City of Linden
UNION COUNTY, NEW JERSEY

OFFICE OF CITY CLERK
City Hall – 301 North Wood Avenue
(908) 474-8452
Fax: (908) 474-8451

Joseph C. Bodek, RMC, RPPO
City Clerk

Jennifer Honan
Deputy City Clerk

June 5, 2020

Ms. Adriana Ondarza
Opra+request-13826-559cc6e5@requests.opramachine.com

File Number: 2020-425

Re: OPRA Request – 1014 Roselle Street

Dear Ms. Adriana Ondarza:

The City of Linden received your Open Public Records Act (OPRA) request on May 28, 2020. The official Records Custodian, Joseph C. Bodek, received your OPRA request on May 29, 2020. As such, the seventh (7th) business day deadline to respond to your request is Monday, June 8, 2020. This response to your request is being provided to you on the 6th business day after the custodian's receipt of said request.

You requested the following: See Attached

The records are now being provided to you as per your request, with redactions. In accordance with N.J.S.A. 47:1A-1 (24). Privacy Interest– "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

If you feel that your request for access to a government record has been improperly denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision of the City of Linden to deny access. I have attached information, from the Government Records Council regarding the process to file a complaint.

Sincerely,

Joseph C. Bodek
Custodian of Records
City of Linden

New Jersey Government Records Council ("GRC")

What to do if your request for a record has been denied

The New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 *et seq.*) permits a person who believes that he or she has been unlawfully denied access to a public record either to file a complaint with the GRC or to file suit in Superior Court to challenge the decision and compel disclosure. This poster describes the procedures for taking such actions.

To file a complaint with the GRC:

- Visit the GRC's website at www.nj.gov/grc for information and to register your complaint. In the alternative, you may contact the GRC by telephone at 1-866-850-0511 or by e-mail at government.records@dca.nj.gov.
- When you file the written complaint, the GRC will offer both you and the public agency non-adversarial, impartial mediation. If mediation is not accepted or is not successful, the GRC will investigate the complaint.
- In some cases, the GRC can award attorney's fees to a complainant or impose a fine against a records custodian.
- There is no fee to file a complaint with the GRC.

To file a complaint in Superior Court:

- A requestor may start a summary (expedited) lawsuit in the Superior Court. A written complaint and order to show cause must be filed with the court.
- The court requires a filing fee, and you must serve the lawsuit papers on the appropriate parties.
- The court will schedule a hearing to resolve the dispute.
- If you disagree with the court's decision, you may appeal the decision to the Appellate Division of the Superior Court.
- If you are successful, you may be entitled to reasonable attorney's fees.
- You may wish to consult with an attorney to learn about initiating and pursuing a summary lawsuit in the Superior Court.
- Filing suit in Superior Court may result in a faster resolution, because the courts adjudicate cases every day, whereas the GRC only meets once a month.

Government Records Council, P.O. Box 819, Trenton, New Jersey 08625-0819

Joe Bodek 2020-425

From: ADRIANA ONDARZA <opra+request-13826-559cc6e5@requests.opramachine.com>
Sent: Thursday, May 28, 2020 1:31 PM
To: Joe Bodek
Subject: OPRA request - Property Information

Dear Linden 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:

I am requesting open/closed permits and/or violations from January 2000 to present, as well as the Property Card. Also, I would like to know information regarding the presence of an underground oil tank and septic tanks, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank and septic tank location.

1014 Roselle St.
Block: 151, Lot: 13

Yours faithfully,

ADRIANA ONDARZA

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-13826-559cc6e5@requests.opramachine.com

Is jbodek@linden-nj.org the wrong address for OPRA requests to Linden City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=linden_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/property_information_83

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.

Karen Lukenda
President

City of Linden
Union County, New Jersey
BOARD OF HEALTH
605 South Wood Avenue
Linden, New Jersey 07036

NANCY KOBLIS
Health Officer
908-474-8409
Fax: 908-474-1836

HOUSING DEPARTMENT
908-474-8414

PUBLIC HEALTH NURSES
908-474-8420

MEMORANDUM

MEMO TO: **Joseph C. Bodek, City Clerk**

MEMO FROM: **Nancy Koblis, Health Officer**

DATE: **June 1, 2020**

RE: **OPRA Request: Adriana Ondarza (#2020-425)**

Attached are documents from the Health Department relative to this request.

Thank you.

NK:hg

Attachment

Karen Lukenda
President

City of Linden
Union County, New Jersey
BOARD OF HEALTH
605 South Wood Avenue
Linden, New Jersey 07036

NANCY KOBLIS
Health Officer
908-474-8409
Fax: 908-474-1836

GREGORY IMBRIACO
Sr. Housing Inspector
908-474-8414

PUBLIC HEALTH NURSES
908-474-8420

VIOLATION NOTICE

Location of Violation: 1014 Roselle Street
Linden, New Jersey 07036

Date of Violation: May 29, 2020

Violations:

- 10-30.4.30.5 - Failure to register property as a vacant/foreclosing property, in accordance with City of Linden Ordinance. Renewal for 2020, $5,000.00 fee past due.

