U

Date Issued September 21, 2020
Control #
Permit # 20-113

CERTIFICATE OF NON-COMPLIANCE

TRANSFER OF OWNERSHIP PURPOSES ONLY

IDENTIFICATION

Block 424 Lot 1
Work Site Location 947 Closter Dock Road
Alpine, NJ
Owner in Fee/Occupant Jennifer & John Park
Address same

Tele. ( )
Contractor
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Certificate of Non-Compliance for the Transfer of Ownership purposes only. – The house is not to be occupied until all necessary approvals are granted by the Borough of Alpine and a Certificate of Continued Occupancy is obtained.
This approval is not to be construed as a representation by the Borough of Alpine as to the condition of the existing on-site septic systems Or the extent of the septic system compliance with current applicable regulations of the Sanitary Code of the Borough of Alpine, and the New Jersey Department of environmental Protections.

☐ **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 the owner will be subject to fine or order to vacate:

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

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

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

Fee $ 400
Paid [ ] Check No. 530
Collected by:

Alden B Blackwell
CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 12/99)

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

original notarized doc. attached
cc: Dan Nanes, Police, DPW

BLOCK 44 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 947 Closter Dock PERMIT NO. 11065

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 947 Closter Dock Rd
2. Name of Owner in Fee: John + Jennifer Park
   Tel. ([redacted] e-mail [redacted]
   Address 947 Closter Dock Rd. (street) Alpine (municipality) NJ 07620 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Antosek + Associates, LLC Tel. [redacted]
   Address 268 West Passaic Ave e-mail [redacted]
   Bloomfield, NJ 07003
   License No. OR, if new home, Builder Reg. No. 13VH04310500 Exp. Date 12/31/11
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: ( ) N/a
5. Architect or Engineer Robert De Pippa Jr. Contact _____
   Address 57 Kaufman Ave, Little Falls NJ e-mail _____
   Tel. ([redacted] FAX: ( ) N/a
6. Responsible Person in Charge once Work has Begun Sean Antosek
   Tel. (856) 383-1707 FAX: ( ) N/a

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 350		
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	$ 24		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 374		

Paid

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 Disturbed _____ 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									
☐ 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 _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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 Jennifer Park Date 5/9/11

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 Sean Antosek (Antosek + Associates, LLC)

Address 268 West Passaic Ave
Bloomfield, NJ 07003

Telephone ([redacted])

Signature Sean Antosek

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

BOROUGH OF ALPINE
100 CHURCH ST
201-784-2901 X22

Date Issued 06/30/11
Control #
Permit # 11-065

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 44 Lot 1 Qual
Work Site Location 947 CLOSTER DOCK RD.
ALPINE NJ
Owner in Fee/Occupant PARK
Address POB 657
ALPINE, NJ 07620-
Telephone [redacted]
Contractor ANTOSEK & ASSOC LLC
Address 268 W PASSAIC AVENUE
BLOOMFIELD, NJ 07003-
Telephone [redacted] Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH4310500
Federal Emp. No. 26-1819808

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

DECK - DEMOLATION OF OLD DECK AND INSTALLATION OF NEW DECK CCORDING TO ZONING APPROVAL 5/26/11

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Alden B Blackwell
Construction Official

Fee $ 0
Paid [X] Check No. 134
Collected by: CB

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

Date Issued 6/7/11

Permit # 11-065

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION Block 44 Lot 1

Work Site Location 947 Closter Dock

Owner in Fee Park

Address POB 657

Alpine [redacted]

Tel. [redacted]

Qualification Code

Contractor Andersen & Assoc LLC

Address 268 W Passaic Ave

Bloomfield NJ

Tel. ([redacted]

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Deck

PAYMENTS (Office Use Only)	
Building	350
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	24
Cert. of Occupancy	
Other	
Total	374
Check No	134
Cash	
Collected by	AB

(see reverse side)

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

Estimated Cost of Work $ 14,000

Alden B Blackwell
Construction Official

6/7/11
Date

U.C.C. F170 (rev. 01/04) 1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/7/11

Date Issued / Permit # 11-065

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

Block 44 Lot 1 Qualification Code

Work Site Location 947 Closter Dock Road
Alpine, NJ 07620

Owner in Fee: John + Jennifer Park

Tel. [redacted] e-mail [redacted]

Address 947 Closter Dock Road, Alpine NJ 07620
street municipality zip code

Contractor: Antosek & Assoc, LLC Tel. (856) 383-1707

Address 268 West Passaic Ave e-mail santosek@verizon.net
Bloomfield NJ 07003

Contractor License No. or Builder Registration No. 13VH04310500 Exp. Date 12/31/11

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

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

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 Jennifer Park

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

① demolition of old deck
② installation of new deck

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All — 6-1-11 BF
- [ ] 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: 6-30-11
Approved by:

INSPECTIONS

Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing			6-13-11	BF
Footing Bonding				
Foundation				
Slab				
Frame			6-16-11	BF
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical			6-30-11	BF
TCO				
Other				
Final			6-30-11	BF
Barrier-Free				

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

FEE (Office Use Only)

$ 75 + 75 + 75

Administrative Surcharge $
Minimum Fee $ 75
State Permit Surcharge Fee $
TOTAL FEE $ 225

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed ✓
No. of Stories 1
Height of Structure 3 ft.
Area — Largest Floor 495 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load 62 PSF
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 14,000
2. Rehabilitation $ 0
3. Total (1+2) $ 14,000

U.C.C. F110
(rev. 12/07)

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

BOROUGH OF ALPINE
100 CHURCH STREET, ALPINE, NJ 07620
TEL: 201-784-2900 X 22 – FAX: 201-784-1407

MAY 25 2011

APPLICATION FOR ZONING REVIEW

2-19-2011

CONFIRMATION OF OWNERSHIP IS REQUIRED

Date of Application May 25, 2011 Block # 44 Lot(s) 1

Name of Owner John + Jennifer Park Tel# [redacted]

Site Location 947 Closter Dock Road P.O. Box# 657

Name of Application (if different from owner) (same)

State dimensions of principal building See attached site plan and architectural drawings.

State dimensions of all accessory buildings/structures not applicable

Describe in detail the activity or activities to be conducted existing deck demolition and construction of new deck.

State whether any of the activities described in #7 above are conducted as a nonconforming use (if so, state facts supporting this contention) no.

Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to applicant's knowledge? Yes, we are re-submitting this application for the deck with revised data included.

Date: 5/25/11 Signature of Owner Jennifer Park
Print Name Jennifer Park

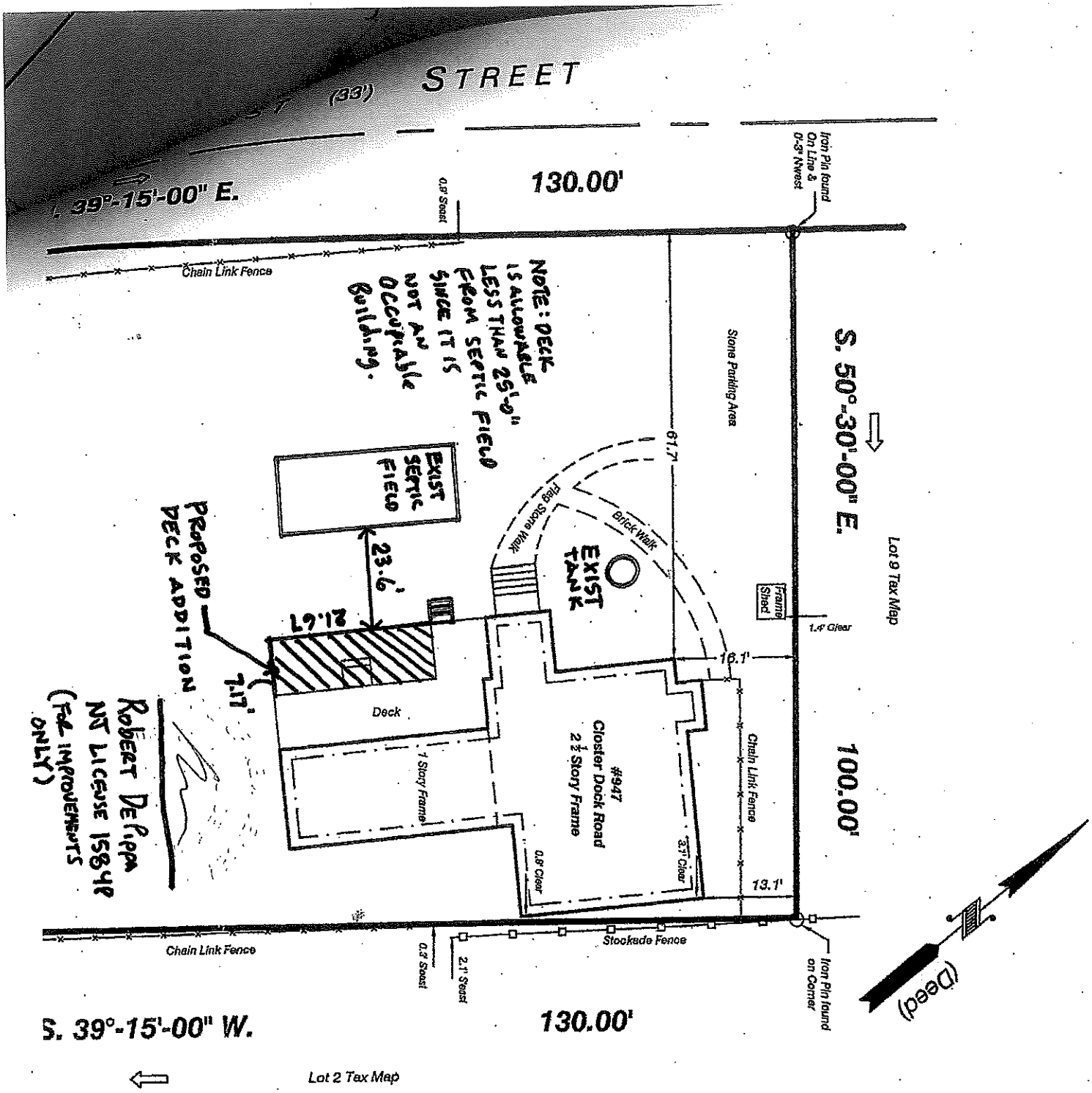
Date: 5/25/11 Signature of Application John Park
Print Name John Park

