33 pages

#-510-23

Johanna Fermaint

From: Joe Rothe <opra+request-52969-352e68b9@requests.opramachine.com>
Sent: Monday, September 18, 2023 5:16 PM
To: Town Clerk
Subject: OPRA request - OPRA request for Environmental Records

Dear Town of Guttenberg,

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: For the property located at 6913 Madison Street (Block 10, Lots 18 and 19) Any certificate of approvals, inspection documents, removal/installation permits, environmental records pertaining to any USTs or tanks for 6913 Madison Street (Block 10, Lots 18 and 19). A list of any building construction, alteration or demolition permits on file. List of past property owners and/or tenants, and operations on the property. Also a chain of ownership via deeds, if available.

Yours faithfully,
Joe Rothe
jrothe@ecolsciences.com

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-52969-352e68b9@requests.opramachine.com

Is townclerk@myguttenberg.com the wrong address for OPRA requests to Town of Guttenberg? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=town_of_guttenberg
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_for_environmental_r

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.

SEP 19 2023 AM11:24

Town of Guttenberg
6808 Park Avenue
Guttenberg, NJ 07093

(201) 868-3647
Fax: (201) 868-3750

Date Issued 2/3/2023
Date Expired
Tracking Number NC-23-00020
Permit Number
Permit Issue Date
Certificate Number

CCO 2 UNITS + 2 FAMILY + 1 COMMERCIAL SPACE SALE TRANSFER OF TITLE ONLY NOT TO BE OCCUPAIED

Identification

Work Site Location: 6912-14 POLK 6915 MADISON Town of Guttenberg, NJ 07093 Block: 10 Lot: 18 Qual:

Owner in Fee: MONTANA REALTY, LLC/SCOTT BAZZANI

Owner Address: [redacted]

Telephone: [redacted]

Use Group: B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

Current owner's name: MONTANA REALTY, LLC/SCOTT BAZZANI

Renter's Name:

Buyer's Name: MADISON POLK LLC/ RICHARD LABARBIERA

This document serves notice that based on a general inspection of the visible parts of the building , there are no imminent hazards and is approved for the continued occupancy.

Fee: 600
Check No. 1002

TOWN OF GUTTENBERG

BUILDING DEPARTMENT
6808 Park Avenue
Guttenberg, NJ 07093-1820

Respond To:

Telephone No.
(201) 868-3647
Ext. 107 or 149

Fax No.
(201) 868-3750

07/18/2018

CCO# 18-189

CURRENT OWNER'S NAME: GUIDO SCRIVANICH
RENTER'S NAME:
PHONE: [redacted]

BUYER'S NAME: **ROLANDO CRIBERIO**
NAME AND AGES OF ALL OCCUPANTS:

PROPERTY LOCATION: **531 70TH STREET, 6912-14 POLK STREET**
BLOCK: 10 LOT: 18, 19.
OCCUPANCY LOAD:

ONE FAMILY (___) TWO FAMILY (___) MULTI – FAMILY (__)

BUSINESS (BRIEF DESCRIPTION) **2 UNITS + 2 FAMILY 1 COMMERCIAL SPACE.**
THIS DOCUMENT SERVES NOTICE THAT BASED ON A GENERAL INSPECTION OF THE VISIBLE PARTS OF THE BUILDING, THERE ARE NO IMMINENT HAZARDS AND IS APPROVED FOR THE CONTINUED OCCUPANCY .
FEE: 600.00 CHECKS # 1051

APPROVED BY: ----------
JORGE GONZALEZ - CONSTRUCTION OFFICIAL

TOWN OF GUTTENBERG

BUILDING DEPARTMENT
6808 Park Avenue
Guttenberg, N.J. 07093-4498

Respond To:
Building Dept.