Must be submitted upon receipt of this notice. Renewals due January 1st of each year.

If property status no longer required registration prior to January 1, 2020 documentation indicating such must be submitted.

Nancy Koblis, Health Officer
Linden Health Department

City of Linden
Union County, New Jersey

Lawrence J. Kolesa
Deputy Chief
Fire Official

FIRE PREVENTION BUREAU
302 South Wood Avenue
Linden, New Jersey 07036
(908) 474-4560
Fax: (908) 474-0318

Joseph G. Dooley
Fire Chief

MEMORANDUM

TO: Mr. Joseph C. Bodek,
City Clerk

FROM: D.C. Lawrence Kolesa
Fire Official

RE: OPRA Request- Adriana Ondarza 2020-425

DATE: June 1, 2020

****

Please be advised these are the records for 1014 Roselle St

Ssb.

OIL BURNER INSPECTION REPORT

BUREAU OF COMBUSTIBLES

Permit No. 17866 Inspection Date September 8, 1966

Premises 1014 Roselle Street Owner Stanley Mucha

Make of Burner Arco Flame Type Gun

Installed by American Plumbing & Htg. Co. Phone Fu 1-8900

Address 784 Riverbend Drive, Clark

Underwriters Serial No. CN-77078

Location — Remote Control Switch Head of cellar stairs

Location — Storage Tank underground left side rear Gallons 550

Fireproofing as required

Remarks:

(Signed) Inspecto

OIL BURNER INSPECTION REPORT

BUREAU OF COMBUSTIBLES

Permit No. 17865 Inspection Date September 8, 1966

Premises 1014 Roselle Street Owner Stanley Mucha

Make of Burner Acro Flame Type Gun

Installed by American Plumbing & Htg. Co. Phone Fu 1-8900

Address 784 Riverbend Drive, Clark

Underwriters Serial No. CN-518513

Location — Remote Control Switch Head of cellar stairs

Location — Storage Tank underground left side rear Gallons 550

Fireproofing as required

Remarks:

(Signed) Inspecto

Memo

City Clerk's Office – City of Linden

Date: May 29, 2020

To: Construction Code/Zoning Officer Mark Rittaco
Fire Chief William Hasko
Health Officer Nancy Koblis87

From: City Clerk Joseph C. Bodek

Re: OPRA Requestor: Adriana Ondarza (OPRA request 2020-425)

Attached please find a request for public records which was received by this office on May 28, 2020.

In accordance with the Open Public Records Act, we must respond to this request on or by Thursday, June 4, 2020. If your office is in possession of documents relative to this matter, please provide them to the City Clerk's Office as soon as possible but no later than the above date. **If your response to this request may need additional time to fulfill you must advise this office within one (1) business day.**

Be further advised that if your department has no records relative to the above referenced, please advise us in writing as to same.

Thank you.
Attachments

BLOCK 151 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 1004 Roselle ST PERMIT NO. 06-1375

City of Linden
Construction Code Department
(908) 474-8460

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1004 Roselle ST.
2. Name of Owner in Fee: Mario Marchione Tel. ([redacted]
   Address 102 Laurita ST. Linden 07036
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: D.S. Cipas Elec. LLC Tel. ([redacted]
   Address 2614 Summit Terr. Linden
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date _____
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact
6. Responsible Person in Charge on Work has Begun Duane Cipas
   Tel. ([redacted] FAX: ( ) _____

RECEIVED
JUN 31 2006
CONSTRUCTION CODE

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	50	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee		2	
10 Subtotal	$		
11. Cert. of Occupancy			
12. Other		5	
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area in Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11 Max Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d Reconstruction									
5. ☐ Fire Protection									
6 ☐ Plumbing									
7 ☒ Electrical	1245.00				7/31/06	L			
8. ☐ Elevator Devices									
9 ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group.
3. Change in Use Group, Indicate Former.

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
10 ☐ Swimming Pools, Spas and Hot Tubs

LDS LN 10305986

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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 D.J. Cipri Elec. LLC

Address 2614 Summit Terr.

Linden N.J. 07036

Telephone ([redacted]

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			
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 _____	_____	_____	_____	_____

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 08/02/06
Control #
Permit # 06-1375

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 151 Lot 11 Qual
Work Site Location 1004 ROSELLE ST

Owner in Fee/Occupant MARIO MARCHIONE
Address 107 LAURITA STREET
LINDEN, NJ 07036-
Telephone [redacted]
Contractor D.J. CIPAS
Address 2614 SUMMIT TERRACE
LINDEN, NJ 07036-
Telephone [redacted] Fax ( ) -
Lic. No. or Bldrs. Reg. No. 9386
Federal Emp. No. [redacted]

Home Warranty No.
[ ] State [ ] Private
Use Group R-2
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

RECEPTACLES

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

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

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

Construction Official

Fee $ 0
Paid [X] Check No. 112
Collected by: KM

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

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 07/31/06
Control #
Permit # 06-1375

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 151 Lot 11 Qual

Work Site Location 1004 ROSELLE ST

Owner in Fee MARIO MARCHIONE
Address 107 LAURITA STREET
LINDEN, NJ 07036-
Telephone [redacted]

