LOCK 55 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) 47 Halstead St. PERMIT NO. 05-0809

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 47 HOLSTEAD ST
2. Name of Owner in Fee: MCGAHERAN Tel. ( ) _____
   Address 47 HOLSTEAD ST _____ zip code
   (street) (municipality)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: J.D. FENCE & HOME Tel. ([redacted]
   Address 81 BEECH ST PATERSON NJ 07501
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date _____
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work JOHN
   Tel. [redacted] FAX ( ) _____

V. FEE SUMMARY (for office use only)

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

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	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Fire Protection	
6. ☐ Plumbing	
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat., Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	2,500.00

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
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:

LDS KE-B 10801858

U.C.C. F100-1 (rev. 3/96)

☐ 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.				

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 pancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge tha new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issu of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE PLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. 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

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alter renovation, or repair to an existing single family residence owned and occupied by myself and located on the erty listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part existing single family residence that is owned and occupied by myself and located on the property listed on Pa

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 Divisi 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, cc 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. 5:32-2.15(d): the proposed wc 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, co 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 Tax 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 J. DE GRACE

Address _____

_____

Telephone ( ) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Town of Kearny
410 KEARNY AVENUE
KEARNY, NJ 07032
201 - 955-7880
www.kearnyusa.com

Permit Number:
Permit Date: 07/05/2005
Update Number:
Control Number: 31115
Application Date: 07/05/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 55 Lot : 26 Qualification Code:

Work Site Location: 47 HALSTEAD ST KEARNY

Owner In Fee: KIELY, PATRICIA A ETAL

Address: 47 HALSTEAD ST
KEARNY NJ 07032-0000

Telephone: () -

Use Group(s): R-3

Contractor: John DeGrace P&h

Address: 81 Beech Street
No. Arlington NJ 07031

Telephone: [redacted]

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [X]PLUMBING [ ] DEMOLITION

[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER

[ ]ELEVATOR DEVICES [ ]MECHANICAL

[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Installation of new water service from curb to meter/two family dwelling.

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,593.00
Cost of Demolition:	0.00
Total Cost:	$2,593.00

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.

Michael J. Martello
Construction Official

7/5/05
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$65.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$69.00**
All Fees Waived:	No

Amount to be Paid:	**$69.00**
Check Number:	5937
Check amount:	$69.00

Collected by:	cn
Receipt No:	
Total Cash Amount	
Total Check Amount	$69.00
Total CC Amount	
Grand Total	$69.00

Note:

INSPECTOR'S
CONSULTATIONS AVAILABLE
9 & 10 A.M. AND 1 & 2 P.M.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/22/05
Control # 31115
Date Issued 7/5/05
Permit # P0050809

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

Block 55 Lot 26 Qualification Code
Work Site Location 47 HOLSTEAD ST
Owner in Fee MCGAHERAN
Address 47 HOLSTEAD ST
Tel ( )
Contractor J. DEGRACE
Address 81 BEECH ST N.A. NJ 07031
Tel [redacted] FAX ( )
Contractor License No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed NEW WATER SERVICE CURB TO METER
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 2,500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/23/05
Approved by:

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

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

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
[ ] 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	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water Service Connection	65-
	Stacks	
	Other	
	Other	

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	4-
TOTAL FEE $	69-

U.C.C. F130
(rev. 01/04)

White - Office Copy • **Canary** - Applicant Copy • **Card** - Inspector Copy

47 Halstead St

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/22/05
Control # 31115
Date Issued 7/5/05
Permit # P0050809

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

Block 55 Lot 26 Qualification Code
Work Site Location 47 HALSTEAD ST
(GARAGE)
Owner in Fee MCGRATH HERAN
Address 47 HALSTEAD ST
Tel ( )
Contractor T. DEGRACE
Address 21 DEECH ST W.A NJ 07031
Tel ([redacted] FAX ( )
Contractor License No. [redacted]
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed NEW WATER SERVICE (LOOP TO MTR.)
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 2,500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/23/05
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Final			7/7/05	

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
[ ] 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	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	65-
1	Water Service Connection	65-
	Stacks	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 4-
TOTAL FEE $ 69-

U.C.C. F130
(rev. 01/04)

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Plan Review and Inspection -- Plumbing

DATE	JOB CONDITION/COMMENTS
7/7/05	FINAL APPROVED

Town of Kearny
Zoning Permit

Application #:	14181	Permit No:	20051167.000	Issue Date:	07/05/2005
Construction Control Number :	31115				
Block:	55	Lot:	26	Qualifier:	
Work Site:	47 HALSTEAD ST			Zone:	R-2
Owner:	KIELY, PATRICIA A ETAL			Agent:	KIELY, PATRICIA A ETAL
Address:	47 HALSTEAD ST			Address:	
City/State/Zip:	KEARNY NJ 07032-0000			City/State/Zip:	
Telephone:	___-____			Telephone:	___-____
Fax:	(___)___-____			Fax:	(___)___-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	
Check #:	5937
Amount collected:	$25.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

Installation of new water service from curb to meter/two family dwelling.

Which is a:

[X] Use permitted by Zoning Ordinance, Article - **(Ord. No. 10-14-87 § 138-4.00; Ord. No. 5-12-82)** Section - **38-4.4.a**

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[ ] Other:

MICHAEL J MARTELLO, Constr/Zoning Official

Michael J. Martello — **Zoning Official**

This is NOT a Construction Permit

APPLICATION FOR ZONING PERMIT

TOWN OF KEARNY

Construction Code Enforcement Dept.
410 Kearny Ave. Kearny, NJ 07032

Date 6-22-05

IS THIS AN UPDATE TO A PREVIOUSLY SUBMITTED APPLICATION ? ___ YES ✓ NO

If Yes , Zoning PermitNo: _____

Block 55 Lot 26 Zone R-2

Work Site Location 47 HOLSTEAD ST

Property Owner TIM MCGAHERAN

Address of Owner 47 HOLSTEAD Phone No [redacted]

Existing Use 2 FAMILY Proposed Use _____

Description of Work NEW 3/4" WATER SERVICE CURB TO METER

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all application laws of this jurisdiction.

[signature] 81 BEECH ST [redacted]
Signature Address RUTH NJ 07031 Telephone

Name of the Applicant: J. DEGRACE PLUMBING CO. INC.

Submitted:
——Two surveys, signed & sealed by a N.J. licensed Land Surveyor
——Two subdivision plats, prepared in accordance with the Land Use Regulations of the Town of Kearny
✓——Two site plans, prepared in accordance with the Land Use Regulations of the Town of Kearny
——Construction Permit

Office Use Only:

VARIANCE : Approval Date _____ File # _____

Check One : _____ Corner Lot _____ Inside Lot

Setbacks

Front _____ Rear _____ Side Yard 1 _____ Side Yard 2 _____ Second Front _____

Ground Floor Area: Existing _____ Proposed _____ Total _____ Sq.ft.

Sq.Ft. of Lot _____ Percentage of Lot covered by bldg. _____ Height _____

Swimming pool distance from : Foundation Wall _____ Side _____ Rear _____

Fencing : Type _____ Height _____ Location _____

This applications is ✓ Approved _____ Denied

Application Fee: $25.00 Zoning Permit Application #: _____

Received: Cash/Check Amount 25 Check # _____ Construction Control # _____

[signature]
Michael J. Martello, Zoning Officer

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: _____
2. Name of Owner in Fee: _____ Tel. (____) _____
   Address _____
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

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

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	

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. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
0. ☐ Lead Hazard Abatement									
1. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

I. 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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
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:

KEARNY, TOWN OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

PERMITS ISSUED BETWEEN 9 & 10 A.M. AND 1 & 2:30 P.M.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11.17.97
Control #
Permit # 28388

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

Block 55 Lot 26
Work Site Location 47 Halsted St
Owner in Fee Mark Dacey
Address Sand 30 MAPLE PL RUTLEY, NJ 07111
Tele. [redacted]
Contractor PSE Energy
Address 9 Anthony St Newark
Tele. [redacted] Fax ( ) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Empty Clean & Fill 550 Fuel Oil Tank
M+C approval 11.12.97
under sidewalk

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 995 CB

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

FEE (Office Use Only)
$ _____

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	40

U.C.C. F110 (REV. 3/96)
White - Office Copy • **Canary** - Applicant Copy • **Card** - Inspector Copy

47 Halstead St.

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11.17.97
Control #
Permit # 22388

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

Block 55 Lot 26
Work Site Location 47 Halsted St

Owner in Fee Mark Dacey
Address Same 30 Maple Pl Nutley, NJ 07111
Tele. [redacted]
Contractor P&R Energy
Address 9 Anthony St Newark
Tele. ([redacted] Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[ ] All
[X] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[X] Elec. [ ] Plumb. [ ] Fire [ ] Elevator
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other TOM	SEE NOTES			
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 975.00

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Empty Clean + Fill 550 Fuel Oil Tank
M+C approval 11.12.97
under sidewalk

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

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 40

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

White - Office Copy • Canary - Applicant Copy • Card - Inspector Copy

Plan Review and Inspection -- Building

DATE	JOB CONDITION/COMMENTS
12/25/17	No one at the site at the time of the inspection but vent pipe and foam mushroom were left indicating that the tank had been filled

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

TOWN OF KEARNY
COUNTY OF HUDSON

1997 - R - 594

RESOLUTION

INTRODUCED BY COUNCIL MEMBER SANSONE

WHEREAS, the owner of 47 Halstead Street in the Town of Kearny has requested permission of the Mayor and Council to encroach upon the Town right of way in order to remove and replace the sidewalk at said premises for the purpose of abandoning a 550 gallon oil tank; and

WHEREAS, the Town Engineer has advised that there is no engineering reason why permission could not be granted with the usual restrictions.

NOW THEREFORE BE IT RESOLVED, by the Mayor and Council of the Town of Kearny, in the County of Hudson, that:

1. The aforesaid recitals are incorporated herein as though fully set forth at length.

2. A right and license be and is hereby granted to the said owner of 47 Halstead Street in the Town of Kearny to encroach upon the Town right of way at the above-noted location for the purpose of abandoning the oil tank subject, however, to the following conditions.

   a) The sidewalk must be replaced within seven (7) working days;

   b) The said right and license shall be revocable at any time by resolution of the governing body of the Town of Kearny;

   c) In the event the said sidewalk is not replaced within seven (7) working days, after written notice advising the owner to restore the public right of way to its former condition is served upon the owner, the Town may repair the sidewalk and charge the costs to the owner; and

   d) The said owner shall comply with all other applicable laws, ordinances and regulations of the State and Town of Kearny in connection therewith.

3. The Mayor and Town Administrator/Clerk be and they are hereby authorized to execute any and all documents and to take any and all actions necessary to complete and realize the intent and purpose of this Resolution.

4. The Town Administrator/Clerk shall publish notice of this action as required by law.

5. This Resolution shall take effect immediately.

ADOPTED: November 12, 1997

I hereby certify that the foregoing Resolution was adopted by the Council on November 12, 1997.

ROBERT M. CZECH
ADMINISTRATOR/CLERK

I hereby approve the foregoing Resolution this 12th day of November, 1997.

