

Office of the City Clerk



SONIA L. GORDON, RMC
City Clerk

CITY HALL - 3RD FLOOR
155 MARKET STREET
PATERSON, NEW JERSEY 07505

OFFICE: (973) 321-1310
FAX: (973) 321-1311

August 30, 2021

opra+request-25530-aeb9d970@requests.opramachine.com

George

FILE NO: CA21:1584

Dear George:

Enclosed please find the information you have requested from the City of Paterson under the Open Public Records Act (OPRA).

The response is in full and final satisfaction of your OPRA request submitted to the City Clerk's Office.

If you have additional questions, please submit a new OPRA request.

Sincerely,

A handwritten signature in cursive script that reads "Sonia L. Gordon".

SONIA L. GORDON
CITY CLERK

/th

Enc.

Twydaisha Hilbert

CA 21:1584
Due Date: 8/30/2021

From: George <opra+request-25530-aeb9d970@requests.opramachine.com>
Sent: Friday, August 20, 2021 12:11 PM
To: Opra Request
Subject: OPRA request - OPRA Request Permits

Dear Paterson City,

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:

Any open permits
All closed permits
Any violations

For the following address: 90 8th Ave Paterson, NJ 07524

Yours faithfully,

George

RECEIVED
CITY OF PATERSON, NJ
2021 AUG 20 P 12:27
SONIA L. GORDON
CITY CLERK

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-25530-aeb9d970@requests.opramachine.com

Is oprarequest@patersonnj.gov the wrong address for OPRA requests to Paterson City? If so, please contact us using this form:

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

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/opra_request_permits

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.



Paterson Fire Department
300 McBride Ave
Paterson, NJ 07501
Phone: (973) 321-1400
pfd@patersonnj.gov

SystemID#: 11209
Local ID:
State Reg#:

To: 340 17th Ave, LLC
5 Sicomac Rd 317
North Haledon, NJ 07508

NOTICE OF VIOLATIONS and ORDER TO CORRECT

Municipality: Paterson City
Inspected on: December 19, 2019
Inspected by: Pedro Cartagena
Premises: Vacant Residential
90 8th Ave
Paterson, NJ 07514

Inspection Type: Request or Complaint
LHU Classification:
Use Group:

OWNER**AGENT****TENANT/OPERATOR**

340 17th Ave, LLC
5 Sicomac Rd, #317
North Haledon, NJ 07508

YOU ARE HEREBY NOTIFIED THAT an inspection by the Bureau of Fire Prevention disclosed violations of the Uniform Fire Code (N.J.A.C. 5:70-1 et. seq.) promulgated pursuant to the New Jersey Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et. seq.). The violations are specified on the accompanying "Violations Report" page(s).

YOU ARE HEREBY ORDERED by the FIRE OFFICIAL to correct the violations listed on the accompanying "Violations Report" page(s) within the time, or by the date specified. If a re-inspection discloses that violations have not been corrected, and an extension has NOT been requested and granted, you will be subject to penalties of up to \$5,000 per violation per day, or as otherwise authorized by the Act and Bureau Regulations.

IN ADDITION, the ACT imposes liability on the owner for the actual costs of fire suppression where a violation directly or indirectly results in fire.

If you do not understand this order, need assistance, or desire further information, please call the Bureau of Fire Prevention at (973)321-1414

By:

A handwritten signature in black ink, appearing to read "H. Eggers III".

Herbert H. Eggers III, Captain/Fire Official

Signature of Owner or Representative

Printed Name of Owner or Representative

Date

APPEALS RIGHTS-EXTENSIONS: See the attached page of information concerning your administrative appeal rights, authorized penalties and the procedure for requesting an extension of time in which to correct violations.