Contractor D.J. CIPAS
Address 2614 SUMMIT TERRACE
LINDEN, NJ 07036-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No. 9386
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RECEPTACLES

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 $ 1,245

Construction Official

07/31/06
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	50
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	52
Check No.	112
Cash	
Collected By	KM

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Update Issued 09/06/06
Control #
Permit # 06-1375+A
Permit Issued 07/31/06

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 151 Lot 11 Qual

Work Site Location 1004 ROSELLE ST

Owner in Fee MARIO MARCHIONE
Address 107 LAURITA STREET
LINDEN, NJ 07036-
Telephone [redacted]

Contractor DENNIS CARBONE PLG. & HTG.
Address 338 LAFAYETTE STREET
LINDEN, NJ 07036-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
4-WASHING MACHINES

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	50
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	52
Check No.	
Cash	X
Collected By	KM

Estimated Cost of Work $ 1,500

Construction Official

09/06/06
Date

U.C.C. F190 (rev. 3/96)

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8461

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/31/06
Control #
Date Issued 7/31/06
Permit # 06-1375

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

Block 151 Lot 11 Qualification Code

Work Site Location 1004 Roselle St.
Linden NJ 07036

Owner in Fee Mario Marchione

Address 107 Laurita St
Linden N.J. 07036

Tel ( ) [redacted]

Contractor D.S. Cipas Elec. LLC

Address 2614 Summit Ave.
Linden N.J. 07036

Tel ( ) [redacted] FAX ( )

Contractor License No. [redacted]

Federal Emp. No. [redacted]

RECEIVED
JUL 31 2006
CONSTRUCTION CODE

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as 4 Family Utility Co

Est. Cost of Elec. Work $ 1245.00

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

Applicants Signature/Contractors Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
4		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Light	
		Communications Points	
		Watts Dimmers/AC Panel	
		TOTAL NUMBERS	$ 5.00
		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	
		KW Dishwasher	
		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	

RECEIVED
JUL 31 2006
CONSTRUCTION CODE

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: 7/31/06

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date 8/2/06

Approved by:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp Serv.				
Constr. Serv				
TCO				
Other				
Service				
Final			8/2/06	
Barrier-Free				

Temp Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

4-20 AMP circuits
To Washer & Dryer
Baircuit

Administrative Surcharge $	2
Minimum Fee $	
State Permit Surcharge Fee $	52.00
TOTAL FEE $	

P-1453

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8412

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8-31-06
Control # 9/6/06
Date Issued
Permit # 06-1375 + A

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

Block 151 Lot 11 Qualification Code
Work Site Location 1004 Roselle ST

Owner in Fee MARIA MARCHIONE
Address 107 LAURITA ST
LINDEN NJ 07036
Tel ( )
Contractor D'ORBONE PLBG + HTG INC
Address 338 LAFAYETTE ST
LINDEN NJ 07036
Tel ([redacted] FAX [redacted] - expires 6/30/07
Contractor License No [redacted]
Federal Emp No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1500.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required.
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 8-31-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9-1-06
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			9-1-06	
Gas Equipment				
Gas Piping			Rough + Final	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