LEO R. VARTAN
MAYOR

K 55 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) 47 Halstead Street PERMIT NO. 2020 0878

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

ENTIFICATION

roposed Work Site at: 47 Halstead Street

ame of Owner in Fee: US Bank Trust

el. ([redacted]) e-mail [redacted]

ddress 2711 N Haskell Ave. Ste. 1700 Dallas TX 75204
street municipality zip code

wnership in Fee: Public _____ Private _____

rincipal Contractor: Pasiaro Tel. [redacted]

ddress 3630 Peachtree Rd NE e-mail _____
Ste 1500 Atlanta, GA 30326

icense No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 3/21/2020

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

ederal Emp. ID No. _____ FAX: ( ) _____

rchitect or Engineer _____ Contact _____

ddress _____ e-mail _____

el. ( ) _____ FAX: ( ) _____

esponsible Person in Charge once Work has Begun Jason Hess

el. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update
1. Building	$	
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		
10. Subtotal	$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	$	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

RECEIVED APR 21 2020 BY: TC

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. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes ____ no ____

ROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

SUBCODES
ck all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing	3650 +	11,000			5-6-20	RB			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
Gained, Sale
Gained, Rental
Lost, Sale
Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present / Proposed

PLAN REVIEW (optional)

YOU WANT:
Partial Releases
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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 Resipro

Address 3630 Peachtree Rd
NE Ste 1500 Atlanta GA 30326

Telephone [redacted]

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6-3-20
Control # 5 7997
Date Issued 6-10-20
Permit # 20 05 0826

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

Block 55 Lot 38 Qualification Code _____

Work Site Location 47 Hillside St

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

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 $ _____

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 6-8-20
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				
Final				
_____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Water Heater	30
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
1	Steam Boiler	50
1	Hot Water Boiler	50
	Sewer Pump	
	Interceptor/Separator	
2	Backflow Preventer	
	Greasetrap	30
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$ 160
Minimum Fee	$
State Permit Surcharge Fee	$ 21
TOTAL FEE	$ 181

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

Town of Kearny
410 Kearny Avenue
Kearny, NJ 07032
201 - 9557880

Permit Number: 20200878
Update Number:
Control Number: 57771
Application Date: 05/22/2020
Permit Date: 06/10/2020

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 55 Lot: 26 Qualification Code:
Work Site Location: 47 HALSTEAD ST KEARNY

Owner In Fee: KIELY, PATRICIA A
Address: 47 HALSTEAD ST
KEARNY NJ 07032

Telephone: ()

Use Group(s): R-3

Contractor: DS PLUMBING AND HEATING LL(
Address: 68 WEST 3RD ST
BAYONNE NJ 07002

Telephone: ()
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
REPLACEMENT OF 2 HOT WATER BOILERS, 2 HOT WATER HEATERS, 2 CHIMNEY LINERS/ 2 FAMILY BC

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	11,000.00
Cost of Demolition:	0.00
Total Cost:	$11,000.00

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.

TC

Tony Chisari
Construction Official

6/11/20
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$160.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$21.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$181.00**
All Fees Waived:	No

Amount to be Paid:	**$181.00**
Check Number:	5958
Check amount:	$181.00

Collected by:	BC
Receipt No:	555738
Total Cash Amount:	
Total Check Amount:	$181.00
Total CC Amount:	
Grand Total:	$181.00

Note:

APR 2 - 2020

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
Home Improvement Contractors

HAS REGISTERED

RESIPRO LLC
George A Capps, CEO
3630 Peachtree Rd NE
Ste 1500
Atlanta GA 30326

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

02/03/2020 TO 03/31/2021
VALID

[redacted]
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
RESIPRO LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/03/2020 TO 03/31/2021
VALID

SIGNATURE

[redacted]
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

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

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
Home Improvement Contractors

APR 2 - 2020

HAS REGISTERED

PRATO CHIMNEY SERVICE, LLC
Joseph Louis Prato
130 Liberty Street
Bloomfield NJ 07003

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

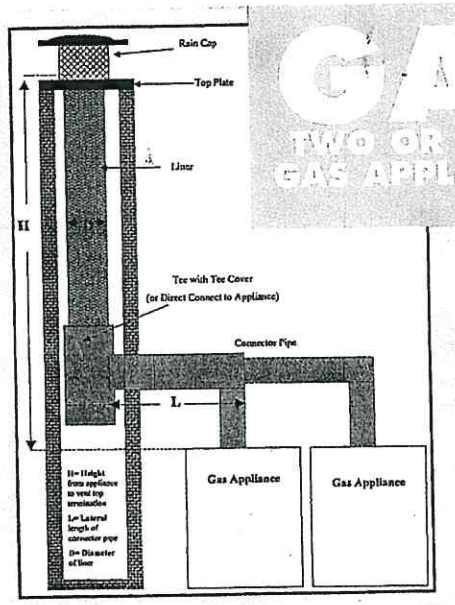
02/15/2020 TO 03/31/2021
VALID

Signature of Licensee/Registrant/Certificate Holder

[redacted]
LICENSE/REGISTRATION/CERTIFICATION #

Paul Rodriguez
ACTING DIRECTOR

TWO OR
GAS APP



DRAFT TYPE | ALL FAN | ALL NAT | COMB |
CHIMNEY HEIGHT | 30'

MAXIMUM COMBINED BTU INPUT 1,000s OF BTUs	CONNECTOR TYPE	LINER DIAMETER
148	DOUBLE-WALL	5"
144	SINGLE-WALL	
180	DOUBLE-WALL	5.5"
175	SINGLE-WALL	
213	DOUBLE-WALL	6"
206	SINGLE-WALL	
288	DOUBLE-WALL	7"
279	SINGLE-WALL	
376	DOUBLE-WALL	8"
367	SINGLE-WALL	

ALL DATA FROM THE NATIONAL FUEL GAS CODE (NFPA 54). ALL CAPACITIES HAVE BEEN REDUCED 20% AS REQUIRED FOR CORRUGATED LINERS.

FOREVER FLEX™
SIZING CHART FOR TWO OR MORE CATEGORY 1 GAS APPLIANCE

INSTRUCTIONS:

1. MATCH CHIMNEY HEIGHT TO DRAFT TYPE IN TOP WINDOW.
2. FIND MAXIMUM BTU'S INPUT THAT CORRESPONDS TO CONNECTOR TYPE.
3. MATCH LINER DIAMETER IN RIGHT HAND COLUMN TO MAXIMUM BTU INPUT AND CONNECTOR TYPE DETERMINED IN STEP 2 ABOVE

Liner 1

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PRATO CHIMNEY SERVICE, LLC
130 LIBERTY STREET
BLOOMFIELD, NEW JERSEY 07003
TELEPHONE: [redacted]
FAX [redacted]
LICENSE [redacted]
FEDERAL ID [redacted]

BLOCK _____ LOT _____ QUALIFICATION CODE _____

WORK SITE ADDRESS 47 Halsted Street

Owner in Fee US Bank Master Trust

Verifying Individual Joe Prato Company _____

Address 2711 N. Haskell Ave Ste 1200 Dallas TX 75204
Street City State Zip Code

Tel: ([redacted] Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[X] Other Relay

Existing Vent/Chimney:

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

Size _____

[X] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Boiler	Oil / Gas / Other: Oil	140,000
Appliance 2:	HWH	Oil / Gas / Other: Gas	40,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: Duravent Model: Duraflex UL Listing: _____

Material of Liner: Stainless Steel X Aluminum _____

Size of Appliance Vent: 6"/4" Size of Liner: 6 Height of Chimney: 30

Length of Connector: 2 Vent Connector Rise: 1

How does the appliance vent? [X] Natural Draft [ ] Fan-assisted [ ] Other: _____

APR 2 - 2020

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ 3/9/2020
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

Liner 2

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

PRATO CHIMNEY SERVICE, LLC
130 LIBERTY STREET
BLOOMFIELD, NEW JERSEY 07003
TELEPHONE: [redacted]
FAX [redacted]
LICENSE [redacted]
FEDERAL ID [redacted]

BLOCK _____ LOT 47 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 47 Halsted Street

Owner in Fee US Bank Western Trust

Verifying Individual Joe Prato Company _____

Address 2711 N. Haskell Ave Ste 1700 Dallas TX 75204
Street City State Zip Code

Tel: [redacted] Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [X] Other Liner

Existing Vent/Chimney:

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

Size _____

- [X] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Boiler	Oil / Gas / Other: Gas	100,00
Appliance 2:	Hot H	Oil / Gas / Other: Gas	40,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: Olympia Model: Olympia UL Listing: _____

Material of Liner: Stainless Steel Y Aluminum _____

Size of Appliance Vent: 5" / 4" Size of Liner: 6 Height of Chimney: 30

Length of Connector: 2 Vent Connector Rise: 1

How does the appliance vent? [X] Natural Draft [ ] Fan-assisted [ ] Other: _____

APR 2 1 2020

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ 3/9/2020
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ _____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

ER FLEX™
RT FOR LINING AN
ING APPLIANCE

TH TO CHIMNEY HEIGHT

NS PER HOUR) FIRING RATE* NEXT
FFICIENCY RATING.*

R IN RIGHT HAND COLUMN
RATE DETERMINED FROM

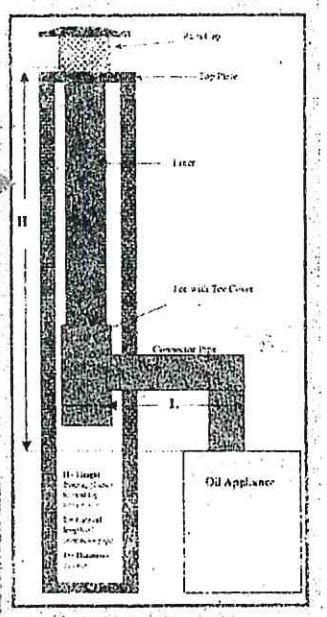
ARE REDUCED BY 15% FOR
S REQUIRED BY NFPA 31.

: RATING, DIVIDE THE MAXIMUM
MAXIMUM INTPUT BTU'S.

CHIMNEY HEIGHT	10'	15'	20'	25'	35'
LATERAL LENGTH			4'		

STEADY STATE EFFICIENCY	FIRING RATE	LINER DIAMETER
88%	.65- .85 .70-1.07 .75-1.28	5" 5.5" 6"
86%	.50- .85 .63-1.17 .75-1.49	5" 5.5" 6"
84%	.50-1.06 .58-1.38 .65-1.70	5" 5.5" 6"
82%	.50-1.28 .50-1.60 .50-1.91	5" 5.5" 6"
80%	.40-1.28 .40-1.60 .40-1.91	5" 5.5" 6"

ABREVEATIONS KEY
H = CHIMNEY HEIGHT
L = LATERAL LENGTH
D = LINER DIAMETER



10'

.85	.65- .72	.65- .72	.40- .64	–	
.07	.75- .89	.65- .89	.45- .75	–	
.28	.85-1.06	.65-1.06	.50- .85	.40- .64	
.65-1.06	.65- .85	.50- .85	.40- .72	.40- .64	
.75-1.38	.70-1.17	.58-1.07	.45- .89	.40- .85	
.85-1.70	.75-1.49	.65-1.28	.50-1.06	.40-1.06	
.65-1.06	.50-1.06	.50- .85	.40- .85	.25- .72	
.49	.58-1.38	.58-1.17	.53-1.07	.33- .89	
.91	.65-1.70	.65-1.49	.65-1.28	.40-1.06	
.28	.50-1.06	.40-1.06	.40- .85	.25- .72	
.60	.58-1.38	.45-1.38	.40-1.17	.33-1.00	
.91	.65-1.70	.50-1.70	.40-1.49	.40-1.28	
.28	.50-1.28	.40-1.06	.40-1.06	.25- .85	
.60	.58-1.60	.40-1.38	.45-1.38	.33-1.07	
.91	.65-1.91	.40-1.70	.50-1.70	.40-1.28	

Town of Kearny
Zoning Permit

Application #:	46933	Permit No:	20201051.000	Issue Date:	05/22/2020
Construction Control Number :		57771			
Block:	55	Lot:	26	Qualifier:	
Work Site:	47 HALSTEAD ST			Zone:	R-2
Owner:	KIELY, PATRICIA A			Agent:	KIELY, PATRICIA A
Address:	47 HALSTEAD ST			Address:	
City/State/Zip:	KEARNY NJ 07032			City/State/Zip:	
Telephone:	___-____			Telephone:	___-____
Fax:	(___)-___-____			Fax:	(___)-___-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	457088
Check #:	518
Amount collected:	$25.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

REPLACEMENT OF 2 HOT WATER BOILERS, 2 HOT WATER HEATERS, 2 CHIMNEY LINERS/ 2 FAMILY BC

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[X] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by (X) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[ ] Other:

TC/P

Tony Chisari — **Zoning Official**

This is NOT a Construction Permit

TOWN OF KEARNY

Construction Code Enforcement Department
410 Kearny Avenue, Kearny, N.J. 07032
(201) 955-7880 - **FAX** (201) 998-5171
www.kearnynj.org

APR 2 - 2020

ZONING PERMIT APPLICATION Date: 3/23/2020

Is this an update to a previously submitted application? Yes: _____, No: ✓, If Yes Previous Permit No: _____

Block #: 55 Lot #: 26 Zone: R-2

Address of Work Site Location: 47 Halstead Street.