Violations

Premises: Vacant Residential
 Address: 90 8th Ave
 Paterson, NJ 07514
 Owner: 340 17th Ave, LLC
 Address: 5 Sicomac Rd, #317
 North Haledon, NJ 07508

Local ID:
 State Reg#:
 SystemID#: 11209

The Violations cited on the above premises are as follows:

Number	Description	Floor	Abate By	U/A	U/A	U/A
1	Location: 90-92 8th Ave Category / Nature: Vacant and Abandoned Structures / Secure windows and doors in vacant or abandoned structure Code Section: N.J.A.C. 5:70-3, 311.2 Description: All windows and doors shall be secured to prevent unwanted entry.		01/23/20			
2	Location: 90-92 8th Ave Category / Nature: Vacant and Abandoned Structures / Utilities which present and Ignition hazard shall be disconnected. Code Section: N.J.A.C. 5:70-3, 311.2.4 Description: All utilities shall be disconnected from building.		01/23/20			
3	Location: 90-92 8th Ave Category / Nature: Vacant and Abandoned Structures / Remove all combustibles Code Section: N.J.A.C. 5:70-3, 311.3 Description: All combustible materials shall be removed from inside building.		01/23/20			

Key: The numbering of violations is for identification purposes only and shall not be construed as bearing in any way on the seriousness of any violation.

"U" Unabated - Violation uncorrected

"A" Abated - Violation corrected

"W" - Violation is withdrawn

"R" - Violation is Recommended

"V" - Void

"TE" - Time Extension

"RV" denotes recurring violation.

Premises: Vacant Residential
Address: 90 8th Ave
Paterson, NJ 07514

Local ID:
State Reg#:

ADDITIONAL EXPLANATION

Violation#: 1 Secure windows and doors in vacant or abandoned structure

Part II—General Safety Provisions
CHAPTER 3 GENERAL PRECAUTIONS AGAINST FIRE
SECTION 311 VACANT PREMISES
311.2 Safeguarding vacant premises. Temporarily unoccupied buildings, structures, premises or portions thereof shall be secured and protected in accordance with Sections 311.2.1 through 311.2.3.
311.2.1 Security. Exterior and interior openings accessible to other tenants or unauthorized persons shall be boarded, locked, blocked or otherwise protected to prevent entry by unauthorized individuals. The fire code official is authorized to placard, post signs, erect barrier tape or take similar measures as necessary to secure public safety.
311.2.2 Fire protection. Fire alarm, sprinkler and stand-pipe systems shall be maintained in an operable condition at all times. Exceptions:
311.2.3 Fire separation. Fire-resistance-rated partitions, fire barriers and fire walls separating vacant tenant spaces from the remainder of the building shall be maintained. Openings, joints and penetrations in fire-resistance-rated assemblies shall be protected in accordance with Chapter 7.
311.2.4 Utilities. All utilities that represent a potential source of ignition shall be disconnected in a manner approved by the fire official.

Violation#: 2 Utilities which present and ignition hazard shall be disconnected.

Part II—General Safety Provisions
CHAPTER 3 GENERAL PRECAUTIONS AGAINST FIRE
SECTION 311 VACANT PREMISES
311.2 Safeguarding vacant premises. Temporarily unoccupied buildings, structures, premises or portions thereof shall be secured and protected in accordance with Sections 311.2.1 through 311.2.3.
311.2.4 Utilities. All utilities that represent a potential source of ignition shall be disconnected in a manner approved by the fire official.

Violation#: 3 Remove all combustibles

Part II—General Safety Provisions
CHAPTER 3 GENERAL PRECAUTIONS AGAINST FIRE
SECTION 311 VACANT PREMISES
311.3 Removal of combustibles. Persons owning, or in charge or control of, a vacant building or portion thereof, shall remove therefrom all accumulations of combustible materials, flammable or combustible waste or rubbish and shall securely lock or otherwise secure doors, windows and other openings to prevent entry by unauthorized persons. The premises shall be maintained clear of waste or hazardous materials. Exceptions:
1. Buildings or portions of buildings undergoing additions, alterations, repairs or change of occupancy in accordance with the building subcode of the Uniform Construction Code, where waste is controlled and removed as required by Section 304.
2. Seasonally occupied buildings.

GENERAL

YOU MAY CONTEST THESE ORDERS AT AN ADMINISTRATIVE HEARING. The request for an appeal must be made in WRITING WITHIN 15 calendar days after receipt of this order.

SEND TO:
Passaic County
Construction Board of Appeals
401 Grand Street, Room #214
Paterson, New Jersey 07505

COPY TO:
Paterson Fire Department
Bureau of Fire Prevention
300 McBride Ave
Paterson, New Jersey 07501

The notification of Appeal must include the Appellant's Registration number, the address of the premises involved, the reference number of the violation cited, the argument with regard to each and specific code section or other authority the Appellant will rely on in support of his position.

You are advised that the appeal to the Construction Board of Appeals must be accompanied by the fee of \$100.00; payable to the County of Passaic.

Appeals will not be deemed as received until payment fee is made. Note: Fees are waived if appeal is based on the Local Enforcing Agency's failure to act within a required time frame.

EXTENSIONS

If a specified time has been given to abate a violation, YOU MAY REQUEST AN EXTENSION OF TIME by submitting a written request to the BUREAU OF FIRE PREVENTION. To be considered, the request must be made before the compliance date specified and must set forth the work accomplished, the work remaining, the reason why an extension of time is necessary, and the date by which all work will be completed.

TAKE NOTICE THAT, pursuant to N.J.A.C. 5:70-2.10(d), an application for an extension constitutes an admission that the violation notice is factually and procedurally correct and that the violations do or did exist. In addition, the request for an extension constitutes a waiver of the right to a hearing as to those violations for which an extension is applied.

PENALTIES

Violation of the Code is punishable by monetary penalties of not more than \$5,000 per day for each violation. Each day a violation continues is an additional, separate violation except while an appeal is pending. Specific penalties are as follows:

- a. Failure to install required protection equipment after having been given written notice of the requirement to do so: A maximum of \$ 2,500 per violation per day.
- b. Failure to abate any violation after having been given notice of the violation: A maximum of \$ 5,000 per violation per day.
- c. Storage of any material in violation of this Code or the conduct of any process in violation of the Code: A maximum of \$ 5,000 per violation per day.
- d. Blocking, locking, or obstructing required exits:
 - i. In a place of public assembly: A maximum of \$ 5,000 per occurrence.
 - ii. In any other place: A maximum of \$ 2,500 per occurrence.
- e. Disabling or vandalizing any fire suppression or alarm device or system.
 - i. In a place of public assembly: A maximum of \$ 5,000 per occurrence.
 - ii. In any other place: A maximum of \$ 1,000 per occurrence.
- f. Failure to obey a Notice of Imminent Hazard and Order to Vacate: A maximum of \$ 5,000 per day for each day that the failure continues.
- g. Failure to obey an Order to Close for a fixed period of time: A Maximum of \$ 5,000 per day that the failure continues.
- h. Obstructing the entry into a premises or interfering with the duty of an authorized inspector: A maximum of \$ 2,500 for each occurrence.
- i. Any willfully false application for a Permit or Registration: A maximum of \$ 1,000.00 for each occurrence.
- j. Any other act or omission prohibited by the Act or the Regulations: A maximum of \$ 5,000 per violation per day.

Claims arising out of penalty assessments can be compromised or settled if it shall be likely to result in compliance. Moreover, no such disposition can be finalized while the violation continues to exist.

Any penalties assessed are in addition to others previously assessed. Penalties must be paid in full within 30 days after an order to pay. If full payment is not made within 30 days, the matter will be referred to the City of Paterson Legal Department for summary collection pursuant to the Penalty Enforcement Law (N.J.S.A. 2A:58-10 et. seq.).

NOTICE: If you require guidance or advice concerning your legal rights, obligations or the course of action you should follow, consult your own advisor.

CITY OF PATERSON

DEPARTMENT OF
ECONOMIC DEVELOPMENT

Michael Powell, Director



André Sayegh
Mayor

DIVISION OF COMMUNITY
IMPROVEMENTS

David B. Gilmore, PHM
Director

RECEIVED
CITY OF PATERSON, NJ
2021 AUG 27 P 4:23
SONIA L. GORDON
CITY CLERK

Date: August 27, 2021

To: City Clerks Office
Jacque Murray

From: Wanda Perez
Community Improvements CA:21-01584

Re: SEE ATTACHED PERMITS FOR 90 8TH AVENUE AUGUST 27, 2021

Dear Ms. Murray;

As per your request this is to inform you that we researched our files as far back we go which is 1984 to present for the above referenced property, attached are our findings. We researched our files in building, electrical, plumbing and fire, as well as housing and zoning bureaus.