Telephone No.
(201) 868-3647

Voice Mail #5
Ext. 107 or 121

Fax No.
(201) 868-3750

CERTIFICATE OF CONTINUED OCCUPANCY

DATE: JULY 27, 2004 CCO#: 1080-04

CURRENT OWNER'S NAME: ANGEL & JENNY OCHOA

RENTER'S NAME:

BUYER'S NAME: GIOVANIA ACRIVANICH

NAMES AND AGES OF ALL NEW OCCUPANTS:

DELIVERED UNOCCUPIED

PROPERTY LOCATION: 6913 MADISON ST. APARTMENT #:

BLOCK: 10 LOT: 19 ZONE:

ONE FAMILY:
TWO FAMILY: x
MULTI-FAMILY:
BUSINESS (brief description)

CONDOMINIUM:
CO-OP:
OTHER:

THIS DOCUMENT SERVES NOTICE THAT BASED ON A GENERAL INSPECTION OF THE VISIBLE PARTS OF THE BUILDING, THERE ARE NO IMMINENT HAZARDS AND IS APPROVED FOR THE CONTINUED OCCUPANCY.

FEE: $125.00 CHECK #: 374 CASH:

APPROVED BY: 7-27-04
CONSTRUCTION OFFICIAL

MUNICIPAL BUILDING
6808 PARK AVENUE
GUTTENBERG, N.J. 07093

BLOCK 10 LOT 18&19 QUALIFICATION CODE C23-00229 ADDRESS (SITE) 6912-14 Polk, 6913-15 Madison PERMIT NO. 23161

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 6912-14 Polk St. & 6913-15 Madison St.
2. Name of Owner in Fee: Madison Polk LLC.
   Tel. [redacted] e-mail [redacted].com
   Address 350 W Passaic St 2nd Fl (street) Rochelle Park (municipality) 07662 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: RVN Enterprises, LLC. Tel. (201) 630-6346
   Address 350 W Passaic Street 2nd Floor e-mail richardlabarbiera@rvnenterprises.com
   Rochelle Park NJ 07662
   License No. OR, if new home, Builder Reg. No. 13VH04454900 Exp. Date 03/31/2024
   Home Improvement Contractor Registration No. or Exemption Reason ____
   Federal Emp. ID No. ____ FAX: ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun Richard LaBarbiera
   Tel. [redacted] FAX: ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	260		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	5		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 265		

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 ____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	☐	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
Building	☐	5,000								
Electrical	☐									
Plumbing	☐	2,500			2-28-23	JH				
Fire Protection	☐									
Elevator	☐									
TOTAL COST		$7,500								

FOR OFFICE USE ONLY (Optional)

RECEIVED JUL 28 2023 BUILDING DEPT. TOWN OF GUTTENBERG

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select
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: Select Group
3. Change in Use Group, Indicate Present: Select

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name RVN Enterprises, LLC. - Richard LaBarbiera

Address 350 W Passaic St. 2nd Floor
Rochelle Park NJ 07662

Telephone (201) 630-6346

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

Contractor Certification as per N.J.S.A. 52:27D-123.16.

CONSTRUCTION PERMIT

Date Issued 8/1/2023
Control # C-23-00229
Permit # 23-166

IDENTIFICATION Block: 10 Lot: 18,19 Qualifier
Work Site Location: 6912-14 POLK ST & 6913-15 MADISON ST GUTTENBERG, NJ 07093
Owner in Fee MADISON POLKMLLC/ RICHARD LABARBIERA 350 W PASSAIC ST 2ND FLOOR ROCHELLE PARK NJ 07662
Telephone: [redacted]

Contractor MADISON POLKMLLC/ RICHARD LABARBIERA
Address 350 W PASSAIC ST 2ND FLOOR ROCHELLE PARK NJ 07662
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
CAPPING OF WATER AND SEWER

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 $2,500

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$260
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$265
Check No.	1020
Cash	$0
Credit	$0
Collected By	Yomaris Alcantara

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

CONSTRUCTION PERMIT

Date Issued 8/1/23
Control # C-23-00229
Permit #

IDENTIFICATION Block: 10 Lot: 18,19 Qualifier
Work Site Location: 6912-14 POLK ST & 6913-15 MADISON ST , NJ
Contractor
Address