Existing Use (i.e., One Fam., ~~Two Fam.~~, # of Commercial Units): Two - family ✓

Proposed Use: Two - Family

Property Owner's Name: US Bank Trust

Owner's Address: 2911 N Haskell Ave. Ste. 1700 Dallas Tx 75204

Description of Work: 2 boilers, 2 water heaters, chimney liners

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all applicable laws of this jurisdiction.

Owner/Agent's Name: Jason Alves
(Print Name)

(Signature of Owner/Agent) 3630 Peachtree Rd NE Ste 1500 Atlanta, GA 30326 (Address) Telephone # [redacted]

Documents Submitted:
4/27/20 taxes current sdf

____ Two sets of floor plans (showing dimensions & type of rooms) of area to be occupied
____ Two copies of a signed & sealed survey by a NJ licensed Land Surveyor
____ Two Subdivision Plats, prepared in accordance with the Town of Kearny Land Use Regulations (LUR)
____ Two Site Plans, prepared in accordance with the Town of Kearny LUR.
____ Construction Permit(s)
Passaic Valley Sewerage Commission: ____ Application given to applicant by: _____ on _____

Office Use Only:

Variance: Approval Date: _____, File #: _____

Check Applicable: Corner Lot: _____, Inside Lot: _____

Setbacks: Front: _____, Rear: _____, Side yard One: _____, Side Yard Two: _____, Second Front: _____

Ground Floor Area: Existing: _____, Proposed: _____, Total square feet: _____

Square Foot of Lot: _____, Percentage of Lot covered by bldg: _____, Height: _____

Swimming Pool distance from: Foundation Wall: _____, Side: _____, Rear: _____

Fencing: Type: _____, Height: _____, Location: _____

Application Fee: ***$25.00*** – Please make checks payable to the ***Town of Kearny***
This application is: Approved: ✓, Denied: _____, Zoning Permit Appl. #: _____
Received: Cash – Receipt #: _____, Check #: _____ Construction Control #: _____

Tony Chisari, A/Construction Official/Zoning Officer

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
David J. Springer
Master Plumber

06/18/2019 TO 06/30/2021
VALID

SIGNATURE

[redacted]
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

CK # 578

RECEIPT DATE 4/21/20 No. 457088

RECEIVED FROM Jason Alves $ 25 00

47 Halstead St DOLLARS

○ FOR RENT
○ FOR Zoning Code Book Copy / Attorney Lines

ACCOUNT		
PAYMENT	25	-
BAL. DUE		

○ CASH
✓ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 55 TO 56

BY

3-11

LOCK 55 LOT 26 QUALIF /CODE _____ ADDRESS (SITE) 47 Halstead St. PERMIT NO. 2020 0801

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 47 Halstead St, Town of Kearny
2. Name of Owner in Fee: US Bank Trust NA % Resicap
   Tel. ([redacted] e-mail % Jason Akers, PM
   Address: 3630 Peachtree Rd NE, Suite 1500, Atlanta GA 30326
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Care Env'l Remediation & Svcs [redacted]
   Address 1248 Sussex Pk A-6 Randolph NJ 07869 e-mail
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 11-20
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] Fax ([redacted]
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX (_____) _____
6. Responsible Person in Charge once Work has Begun Ward Donigan
   Tel [redacted] FAX [redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
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			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

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. Max. Live Load _____
7. Max Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Distrubed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

IIa. PROPOSED WORK:

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☒ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES: (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☒ Fire Protection	3,000-								
☐ Elevator									
TOTAL COSTS	3,000-								

RECEIVED MAY 14 2020 BY:

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

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. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

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(f)1.ix:

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 _____ Care Environmental Remediation Services, Inc.
Address _____ 1248 Sussex Turnpike, Bldg. A, Unit 6
Randolph, NJ 07869

Telephone ([redacted])

Signature _____ (agent for)

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/14/20
Control # 57760
Date Issued 5/21/20
Permit # 20200801

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

Block 55 Lot 26 Qualification Code _____

Work Site Location 47 Halstead St
Town of Kearny

Owner in Fee: US Bank Trust NA c/o Resicap.

Tel. ([redacted] e-mail c/o Jason Alves PM

Address 3630 Peachtree Rd NE Ste 1500, Atlanta GA 30326
street municipality zip code

Contractor: Coastal Remediation NJ Tel. [redacted]

Address 1248 Sussex Tpk A-6 e-mail _____
Randolph NJ 07869

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. [redacted] Exp. Date 11/20

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

Federal Emp. ID No. [redacted] FAX: ([redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 3000 -

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5/21/20

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: Donnie Forman

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Removal of 1,000 Gallon UST * 2 Heating Oil Non-Regulated

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Removal UST		60
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Reorder Forms at:
Colornet LLC
(856) 393-2940

Town of Kearny
410 Kearny Avenue
Kearny, NJ 07032
201 - 9557880

Permit Number: 20200801
Update Number:
Control Number: 57760
Application Date: 05/21/2020
Permit Date: 05/21/2020

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 55 Lot: 26 Qualification Code:
Work Site Location: 47 HALSTEAD ST KEARNY

Owner In Fee: KIELY, PATRICIA A
Address: 47 HALSTEAD ST
KEARNY NJ 07032

Telephone: ()

Use Group(s): U

Contractor: CARE ENVIRONMENTAL REMEDI
Address: 1248 SUSSEX TPK BDG A UNIT 6
RANDOLPH NJ 07869

Telephone: [redacted]

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

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
REMOVAL OF 1,000 GALLON UST LOCATED UNDER SIDEWALK/ 2 FAMILY BC

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	3,000.00
Total Cost:	$3,000.00

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.

TC/VC
Tony Chisari
Construction Official

5/20/20
Date

Note:

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	$50.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$50.00**
All Fees Waived:	No

Amount to be Paid:	**$50.00**
Check Number:	6344
Check amount:	$50.00

Collected by:	BC
Receipt No:	556946
Total Cash Amount:	
Total Check Amount:	$50.00
Total CC Amount:	
Grand Total:	$50.00

Town of Kearny
Zoning Permit

Application #:	46919	Permit No:	20201041.000	Issue Date:	05/21/2020
Construction Control Number :		57760			
Block:	55	Lot:	26	Qualifier:	
Work Site:	47 HALSTEAD ST			Zone:	R-2
Owner:	KIELY, PATRICIA A			Agent:	KIELY, PATRICIA A
Address:	47 HALSTEAD ST			Address:	
City/State/Zip:	KEARNY NJ 07032			City/State/Zip:	
Telephone:	___-____			Telephone:	___-____
Fax:	(___)-___-____			Fax:	(___)-___-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	556946
Check #:	6344
Amount collected:	$25.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

REMOVAL OF 1,000 GALLON UST LOCATED UNDER SIDEWALK/ 2 FAMILY BC

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[X] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by (X) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[ ] Other:

TC/E

Tony Chisari **Zoning Official**

This is NOT a Construction Permit

TOWN OF KEARNY

Construction Code Enforcement Department
410 Kearny Avenue, Kearny, N.J. 07032
(201) 955-7880 - FAX (201) 998-5171
www.kearnynj.org

RECEIVED
MAY 14 2020
BY:

ZONING PERMIT APPLICATION

Date: May 8, 2020

Is this an update to a previously submitted application? Yes: _____, No: X, If Yes Previous Permit No: _____

Block #: 55 Lot #: 26 Zone: C-1

Address of Work Site Location: 47 Halstead Street

Existing Use (i.e., One Fam., Two Fam., # of Commercial Units): Two Family Dwelling

Proposed Use: Two Family Dwelling

Property Owner's Name: US Bank Trust NA c/o Resicap

Owner's Address: 3630 Peachtree Rd NE, Suite 1500, Atlanta, GA 30326

Description of Work: Removal of 1,000 Gallon Non-Reg. UST Located under City Sidewalk

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all applicable laws of this jurisdiction.

Owner/Agent's Name: Donna Forman (Print Name)

Donna Forman — Core Environmental Remediation Services, 1248 Sussex Tpk A6, Randolph NJ 07869 — [redacted]

(Signature of Owner/Agent) (Address) Telephone

Documents Submitted:
- _____ Two copies of a signed & sealed survey by a NJ licensed Land Surveyor
- _____ Two Subdivision Plats, prepared in accordance with the Town of Kearny Land Use Regulations (LUR)
- _____ Two Site Plans, prepared in accordance with the Town of Kearny LUR.
- _____ Construction Permit
- _____ Passaic Valley Sewerage Commission Application given to applicant.

Office Use Only:

Variance: Approval Date: _____, File #: _____

Check Applicable: Corner Lot: _____, Inside Lot: _____

Setbacks: Front: _____, Rear: _____, Side yard One: _____, Side Yard Two: _____, Second Front: _____

Ground Floor Area: Existing: _____, Proposed: _____, Total square feet: _____

Square Foot of Lot: _____, Percentage of Lot covered by bldg: _____, Height: _____

Swimming Pool distance from: Foundation Wall: _____, Side: _____, Rear: _____

Fencing: Type: _____, Height: _____, Location: _____

Application Fee: *$25.00* – Please make checks payable to the ***Town of Kearny***

This application is: Approved: _____, Denied: _____, Zoning Permit Appl. #: _____

Received: Cash – Receipt #: _____, Check #: _____, Construction Control #: _____

Tony Chisari, A/Construction Official/Zoning Officer

Kearny Town Council
402 Kearny Avenue
Kearny, NJ 07032
ADOPTED
RESOLUTION 2020-219

(*) Resolution Authorizing Permission to Encroach Upon Town Right of Way at 47 Halstead Street, Block 55, Lot 26, for the Purpose of Removing an Underground Storage Tank (UST).

