

Joan Burns

From: Traci Hopkins
Sent: Tuesday, August 25, 2020 8:48 AM
To: Joan Burns
Subject: RE: OPRA #01269 - 620 West Drive - Block 7107 Lot 11

No Fire Prevention records found.

Traci Hopkins
Paramus Fire Prevention
1 Jockish Square
Paramus, New Jersey 07652
201-265-2100 x 2296



From: Joan Burns
Sent: Monday, August 24, 2020 1:55 PM
To: Fire Prevention Email
Subject: OPRA #01269 - 620 West Drive - Block 7107 Lot 11

Good Afternoon:

Please see attached OPRA for 620 West Drive – Due back to Joan by Friday, August 28th.
Thank you,

Joan Sverdrup Burns
Technical Assistant/Sr. Office Clerk
Paramus Building Dept.
1 Jockish Square
Paramus, NJ 07652
(201) 265-2100 Ext. 2234
jburns@paramusborough.org



CONSTRUCTION PERMIT

Date Issued 11/7/01 12348
Control # 01-1764
Permit # 01-1764

IDENTIFICATION Block 7107 Lot 11
Work Site Location 620 West Drive
Owner in Fee EDWARD ALON
Address PARAMUS NY
Address 620 WEST DRIVE
Address PARAMUS NY
Tel. (201) 262-4009
Tel. (201) 262-4009
Contractor EDWARD ALON
Address 620 WEST DRIVE
Address PARAMUS NY
Tel. (201) 262-4009
Lic. No. or Bldg. Reg. No. 262-4009

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER (Subchapter 8 only)

DESCRIPTION OF WORK:

SIZE 34'-4" X 12' REPLACE A DECK.

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 \$17000

Construction Official [Signature]

Date 10/19/01

U.C.G. F170 (rev. 5/2/9)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	<u>340</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	<u>14</u>
Cert. of Occupancy	
Other	
Total	<u>354</u>
Check No.	<u>204</u>
Cash	
Collected by	<u>AHO</u>



CONSTRUCTION PERMIT

Date Issued 5/7/03
Control #
Permit # 03-0569

IDENTIFICATION Block 7101
Work Site Location 620 West Drive Lot 11
Paramus, NJ

Owner in Fee Alon
Address SAME

Tel. ()

Contractor East Rutherford Roofing Co. Inc.
Address 227 Summer Street
East Rutherford, NJ 07073

Tel. (201) 939-3337

Lic. No. or Bldgs. Reg. No.
Fed. Emp. No. 22-2518424

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
 - ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
 - ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Remove all layers of roofing, install a built-up, hot tar roof system.

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 \$ 15,300.00

Construction Official _____ Date _____

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

PAYMENTS (Office Use Only)	
Building	4500
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1500
Cert. of Occupancy	
Other	
Total	6000
Check No.	18292
Cash	
Collected by	HHQ



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 5/17/03
Date Issued
Control #
Permit # 03-0569

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

Block 7107 Lot 11
Work Site Location 620 West Drive
Paramus, NJ
Owner in Fee Alon
Address SAME
Tel. ()
Contractor East Rutherford Roofing Co. Inc.
Address 227 Summer Street
East Rutherford, NJ 07073
Tel. (201) 939-3337 Fax (201) 939-3016
Lic. No. or Bids. Reg. No.
Federal Emp. No. 22-2518424

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required								
☐ All				Footings				
☐ Footings				Foundation				
☐ Foundation				Slab				
☐ Frame				Frame				
☐ Other				Barrier-Free				
Joint Plan Review Required:			Insulation					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes					
SUBCODE APPROVAL			Energy					
☐ CO ☐ CCO ☐ CA			Mechanical					
Date:			TCO					
Approved by:			Other					
			Final					
			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>15,300.00</u>
No. of Stories			2. Alteration \$ <u>15,300.00</u>
Height of Structure			3. Total (1+2) \$ <u>15,300.00</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

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

Signature E. Rutherford

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove all layers of roofing,
install a built-up, hot tar
roof system.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration
- ☒ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	\$	
Minimum Fee	\$	
DCA Training Fee	\$	
TOTAL FEE	\$	<u>45.00</u>

18292



**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Block 7107 Lot 11

Work Site Location 620 West Drive

Owner In Fee EDWARD ALON

Address 620 WEST DR PARAMUS, NY 07652

Tele. (201) 862-4009

Contractor EDWARD ALON

Address 620 WEST DRIVE PARAMUS, NY 07672

Tele. (201) 262-4009

Fax ()

Lic. No. or Bids. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure
☐ All			Footings	Approval
☐ Footings			Foundation	Initial
☐ Foundation			Slab	
☐ Frame			Frame	
☒ Other			Barrier-Free	
Joint Plan Review Required:			Insulation	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes	
SUBCODE APPROVAL			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			TCO	
Approved by:			Other	
			Final	
			Barrier-Free	

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. \$ 17,000

2. Alteration \$ 17,000

3. Total (1+2) \$ 34,000



Date Received
Date Issued
Control #
Permit #

11/7/01
01-1764

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace a deck.
Size 34'-4" x 12'

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other DECK

☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ <u>34,000</u>

U.C.C. F110
(rev. 3/98)

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

#204