Owner in Fee MADISON POLKMLLC/ RICHARD LABARBIERA
350 W PASSAIC ST 2ND FLOOR ROCHELLE PARK
NJ 07662
Telephone:

Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
CAPPING OF WATER AND SEWER

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 $2,500

Construction Official

7/31/23
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$260
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$265
Check No.	1020
Cash	$0
Credit	$0
Collected By	YA

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

PLUMBING SUBCODE

TECHNICAL SECTION

Date Received 7/28/2023
Control # C-23-00229
Date Issued 8/1/2023
Permit # 23-166

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

Block 10 Lot 18,19 Qualification Code

Work Site Location: 6912-14 POLK ST & 6913-15 MADISON ST GUTTENBERG, NJ 07093

Owner in Fee: MADISON POLKMLLC/ RICHARD LABARBIERA

Address 350 W PASSAIC ST 2ND FLOOR ROCHELLE PARK NJ 07662

Email

Tel. [redacted]

Contractor: MADISON POLKMLLC/ RICHARD LABARBIERA

Address 350 W PASSAIC ST 2ND FLOOR ROCHELLE PARK NJ 07662

Email

Tel. [redacted] Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No.

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 $2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ 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:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy 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
CAPPING OF WATER AND SEWER

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	
2	Other WATER CAP	$130

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$5
TOTAL FEE	$265

U.C.C F130 (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

Date Received 8/1/23
Control #
Date Issued
Permit # 23-166

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

Block 10 Lot 18+19 Qualification Code

Work Site Location 6912-14 Polk St. 6913+6915 Madison St.

Owner in Fee: Madison Polk LLC.

Tel. [redacted] e-mail [redacted]

Address 350 W Passaic St. (street) Rochelle Park (municipality) 07662 (zip code)

Contractor: Corrado P Mastropaolo Inc. Tel. (973) 277-9485

Address 40 Arnot Street Unit 19 e-mail corradopm@aol.com

Lodi NJ 07644

Contractor License No. 11720 Exp. Date 06/30/2025

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223424002 FAX:

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 $ 2,500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/2/23
Approved by:

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

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

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: Carl Mastropaolo

Print name here: Corrado P Mastropaolo

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Capping of water + Sewer service

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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
2	~~Stacks~~ Water Cap	
2	Other Sewer Cap	

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

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

BLOCK 10 LOT 70 QUALIFICATION CODE LK10-252 ADDRESS (SITE) 531-70th PERMIT NO. 10-0[illegible]7

CONSTRUCTION PERMIT APPLICATION

AKA 6912-14 polk

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

I. IDENTIFICATION

1. Proposed Work Site at: 531 70th Street, Guttenberg NJ 07093
2. Name of Owner in Fee: ROSE'S TAXI
   Tel. [redacted] e-mail
   Address 531 70th Street, Guttenberg, NJ (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Intruder Detection Systems, Inc. Tel. (201) 227-2559
   Address 46 West Clinton Avenue e-mail jeffzwirn@alarmexpert.com
   Tenafly NJ 07670
   License No. OR, if new home, Builder Reg. No. 34BA00009000 Exp. Date 8/2016
   Home Improvement Contractor Registration No. 34BF00002900 or Exemption Reason (if applicable): 34FA00009000
   Federal Emp. ID No 582440706 FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Jeffrey D. Zwirn, President
   Tel. (201) 227-2559 FAX: (201) 287-0105

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
(4) Fire Protection			
5. Elevator Devices		65	
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy		2	
12. Other			
13. TOTAL	$	67	

10/22/15

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 ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ 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	800								
☐ Elevator									
TOTAL COST									

OCT 22 2015 BUILDING DEPT. TOWN OF GUTTENBERG

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

TOWN OF GUTTENBERG
6808 PARK AVE.
GUTTENBERG, N.J.