D'Orbone
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

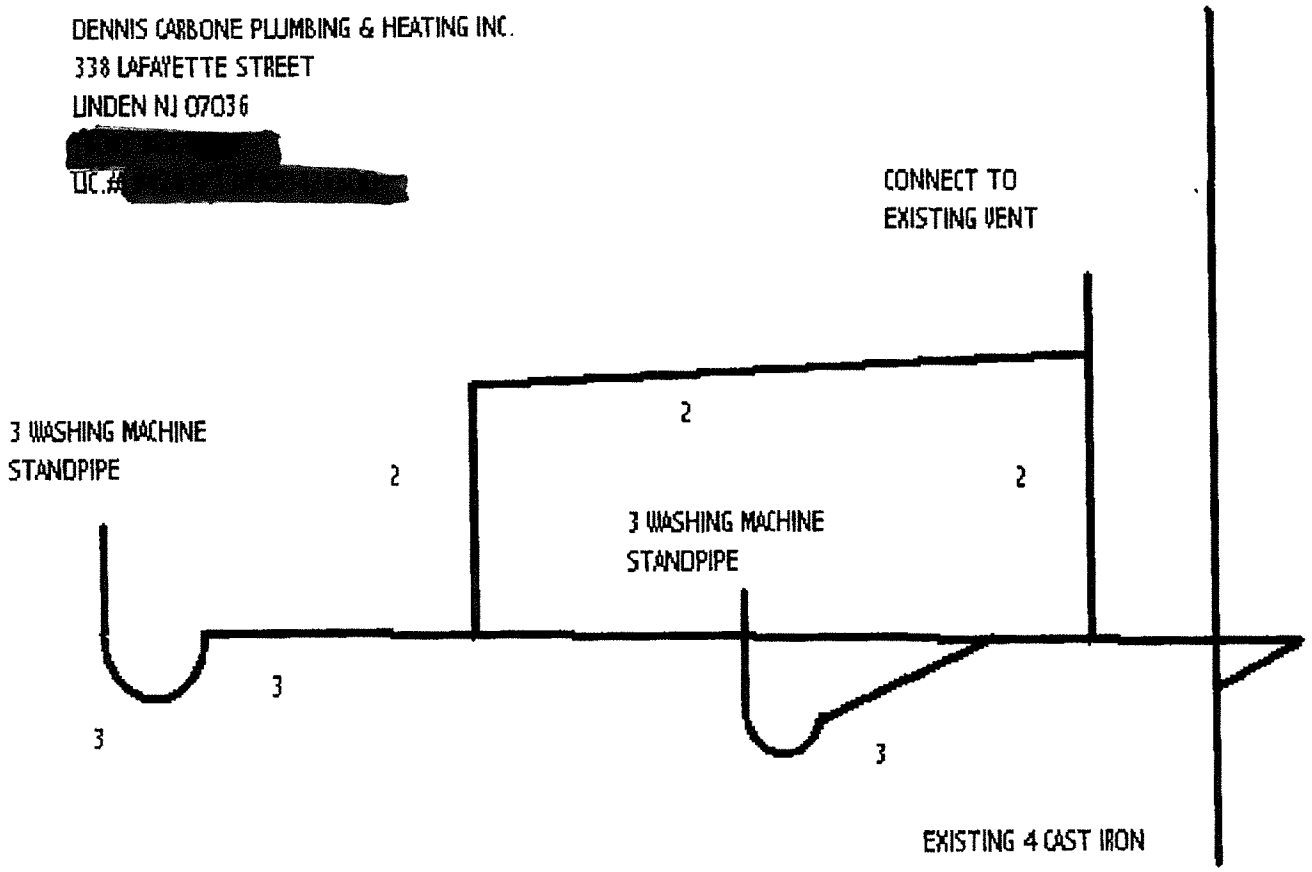
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
4	Washing Machine	48.00
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $	
Minimum Fee $	2.00
State Permit Surcharge Fee $	52.00
TOTAL FEE $	52.

Pd. cash
receipt # 1024

UCC F130 (rev 01/04)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

DENNIS CARBONE PLUMBING & HEATING INC.
338 LAFAYETTE STREET
LINDEN NJ 07036
[redacted]
LIC.#[redacted]



BLOCK 151 LOT ~~9,10~~ 11 QUALIFICATION CODE _____ ADDRESS (SITE) 1004 Roselle St PERMIT NO. 10-1718

City of Linden Construction Code Department (908) 474-8460

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1004 Roselle St Linden NJ
2. Name of Owner in Fee: Mario Marchione Tel. [redacted]
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Perkins Electrical Solutions Tel. [redacted]
   Address 200 W Chrystal St Randolph NJ
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 3/31/12
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical		120	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		1	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	121	

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☑ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

RECEIVED
NOV 09 2010
CONSTRUCTION CODE

VII. DESCRIPTION OF BUILDING USE

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

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 12/03)

LDS LI-B 10105888

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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.

(X) Check if contractor.

Agent Name Perkins Electrical Solutions

Address 200 W Chrystal St
Randolph NJ 07869

Telephone [redacted]

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**			
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. _____	_____	_____	_____	_____

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 12/09/10
Control #
Permit # 10-1718

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 151 Lot 11 Qual
Work Site Location 1004 ROSELLE ST

Owner in Fee/Occupant MARIO MARCHIONE
Address 107 LAURITA STREET
LINDEN, NJ 07036-
Telephone [redacted]
Contractor PERKINS ELECTRICAL SOLUTIONS
Address 200 WEST CHRYSTAL STREET
RANDOLPH, NJ 07869-
Telephone [redacted] Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No.
[ ] State [ ] Private
Use Group R-2
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

RECEPTACLES

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

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

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

Construction Official

Fee $ 0
Paid [X] Check No. 273
Collected by: KM

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

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 11/16/10
Control #
Permit # 10-1718

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 151 Lot 11 Qual

Work Site Location 1004 ROSELLE ST

Owner in Fee MARIO MARCHIONE
Address 107 LAURITA STREET
LINDEN, NJ 07036-
Telephone [redacted]

Contractor PERKINS ELECTRICAL SOLUTIONS
Address 200 WEST CHRYSTAL STREET
RANDOLPH, NJ 07869-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RECEPTACLES

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 $ 600

Construction Official

11/16/10
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	120
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	121
Check No.	273
Cash	
Collected By	KM

U.C.C. P170 (rev. 9/96)

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8461

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/9/10
Control #
Date Issued 11/16/10
Permit # 10-1718

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

Block 151 Lot ~~9~~, 11 Qualification Code

Work Site Location 1004 Roselle St Linden NJ 07036

Owner in Fee Mario Marchione

Address 107 Lavrita St Linden NJ 07036

Tel [redacted]

Contractor Perkins Electrical Solutions

Address 200 W Chrystal St Randolph NJ 07869

Tel [redacted] FAX ( )

Contractor License No. [redacted]

Federal Emp. No. [redacted]

Always open Inspect Anytime

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Housing Utility Co.

