City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: **20121834**
Update Number:
Control Number: **54582**
Application Date: **11/29/2012**
Permit Date: **11/29/2012**

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: **240** Lot: **1** Qualifier:

Work Site Location	**44 N ALBANY AVE** **ATLANTIC CITY NJ**	Contractor	**ANTHONY EXCAVATING & DEMO.INC.**
Owner in Fee	**NIKMEHR PROPERTIES, LLC.**	Telephone	**(609) 926-8804**
Telephone	**(609) 226-4865**	Address	**22 ENGLISH LANE** **EGG HARBOR TWP NJ 08234**
Address	**300 CENTRAL AVE** **EGG HARBOR TWP NJ 08234**	Lic. No. / Bldrs. Reg. No	**13VH004688**
Use Group(s):	**A-4**	Federal Emp. No.	

is hereby granted permission to perform the following work:

[X] Demolition **[X] Building**

DESCRIPTION OF WORK:
DEMOLITION OF 2 STORY BUILDING WITH ATTACHED GARAGES MP

ESTIMATED COST OF WORK:

Cost of Construction:	**$0.00**
Cost of Alteration:	**$28,000.00**
Cost of Demolition:	**$28,000.00**
Total Cost:	**$56,000.00**

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void

Date: **3/6/2020**

Anthony Cox, Sr.
Construction Official

:: Failure to obtain all required inspections may result in administrative action
:: Final inspections are required before final payment is to be made to contractor
:: An approved set of plans must be kept at the worksite at all times

Notes:

PAYMENTS (Office Use Only)

Building	**$82.00**
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$82.00**
No Fees Waived	

Amount to be Paid: **$0.00**

Check Amount:	$82.00
Payment Date:	11/29/2012
Collected By:	Building Department Converted Data Owner
Reference No:	3115
Total Check Amount	**$82.00**
Grand Total:	**$82.00**

City of Atlantic City

BUILDING SUBCODE
TECHNICAL SECTION #1

Date Received 11/29/2012
Control # 54582
Date Issued 11/29/2012
Permit # 20121834

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

Block 240 Lot 1 Qualification Code

Work Site Location 44 N ALBANY AVE

Owner in Fee NIKMEHR PROPERTIES, LLC.

Telephone (609) 226-4865 e-mail

Address 300 CENTRAL AVE, EGG HARBOR TWP NJ 08234

Contractor ANTHONY EXCAVATING & DEMO.INC.

Telephone 609-926-8804 e-mail

Address 22 ENGLISH LANE, EGG HARBOR TWP NEW JERSEY 08234

Contractor License No. or Builder Registration Number Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH004688

Federal Emp. ID No. Fax 609-926-7760

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLITION OF 2 STORY BUILDING WITH ATTACHED GARAGES
MP

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/ Foundations		
[ ] Structural/ Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] 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:

[ ] NewBuilding
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence 0.00 Height (exceeds 6')
[ ] Pylon Sign 0.00 Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool (above ground)
[ ] Pool (below ground)
[ ] Retaining Wall Sq. ft.
[ ] Asbestos Abatement subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Other 4
[ ] Other 5
[ ] Other 6
[X] Demolition

FEE (Office Use Only)

$ 151.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee (Volume)	
State Permit Surcharge Fee (Alterations)	
TOTAL FEE	$ 151.00

B. BUILDING CHARACTERISTICS

Use Group Present A-4 Proposed

No. of Stories 0

Height of Structure 0.00 ft.

Area- Largest Floor 0.00 sq. ft.

New Bldg. Area/All Floors 0.00 sq. ft.

Volume of New Structure 0.00 cu. ft.

Total Land Area Distributed 0.00 sq. ft.