Date Issued 10/26/15
Control #
Permit # 15-229

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 10 Lot 18 Qual

Work Site Location 531 70 STREET

Owner in Fee GUIDO SCRIVANICH
Address 531 70 ST
GUTTENBERG, NJ 07093-
Telephone ( ) -

Contractor INTRUDER DETECTION SYSTEMS
Address 46 WEST CLINTON AVE
TENAFLY, NJ 07670-
Telephone ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 58-2440706

Is hereby granted permission to perform the following work:

[ ] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[X] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
REPLACE FIRE ALARM PANNEL.

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

10/26/15
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	67
Check No.	10067
Cash	
Collected By	CB

U.C.C. F170 (rev. 3/96)

TOWN OF GUTTENBERG
6808 ~~PARK~~ AVE.
GUTTENBERG,. N.J.

UCC NEW JERSEY
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 10/26/15
Control #
Permit # 15-229

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

Block 10 Lot 18 Qual

Work Site Location 531 70 STREET

Owner in Fee GUIDO SCRIVANICH
Address 531 70 ST
GUTTENBERG, NJ 07093-
Tele.( ) -
Contractor INTRUDER DETECTION SYSTEMS
Address 46 WEST CLINTON AVE
TENAFLY, NJ 07670-
Tele.( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 58-2440706

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present R-2 Proposed R-2
Constr Class - Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 800

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Util Appr
Date: Appr by:
[ ] Fire Plans Approved
Date: Appr by:
Joint Plan Review Required:
[ ] Build [ ] Elect [ ] Plumb
SUBCODE APPR - PERM [ ] Elev
Date: Appr by:
SUBCODE APPR - CERTIF
[ ] CO [ ] CCO [ ] CA
Date: Appr by:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm Sys	5/8			
Suppr Test	System not working			
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Fl/Comb Tnk				
Firepl Vnt				
Final				
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/Contractor Seal

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices (smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices FIRE CONTROL UT	1	
TOTAL	1	50
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 1		1
Other		0
Other		0

Administrative Surcharge $	0
Minimum Fee $	14
TOTAL FEE $	65
DCA State Permit Fee $	2

Paid [X] Check # 10067
Collected by: CB

U.C.C. F140 (rev. 11/09)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Laura
2012870900

Date Received / Control # 10-26-15

Date Issued / Permit # 15-229

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 531 70th Street, Guttenberg, NJ

Owner in Fee: Rose'S TAXi

Tel [redacted] e-mail _____

Address 531 70th Street, Guttenberg, NJ

Contractor: (street) Wilder (municipality) Systems Tel. (201) 272-2334 (zip code)

Address 46 West Clinton Ave e-mail office@wilderalarm.com

Closter NJ 07624

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P000765

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. 34BA00009000 Exp. Date 8/2016

34BF00002900 34ZA00009000

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

Federal Emp. ID No. _____ FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ 900.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/27/15

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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.

Applicant/Contractor sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

Description of Work: REPLACE EXISTING FACP AND CONNECT TO EXISTING DEVICES

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices REPLACE FIRE ALARM CONTROL UNIT	1	
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		

TOWN OF GUTTENBERG
6808 PARK AVE.
GUTTENBERG, N.J.

Date Issued 04/10/18
Control #
Permit # 18-044

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 10 Lot 18 Qual
Work Site Location 531 70 STREET

Owner in Fee/Occupant GUIDO SCRIVANICH
Address 531 70 ST
GUTTENBERG, NJ 07093-
Telephone ( ) -
Contractor TRI STATE INVIROMENTAL
Address 141 MARSHALL ST
ELIZABETH, NJ -
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2936018

Home Warranty No.
[ ] State [ ] Private
Use Group R-1
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMOVE 1000 GAL TANK

