

From: Yenlys Flores-Bolivard
To: Melissa Baque
Subject: FW: OPRA request - OPRA request
Date: Thursday, May 16, 2024 1:27:02 PM

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

From: Jeffrey D. Dollinger <opra+request-61856-9b89400f@requests.opramachine.com>
Sent: Thursday, May 16, 2024 1:19 PM
To: Yenlys Flores-Bolivard <clerk@bogotaonline.org>
Subject: OPRA request - OPRA request

Dear Bogota 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:

RE: 175 Cypress Avenue, Block 90, Lot 27, Bogota, NJ

Please provide a list of any building permits taken out on the property from 1980 to the present date, including whether they are open or closed.

Thank you very much.

Yours faithfully,

/s/ Jeffrey D. Dollinger

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-61856-9b89400f@requests.opramachine.com

Is clerk@bogotaonline.org the wrong address for OPRA requests to Bogota Borough? If so, please contact us using this form:

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

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/opra_request_1152738

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

BOROUGH OF BOGOTA
375 LARCH AVE
BOGOTA NJ 07603

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 02/13/98
Control #
Permit # 98-041

IDENTIFICATION Block 90 Lot 27 Qual _____
Work Site Location 175 CYPRESS AVE
Owner in Fee 175 CYPRESS AVE
Address BOGOTA, NJ 07603-
Telephone ()
Contractor
Address
Telephone ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:
☒ BUILDING ☐ PLUMBING ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ LEAD HAZARD ABATEMENT
☐ ELEVATOR DEVICES ☐ MECHANICAL ☐ DEMOLITION
☐ OTHER _____

DESCRIPTION OF WORK:
REMOVE ROOF INSTALL NEW ROOF WITH ICE SHIELDS

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 \$ 3,900

Construction Official _____ Date 02/13/98

PAYMENTS (Office Use Only)
Building _____ 65
Electrical _____ 0
Plumbing _____ 0
Fire Protection _____ 0
Mechanical _____ 0
Elevator Devices _____ 0
Other _____
DCA State Permit Fee _____ 3
Cert. of Occupancy _____ 0
Other _____
Total _____ 68
Check No. _____ 2576
Cash _____
Collected By _____ CS



Bogata
MUNICIPALITY



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

2-14-91
91.30

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

Lock 175 Lot AVE
Work Site Location Bogata NJ 07603

Owner in Fee SAME

Contractor BYM ELEC

Address 186 CYPRESS AVE
Bogata NJ 07603

City () 2561

C. No. 2561 Dial Security No. _____

ELECTRICAL CHARACTERISTICS

Reinspection ☐ Resale ☐ Meter Set ☐

Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Elec. Work \$ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW: ☐ No Plans Required

Joint Plan Review Required: _____

☐ Bldg. ☐ Plumb. ☐ Fire

☐ Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL: _____

☐ CO 191 GA

Date: 1/19/91

Approved by: [Signature]

3. 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]
Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO. SIZE ITEM

2 Fixtures (1)

6 Receptacles (2)

2 Switches (3)

Total 1 + 2 + 3

Range

Oven(s)

Surface Unit

Dishwasher

Garbage Disposal

Dryer

A/C Unit

Burglar Alarms

Intercoms Panels

Smoke Detectors

Whirlpool/spa

Pool Bonding

Pool Filter Motor

Pool Lights

Water Heater(s)

Central heat:

oil, gas or elec.

Baseboard Heat Units

Thermostats

Heat Pump

Pump(s)

Motor Control Center/Sub Panels

Signs

Light Standards

Motors—Fractional H.P.

Motors—All Others

Transformers

Generators

Service Entrance

Other

FEE (Office Use Only)

Paid ☒ Check # 12937 Administrative Surcharge \$ 65.00
Minimum Fee \$ 24.00
Collected by: _____ TOTAL FEE \$ 89.00



7-24-91

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

Contractor

Umg! Saadag

Dringl Siding

(Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Failure	Approval
☐	No Plans Req.			Footing			
☐	All			Foundation			
☐	Footings			Slab			
☐	Foundation			Frame			
☐	Frame			Insulation			
☐	Other			Finishes:			
Joint Plan Review Required:				Energy			
☐	Elec.	☐	Plumb.	☐	Fire		
SUBCODE APPROVAL				Mechanical			
☐	CO	☐	CCO	TCO			
Date: <u>8/14/84</u>				Other			
Approved By: <u>Richard L. Davis</u>				Final			<u>8/14/84</u>

Use Group	Present _____	Proposed _____
Constr. Class	Present _____	Proposed _____
No. of Stories	_____	_____
Height of Structure	_____	_____ Ft.
Area—Largest Floor	_____	Sq. Ft.
Total Bldg. Area/All Floors	_____	Sq. Ft.
Volume of Structure	_____	Cu. Ft.
Total Land Area Disturbed	_____	Sq. Ft.

Est. Cost of Bldg. Work:

- | | | |
|----------------|----|-----------------|
| 1. New Bldg. | \$ | <u>2,500.00</u> |
| 2. Alteration | \$ | <u>2,500.00</u> |
| 3. Total (1+2) | \$ | <u>5,000.00</u> |

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Young / Siding

TYPE OF WORK

- | | | |
|-------------------------------------|--------------------|---------------|
| ☐ | New Building | |
| ☐ | Addition | |
| ☐ | Alteration | |
| ☐ | Roofing | |
| ☒ | Siding | |
| ☐ | Other _____ | |
| ☐ | Demolition | |
| ☐ | Miscellaneous | |
| ☐ | Fence _____ | Height _____ |
| ☐ | Sign _____ | Sq. Ft. _____ |
| ☐ | Pool _____ | |
| ☐ | Elevator | |
| ☐ | Asbestos Abatement | |
| ☐ | Other _____ | |

Administrative Surcharge

Paid () Check # _____ Minimum Fee _____
Collected by: _____ TOTAL FEE _____

50.00