



Town of Secaucus

Municipal Government Center
1203 Paterson Plank Road
Secaucus, New Jersey 07094

Tel: (201) 330-2000
Website: www.secaucusnj.gov

April 1, 2022

Scott L. Siegel, Esq.
opra+request-30366-3449275c@requests.opramachine.com

Dear Scott L. Siegel, Esq.,

The Town of Secaucus received your Open Public Records Act (OPRA) request on March 24, 2022. The official Records Custodian, Michael Marra, received your OPRA request on March 25, 2022. As such, the seven (7) business day deadline to respond to your request is April 05, 2022. This response to your request is being provided to you on the 5th business day after the custodian's receipt of said request.

Your request sought access to the following:

"RE: 10 HelenStreet, Secacus, NJ

Dear Town of Secaucus,

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:

- 1. A print out of all permits taken on the property;**
- 2. Whether there are any open permits;**
- 3. Whether there is an underground oil tank;**
- 4. Whether an underground oil tank has been taken out on the above property;**
- 5. Whether there is a septic system on the property;**
- 6. Whether a septic system has been removed.**
- 7. Whether there is any indication of any underground chemical contaminants."**

All records found are being transmitted to you via email as per your request. Pursuant to N.J.S.A. 47:1A-5.b., the cost associated with this request is \$0.00.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Town of Secaucus to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,

Michael Marra
Town of Secaucus
201-330-2017



Secaucus
TOWN OF SECAUCUS CONSTRUCTION DEPT
1203 PATERSON PLANK ROAD
SECAUCUS, NEW JERSEY 07094

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 1/13/2021
Control Number CR-20-913
Permit Number 20-598
Permit Issue Date 11/10/2020
Certificate Number 20-598

Identification

Block: 30 Lot: 11 Qual: HM
Work Site Location: 10 HELEN ST Secaucus, NJ

Owner in Fee: RIOS, ALEXIS & IRALDA
Owner Address: 10 HELEN ST SECAUCUS NJ 07094
Telephone: _____

Contractor A1 AFFORDABLE CONSTRUCTION
Address 164 GETTY AVENUE CLIFTON NJ 07011-
Telephone: 973/2721344 Fax: / -
License Number or Builders Registration Number: 13VH100843200
Federal Emp. Number: 22-3386524

Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: _____ Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use: CHIMNEY LINER

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 _____ U.C.C. F260 (rev. 08/05) Fee: \$0.00

Check Number: _____ Collected By: _____

Date Printed: 3/31/2022
Page 1



CONSTRUCTION PERMIT

Date Issued 4/1/2022
Control # CR-22-258
Permit # 22-191

IDENTIFICATION Block: 30 Lot: 11 Qualifier HM
Work Site Location: 10 HELEN ST Secaucus, NJ Contractor GOLD MEDAL PLBG,HTG,COOL+ELEC.
Address 11 COTTERS LANE EAST BRUNSWICK NJ 08816-
Owner in Fee RIOS, ALEXIS & IRAIDA Telephone: 732/3903725
10 HELEN ST SECAUCUS NJ 07094 Lic. No. or Bldrs. Reg. No. 18342
Telephone: Federal Employee No. 843313183

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:

INSTALL CHECK VALVE

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 \$900

Construction Official

4/1/2022
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$58
Plumbing	\$58
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$119
Check No.	1219
Cash	\$0
Credit	\$0
Collected By	Donna OConnell

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.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 3/25/2022
Date Issued 4/1/2022
Control # CR-22-258
Permit # 22-191

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

Block 30 Lot 11 Qualification Code HM
Work Site Location: 10 HELEN ST. Secaucus, NJ

Owner in Fee: RIOS, ALEXIS & IRAIDA
Address 10 HELEN ST. SECAUCUS NJ 07094

Tel. _____ Email _____
Contractor: GOLD MEDAL PLBG.HTG.COOL+ELEC.