For Office Use: Permit # 2-19-2011 Fee Paid $ 100 Cash/Check 131

Date 5/26/11 Rec'd by (B)

Approved ~~[illegible]~~ Denied

Zoning Officer Signature Alden B Blackwell Date 5/26/11



Survey

MAY 25

2-19-2011

BORUGH OF ALPINE
100 CHURCH STREET
ALPINE, NJ 07620
201-784-2900

Date Issued 6/1/11

Permit # F-3-11

FENCE PERMIT

Block # 44 Lot # 1

Work Site Location 947 Closter Dock Road, Alpine,

Owner in Fee John + Jennifer Park

Address 947 Closter Dock Road, Alpine

Telephone # [redacted]

CONTRACTOR Antosek & Associates, LLC

Address 268 West Passaic Ave, Bloomfield NJ

Telephone # [redacted] Fax # ( ) N/a

License # 13VH04310500 Federal Emp # [redacted]

DESCRIPTION OF WORK Fence Installation (see attached for additional details)

Fence Height 6 Foot Survey Submitted yes

Cost of Work $ $6,000

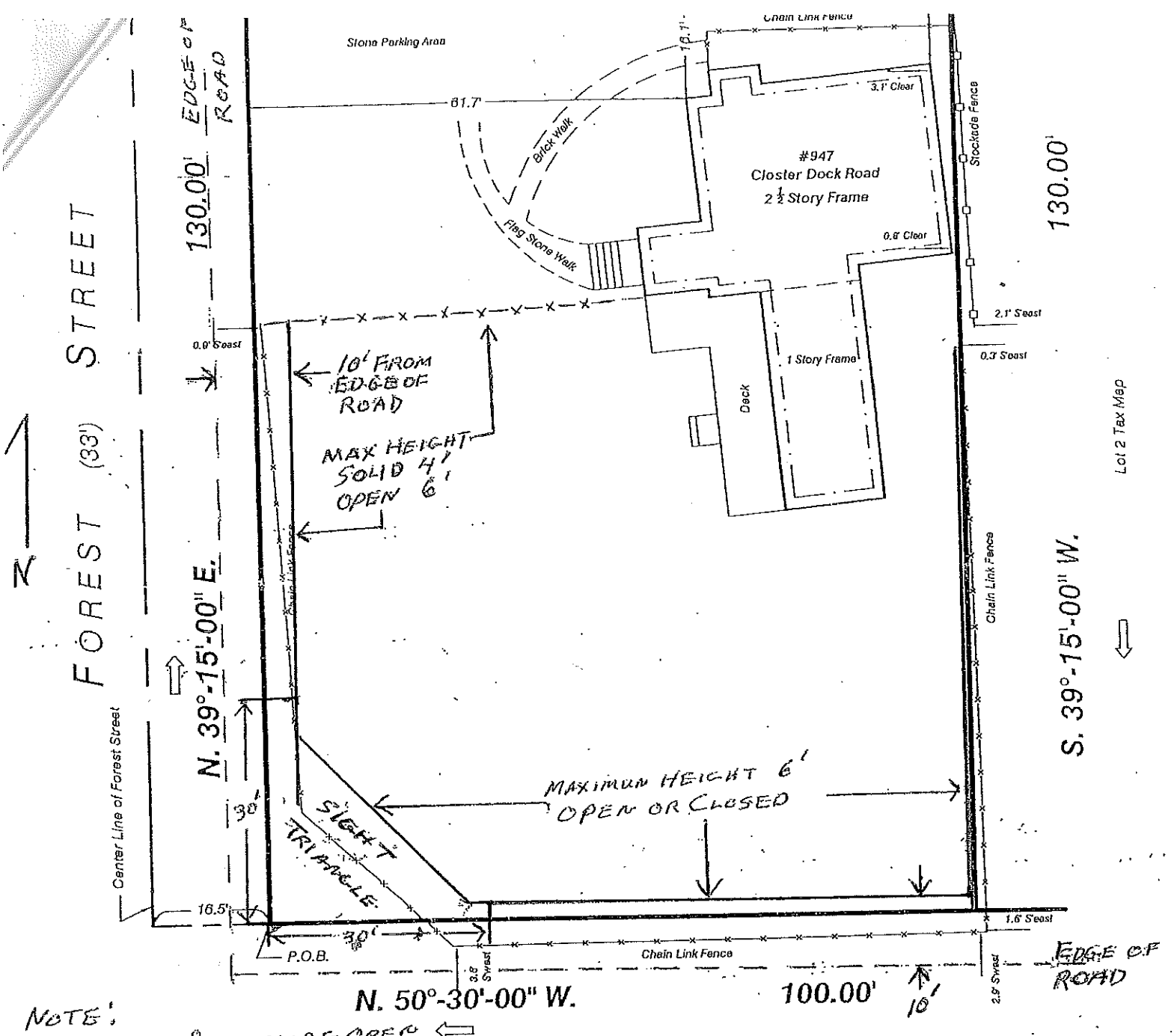
APPROVED BY [signature] Date 5/30/11

AS PER PLAN

Permit Fee $ 150 Check # 151

Collected By [signature]

Minimum Fee $75.00
$25.00 per $1,000



NOTE:
OPEN = 50% OR MORE OPEN
CLOSED = LESS THAN 50% OPEN

CLOSTER DOCK ROAD

APPROVED FENCE ——— ORIGINAL (existing)

Scale 1"=20'	February 8, 2006		
Certified To: John Wook Park and Jennifer Ann Park, his wife Opteum Financial Services, LLC its successors and/or assigns Fidelity National Title Insurance Company (S-58476) Peter J. Scandariato, Esq.	Tax Map Description	Tax Block: 44	Tax Lot: 1
	Of the Current Tax Map of the Borough, of Alpine, County of Bergen, State of New Jersey.		
	R2-B FRONT SETBACK 20' REAR " 15' SIDE " 15'		
	Waiver and Direction Not to Set Corner Markers has been obtained from the ultimate user pursuant to N.J.A.C. 13:40-5.1(d)		

Edward A. Looram
Land Surveyor
License No. 14,801

Looram Surveyors, LLC
295 Merritt Drive
Oradell, NJ 07649

BLOCK 41 LOT 1 ADDRESS (SITE) Forest St. PERMIT NO. 91-093

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: Forest St.
2. Name of Owner in Fee: MR Doyle Tel. [redacted]
   Address Forest St. Alpine
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Schneider Bros. Tel. [redacted]
   Address 201 River Rd New Milford
   License No. OR, if new home, Builder Reg. No. 35027500 Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer MRS Doyle Tel. [redacted]
   Address Forest Ave Alpine
6. Responsible Person In Charge of Work Richard Ryan Tel. [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 47.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20.00		
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure _____ ft.	
3. Area—Largest Floor _____ sq. ft.	
4. Building Area—All Floors 450 sq. ft.	
5. Volume of Structure _____ cu. ft.	
6. Construction Classification 5-B	
7. Total Land Area Disturbed 450 sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ sq. ft. / no _____	
11. Fire Grading _____	
12. Max. Live Load _____	
13. Max. Occupancy Load _____	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	5200
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	5200

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:

U.C.C. Form F-100A

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. (X) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature X [signature] Date Nov. 21, 91

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Schneider Bros.

