Borough of Allendale
500 West Crescent Avenue
Allendale, NJ 07401
(201) 818-4400

CERTIFICATE

IDENTIFICATION

Date Issued: 04/20/2004
Control # 13367
Permit # 20040071

Block: 1701 Lot: 23 Qual:
Work Site Location: 49 DALE AVE
Owner in Fee: BUCKLEY , MICHAEL AND SARA
Address: 49 DALE AVE
ALLENDALE, NJ
Telephone: [redacted]
Agent/Contractor A. CIAVAGLIA, INC.
Address: 130 SANFORD AVE.
EMERSON, NJ 07630
Telephone: 2012613285
Lic. No./Bldrs. Reg. No.: 0 Federal Emp No.: 22-3343104
Social Security No.:

Home Warranty No.:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3
Maximum Live Load: 0
Construction Classification:
Maximum Occupancy Load: 0
Certificate Exp Date:
Description of Work Use:
Alterations--Install new Central Air Conditioning with air handler in attic

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

ANTHONY HACKETT Construction Official

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

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

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

Borough of Allendale
500 West Crescent Avenue
Allendale, NJ 07401
(201) 818-4400

Permit Number 20040071
Update Number
Control Number 13367
Application Date: 03/05/2004
Permit Date: 03/09/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 1701 Lot: 23 Qualification Code:

Work Site Location: 49 DALE AVE
ALLENDALE, NJ 07401

Owner In Fee: BUCKLEY , MICHAEL AND SARA
Address: 49 DALE AVE
ALLENDALE, NJ
Telephone: [redacted]

Use Group(s): R-3

Contractor: A. CIAVAGLIA, INC.
Address: 130 SANFORD AVE.
EMERSON, NJ, 07630
Telephone: 2012613285
Lic. No./Bldrs. Reg No.:
Federal Emp. No.: 22-3343104

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATIONS--INSTALL NEW CENTRAL AIR CONDITIONING WITH AIR HANDLER IN ATTIC. MUST CALL FOR B AND E FINAL INSPECTIONS.

PAYMENTS	(Office Use Only)
Building	$160.00
Electrical	$65.00
Plumbing	$0.00
Fire Protection	$0.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$12.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$237.00

Amount to be Paid: $237.00

ESTIMATED COST OF WORK:

Cost of Construction:	$8,750.00
Cost of Rehabilitation:	$8,750.00
Cost of Demolition:	$0.00
Total Cost:	$17,500.00

Collected By	jg
Total Cash Amount	
Total CC Amount	
Total Check Amount	$237.00
Check #	6313
Receipt #	PMT-16-21891
Grand Total	$237.00

NOTE: If construction does not commence wthin one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

ANTHONY HACKETT
Construction Official

03/09/2004
Date

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/5/2004
Control # 13367

Date Issued 3/9/2004
Permit # 20040071

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

Block 1701 Lot 23 Qualification Code

Work Site Location 49 DALE AVE
ALLENDALE, NJ 07401

Owner in Fee: BUCKLEY , MICHAEL AND SARA

Tel. [redacted] e-mail

Address 49 DALE AVE, ALLENDALE, NJ
(street / municipality / zip code)

Contractor: A. CIAVAGLIA, INC. Tel. (201) 261-3285

Address 130 SANFORD AVE. e-mail
EMERSON, NJ, 07630

Contractor License No. or Builder Registration No. 0 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3343104 FAX: (201) 261-7253

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1.	New Bldg.	$ 0.00
2.	Rehabilitation	$ 8,000.00
3.	Total (1+ 2)	$ 8,000.00

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ALTERATIONS--INSTALL NEW CENTRAL AIR CONDITIONING WITH AIR HANDLER IN ATTIC. MUST CALL FOR B AND E FINAL INSPECTIONS.

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	160.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence _____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other _____	0.00
[ ] Demolition	0.00
Administrative Surcharge	$ 0.00
Minimum Fee	$ 0.00
State Permit Surcharge Fee	$ 11.00
TOTAL FEE	$ 171.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/5/2004
Control # 13367
Date Issued 3/9/2004
Permit # 20040071

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

Block 1701 Lot 23 Qualification Code

Work Site Location 49 DALE AVE
ALLENDALE, NJ 07401

Owner in Fee: BUCKLEY , MICHAEL AND SARA

Tel. [redacted] e-mail

Address 49 DALE AVE, ALLENDALE, NJ
street municipality zip code

Contractor: Tel.

Address e-mail
, NJ,

Contractor License No. 8225 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ALTERATIONS--INSTALL NEW CENTRAL AIR CONDITIONING WITH AIR HANDLER IN ATTIC. MUST

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	$ 0.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
	0	KW Elec. Range/Receptacle	0.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
	0	KW Elec. Dryer/Receptacle	0.00
	0	KW Dishwasher	0.00
	0	HP Garbage Disposal	0.00
1	0	KW Central A/C Unit	15.00
1	0	HP/KW Space Heater/Air Handler	0.00
	0	KW Baseboard Heat	0.00
	0	HP Motors 1/+ HP	0.00
	0	KW Transformer/Generator	0.00
	0	AMP Service	0.00
	0	AMP Subpanels	0.00
	0	AMP Motor Control Center	0.00
	0	KW Elec. Sign/Outline Light	0.00
	0		0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 0.00
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 66.00

U.C.C. F120 (rev. 11/09)

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