NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Permit # 08-379
Date Issued 10/8/08
- or -
Control #
Certificate Issued Date: 12/29/08

IDENTIFICATION

Block 87 Lot 4.01 Qualification Code

Work Site Location 55 ROSENGREN AVENUE
TOTOWA BOROUGH, NEW JERSEY 07512

Owner in Fee OTTTE KISS

Address 55 ROSENGREN AVENUE
TOTOWA BOROUGH, NEW JERSEY 07512

Tel. (973) 942-7149

Contractor R&R REMODELING, INC.

Address 423 HAZEL STREET
CLIFTON, NEW JERSEY 07011

Tel. (973) 546-1372 FAX ( )

Lic. No. or Bldrs. Reg. No. 13VH00366900

Federal Employer No.

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group R-5

Maximum Live Load

Construction Classification 5b

Maximum Occupancy Load

Description of Work/Use:

KITCHEN RENOVATIONS

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been construced in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been construced or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

ALLAN BURGHARDT / _____ 12/29/08
CONSTRUCTION OFFICIAL DATE

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. F260
(rev. 5/03)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/8/08
Control #
Date Issued
Permit # 08-379

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

Block 87 Lot 4.01 Qualification Code ______

Work Site Location 55 Rosen Green Ave Totowa N.J. 07512

Owner in Fee: Ottie Kiss.

Tel. (973) 942-7149 e-mail ______

Address 55 Rosen Green Ave Totowa N.J. 07512 (street, municipality, zip code)

Contractor: R+R Remodelers Inc Tel. 973) 546-1372

Address 423 Hazel Street e-mail Clifton N.J. 07011

Contractor License No. or Builder Registration No. 13VH00366900 Exp. Date 12/08

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

Federal Emp. ID No. 22-195-4913 FAX: (973) 546-0733.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[X] All 9/24/08 [initial]
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12/24/08	[initial]
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class Present 5b Proposed 5b
No. of Stories ______
Height of Structure ______ Ft.
Area — Largest Floor ______ Sq. Ft.
New Bldg. Area/All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Rehabilitation $ 9,500.00
3. Total (1+ 2) $ 9,500.–

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Supply + install new kitchen. Cabinets - same location. Replace trim on doors/win.

Sheet rock to ceiling - J.d.K. 11/29/08

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

RCD# 8276
N. Fitzgerald

FEE (Office Use Only)
$ 95.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 13.00
TOTAL FEE $ 108.00

U.C.C. F110 (rev. 7/06)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/8/08
Control #

Date Issued
Permit # 08-379

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

Block 87 Lot 4.01 Qualification Code

Work Site Location 55 Rosen Glen Ave
Town N.J. 07512

Owner in Fee: OTTIE KISS.

Tel. (973) 942-7149 e-mail

Address 55 Rosen Glen Ave Town N.J. 07512
street municipality zip code

Contractor: Atlas Elec. Const. Inc Tel. (201) 819-4018

Address 90 Greenland Dr. Oakland N.J. 07436 e-mail

Contractor License No. 5623 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 34EB00562300

Federal Emp. ID No. 20-8217131 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 12-22-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			10-29-08	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-22-08	
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's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

KITCHEN

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
7		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	15
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

PEO # 8276
Refrigerated

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 66.00

U.C.C. F120 (rev. 10/06)
Reorder From OCS Printing
609-390-1400

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/8/08

Date Issued / Permit # 08-379

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

Block 87 Lot 4.01 Qualification Code

Work Site Location 55 Rosen Glen Ave
Totowa N.J. 07512

Owner in Fee: Ottie Kiss.

Tel. 973) 942-7149 e-mail

Address 55 Rosen Glen Ave Totowa N.J. 07512
street municipality zip code

Contractor: Holzec, Inc. Tel. (973) 546-7330

Address 72 Barkly Ave, Clifton e-mail

Contractor License No. 9697 Exp. Date 6/09

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

Federal Emp. ID No. 22-3016608 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water 00 Private Well

Est. Cost of Plumbing Work $ 750

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/29/08
Approved by:

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA
Date: 12/22/08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			12/29/08	MG
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			12/22/08	MG

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Stove/Sink/D/W.
Same Location.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	10.00
1	Sink	10.00
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Stove	10.00
1	Other Hood	25.00
	Administrative Surcharge $	55.00
	Minimum Fee $	
	State Permit Surcharge Fee $	1.00
	TOTAL FEE $	56.00