Est. Cost of Elec. Work $ 600

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.

Applicants Signature/Contractors Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
14		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Light
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
4	2	KW Elec. Dryer/Receptacle
		KW Dishwasher
		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

FEE (Office Use Only)

RECEIVED
NOV 09 2010
CONSTRUCTION CODE

$ ~~60~~ 66
~~100~~ 120

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	11/9/10	LL

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

Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/23/10
Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/23/10	L
Barrier-Free				

Dates (Month/Day)

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

[ ] Paid [ ] Check # 273
Collected by: EG

Administrative Surcharge	$
Minimum Fee	$ 1
State Permit Surcharge Fee	$
TOTAL FEE	$ 121

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BLOCK 151 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 10-0437

City of Linden
Construction Code
Department
(908) 474-8460

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1004 Roselle St.
2. Name of Owner in Fee: Mario Marchione Tel. [redacted]
   Address 1004 Roselle St. (street) Linden (municipality) NJ. zip. 07036 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: PALCO CONSTRUCTION Tel. ( ) _____
   Address 55 ZAPPAN AVE Belleville NJ 07109
   License No. OR, if new h[redacted] Builder Reg. N[redacted] xp. Date _____
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

2015

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	120	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		8	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	128	

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

RECEIVED
APR - 1 2010
CONSTRUCTION CODE

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 12/03)

LDS LI-B 10104404

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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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 IZANDRO PALACIOS PALCO CONSTRUCTION

Address 55 TAPPAN AVE BELLEVILLE - 07109

Telephone [redacted]

Signature [redacted]

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**		
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. _____	_____	_____	_____	_____

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 05/06/10
Control #
Permit # 10-0437

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 151 Lot 11 Qual
Work Site Location 1004 ROSELLE ST

Owner in Fee/Occupant MARIO MARCHIONE
Address 1004 ROSELLE STREET
LINDEN, NJ 07036-
Telephone [redacted]
Contractor PALCO CONSTRUCTION
Address 55 TAPPAN AVENUE
BELLEVILLE, NJ 07109-
Telephone [redacted] Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-2
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ROOFING & SIDING
4 APTS WITH COMMERCIAL

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Construction Official

Fee $ 0
Paid [X] Check No891/067
Collected by: KM

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

CITY OF LINDEN
301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

Date Issued 04/09/10
Control #
Permit # 10-0437

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 151 Lot 11 Qual

Work Site Location 1004 ROSELLE ST

Owner in Fee MARIO MARCHIONE
Address 1004 ROSELLE STREET
LINDEN, NJ 07036-
Telephone [redacted]

Contractor PALCO CONSTRUCTION
Address 55 TAPPAN AVENUE
BELLEVILLE, NJ 07109-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOFING & SIDING
4 APTS WITH COMMERCIAL

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 $ 8,500

Construction Official

04/09/10
Date

PAYMENTS (Office Use Only)

Building	213
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	14
Cert. of Occupancy	0
Other	
Total	227
Check No.	891/067
Cash	
Collected By	KM

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

CITY OF LINDEN
301 N. Wood Avenue
Linden, NJ 07036
(908) 474-8460

BUILDING SUBCODE
TECHNICAL SECTION

RECEIVED
APR - 1 2010

Date Received 4/1/10
Control #
Date Issued 4/7/10
Permit # 10-0437

CONSTRUCTION CODE

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

Block 151 Lot 11 Qualification Code

Work Site Location

Owner in Fee Mario Marchione Heirs

Address 1004 Roselle st. Linden NJ. zip 07036

Tel. [redacted]

Contractor PALCO Construction

Address 55 Harrison Ave Belleville NJ 07109

Tel. ( ) [redacted]

Contractor License No [redacted] Registration No

Federal Emp. No [redacted]

D. 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

NEW ROOF AN siding

ON 2 : f/oor

~~2 family~~ 4 Apts

Commercial

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	4.5-10	AF
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5-3-10
Approved by: AF

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			5-3-10	AF
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[✓] 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)

	~~88~~ 66
	213
Administrative Surcharge $	14
Minimum Fee $	
State Permit Surcharge Fee $	~~10.8~~
TOTAL FEE $	227

Paid [ ] ~~Check #~~ ~~8891~~

Collected by EG

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~8000~~ 8,500
2. Rehabilitation $
3. Total (1+ 2) $ ~~16800~~

Placard Given

U.C.C. F110
(rev. 07/03)

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

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Paleo Construction
Isauro F. Palacios
55 Tappan Ave
Belleville NJ 07109

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/17/2009 TO 12/31/2010
VALID

[redacted]
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

[redacted]

LINDEN, CITY OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

CERTIFICATE

CITY OF LINDEN
UNION COUNTY NEW JERSEY
Construction Code Department
Room 204, City Hall, 301 N. Wood Avenue
Linden, New Jersey 07036
(908) 474-8462

