

#25-928

OPRA

From: M. Salem <opra+request-76386-2b454fba@requests.opramachine.com>
Sent: Wednesday, May 21, 2025 6:44 AM
To: OPRA
Subject: OPRA request - OPRA Request—Certificates

Dear Bayonne City,

*This request is intended for the Building Department or the appropriate custodian of the requested records. If you are not the correct recipient, please forward this request to the appropriate department or individual that holds these records.

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:

*Certificates of Occupancy

*Certificates of Continued Occupancy

*Certificates of Approval

*Certificates of Compliance

*Please provide records for all submissions made within the last 60 days, limited to commercial properties or spaces, in a spreadsheet or CSV format.

You are the best.

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002

MAY 22 2025

Yours faithfully,

Salem

#25-928

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-76386-2b454fba@requests.opramachine.com

Is oprarequest@baynj.org the wrong address for OPRA requests to Bayonne City? If so, please contact us using this form:

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

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_certificates_5

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.

"OPRAmachine's mission is to give people easy and affordable access to New Jersey public records.

For more information, contact us at: (732) 707-1628 or PO Box 3180, New Brunswick, NJ 08903."

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002

MAY 22 2025



Bayonne
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6074

Date Issued 5/9/2025
Control Number C24-09-1809
Permit Number 24-10-032
Permit Issue Date 10/7/2024
Certificate Number _____

Certificate
Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 489 BROADWAY Bayonne, NJ 07002 Block: 204 Lot: 6 Qual: _____
Owner In Fee: SAHAR & SONS LLC
Owner Address: 489 BROADWAY BAYONNE NJ 07002
Telephone: _____
Contractor PERFECT DONE CONSTRUCTION
Address 5 WINONAH AVENUE WAYNE NJ 07094
Telephone: (718) 926-8751 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: A-2 Construction Classification: Type IIIB
Maximum Live Load: _____ Maximum Occupancy Load: 32
Description of Work/Use: - CHANGE OF USE FROM B OFFICE TO A-2 RESTAURANT

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 NJACS: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
Date Printed: 5/9/2025

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

Fee: \$430.00
Check Number: 6850
Collected By: Anthony Minotto



Bayonne
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6074

Certificate
Construction Code Division
(Certificate of Occupancy)

Date Issued 3/31/2025
Control Number C24-11-2453
Permit Number 24-12-002
Permit Issue Date 12/2/2024
Certificate Number 24-12-002

Identification

Work Site Location: 191 LEFANTE WAY - 2D Bayonne, NJ 07002 Block: 412 Lot: 2.03 Qual: _____
Owner In Fee: SOUTH COVE DEVELOPMENT IV, LLC
Owner Address: 85 E 2ND ST BAYONNE NJ 07002
Telephone: _____
Contractor: BAYONNE DURABLE CONSTRUCTION
Address: 85 EAST 2ND STREET BAYONNE, NJ, 07002 BAYONNE NJ 07002-
Telephone: 201/4370703 Fax: 201/4370158 Federal Emp. Number: _____
License Number or Builders Registration Number: 13VH00212000

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: B Construction Classification: Type IIB
Maximum Live Load: _____ Maximum Occupancy Load: 20
Description of Work/Use: - TENANT FIT OUT-2D

Certificate Comments:

☒ **Certificate of Occupancy**

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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.

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☐ Partial or limited time period (_____ years); see file

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- ☐ Total removal of asbestos hazards in scope of work
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☐ **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:

 3/31/2025
Construction Official

Date Printed: 3/31/2025

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

Fee: \$100.00
Check Number: 6026
Collected By: Julia Gnida

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Bayonne
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6074

Certificate
Construction Code Division
(Certificate of Approval)

Date Issued 4/2/2025
Control Number C25-01-0124
Permit Number 24-09-008+C
Permit Issue Date 2/13/2025
Certificate Number 24-09-008+C

Identification

Work Site Location: 567-589 AVENUE C Bayonne, NJ 07002 Block: 182 Lot: 11.01 Qual: _____
Owner In Fee: ALD REALTY CO., INC %INSERRA SPMKT
Owner Address: 20 RIDGE ROAD MAHWAH NJ 07430
Telephone: _____
Contractor CROSSROADS CONSTRUCTION LLC
Address 20 RIDGE ROAD SUITE 210 MAHWAH NJ 07430
Telephone: (215) 779-9483 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: M Construction Classification: Type IIB
Maximum Live Load: _____ Maximum Occupancy Load: _____
Description of Work/Use: - COC
INTERIOR REMODEL / AIR UNIT

Certificate Comments:

☐ **Certificate of Occupancy**

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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

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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
Date Printed: 4/9/2025

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

Fee: \$0.00
Check Number: _____
Collected By: _____