WHEREAS, Gail N. McKenna, CHMM, CPG, LSRP, President of Care Environmental Remediation Services, Inc., 1248 Sussex Turnpike, Bldg. A., Unit 6, Randolph, NJ 07869, has requested permission of the Mayor and Council to encroach upon the Town right of way at **47 Halstead Street, Block 55, Lot 26**, in the Town of Kearny, for the purpose of **removing a 1,000 gallon underground storage (UST) tank**; and

WHEREAS, the Town Engineer has advised that there is no engineering reason why permission could not be granted with the usual restrictions.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the Town of Kearny, in the County of Hudson, that:

1. The aforesaid recitals are incorporated herein as though fully set forth at length.
2. A right and license be and is hereby granted to the said **Gail N. McKenna, CHMM, CPG, LSRP, President of Care Environmental Remediation Services, Inc., 1248 Sussex Turnpike, Bldg. A., Unit 6, Randolph, NJ 07869**, to encroach upon the Town right of way at **47 Halstead Street, Block 55, Lot 26**, in the Town of Kearny, for the purpose of removing a 1,000 gallon underground storage (UST) tank, subject, however, to the following conditions:
   a) The sidewalk must be replaced within seven (7) working days.
   b) The said right and license shall be revocable at any time by resolution of the governing body of the Town of Kearny.
   c) In the event the said sidewalk is not replaced within seven (7) working days, after written notice advising the owner to restore the public right of way to its former condition is served upon the owner, the Town may repair the sidewalk and charge the costs to the owner; and
   d) The said owner shall comply with all other applicable laws, ordinances and regulations of the State and the Town of Kearny in connection therewith.
3. The Mayor and Town Clerk be and are hereby authorized to execute any and all documents and to take any and all actions necessary to complete and realize the intent and purpose of this Resolution.
4. Said right and license shall be conditioned on said owner's written agreement to indemnify and hold the Town of Kearny harmless against liability for any and all claims for damage to property or injury to persons arising out of or resulting from issuance of said license and owner's use of the property.
5. This Resolution shall take effect immediately.

Tony Chisari
ADOPTED: April 21, 2020

I hereby certify that the foregoing resolution was adopted by the Council on **April 21, 2020**.

Patricia Carpenter

PATRICIA CARPENTER
TOWN CLERK

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Carol Jean Doyle, Council Member
SECONDER:	Alberto G. Santos, Mayor
AYES:	Doyle, McCurrie, Eckel, Cardoso, Konopka, DeCastro, Santana, Ficeto, Santos

APR 22, 2020
Gail N. McKenna
Construction Code
Neglia Eng.
DPW

TOWN OF KEARNY

RELEASE / INDEMNIFICATION AGREEMENT

Block- 55 **, Lot** 26 **, 2020-(R)-** 219

Name: Care Environmental Remediation Services, Inc-

Address: 1248 Sussex Tpk A-6, Randolph, NJ 07869

Gail N. McKenna, President

1. Care Env'l Remediation Services having been granted a right and license to encroach upon the Town right of way at the property located at 47 Halstead St., in exchange for said right hereby RELEASE AND DISCHARGE the Town of Kearny, 402 Kearny Avenue, Kearny, New Jersey, its officials and employees, (hereinafter referred to as "The Town") from any and all liability, claims, demands or causes of action that I may hereafter have for injuries and damages arising out of my use of the property.

2. I further agree that I WILL NOT SUE OR MAKE CLAIM against the Town for damages or losses sustained as a result of my use of the property. I further agree to INDEMNIFY AND HOLD the Town HARMLESS from all claims, judgments and costs, including attorneys' fees, incurred in connection with any action brought as a result of my use of the property.

3. EXEMPTION FROM LIABILITY. I further release the Town from any and all liability arising out of any injury to me while making use of the property.

4. COVENANT NOT TO SUE. I further agree never to institute any suit or action at law or equity against the Town by reason of injury to me arising from my use of the property, whether or not such injury results from the negligence of the Town.

5. I further agree that IF REQUESTED by the Business Administrator I will obtain, provide and keep in full force and effect liability insurance covering the use of the property with coverage and limits as may be prescribed by the Business Administrator

6. REIMBURSEMENT FOR LEGAL FEES AND EXPENSES. I further agree and covenant to fully reimburse the Town or all legal costs and reasonable counsel fees paid by the Town for the defense of any and all actions or causes of action or claims or demands for damages whatsoever, which may hereafter arise or be instituted or recovered against the Town arising from my use of the property, whether or not such injury results from the negligence of the Town.

I hereby declare that I am of legal age and am competent to sign this **release, waiver** and **indemnification agreement.**

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

RECEIVED MAY 14 2020

Gail N. McKenna, President CERS

Name of Releasor/~~Property Owner~~

Signature of Releasor/~~Property Owner~~

Date: 5/8/20

STATE OF NEW JERSEY)
) SS
COUNTY OF Somerset **)**

Before me personally appeared said Gail M McKenna *[name]* who satisfactorily identified themselves as the person named in the foregoing instrument and who executed said instrument in my presence as his/her free act and deed this 8 day of May, 2020.

PANCHALINGAM RASARATNAM
NOTARY PUBLIC OF NEW JERSEY
Comm. # 2431032
My Commission Expires 03/11/2023

Notary Public

My Commission Expires: 03/11/2023

Contractor:
Care Environmental Remediation Services, Inc.
1248 Sussex Turnpike, Bldg. A, Unit 6
Randolph, NJ 07869

Removal UST

FIELD MEASUREMENTS

(A) Depth of top of tank _____
(B) Depth of bottom of tank _____
(C) Tank size _____
(D) Inches of product ____ in ____ gal
(D) Inches of water ____ in ____ gal
(F) Length of fill pipe (above ground) _____

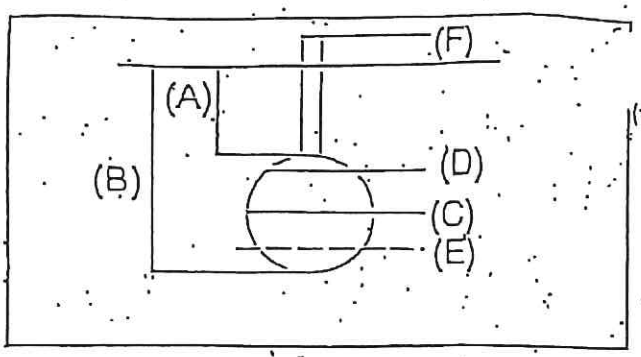
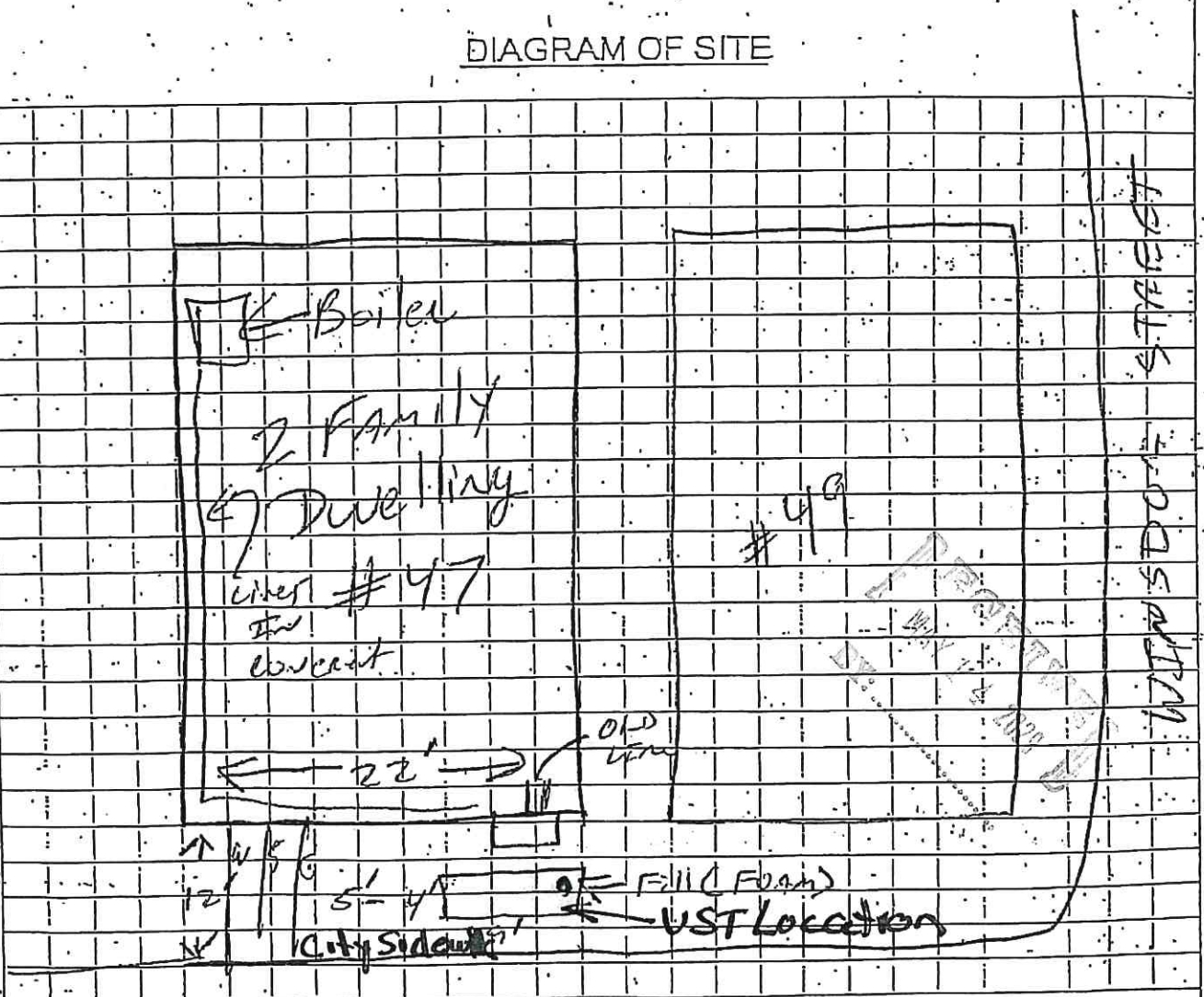


DIAGRAM OF SITE



NORTH

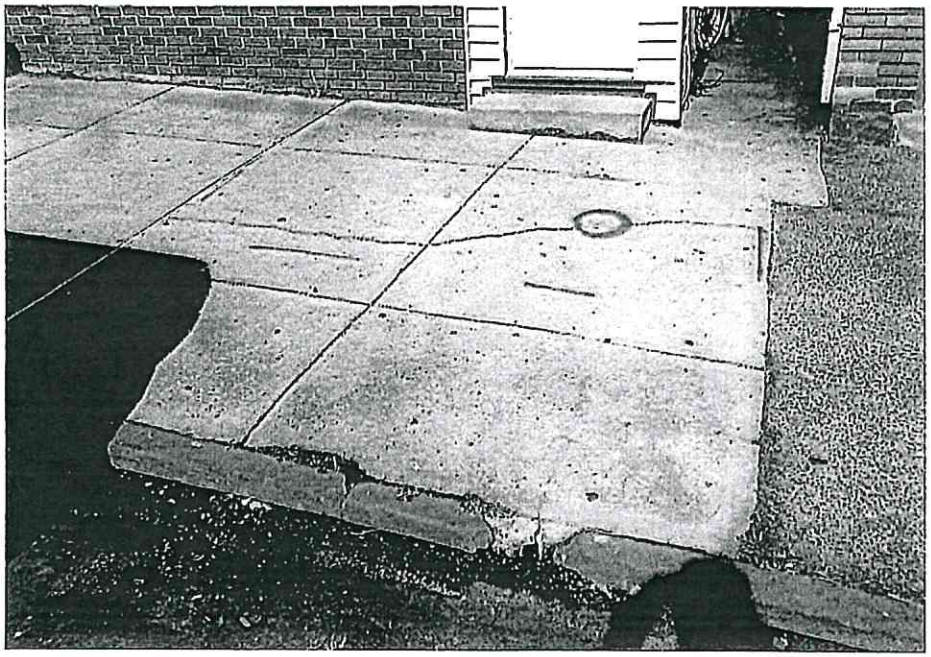
Halstead Street

Block 55
Lot 26

FIELD TECH. SIGNATURE: WD DATE: 3/13/2020

CITY WATER: X POTABLE WELL: _____

SEPTIC SYSTEM: _____ SEWER SYSTEM X



47 Halstead St, Kearny Block 55 Lot 26 City Sidewalk Location of UST

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

CARE ENVIRONMENTAL REMEDIATION SVS INC
1248 SUSSEX TPK BDG A UNIT 6
Randolph Twp, NJ 07869

Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
Is hereby approved to perform the following services:

CLOSURE
SUBSURFACE EVALUATION

1/30/2020
EXPIRATION DATE

US01354
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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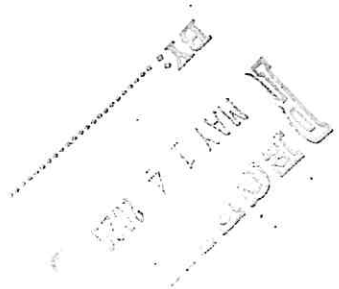
CLOSURE
SUBSURFACE EVALUATION



/30/2020
EXPIRATION DATE

US01354
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

Kearny Town Council
402 Kearny Avenue
Kearny, NJ 07032
ADOPTED
RESOLUTION 2020-219

(*) Resolution Authorizing Permission to Encroach Upon Town Right of Way at 47 Halstead Street, Block 55, Lot 26, for the Purpose of Removing an Underground Storage Tank (UST).

WHEREAS, Gail N. McKenna, CHMM, CPG, LSRP, President of Care Environmental Remediation Services, Inc., 1248 Sussex Turnpike, Bldg. A., Unit 6, Randolph, NJ 07869, has requested permission of the Mayor and Council to encroach upon the Town right of way at 47 Halstead Street, Block 55, Lot 26, in the Town of Kearny, for the purpose of **removing a 1,000 gallon underground storage (UST) tank**; and

WHEREAS, the Town Engineer has advised that there is no engineering reason why permission could not be granted with the usual restrictions.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the Town of Kearny, in the County of Hudson, that:

1. The aforesaid recitals are incorporated herein as though fully set forth at length.
2. A right and license be and is hereby granted to the said **Gail N. McKenna, CHMM, CPG, LSRP, President of Care Environmental Remediation Services, Inc., 1248 Sussex Turnpike, Bldg. A., Unit 6, Randolph, NJ 07869**, to encroach upon the Town right of way at **47 Halstead Street, Block 55, Lot 26**, in the Town of Kearny, for the purpose of removing a 1,000 gallon underground storage (UST) tank, subject, however, to the following conditions:
   a) The sidewalk must be replaced within seven (7) working days.
   b) The said right and license shall be revocable at any time by resolution of the governing body of the Town of Kearny.
   c) In the event the said sidewalk is not replaced within seven (7) working days, after written notice advising the owner to restore the public right of way to its former condition is served upon the owner, the Town may repair the sidewalk and charge the costs to the owner; and
   d) The said owner shall comply with all other applicable laws, ordinances and regulations of the State and the Town of Kearny in connection therewith.
3. The Mayor and Town Clerk be and are hereby authorized to execute any and all documents and to take any and all actions necessary to complete and realize the intent and purpose of this Resolution.
4. Said right and license shall be conditioned on said owner's written agreement to indemnify and hold the Town of Kearny harmless against liability for any and all claims for damage to property or injury to persons arising out of or resulting from issuance of said license and owner's use of the property.
5. This Resolution shall take effect immediately.

Tony Chisari
ADOPTED: April 21, 2020

RECEIVED
MAY 14 2020
BY:

I hereby certify that the foregoing resolution was adopted by the Council on **April 21, 2020**.

PATRICIA CARPENTER
TOWN CLERK

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Carol Jean Doyle, Council Member
SECONDER:	Alberto G. Santos, Mayor
AYES:	Doyle, McCurrie, Eckel, Cardoso, Konopka, DeCastro, Santana, Ficeto, Santos

APR 22, 2020
Gail N. McKenna
Construction Code
Neglia Eng.
DPW

TOWN OF KEARNY

RELEASE / INDEMNIFICATION AGREEMENT

Block- 55 **, Lot** 26 **, 2020-(R)-** 219

Name: Care Environmental Remediation Services, Inc-

Address: 1248 Sussex Tpk A-6, Randolph, NJ 07869

Gail N. McKenna, President

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2. I further agree that I WILL NOT SUE OR MAKE CLAIM against the Town for damages or losses sustained as a result of my use of the property. I further agree to INDEMNIFY AND HOLD the Town HARMLESS from all claims, judgments and costs, including attorneys' fees, incurred in connection with any action brought as a result of my use of the property.

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I hereby declare that I am of legal age and am competent to sign this **release, waiver** and **indemnification agreement.**

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Gail N. McKenna, President CERS

Name of Releasor/~~Property Owner~~

Signature of Releasor/~~Property Owner~~

Date: 5/8/20

STATE OF NEW JERSEY)
) SS
COUNTY OF Somerset **)**

Before me personally appeared said Gail M McKenna *[name]* who satisfactorily identified themselves as the person named in the foregoing instrument and who executed said instrument in my presence as his/her free act and deed this 8 day of May, 2020.

PANCHALINGAM RASARATNAM
NOTARY PUBLIC OF NEW JERSEY
Comm. # 2431032
My Commission Expires 03/11/2023

Notary Public

My Commission Expires: 03/11/2023

RECEIVED
MAY 14 2020
BY: .....

Contractor:
Care Environmental Remediation Services, Inc.
1248 Sussex Turnpike, Bldg. A, Unit 6
Randolph, NJ 07869

Removal UST

FIELD MEASUREMENTS

(A) Depth of top of tank _____
(B) Depth of bottom of tank _____
(C) Tank size _____
(D) Inches of product ____ in _____ gal.
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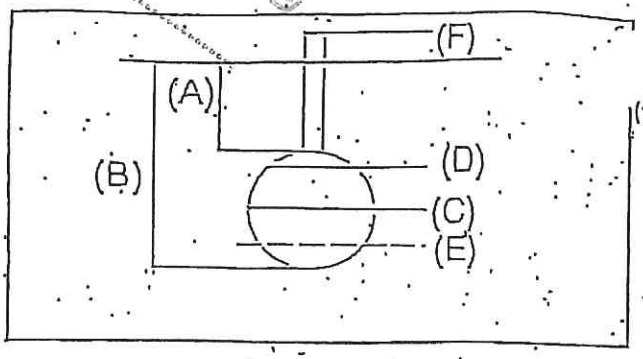
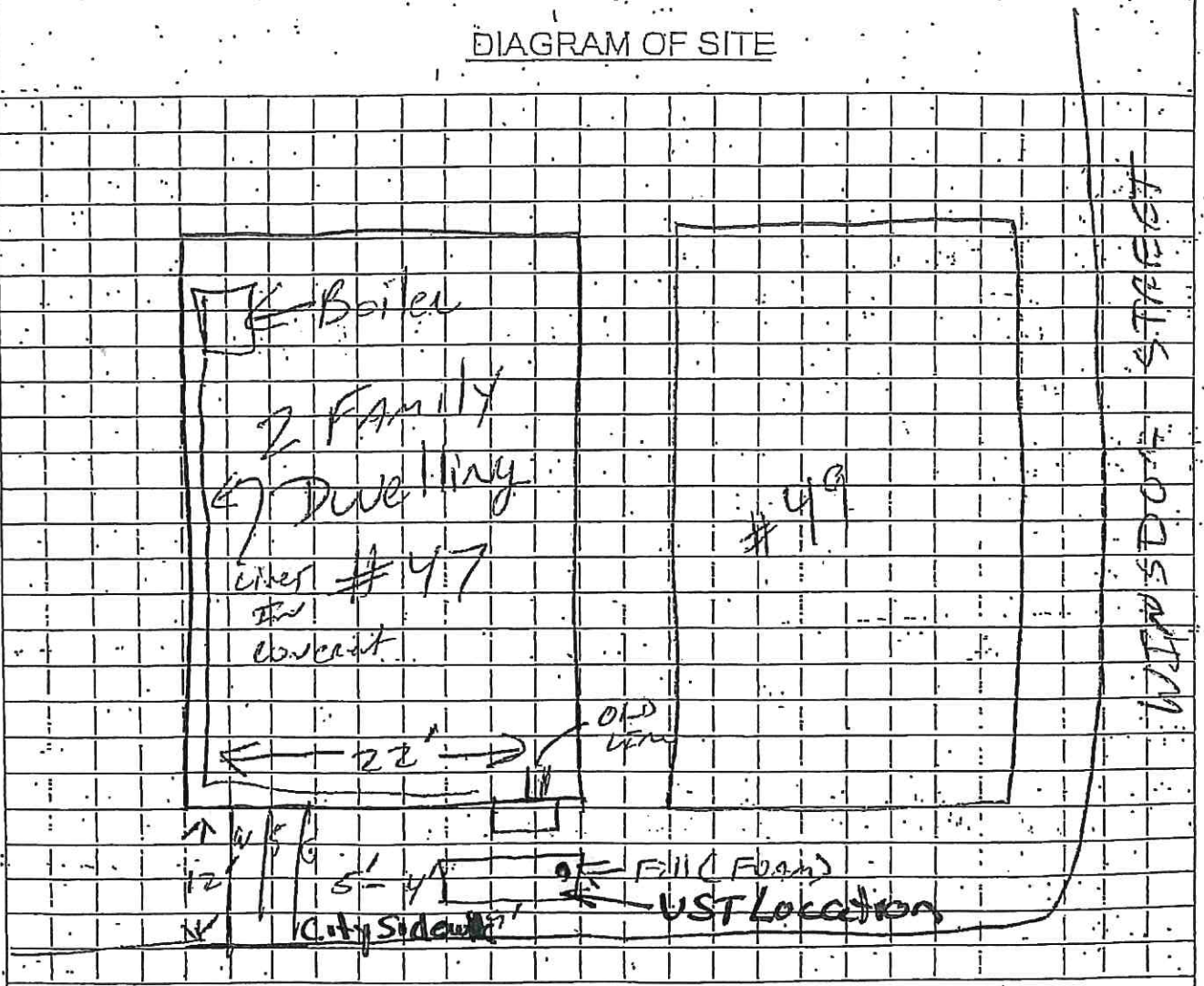


