CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7/3/90
Control #
Permit # 4586

IDENTIFICATION Block 710 Lot 3

Work Site Location 488 VICTOR ST. Contractor OWNER

Address

Owner in Fee WILLIAM & RONA HAN

Address 488 VICTOR ST. Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No.

or Social Security No.

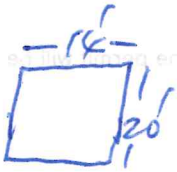
is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

20' x 14' DECK C.C.A.



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 $

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	20
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	20.00
Check No.	
Cash	
Collected By:	A Syme

U.C.C. Form F-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7/3/90
Control #
Permit # 4586

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

Block 410 Lot 3
Work Site Location 488 VICTOR ST.
Owner in Fee WILLIAM & RONA HAN
Address 488 VICTOR ST.
Tele. ( )
Contractor OWNER
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] 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

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

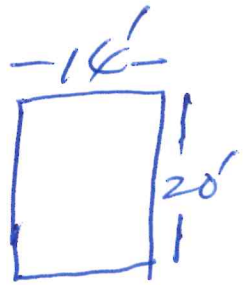
C. CERTIFICATION IN LIEU OF OATH

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

20' X 14'
C.C.A DECK



TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[X] Other Deck
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$
20

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 30.00

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

CERTIFICATE

Date Issued 2-17-93
Control #
Permit # 92-519

IDENTIFICATION

Block 710 Lot 3
Work Site Location 488 Victor St

Owner in Fee W. & R. Idan
Address 488 Victor St
Saddle Brook NJ
Tele. ( )
Contractor owner.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group R3
Maximum Live Load
Description of Work/Use:

new front steps w/canopy roof.

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:

John R. Sistaro
CONSTRUCTION OFFICIAL

Fee $25.00
Paid ☒ Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/3/92
Control #
Permit # 92-579

IDENTIFICATION Block 710 Lot 3

Work Site Location 488 VICTOR ST. Contractor OWNER
Address

Owner in Fee WILLIAM & RONAHAN
Address 488 VICTOR ST. Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER Masonry Steps
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
Replacement of ~~ENTRANCE~~ Masonry Step with new open foyer.

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-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS **(Office Use Only)**

Building	30
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	25
Other	
Total	55
Check No.	
Cash	
Collected By:	

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/3/92
Control #
Permit # 92-579

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

Block 710 Lot 3
Work Site Location 488. VICTOR ST.

Owner in Fee WILLIAM & RONA. HAN
Address 488. VICTOR ST.

Tele. ( )
Contractor OWNER
Address SAME ABOVE

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CGO [X] CA			TCO				
Date: 10/5/92			Other				
Approved By: [signature]			Final				

B. BUILDING CHARACTERISTICS

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. $
2. Alteration $ 800
3. Total (1+2) $ 800

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Other Masonry Steps
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$ 30

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 30

U.C.C. Form F-110A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/10/93
Control #
Permit # 93 580

IDENTIFICATION Block 710 Lot 3

Work Site Location 488. VICTOR ST. SADDLE BROOK. N.J. 07662

Owner in Fee WILLIAM & RONA. HAN

Address 488. VICTOR ST. SADDLE BROOK. N.J. 07662

Tele. [redacted]

Contractor WILLIAM HAN (OWNER)

Address

Tele. (____)

Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____

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: A 10' dormer with a 45° Angle Bay window in center, TRAPEZOID ON the side towards South. SKY window towards south for use as a living ROOM with EXIST 3 outlets (might be relocated) & ceiling light.

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 $ 1,000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	30
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occ.	30
Other	
Total	
Check No.	
Cash	
Collected By:	

(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
Date Issued 8/10/93
Control #
Permit # 93 5 80

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

Block 710 Lot 3
Work Site Location 488. VICTOR ST. SADDLE BRK, N.J. 07662
Owner in Fee WILLIAM & RONA. HAN
Address 488. VICTOR ST. SADDLE BROOK. N.J. 07662
Tele. [redacted]
Contractor OWNER
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame			9/30/93	RJ
[ ] Frame			Insulation			10/14/93	RJ
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final				
Approved By:							

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 $ 1000
3. Total (1+2) $ 1000

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 William Han

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
A 10' dormer with a 45° angle Bay window in Cente. Trapezoid on the side towarde South. SKY window toward South on the top of HIP roof. for use as living room with EXIST 3 outlets & celing light. (Just relocated)

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

(Office Use Only)
FEE
$ 30

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $ 30

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Garden State Electrical Inspection Services, Inc.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/10/93
Control #
Permit # 93 580

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

Block 710 Lot 3
Work Site Location 488. VICTOR ST.

