E0638 Lot 29
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner MINGO + MARY COLEMAN
Address 460 - East 23 STREET
PATERSON, N.J.
Tel. ( ) 742 - 5316
Work Site Address SAME

Contractor CARIBE ELECTRICAL CONTRACTORS
Address 313 GETTY AVENUE
PATERSON, N.J. 07503
Tel. ( ) 684 - 3333
Lic.No./Bus. Permit. 8564
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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
9	Lighting Fixtures	10		Other New boiler	10
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 80.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: 2
Estimated Cost of Electrical Work: $ 250.00

D. COMMENTS

2 LINES FOR SERVICE Two boiler heater first + second floor 2 family.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

460 E 23 "BT

CITY OF PATERSON

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 85-90M
DATE ISSUED 7/20/85
REVISION DATE
Block 6063 Lot 28
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner MINISO + MARY (COLEMAN)
Address 460 - EAST 23 STREET
PATERSON, N.J.
Tel. ( ) 742-5316
Work Site Address SAME

Contractor CARIBE ELECTRICAL CONTRACTORS
Address 313 GETTY AVENUE
PATERSON, N.J. 07503
Tel. ( ) 684-3333
Lic.No./Bus. Permit. 8364
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.
AGENT/SIGNATURE

B. TECHNICAL SITE DATA

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

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
4	Switches			Other 1 New boiler	70
	Lighting Fixtures	10		Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders				
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 80

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: 2
Estimated Cost of Electrical Work: $ 350.00

D. COMMENTS

2 LINES FOR SEARS two boiler heats
first + second flr
2 family.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE

JOB CONDITION/COMMENTS

11-2-88 JANSEN DEFECTS

BASEMENT: CABLES (ROMEX)

THROUGH BEAMS ART 336-12.

BOILER ~~&~~ WIRING ~~NEED~~ TOO MANY WIRES

FOR 1 ROMEX CONNECTOR & NO GROUNDING ~~GAP~~ TO WATER.

1° + 2° FL - MUST HAVE 2 APPLIANCE CIRCUITS

AND MUST HAVE GROUND IN GROUNDED RECEPTACLE

1° + 2° FL BATHROOM NEED SWITCH + GROUNDFAULT

THIS IS REHAB?

2° FLOOR ~~BE~~ BEDROOM LOOSE BOX AND

NO GROUND IN GROUNDED RECEPTACLES.

ATTIC WIRING NO PLATES BOXES/OUTLET

RECEPTACLE) PUSHED IN WALL

NEED ADDITIONAL PERMIT FOR ALL NEW FIXTURES

~~AND~~ 1°FL + 2°FL.

AM-210-70-STAIRS NO SWITCH; HAS PULL CHAIN

JOB SUMMARY

- ☐ No Plans Required
- ☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS 11-21-88 Pkg REAR STAIRS NO SWITCHES ONLY PULL CHAIN

Type	Failure Dates	Approval Date
☐ Rough	FIXTURES NOT	ON PERMIT
☐ Energy	OUTLET 2nd Fl bathroom	OUT OF CARD'S
☐ Mechanical	12-1-88 JANSEN PROG REAR STAIRWAY ONLY	1° 2°FL
☐ TCO	THEY RECEIVED PERMISSION FOR	
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ C

Date: 12-1-88

Inspected By: [signature]

CUT-IN — TO MOVE PEOPLE ~~&~~ 1°FL ONLY

	Date Issued	Expiration Date
Temporary Cut-in-Card		
~~Temporary~~ Cut-in-Card		
Final Cut-in-Card	SEE NEXT PERMIT	

CITY OF
PATERSON

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 8590
DATE ISSUED 11/14/08
REVISION DATE
Block 638 Lot 28
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Coleman
Address 462 E. 23RD St
Paterson
Tel. ( ) 742-5316
Work Site Address Same

Contractor Convenience Gas Corp.
Address 42 James Ave
Clark NJ 07066
Tel. (201) 276-3342
Lic. No. 6557
Federal Emp. No. 22-2510283

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____

FEE $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____

$ _____

B3. ALARM

TYPE: ☑ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $ _____

FEE $ 20

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____

$ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

CITY OF PATERSON

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 35611
DATE ISSUED 11/4/11
REVISION DATE
Block 238 Lot 28
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner LOEHMANN
Address 766 E 32ND ST
PATERSON
Tel. ( ) 742-5216
Work Site Address SAME