Address 11 COTTERS LANE EAST BRUNSWICK NJ 08816-
Email permits@goldmedalservice.com

Tel. 732/3903725 Fax / -
Lic No. 18342 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Employee No. 843313183

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$700

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plan Required			Type:	Failure Approval Initial
☐ Partial/Underslab Approved			Rough	
☐ Partial Underslab Utilities Approved			Barrier-Free	
Date: _____ by: _____			Trench	
☐ Electrical Plans Approved			Temp. Serv.	
Date: _____ by: _____			Constr. Serv.	
Joint Plan Review Required			TCO	
☐ Building ☐ Plumbing			Other	
☐ Fire ☐ Elevator			Service	
SUBCODE APPROVAL for PERMIT			Final	
Date: _____			Barrier-Free	
Approved by: _____			Temp. Cut-in-Card Date Issued	
SUBCODE APPROVAL for CERTIFICATE			Final Cut-in-Card Date Issued	
☐ CO ☐ CCO ☐ CA			Annual Pool Inspection	
Date: _____			Date of Grounding and Bonding	
Approved by: _____			Certification	

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL CHECK VALVE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	\$45
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	20	AMP CIRCUIT	\$13

Administrative Surcharge	
Minimum Fee	\$58
State Permit Surcharge Fee	\$1
TOTAL FEE	\$59



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 30 Lot 11 Qualification Code HM

Work Site Location: 10 HELEN ST Secaucus, NJ

Owner in Fee: RIOS, ALEXIS & IRAIDA

Address 10 HELEN ST SECAUCUS NJ 07094

Tel. Email

Contractor: GOLD MEDAL PLBG, HTG, COOL+ELEC.

Address 11 COTTERS LANE EAST BRUNSWICK NJ 08816-

Email permits@goldmedalservice.com

Tel. 732/3903725 Fax. / -

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Contractor License No. Expiration Date:

Federal Employee No. 843313183

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Estimated Cost of Plumbing Work \$200

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW	Initial	INSPECTIONS	
☐ No Plan Required	Date	Type:	Dates (Month/Day)
☐ Partial Underslab Utilities Approved	Date: by:	Slab	Failure Approval Initial
☐ Plumbing Plans Approved	Date:	Rough	
Approved by:		Water	
Joint Plan Review Required		Sewer	
☐ Building ☐ Electrical		Fixtures	
☐ Fire ☐ Elevator		Gas Equipment	
SUBCODE APPROVAL for PERMIT		Gas Piping	
Date:		LP Gas Tank	
Approved by:		Fuel Oil Piping	
SUBCODE APPROVAL for CERTIFICATE		Solar	
☐ CO ☐ CCO ☐ CA		TCO	
Date:		Final	
Approved by:		Other	

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

Date Received 3/25/2022
Control # CR-22-258
Date Issued 4/1/2022
Permit # 22-191

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL CHECK VALVE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
1	Other CHECK VALVE	\$20
☐ Private Septic		Administrative Surcharge
☐ Private Well		Minimum Fee \$58
		State Permit Surcharge Fee
		TOTAL FEE \$58

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 30 Lot 11 Qualification Code HM
Work Site Location 10 Helen Street Secaucus, NJ 07094

Owner in Fee: Alexis Rios
Tel. (201) 306-6375 e-mail permits@goldmedalservice.com

Address SAME street municipality zip code
Contractor: Gold Medal Service, LLC Tel. (732) 390-3725

Address 11 Cotters Lane e-mail permits@goldmedalservice.com
East Brunswick, NJ 08816

Contractor License No. 18342 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 843313183 FAX: (732) 390-3793

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 700

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Rough				
[] Partial - Underslab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
[] Electric Plans Approved	Temp. Serv.				
Date: _____ Approved by: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other				
SUBCODE APPROVAL for PERMIT	Service				
Date: <u>3/28/22</u>	Final				
Approved by: <u>[Signature]</u>	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	Date of Grounding and Bonding				
	Certification				

U.C.C. F120 (rev. 11/09) Internet version
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

3-23-2022
Date Received Control #
Date Issued 4-1-22
Permit # 22-141

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.

