BUILDING SUBCODE
TECHNICAL SECTION

OPEN

Date Received 1/30/2020
Control # C20-01-0279
Date Issued 2/4/2020
Permit # 20-02-018

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

Block 140 Lot 32 Qualification Code ______

Work Site Location: 54 E 34TH ST Bayonne City, NJ

Owner in Fee: US BANK TRUST NA LSFP MAST PART TRU
Address 2711 N. HASKELL AVE DALLAS TX 75204
Tel. [redacted] Email ______
Contractor: RESIPRO LLC
Address 3630 PEACHTREE RD ATLANTA GA 30326
Email ______
Tel. (201) 655-9243 Fax. ______
Contractor License No. or, if new home, Bldrs Reg. No. ______ Exp. ______
Home improvment Contractor Registration No. or Exemption Reason(is applicable): ______
Federal Emp. ID No. ______

OPEN

C. CERTIFICATION IN LIEU OF OATH

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

Signature ______

Print Name Here: ______

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO OF KITCHEN/ RE-INSTALLATION OF DRYWALL INSULATION/ RETURN BASEMENT TO UNFINISHED STATUS

OPEN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$196
☐ 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	
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$13
TOTAL FEE	$209

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed R-3
Constr. Class Present ______ Proposed ______
Number of Stories ______
Height of Structure ______ Ft.
Area - Largest Floor ______ Sq. Ft.
New Blbg. Area / All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

If Industrial Building:
State Approved ______
HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. ______
2. Rehabilitation $7,000
3. Total (1+2) $7,000

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

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

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

OPEN

Inspection Activity Report

Inspections for Permit Number 20-02-018

Permit Number
20-02-018

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
01/31/2020	APPLICATION REVIEW	Dan Wall	Building	Pass	US BANK TRUST NA LSFP MAST PART TRU 54 E 34TH ST	Alteration		Agent: RESIPRO LLC Phone: (201) 655-9243/

OPEN

Needs Inspections

MECHANICAL SUBCODE
TECHNICAL SECTION

OPEN

Date Received 4/11/2019
Control # C19-04-1396
Date Issued 4/17/2019
Permit # 19-04-086

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 E 34TH ST Bayonne, NJ 07002

Owner in Fee: US BANK TRUST NA LSFP MAST PART TRU

Address 3630 PEACHTREE RD NE 1500 ATLANTA GA 30326 Email

Tel. [redacted]

Contractor: PRATO CHIMNEY SERVICE

Address 590 FRANKLIN AVENUE NUTLEY NJ 07003 Email

Tel. (973) 661-8898 / Cell: [redacted] Fax. (973) 599-0406

Contractor License No. Expiration Date:

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

Federal Emp. ID No.

B. MECHANICAL CHARACTERISTICS

Use Group Present Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $1,825

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date:

Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				
Final				

C. CERTIFICATION IN LIEU OF ~~OATH~~

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHIMNEY LINER, INSTALL A UL LISTED SS CHIMNEY LINER

OPEN

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other CHIMNEY LINER	$85

Administrative Surcharge	
Minimum Fee	$100
State Permit Surcharge Fee	$3
TOTAL FEE	$103

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

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

OPEN

Inspection Activity Report

Inspections for Permit Number 19-04-086

Permit Number
19-04-086

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/26/2020	CHIMNEY LINER	John McMillan	Mechanical		US BANK TRUST NA LSFP MAST PART TRU 54 E 34TH ST	Alteration	CHIMNEY LINER	Contact: Joseph Prato, Contact Phone: 9738871012, Req: Joseph Prato 9738871012 pratochimney@verizon.net

Needs Inspection

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 7/31/2006
Control # C06-1891
Date Issued 7/31/2006
Permit # 06-07-300

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 E 34TH ST Bayonne City, NJ

Owner in Fee: WRIGHT, DANIEL

Address 54 E 34TH ST BAYONNE NJ 07002

Email

Tel. [redacted]

Contractor: P & L PLUMBING

Address 2 GOURMET LA, UNIT G & H EDISON NJ 08837-

Email

Tel. (732) 417-0099 Fax.