[ ] 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. 241
Collected by: CB

Construction Official

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

BLOCK 10 LOT 10 QUALIFICATION CODE C/M0-11 ADDRESS (SITE) [illegible] PERMIT NO. 18 077

CONSTRUCTION PERMIT APPLICATION

TANF

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

I. IDENTIFICATION

1. Proposed Work Site at: 532 70 ST Guttenberg
2. Name of Owner in Fee: Sabrina Scrivanich /white
   Tel. [redacted] e-mail
   Address 532 (street) 70 ST Guttenberg (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor for state Evinomental Tel. (908) 9064420
   Address 141 Marshall St
   Elizabeth NJ
   License No. OR, if new home, Builder Reg. No. US00347 Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 222936018 FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Baez
   Tel. (908) 9064420 FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
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	150		
13. TOTAL	$		

3/1/18

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 ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FEB 20 2018 BUILDING DEPT. TOWN OF GUTTENBERG

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
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 3/2/18

Permit # 18-044

IDENTIFICATION Block # 10 Lot 18 Qualification Code

Work Site Location 532 70 ST
531 Gutenberg

Owner in Fee Sabrina Scivanich

Address 532 70 ST Gutenberg

Tel. [redacted]

Contractor Tri State Environmental

Address 141 Raritan St
Bldg 6 fl

Tel. (908) 9064420

Lic. No. or Bldrs. Reg. No. US00347

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: 100 tank Removal

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 $ 2000

Construction Official

3/1/18
Date

PAYMENTS (Office Use Only)

Building 150-
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total 150-
Check No. 241
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

TOWN OF GUTTENBERG
6808 PARK AVE.
GUTTENBERG, N.J.

UCC NEW JERSEY
BUILDING SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 03/02/18
Control #
Permit # 18-044

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

Block 10 Lot 18 Qual

Work Site Location 531 70 STREET

Owner in Fee GUIDO SCRIVANICH

Address 531 70 ST
GUTTENBERG, NJ 07093-

Tele.( ) -

Contractor TRI STATE INVIROMENTAL

Address 141 MARSHALL ST
ELIZABETH, NJ -

Tele.( ) - Fax ( ) -

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2936018

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 1000 GAL TANK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req		
[ ] All		
[ ] Foot/Found		
[ ] Struct/Frame		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPR - PERM [ ] Elev
Date:
Approved By:
SUBCODE APPR - CERTIF
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bond				
Foundation				
Slab				
Frame				
Truss/Brac				
BarrierFree				
Insulation				
Finishes-Bas				
Finishes-Fin				
Energy				
Mechanical				
TCO				
Other				
Final				P
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Rehabilitation	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool - Above Ground	0
[ ] Pool - In Ground	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
Other	0
[X] Demolition	150

B. BUILDING CHARACTERISTICS

Use Group Present R-1 Proposed R-1
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2) $ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # 241 Minimum Fee	$ 0
Collected by: CB TOTAL FEE	$ 150
State Permit Surcharge Fee	$ 0

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/2/18
Control #

Date Issued
Permit # 18-044

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

Block 10 Lot 18 Qualification Code

Work Site Location 532 70 ST Guttenbergs
531

Owner in Fee: Sabrina Scrivanich / White

Tel. ([redacted]) e-mail

Address 532 70 ST Guttenbergs
street municipality

Contractor: Tri State Environmental Tel. 908 9064420
zip code

Address 141 Marshall ST e-mail
Elizabeth

Contractor License No. or Builder Registration No. 0500347 Exp. Date

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

Federal Emp. ID No. 222936018 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	3/1	MF
[ ] 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 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 2,000

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 (1) 1000 Gallons oil tank UST

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 12/07)

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

For Information Call: _____

Permit No. 531 70

APPROVAL FOR BUILDING

	Date	Inspector
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Insulation		
[ ] Mechanical		
[X] Other GW	4/3/18	
[ ] Other		
[ ] Final		

U.C.C. F233
(rev. 3/96)