Contractor CONVENIENCE FIRE CORP.
Address 49 JACKS AVE
OAKLAND 07436
Tel. (551) 216-5348
Lic. No. 6559
Federal Emp. No. 52-2510383

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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised — Method: _____
Water Supply — Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☑ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ NO

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems — Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank — Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
11/17/88	SD CO (REHAB) Capt. A. Mego

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 11/17/88

Inspected By: Capt. A. Mego

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

CITY OF PATERSON

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 8590
DATE ISSUED 5/20/87
REVISION-DATE
Block E0638 Lot 28
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Virgo & Mary Coleman
Address 466 - E 28th St.
Paterson, NJ.
Tel. ( ) 742-5316
Work Site Address Same

Contractor Jerry D'Alessandro
Address 512 Sumner Ave
Paterson, NJ.
Tel. (201) 278-4157
Lic.No./Bus. Permit 4441
Federal Emp. No. 136-44-3638

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.

Jerry D'Alessandro
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10.		Garbage Disposal	$
2	Bathtub	10		Air Conditioner Unit	
4	Lavatory/Sink	20		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
2	Water Heater	30		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
2	Steam Boiler	30		Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 100		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 100

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage – Material _____ Size _____
Building Sewer– Material _____ Size _____
Water Service– Material _____ Size _____
Venting – Material _____ Size _____
Estimated Cost of Plumbing Work: $ 5000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT # 638-28

Date 11/28/88

Location 460 E 23rd St

Owner

Address

FINDINGS:

2 Family Res Not.

Interior Work complete on 1st & 2nd Floor.

Ok to issue temp cofo 1st floor.

Exterior Not complete.

Form BLDG-2009

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT #_____

Date 11/14/88

Location 460 E 22nd St

Owner _____

Address _____

FINDINGS:

Re Hot-up 2 fam.

Not ready for inspection

Still working.

Form BLDG-2009

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT #_____ 638-28

Date 12/14/88

Location 460 E 32nd St

Owner _____

Address _____

FINDINGS:

Re Hvac -

all work complete

ok to issue c/o

ff

Form BLDG-2009

BUILDING BUREAU
INSPECTOR'S REPORT
Paterson, New Jersey

PERMIT #_____ 638-28

Date 11/18/08

Location 460 E 23rd

Owner _____

Address _____

FINDINGS:

10:30
CO for 2 family Rehab.
No one there at Hours.
SF
PB

Form BLDG-2009

460 East 23rd Street
MARY Coleman (742-5316)

E06838-88
7-20-88
8570
~~Not Posted~~
REHAB
~~Not Posted~~
2FAM
~~Not Posted~~
~~742-7999~~
Side All Side
Joe Weir

B- ok
E- 10/6/88 jg
P- 11/28/88 jg
F- T 11/17/88 → Final 12/14/88
LEAD-12-6-88

November 2nd, 1988

460 East 23rd Street

Owner called and advised that this was not a rehabilitation and that the property was not vacant for a long period of time. The contractor who came in perhaps stated that it was a rehab. but in fact it was not.

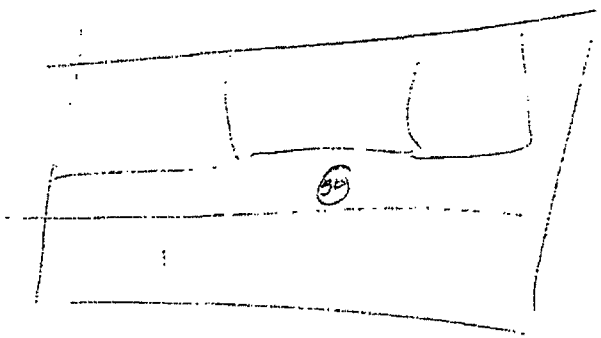
The owner does not feel that she should have to bring it up to code-electrical violations because itis not a rehab. She also advised that the contractor never told her this and she knew nothing about the inspections required until she called, and was advised that she needed all inspections as well as lead paint.

I advised that the only thing I could suggest was that she submit an affidavit to Mr. Peter Baldini and the decision would be up to him if he will change the permit from a rehab. to a regular alteration permit.

