BLOCK 205 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 10 E Bayview PERMIT NO 10-386

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 10 E. BAY VIEW AVE. ENGLEWOOD CLIFFS NJ
2. Name of Owner in Fee: LEON FERSHLEISER
   Tel. (_____) _____ e-mail _____
   Address 10 E. BAYVIEW AVE. ENGLEWOOD CLIFFS NJ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MASTER SEAM. GUTTER Tel. (862) 686 0240
   Address 429 Knickerbocker Ave e-mail mastergutters@hotmail.
   Paterson NJ 07503
   License No. OR, if new home, Builder Reg. No. 13VH04556600 Exp. Date 12/10
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 262371O-23 FAX: (973) 200 0617
5. Architect or Engineer Mehmet Aydin (owner) Contact _____
   Address -SAME AS- e-mail _____
   Tel. (862) 686 0240 FAX: (973) 200 0617
6. Responsible Person in Charge once Work has Begun _____
   Tel. (_____) SAME AS 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	$		

Issued 8-21-2014

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

RECEIVED NOV - 5 2010 BUILDING DEPARTMENT Borough of Englewood Cliffs

IIa. PROPOSED WORK

- ☑ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
11. ☐ LPGas Tanks

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(f)1.ix:

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 4/15/10

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 Mehmet Aydin (MASTER SEAMLESS GUTTERS LLC)
Address 429 Knickerbocker Ave
PATERSON NJ 07503
Telephone (862) 686 0240
Signature _____

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

Englewood Cliffs Borough
482 Huson Terrace
Englewood Cliffs, NJ 07632

Date Issued 8/21/2014
Control Number C-10-692
Permit Number 10-386
Permit Issue Date 11/5/2010
Certificate Number 10-386

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 BAYVIEW AVE ENGLEWOOD CLIFFS, NJ 07632 Block: 205 Lot: 7 Qual:

Owner in Fee: FERSHLEISER, LEON

Owner Address: 10 BAYVIEW AVE ENGLEWOOD CLIFFS NC 07632

Telephone:

Contractor Master Seamless Gutter, LLC

Address 429 Knickerbocker Avenue Paterson NJ 07503

Telephone: (862) 686-0240 Fax: (973) 200-0617

License Number or Builders Registration Number: 13VH04556600 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RESHINGLE ROOF RESIDENTIAL

Certificate Comments:

☐ **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.

☑ **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.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/21/2014

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/5/2010
Control # C-10-692
Date Issued 11/5/2010
Permit # 10-386

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

Block 205 Lot 7 Qualification Code

Work Site Location: 10 BAYVIEW AVE ENGLEWOOD CLIFFS, NJ 07632

Owner in Fee: FERSHLEISER, LEON

Address 10 BAYVIEW AVE ENGLEWOOD CLIFFS NC 07632

Tel.

Contractor: Master Seamless Gutter, LLC

Address 429 Knickerbocker Avenue Paterson NJ 07503

Tel. (862) 686-0240 Fax. (973) 200-0617

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☑ CA
Date: 8-20-14
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	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				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
Number 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) $3,500

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RESHINGLE ROOF RESIDENTIAL,

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)

Roofing	$100
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6
TOTAL FEE	$106

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

RECEIVED
NOV - 5 2010
BUILDINGS DEPARTMENT
Borough of Englewood Cliffs

BOROUGH OF ENGLEWOOD CLIFFS
482 HUDSON TERRACE
ENGLEWOOD CLIFFS, NJ 07632
201-568-9262

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone #, Fed ID numbers etc.
COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block#_____ Lot#_____
Work Site Location: 10 E. BAYVIEW AVE.
Owner in Fee: ~~FBF~~ Fershleiser, Leon
Address: ENGLEWOOD CLIFFS, NJ
Telephone:_____ Is this a rental property? ( ) Yes (X) No Number of Tenants: 1

Agent: MASTER SEAMLESS GUTTER LLC
Address: 429 Knickerbocker Ave
Paterson NJ 07503
Telephone: 862 6860240 Fax: 9732000617
License #:_____ Fed ID: 262371023

BUILDING SECTION

Description of Work: ROOFING - RIPP OFF

( ) New Building ( ) Sign _____ Sq. Ft.
( ) Addition ( ) Pool
( ) Alteration ( ) Asbestos Abatement Subchapter 8
(X) Roofing ( ) Lead Hazard Abatement
( ) Siding ( ) Demolition
( ) Fence Ht._____ (exceeds 6')