LOCK 10 LOT 18 QUALIFICATION CODE (AB-304 ADDRESS (SITE) _____ PERMIT NO. 13-117

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 531 70th St. Guttenberg NJ 07093
2. Name of Owner in Fee: Guido Scrivanich
   Tel. [redacted] e-mail _____
   Address 531 70th St. (street) Guttenberg (municipality) NJ 07093 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Diaz & Lopez Construction Tel. (908) 469-1212
   Address 455 Walnut Street e-mail _____
   Elizabeth, NJ 07201
   License No. OR, if new home, Builder Reg. No. 13VH03133300 Exp. Date 12/31/13
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20-5076880 FAX: (908) 354-5059
5. Architect or Engineer First Δ Sight Surveying LLC Contact _____
   Address 10 North Fifth St. Park Ridge NJ 07656 e-mail _____
   Tel. (201) 746 6571 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Jesus Diaz
   Tel. (201) 679-5624 FAX: (908) 354-5059

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 65		
2. Electrical			
3. Plumbing	65		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 4		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 136		

9/26

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 ____

Ia. PROPOSED WORK

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

SEP 25 2013 BUILDING DEPT. TOWN OF GUTTENBERG

Ib. SUBCONST. (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					9/25/13	X			
☐ 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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/26/15

Permit # 13-174

IDENTIFICATION Block Tax Block #10 Lot 18 & 19 Qualification Code _____

Work Site Location 531 70th street Guttenberg NJ

Owner in Fee Guido Scrivanich

Address 531 70th street Guttenberg NJ 07093

Tel. (201) 869 6816

Contractor Diaz & Lopez

Address 455 Walnut st. Elizabeth NJ

Tel. (908) 469 1212

Lic. No. or Bldrs. Reg. No. 13VH03133300

Is hereby granted permission to perform the following work:

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

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER Parking Lot.

DESCRIPTION OF WORK:

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 $ 3900.00

Construction Official

09/25/15

Date

PAYMENTS (Office Use Only)

Building 65

Electrical _____

Plumbing _____

Fire Protection 65

Elevator Devices _____

Other _____

DCA State Permit Fee 6

Cert. of Occupancy _____

Other _____

Total 136

Check No. CK 2472

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 9/26/13

Date Issued / Permit # 13-174

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

Block 10 Lot 18 Qualification Code

Work Site Location 531 70th Street
Guttenberg, NJ 07093

Owner in Fee: Guido Scrivanich

Tel. [redacted] e-mail

Address 70th Street
(street) (municipality) (zip code)

Contractor: Diaz & Lopez Construction Tel. (908) 469-1212

Address 455 Walnut Street e-mail diazlopezconstr_2@hotmail

Elizabeth, NJ 07201

Contractor License No. or Builder Registration No. 13VH03133300 Exp. Date 12/31/13

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

Federal Emp. ID No. 20-5076880 FAX: (908) 354-5059

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

Curb Cuts, stone, clean yard, & level

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[/] No Plans Required	9/24	M
[ ] 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 [X] CA
Date: 10/29
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/29	M
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ (Over 6' needs ...)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other parking
- [ ] Demolition

ENTERED

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 2,500.00
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 12/07)

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 9/26/13

Date Issued / Permit # 13-174

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

Block 16 Qualification Code 18

Work Site Location 531 - 70th St. Guttenberg NJ 07093

Owner in Fee: Guido Scrivanich

Tel. [redacted] e-mail

Address 531 70th St. (street) Guttenberg (municipality) NJ 07093 (zip code)

Contractor: Marcos A. de Paz Tel. 201-522-6580

Address 6035 Buchanan Pl. W. N.Y. NJ 07093 e-mail

Contractor License No. 10681 Exp. Date 6/30/15

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

Federal Emp. ID No. 043687761 FAX: (201) 943-0938

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 $ 1,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 9/30/13

Approved by: _____

SUBCODE APPROVAL

[ ] CO [X] CCO [ ] CA

Date: 10/9/13

Approved by: _____

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

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's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Installation of trench Drain 6" by 20'

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

ENTERED

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

ACTION OFFICE SUPPLIES, INC (800) 298-1000

TOWN OF GUTTENBERG
6808 PARK AVE.
GUTTENBERG, N.J.