Address 201 River Rd

New Milford

Telephone [redacted]

[illegible] Date [illegible]

CONSTRUCTION PERMIT

Date Issued 12-27-91
Control #
Permit # 91-093

IDENTIFICATION Block 41 Lot 1

Work Site Location Forest Ave
Alpine

Owner in Fee MR Doyle D. DEL ROSSO
Address Forest Ave
Alpined
Tele. ([redacted]

Contractor Schneider Bros.
Address 201 River Rd
West Milford
Tele. [redacted]
Lic. No. or Bldrs. Reg. No. 3502750 Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Construction of DECKS
30' x 15'

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

Estimated Cost of Work $ 5200

Robert J. Wilson
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	47.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	10.00
Other	
Total	57.00
Check No.	35990
Cash	
Collected By:	R.J.W.

U.C.C. Form F-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

Joi
[
SUE
[ ]
Date
Appl

B. BU
Use G
Constr
No. of
Height
Area—L
Total Bl
Volume
Total La

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 12-27-91
Control #
Permit # 91-093

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

Block A1 Lot 1
Work Site Location Forest Ave
Alpine
Owner in Fee Mr. Doyle - Del Rosso
Address Forest Ave
Alpine
Tele. ([redacted]
Contractor Schneider Bros.
Address 201 River Rd
New Milford
Tele. ([redacted]
Lic. No. or Bldrs. Reg. No. 3502750
Federal Emp. No. _____ or Social Security No. _____

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.

Richard Pugsley
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Build front Deck
15' x 30'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	12/27/91	RJW	Footing			1/10/92	RJW
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final			3/23/92	RJW

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence _____ Height
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # _____ Minimum Fee $
Collected by: _____ TOTAL FEE $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 5200
3. Total (1+2) $ 5200

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

BLOCK 44 LOT 1 QUALIFICATION CODE ROOF ADDRESS (SITE) 947 Closter Dock Rd. PERMIT NO. 06-034

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 947 CLOSTER DOCK RD. ALPINE
2. Name of Owner in Fee: MR. & MRS. JOHN PARK Tel. ( )
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: CONTI ROOFING CO. Tel. ([redacted]
   Address 692 W. PROSPECT AVE. FAIRVIEW, NJ. 07022
   License No. OR, if new home, Builder Reg. No. 13VH00166700 Exp. Date 12/31/2006
   Federal Employee No. [redacted] FAX: ([redacted]
5. Architect or Engineer ____ Tel. ( )
   Address ____ Contact ____
6. Responsible Person in Charge once Work has Begun JOHN FUCCI
   Tel. ([redacted] FAX: ([redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	50		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee		7		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	57		

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

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

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

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name CONTI ROOFING CO. INC.
Address 692 W. PROSPECT AVE.
FAIRVIEW, N.J. 07022
Telephone ([redacted])
Signature John Fiocci Pres.

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

BOROUGH OF ALPINE
100 CHURCH ST
201-784-2901 X22

Date Issued 03/27/07
Control #
Permit # 2006034

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 44 Lot 1 Qual
Work Site Location 947 CLOSTER DOCK ROAD

Owner in Fee/Occupant PARK
Address 947 CLOSTER DOCK ROAD
ALPINE, NJ 07620-
Telephone ( ) -
Contractor CONTI ROOFING CO
Address 692 WEST PROSPECT AVENUE
FAIRVIEW, NJ 07022-
Telephone [redacted] Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

ROOF

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Fee $ 0
Paid [X] Check No. 120
Collected by: LH

Alden Blackwell
Construction Official

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/12/06
Control #
Permit # 06-024

IDENTIFICATION Block 44 Lot 1

Work Site Location 947 CLOSTER DOCK RD. ALPINE, N.J.

Owner in Fee MR. + MRS. JOHN PARK

Address SAME.

Tel. ( )

Contractor CONTI ROOFING CO. INC.

Address 692 W. PROSPECT AVE. FAIRVIEW, N.J. 07022

Tel. [redacted]

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL NEW SHINGLE. ROOF OVER ONE EXISTING. ROOF.

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

Estimated Cost of Work $ 4,950.00

Alden Blackwell
Construction Official

4/12/06
Date

PAYMENTS (Office Use Only)

Building	50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	7
Cert. of Occupancy	
Other	
Total	57
Check No.	14430
Cash	
Collected by	

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

BUILDING SUBCODE
TECHNICAL SECTION

C44/1

Date Received Control # 4/12/06

Date Issued Permit # 06-034

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

Block 44 Lot 1 Qualification Code _____

Work Site Location 947 CLOSTER DOCK RD. ALPINE, NJ

Owner in Fee MR. & MRS. JOHN PARK

Address SAME.

Tel. (_____)

Contractor CONTI ROOFING CO. INC.

Address 692 W. PROSPECT AVE. FAIRVIEW, N.J. 07022

Tel. [redacted] FAX [redacted]

Contractor License No. or Builder Registration 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 John Conti Pres

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NEW SHINGLE ROOF OVER ONE EXISTING ROOF.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	4/11/06	SC
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3/7/07
Approved by: [signature]

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			3/7/07	SC
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] 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)

$ 50

$ 4

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 4950.00

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

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

BLOCK 44 LOT 1 ADDRESS (SITE) _____ PERMIT NO. 91-041

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Forest St. Alpine
2. Name of Owner in Fee: Doyle / Del Rosso Tel. [redacted]
   Address Forest St. Alpine (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private V.A.
4. Principal Contractor: Schneider Bros Inc Tel. [redacted]
   Address 201 Reiser Rd New Milford
   License No. OR, if new home, Builder Reg. No. 35027500 Exp. Date _____
   Federal Emp. No. [redacted] Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work R. Rispin Tel. [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 70.00		
2. Electrical	70.00		
3. Plumbing			
4. Fire Protection	20.00		
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	7.00		
10. Subtotal	$		
11. Cert. of Occupancy	35.00		
12. Other			
13. TOTAL	$ 202.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure _____ ft.	
3. Area—Largest Floor 336 sq. ft.	
4. Building Area—All Floors 417 sq. ft.	
5. Volume of Structure 4698 cu. ft.	
6. Construction Classification 5-B	
7. Total Land Area Disturbed 417 sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation N/A ft.	
10. Wetlands yes _____ sq. ft. / no _____	
11. Fire Grading 0	
12. Max. Live Load 40 LBS	
13. Max. Occupancy Load _____	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	35500.-
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	2500.-
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	38000.-

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:

U.C.C. Form F-100A

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

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

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

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature [signature] Date 6-5-91

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Schneider Brothers

Address 201 Penn Rd

New Monmouth

Telephone ([redacted])

Signature [signature] Date 6/6/91

CONSTRUCTION PERMIT

Date Issued 6-17-91
Control #
Permit # 91-041

IDENTIFICATION Block 41 Lot 1

Work Site Location Forest Street
Alpine
Owner in Fee Doyle/ DelRosso
Address Forest Street
Alpine
Tele. ( ) [redacted]

Contractor Schneider Brohters Inc.
Address 201 River Road
New Milford
Tele. ([redacted]
Lic. No. or Bldrs. Reg. No. 35027500 Exp. Date
Federal Emp. No. [redacted]
or Social Security No.

is hereby granted permission to perform the following work:

[XX] BUILDING [ ] PLUMBING [ ] OTHER
[XX] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Construct Additions per plans.

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

Estimated Cost of Work $ 38,000.00

Robert J. Wilson
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	70.00
Plumbing	
Electrical	70.00
Fire Protection	20.00
Other	
Other	
DCA Training Fee	7.00
Cert. of Occ.	35.00
Other	
Total	202.00
Check No.	
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170A

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-17-91
Control #
Permit # 91-041

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

Block 41 Lot 1
Work Site Location Forset Street
Alpine
Owner in Fee Doyle/ Del Rosso
Address Forest Street
Alpine
Tele. ( ) [redacted]
Contractor Schneider Brothers Inc.
Address 201 River Road
New Milford
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No. 35027500
Federal Emp. No. [redacted] or Social Security No.

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

Construct Additions per plans.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	6/27/91	R.J.W.	Footing			6/27/91	R.J.W.
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame	7/12/91		7/15	R.J.W.
[ ] Other			Insulation			7/24/91	R.J.W.
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final		8/28/91	RJW	

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5-B Proposed
No. of Stories 1
Height of Structure Ft.
Area—Largest Floor 336 Sq. Ft.
Total Bldg. Area/All Floors 417 Sq. Ft.
Volume of Structure 4698 Cu. Ft.
Total Land Area Disturbed 417 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Alteration $ 35500.
3. Total (1+2) $ 35500.

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE $ 70.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 70.00

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-17-91
Control #
Permit # 91-041

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

Block 41 Lot 1
Work Site Location Forest Street
Alpine
Owner in Fee Doyle/ Del Rosso
Address Forest Street
Alpine
Tele. ( ) [redacted]
Contractor Liccardo Electric
Address 96 Highland Road
No. Haledon
Tele. ( ) [redacted]
Lic. No. 618
Federal Emp. No. [redacted] or Social Security No.

B. ELECTRICAL CHARACTERISTICS

No fans
Closet light
Clearance!

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as R-3 Utility Co.
Est. Cost of Elec. Work $ 1500.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 19 Aug 91
Approved by: SW

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			7/16/91	SW
Temporary				
Constr. Serv.				
TCO				
Other			8/19/91	SW
Service			8/19/91	SW
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 8/19/91
Line Dept.

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.

Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
6		Fixtures (1)	
10		Receptacles (2)	
6		Switches (3)	
22		Total 1 + 2 + 3	40.00
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	200Amp	Service Entrance	30.00
		Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 70.00

U.C.C. Form F-120A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6-17-91
Control #
Permit # 91-041

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

Block 41 Lot 1
Work Site Location Forest Rd.
ALPINE, N.J.
Owner in Fee D. DEL ROSSO
Address AS ABOVE
Tele. [redacted]
Contractor SCHNEIDER BROTHERS INC.
Address 201 RIVER ROAD
NEW MILFORD, N.J.
Tele. [redacted]
Lic. No. 35097500
Federal Emp. No [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class. Present 5-B Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1,000. [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Framing F.P. 7/24/91				RJW.
Other				
Other 8/28/91				RJW.

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

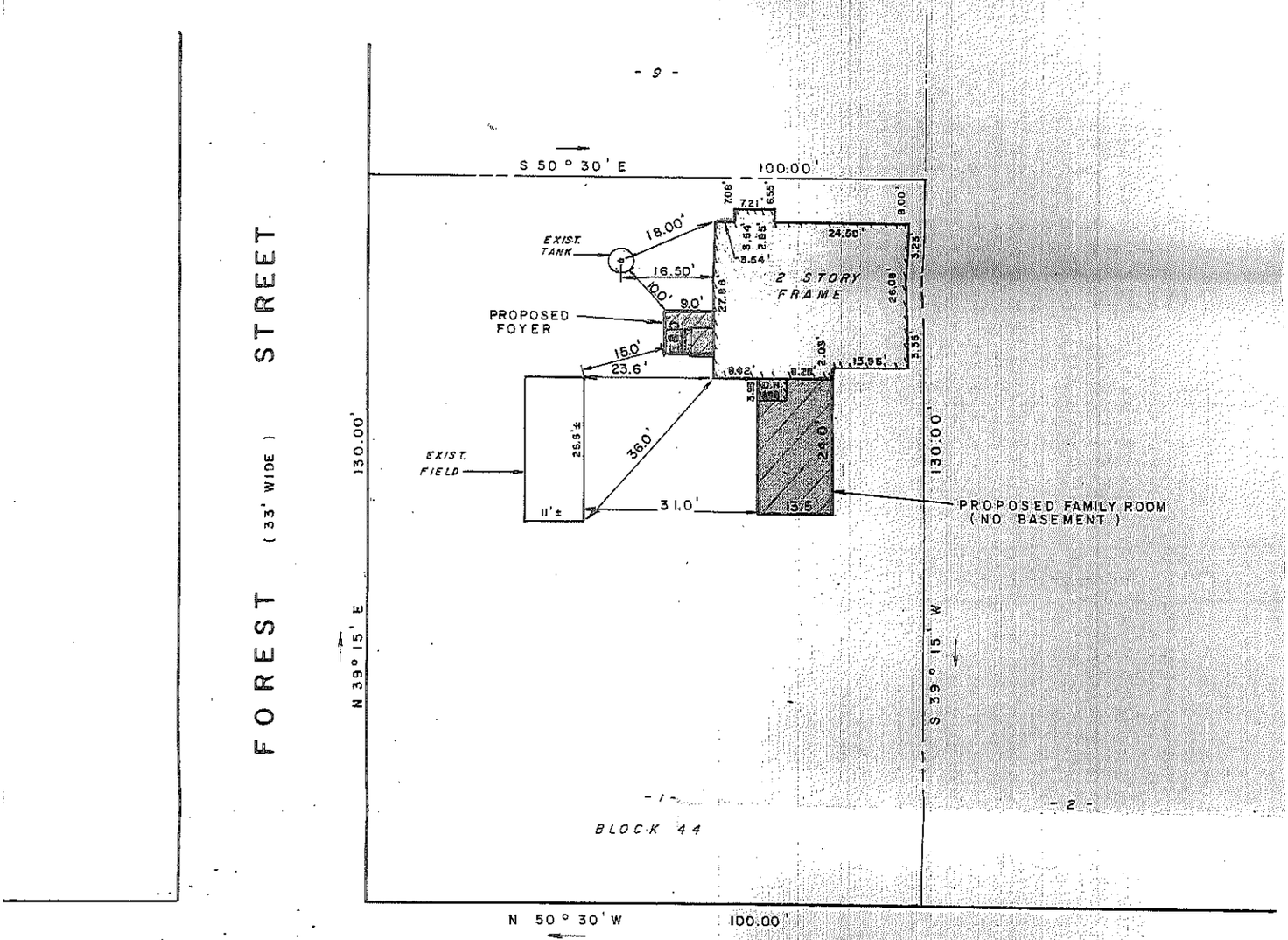
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

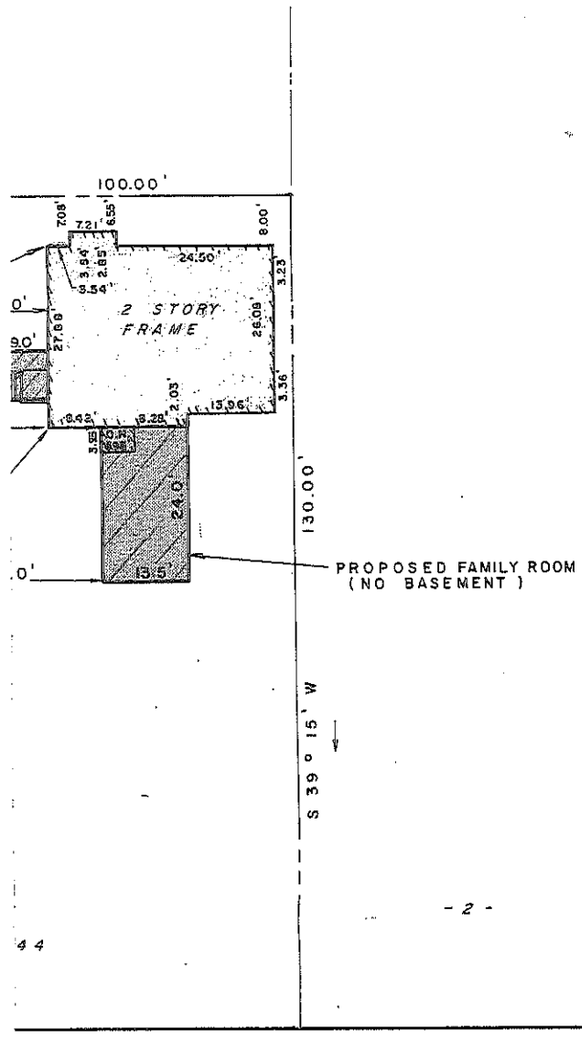
	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas ~~Oil~~ Fired Appliance	1	20.00
OTHER FIREPLACE		
	Administrative Surcharge $	
Paid [X] Check # 35281	Minimum Fee $	
Collected by RJW.	TOTAL FEE $	20.00

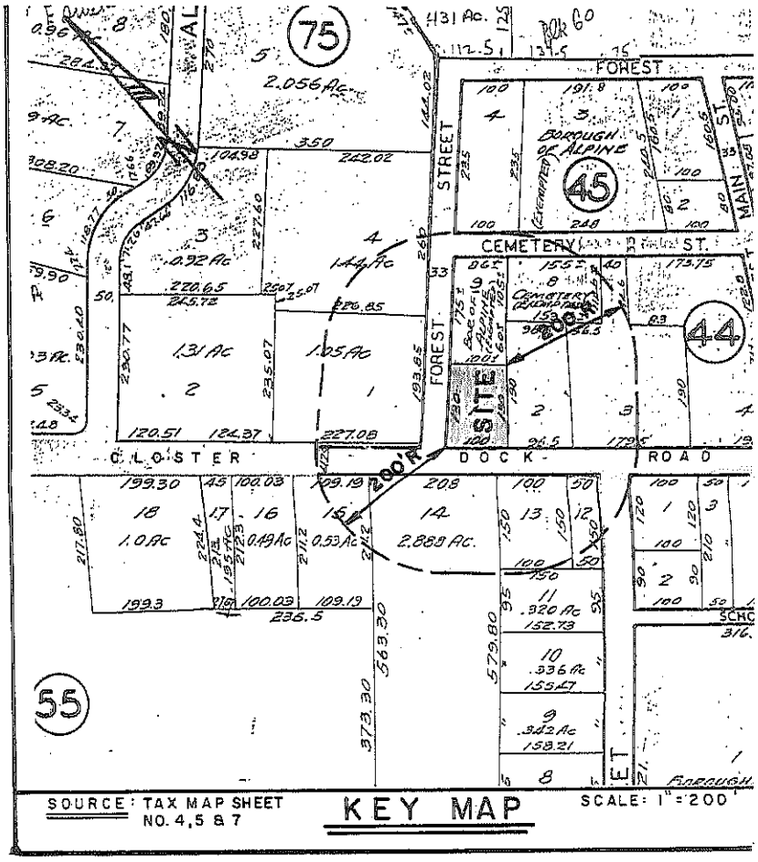
U.C.C. Form F-140A

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



Mitchell Hall
4-29-





- 13 -

GENERAL NOTES:

1. SURVEY INFORMATION FROM A SURVEY BY ROBERT P. VICARI, L.S. DATED 2/8/75.

NO.	REVISIONS	DATE	BY	CHEC

SITE PLAN

LOT 1 BLOCK

PROPOSED ADDITION

BOROUGH OF ALPINE / BERGEN COUNTY / NEW JERS

MICHAEL J. HUBSCHMAN, P.E., P.P.
PROFESSIONAL ENGINEER AND PLANNER
624 PALISADE AVE., ENGLEWOOD CLIFFS, NEW JERSEY

Michael J. Hubschman 4-29-91

APPLICANT:
DOLORES DELROSSA DOYLE
FOREST STREET
ALPINE, NEW JERSEY

SCALE: 1" = 20' 0 10

DRAWING No. I-228

RE

NORTH
(SURVEY)

FOREST STREET (33' WIDE)

130.00'

N 39° 15' E

S 50° 30' E

EXIST TANK

PROPOSED FOYER

15.0

23.6

25.5'±

EXIST. FIELD

11'±

BLOC

N 50° 30' W

CLOSTER DOCK (41.25' WIDE)

- 14

BLOCK 49 LOT 1 ADDRESS (SITE) _____ PERMIT NO. 91-005

FIN.

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: Chester Dock RD.
2. Name of Owner in Fee: Doyle / Del Rosso Tel. [redacted]
   Address Forest street Street municipality Alpine zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Schneider Bros Inc. Tel. (____) [redacted]
   Address 201 River Rd New Milford
   License No. OR, if new home, Builder Reg. No. 35027500 Exp. Date _____
   Federal Emp. No. [redacted] Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work R. Reginos Tel. [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
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. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	9900
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	9900

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:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

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

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

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Edmund Bradley

Address 201 River Rd
New Milford

Telephone ([redacted]

Signature E Bradley Date 4/21/91

CONSTRUCTION PERMIT

Date Issued 1-23-91
Control #
Permit # 91-005

IDENTIFICATION Block 44 Lot 1

Work Site Location Forest Street
Alpine

Owner in Fee Doyle/ Del Rosso
Address Forest Street
Alpine
Tele. ( ) [redacted]

Contractor Schneider Brothers Inc.
Address 201 Riverr Road
New Milford
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No. 35027500 Exp. Date
Federal Emp. No. [redacted]
or Social Security No.

is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [X] OTHER Siding and windows
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Supply and install 3 andersen windows and reside house with vynal siding

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

Estimated Cost of Work $ 9900.00

Robert J. Wilson
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building	89.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	89.00
Check No.	3446
Cash	
Collected By:	R & W.

(see reverse side)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1
Date Issued 1-23-91
Control #
Permit # 91-005

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

Block 44 Lot 1
Work Site Location Forest Street
Alpine
Owner in Fee Doyle/ Del Rosso
Address Forest Street
Alpine
Tele. ( ) [redacted]
Contractor Schneider Brothes Inc
Address 201 River Road
New Milford
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No. 35027500
Federal Emp. No. [redacted] or Social Security No.

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

Supply and install 3 Andersen windows and reside house with vynal siding.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	1/23/91	R.J.W.
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	6-7-91		R.J.W.	

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5-B Proposed
No. of Stories
Height of Structure N/A Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 9900.00
3. Total (1+2) $ 9900.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [X] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$
89.00

Administrative Surcharge $
Paid [X] Check # 3446 Minimum Fee $
Collected by: R.J.W. TOTAL FEE $ 89.00

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

BLOCK 44 LOT 1 ADDRESS (SITE) _____ PERMIT NO. 2499

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Forest ST Alpine
2. Name of Owner in Fee: Doyle / Del Rosso Tel. [redacted]
   Address Forest ST (street) Alpine (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Schneider Brooker Tel. [redacted]
   Address 201 River Rd New Milford
   License No. OR, if new home, Builder Reg. No. 25027500 Exp. Date _____
   Federal Emp. No. [redacted] Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work R. Rigini Tel. [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
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	$ 45.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories N	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors A sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification 5-B	
7. Total Land Area Disturbed 0 sq. ft.	
8. Flood Hazard Zone N	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Fire Grading A	
12. Max. Live Load ____	
13. Max. Occupancy Load One Family	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	5000
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	5000

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:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

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

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

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Schneider Bros Inc

Address 20 Lewis Rd

New Milford

Telephone ( ) [redacted]

[redacted] Date 12/7/90

CONSTRUCTION PERMIT

Date Issued 12-7-90
Control #
Permit # 2499

IDENTIFICATION Block 44 Lot 1

Work Site Location Forest Street
Alpine
Owner in Fee Doyle/ Del Rosso
Address Forest Street
Alpine
Tele. ( ) [redacted]

Contractor Schneider Brothers Inc.
Address 201 River Road
New Milford
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No. 35027500 Exp. Date
Federal Emp. No. [redacted]
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [X] OTHER Roof
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Remove all roofing from main house install new plywood sheathing and reroof house with fiberglas shinlges.

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

Estimated Cost of Work $ 5000.00

Robert J. Wilson
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	45.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	45.00
Check No.	34240
Cash	
Collected By:	R.J.W.

(see reverse side)

U.C.C. Form F-170A

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-7-90
Control #
Permit # 2499

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

Block 44 Lot 1
Work Site Location Forest Street, Alpine
Owner in Fee Doyle/ Del Rosso
Address Forest Street, Alpine
Tele. ( ) [redacted]
Contractor Schneider Brothers Inc.
Address 201 River Road, New Milford
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No. 35027500
Federal Emp. No. [redacted] or Social Security No.

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

Remove all roofing from house and install new plywood sheathing on ~~main~~ main house and reroof with fibergals shinlges.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	12/7/90	R.J.W.
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	6-7-91		R.J.W.	

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present V-B Proposed
No. of Stories N/A
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Alteration $ 5000.00
3. Total (1+2) $ 5000.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$ 45.00

Administrative Surcharge $
Paid [X] Check # 34240 Minimum Fee $
Collected by: R.J.W. TOTAL FEE $ 45.00

U.C.C. Form F-110A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

CONSTRUCTION PERMIT APPLICATION

BLOCK NO. 44-1 LOT NO. 1 SUBDIVISION PERMIT NO. 1995

I. IDENTIFICATION

Proposed Work at: Forest ST -
Owner Name: Dolores DelRosso Tel. [redacted]
Address Forest ST
Principal Contractor: Self Tel. ( )
Address
Lic. No. or Builder Reg. No. Federal Emp. No.
Architect or Engineer: Tel. ( )
Address
Responsible Person in Charge of Work Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

a. ☐ Minor Work (Single Trade)
b. ☐ Small Job ($5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2

c. ☐ New Building
d. ☒ Addition
e. ☐ Alteration
f. ☐ Repair, Replacement
g. ☐ Demolition
h. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$
2. ☐	Plumbing	
3. ☒	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☒ One-Family (R–3a)

If new construction, enter no. of dwelling units
If other than new construction, enter no. of dwelling units:
Before Construction: 1
After Construction: 1
Net Gain (or loss): 0

NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☒ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories one
15. Height of Structure 12 Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 44 LOT NO. 1 SUBDIVISION _____ PERMIT NO. 1995

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☒ Building	Boca Bldg. 1987	☐ Energy	_____	☐ As Built Elevation Certification	_____
☒ Electrical	N.E.C. 1987	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection					

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING	5-5-87	R.G.W.	5-5-87	R.G.W	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☒	ELECTRICAL	5-5-87	J.M.	5-6	J.M.	
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
	ALL CONSTRUCTION					
5-5-87	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
	PLUMBING					
5-5-87	ELECTRICAL					
	FIRE PROTECTION					
	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☒ Certificate of Occupancy No. 1995	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 25.00
PLUMBING	.00
ELECTRICAL	30.00
FIRE PROTECTION	.00
OTHER _____	.00
SUBTOTAL	$ .00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.00)
D.C.A. TRAINING FEE .0006 x 3150	= 2.00
CERTIFICATE OF OCCUPANCY	25.00
OTHER _____	.00
OTHER _____	.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 102.00

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.00
OTHER			.00
OTHER			.00
– LESS: Refunds			(.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ .00

C. TOTAL CONSTRUCTION FEES COLLECTED

CONSTRUCTION PERMIT

New Jersey Uniform Construction Code

PERMIT NO. 1995
DATE ISSUED 5-5-87
Block 44 Lot 1
Subdivision

A. IDENTIFICATION

Owner DEL ROSSO, DOLORES Agent SELF
Address FOREST ST ALPINE, N.J. 07620 Address
Tel. ([redacted] Tel. ( )
Work Site Address ABOVE Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 102.00
Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

is hereby granted permission to perform the following work:

☒ BUILDING ☒ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

1½ ADDITION 15x21

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

Estimated Cost of Work: $ 14,495

Robert J. Wilson
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

Westminster, Md. 21157
301-848-7664

Routes 404 & 662
Wye Mills, Md. 21679
301-822-8300

717-761-5340

1542 Bristol Pike
U. S. Route #13
Bensalem, Pa. 19020
215-244-1919

NOTICE TO APPLICANTS: (a) Final inspection and approval may be required by law before electrical current may be energized for use of occupants. The Agency undertakes to provide inspections until final certification is granted if such requests are made within 120 days from date of the last inspection. Upon expiration of 120 days from the date of the most recent inspection, all duties and obligations owed by the Agency shall be deemed completed, and all fees paid by applicant shall be deemed consideration for services performed. No further inspections shall be undertaken by the Agency without filing of a new application, and the payment of relevant inspection fees. No final certification shall be implied or inferred without issuance of a duly executed certificate.

(b) The Agency in accepting application for inspection cannot assume responsibility for unavoidable delays in inspection, for unintentional errors, omissions or discretionary rulings of our inspectors; or for accidental damage caused to any wiring, equipment or devices resulting from customary and necessary inspection procedures.

"100 YEARS" PROTECTING THE CONTRACTOR AND THE CONSUMER.

U.D.I.A. 8-81

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. [illegible]
DATE ISSUED [illegible]
REVISION DATE

Block 44 Lot 1
Subdivision

IDENTIFICATION

LICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Dolores DelRosso
Forest St
Alpine NJ
[redacted]
Site Address

Contractor
Address Self
0
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

TECHNICAL SITE DATA

SCRIPTION OF WORK

e detail description including materials used, ıensions, etc.

5 x 21 Front section of Living Rm. Wood Frame Structure Dry wall Asphalte Shingles Roof, 2 Elec. outlets. tongue And groove Sheeting Boards Durable

See Plans Fire Place.

TYPE OF WORK:

- [ ] New Building
- [x] Addition
- [ ] Alteration/Renovation
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence
  - [ ] Sign
  - [ ] Pool
  - [ ] Elevator
  - [ ] Other

	Fee Basis	Fee
		$ 14,495
SUBTOTAL		$ 14,495
Minimum Building Fee (if applicable)		$ 1
Total Building Fee *(Greater of Minimum or Subtotal)*		$

BUILDING CHARACTERISTICS

GROUP: R-3 Present Proposed

of Stories ONE

ght of Structure Ft.

a—Largest Floor Sq. Ft.

mated Cost of Building Work: $ 14,495

Total Building Area—All Floors Sq. Ft.

Volume of Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

D. COMMENTS

- [ ] Partial Releases
- [ ] Prototype Processing

Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

[redacted]

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS
7-3-87	FRAMING - ROOF VENTING & FIRESTOPS

1 HR — Fire Grading:
40 LBS. — Maximum Live Load:
ONE FAMILY — Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	5-5-87	R.J.W.
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 12-13-90

Inspected By: R. J. Wilson

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				5-7-87 5-27-87
☐ Slab				
☒ Frame	7/3/87			7-6-87
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

C. Form F-110 (8/83)

[redacted]

DEPARTMENT INSPECTION AGENCY, INC.
)DON AVE. COLLINGSWOOD, NJ 08108
609 - 858-4400

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 1945
DATE ISSUED 5-5-97
REVISION DATE
Block 44 Lot 1
Subdivision

IDENTIFICATION

.ICANT – *Complete unshaded areas only*

When changing contractors, notify this office

r Dellosso Dolores
ss Forest St
Alpine NJ
[redacted]
Site Address Same

Contractor Benjamin Markley
Address 767 Oakwood Ln
Ridgefield N.J. 07657
Tel. [redacted]
Lic.No./Bus. Permit 3828
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Benjamin Markley
AGENT SIGNATURE

TECHNICAL SITE DATA

all wiring and equipment and provide necessary data

E OF WORK:

).	Item	Fee	No.	Item	Fee	Fee
1	Switching Outlets	$ 100 00		H.V.A.C. Equipment	$	COLUMN 1 $
	Lighting Outlets			Switching Devices		COLUMN 2
2	Receptacle Outlets			Transformers		SUBTOTAL $
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*		Minimum Electrical Fee (If applicable) $
	Dryer, Electric					Total Electrical Fee *(Greater of Minimum or Subtotal)* $
	Water Heater, Electric					
	Heating, Electric					
	Switches					
	Lighting Fixtures			Other		
	Receptacles			Other		
	Bonding, Pool/Vault			Other		
	Service/Feeders			Other		
	COLUMN 1 $	100 00		COLUMN 2 $		

OFFICE COPY

ELECTRICAL CHARACTERISTICS

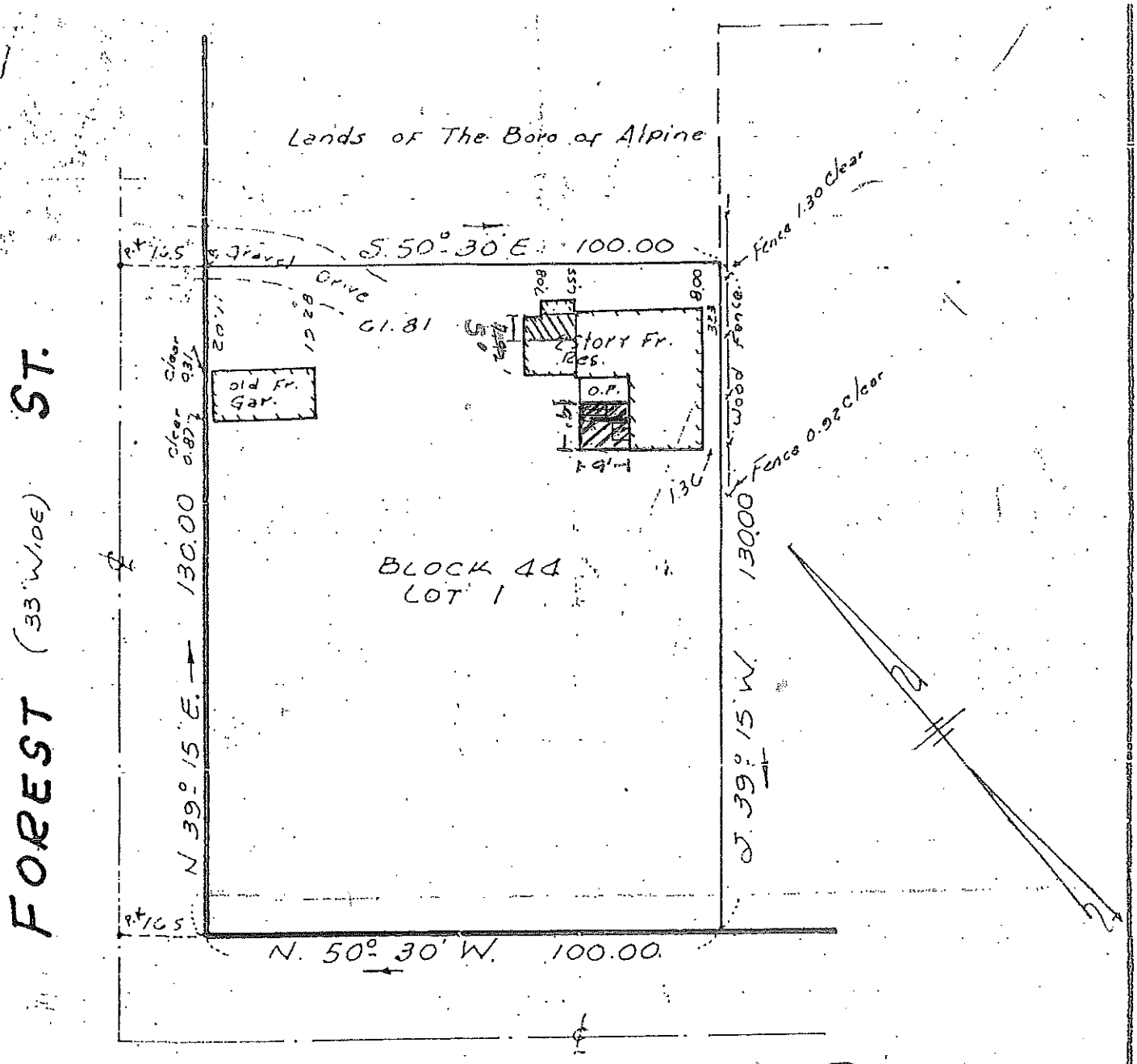
GROUP: _____ Present _____ Proposed
ce: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
ıated Cost of Electrical Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

orm F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

[redacted]



NOTE: DATA FOR SURVEY FROM TAX MAP DIMENSIONS AND FIELD MEAS.

CERTIFIED TO WALTER C. LARSEN & SARA RUTH LARSEN AND ALL PARTIES IN INTEREST TO BE ACCURATE & CORRECT.

LOCATION SURVEY

OF PROPERTY AT

ALPINE, BERGEN CO., N. J.

SCALE 1" 30' FEB. 8. 1975

Robert P. Vivari
Robert P. Vivari Lic. L.S. 2881
30 Concord St. Englewood N.J.

125 DeRosa

BOROUGH OF ALPINE, N. J.

DEPARTMENT OF BUILDING AND HOUSING

Date July 14, 1975

CERTIFICATE OF USE OR OCCUPANCY NO. 128

This certifies that the structure or premises located at Closter Dock Road

Block 44 Lot 1

in the R-2A Zone may be used or occupied for the purposes of

One Family Dwelling

This Certificate of Occupancy is issued in connection with Building Permit No. 940

issued April 21, 1975 to Mr. & Mrs. Walter Larsen

owner of the aforesaid structure or premises.

Conditions or stipulations: Structure has a prior non-conforming status as to some party lines

Type of construction Frame

The structure or use conforms substantially to the approved plans and specifications filed therewith and to requirements of the Building Code and Zoning Ordinance of the Borough of Alpine and may be occupied or used for the purposes stated above only.

Approved:
Date June 17, 1975

Robert J. Wilson
Building Inspector

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 1766
DATE ISSUED 8-22-85
Block 44 Lot 1
Subdivision

A. IDENTIFICATION

Owner DOLORES DEL ROSSO
Address FOREST ST. ALPINE, N.J.
Tel. ( ) [redacted]
Work Site Address AS ABOVE

Agent STAN ZIPTKO
Address 177 PASSAIC ST. PASSAIC, N.J.
Tel. ([redacted]
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 35.00
Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

ADDITION TO BEDROOM

PROVIDE EGRESS WINDOW

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

Estimated Cost of Work: $ 5,000.00

Robert J. Wilson
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (6/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO.
DATE ISSUED
REVISION DATE
Block 44 Lot 1
Subdivision

IDENTIFICATION

PLICANT — *Complete unshaded areas only* When changing contractors, notify this office

ner Delores DelRosso
ress Forest St
Milford NJ
[redacted]
k Site Address same

Contractor Stan Dutko
Address 127 Parsons St
Phillipsburg NJ
Tel. ( ) [redacted]
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

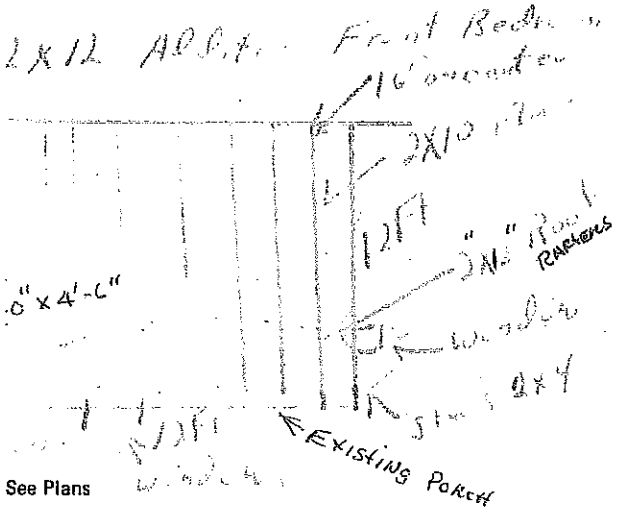
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

TECHNICAL SITE DATA

SCRIPTION OF WORK

e detail description including materials used, ensions, etc.



See Plans

TYPE OF WORK:
- ☐ New Building
- ☑ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

BUILDING CHARACTERISTICS

ROUP: R-3A Present R-3A Proposed

Stories 1 Total Building Area—All Floors 144 Sq. Ft.

t of Structure 10 Ft. Volume of Structure 1,440 Cu. Ft.

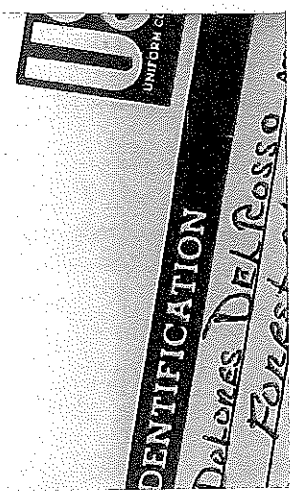
Largest Floor 144 Sq. Ft. Total Land Area Disturbed 0 Sq. Ft.

ited Cost of Building Work: $ 8,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

rm F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy



PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 11-26-85

Inspected By: R. J. Wilson

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☒ Frame				9-30-85
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

C. Form F-110 (8/83)

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION

Proposed Work at: Dolores D Forest St. 1

Owner Name: Dolores DelRosso Tel. [redacted]

Address: Forest St Alpine N.J.

Principal Contractor: Ray Gross Tel. ( ) [redacted]

Address: 44 Cedar Rd Pompton plain

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

Architect or Engineer: _____ Tel. ( ) _____

Address _____

Responsible Person in Charge of Work: Same Tel. ( ) _____

PROPOSED WORK

TYPE OF WORK

- [X] Minor Work (Single Trade)
- [ ] Small Job ($5,000 and no Prior Approvals)

Complete only II.B., III and IV.A. and Page 2

- [ ] New Building
- [ ] Addition
- [ ] Alteration
- [ ] Repair, Replacement
- [ ] Demolition
- [ ] Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. [X]	Building/ Structural	$ 400
2. [ ]	Plumbing	
3. [ ]	Electrical	
4. [ ]	Fire Protection	
5. [ ]	Other _____	
6. [ ]	Other _____	
	TOTAL COST	$ 400

C. DO YOU WANT:

1. [ ] Partial Releases 2. [ ] Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. [ ] Elevators/Dumbwaiters
2. [ ] High-Pressure Boilers
3. [ ] Refrigeration Systems
4. [ ] Pressure Vessels
5. [ ] Hazardous Uses/Places of Assembly
6. [ ] Cross-connections/ Backflow Preventors
7. [ ] Sprinklers
8. [ ] Smoke Control Systems in Open Wells

DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL

1. [ ] Hotels (R–1)
2. [ ] Multi-Family (R–2) HMD Reg. No.: _____
3. [ ] Two Family (R–3b)
4. [X] One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

NON-RESIDENTIAL

5. [ ] Theatres with Stage (A–1–A)
6. [ ] Movie Theatres (A–1–B)
7. [ ] Night Clubs (A–2)
8. [ ] Restaurants, Libraries, Museums (A–3)
9. [ ] Religious Assembly (A–4)
10. [ ] Outdoor Assembly (A–5)
11. [ ] Business (B)
12. [ ] Educational (E)
13. [ ] Moderate-Hazard Factory (F–1)
14. [ ] Low-Hazard Factory (F–2)
15. [ ] High-Hazard (H)
16. [ ] Institutional Detention Center (I–1)
17. [ ] Hospitals, Infirmaries (I–2)
18. [ ] Group Homes (I–3)
19. [ ] Mercantile (M)
20. [ ] Moderate-Hazard Warehouse (S–1)
21. [ ] Low-Hazard Warehouse (S–2)
22. [ ] Temporary, Misc. (U)
23. [ ] Other _____

State Specific Use: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. [X] Private (Individual, Corp., Non-profit Inst., Etc.)
2. [ ] Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	[ ]	[ ]	Gas
4.	[ ]	[ ]	Oil
5	[ ]	[ ]	Electric
6.	[ ]	[ ]	Solid (Wood,Coal,Etc.)
7.	[ ]	[ ]	Propane
8.	[ ]	[ ]	Solar
9.	[ ]	[ ]	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. [ ] Public or Private Company
11. [ ] Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. [ ] Public or Private Company
13. [ ] Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Flrs. _____ Sq. Ft.

BLOCK NO. 44 LOT NO. 1 SUBDIVISION _____ PERMIT NO. 1637

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☒ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE Dolores DeRosso DATE Aug 10/84

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 44 LOT NO. 1 SUBDIVISION _____ PERMIT NO. 1631

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☒ Building	BOCA Bldg. 1984	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
9-10-84	ALL CONSTRUCTION				10-1-84	
9-10-84	BUILDING				10-1-84	
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☒ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 15.00
PLUMBING	.00
ELECTRICAL	.00
FIRE PROTECTION	.00
OTHER _____	.00
SUBTOTAL	$ .00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.00)
D.C.A. TRAINING FEE .0006 x _____	= .00
CERTIFICATE OF OCCUPANCY	.00
OTHER _____	.00
OTHER _____	.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 15.00

DATE 9-10-84 Collected By N.S.W.

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.00
OTHER			.00
OTHER			.00
– LESS: Refunds			(.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ .00

C. TOTAL CONSTRUCTION FEES COLLECTED

CONSTRUCTION PERMIT

New Jersey Uniform Construction Code

PERMIT NO. 1631
DATE ISSUED 9-10-84
Block 44 Lot 1
Subdivision

A. IDENTIFICATION

Owner D. DelRosso
Address Forest St.
Alpine, N.J.
Tel. ( ) [redacted]

Agent P & K Contractors
Address 44 Cedar Rd
Pompton Plains
Tel. ( ) [redacted]

Work Site Address
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 15.00
Fees Remitted $
☒ Check No 666
☐ Cash
☐ Other
Collected By R.J.W.
Date 9-10-84

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Replacement of
2 Windows 48" x 50"

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

Estimated Cost of Work: $ 400.00

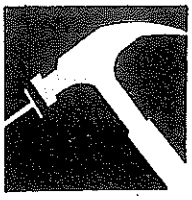
Robert J. Wilson
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

[redacted]

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 326 Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Name [redacted]
Address [redacted]
Tel. ([redacted]
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions and

REPLACEMENT OF
WINDOWS
48" X 50"

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☒ Other WINDOWS
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other _____

Fee Basis	Fee
	$
[redacted]	[redacted]
[redacted]	[redacted]
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

R-3A Present — R-3A Proposed

N/A — Total Building Area–All Floors N/A Sq. Ft.

N/A Ft. — Volume of Structure N/A Cu. Ft.

N/A Sq. Ft. — Total Land Area Disturbed 0 Sq. Ft.

Estimated Cost of Building Work: $ 400.00

Green = Office Copy White = Applicant Copy Beige = Inspector Copy

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
9-6-84	FRAMING R.J.W.

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☒ No Plans Required	9-10-84	R.J.W.
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 10-1-84

Inspected By: R.J.W.

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☒ Frame				9-10-84
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

C.C. Form F-110 (8/83)

[redacted]

No. 940

BOROUGH OF ALPINE

ALPINE, NEW JERSEY 07620

768-5118

APPLICATION FOR PERMIT

For the erection, alteration, repair, moving, or demolition of buildings, as provided by local ordinance.

Application for a permit to repair a building, or buildings, is hereby made as follows:

Location Closter Dock Rd. Block 44 Lots 1

Owners name Mr. & Mrs. W. Larsen Owners address Harrington Park, N. J.

Purpose, use, or occupancy of building

Size of plot Size of building

Full height in feet No. of stories No. of rooms

Material, or type of construction

Shape or type of roof

Total estimated cost of materials and labor $7000.00

The attached plans and specifications comply in every respect with the Building Code and they are made a part of this application. All laws and ordinances will be strictly complied with.

Dated, April 10, 1975

Ruth Larsen
Walter Larsen
Owner

Name and address of architect

Name and address of contractor By OWNER

Permit fee paid $21.00 Approved, and Permit No. 940 issued APRIL 21, 1975
C.O. $5.00

Robert J. Wilson
Building Inspector

REMARKS Permit issued for work on attached list.

REPAIRS AND IMPROVEMENTS TO HOUSE AT CLOSTER DOCK RD & FOREST ST.

REPLACING OLD PLUMBING PIPES AND FIXTURES

MODERNIZING KITCHEN

NEW ELECTRIC WIRING

INSTALLING HARDWOOD FLOORS AND PLASTER BOARD

ENCLOSING WINDOWS TO GIVE MORE WALL SPACE

INTERIOR AND EXTERIOR PAINTING

REPAIRING FRONT PORCH

FINISHED

APPLICATION FOR CONSTRUCTION PERMIT

(Complete all Information. Print Legibly or Typewrite)

Application is hereby made for the Erection, Alteration, Repair, Moving or Demolition of a Building in accordance with the attached Site Plan, Specifications and Plans.

LOCATION: Forest St BLOCK 44 LOT 1

OWNER NAME: Dolores Del Rosso TEL. NO. [redacted]

ADDRESS: Forest St Alpine, N.J.

APPLICANT: _____

(If not Owner)

ADDRESS: _____

DESCRIPTION OF PROPOSED WORK: NEW ☐ ALTERATION ☐ ADDITION ☒ GENERAL REPAIR ☐ OTHER ☐

CONSTRUCTION TYPE: Frame on Slab Foundation USE GROUP: 4-B LOT COVERAGE: _____ SQ. FT.

TOTAL FLOOR AREA 6'x44' + 5'x12' 360 SQ. FT. TOTAL VOLUME OF STRUCTURE 6'x44' + 5'x12' x 8½ = 6 CU. FT.

CONTRACTOR NAME: A's Construction Co. TEL. NO. _____

ADDRESS: 599 Goffle Hill Rd Hawthorne N.J. [redacted]

PERSON IN CHARGE OF WORK AND RESPONSIBLE FOR CODE COMPLIANCE: Albert Ruffo & Joseph Kissinger

PLUMBING CONTRACTOR: None LICENSE NUMBER: _____ NO. OF FIXTURES _____

ELECTRIC CONTRACTOR: None LICENSE NO. _____ OUTLETS _____

HEAT TYPE: None AIR CONDITIONER CAPACITY: _____

ESTIMATED COST OF WORK (Include NORMAL COST of ALL LABOR AND MATERIALS)

SITE PREPARATION, EXCAVATION, GRADING	$ _____
SEPTIC SYSTEMS	$ _____
MASONRY	$ _____
CARPENTRY (INCLUDE BUILT-IN UNITS)	$ _____
PLUMBING (INCLUDE FIXTURES)	$ _____
HEATING, COOLING, RADIATION, DUCTS	$ _____
ELECTRIC (INCLUDE FIXTURES, APPLIANCES)	$ _____
PAINTING, TILING, FINISHING	$ _____
PROFESSIONAL FEES	$ _____
OTHER: (Describe) _____	$ _____
ESTIMATED TOTAL COST	$ 4500.00

BLDG. DEPARTMENT TO COMPLETE THIS BOX

SITE PLAN REVIEW $ _____

CALCULATION OF FEES

BUILDING	$ 23.00
ELECTRICAL	$ _____
PLUMBING	$ _____
OTHER None	$ _____
CTF. OCCUPANCY	$ 10.00
N.J. SURCHARGE	$ _____
TOTAL FEE	$ 33.00

The undersigned hereby agrees and certifies as follows, subject to the penalties as provided in the N. J. Uniform Construction Code Regulations:

1) The above information is true and correct to the best of applicants knowledge and belief;
2) All required state, county and local prior approvals have been obtained;
3) The proposed work is authorized by the owner in fee of the above described premises;
4) If application is by agent, owner has authorized the undersigned to make this application on his behalf;
5) All work will comply with the provisions of the N. J. Uniform Construction Code and regulations in effect at date of application;
6) All changes or additions to the above information and attachments, and including a final statement of cost of work, shall be submitted in writing to the construction official prior to issuance of Certificate of Occupancy;
7) Premises shall not be occupied or used until a Certificate of Occupancy has been issued by the Construction Official.

Dolores DelRosso Sept 5/83

Date Signature of Applicant

ATTACHMENTS:
- ☐ SEALED PLANS
- ☐ OWNER AFFIDAVIT
- ☐ SITE PLAN OR SURVEY
- ☐ PLUMBING ISOMETRIC
- ☐ PLUMBING PLAN
- ☐ OPENING NOTIFICATION

REQUIRED INSPECTIONS:
- ☒ FOOTINGS
- ☒ FOUNDATION
- ☒ ROUGH FRAMING
- ☐ PLUMBING (SLAB)
- ☐ PLUMBING (ROUGH)
- ☐ PLUMBING (FINAL)
- ☐ HEATING/COOLING
- ☐ ELECTRICAL
- ☒ FINAL
- ☐ FIRE PROTECTION

PERMIT NUMBER: 1524 ISSUED ON: 10-24-83

This permit is granted on the express condition that said construction shall, in all respects, conform with the plans, specifications and information contained in and part of this application. The noted inspections are the minimum required; 24 hour notice required for all inspections.

Construction Official: Robert J. Wilson

HOME OWNER'S WARRANTY REG. NO. _____