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

CERTIFICATE

IDENTIFICATION

Date Issued: 04/11/2014
Control # 19509
Permit # 20140037

Block: 1701 Lot: 23 Qual:

Work Site Location: 49 DALE AVE

Owner in Fee: BUCKLEY MICHAEL D AND SARA B

Address: 49 DALE AVE
ALLENDALE, NJ 07401

Telephone:

Agent/Contractor CLASSIC CHIMNEY

Address: 370 W. PLEASANTVIEW AVENUE
HACKENSACK, NJ 07601

Telephone: 2016414488

Lic. No./Bldrs. Reg. No.: 0 Federal Emp No.:

Social Security No.:

Home Warranty No.:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: 0

Construction Classification:

Maximum Occupancy Load: 0

Certificate Exp Date:

Description of Work Use:
Alterations - Chimeny Liner

☐ **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 20140037
Update Number
Control Number 19509
Application Date: 02/04/2014
Permit Date: 02/04/2014

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 D AND SARA B
Address: 49 DALE AVE
ALLENDALE, NJ 07401
Telephone:
Use Group(s): R-5

Contractor: CLASSIC CHIMNEY
Address: 370 W. PLEASANTVIEW AVENUE
HACKENSACK, NJ, 07601
Telephone: 2016414488
Lic. No./Bldrs. Reg No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATIONS - CHIMENY LINER

PAYMENTS	(Office Use Only)
Building	$0.00
Electrical	$0.00
Plumbing	$0.00
Fire Protection	$40.00
Elevator Devices	$0.00
Mechanical	$0.00
DCA Fees	$3.00
Other Fees	$0.00
Certificate Fees	$0.00
TOTAL	$43.00

Amount to be Paid: $43.00

ESTIMATED COST OF WORK:

Cost of Construction:	$1,950.00
Cost of Rehabilitation:	$1,950.00
Cost of Demolition:	$0.00
Total Cost:	$3,900.00

Collected By	JS
Total Cash Amount	
Total CC Amount	
Total Check Amount	$43.00
Check #	1385
Receipt #	PMT-16-16734
Grand Total	$43.00

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

02/04/2014
Date

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/4/2014
Control # 19509

Date Issued 2/4/2014
Permit # 20140037

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 D AND SARA B

Tel. e-mail

Address 49 DALE AVE, ALLENDALE, NJ 07401
street municipality zip code

Contractor: CLASSIC CHIMNEY Tel. (201) 641-4488

Address 370 W. PLEASANTVIEW AVENUE e-mail
HACKENSACK, NJ, 07601

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

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

Fire Alarm Contractor No. 0 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed R-5

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1,950.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity 0

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:
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/Contractor sign here:

Print name here:

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: ALTERATIONS - CHIMENY LINER

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		40.00
State Permit Surcharge Fee $		3.00
TOTAL FEE $		43.00

U.C.C. F140 (rev. 02/11)

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