Date Issued 09/26/13
Control #
Permit # 13-174

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 10 Lot 18 Qual

Work Site Location 531 70 STREET

Owner in Fee GUIDO SCRIVANICH
Address 531 70 ST
GUTTENBERG, NJ 07093-
Telephone ( ) -

Contractor DIAZ & LOPEZ CONSTRUCTION
Address 455 WALNUT ST
ELIZABETH, N1 -
Telephone ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-0313330

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
CURB CUT / CLEAN YARD

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 $ 3,900

Construction Official

09/26/13
Date

PAYMENTS (Office Use Only)

Building	65
Electrical	0
Plumbing	65
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	6
Cert. of Occupancy	0
Other	
Total	136
Check No.	2472
Cash	
Collected By	CB

U.C.C. F170 (rev. 3/96)

BLOCK 10 LOT 10 QUALIFICATION CODE CL 10-001 ADDRESS (SITE) _____ PERMIT NO. 10-171

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 531 70th street Guttenberg NJ 07093
2. Name of Owner in Fee: Edward dolan.
   Tel. [redacted] e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Diaz & Lopez Constructions Tel. (201) 679 5624
   Address 455 walnut st. Elizabeth NJ 07201 e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH03133300 Exp. Date 12/31/10
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Jesus Diaz
   Tel. (201) 679 5624 FAX: (_____) _____

TOWN OF GUTTENBERG BUILDING DEPT

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 70		
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	5		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 75		

8/16

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 ____

IIa. PROPOSED WORK

- [x] Minor Work
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] 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
[x] Building					8/10	[illegible]			
[ ] 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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/16/10

Permit # 10-141

IDENTIFICATION Block 10 Lot 18 Qualification Code

Work Site Location 531 70th Street Guttenberg. NJ 07093

Owner in Fee Edward dolan.

Address

Tel. ([redacted]

Contractor Diaz & Jorge construction

Address 455 walnut St Elizabeth. NJ 07201

Tel. (201) 639 5624

Lic. No. or Bldrs. Reg. No. 13VH03133300

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: change exterior windows and two doors.

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 $ 2,800.00

Construction Official

08/09/2010

Date

PAYMENTS (Office Use Only)

Building 70

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 5

Cert. of Occupancy

Other

Total 75

Check No. 14-13261342

Cash

Collected by CJ

(see reverse side)

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

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

TOWN OF GUTTENBERG
6808 PARK AVE.
GUTTENBERG, N.J.

Date Issued 08/16/10
Control #
Permit # 10-141

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 10 Lot 18 Qual

Work Site Location 6912 POLK

Owner in Fee EDWARD DOLAN
Address 531 70 ST
GUTTENBERG, NJ 07093-
Telephone ( ) -

Contractor DIAZ & LOPEZ CONSTRUCTION
Address 455 WALNUT ST
ELIZABETH, N1 -
Telephone ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-0313330

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
CHANGE EXTERIOR WINDOWS AND TWO DOORS

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 $ 2,800

Construction Official

08/16/10
Date

PAYMENTS (Office Use Only)

Building	70
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	5
Cert. of Occupancy	0
Other	
Total	75
Check No.	mo
Cash	
Collected By	CB

U.C.C. F170 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/16/10

Date Issued / Permit # 10-141

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

Block 10 Lot 18 Qualification Code

Work Site Location 531 70th street
Guttenburg NJ 07093

Owner in Fee: Edward dolan

Tel. ([redacted]) e-mail

Address

Contractor: Diaz & Lopez Construction (street, municipality) Tel. (201) 679 5624 (zip code)

Address 455 Walnut street e-mail
Elizabeth NJ 07201

Contractor License No. or Builder Registration No. 13VH03133300 Exp. Date 12/31/10

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [✓] No Plans Required 9/10 [illegible]
- [ ] 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 — 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
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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

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

U.C.C. F110
(rev. 12/07)