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

Contractor License No. 12108 Expiration Date: 6/30/2012

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size ☐ Public Sewer

Water Service Size ☐ Public Water

Estimated Cost of Plumbing Work $699

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

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

Proposed R-3

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT WATER HEATER, BONDING AT NO CHARGE

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	
1	Water Heater	$25
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	$45
State Permit Surcharge Fee	$1
TOTAL FEE	$46

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 6/7/2006
Date Issued 6/22/2006
Control # C06-224
Permit # 06-06-263

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 E 34TH ST BAYONNE, NJ 07002

Owner in Fee: WRIGHT, DANIEL

Address 54 E 34TH ST BAYONNE NJ 07002

Email

Tel.

Contractor:

Address NJ

Email

Tel. Fax.

Lic No. Exp. Date

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

Federal Employee No.

Closed

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

C. CERTIFICATION IN LIEU OF OATH

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

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

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADDITION & INTERIOR ALTERATIONS REHABILATION, SMALL KITCHEN
ADDITION & RELOCATING BATHROOM ON 2ND FLOOR

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
5		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
13		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge
Minimum Fee $45
State Permit Surcharge Fee
TOTAL FEE $45

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) 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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 6/7/2006
Control # C06-224
Date Issued 6/22/2006
Permit # 06-06-263

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 E 34TH ST BAYONNE, NJ 07002

Owner in Fee: WRIGHT, DANIEL

Address 54 E 34TH ST BAYONNE NJ 07002

Email

Tel.

Contractor:

Address NJ

Email

Tel. Fax.

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

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size ☐ Public Sewer

Water Service Size ☐ Public Water

Estimated Cost of Plumbing Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

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

Proposed R-5

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADDITION & INTERIOR ALTERATIONS REHABILATION, SMALL KITCHEN ADDITION & RELOCATING BATHROOM ON 2ND FLOOR

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
	Urinal/Bidet	
1	Bath Tub	$10
1	Lavatory	$10
	Shower	
	Floor Drain	
1	Sink	$10
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$45
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
2	Stacks	$90
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$175

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 6/7/2006
Control # C06-224
Date Issued 6/22/2006
Permit # 06-06-263

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 E 34TH ST BAYONNE, NJ 07002

Owner in Fee: WRIGHT, DANIEL

Address 54 E 34TH ST BAYONNE NJ 07002

Tel. Email

Contractor:

Address NJ

Email

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

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

Federal Emp. ID No.

Closed

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION & INTERIOR ALTERATIONS REHABILATION, SMALL KITCHEN ADDITION & RELOCATING BATHROOM ON 2ND FLOOR

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed Type I

Number of Stories 1

Height of Structure 8.5 Ft.

Area - Largest Floor 97 Sq. Ft.

New Bldg. Area / All Floors 97 Sq. Ft.

Volume of New Structure 4850 Cu. Ft.

Total Land Area Disturbed 5 Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:

1. New Bldg. $12,000
2. Rehabilitation $8,000
3. Total (1+2) $20,000

TYPE OF WORK

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

FEE (Office Use Only)

	$146
	$160
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$24
TOTAL FEE	$330

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

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

BUILDING SUBCODE
TECHNICAL SECTION

closed

Date Received 3/27/2006
Control #
Date Issued 3/27/2006
Permit # 06-03-250

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 EAST 34 STREET BUILDING , NJ

Owner in Fee: WRIGHT

Address 54 EAST 34 STREET BAYONNE NJ 07002-

Tel. [redacted] Email

Contractor: MAC AND I GENERAL CONTRACTORS

Address 36 WEST 11 STREET BAYONNE NJ 07002-

Email

Tel. 201/3396676 / Cell: [redacted] Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

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

Federal Emp. ID No. [redacted]

closed

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SHEETROCK

closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Number 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.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $7,000
3. Total (1+2) $7,000

TYPE OF WORK

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

FEE (Office Use Only)

$140

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9
TOTAL FEE	$149

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 8/9/2004
Date Issued 8/9/2004
Control #
Permit # 04-08-107

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 EAST 34 STREET ELECTRICAL/PLUMBING , NJ

Owner in Fee: WRIGHT

Address 54 EAST 34 STREET BAYONNE NJ 07002-

Email

Tel: [redacted]

Contractor: P & L PLUMBING

Address 2 GOURMET LA, UNIT G & H EDISON NJ 08837-

Email

Tel. (732) 417-0099 Fax.