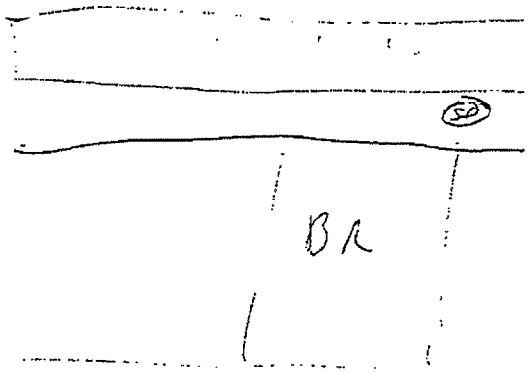
Roz G..

11/3/88
Owner in office this date. She informed us. this is a rehabilitation. it had been vacant. at least 12 months.

x Mary Coleman



2nd Floor



11-4-7D
2 SD
Letter

SD

CO.

CITY OF PATERSON

DATE 11/17/88

To Peter T. Baldini, Construction Official

THE PREMISES LOCATED AT 462 E 23rd St

HAVE BEEN INSPECTED BY THE Fire Dept.

AND FOUND TO COMPLY WITH ALL EXISTING ORDINANCES AND RESOLUTIONS GOVERNING THE AFOREMENTIONED DEPARTMENT.

Inspector

J. Mayo

MORRIS & SON HOME IMPROVEMENT, INC.
CONSTRUCTION CO.

Phone: 495-3563

329 EAST 53rd STREET
BROOKLYN, N.Y. 11203

Ms. M. Coleman; 462 E 23rd St Paterson — 11-30-88
SOLD TO: DATE:

X Accepted.

			UNIT PRICE:	AMOUNT:
	✓	ALUMINUM SIDING To install 540 ft outside		
		~~BLOCK~~ aluminum trimming around windows		
		~~BRICK~~ doors & soffit. *	540 ft [illegible]	
		STRUCTOLITE		
		KITCHEN		
		PLASTER		
		SHEETROCK		
		ROOFING		
		PAINTING		
		DOOR & REPLACEMENT WINDOW To repair rotted wood		
		~~CEMENT WORK~~ around three (3) windows. (to be specified)		
		PLUMBING WORK		
		TILE WORK		
		TOTAL		
		SALES TAX		
		TOTAL		
		DEPOSIT		
		BALANCE		

* Work to commence 12.1-88 and to be completed by 12.9.88.
contractor: [illegible]

PATERSON DIVISION OF HEALTH
DEPARTMENT OF ENVIRONMENTAL HEALTH
LEAD REMOVAL ORDINANCE — CITY OF PATERSON

176 Broadway, Paterson, New Jersey 07505
201-881-3907

DATE 12-6-91

CASE # 2992

To Whom It May Concern:

This is to certify that the premises located at 460 E. 23rd St., Duplex. Re Rent.

has been inspected and does comply with lead paint standards set forth in Article 29 of Chapter 13 R.O.P. and NJ R.S. 24:14A-1.

John J. Ferraioli
HEALTH OFFICER

PCW/edk

NOTICE: NOT VALID UNLESS THE RAISED SEAL OF THE PATERSON DIVISION OF HEALTH IS AFFIXED THEREON.

SIDE-ALL BUILDERS, INC.
246 CLIFTON AVENUE • CLIFTON, NEW JERSEY 07011
772-7979

MEMBER CLIFTON CHAMBER OF COMMERCE
HOME REPAIR CONTRACTOR
N.J. STATE LICENSE NO. 74607
REFERENCE #8307464C03

HOME REPAIR SALE CONTRACT

OWNER'S NAME [illegible] DATE 6-17-88
AND ADDRESS [illegible] 23rd St PHONE 7[illegible]-5316
TOWN [illegible] N.J.

In this contract, the words "I, me and my" mean each and all of the persons names as Owner.

CONTRACTOR'S NAME AND ADDRESS Side-All Builders, Inc. 246 Clifton Avenue • Clifton, New Jersey 07011

The words "you and your" mean the contractor (Seller) named.

GOODS AND SERVICES: I agree to purchase from you, and you agree to sell to me, the following goods and/or services as stated in this agreement. Any specifications required by Building, Electric and Plumbing codes and Fire codes that are not in this original agreement Are Additional.

RESIDENCE: I acknowledge that the goods and services are to be furnished or used in the course of rehabilitating or altering the residence located at ______________________ I affirm to you that I own the residence.