Pd ck #8276
T. Refgerated

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/12/00
Date Issued
Control #
Permit # 20295

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

Block 82 Lot 4.01
Work Site Location 55 Rosengren Ave.
TOTOWA
Owner in Fee OTTIE KISS
Address 55 ROSENGREN AV.
TOTOWA NJ.
Tele. (973)
Contractor JMD SERVICES INC.
Address 10 CEDAR RIDGE DR.
VERNON NJ 07462
Tele. (973) 209 7620 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3563671

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK SIDING, GUTTERS

3127
00092_031901
4073 SF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	7/14/00	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5/22/01	VK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure		Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 10.500 00
3. Total (1+ 2) $

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

Pd ck #1432
K. Fitzgerald

FEE (Office Use Only)

	$
	150.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 9.00
TOTAL FEE	$ 159.00

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

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

BOROUGH OF TOTOWA

PASSAIC COUNTY, NEW JERSEY

ALLAN BURGHARDT
CONSTRUCTION CODE OFFICIAL
BUILDING SUBCODE OFFICIAL
ZONING OFFICER

MUNICIPAL COMPLEX
537 TOTOWA ROAD
TOTOWA, N.J. 07512
973-956-7929

PERMIT

BLOCK 87 LOT 4.01

WORK SITE LOCATION 55 ROSENGREN AVE - TOTOWA

OWNER IN FEE OTTILIE KISS

ADDRESS 55 ROSENGREN AVE

TELEPHONE # (973) 942-7149

CONTRACTOR V. RUTA & SONS, INC

ADDRESS 344 HAWTHORNE AVE, HAWTHORNE, NJ 07508

TELEPHONE # (973) 423-1349

LICENSE #

DESCRIPTION OF WORK

COMPLETE DRIVEWAY EXCAVATION & REPLACEMENT
DRY WELL - IF NEEDED
REPLACE SIDEWALK IN PART ONLY.

FEE 35 00 DATE 4/22/05 PERMIT # 1

Ck # 1403 NC

Ottilie Kiss
APPLICANT SIGNATURE

Allan Burghardt
BOROUGH OF TOTOWA OFFICIAL

00092_031901 3127
4074 SF

00010NTN

Call - Cell 973-445-3182 or 3184

8/4

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/11/00
Date Issued
Control #
Permit # 20334

00092_031901 3127
4083 SF
00010NTW

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

Block 87 Lot 4.01
Work Site Location 55 Rosengren Ave
Totowa
Owner in Fee Ottie Kiss
Address 55 Rosengren Av.
Totowa NJ
Tele. ( )
Contractor JMD Services Inc
Address 10 Cedar Ridge Dr.
Vernon NJ 07462
Tele. (973) 209 7620 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3563671

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2nd FL Deck. 10 x 8.

Variance - Two Family Use.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All as noted	8/4/00	[initials]
[x] Footing	8/11/00	[initials]
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			8/11/00	JVK
Foundation				
Slab				
Frame	11/6/00		[initials]	
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

(Dates (Month/Day))

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

FEE (Office Use Only)
$ 50.

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 2.00
TOTAL FEE $ ~~55.~~ 52.00

Pd Cash
A. Fitzgerald

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories
Height of Structure ______ Ft.
Area — Largest Floor ______ Sq. Ft.
New Bldg. Area/All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 4500.00
3. Total (1+ 2) $

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #
Date Issued 2-1-2023
Permit # 23-037

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

Block 87 Lot 4.01 Qualification Code _____

Work Site Location 55 Rosengren Ave
Totowa NJ 07512

Owner in Fee: 55 Rosengren Ave LLC

Tel. 973 942-7149 e-mail _____

Address Same
street municipality zip code

Contractor: William J. Guarini Inc. Tel. (201) 656-1530

Address 152 Stevens Ave. e-mail permits@guariniplumbing.com
Jersey City, NJ 07305

Contractor License No. Plumbing 9961 Exp. Date 6/30/23

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-1995-077 FAX: (201) 656-0293

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 4359

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 2/1/23
Approved by: _____
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 2/14/23
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			3/3/23	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: William J. Melms

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 WH
+
1 Liner

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	$ 50.00
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	100
1	Other Liner	

Administrative Surcharge $ _____
Minimum Fee $ 150.00
State Permit Surcharge Fee $ 8.00
TOTAL FEE $ 158.00

Pd ck 28611