DIAGRAM OF SITE



NORTH

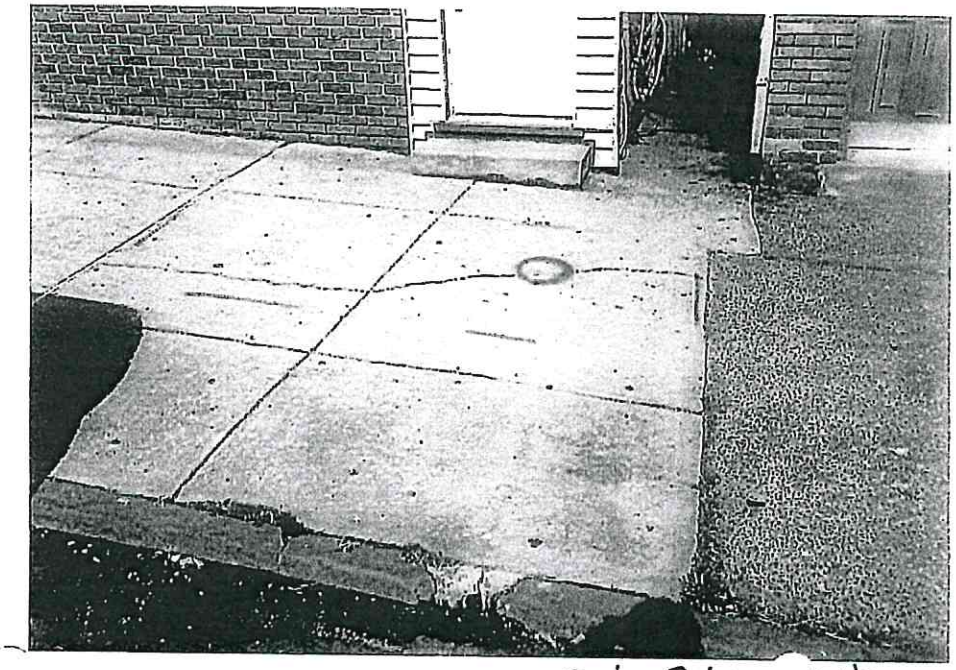
Halstead Street

Block 55
Lot 26

FIELD TECH. SIGNATURE: WD DATE: 3/13/2020

CITY WATER: X POTABLE WELL: _____

SEPTIC SYSTEM: _____ SEWER SYSTEM X



47 Halstead St, Kearny Block 55 Lot 26 City Sidewalk Location of UST

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

CARE ENVIRONMENTAL REMEDIATION SVS INC
1248 SUSSEX TPK BDG A UNIT 6
Randolph Twp, NJ 07869

RECEIVED
MAY 14 2020
BY:

Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
Is hereby approved to perform the following services:

CLOSURE
SUBSURFACE EVALUATION

11/30/2020
EXPIRATION DATE

US01354
CERTIFICATION NUMBE

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

CARE ENVIRONMENTAL REMEDIATION SVS INC
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RECEIVED
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EXPIRATION DATE

US01354
CERTIFICATION NUME

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

TOWN OF KEARNY

RELEASE / INDEMNIFICATION AGREEMENT

Block- 55 **, Lot** 26 **, 2020-(R)-** 219

Name: Care Environmental Remediation Services, Inc-

Address: 1248 Sussex Tpk A-6, Randolph, NJ 07869

Gail N. McKenna, President

RECEIVED
MAY 13 2020
BY: .....

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Gail N. McKenna, President CERS

Name of Releasor/~~Property Owner~~

Signature of Releasor/~~Property Owner~~

Date: 5/8/20

RECEIVED
2020 MAY 11 AM 11:16
ADMINISTRATOR-CLERK

STATE OF NEW JERSEY)
) SS
COUNTY OF Somerset)

Before me personally appeared said Gail M McKenna *[name]* who satisfactorily identified themselves as the person named in the foregoing instrument and who executed said instrument in my presence as his/her free act and deed this 8 day of May, 2020.

PANCHALINGAM RASARATNAM
NOTARY PUBLIC OF NEW JERSEY
Comm. # 2431032
My Commission Expires 08/11/2023

Notary Public

My Commission Expires: 08/11/2023

Kearny Town Council
402 Kearny Avenue
Kearny, NJ 07032

Meeting

ADOPTED
RESOLUTION 2020-219

(*) Resolution Authorizing Permission to Encroach Upon Town Right of Way at 47 Halstead Street, Block 55, Lot 26, for the Purpose of Removing an Underground Storage Tank (UST).

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WHEREAS, the Town Engineer has advised that there is no engineering reason why permission could not be granted with the usual restrictions.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the Town of Kearny, in the County of Hudson, that:

1. The aforesaid recitals are incorporated herein as though fully set forth at length.
2. A right and license be and is hereby granted to the said **Gail N. McKenna, CHMM, CPG, LSRP, President of Care Environmental Remediation Services, Inc., 1248 Sussex Turnpike, Bldg. A., Unit 6, Randolph, NJ 07869**, to encroach upon the Town right of way at **47 Halstead Street, Block 55, Lot 26**, in the Town of Kearny, for the purpose of removing a 1,000 gallon underground storage (UST) tank, subject, however, to the following conditions:
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5. This Resolution shall take effect immediately.

Tony Chisari
ADOPTED: April 21, 2020

I hereby certify that the foregoing resolution was adopted by the Council on **April 21, 2020.**

PATRICIA CARPENTER
TOWN CLERK

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Carol Jean Doyle, Council Member
SECONDER:	Alberto G. Santos, Mayor
AYES:	Doyle, McCurrie, Eckel, Cardoso, Konopka, DeCastro, Santana, Ficeto, Santos

APR 22, 2020
Gail N. McKenna
Construction Code
Neglia Eng.
DPW

Care Environmental

Remediation Services, Inc.

March 24, 2020

The Honorable Alberto G. Santos
Mayor of Town of Kearny
Kearny Town Hall
402 Kearny Avenue
Kearny, New Jersey 07032

Re: Tank Removal from City Sidewalk
Residential Property
47 Halstead Street
Town of Kearny, Hudson County, NJ
Block 55 Lot 26

Dear Mayor Santos:

Care Environmental Remediation Services, Inc. respectfully requests permission to encroach on Town property to remove a Non-Regulated Heating Oil Underground Storage Tank (UST) from the City Sidewalk. The out of service 1,000 Gallon UST is located at the residential property, 47 Halstead Street, Kearny, NJ. (Block 55 Lot 26)

For your reference, I've also included photo documentation and a site drawing of the above referenced property showing the location of the UST.

Thank you for your time regarding this matter.

Should you need any further information, please do not hesitate to contact me at 973-361-7373.

Sincerely,

Gail N. McKenna, CHMM, CPG, LSRP
President
Care Environmental Remediation Services, Inc.
NJDEP UST License #US01354

Enclosure

April 14/20
MeC
Construction
Neglia Eng.
DPW

Contractor:

Care Environmental Remediation Services, Inc.
1248 Sussex Turnpike, Bldg. A, Unit 6
Randolph, NJ 07869

Removal UST

FIELD MEASUREMENTS

(A) Depth of top of tank _____
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(C) Tank size _____
(D) Inches of product ____ in _____ gal.
(D) Inches of water ____ in _____ gal.
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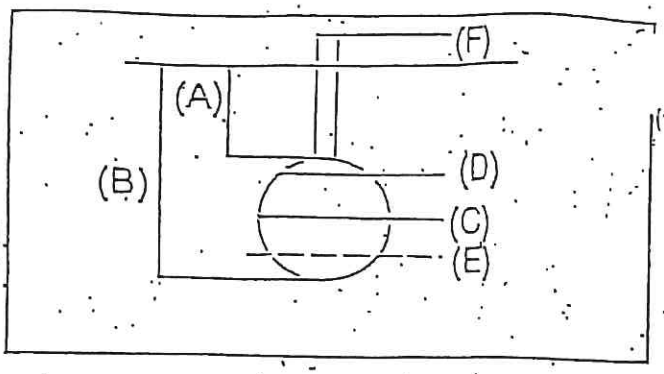
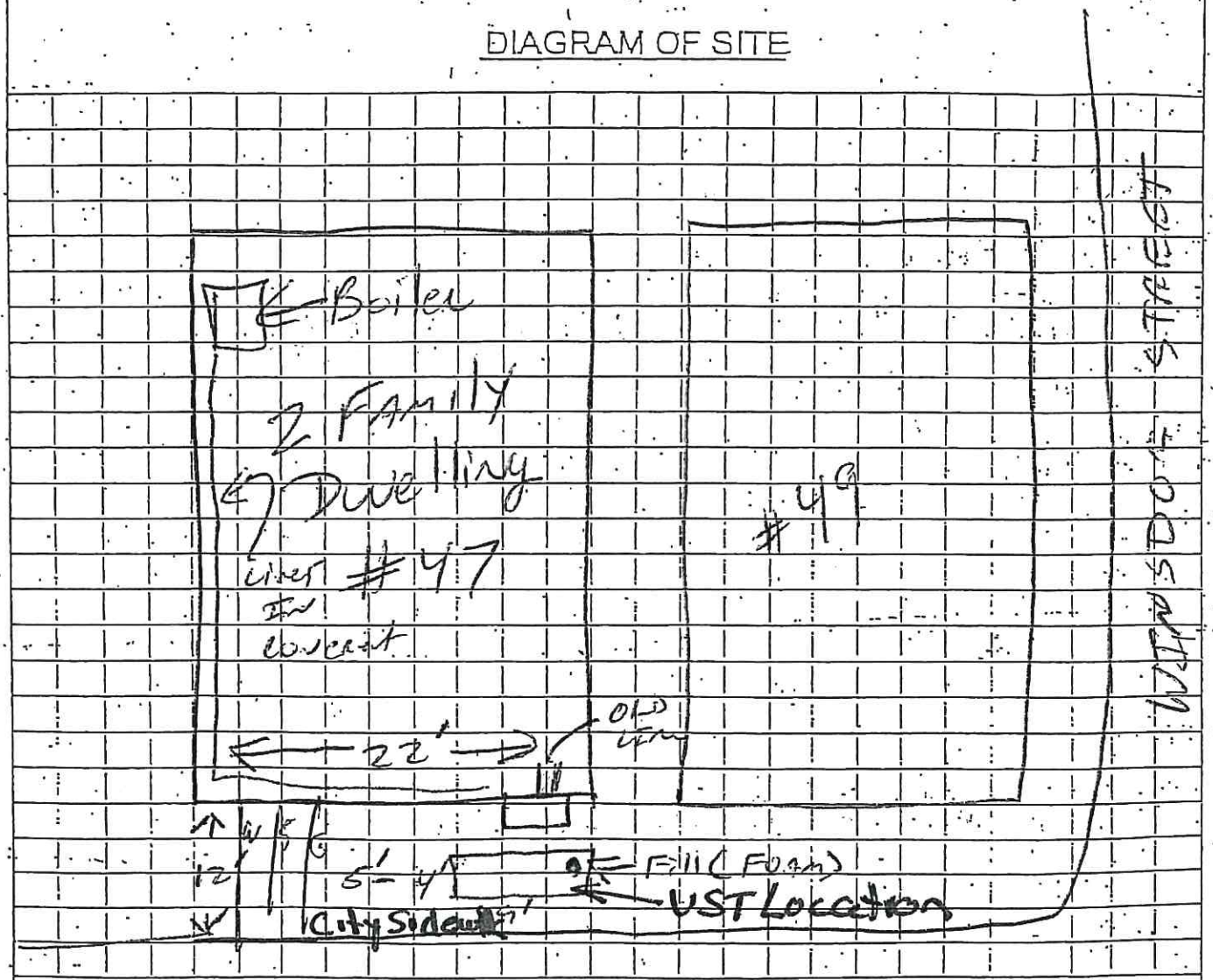