Max. Live Load 0 Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved [ ] HUD [ ]

Est. Cost of Bldg. Work:

1. New Building	$ 0.00
2. Rehabilitation	$ 28,000.00
3. Demolition	$ 28,000.00
4. Total (1+2+3)	$ 56,000.00

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

U.C.C. F110 (rev. 11/09)

City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: **20080268**
Update Number:
Control Number: **38474**
Application Date: **3/4/2008**
Permit Date: **3/12/2008**

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: **240** Lot: **1** Qualifier:

Work Site Location	**44 N ALBANY AVE ATLANTIC CITY NJ**	Contractor	**NIKMEHR PROPERTIES**
		Telephone	**(609) 653-9317**
Owner in Fee	**NIKMEHR PROPERTIES, LLC.**	Address	**301 CENTRAL AVENUE SUITE D2 EGG HARBOR TWP NJ 08234**
Telephone	**(609) 226-4865**		
Address	**300 CENTRAL AVE EGG HARBOR TWP NJ 08234**	Lic. No. / Bldrs. Reg. No	**L8-00822**
		Federal Emp. No.	

Use Group(s): B

is hereby granted permission to perform the following work:

[X] Building

DESCRIPTION OF WORK:
INTERIOR DEMO CONDITIONAL RELEASE---------- REMOVE CARPET SOME SHEETROCK

ESTIMATED COST OF WORK:

Cost of Construction:	**$0.00**
Cost of Alteration:	**$3,000.00**
Cost of Demolition:	**$0.00**
Total Cost:	**$3,000.00**

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void

Date: **3/6/2020**

Anthony Cox, Sr.
Construction Official

:: Failure to obtain all required inspections may result in administrative action
:: Final inspections are required before final payment is to be made to contractor
:: An approved set of plans must be kept at the worksite at all times

Notes:

PAYMENTS (Office Use Only)

Building	**$72.00**
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	**$4.00**
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$76.00**
No Fees Waived	

Amount to be Paid: **$0.00**

Check Amount:	$76.00
Payment Date:	3/12/2008
Collected By:	Building Department Converted Data Owner
Reference No:	2760
Total Check Amount	**$76.00**
Grand Total:	**$76.00**

City of Atlantic City

BUILDING SUBCODE
TECHNICAL SECTION #1

Date Received 3/4/2008
Control # 38474
Date Issued 3/12/2008
Permit # 20080268

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

Block 240 Lot 1 Qualification Code

Work Site Location 44 N ALBANY AVE

Owner in Fee NIKMEHR PROPERTIES, LLC.

Telephone (609) 226-4865 e-mail

Address 300 CENTRAL AVE, EGG HARBOR TWP NJ 08234

Contractor NIKMEHR PROPERTIES

Telephone 609-653-9317 e-mail

Address 301 CENTRAL AVENUE SUITE D2, EGG HARBOR TWP NJ 08234

Contractor License No. or Builder Registration Number L8-00822 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR DEMO CONDITIONAL RELEASE
REMOVE CARPET SOME SHEETROCK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/ Foundations		
[ ] Structural/ Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed

No. of Stories 0

Height of Structure 0.00 ft.

Area- Largest Floor 0.00 sq. ft.

New Bldg. Area/All Floors 0.00 sq. ft.

Volume of New Structure 0.00 cu. ft.

Total Land Area Distributed 0.00 sq. ft.

Max. Live Load 0 Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved [ ] HUD [ ]

Est. Cost of Bldg. Work:

1. New Building	$ 0.00
2. Rehabilitation	$ 3,000.00
3. Demolition	$ 0.00
4. Total (1+2+3)	$ 3,000.00

TYPE OF WORK:

- [ ] NewBuilding
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence 0.00 Height (exceeds 6')
- [ ] Pylon Sign 0.00 Sq. Ft.
- [ ] Ground or Wall Sign Sq. Ft.
- [ ] Pool (above ground)
- [ ] Pool (below ground)
- [ ] Retaining Wall Sq. ft.
- [ ] Asbestos Abatement subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other 1
- [ ] Other 2
- [ ] Other 3
- [ ] Other 4
- [ ] Other 5
- [ ] Other 6
- [ ] Demolition