Applicant sign/Contractor sign and seal here:

Print name here: Joseph Todaro

☒ Licensed Elec. Contractor [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

20A circuit + outlet for existing sump pump

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	20	AMP circuit	

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 30 Lot 11 Qualification Code HM
Work Site Location 10 Helen Street Secaucus, NJ 07094

Owner in Fee: Alexis Rios
Tel. (201) 306-6375 e-mail permits@goldmedalservice.com

Address SAME
Contractor: Gold Medal Plumbing Heating Cooling Electric, Inc Tel. (732) 390-3725
Address 11 Cotters Lane e-mail permits@goldmedalservice.com
East Brunswick, NJ 08816

Contractor License No. 12777 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 843313183 FAX: (732) 390-3793

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed _____
Building Sewer Size _____ Public Sewer X Private Septic _____
Water Service Size _____ Public Water X Private Well _____
Est. Cost of Plumbing Work \$ 200

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Slab	Failure	Approval	Initial	
Slab					
Rough					
Water					
Sewer					
Fixtures					
Gas Equipment					
Gas Piping					
LP Gas Tank					
Fuel Oil Piping					
Solar					
TCO					
Final					

Subcode Approval for Permit 3080
Date: _____ Approved by: _____
Subcode Approval for Certificate
Date: _____ Approved by: _____

U.C.C. F130 (rev. 11/09)
Internet version

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

Date Received 3-23-2022
Control # _____
Date Issued 4-1-22
Permit # 22-191

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: Joseph Todaro
☒ Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
install check valve for existing sump pump

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
<u>1</u>	Other <u>check valve</u>	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

**They never called for inspections-
Status unknown**



CONSTRUCTION PERMIT

Date Issued 2/14/2020
Control # CR-20-096
Permit # 20-077

IDENTIFICATION Block: 30 Lot: 11 Qualifier _____
Work Site Location: 10 HELEN ST Secaucus, NJ Contractor PUBLIC SERVICE ELECTRIC & GAS
Address 444 ST. PAUL'S AVENUE JERSEY CITY NJ 07306-
Owner in Fee RIOS, ALEXIS & IRAIDA Telephone: 201/4203903
10 HELEN ST SECAUCUS NJ 07094 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 221212800

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:

BOILER REPLACEMENT

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 \$8,446

Construction Official [Signature]

CALL FOR INSPECTION(S)
Date 201-330-2027

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$58
Plumbing	\$102
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$17
CO Fee	
Other	\$0
Total	\$177
Check No.	18218
Cash	\$0
Credit	\$0
Collected By	Donna OConnell

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.



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 30 Lot 11 Qualification Code EM
Work Site Location 10 Helen Street

Secaucus

Owner in Fee: Alexis Rios e-mail _____

Tel. (201) 392-0012 07094

Address 10 Helen Street Secaucus 07094

Contractor: PUBLIC SERVICE ELECTRIC & GAS Tel. (201) 420-3908

Address 444 ST. PAUL'S AVE. e-mail FRANK.GARRIDO@PSEG.COM

JERSEY CITY, NJ 07306

Contractor License No. EXEMPT Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 221212800 FAX: (201) 217-1420

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial Under-slab Utilities Approved

Date: 1/10/12 Approved by: [Signature]

☐ Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1/10/12 Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

☒ Rough

☐ Barrier-Free

☐ Trench

☐ Temp. Serv.

☐ Constr. Serv.

☐ TCO

☐ Other

☐ Service

☐ Final

☐ Barrier-Free

☐ Temp. Cut-in-Card Date Issued

☐ Final Cut-in-Card Date Issued

☐ Annual Pool Inspection

☐ Date of Grounding and Bonding

☐ Certification

DATES (Month/Day)

Failure _____

Approval _____

Initial _____

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: Frank Garrido

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Rewire boiler switch

QTY. SIZE ITEMS

1 rewire switches

1 rewire switches

1 rewire switches

1 rewire switches

1 rewire switches

1 rewire switches

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1 rewire switches

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

To reorder call: ALLEGRA
Marketing • Print • Mail
609-390-1400



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 30 Lot 11 Qualification Code HM
Work Site Location 10 Helen Street
Secaucus

Owner in Fee: Alexis Rios e-mail 201-292-0012

Address 10 Helen Street Secaucus zip code 07094

Contractor: PUBLIC SERVICE ELECTRIC & GAS Tel. 201 420-3908
Address 444 ST. PAUL'S AVENUE e-mail FRANK.GARRIDO@PSEG.COM

JERSEY CITY, NJ 07306

Contractor License No. EXEMPT Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 221212800 FAX: 201 217-1420