CERT. NO. 12-0003
DATE ISSUED 1/11/12
BLOCK 151 LOT 10
ZONE

OCCUPANTS NAME: KAMINI PATEL
BUSINESS TRADING AS: A-1 SUB & DELI
SITE ADDRESS: 1004 ROSELLE ST. LINDEN NJ 07036
TELEPHONE NO.: [redacted]

CONTINUED CERTIFICATE OF OCCUPANCY

THIS SERVES NOTICE THAT BASED ON A GENERAL INSPECTION OF VISIBLE PARTS OF THE BUILDING, THERE ARE NO IMMINENT HAZARDS AND THE BUILDING IS APPROVED FOR CONTINUED OCCUPANCY. THIS CERTIFICATE IS NOT INTENDED TO NOR DOES IT GRANT PERMISSION TO VIOLATE ANY HOUSING, PROPERTY, FIRE SAFETY, OR HEALTH AND SANITATION CODE STANDARDS OR REGULATIONS OR ANY OTHER FEDERAL, STATE OR LOCAL LAWS.

USE GROUP
SPECIFIC USE: CONVENIENCE STORE
SUBJECT TO: BOH APPROVAL

NOTICE: ANY BUILDING, ELECTRIC, PLUMBING OR FIRE PROTECTION WORK OR ALTERATIONS DONE TO THESE PREMISES REQUIRE PERMITS. FINES AND PENALTIES ARE MANDATORY UNDER THE NEW JERSEY UNIFORM CONSTRUCTION CODE ACT FOR WORK WITHOUT PERMITS.

FRANK GADOMSKI
Construction Official

This Certificate is to be Displayed on Premises.

City of Linden

Union County, New Jersey
Construction Code
Room 204, City Hall, - 301 N. Wood Avenue
(908) 474-8460 Linden, New Jersey 07036

Application For Continued Certificate Of Occupancy

Block 151 Certificate # 12-0003
Lot 10 Date
Zone Use Group

(Please Print All Information)

Applicant's Name KAMINI PATEL Home Phone [redacted]
Applicants Home Address 10 DAYTON DR APT # 51 A EDISON . NJ 0882
Business Name As A-1 SUB & DELI Business Phone [redacted]
Business Site Address 1004 ROSELLE STREET . LINDEN NJ 07036
Location Within Building (if applicable)
1st FL ✓ 2nd FL Front Rear L.S. R.S.
Description Of Your Business CONVENIENCE STORE
Prior use of Premises CONVENIENCE STORE

For Official Use Only

Zoning Approval MG 20 12-28-11
Property Maintenance Approval 1-4-11
Subject To: B.of.H. Approval
Sent To Fire Department: 1/12 Board Of Health: 1/12 Licensing: 1/12
Weights & Measures: Inspection Time & Date

Applicants Signature
Applicants Name **(Please Print)** KAMINI PATEL

Notice: Any Building, Electric, Plumbing, Or Fire Protection Work Or Alterations Done To These Premises Require Permits. Fines And Penalties Are Mandatory Under The New Jersey Uniform Construction Code Act For Work Without Permits.

Fee 200.00 Paid (P)

Open Permits YES NO PD
(over) ☐ ☐ 1/3/11
Cash Receipt #
Check # 1003
Collected By: 6

Equal Opportunity Employer

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908-4748463

CERTIFICATE
IDENTIFICATION

Date Issued: 05/06/2010
Control #: 45371
Permit #: 20100437

Block: 151 Lot :11

Work Site Location: 1004 ROSELLE ST
LINDEN

Owner in Fee: MARIO MARCHIONE
Address: 1004 ROSELLE STREET
LINDEN NJ 07036
Telephone: [redacted]

Agent/Contractor: PALCO CONSTRUCTION
Address: 55 TAPPAN AVENUE
BELLEVILLE NJ 07109
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-2
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
ROOFING & SIDING

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or 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

Frank Gadomski Construction Official

Fees: $0.00
Paid[X]Check No.: 891/067
Collected by: KM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20100437
Update Number:
Control Number: 45371
Application Date: 04/09/2010
Permit Date: 04/09/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 151 Lot: 11 Qualification Code:
Work Site Location: 1004 ROSELLE ST LINDEN

Owner In Fee: MARIO MARCHIONE
Address: 1004 ROSELLE STREET
LINDEN NJ 07036
Telephone: [redacted]

Use Group(s): R-2

Contractor: PALCO CONSTRUCTION
Address: 55 TAPPAN AVENUE
BELLEVILLE NJ 07109
Telephone: [redacted]
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 [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
ROOFING & SIDING

PAYMENTS (Office Use Only)	
Building	$213.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$14.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$227.00
All Fees Waived:	No

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	8,500.00
Cost of Demolition:	0.00
Total Cost:	$8,500.00

Amount to be Paid:	**$227.00**
Check Number:	891/067
Check amount:	$227.00

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.