FEE (Office Use Only)

	$ 90.00
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee (Volume)	
State Permit Surcharge Fee (Alterations)	$ 4.00
TOTAL FEE	$ 94.00

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

U.C.C. F110 (rev. 11/09)

City of Atlantic City
Dept. of Licensing & Inspections
Atlantic City, NJ 08401
Phone: 609-347-5660
Fax: 609-347-6437

Permit Number: **20060936**
Update Number:
Control Number: **33811**
Application Date: **9/21/2006**
Permit Date: **9/27/2006**

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: **240** Lot: **1** Qualifier:

Work Site Location	**44 N ALBANY AVE ATLANTIC CITY NJ**	Contractor	**ENVIROSOUND**
		Telephone	**(609) 383-8320**
Owner in Fee	**STAFFORD, HELEN**	Address	**209 W ADAMS AVE PLEASANTVILLE NJ 08234**
Telephone	[redacted]		
Address	[redacted]	Lic. No. / Bldrs. Reg. No	**0**
Use Group(s):	**U**	Federal Emp. No.	

is hereby granted permission to perform the following work:

[X] Building

DESCRIPTION OF WORK:
TANK REMOVAL

ESTIMATED COST OF WORK:

Cost of Construction:	**$0.00**
Cost of Alteration:	**$2,000.00**
Cost of Demolition:	**$0.00**
Total Cost:	**$2,000.00**

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void

Date: **3/6/2020**

Anthony Cox, Sr.
Construction Official

:: Failure to obtain all required inspections may result in administrative action
:: Final inspections are required before final payment is to be made to contractor
:: An approved set of plans must be kept at the worksite at all times

Notes:

PAYMENTS (Office Use Only)

Building	**$65.00**
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	**$3.00**
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$68.00**
No Fees Waived	

Amount to be Paid: **$0.00**

Check Amount:	$68.00
Payment Date:	9/27/2006
Collected By:	Building Department Converted Data Owner
Reference No:	2885
Total Check Amount	**$68.00**
Grand Total:	**$68.00**

City of Atlantic City

BUILDING SUBCODE
TECHNICAL SECTION #1

Date Received 9/21/2006
Control # 33811
Date Issued 9/27/2006
Permit # 20060936

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

Block 240 Lot 1 Qualification Code

Work Site Location 44 N ALBANY AVE

Owner in Fee STAFFORD, HELEN

Telephone [redacted] e-mail

Address [redacted]

Contractor ENVIROSOUND

Telephone 609-383-8320 e-mail

Address 209 W ADAMS AVE, PLEASANTVILLE NJ 08232

Contractor License No. or Builder Registration Number 0 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax 609/645-8006

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TANK REMOVAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/ Foundations		
[ ] Structural/ Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed

No. of Stories 0

Height of Structure 0.00 ft.

Area- Largest Floor 0.00 sq. ft.

New Bldg. Area/All Floors 0.00 sq. ft.

Volume of New Structure 0.00 cu. ft.

Total Land Area Distributed 0.00 sq. ft.

Max. Live Load 0 Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved [ ] HUD [ ]

Est. Cost of Bldg. Work:

1. New Building	$ 0.00
2. Rehabilitation	$ 2,000.00
3. Demolition	$ 0.00
4. Total (1+2+3)	$ 2,000.00

TYPE OF WORK:

[ ] NewBuilding
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence 0.00 Height (exceeds 6')
[ ] Pylon Sign 0.00 Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool (above ground)
[ ] Pool (below ground)
[ ] Retaining Wall Sq. ft.
[ ] Asbestos Abatement subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1
[ ] Other 2
[ ] Other 3
[X] Other 4
[ ] Other 5
[ ] Other 6
[ ] Demolition

FEE (Office Use Only)

	$ 60.00
	$ 65.00
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee (Volume)	
State Permit Surcharge Fee (Alterations)	$ 3.00
TOTAL FEE	$ 63.00

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