DESCRIPTION OF IMPROVEMENTS: (For all materials used, see attached product specification sheet.

[illegible]

OWNER AGREES TO PAY CONTRACTOR FOR THE AFORESAID MATERIALS AND SERVICES AS FOLLOWS:

1. CASH PRICE .... $ ________
2. CASH DOWN PAYMENT .... $ ________
3. UNPAID BALANCE OF CASH PRICES (1-2) $ ________

PAYMENT PLAN

Amount Financed $ 37000
Interest Rate ________ %
Monthly Payment $ ________
Number of Monthly Installments 120

INSURANCE: The Contractor represents that it carries Workmen's Compensation and Public Liability Insurance.
GUARANTEE AND WARRANTY: You agree to guarantee labor and material on construction for a period of one (1) year except for those products, materials, or appliances, which are covered by a manufacturers warranty or limited warranty (if applicable) furnished in writing to me. You agree to guarantee labor only on siding, fiberglass roof shingles and replacement windows for (5) years. All work done according to the Trades of Today.
START AND COMPLETION: You agree to start the above described work within 7 days after approval and complete the described work within 90 days. You shall not be liable for delay due to causes beyond your control.

NOTICE TO OWNERS

DO NOT SIGN THIS CONTRACT IN BLANK! YOU ARE ENTITLED TO A COPY OF THE CONTRACT AND ATTACHED SPECIFICATION SHEET AT THE TIME YOU SIGN IT. KEEP IT TO PROTECT YOUR LEGAL RIGHTS. WE, THE AFORESAID OWNERS, CERTIFY THAT IMMEDIATELY AFTER THE SIGNING OF THE AFORESAID AGREEMENT, A COMPLETE EXECUTED COPY WAS FURNISHED TO US.

"YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT."

SIDE-ALL BUILDERS, INC.
246 CLIFTON AVENYE
CLIFTON, NEW JERSEY 07011

OWNER: BY SIGNING BELOW I AGREE TO BE BOUND BY THE TERMS OF THIS CONTRACT AND I ACKNOWLEDGE RECEIVING A COPY OF THIS CONTRACT. AND TWO COMPLETED COPIES OF THE NOTICE OF CANCELLATION AND THAT I HAVE BEEN ORALLY INFORMED OF MY RIGHT TO CANCEL.

Owner [signature] (L.S.)
Owner [signature] (L.S.)

By ______________________
Name of Sales Representative
CONTRACT MUST BE APPROVED BY JOSEPH TRIFARI

NOTICE: TERMS AND CONDITIONS ON REVERSE SIDE ARE PART OF THIS CONTRACT

PATERSON, CITY OF

(BUILDING DEPT.)

LDS PA-B 10308861

462 E. 23rd St Lot 27 Block 10036 -27

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 3/7/06

Date Issued Permit # 06-496

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

Block 10036 Lot 27 Qualification Code

Work Site Location 462 E. 23rd St

Owner in Fee MINGO COLEMAN

Address 462 E. 23rd St
PATERSON, NJ

Tel. ( )

Contractor K & H Home Improvement

Address 322 Hamburg Ave
Lyndhurst NJ

Tel. (973) 804-3958 FAX ( )

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.

Signature K. H

D. TECHNICAL SITE DATA

ROOF

DESCRIPTION OF WORK

Rip off Roof
Front of House
ICR Shield

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 R-3 Proposed R-3

Constr. Class Present 5B Proposed 5B

No. of Stories Present 2 Proposed 2

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: $1000.00

1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $

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
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $ 70
State Permit Surcharge Fee $
TOTAL FEE $ 70

U.C.C. F110 (rev. 07/03)

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

BLOCK 20138 LOT 27 QUALIFICATION CODE _____ ADDRESS (SITE) 462 E. 23rd St. PERMIT NO. 06-496

37501

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 462 E. 23rd St.
2. Name of Owner in Fee: Mildred Coleman Tel. ( ) _____
   Address 462 E. 23rd St.
   (Street) (Municipality) (Zip Code)
3. Ownership in Fee: Public _____ Private
4. Principal Contractor: K. J. H. Home Improvement Tel. (973) 684-5938
   Address 322 Dellwood Ave
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun K J H Home Improvement
   Tel. (973) 684-5938 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ____ ft.	
3.	Area — Largest Floor ____ sq. ft.	
4.	New Building Area ____ sq. ft.	
5.	Volume of New Structure ____ cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 12/03)

LDS PA-B 10100936

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature K. H Date 7-7-2006

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name K. J. H Home Improvement

Address 3223 Delaware Ave

Pat.

Telephone (973) 614-5938

Signature K. H

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

CONSTRUCTION PERMIT

Date Issued 3/7/20

Permit # 06-496

IDENTIFICATION Block 5024 Lot 27 Qualification Code

Work Site Location 462 E. 23rd St Contractor K & H Home Improvement

Address 322 Delaware Ave

Owner in Fee Mingo Coleman Address Same Tel. Paterson NJ 973 684-5438

Tel. ( ) Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER R-6

DESCRIPTION OF WORK: Rip Off and Re Roof w/Ice Shield (front of house)

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 $ 3000

Construction Official (RM) Date 3/7/20

PAYMENTS (Office Use Only)

Building 30

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 1

Cert. of Occupancy

Other 45

Total 45.1

Check No. ✓

Cash

Collected by (RM)

(See reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

462 E. 23rd St

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 3/7/02

Date Issued / Permit # 02-496

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

Block 2003.38 Lot 27 Qualification Code

Work Site Location 462 E. 23rd St

Owner In Fee Mario Gonzalez

Address 462 E. 23rd St. Paterson, NJ

Tel. ( )

Contractor K & H Home Improvement

Address 322 Elwood Ave

Tel. (973) 684-5958 FAX ( )

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Lift off Roof front of House for safety

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:	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				

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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $ 50

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present Hom Proposed R-5

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: $1000.00

1. New Bldg. $

2. Rehabilitation $

3. Total (1+2) $

U.C.C. F110 (rev. 07/03)

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

New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 46016
Newark, NJ 07101
1-888-656-6225
www.njconsumeraffairs.gov/contractor.htm

MAR 3 RECD
HOME IMPROVEMENT CONTRACTORS

Under recently enacted New Jersey law, Home Improvement Contractors will be required to register with the New Jersey Division of Consumer Affairs.

Enclosed you will find the following documents:

- Notice to Contractors from the New Jersey Division of Consumer Affairs
- Frequently Asked Questions
- Instructions
- Application for Registration as a Home Improvement Contractor
- Statutes and Regulations

MAR 3 RECD
HOME IMPROVEMENT CONTRACTORS

$ PAID

New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 46016
Newark, NJ 07102

$ PAID

Payment Coupon
(Please return this portion with your payment.)

Name: Keith Ray Henry
Company: K+H Home Improvement
Address: 322 Delaware Ave
Patterson, NJ 07503

Applicant's No: 1176618
Amount Due: $90.00
Paid Amount: 90.00

Contractors' Registration Act

BUILDING DEPARTMENT
REMOVAL OF CONSTRUCTION SITE DEBRIS & RECYCLABLE

PRIOR APPROVAL

OWNER/CONTRACTOR K. & H Home Improvement

ADDRESS: 322 Delaware Ave Pat.

TELEPHONE: 973-684-5938

LOCATION: BLOCK E0638 LOT 27

STREET 462 E. 23rd St.

I have received and read the handout entitled "Removal of Construction Site Debris and Recyclables Prior Approval" which was given to me when I applied for a Building Permit. I understand that it is my responsibility to properly dispose of all construction site trash at Passaic County Transfer Stations, and Source separated Recyclable material may go to the Passaic County or an approved recycling center. Owners or contractors must make sure that recyclable material (recycling tax) is credited to the Community or County of Origin.

I also understand that I am required to obtain a receipt from the disposal site indicating that the construction debris and recyclables had been properly disposed of, bring these receipts to this Building Department within 10 days from the date of disposal.

I am aware that I may be fined up to $1,000, and imprisoned for up to 90 days if I do not obtain a receipt for the disposal of debris, ore recyclables, and bring the receipt to the Building Department.

I have read the above and certify that I am the owner of Block_____, Lot _____ in this town and if I sell the property before I obtain the required receipt I will notify the new owner of these requirements and penalties.

K. H
(SIGNATURE)

DATE: 3-7-2006

CITY OF PATERSON

Department of
Community Development

Marilee Jackson
Director

Department of
Community Improvements

Kathleen Easton
Director

Jose "Joey" Torres
Mayor

MUNICIPAL COMPLEX
111 BROADWAY
PATERSON, NJ 07505-1124
PHONE (973) 321-1232
EX: 2212

MULTI-JURISDICTIONAL APPROVALS

PLEASE READ & SIGN

The applicant represents and warrants that all necessary approvals have been secured or will be secured in a timely fashion. This includes ALL necessary approvals, whether Federal, State, County or Local. Many projects require multiple approvals at the Federal, State, County or Municipal levels. Some projects require multiple approvals within each jurisdiction. By signing this document, the applicant represents that all such approvals have been secured or will be secured as required by law. In the event that any significant approval has not or will not be obtained, this approval may be revoked by the City of Paterson. The applicant acknowledges that the City of Paterson is relying on this representation of compliance in issuing this approval.

K. Heavy 3-7-2006

Signature owner/applicant **Date**

Org. 8/10/04

BLOCK E0638 LOT 28 ADDRESS (SITE) 460 E. 23rd St. PERMIT NO. 96-2727

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 460 E 23 st.
2. Name of Owner in Fee: Mingo Coleman Tel. (___) ___
   Address Same
   street municipality no code
3. Ownership in Fee: Public ___ Private ✓
4. Principal Contractor: 2-vision Const Tel. (___) 684-7252
   Address 358 11 Ave Paterson, N.J.
   License No. OR, if new home, Builder Reg No. 3543 Exp. Date 12/96
   Federal Emp. No ___ Social Security No ___
5. Architect or Engineer ___ Tel. (___) ___
   Address ___
6. Responsible Person in Charge of Work ___ Tel. (___) ___

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$			

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories ___
2. Height of Structure ___ ft.
3. Area—Largest Floor ___ sq. ft.
4. New Building Area ___ sq. ft.
5. Volume of New Structure ___ cu. ft.
6. Construction Classification ___
7. Total Land Area Disturbed ___ sq. ft.
8. Flood Hazard Zone ___
9. Base Flood Elevation ___ ft.
10. Wetlands yes ___ sq. ft.
    no ___
11. Max. Live Load ___
12. Max. Occupancy Load ___

II. PROPOSED WORK

Est. Cost

1. ☐ Minor work (single trade)
2. ☐ Small Job ($5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition

TOTAL COSTS

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ___
After Construction ___
Net gain or loss ___

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

LDS PT-B 10422695

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name 2-Visions - Cont.

Address 358 11 Main

Paterson, N.J.

Telephone (201) 684-7252

Signature [signature] Date 11/12/96

CONSTRUCTION PERMIT

Date Issued 11/12/96
Control #
Permit # 96-2727

IDENTIFICATION Block 40638 Lot 28

Work Site Location 460 E. 23rd St.

Owner in Fee Nilwyo Coleman
Address 5 Ann C

Tele. (____)

Contractor 2-Visions Const.
Address 35 E 14th Ave.
Paterson, NJ.

Tele. (____)
Lic. No. or Bldrs. Reg. No. 3593 Exp. Date 12/96
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: (2F) Replace 1st Fl. Porch - Rail + Floor same size

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 $ 1,000.

P T Baldwin
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	15.
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.
Cert. of Occ.	
Other	
Total	16.
Check No.	1011
Cash	
Collected By:	CK.

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/12/96
Date Issued
Control #
Permit # 96-2727

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

Block 60638 Lot 28
Work Site Location 460 E 33 St Paterson.

Owner in Fee Mingo Columns
Address 460 E 33 St Paterson

Tele. (201) 684-7257
Contractor Z-vision - Cont
Address 358 11 Mnt Paterson, N.J.

Tele. (____)
Lic. No. or Bldrs. Reg. No. 3543
Federal Emp. No. [redacted] or Social Security 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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 1st floor
Proach ~~Cont~~ Stay
Rail + floor.
Stair Same.
7 x 7

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

25

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. Alteration $ ____
3. Total (1+2) $ 1500.