Lic No. Exp. Date

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

Federal Employee No: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $20

C. CERTIFICATION IN LIEU OF OATH

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

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

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER HEATERBONDING

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

Administrative Surcharge
Minimum Fee $45
State Permit Surcharge Fee $1
TOTAL FEE $46

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ 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)			
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				

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

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 8/9/2004
Control #
Date Issued 8/9/2004
Permit # 04-08-107

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 EAST 34 STREET ELECTRICAL/PLUMBING , NJ

Owner in Fee: WRIGHT

Address 54 EAST 34 STREET BAYONNE NJ 07002-

Email

Tel. [redacted]

Contractor: P & L PLUMBING

Address 2 GOURMET LA, UNIT G & H EDISON NJ 08837-

Email

Tel. (732) 417-0099 Fax.

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

Contractor License No. 12108 Expiration Date: 6/30/2012

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size ☐ Public Sewer

Water Service Size ☐ Public Water

Estimated Cost of Plumbing Work $639

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

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

Proposed R-3

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER HEATERBONDING

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	
1	Water Heater	$25
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	$45
State Permit Surcharge Fee	$1
TOTAL FEE	$46

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

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

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 04-08-107

Permit Number
04-08-107

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/20/2004	Final	Carl Attisano InActive	Electrical	Pass	WRIGHT 54 EAST 34 STREET	Alteration		FINAL Inspector Initials: CA
08/20/2004	GAS EQUIP	John Jessen	Plumbing	Pass	WRIGHT 54 EAST 34 STREET	Alteration		GAS EQUIP Inspector Initials: JJ
08/20/2004	Final	John Jessen	Plumbing	Pass	WRIGHT 54 EAST 34 STREET	Alteration		FINAL Inspector Initials: JJ

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 6/30/2000
Control #
Date Issued 6/30/2000
Permit # 100-6249

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 EAST 34 STREET SHINGLE ROOF , NJ

Owner in Fee: WRIGHT,DAN

Address 54 EAST 34 STREET BAYONNE NJ 07002-

Tel. Email

Contractor: K-TEC CONSTRUCTION CO, INC

Address 67 WEST 42 ST BAYONNE NJ 07002-

Email

Tel. (201) 339-4422 Fax. (201) 339-0781

Contractor License No. or, if new home, Bldrs Reg. No. 2005-111R Exp. 4/21/2005

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

Federal Emp. ID No. [redacted]

Closed

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SHINGLE ROOF

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK

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

FEE (Office Use Only)

$25

Administrative Surcharge	
Minimum Fee	$45
State Permit Surcharge Fee	$1
TOTAL FEE	$46

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Number 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.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:

1. New Bldg.
2. Rehabilitation $1,250
3. Total (1+2) $1,250

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

Bayonne City
Department of Municipal Services
Building Department, 630 Avenue C, Room 18A
Bayonne, New Jersey 07002
Phone (201) 858-6073; Fax (201) 858-6122

Closed

Inspection Activity Report

Inspections for Permit Number 100-6249

Permit Number
100-6249

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/15/2000	Final	RIBARRO, BRIAN	Building	Pass	WRIGHT,DAN 54 EAST 34 STREET	Alteration		FINAL Inspector Initials: BR

Closed

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/23/2000
Control #
Date Issued 6/23/2000
Permit # 100-6209

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

Block 140 Lot 32 Qualification Code

Work Site Location: 54 EAST 34 STREET REROOF /SHEETROCK/FLOORS , NJ

Owner in Fee: WRIGHT,DAN

Address 54 EAST 34 STREET BAYONNE NJ 07002-

Tel. Email

Contractor: AA-ABCO CONSTRUCTION

Address 47 NEWMAN AVE BAYONNE NJ 07002-

Email

Tel. (201) 858-0272 / Cell: [redacted] Fax. (201) 436-5453

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

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

Federal Emp. ID No.

Closed

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REROOF OVER FLAT ROOF SHEETROCK OVER EXISTING PANELING INSTALL HARDWOOD FLOORS

Closed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$176
☐ 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	
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$7
TOTAL FEE	$183

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
Number of Stories
Height of Structure ______ Ft.
Area - Largest Floor ______ Sq. Ft.
New Blbg. Area / All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $8,800
3. Total (1+2) $8,800

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

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