



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

4/21/92
8280

IDENTIFICATION Block 114 Lot 1
Work Site Location 2 Leighton Street
Owner in Fee Mr & Mrs Maria Bernardo
Address 2 Leighton Street
Telephone (201) 461-5764
Lic. No. or Bldrs. Reg. No. 201-5764 Exp. Date 02632
Federal Emp. No. 02632
or Social Security No. 144-56-1325

is hereby granted permission to perform the following work:

☒ BUILDING ☒ PLUMBING ☐ OTHER
☒ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Interior alteration & renovations

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 \$ 7,500

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

(see reverse side)

PAYMENTS (Office Use Only)

Building	<u>25</u>
Plumbing	<u>50</u>
Electrical	<u>70</u>
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	<u>145.00</u>
Check No.	
Cash	<u>V</u>
Collected By:	<u>M. Bernardo</u>



Borough of Englewood Cliffs
MUNICIPALITY



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received 4/21/92
Date Issued
Control #
Permit # 8280

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

Block 114 Lot 1
Work Site Location 2 Leighton St.
Englewood Cliffs NJ 07632
Owner in Fee Mrs. Mercedes Bernardo
Address 2 Leighton Ave
Englewood Cliffs
Tele. (201) 461-5764
Contractor Jim Scambati Electric
Address P.O. Box 783
Fort Lee, NJ
Tele. (201) 947-8817
Lic. No. 9197
Federal Emp. No. 22-2205311 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)			
☐ No Plans Required		Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:		Rough	_____	_____	_____	_____	
☐ Bldg. ☐ Plumb. ☐ Fire		Temporary	_____	_____	_____	_____	
☐ Elec. Plans Approved		Constr. Serv.	_____	_____	_____	_____	
Date: _____		TCO	_____	_____	_____	_____	
Approved by: _____		Other	_____	_____	_____	_____	
		Service	_____	_____	_____	_____	
		Final	_____	_____	_____	_____	
SUBCODE APPROVAL:							
☐ CO ☐ CCO ☐ CA		Temp. Cut-in-Card Date Issued _____					
Date: _____		Final Cut-in-Card Date Issued _____					
Approved by: _____		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.
Jim Scambati
Signature-Contractor Seal
☒ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
<u>6</u>		Fixtures (1)
<u>2</u>		Receptacles (2)
<u>8</u>		Switches (3)
		Total 1 + 2 + 3
		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
		Service Entrance
		Other

FEE (Office Use Only)

Administrative Surcharge \$ 45
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ 70.00



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued 4/21/92
Control # 2087
Permit # 8280

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

Block 114 Lot 1
Work Site Location 2 Leighton St
Owner in Fee Mr + Mrs Bernard
Address 2 Leighton Street
Tele. (201) 461-5764
Contractor self (Mario) **BERNARD, MARIO**
Address 2 Leighton Street
Tele. (201) 461-5764
Lic. No. _____
Federal Emp. No. _____ or Social Security No. 144-56-1325

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 150.00 / 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
		Type:	Failure	Failure	Approval Initial
☒ No Plans Required		Slab	_____	_____	_____
Joint Plan Review Required:		Rough	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Fire		Water	_____	_____	_____
☐ Plumb. Plans Approved		Sewer	_____	_____	_____
Date: <u>4/24/92</u>		Fixtures	_____	_____	_____
Approved by: <u>[Signature]</u>		Gas Equipment	_____	_____	_____
		Gas Final	_____	_____	_____
SUBCODE APPROVAL:		Solar	_____	_____	_____
☒ CO ☐ CCO ☐ CA		TCO	_____	_____	_____
Approved by: <u>[Signature]</u>		_____	_____	_____	_____
Date: <u>4/24/92</u>		_____	_____	_____	_____

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.

By Owner -
Signature-Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Gas Piping	_____
_____	Fuel Oil Piping	_____
_____	Water Heater	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Gas Service Connection	_____
_____	Active Solar System	_____
1	Other <u>Water Line Repair</u>	_____
Administrative Surcharge		\$ _____
Paid ☐ Check # _____ Minimum Fee		\$ <u>50.00</u>
Collected by: _____ TOTAL		\$ <u>50.00</u>



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 4/21/92
Date Issued
Control #
Permit # 8280

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

Block 114 Lot 1
Work Site Location 2 Leighton Street
Englewood Cliffs
Owner in Fee Mrs. & Mrs. Mario Bernardo
Address 2 Leighton Street
Tele. (201) 461-5764
Contractor Self
Address 2 Leighton St
Englewood Cliffs, NJ 07632
Tele. (201) 461-5764
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 144-56-1325

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Approval	Initial
☒ No Plans Req.	<u>4/16/92</u>	<u>MB</u>	Type:					
☐ All			Footings					
☐ 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					

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
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 _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ 7,500
3. Total (1+2) \$ _____

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 Mario Bernardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacing wooden cabinets
with Formica
Replacing Linoleum / carpet floor
with tiles

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Other Floor, Kitchen
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height _____
☐ Sign _____ Sq. Ft. _____
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

(Office Use Only)

FEE

\$ _____

25.-

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ 25.-

Borough of Englewood Cliffs

10 KAHN TERRACE, ENGLEWOOD CLIFFS, NEW JERSEY 07632 — (201) 568-9262

Office of the Construction Official



April 1, 1992

Mr. & Mrs. Bernardo
2 Leighton Street
Englewood Cliffs, N.J. 07632

Re: Construction Permits

Dear Mr. & Mrs. Bernardo:

It has been brought to the attention of this department that work is being performed without a Construction Permit which is in violation of N.J.A.C. 5:23-2.14 (a). Be advised that any construction, plumbing or electrical work that takes place must have a permit. Please contact this office immediately in order to resolve this matter.

Very truly yours,

Alan P. Marcus
Construction Official

APM:mmm