From: Debbie Flaks <opra+request-16943-5c17a09a@requests.opramachine.com>
Sent: Thursday, September 24, 2020 9:02 PM
To: City Clerk
Subject: OPRA request - Past Permits for Improvements

Dear Atlantic 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:
All permits for improvements pertaining to:

28 North Newton Ave,
Atlantic City, NJ 08401

Yours faithfully,

Debbie Flaks

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-16943-5c17a09a@requests.opramachine.com

Is CityClerk@cityofatlanticcity.org the wrong address for OPRA requests to Atlantic City? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3datlantic_city&c=E,1,4HsNoITSK5k1mt0x9fCvGIgcZuyM0H2z48hdMJa6jXDxqBB3qSSInCviwDayLdBzEmhHWxMlbcutMwzXeFeelBhbGbAGLkpG4DVLWkV6yuZZaP6SfXdJxMnQWEbf&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,XCBwAfw8WUDUfIDqeK2tTF-q0aGFnLJOMHzXlJiWLbU8LyyG4buOmFaYsCofhiS8DqBzRSje15mqGrYoUkXaCyjkfwEMTArHTM7ZnbH2&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fpast_permits_for_improvements&c=E,1,4tBc36LLNNu64NIc14zNHgaV7YpAFMEsoo5DckrbX7K_CVoFgYOfjaokXwhj1cGt7Rs-AltO2oP0mHAaG4wNRoLjWhlbx7uPk6Ue38QigFgGUua9ZyvE9P4,&typo=1

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.

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 19960863
Update Number
Control Number 9564
Application Date: 05/10/1996
Permit Date: 05/10/1996

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 214 Lot: 9 Qualification Code:

Work Site Location: 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: CAVALIERE, JOSEPH
Address: 28 N NEWTON AVENUE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]

Use Group(s): R-3

Contractor: CLIFFORD WOOD
Address: 6 PRENTISS LANE
BERLIN, NJ, 08401
Telephone: 6098238873
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
VINYL SIDING

PAYMENTS	(Office Use Only)
Building	$64.00
Electrical	$0.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$2.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$66.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$2,675.00
Cost of Demolition:	$0.00
Total Cost:	$2,675.00

Received By

Type	Date	Check #	Amount
	05/10/1996		$66.00
		TOTAL PAID:	$66.00

NOTE: If construction does not commence whin one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

05/10/1996
Date

ANTHONY COX, SR.
Construction Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/10/1996
Control # 9564

Date Issued 5/10/1996
Permit # 19960863

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

Block 214 Lot 9 Qualification Code

Work Site Location 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: CAVALIERE, JOSEPH

Tel. [redacted] e-mail

Address 28 N NEWTON AVENUE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: CLIFFORD WOOD Tel. (609) 823-8873

Address 6 PRENTISS LANE e-mail
BERLIN, NJ 08401

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			05/16	AM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
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.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 0.00
2. Rehabilitation $ 2,675.00
3. Total (1+ 2) $ 2,675.00

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

		FEE (Office Use Only)
[ ]	New Building	$ 0.00
[ ]	Addition	0.00
[X]	Rehabilitation	80.00
[ ]	Roofing	0.00
[ ]	Siding	0.00
[ ]	Fence 0 Height (exceeds 6')	0.00
[ ]	Sign 0 Sq. Ft.	0.00
[ ]	Pool	0.00
[ ]	Retaining Wall 0 Sq. Ft.	0.00
[ ]	Asbestos Abatement Subchapter 8	0.00
[ ]	Lead Haz. Abatement NJAC 5:17	0.00
[ ]	Radon Remediation	0.00
[ ]	Other	0.00
[ ]	Demolition	0.00
	Administrative Surcharge $	0.00
	Minimum Fee $	64.00
	State Permit Surcharge Fee $	2.00
	TOTAL FEE $	66.00

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number
Update Number
Control Number 46807
Application Date: 09/03/2010
Permit Date:

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 214 Lot: 9 Qualification Code:

Work Site Location: 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: SPECTOR, DORI
Address: 28 N NEWTON AVENUE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]

Use Group(s): R-3

Contractor: DEFENDER SECURITY COMPANY
Address: 295 US 46 WEST SUITE 207
FAIRFIELD, NJ, 08401
Telephone: 6092978103
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARM DEVICES

PAYMENTS	(Office Use Only)
Building	$0.00
Electrical	$58.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$1.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$59.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$850.00
Cost of Demolition:	$0.00
Total Cost:	$850.00

Received By			
Type	Date	Check #	Amount
		TOTAL PAID:	

NOTE: If construction does not commence wthin one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

ANTHONY COX, SR.
Construction Official

Date

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/3/2010
Control # 46607
Date Issued
Permit #

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

Block 214 Lot 9 Qualification Code

Work Site Location 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: SPECTOR, DORI

Tel. [redacted] e-mail

Address 28 N NEWTON AVENUE, ATLANTIC CITY, NJ 08401
(street) (municipality) (zip code)

Contractor: DEFENDER SECURITY COMPANY Tel. (609) 297-8103

Address 295 US 46 WEST SUITE 207 e-mail
FAIRFIELD, NJ 08401

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 850.00

JOB SUMMARY (Office Use Only)

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

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
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
9		Alarm Devices/F.A.C. Panel	
9		TOTAL NUMBERS	$ 46.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
	0	KW Elec. Range/Receptacle	0.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
	0	KW Elec. Dryer/Receptacle	0.00
	0	KW Dishwasher	0.00
	0	HP Garbage Disposal	0.00
	0	KW Central A/C Unit	0.00
	0	HP/KW Space Heater/Air Handler	0.00
	0	KW Baseboard Heat	0.00
	0	HP Motors 1/+ HP	0.00
	0	KW Transformer/Generator	0.00
	0	AMP Service	0.00
	0	AMP Subpanels	0.00
	0	AMP Motor Control Center	0.00
	0	KW Elec. Sign/Outline Light	0.00
	0		0.00
		Administrative Surcharge	$ 0.00
		Minimum Fee	$ 58.00
		State Permit Surcharge Fee	$ 1.00
		TOTAL FEE	$ 59.00

U.C.C. F120 (rev. 11/09)

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20100858
Update Number
Control Number 46821
Application Date: 09/24/2010
Permit Date: 09/24/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 214 Lot: 9 Qualification Code:

Work Site Location: 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: SPECTOR, DORI
Address: 28 N NEWTON AVENUE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]

Use Group(s): R-3

Contractor: DEFENDER SECURITY COMPANY
Address: 295 US 46 WEST SUITE 207
FAIRFIELD, NJ, 08401
Telephone: 6092978103
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
9 ALARM DIVICES

PAYMENTS	(Office Use Only)
Building	$0.00
Electrical	$46.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$1.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$47.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$850.00
Cost of Demolition:	$0.00
Total Cost:	$850.00

Received By

Type	Date	Check #	Amount
	09/30/2010		$47.00
		TOTAL PAID:	$47.00

NOTE: If construction does not commence wthin one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

09/24/2010
Date

ANTHONY COX, SR.
Construction Official

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/24/2010
Control # 46821
Date Issued 9/24/2010
Permit # 20100858

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

Block 214 Lot 9 Qualification Code

Work Site Location 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: SPECTOR, DORI

Tel. [redacted] e-mail

Address 28 N NEWTON AVENUE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: DEFENDER SECURITY COMPANY Tel. (609) 297-8103

Address 295 US 46 WEST SUITE 207 e-mail
FAIRFIELD, NJ 08401

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 850.00

JOB SUMMARY (Office Use Only)

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

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
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
9		Alarm Devices/F.A.C. Panel	
9		TOTAL NUMBERS	$ 46.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
	0	KW Elec. Range/Receptacle	0.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
	0	KW Elec. Dryer/Receptacle	0.00
	0	KW Dishwasher	0.00
	0	HP Garbage Disposal	0.00
	0	KW Central A/C Unit	0.00
	0	HP/KW Space Heater/Air Handler	0.00
	0	KW Baseboard Heat	0.00
	0	HP Motors 1/+ HP	0.00
	0	KW Transformer/Generator	0.00
	0	AMP Service	0.00
	0	AMP Subpanels	0.00
	0	AMP Motor Control Center	0.00
	0	KW Elec. Sign/Outline Light	0.00
	0		0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 46.00
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 47.00

U.C.C. P120 (rev. 11/09)

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20101023
Update Number
Control Number 47204
Application Date: 11/03/2010
Permit Date: 11/10/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 214 Lot: 9 Qualification Code:

Work Site Location: 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: SPECTOR, DORI
Address: 28 N NEWTON AVENUE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]

Use Group(s): R-3

Contractor: P. SOLARNO CONTRACTOR
Address: 5N NEW ROAD
PLEASANTVILLE, NJ, 08401
Telephone: 6098921971
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOFING

PAYMENTS	(Office Use Only)
Building	$46.00
Electrical	$0.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$6.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$52.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$3,500.00
Cost of Demolition:	$0.00
Total Cost:	$3,500.00

Received By Type	Date	Check #	Amount
	11/10/2010		$52.00
		TOTAL PAID:	$52.00

NOTE: If construction does not commence wthin one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

11/10/2010
Date

ANTHONY COX, SR.
Construction Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/3/2010
Control # 47204

Date Issued 11/10/2010
Permit # 20101023

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

Block 214 Lot 9 Qualification Code

Work Site Location 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: SPECTOR, DORI

Tel. [redacted] e-mail

Address 28 N NEWTON AVENUE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: P. SOLARNO CONTRACTOR Tel. (609) 892-1971

Address 5N NEW ROAD e-mail
PLEASANTVILLE, NJ 08401

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 R-3
No. of Stories 2
Height of Structure 20 ft.
Area — Largest Floor 2100 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 0.00
2. Rehabilitation $ 3,500.00
3. Total (1+2) $ 3,500.00

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)	
$	0.00
	0.00
	105.00
	58.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
Administrative Surcharge $	0.00
Minimum Fee $	46.00
State Permit Surcharge Fee $	6.00
TOTAL FEE $	52.00

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20120097
Update Number
Control Number 51240
Application Date: 01/27/2012
Permit Date: 02/10/2012

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 214 Lot: 9 Qualification Code:

Work Site Location: 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: SPECTOR, DORI AND MARK
Address: 28 N NEWTON AVENUE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]

Use Group(s): R-3

Contractor: MASTER TRADESMAN
Address: 209 BUFFALO AVENUE
SOMERS POINT, NJ, 08401
Telephone: 6099922937
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMODEL BATHROOM SHEETROCK TILE VANITY AND INSTALL NEW MOLLINEAUX

PAYMENTS	(Office Use Only)
Building	$180.00
Electrical	$0.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$10.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$190.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$6,000.00
Cost of Demolition:	$0.00
Total Cost:	$6,000.00

Received By Type	Date	Check #	Amount
	09/21/2012		$341.00
		TOTAL PAID:	$341.00

NOTE: If construction does not commence wthin one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

02/10/2012
Date

ANTHONY COX, SR.
Construction Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/27/2012
Control # 51240

Date Issued 2/10/2012
Permit # 20120097

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

Block 214 Lot 9 Qualification Code

Work Site Location 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: SPECTOR, DORI AND MARK

Tel. [redacted] e-mail

Address 28 N NEWTON AVENUE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: MASTER TRADESMAN Tel. (609) 992-2937

Address 209 BUFFALO AVENUE e-mail
SOMERS POINT, NJ 08401

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec [ ] Plumb [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
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 R-3
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.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 0.00
2. Rehabilitation $ 6,000.00
3. Total (1+ 2) $ 6,000.00

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)	
$	0.00
	0.00
	180.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
Administrative Surcharge $	0.00
Minimum Fee $	180.00
State Permit Surcharge Fee $	10.00
TOTAL FEE $	190.00

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20120097
Update Number 1
Control Number 52033
Application Date: 04/11/2012
Permit Date: 05/01/2012

PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 214 Lot: 9 Qualification Code:

Work Site Location: 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: SPECTOR,DORI AND MARK
Address: 28 N NEWTON AVENUE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]

Use Group(s): R-3

Contractor: WARREN MASSUCLETTE
Address: 3 GEORGIA TRAIL
MEDORD, NJ, 08401
Telephone: 6099229006
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

KITCHEN REMODELING MOLLINEAUX RELOCATE KITCHEN SINK KITCHEN REMODEL

PAYMENTS	(Office Use Only)
Building	$450.00
Electrical	$58.00
Plumbing	$58.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$32.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$598.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$18,800.00
Cost of Demolition:	$0.00
Total Cost:	$18,800.00

Received By Type	Date	Check #	Amount
	05/01/2012		$598.00
		TOTAL PAID:	$598.00

NOTE: If construction does not commence wthin one (1) year of date of issuance, or if construction ceases for a perlod of six (6) months, this permit is void.

05/01/2012
Date

ANTHONY COX, SR.
Construction Official

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/11/2012
Control # 52033

Date Issued 5/1/2012
Permit # 20120097+1

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

Block 214 Lot 9 Qualification Code _____

Work Site Location 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: SPECTOR,DORI AND MARK

Tel. [redacted] e-mail _____

Address 28 N NEWTON AVENUE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: WARREN MASSUCLETTE Tel. (609) 922-9006

Address 3 GEORGIA TRAIL e-mail _____
MEDORD, NJ 08401

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No. Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 R-3

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.

Max. Live Load 0

Max. Occupancy Load 0

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 15,000.00
3. Total (1+ 2) $ 15,000.00

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence 0 Height (exceeds 6')
- [ ] Sign 0 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall 0 Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$	0.00
	0.00
	450.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
Administrative Surcharge $	0.00
Minimum Fee $	450.00
State Permit Surcharge Fee $	26.00
TOTAL FEE $	476.00

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

City of Atlantic City
The Division of Construction
1301 Bacharach Blvd / Room 101
Atlantic City, NJ 08401

Permit Number 20130046
Update Number
Control Number 55057
Application Date: 01/07/2013
Permit Date: 01/11/2013

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 214 Lot: 9 Qualification Code:

Work Site Location: 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner In Fee: SPECTOR, DORI AND MARK
Address: 28 N NEWTON AVENUE
ATLANTIC CITY, NJ 08401
Telephone: [redacted]

Use Group(s): R-3

Contractor: ASAP PLUMBING
Address: 151 WEBB RAOD
ABSECON, NJ, 08401
Telephone: 6094570542
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE SEWER MAIN FROM CLEANOUT TO FRONT OF HOUSE

PAYMENTS	(Office Use Only)
Building	$0.00
Electrical	$0.00
Plumbing	$82.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$2.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$84.00

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Rehabilitation:	$900.00
Cost of Demolition:	$0.00
Total Cost:	$900.00

Received By

Type	Date	Check #	Amount
	01/11/2013		$84.00
		TOTAL PAID:	$84.00

NOTE: If construction does not commence wthin one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

01/11/2013
Date

ANTHONY COX, SR.
Construction Official

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/7/2013
Control # 55057

Date Issued 1/11/2013
Permit # 20130046

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

Block 214 Lot 9 Qualification Code

Work Site Location 28 N NEWTON AVE
ATLANTIC CITY, NJ 08401

Owner in Fee: SPECTOR, DORI AND MARK

Tel. [redacted] e-mail

Address 28 N NEWTON AVENUE, ATLANTIC CITY, NJ 08401
street municipality zip code

Contractor: ASAP PLUMBING Tel. (609) 457-0542

Address 151 WEBB RAOD e-mail
ABSECON, NJ 08401

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 900.00

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: 01/07/2013
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:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$ 0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
1	Sewer Connection	82.00
0	Water Service Connection	0.00
0	Stacks	0.00
	Other	0.00

Administrative Surcharge	$	0.00
Minimum Fee	$	82.00
State Permit Surcharge Fee	$	2.00
TOTAL FEE	$	84.00

U.C.C. P130 (rev. 11/09)

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