All correspondence is being sent via email.

Any questions contact me at x2426.

Thank you for your attention.

/wp



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at 90 8th Ave Paterson N.J. 07524
 2. Name of Owner in Fee: Teller Renzo Tel. (973) 345-6057
 Address 90 8th Ave Paterson NJ 07524
street municipality zip code
 3. Ownership In Fee: Public _____ Private X _____
 4. Principal Contractor: Aladin Plumbing Tel. (973) 423-9393
 Address 475 High Mountain Rd #5 North Haledon N.J.
 License No. OR, if new home, Builder Reg. No. 11174 Exp. Date _____
 Federal Employee No. 223-829-456 FAX: (973) 423-9499
 5. Architect or Engineer _____ Tel. (_____) _____
 Address _____
 6. Responsible Person in Charge of Work Amer Aladin
 Tel. 973) 879-6326 FAX (_____) _____

V. FEE SUMMARY (for office use)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____
3. Area — Largest Floor _____
4. New Building Area _____
5. Volume of New Structure _____
6. Construction Classification _____
7. Total Land Area Disturbed _____
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK		Est. Cost	OPTIONAL (for office use only)							
			Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
								Approval	Rejection	
1. ☐ Minor Work										
2. ☐ New Building										
3. ☐ Addition										
4. ☐ Alteration										
5. ☐ Fire Protection										
6. ☐ Plumbing										
7. ☐ Electrical										
8. ☐ Elevator Devices										
9. ☐ Asbestos Abat. Subch. B										
10. ☐ Lead Hazard Abatement										
11. ☐ Demolition										
TOTAL COSTS										

III. DO YOU WANT: (optional)	
1. ☐ Partial Releases	
2. ☐ Prototype Processing	

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?	
1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	5. ☐ Cross-Connections/Backflow Preventers
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly
3. ☐ Pressure Vessels	7. ☐ Sprinklers
4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

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. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

☐ Check if contractor.

Agent Name Abaddia Plumbing

Address 475 High Mountain Rd. #5

North Haledon NJ 07508

Telephone (973) 423-9393

Signature [Signature]

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

9-11-03
03-2147

IDENTIFICATION Block C 0338 Lot 2
Work Site Location 90 8th ave Contractor Amer Aladdin T/A Aladdin Plumb
Pat M 07524 Address 475 High Mountain Rd Suite
Owner in Fee Benzo Tellez North Haledon NJ 07508
Address 90 8th ave Tel. (973) 423-9393
Pat M 07524 Lic. No. or Bldrs. Reg. No. 223-829-456
Tel. (973) 345-6057

Is hereby granted permission to perform the following work:

[] BUILDING [X] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER LEAK
(Subchapter 8 only) R3

DESCRIPTION OF WORK: Repair Sewer Connection

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 \$ 3,500

Construction Official

Date

U.C.C. F170
(rev. 5/2K)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing \$25
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 5
Cert. of Occupancy _____
Other _____
Total \$30
Check No. 1157
Cash _____
Collected by [Signature]

(see reverse side)

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

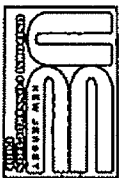
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

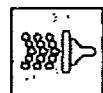
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved 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
Date Issued
Control #
Permit #

9-11-05
03-2147

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

Block

CO 338

Lot

248

Work Site Location

90 8th Ave

Owner in Fee

Paterson N.J. 07524

Address

90 8th Ave

Telephone

Paterson N.J. 07524

Contractor

Amir Aladdin T/A Aladin Plumbing

Address

475 High Mountain Rd Suite #5

Telephone

North Haledon NJ 07508

Fax

(973) 423-9499

Lic. No.

1174

Federal Emp. No.

223-829-456

B. PLUMBING CHARACTERISTICS

Use Group

Present

4

Public Sewer

Proposed

1

Private Septic

23

Building Sewer Size

4"

Public Water

34"

Private Well

Private Well

Est. Cost of Plumbing Work

\$3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

Solar

TCO

Dates (Month/Day)

Failure

Failure

Approval

Initial

D. TECHNICAL SITE DATA (List of all fixtures.)

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

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

FEE (Office Use Only)

\$

\$2500

\$

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.

Signature — Contractor's Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. F130
(rev. 3/96)

1 White = Inspector Copy
2 Pink = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4-11-05
03-2147

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

Block 20338 Lot 248

Work Site Location 90 8th Ave

Owner in Fee Daterson N.J. 07524

Address 90 8th Ave

Address Daterson N.J. 07524

Tele. (973) 345-6057

Contractor Amr Aladdin T/A Aladin Plumbing

Address 475 High Mountain Rd Suite #5

Address North Haledon NJ 07508

Tele. (973) 923-9393 Fax (973) 923-9499

Lic. No. 1174

Federal Emp. No. 223-829-456

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed 1 Family

Building Sewer Size 4" Public Sewer Public Private Septic Private

Water Service Size 3/4" Public Water Public Private Well Private

Est. Cost of Plumbing Work \$3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

Solar

TCO

Failure

Failure

Approval

Initial

Dates (Month/Day)

Failure

Approval

Initial

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

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 permit work listed in this application.

Signature — Contractor's Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Distwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection (Repair)

Water Service Connection

Stacks

Other

Other

Other

FEE (Office Use Only)

\$

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U.C. F-130
(rev. 3/96)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hand = Applicant Copy

BLOCK C0338 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 90-8th Ave AKA -



CONSTRUCTION PERMIT APPLICATION

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

AKA: 285-287 E 17th St

I. IDENTIFICATION

1. Proposed Work Site at: 90 8th Ave (1 Family)
 2. Name of Owner in Fee: Teller Tel. (973) 345-2447
 Address 90 8th Ave Paterson, NJ 07624
street municipality zip code
 3. Ownership in Fee: Public _____ Private _____
 4. Principal Contractor: Admiral Plumbing & Drain Cleaning Tel. (201) 384-1188
 Address 65 W. Main Street - Bergentfield, NJ 07621
 License No. OR, if new home, Builder Reg. No. #10477 Exp. Date 06/01
 Federal Employee No. 222-932-850 FAX: (201) 384-0393
 5. Architect or Engineer _____ Tel. (_____) _____
 Address _____
 6. Responsible Person in Charge of Work _____
 Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use)

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

VI. BUILDING/SITE CHARACTER

1. Number of Stories _____
2. Height of Structure _____
3. Area — Largest Floor _____
4. New Building Area _____
5. Volume of New Structure _____
6. Construction Classification _____
7. Total Land Area Disturbed _____
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK		Est. Cost	OPTIONAL (for office use only)							
			Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
1. ☐ Minor Work								Approval	Rejection	
2. ☐ New Building										
3. ☐ Addition										
4. ☐ Alteration										
5. ☐ Fire Protection										
6. ☒ Plumbing										
7. ☐ Electrical										
8. ☐ Elevator Devices										
9. ☐ Asbestos Abat. Subch. 8										
10. ☐ Lead Hazard Abatement										
11. ☐ Demolition										
TOTAL COSTS			IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?							

III. DO YOU WANT: (optional)

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

285-287 E. 17th St

UP PERMIT NO. 01-160

use only)

	Update	Update
\$		
\$		
\$		
\$		

ERISTICS

(office use only)

	ft.	
	sq. ft.	
	sq. ft.	
	cu. ft.	
n		
	sq. ft.	
	ft.	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☐ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS PAT 10402478

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(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

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. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

☐ Check if contractor.

Agent Name Admiral Plumbing & Drain Cleaning

Address 65 W. Main Street - Bergenfield, NJ 07621

Telephone (201) 884-1188

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

1-23-01
01-160

IDENTIFICATION Block C0338 Lot 2
Work Site Location 90 8th AVE Contractor Admiral Plumbing & Drain Cleaning
AKA 285-287 E. 17th St. Address 65 W. Main Street
Owner in Fee TR/K2 Bergenfield, NJ 07621
Address 90 8th AVE Tel. (201) 384-1188
Paterson Lic. No. or Bldrs. Reg. No. #10477
Tel. (973) 345-2447 Fed. Emp. No. 222-932-850

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Installed 40 Gal H/W/H R-3

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 \$ 350

Construction Official

Date

1-23-01

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 25-
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total 25-
Check No. 12719
Cash _____
Collected by MR

U.C.C. F170
(rev. 3/98)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

PLUMBING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-273-1000.

Block CO3338 Lot 2
Work Site Location 90 8th Ave

Owner in Fee TELE2
Address 90 8th Ave

Contractor Admiral Plumbing & Drain Cleaning

Address 65 W. Main Street

Tele. (201) 384-1188 Fax (201) 384-0393

Lic. No. #10477

Federal Emp. No. 222-932-850

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Private Well

Building Sewer Size 3" Public Water 3" Private Well 3"

Water Service Size 3" Est. Cost of Plumbing Work \$ 350

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.

Signature [Signature] Licensed Plumbing Contractor [] Exempt Applicant

Approved by: _____

Subcode Approval [] CO [] CCO [] CA

Date: _____

Approved by: _____

D. TECHNICAL SITE DATA (List of all fixtures.)

Date Received
Date Issued
Control #
Permit #

NO. _____

Fixture/Equipment

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Waste Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other _____

Other _____

Other _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ 25

FEE (Office Use Only)

\$ _____

\$ _____

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**PLUMBING
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-278-1000.

Block 90-8th Ave Lot 2
Work Site Location 90 8th Ave

Owner in Fee TC/EC

Address 30 8th Ave

Tele. (973) 395-2441

Contractor Admiral Plumbing & Drain Cleaning

Address 65 W. Main Street

Tele. (201) 384-1188

Fax (201) 384-0393

Lic. No. #10477

Federal Emp. No. 222-932-850

B. PLUMBING CHARACTERISTICS

Use Group Present

Proposed

Building Sewer Size 12"

Public Sewer

Private Septic

Water Service Size 3/4"

Public Water

Private Well

Est. Cost of Plumbing Work \$ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

INSPECTIONS

Type:

Failure

Failure

Approval

Initial

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Fixtures

Approved by:

Gas Equipment

SUBCODE APPROVAL

Gas Piping

☐ CO ☐ CCO ☐ CA

Solar

Date:

TCO

Approved by:

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.

Signature [Signature]

Contractor Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

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

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

\$ 25



U.C.C. F130
(rev. 3/89)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

BLOCK C0338 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 90-8th Aven AKA =



CONSTRUCTION PERMIT APPLICATION

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

AKA: 285-287 E 17th St

I. IDENTIFICATION

1. Proposed Work Site at: 90 8th Ave (1 family)
2. Name of Owner in Fee: Teller Tel. (973) 345-2407
Address 90 8th Ave Peterborough NJ 07504
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Admiral Plumbing & Drain Cleaning Tel. (201) 384-1188
Address 65 W. Main Street - Bergentfield, NJ 07621
License No. OR, if new home, Builder Reg. No. #10477 Exp. Date 06/01
Federal Employee No. 222-932-850 FAX: (201) 384-0393
5. Architect or Engineer _____ Tel. (_____) _____
Address _____
6. Responsible Person in Charge of Work _____
Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____
3. Area - Largest Floor _____
4. New Building Area _____
5. Volume of New Structure _____
6. Construction Classification _____
7. Total Land Area Disturbed _____
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

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

we PERMIT NO. 01-160

Update | Update

25		
20		
15		
10		
5		
0		

(office use only)

Number of items	Percentage of correct responses
10	65
20	70
30	72
40	74
50	75
60	76
70	77
80	78
90	79
100	85

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

UIC E100 1 Item 2005

LDS PAT 10402478

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(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

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. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

☐ Check if contractor.

Agent Name Admiral Plumbing & Drain Cleaning

Address 65 W. Main Street • Bergenfield, NJ 07621

Telephone (201) 884-1188

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

1-23-01
01-160

IDENTIFICATION Block C0338 Lot 2
Work Site Location 90 8th Ave Contractor Admiral Plumbing & Drain Cleaning
AKA 285-287 E. 17th St. Address 65 W. Main Street
Owner in Fee TK/167 Bergenfield, NJ 07621
Address 90 8th Ave Tel. (201) 384-1188
Peterson Lic. No. or Bldrs. Reg. No. #10477
Tel. (973) 345-2447 Fed. Emp. No. 222-932-850

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Installed 40 Gal H/W/H (R-3)

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 \$ 350

Construction Official

Date

1-23-01

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 25-
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total 25-
Check No. 12719
Cash _____
Collected by MR

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

PLUMBING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-273-1000.

Block 90-8m Ave. Lot 2
Work Site Location 90-8m Ave

Owner in Fee TELE 2
Address 30 8m Ave

Tele. (973) 395-2447

Contractor Admiral Plumbing & Drain Cleaning
Address 65 W. Main Street
Bergenfield, NJ 07621

Tele. (201) 384-1188 Fax (201) 384-0393

Lic. No. #10477 Federal Emp. No. 222-932-850

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____
Building Sewer Size 12" Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS			
Joint Plan Review Required:		Type:	Failure	Dates (Month/Day)	Initial
☐	No Plans Required	Slab			
☐	Building	Electric			
☐	Fire	Elevator			
☐	Plumbing Plans Approved	Sewer			
Date: _____		Fixtures			
Approved by: _____		Gas Equipment			
		Gas Piping			
SUBCODE APPROVAL		Solar			
☐	CO	TCO			
☐	CCO				
☐	CA				
Date: _____					
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/owner) of record and am authorized to make this application and perform the work listed on this application.

Signature [Signature] Seal [Signature]

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received _____
Date Issued _____
Control # _____
Permit # _____

D. TECHNICAL SITE DATA (List of all fixtures.)

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

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

FEE (Office Use Only)
\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ 25

U.C.C. F130
(rev. 3/96)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-273-1000.

Block 90-8m Ave Lot 2
Work Site Location 90 8th Ave

Owner in Fee 11122
Address 90 8th Ave

Tele. (913) 345-2441

Contractor Admiral Plumbing & Drain Cleaning
Address 65 W. Main Street

Tele. (201) 384-1188 Fax (201) 384-0393
Lic. No. #10477

Federal Emp. No. 222-932-850

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Public Sewer Private Septic Public Water Private Well 350
Building Sewer Size 12"
Water Service Size 3/4"
Est. Cost of Plumbing Work \$ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
Joint Plan Review Required:		Type:	Failure	Failure	Approval	Initial
☐	No Plans Required	Slab				
☐	Building	Electric				
☐	Fire	Elevator				
☐	Plumbing Plans Approved	Sewer				
Date: _____		Fixtures				
Approved by: _____		Gas Equipment				
SUBCODE APPROVAL		Gas Piping				
☐	CO	Solar				
☐	CCO	TCO				
☐	CA					
Date: _____						
Approved by: _____						

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/owner) owner of record and am authorized to make this application and perform the work listed on this application.

Signature of Contractor/Owner

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO. _____

Date Received
Date Issued
Control #
Permit #

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
- Steam Boiler
- Hot Water Boiler
- Sewer Pump
- Interceptor/Separator
- Backflow Preventer
- Greasetrap
- Sewer Connection
- Water Service Connection
- Stacks
- Other
- Other
- Other

Administrative Surcharge \$

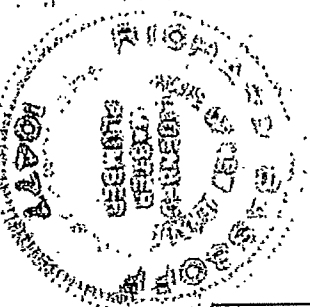
Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

FEE (Office Use Only)

\$



U.C.C. F130
(rev. 3/96)

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1-0-2
01-160