DIAGRAM OF SITE



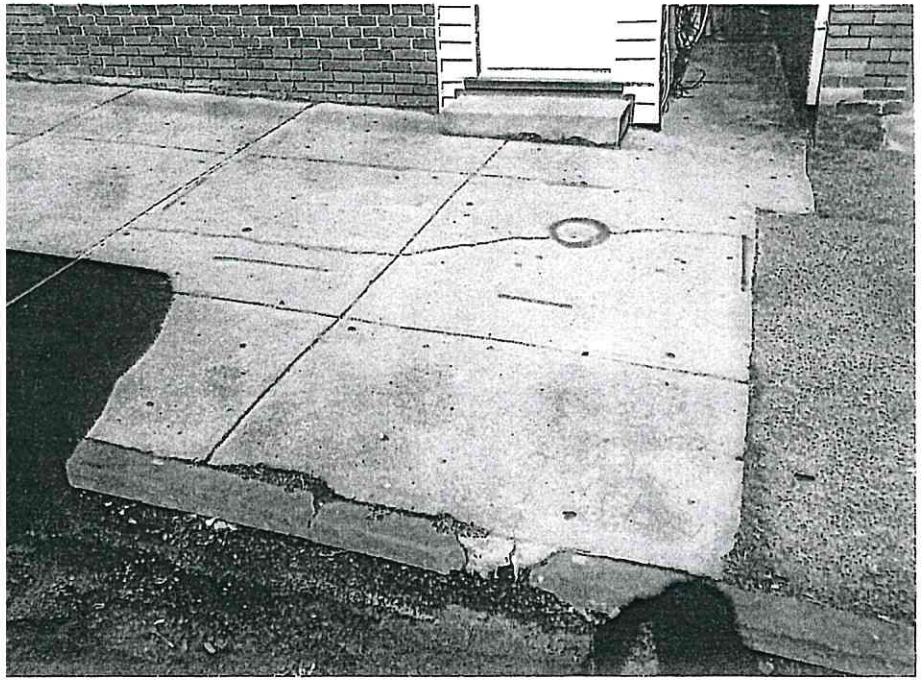
NORTH

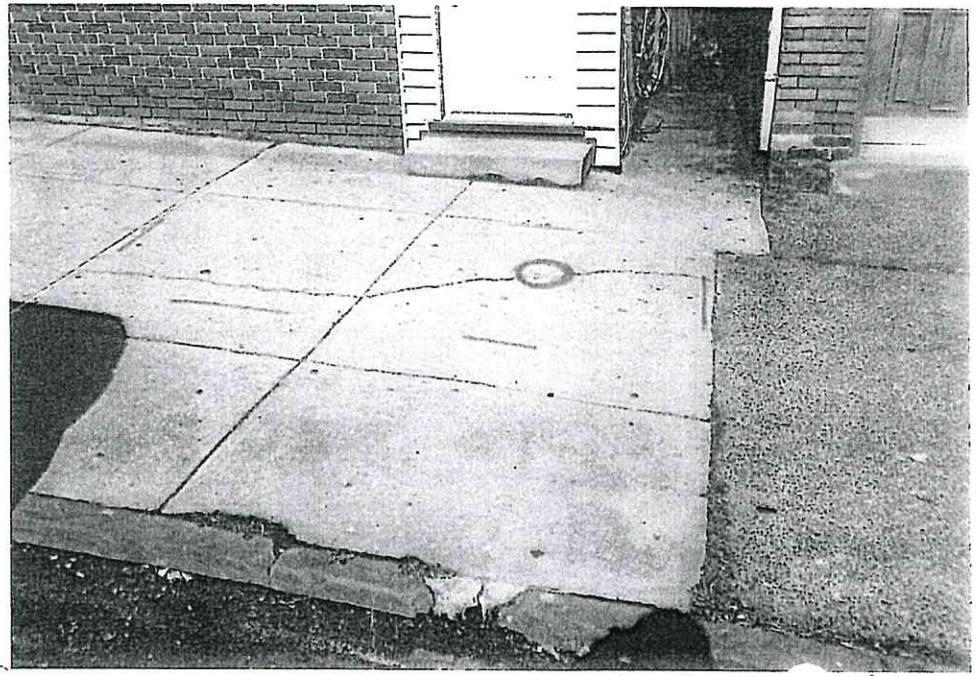
Halstead Street

Block 55
Lot 26

FIELD TECH. SIGNATURE: WD DATE: 3/13/2020

CITY WATER: X POTABLE WELL: _____





47 Halstead St, Kearny Block 55 Lot 26 City Sidewalk Location of UST

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

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CLOSURE
SUBSURFACE EVALUATION

0/2020
IRATION DATE

US01354
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

October 14, 2015

Patricia A. Kiely
47 Halstead Street
Kearny, NJ 07032
(551)-655-7017

no driveway

Re: B-55 L-2C

Attention: Mr. Mayor Al Santos & Council Members
Kearny Town Hall
404 Kearny Avenue
Kearny, NJ 07032
(201) 955-7400

Dear Mr. Mayor Al & Council Members,

I hope you had an enjoyable, safe, and more importantly healthy summer. We can have all the riches in the world, but without our health and a quality of life, such riches are of ill importance.

I realize everyone's time is valuable, so I will keep my letter concise. It is to request a designated Handicap Parking Spot in front of my home of 20 years at 47 Halstead Street.

Change is inevitable in life. The lives of my 3 children and I, whom I raised as a Single Mom, drastically changed for the worst 3 ½ years ago. I sustained a serious head injury after 70lbs fell on my head. Its' weight compressed my spinal column, creating a host of serious medical conditions, physical limitations and impairments, with a daily dose of chronic pain that no one should ever have to endure.

Since then, I need to rely on my children for the simplest tasks a healthy person sees as a daily chore, such as pushing a shopping cart, carrying one's groceries up their steps, cooking a meal, yard work, shoveling snow, and a host of other tasks.

An aside to our Mr. Mayor Al, as long as you don't walk and text simultaneously in the Shop-Rite parking lot you'll be safe. Now you may recall who I am. (Lol)

My children witness daily their once active and healthy Mom, dwindle to a shell of my former self. I've been a Cub Scout Den Leader, Baseball Coach, Salvation Army Tutor, LVA volunteer, Teacher's Aide, Sub, and baked 1000's of cupcakes for the P.T.A. All while usually working two jobs to provide for my family and attending College. Whew!

Yet, In Unity There Is Strength. We survived their tweens, hormonal teenage years, and are in the young adult stage where they seem to know **everything.** At least I can still find some humor in what has become our nightmare lives.

Oct. 19/15
Mac
Police

I still await a new determination from SSD and am certain you wish me luck with such bureaucracy. SSD claims I can work clearly overlooking the permanency of my medical conditions. Common sense dictates I would try working any position, opposed to living in poverty for over 3 years. Yet, Our World always lacks common sense.

I had neck surgery last year after exhausting all other medical options and a bone was taken from my right hip. It replaced one of the herniated discs in my neck and a plate and screws fuse it in place. Sadly, the surgery only created more chronic pain, physical limitations, impairments, and a significant limp. My back looks like an Iraqi Minefield based on MRI results and No! I didn't become the Bionic Woman. Ha! Ha!

Our K.P.D. is, in part, aware of my injuries and hardships, seeing me in a neck brace filing complaints against former unruly tenants with jobs, who refused to pay rent and knew it was my only income. I've evicted tenants twice since my injury. Ah Our World!

Having lived in our town for 35 years I've seen many changes. For all History buffs, my brother and I ironically purchased the former Gilmour's Fish & Chips 20 years ago. Here's to our Irish Mother and Scottish Father! God rest.

This is what distinguishes our Town of Kearny from others, feeling a sense of altruism and community wherever we go. It's in our farmer's market, the annual tree lighting, community garden, W.H.A.T., our T.N.R. for our furry friends and other activities and organizations, like the invaluable Veterans' Posts that help our servicemen and women.

I can proudly say, I am a Blue Star Mother, with my youngest daughter serving Our Country in the Army National Guard. My Son-In-Law has just begun his 1st deployment.

Ok. I called our Town Hall Office and spoke to Pat Carpenter to ask what documents would be needed to obtain a designated Handicap Parking Spot, She was extremely helpful, a true pleasure to speak with, and quite amazed I knew my neighbors.

Attached is my Neck Surgeon's Medical Certification; #5 states how my ability to walk is severely and permanently limited. My eldest daughter was listed as the Registered Vehicle Owner back in January, since my car was inoperable. I sent this to our DMV and was issued my Handicap Placard and the Person With A Disability ID. This ID matches my DL# and Placard#. Included is my own Registration and Insurance Card. **(3 pages)**

In closing, I thank you for your time and consideration in this important matter and here's to no snow this winter. Hope is a good thing,

Sincerely,

Patricia A. Kiely

Patricia A. Kiely

New Jersey Motor Vehicle Commission

Special Plate Unit
P.O. Box 015
Trenton, New Jersey 08666-0015
888-486-3339 (NJ Toll Free)
609-292-6500 (Out-of-State)

STATE OF NEW JERSEY

License Plate No: _____ Placard No: _____ Date Issued: _____ Employee's Initials: _____

(FOR COMMISSION USE ONLY: DO NOT WRITE ABOVE THIS LINE)

APPLICATION FOR VEHICLE LICENSE PLATES AND/OR PLACARD FOR PERSONS WITH A DISABILITY

THIS IS MY: ☑ INITIAL APPLICATION ☐ RECERTIFICATION APPLICATION ☐ REPLACEMENT APPLICATION

I AM APPLYING FOR: ☐ LICENSE PLATES ☑ PLACARD ☐ BOTH

SECTION A: PERSON WITH A DISABILITY IDENTIFICATION CARD INFORMATION

Name of Person with a Disability: Patricia A. Kiely
Street Address: PO Box 1043
City, State, Zip Code: Kearny NJ 07032
Driver's License Number: [redacted] Expires 6-30-2017
Date of Birth: [redacted] Sex: F Eye Color: Brown Ht: 5'3" Wt: 100

☐ I acknowledge that I hold a Commercial Driver License (CDL) and that this application may result in a medical review which could result in a decision that may affect my New Jersey CDL privilege.

Current Plate Number: _____ Current Placard Number: _____ (for recertification applications)

SECTION B: WHEELCHAIR SYMBOL LICENSE PLATES (photocopy of registration required)

Registered Vehicle Owner's Name _____ Vehicle Plate No. _____ Expires _____
Registered Vehicle Owner's Driver License Number _____ Expires _____
Street Address _____ City, State, Zip Code _____
Relationship to the Disabled Applicant: ☐ Spouse ☐ Parent ☐ Guardian ☐ Self ☐ Other (Please Specify) _____

SECTION C: REPLACEMENT PLATES, PLACARD AND/OR IDENTIFICATION CARD

☐ LICENSE PLATES ☐ PLACARD ☐ IDENTIFICATION CARD

Vehicle Plate Number _____ Expires _____ Placard Number _____ Expires _____

Check one:
☐ Lost– attach notarized statement of loss.
☐ Damaged – return (plate(s), placard and/or ID card).
☐ Stolen – plate(s), placard – attach police report.

SECTION D: CERTIFICATION OF STATEMENTS

I CERTIFY, UNDER PENALTY OF LAW, THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE.

Signature of Registered Vehicle Owner: Patricia A Kiely Date: 1/31/15

Signature of Person with a Disability: Patricia A Kiely Date: 1-31-15

SECTION E – MEDICAL PRACTITIONER'S CERTIFICATION & SECTION F - TERMS AND CONDITIONS

(on page 2)

MUST BE COMPLETED FOR PROCESSING

APPLICATION FOR VEHICLE LICENSE PLATES AND/OR PLACARDS FOR PERSONS WITH A DISABILITY

SECTION E: MEDICAL PRACTITIONER'S CERTIFICATION

Name of Medical Practitioner: Louis G. Quartararo
Street Address: 37 West Century Road Suite 104
City, State, Zip Code: Paramus, NJ 07652 Telephone number: [redacted] (required)
National Provider Identification Number (NPI #): [redacted] (required)
Taxonomy Code: [redacted]

☒ Required prescription attached. ☐ Required letterhead attached (ONLY for medical practitioners who are not authorized to write prescriptions).

By law, eligibility for license plates and/or a placard for persons with a disability is limited to the following conditions. *(NO OTHER PERSON IS ELIGIBLE FOR LICENSE PLATES AND/OR A PLACARD).*

NJ SPINE INSTITUTE, LLC
LOUIS G. QUARTARARO, M.D.
37 WEST CENTURY ROAD, SUITE 104
PARAMUS, NJ 07652

Patient Name (print) Patricia Kiely

1. Has lost the use of one or more limbs as a consequence of paralysis, amputation, or other permanent disability.
2. Is severely and permanently disabled and cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
3. Suffers from lung disease to such an extent that the applicant's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest; or uses portable oxygen.
4. Has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
5. Is severely and permanently limited in the ability to walk because of an arthritic, neurological, or orthopedic condition; or cannot walk two hundred feet without stopping to rest.
6. Has a permanent sight impairment of both eyes as certified by the N.J. Commission of the Blind (Placard only).

I CERTIFY, UNDER PENALTY OF LAW, THAT MY PATIENT (print name) Patricia Kiely HAS BEEN PERSONALLY EXAMINED BY ME AND MEETS THE ELIGIBILITY CRITERIA AS SPECIFIED IN ITEM NUMBER(S) 5 (select from above) AND THUS MEETS THE REQUIREMENTS FOR THE RECEIPT OF LICENSE PLATES AND/OR A PLACARD FOR PERSONS WITH A DISABILITY.

Signature of Medical Practitioner _____ Date 1/15/15

SECTION F: TERMS AND CONDITIONS

1. Pursuant to N.J.S.A. 2C:21-4(a), N.J.S.A. 2C:43-3, and N.J.S.A. 2C:43-6, making a false statement or providing misinformation on an application to obtain or facilitate the receipt of license plates or placards for persons with disabilities is a fourth degree crime and a person who has been convicted of this offense may be subject to pay a fine not to exceed $10,000 and a term of imprisonment of up to 18 months.
2. Wheelchair symbol license plates may be issued for one vehicle owned, operated or leased by a person with a disability or family member providing transportation for that person.
3. Wheelchair symbol license plates must be renewed every year, disability recertification is required every three years.
4. The placard must be displayed on the rearview mirror of the vehicle whenever such vehicle is parked in a designated wheelchair symbol parking space and must be removed when the vehicle is in motion.
5. Persons with a Disability Identification Cards and placards must be recertified every three years.
6. The Motor Vehicle Commission requires that the disability of a person with a disability be recertified by a qualified medical practitioner certifying their qualification as provided under N.J.A.C. 13:20-9.1(a) 4.
7. The Person with a Disability placard and /or license plates are to be used exclusively for a person with a disability named on the identification card. The identification card is nontransferable and shall be revoked if used by any other person. If the placard and/or license plates are no longer used by the person named on the identification card, they must be returned to the New Jersey Motor Vehicle Commission. Abuse of this privilege is cause for revocation of both the license plates and/or placard.

I CERTIFY, UNDER PENALTY OF LAW, THAT I AGREE WITH THE TERMS AND CONDITIONS OF THIS APPLICATION.

Signature of Registered Vehicle Owner: Patricia A Kiely Date: 1/31/15

Signature of Person with a Disability: Patricia A. Kiely Date: 1-31-15

NEW JERSEY
MOTOR VEHICLE COMMISSION

CAUTION:
REMOVE BEFORE DRIVING. IT'S THE LAW!

P E R M A N E N T

PERSON WITH DISABILITY PARKING PERMIT

GOOD THROUGH*

JAN	FEB	MAR	APR	MAY	JUN
JUL	AUG	SEP	OCT	NOV	DEC
2014	2015	2016	2017	2018	2019

The Persons With a Disability Identification Card must be in the possession of the person to whom it was issued when using this placard.

*This placard shall expire on the last day of the month punched out above. Punching more than one month and/or year invalidates this placard.

P [redacted]

SP-70(R05/14)

Motor Vehicle Commission NEW JERSEY
CHIEF ADMINISTRATOR MOTOR VEHICLE COMMISSION

PERSON WITH A DISABILITY ID

PLACARD#: [redacted] GOOD THRU: 03/2018

PATRICIA A KIELY
P O BOX 1043
KEARNY NJ 07032
EQ:0

HDC PLACARDS 50
INITIAL PT:PH
FEE: 0.00 [redacted]

NEW JERSEY Motor Vehicle Commission
AUTO DRIVER LICENSE

DL [redacted] CLASS D
DOB [redacted]
ISS [redacted] EXP [redacted]
KIELY
PATRICIA A
P O BOX 1043
KEARNY, NJ 07032-7043
END NONE
RESTR NONE
SEX RP HGT [redacted] EYES [redacted]
REN 24/80

Motor Vehicle Commission NEW JERSEY
CHIEF ADMINISTRATOR MOTOR VEHICLE COMMISSION

VEHICLE REGISTRATION

PLATE NO: [redacted] GOOD THRU: [redacted]
VIN: [redacted]
WC: 7
PASSENGER 07
PATRICIA A KIELY
P O BOX 1043
KEARNY
EQ:7
FEE: [redacted]

STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD

411 – High Point Property and Casualty Insurance Company

POLICY NUMBER [redacted]
EFFECTIVE DATE 09/23/2015
EXPIRATION DATE 03/23/2016
YEAR MAKE/MODEL [redacted]
VEHICLE ID NUMBER [redacted]

NAMED INSURED
PATRICIA KIELY
47 HALSTEAD ST
KEARNY, NJ 07032

OFFICE ISSUING THIS CARD:
High Point Property and Casualty Insurance Co.
331 Newman Springs Road, Building 3,
Red Bank, NJ 07701

Jim Tognarelli
Authorized Representative

KEEP THIS CARD IN THE VEHICLE AT ALL TIMES
SEE IMPORTANT NOTICE ON REVERSE SIDE

State of New Jersey

PRESCRIPTION BLANK 091018395

NJ SPINE INSTITUTE
LOUIS G. QUARTARARO, M.D.
37 WEST CENTURY ROD • SUITE 104
PARAMUS, NJ 07652
(201) 493-0123
NPI #1467460089

LICENSE # 25MA07137700 DEA # _____

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Patricia Kiely D.O.B. _____

ADDRESS _____ DATE 1/15/15

☐

Handicap Temporary Placard

[redacted]

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____

DO NOT REFILL _____

REFILL _____ TIMES

SIGNATURE OF PRESCRIBER

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

Zoning Certificate of Occupancy
Kearny, New Jersey
Construction Code Enforcement Department

No.: 1267

Type: XX Continued Use _____ Change of Use _____ Temporary

Location 47 Halstead Street

Issued to (owner/tenant) Mark Dacey

Block 55 Lot 26 Zone R-2

Use Group R-3b Type of Construction 5B

Use of the premises: Two (2) family dwelling

with unfinished basement for storage only.

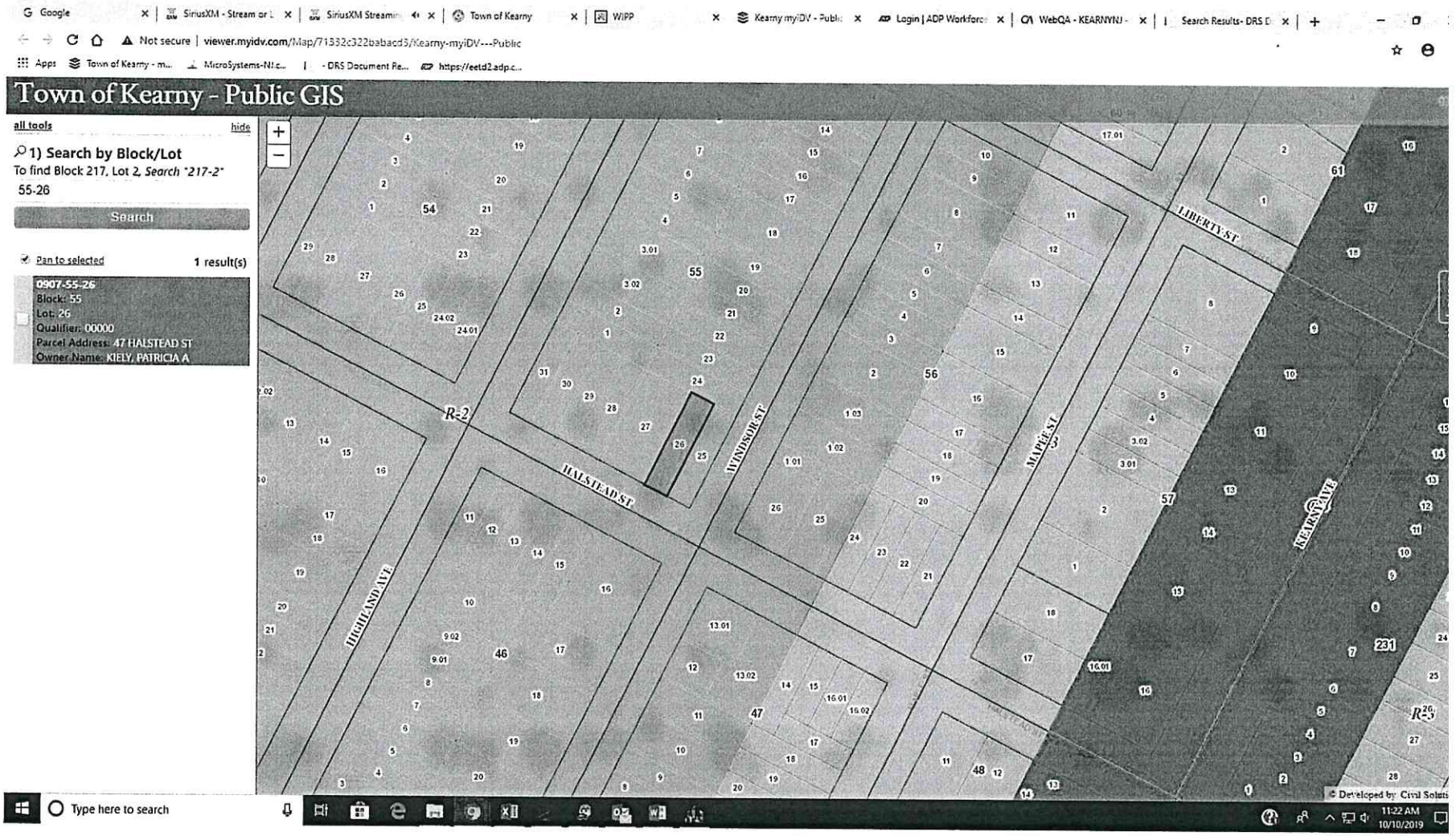
If these premises are used for any purpose other than stated in this Certificate of Occupany, monetary penalty assessment will be imposed and Municipal Court action instituted against the owner.
This certifies that said building conforms to the Zoning Ordinance of the Town of Kearny, regarding legal use.

Date: September 24, ,19 97

Fee $ 50.00 ck #2731

CONSTRUCTION OFFICIAL OR DESIGNEE

REVISED 8/94



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OCT 10 2019

BY: ACE