Frank Gadomski
Construction Official

Date

Collected by:	KM
Receipt No:	891/067
Total Cash Amount:	
Total Check Amount:	$227.00
Total CC Amount:	
Grand Total:	$227.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 04/09/2010
Control #: 45371

Date Issued: 04/09/2010
Permit #: 20100437

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

Block: 151 Lot: 11 Qualification Code:

Work Site Location: 1004 ROSELLE ST

Owner Details

Name: MARIO MARCHIONE
Address: 1004 ROSELLE STREET
LINDEN NJ 07036
Telephone: [redacted]
E-mail:

Contractor Details

Contractor: PALCO CONSTRUCTION
ATTN:
Address: 55 TAPPAN AVENUE
BELLEVILLE NJ 07109
Telephone: [redacted] Fax: ( ) / - -
E-mail:
Federal Emp. No: -
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-2	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories		If Industrialized Building	
Height of Structure	Ft.	State Approved _____	HUD_____
Area - Largest Floor	Sq. Ft.		
New Bldg. Area/All Floors	Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure	Cu. Ft.	1. New Building	0.00
Total Land Area Disturbed	Sq. Ft.	2. Rehabilitation	8,500.00
Max. Live Load	0	3. Demolition	0.00
Max. Occupancy Load		4. Total (1+2+3)	$8,500.00

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec. [ ] 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
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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:
ROOFING & SIDING

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	$213.00
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (exceeds 6')	
[ ] Pylon Sign 0 Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1:	
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$14.00
TOTAL FEE	$227.00

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

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908-4748463

CERTIFICATE
IDENTIFICATION

Date Issued: 12/09/2010
Control #: 46492
Permit #: 20101718

Block: 151 Lot :11

Work Site Location: 1004 ROSELLE ST
LINDEN

Owner in Fee: MARIO MARCHIONE

Address: 1004 ROSELLE STREET
LINDEN NJ 07036

Telephone: [redacted]

Agent/Contractor: PERKINS ELECTRICAL SOLUTIONS

Address: 200 WEST CHRYSTAL STREET
RANDOLPH NJ 07869

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-2
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
RECEPTACLES

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or 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

Frank Gadomski Construction Official

Fees: $0.00
Paid[X]Check No.: 273
Collected by: KM

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20101718
Update Number:
Control Number: 46492
Application Date: 11/16/2010
Permit Date: 11/16/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 151 Lot: 11 Qualification Code:
Work Site Location: 1004 ROSELLE ST LINDEN

Owner In Fee: MARIO MARCHIONE
Address: 1004 ROSELLE STREET
LINDEN NJ 07036
Telephone: [redacted]

Use Group(s): R-2

Contractor: PERKINS ELECTRICAL SOLUTION
Address: 200 WEST CHRYSTAL STREET
RANDOLPH NJ 07869
Telephone: [redacted]
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 [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
RECEPTACLES

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	600.00
Cost of Demolition:	0.00
Total Cost:	$600.00

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.

Frank Gadomski
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	
Electrical	$120.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$121.00
All Fees Waived:	No

Amount to be Paid:	**$121.00**
Check Number:	273
Check amount:	$121.00

Collected by:	KM
Receipt No:	273
Total Cash Amount:	
Total Check Amount:	$121.00
Total CC Amount:	
Grand Total:	$121.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 11/16/2010
Control #: 46492

Date Issued: 11/16/2010
Permit #: 20101718

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

Block: 151 Lot: 11 Qualification Code:

Work Site Location: 1004 ROSELLE ST

Owner in Fee: MARIO MARCHIONE

Address: 1004ROSELLE STREET
LINDEN NJ 07036

E-mail:

Telephone: [redacted]

Contractor: PERKINS ELECTRICAL SOLUTIONS
ATTN:

Address: 200 WEST CHRYSTAL STREET
RANDOLPH NJ 07869

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date:

DESCRIPTION OF WORK:
RECEPTACLES

Telephone [redacted]
Fax: ( ) / - -

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-2 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $600.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $600.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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 Issue				
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

Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
4	2.00	KW Elec. Dryer/Receptacle	$120.00
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./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	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$121.00

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20132061
Update Number:
Control Number: 52843
Application Date: 11/27/2013
Permit Date: 11/27/2013

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 151 Lot: 11 Qualification Code:
Work Site Location: 1004 ROSELLE ST LINDEN

Owner In Fee: A1 SUBS & DELI
Address: 1004 ROSELLE STREET
LINDEN NJ 07036
Telephone: [redacted]

Use Group(s): B

Contractor: TYCO INTEGRATED SECURITY
Address: 930 N. RIVERVIEW DRIVE-STE.800
TOTOWA NJ 07512
Telephone: [redacted]
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 [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
ALARM

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	300.00
Cost of Demolition:	0.00
Total Cost:	$300.00

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.