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only) FEE

$ ____
54
11

Paid [ ] Check # 1011
Collected by: GR

Administrative Surcharge $ ____
Minimum Fee $ ____
DCA TRAINING FEE $ 16.
TOTAL FEE $ ____

U.C.C. Form F-1108 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

460 E 23RD ST
E0638 28
460 E. 23 St.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/12/96
Date Issued
Control # 96-2727
Permit #

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

Block 6638 Lot 28
Work Site Location 460 E 23 St Paterson
Owner in Fee
Address 460 E 23 St Paterson.
Tele. ( )
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ______ or Social Security 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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 1st floor porch stay
Rail + floor.
Same.
7 x 7

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final			7/1/99	

Dates (Month/Day)

TYPE OF WORK:

[✓] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (6' or over)
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only) FEE

$
15
11

Paid [ ] Check # 1011
Collected by: 42

Administrative Surcharge $
Minimum Fee $
DCA TRAINING FEE $ 16.
TOTAL FEE $

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. Alteration $
3. Total (1+2) $ 1100.

U.C.C. Form F-1108

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

BUILDING DEPARTMENT
RENOVAL OF CONSTRUCTION SITE DEBRIS & RECYCLABLES

PRIOR APPROVAL

OWNER/CONTRACTOR 2 Vision

ADDRESS 358 11 Ave Paterson, N.J.

TELEPHONE (201) 684-7252

LOCATION: BLOCK _____ LOT _____

STREET 460 ~~490~~ E 23 St.

I have received and read the handout entitled "Removal of Construction Site Debris and Recyclables Prior Approval" which was given to me when I applied for a Building Permit. I understand that it is my responsibility to properly dispose of all construction site trash at Passaic County Transfer Stations, and Source separated Recyclable material may go to the Passaic County or an approved recycling center. Owners or contractors must make sure that recyclable material (recycling tax) is credited to the Community or County of origin.

I also understand that I am required to obtain a receipt from the disposal site indicating that the construction debris and recyclables had been properly disposed of, bring these receipts to this Building Department within 10 days from the date of disposal.

I am aware that I may be fined up to $1,000, and imprisoned for up to 90 days if I do not obtain a receipt for the disposal of debris, or recyclables, and bring the receipt to the Building Department.

I have read the above and certify that I am the owner of Block _____, Lot _____ in this town and if I sell the property before I obtain the required receipt I will notify the new owner of these requirements and penalties.

(SIGNATURE)

DATE: 11/12/96

CITY OF PATERSON
DEPARTMENT OF HEALTH & HUMAN SERVICES

Joel D. Ramirez, MBA
Director

DIVISION OF HEALTH
Thakur "Paul" D. Persaud, M.D., M.P.H., PhD
Health Officer

André Sayegh
Mayor

176 BROADWAY
PATERSON, NEW JERSEY 07505

OFFICE: (973) 321-1277
FAX: (973) 321-1246

MEMORANDUM

DATE: August 16, 2022

TO: *Joel D. Ramirez, MBA*
Director of Health & Human Services

FROM: *Dr. Thakur "Paul" Persaud, Health Officer*
Division of Health

RE: *OPRA – Request for Information*

Our Division's programs have conducted the investigation as requested, on

File# CA22: 1546

☑ *No records were found*

☐ *See attached records found*

Should additional action be necessary, please feel free to contact me.

TP/kp
Attachments

PATERSON FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

MEMORANDUM

TO: SONIA L. GORDON
CITY CLERK

FROM: FIREFIGHTER KYLE BROADFIELD

DATE: FRIDAY AUGUST 12, 2022

SUBJECT: OPRA CA22:1546

SONIA L. GORDON,
THERE ARE NO VIOLATION REPORTS ON FILE AT THE PATERSON FIRE PREVENTION BUREAU.

RESPECTFULLY,

FIREFIGHTER KYLE BROADFIELD

CITY OF
PATERSON

DEPARTMENT OF
ECONOMIC
DEVELOPMENT

DIVISION OF
COMMUNITY
IMPROVEMENTS

André Sayegh

RECEIVED
CITY OF PATERSON, NJ
2022 AUG 12 A 8:38
SONIA L. GORDON
CITY CLERK

Date: 08/10/2022

To: Jacqueline Murray
City Clerk's Office

From: Name: Timoni George
Title: Keyboard Clerk 1
Community Improvement Division

Re: OPRA REQUEST CA22-1546

Requestor: ALINA

As per your request, this is to inform you that our department has no answers for the type of information you're requesting in the HOUSING Violation files for: 460 E. 23RD ST. & 462 E. 23RD ST., PATERSON, NJ.

All correspondence is being sent via email.

Any question, please contact me at X2219

TGeorge@patersonnj.gov