Contractor: MASTER SEAM. GUTTER LLC
Address: 429 Knickerbocker Ave
Paterson NJ 07503
Phone: 862 6860240
Lic. #: 13VH04556600 Expire 12/2010
Fed. ID #: 262371023

Office Use Only
Plan Review Date Initial
(X) No Plans Req'd 11-8-10
( ) All _____
( ) Footing _____
( ) Foundation _____
( ) Frame _____
( ) Other _____

Joint Plan Review Required
( ) Electric ( ) Plumb ( ) Fire

Approved By Date

Construction Official Date

Building Characteristics: Use Group: Present_____ Proposed_____
Construction Class: Present_____ Proposed_____
New Pool _____ Sq. Ft.
New Building: # Stories_____ Height_____ Fl Area-Largest Floor_____ Sq. Ft.
All Floors Sq. Ft Volume Cu. Ft. Total Land Disturbed Sq. Ft.

Estimate Cost of Building Work: 1. New Bldg $_____ 3. Demolition $ 3500.00
2. Alteration $_____ 4. Total (1+2+3) _____

I certify that I am the (agent of) owner of record and am authorized to make this application.
X_____ (X) Agent ( ) Owner
( ) Licensed Building Contractor ( ) Exempt Applicant

ELECTRICAL SECTION

Description of Work:

QTY.	SIZE	ITEMS
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors-Fract.HP
_____		Emergency/Exit Lights
_____		Communication Points
_____		Alarm FAC Panel
_____		Other_____
_____		TOTAL NUMBERS
_____		Pool Permit/w Uw Light
_____		Storable Pool/Spa
		Hot Tub
_____		Other_____

QTY.	SIZE	ITEMS
_____	_____	KW Elec. Water Heater
_____	_____	KW Dryer/Receptacle
_____	_____	KW Dishwasher
_____	_____	HP Garbage Disposal
_____	_____	KW Central A/C Unit
_____	_____	HP/KW Space Htr/Air Handler
_____	_____	KW Base Board Heat
_____	_____	HP Motors 1/+HP
_____	_____	KW Transformer/Generator
_____	_____	AMP Service
_____	_____	AMP SubPanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec Sign/Outline Light
_____	_____	KW Elec. Range/Receptacle
_____	_____	KW Oven/Surface Unit
_____	_____	Other _____

Contractor:_____
Address:_____
_____
Phone:_____ Fax_____
Contractor Lic. #:_____ Exp._____
Home Improve Contractor Registration #_____
Fed. ID #_____

Electrical Characteristics:
Use Group: Present_____ Proposed_____
( ) Pole Pad #_____ ( ) Temporary ( ) Other
Building Occupied as_____
Utility Co._____

Office Use Only ( ) No Plans Required
( ) Electric Plans Approved
Approved By Date

Estimate Cost of Electrical Work: $_____
I certify that I am the (agent of) owner of record and am authorized to make this application.
X_____ ( ) Agent ( ) Owner
( ) Licensed Electrical Contractor ( ) Certif'd Landscape Irrigation Contractor ( ) Exempt Applicant

PLACE SEAL HERE

CONSTRUCTION PERMIT

Date Issued 11/5/2010
Control # C-10-692
Permit # 10-386

IDENTIFICATION Block: 205 Lot: 7 Qualifier
Work Site Location: 10 BAYVIEW AVE ENGLEWOOD CLIFFS, NJ 07632
Owner in Fee: FERSHLEISER, LEON
10 BAYVIEW AVE ENGLEWOOD CLIFFS NC 07632
Telephone:

Contractor: Master Seamless Gutter, LLC
Address: 429 Knickerbocker Avenue Paterson NJ 07503
Telephone: (862) 686-0240
Lic. No. or Bldrs. Reg. No. 13VH04556600
Federal Employee. 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)
- [ ] OTHER

DESCRIPTION OF WORK:
RESHINGLE ROOF RESIDENTIAL

Note: If constuction 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 $3,500

P Renauds
Construction Official

11/5/10
Date

PAYMENTS (Office Use Only)

Building	$100
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$106
Check No.	1113
Cash	$6
Credit	$0
Collected By	Cathy Scancarella

U.C.C. F170
equiv (rev 8/03)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.