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 37,045.00

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
Type	Slab	Type	Slab	Failure	Approval
☐ No Plans Required	☐ Partial - Under Slab - Utilities Approved	☐ Plumbing Plans Approved	☐ Rough	☐ Failure	☐ Approval
Date: _____	Approved by: _____	Date: _____	Water	☐ Initial	☐ Initial
☐ Joint Plan Review Required	☐ Bldg. ☐ Elec. ☐ Elev. ☐ File	☐ Plumbing Plans Approved	Sewer	☐ Failure	☐ Approval
Date: _____	Approved by: _____	Date: _____	Fixtures	☐ Failure	☐ Approval
☐ Subcode Approval for Permit	☐ Subcode Approval for Certificate	☐ Plumbing Plans Approved	Gas Equipment	☐ Failure	☐ Approval
Date: _____	Approved by: _____	Date: _____	Gas Piping	☐ Failure	☐ Approval
☐ CO ☐ CCO ☐ CA	☐ CO ☐ CCO ☐ CA	Date: _____	LPG Gas Tank	☐ Failure	☐ Approval
Date: _____	Approved by: _____	Date: _____	Fuel Oil Piping	☐ Failure	☐ Approval
☐ Subcode Approval for Permit	☐ Subcode Approval for Certificate	Date: _____	Solar	☐ Failure	☐ Approval
Date: _____	Approved by: _____	Date: _____	TCO	☐ Failure	☐ Approval
☐ CO ☐ CCO ☐ CA	☐ CO ☐ CCO ☐ CA	Date: _____	Final	☐ Failure	☐ Approval
Date: _____	Approved by: _____	Date: _____		☐ Failure	☐ Approval

Date Received 02-20-09
Control # 02-20-090
Date Issued 2-14-2020
Permit # 30-277

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.

Applicant sign/Contractor sign and seal here:

Print name here: Frank Garrido ☒ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Steam Boiler
Replace Backflow Preventer

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPG Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 1/29/2020
Date Issued 2/14/2020
Control # CR-20-096
Permit # 20-077

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK BOILER REPLACEMENT,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	\$45
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge

Minimum Fee \$58

State Permit Surcharge Fee \$1

TOTAL FEE \$59

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

Block 30 Lot 11 Qualification Code _____

Work Site Location: 10 HELEN ST. SECAUCUS, NJ

Owner in Fee: RIOS, ALEXIS & IRAIDA

Address 10 HELEN ST. SECAUCUS NJ 07094

Tel. _____ Email _____

Contractor: PUBLIC SERVICE ELECTRIC & GAS

Address 444 ST. PAUL'S AVENUE JERSEY CITY NJ 07308

Tel. 201/4203903 Fax 201/2171420

Lic No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required	Date Initial	Type:	Failure	Approval	Initial
☐ Partial Underslab Utilities Approved		Rough			
Date: _____ by: _____		Barrier-Free			
☐ Electric Plans Approved		Trench			
Date: _____ by: _____		Temp. Serv.			
☐ Building ☐ Plumbing		Constr. Serv.			
☐ Fire ☐ Elevator		TCO			
☐ Electrical Plans Approved		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: _____ by: _____		Final			
☐ CO ☐ CCO ☐ CA		Barrier-Free			
Date: _____		Temp. Cut-in-Card Date Issued			
Approved by: _____		Final Cut-in-Card Date Issued			
		Annual Pool Inspection			
		Date of Grounding and Bonding			
		Certification			

U.C.C F120 (rev. 11/09)
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 30 Lot 11 Qualification Code _____

Work Site Location: 10 HELEN ST. SECAUCUS, NJ

Owner in Fee: RIOS, ALEXIS & IRAIDA

Address 10 HELEN ST. SECAUCUS, NJ 07094

Tel. _____ Email _____

Contractor: PUBLIC SERVICE ELECTRIC & GAS

Address 444 ST. PAUL'S AVENUE, JERSEY CITY, NJ 07306

Tel. 201/4203903 Fax 201/2171420

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Contractor License No. _____ Expiration Date: _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ R-5 _____ Proposed _____ R-5 _____

Building Sewer Size _____ ☒ Public Sewer ☐ Private Septic

Water Service Size _____ ☒ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$7,946

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Approval

Initial

Date Received 1/29/2020

Control # CR-20-096

Date Issued 2/14/2020

Permit # 20-077

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BOILER REPLACEMENT.

NO. _____

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventor

Greasetrap

Sewer Connector

Water Service Connection

Stacks

Other _____

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$15

TOTAL FEE \$117

U.C.C F130 (rev. 11/09)

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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