PAYMENTS (Office Use Only)	
Building	
Electrical	$60.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$61.00
All Fees Waived:	No

Amount to be Paid:	**$61.00**
Check Number:	44619
Check amount:	$61.00

Frank Gadomski
Construction Official

Date

Collected by:	KM
Receipt No:	44619
Total Cash Amount:	
Total Check Amount:	$61.00
Total CC Amount:	
Grand Total:	$61.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 11/27/2013
Control #: 52843

Date Issued: 11/27/2013
Permit #: 20132061

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

Block: 151 Lot: 11 Qualification Code:

Work Site Location: 1004 ROSELLE ST

Owner in Fee: A1 SUBS & DELI

Address: 1004ROSELLE STREET
LINDEN NJ 07036

E-mail:
Telephone: [redacted]

Contractor: TYCO INTEGRATED SECURITY
ATTN:

Address: 930 N. RIVERVIEW DRIVE-STE.800
TOTOWA NJ 07512

E-mail:

DESCRIPTION OF WORK:
ALARM

Telephone [redacted]
Fax: ( ) / -

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date:

Federal Emp. No.: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present B Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00
2. Rehabilitation $300.00
3. Demolition $0.00
Est.Cost of Elec.Work (1+2+3) $300.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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 Issue				
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

Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
3		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
		TOTAL NUMBER 3
		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
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Htr./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
		KW Photovoltaic Systems
		Other 3:
		Other 4:
		Other 5:
		Other 6:
		Other 7:
		Other 8:
		Other 9:

FEE (Office Use Only)

$60.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$61.00

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20160411
Update Number:
Control Number: 59768
Application Date: 03/28/2017
Permit Date: 03/28/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 151 Lot: 11 Qualification Code:
Work Site Location: 1004 ROSELLE ST LINDEN

Owner In Fee: MARIO M. MARCHIONE
Address: 1004 ROSELLE STREET
LINDEN NJ 07036
Telephone: [redacted]

Use Group(s): B

Contractor: CURRENT ELECTRIC CHOICE
Address: 2560 US HIGHWAY 22, SUITE 138
SCOTCH PLAINS NJ 07076
Telephone: [redacted]
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 [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
5 - 100 AMP SERVICE

PAYMENTS (Office Use Only)	
Building	
Electrical	$375.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$5.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$380.00
All Fees Waived:	No

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,500.00
Cost of Demolition:	0.00
Total Cost:	$2,500.00

Amount to be Paid: **$380.00**
Check Number: 660
Check amount: $380.00

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.

Frank Gadomski
Construction Official

Date

Collected by: MD
Receipt No: 660
Total Cash Amount:
Total Check Amount: $380.00
Total CC Amount:
Grand Total: $380.00

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 03/28/2017
Control #: 59768

Date Issued: 03/28/2017
Permit #: 20160411

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

Block: 151 Lot: 11 Qualification Code:

Work Site Location: 1004 ROSELLE ST

Owner in Fee: MARIO M. MARCHIONE

Address: 1004ROSELLE STREET
LINDEN NJ 07036

E-mail:

Telephone: [redacted]

Contractor: CURRENT ELECTRIC CHOICE
ATTN:

Address: 2560 US HIGHWAY 22, SUITE 138
SCOTCH PLAINS NJ 07076

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date:

DESCRIPTION OF WORK:
5 - 100 AMP SERVICE

Telephone: [redacted]

Fax: ( ) / -

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present B Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00
2. Rehabilitation $2,500.00
3. Demolition $0.00
Est.Cost of Elec.Work (1+2+3) $2,500.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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 Issue				
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

Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
5	100.00	AMP Service	$375.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$5.00
TOTAL FEE	$380.00

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

City of Linden
301 N. Wood Ave.
Linden, NJ 07036
908 - 4748463

Permit Number: 20160411
Update Number: 1
Control Number: 60986
Application Date: 09/01/2017
Permit Date: 09/07/2017

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 151 Lot: 11 Qualification Code:
Work Site Location: 1004 ROSELLE ST LINDEN

Owner In Fee: MARIO M. MARCHIONE
Address: 1004 ROSELLE STREET
LINDEN NJ 07036

Telephone: [redacted]

Use Group(s): B

Contractor: CURRENT ELECTRIC CHOICE
Address: 2560 US HIGHWAY 22, SUITE 138
SCOTCH PLAINS NJ 07076

Telephone: ()

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,500.00
Cost of Demolition:	0.00
Total Cost:	$2,500.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$375.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$5.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	Yes

Amount to be Paid:

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.

Frank Gadomski
Construction Official

Date

Note: IT IS MANDATORY TO CALL FOR ROUGH & FINAL INSPECTIONS AT 908-474-8460, 908-474-8461, 908-474-8462, 908-474-8463

City of Linden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 09/01/2017
Control #: 60986

Date Issued: 09/07/2017
Permit #: 20160411 - 1

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

Block: 151 Lot: 11 Qualification Code:

Work Site Location: 1004 ROSELLE ST

Owner in Fee: MARIO M. MARCHIONE

Address: 1004ROSELLE STREET
LINDEN NJ 07036

E-mail:

Telephone: [redacted]

Contractor: CURRENT ELECTRIC CHOICE
ATTN:

Address: 2560 US HIGHWAY 22, SUITE 138
SCOTCH PLAINS NJ 07076

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: [redacted] Exp Date:

Federal Emp. No.: [redacted]

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR

Telephone:

Fax:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present B Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00
2. Rehabilitation $2,500.00
3. Demolition $0.00
Est.Cost of Elec.Work (1+2+3) $2,500.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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 Issue				
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

Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
5	100.00	AMP Service	$375.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$5.00
TOTAL FEE	$380.00

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