Owner in Fee WILLIAM & RONA. HAN
Address 488. VICTOR ST.
Tele. ( )
Contractor OWNER
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

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 [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

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-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
1		Fixtures (1)	
3		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	46
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
3		Burglar Alarms	
		Intercoms Panels	
7		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	

Administrative Surcharge $ 7
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 53

U.C.C. Form F-120A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/10/93
Date Issued
Control #
Permit # 93 580

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

Block 710 Lot 3
Work Site Location 488 Victor St
Owner in Fee William & Rona Idan
Address 488 Victor St.
Tele. ( )
Contractor OWNER
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	6	
Heat Detectors		
TOTAL		30
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 30

U.C.C. Form F-140B

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

TOWNSHIP OF SADDLE BROOK
93 MARKET STREET
SADDLE BROOK, N.J. 07663

Date Issued 08/17/22
Control #
Permit # 05-40

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 710 Lot 3 Qual

Work Site Location 488 VICTOR STREET

Owner in Fee/Occupant CASANOVA
Address
-
Telephone ( ) -
Contractor
Address
-
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ROOF

[ ] 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:

[ ] 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 _____, ____.

Fee $ 0
Paid [X] Check No. 12123
Collected by: AV

Construction Official

U.C.C. F260 (rev. 3/96)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2-3-05

Permit # 05-40

IDENTIFICATION Block 710 Lot 3 Qualification Code

Work Site Location 488 Victor St.

Owner in Fee Henry CASANOVA

Address 488 Victor St. Saddle Brook NJ 07663

Tel

Contractor NRM Home Inc

Address 545 Lexington Ave Clifton NJ 07011

Tel. (973) 772-9301

Lic. No. or Bldrs. Reg. No. 13VH-88-8657

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

DESCRIPTION OF WORK:

Remove/Replace Roofing shingles. New snow & Ice New 30yr Shingle. New Vinyl siding

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 $ 8,500

Construction Official

Date

PAYMENTS (Office Use Only)

Building 175

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 11

Cert. of Occupancy

Other

Total 186

Check No.

Cash

Collected by

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2-3-05
Control #

Date Issued
Permit # 05-40

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

Block 710 Lot 3 Qualification Code
Work Site Location 488 Victor St

Owner in Fee Henry CASANOVA.
Address 488 Victor St.
Saddle Brook N.J. 07663
Tel.
Contractor NRM Home Imp
Address 545 Lexington Ave
Clifton N.J. 07011
Tel. (973) 772-9301 FAX (973) 772-1799
Contractor License No. or Builder Registration No. 156-88-865,
Federal Emp. No

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 [X] CA
Date: 5/16/22
Approved by: AA

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/16/22	AA
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present 2 Fam Proposed 2 Family
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 8,500

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

Remove / Replace Roofing, New Snow & Ice shield, New 30yr shingle
New Vinyl siding

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)
$ 175

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 175
TOTAL FEE $

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

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6/14/06

Permit # 06-312

IDENTIFICATION Block 710 Lot 3 Qualification Code

Work Site Location 488 VICTOR ST. SADDLE BROOK, NJ 07663

Owner in Fee HENRY CASANOVA

Address 488 VICTOR ST SADDLE BROOK, NJ 07663

Tel.

Contractor Henry & Yajaira Casanova

Address 488 Victor ST Saddlebrook, NJ 07663.

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [X] OTHER DECK

DESCRIPTION OF WORK:

~~REPLACING DECK~~ Replace existing 20 X 14 Deck

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 $ 5,000

Construction Official

Date

PAYMENTS (Office Use Only)

Building 85

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 4

Cert. of Occupancy

Other

Total 89-

Check No. 884

Cash

Collected by

(see reverse side)

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

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

I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

I WILL NOT use the requested government records for a commercial purpose.

I AM NOT seeking records in connection with a legal proceeding.

Records requested:

Property Records on file for the following property:

Address: 488 Victor Street, Saddle Brook NJ 07663

Block: 710 Lot: 3

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 06/14/06
Permit # 06-312

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

Block 710 Lot 3 Qualification Code

Work Site Location 488 VICTOR ST SADDLE BROOK NJ 07663

Owner in Fee JERRY CASINOVA

Address 488 VICTOR ST SADDLE BROOK NJ 07663

Tel. [redacted]

Contractor 433 Victor ST Henry & Yadira Casinova

Address 433 Victor ST Saddlebrook NJ 07663

Tel. (201) 880-4925 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/06	All
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 5600.-
3. Total (1+ 2) $

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

~~REPLACING DECK~~

Replace existing 20x14 Deck

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
[X] Other ~~REPLACE DECK~~ REPLACE DECK
[ ] Demolition

FEE (Office Use Only)

$	
	85

Administrative Surcharge $	85
Minimum Fee $	
State Permit Surcharge Fee $	4
TOTAL FEE $	89-