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

change exterior windows. and. two doors

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)
$

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

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

BLOCK 10 LOT 17 QUALIFICATION CODE C1004 ADDRESS (SITE) PERMIT NO. 08-048

CONSTRUCTION PERMIT APPLICATION

TANK

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 6913 Madison St Guttenberg, NJ
2. Name of Owner in Fee: Mr and Mrs Seridanich
   Tel. [redacted] e-mail
   Address 6913 Madison St (street) Guttenberg (municipality) NJ, (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Lombardo Tel. (201) 796 3390
   Address 12 Bushes Lane (street) Elmwood Pk (municipality) NJ e-mail
   License No. OR, if new home, Builder Reg. No. Dep500981 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223548562 FAX: (201) 796 2254
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Ken Lombardo
   Tel. (201) 796 3390 FAX: (201) 796 2254

V. FEE SUMMARY (for office use only)

RECEIVED 2/8/2008

		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	X		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 60		

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

IIa. PROPOSED WORK

RECEIVED FEB 04 2008 BUILDING DEPT. TOWN OF GUTTENBERG

- ☑ 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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☑ Building					2-7-08				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   - Before Construction
   - After Construction
   - Net Gain or Loss

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

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

TOWN OF GUTTENBERG
6808 PARK AVE.
GUTTENBERG, N.J.

Date Issued / /
Control # C1009
Permit #

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 10 Lot 019 Qual

Work Site Location 6913 MADISON ST.

Owner in Fee SCRIVNAVICH
Address 6913 MADISON ST.
GUTTENBERG, NJ 07093-
Telephone ( ) -

Contractor LOMBARDO
Address 72 BUSHES LANE
ELMWOOD PARK, NJ 07407-
Telephone (201) 796-2254
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3548562

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:
550 GAL. UNDERGROUND STORAGE TANK ABANDONMENT WITH FOAM.

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 $ 950

Construction Official

/ /
Date

PAYMENTS (Office Use Only)

Building	65
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	66
Check No.	23176
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/8/08

Permit # 08-028

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 6913 Madison St Guttenberg, NJ

Owner in Fee Ukrina Hrs Schdanich

Address 6913 Madison St Guttenberg, NJ

Tel. (_____) _____

Contractor Lombardo

Address 72 Bushes Lane Elmwood Pk, NJ

Tel. (201) 796 3390

Lic. No. or Bldrs. Reg. No. Dep#500987

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: 550 gal. underground Storage tank abandonment w/foam

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 $ 950.00

Construction Official

2/7/08
Date

PAYMENTS (Office Use Only)

Building 65

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee 1

Cert. of Occupancy _____

Other _____

Total 66

Check No. 23176

Cash _____

Collected by DC

(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 2/8/08
Date Issued
Control #
Permit # 08-028

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

Block 10 Lot 19
Work Site Location 6913 Hudson St Guttenberg, NJ
Owner in Fee Mr and Mrs Scrudanich
Address 6913 Hudson St Guttenberg, NJ
Tele. [redacted]
Contractor Lombardo
Address 72 Bushes Lane Elmwood Pk, NJ
Tele. (201) 796 3390 Fax (201) 796 2254
Lic. No. or Bldrs. Reg. No. DEPU500987
Federal Emp. No. 223548562

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 2/8/08
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
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. $ 950.00
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.

Ken Lombardo
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

500 gal. underground Storage tank abandonment w/ foam

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] 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)

Administrative Surcharge	$	65
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	66

U.C.C. F110
(rev. 3/96)

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

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

LOMBARDO ENVIRONMENTAL INC
72 BUSHES LANE
PO BOX 62

ElmWood Park, NJ 07407

Having duly met the requirements of the

Underground Storage Tank Certification Program

N.J.S.A. 58:10A-24.1-8

Is hereby approved to perform the following services:

CLOSURE
INSTALLATION ENTIRE UST SYSTEM
SUBSURFACE EVALUATION

02/28/2009
EXPIRATION DATE

US00987
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY