Joseph Roque

From: KIMBERLY O'MALLEY
Sent: Monday, January 9, 2023 9:10 AM
To: Tyara Conil; THOMAS O'MALLEY; KRYSTLE CAMACHO
Cc: ADELINNY PLAZA; Joseph Roque; Town Clerk
Subject: RE: Tracking #11889 (Request) 5205 Blvd. East
Attachments: OPRA 11889 5205 Blvd. East.pdf

Please be advised that with regards to the above referenced Tracking Number, I have attached the only documents the building department has on file at this time, as specifically requested by the applicant.

This concludes this request. Should you have any questions, please do not hesitate to contact me.

Sincerely,

KIMBERLY O'MALLEY
Town of West New York
Dept. of Public Affairs
Building Dept./Code Enforcement
428 60th St., Room 27
West New York NJ 07093
201-295-5179

1/6/2023

Town of West New York
Code Enforcement
428-60th Street Room 27
Town of West New York , NJ 07093
(201) 295-5170

Inspected: ☐ Tenant ☑ Owner

YOMTOBIAN, HARUN
390 BURNET PLACE
PARAMUS, NJ 07652

VIOLATION NOTICE

Block 85 Lot 30 Qualifier _____ 5205 BLVD EAST

Inspector Frank Stallone

OFFICE COPY

Inspection Notes

(No Inspection Notes)

You are hereby notified that a code official inspected the above referenced premises and determined that there is a violation of the municipal code. The violation listed below must be completed on or before the violation abatement date indicated. Failure to obey this order of the code official shall result in the issuance of a summons resulting in a mandatory court appearance and possible penalty assessment in compliance with this code.

Tracking # — Violations Resulting From This Inspection

CVIO-21-1621962001 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
- Location bathroom/hallway/and living room
- Statute 304.5 : 304.5 Stairs and walking surfa
- Summary repair/ replace floor and floor tiles in bathroom, hallway and living room

CVIO-21-1621962011 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
- Location meter room panels
- Statute 108.1.2 : 108.1.2 Unsafe equipment.
- Summary Repair illegal wiring to panel in meter (by license electrician)

CVIO-21-1621961991 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
- Location kitchen
- Statute 108.1.2 : 108.1.2 Unsafe equipment.
- Summary replace dishwasher in kitchen not installed correctly (not working)

CVIO-21-1621962016 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
- Location entire apartment
- Statute 605.2 : 605.2 Receptacles.
- Summary Provide covers and outlets and switches in the entire apartment

CVIO-21-1621961971 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
- Location bathroom
- Statute 504.1 : 504.1 General.
- Summary repair toilet assembly (water keeps running) in bathroom

CVIO-21-1621961976 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
- Location bathroom

Statute 504.1 : 504.1 General.
Summary repair /replace bathroom faucet in bathroom sink

CVIO-21-1621961966 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
Location bathroom
Statute 304.3 : 304.3 Interior surfaces.
Summary repair and recaulk. tiles in bathroom shower

CVIO-21-1621961981 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
Location front door to apartment
Statute 303.16 : 303.16 Doors.
Summary repair / replace front door / door frame and hardware to apartment door to open and close correctly

CVIO-21-1621961996 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
Location In apartment
Statute 704.2.1.2 : Groups R-2, R-3, R-4 and I-1
Summary Provide 10 year smoke alarms and Carbon monoxide combo2019s in apartment

CVIO-21-1621961986 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
Location living room
Statute 304.3 : 304.3 Interior surfaces.
Summary repair and weather proof outside of window and wall from leaking into living room window and wall

CVIO-21-1783384797 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
Location
Statute 504.1 : 504.1 General.
Summary repair/ replace subpump in living room floor

CVIO-21-1621962006 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
Location rear meter room/ hallway
Statute 304.3 : 304.3 Interior surfaces.
Summary repair leak in walls and floor (hallway and meter) of apartment

CVIO-21-1814152217 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
Location
Statute 304.3 : 304.3 Interior surfaces.
Summary Repair/ replace tub. not installed correctly.

CVIO-21-1917664814 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
Location
Statute 504.1 : 504.1 General.
Summary

CVIO-21-1621961961 Date 5/25/2021 Compliance Date **6/8/2021** Status OPEN
Location living room
Statute 304.3 : 304.3 Interior surfaces.
Summary repair and paint leak in walls and ceiling of bathroom

If you have questions regarding the status or nature of a violation please contact the department at (201) 295-5170

OFFICE COPY

Frank Stallone

Town of West New York
Code Enforcement
428-60th Street Room 27
Town of West New York , NJ 07093
(201) 295-5170

1/6/2023

Inspected: ☐ Tenant ☑ Owner

YOMTOBIAN, HARUN
390 BURNET PLACE
PARAMUS, NJ 07652

VIOLATION NOTICE

Block 85 Lot 30 Qualifier _____ 5205 BLVD EAST

Inspector Frank Stallone

OFFICE COPY

Inspection Notes

(No Inspection Notes)

You are hereby notified that a code official inspected the above referenced premises and determined that there is a violation of the municipal code. The violation listed below must be completed on or before the violation abatement date indicated. Failure to obey this order of the code official shall result in the issuance of a summons resulting in a mandatory court appearance and possible penalty assessment in compliance with this code.

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Location
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Summary

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Location living room
Statute 304.3 : 304.3 Interior surfaces.
Summary repair and paint leak in walls and ceiling of bathroom

If you have questions regarding the status or nature of a violation please contact the department at (201) 295-5170

OFFICE COPY

Frank Stallone

1/6/2023

Town of West New York
Code Enforcement
428-60th Street Room 27
Town of West New York , NJ 07093
(201) 295-5170

Inspected: ☐ Tenant ☑ Owner

YOMTOBIAN, HARUN
390 BURNET PLACE
PARAMUS, NJ 07652

VIOLATION NOTICE

Block 85 Lot 30 Qualifier _____ 5205 BLVD EAST

Inspector Naeem Syed InActive

Inspection Notes

Joanna Vasquez 917-275-6861
Ground Floor Apt. Living Room walls, ceiling, baseboard need repair & paint, floor tile lifting repair/replace.
Hallway ceiling needs repair & paint, floor tiles need repair/replace.
Bathroom ceiling needs repair & paint, floor tiles need repair/replace.
Kitchen -cabinets repair/replace doors and drawers, ceiling repair & paint, wall & wall tiles repair & paint.

You are hereby notified that a code official inspected the above referenced premises and determined that there is a violation of the municipal code. The violation listed below must be completed on or before the violation abatement date indicated. Failure to obey this order of the code official shall result in the issuance of a summons resulting in a mandatory court appearance and possible penalty assessment in compliance with this code.

Violations Resulting From This Inspection

Tracking #			
CVIO-19-1574786364	Date 11/26/2019	Compliance Date **12/11/2019**	Status Abated
Location Kitchen Statute 305.3 : Interior surfaces Summary Repair/replace wall tiles, and repair & paint ceiling			
CVIO-19-1574786344	Date 11/26/2019	Compliance Date **12/11/2019**	Status Abated
Location Hallway Statute 305.3 : Interior surfaces Summary Repair/replace floor tiles			
CVIO-19-1574786339	Date 11/26/2019	Compliance Date **12/11/2019**	Status Abated
Location Living Room Statute 305.3 : Interior surfaces Summary Repair/replace floor tiles			
CVIO-19-1574786354	Date 11/26/2019	Compliance Date **12/11/2019**	Status Abated
Location Bathroom Statute 305.3 : Interior surfaces Summary Repair/replace floor tiles			
CVIO-19-1574786359	Date 11/26/2019	Compliance Date **12/11/2019**	Status Abated
Location Kitchen Statute 305.3 : Interior surfaces Summary Repair/replace cabinets			

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CVIO-19-1574786349 Date 11/26/2019 Compliance Date **12/11/2019** Status Abated

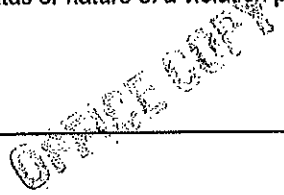
Location Hallway
Statute 305.3 : Interior surfaces
Summary Repair and paint ceiling

CVIO-19-1574786334 Date 11/26/2019 Compliance Date **12/11/2019** Status Abated

Location Living Room
Statute 305.3 : Interior surfaces
Summary Repair and paint walls and ceiling.

If you have questions regarding the status or nature of a violation please contact the department at (201) 295-5170

Naeem Syed InActive



FIRE SUBCODE
TECHNICAL SECTION

Date Received 7/1/1998
Control # 3445
Date Issued 7/6/1998
Permit # 19980633

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD EAST TOWN OF WEST NEW YORK, NJ

Owner in Fee: HARIV YOMTOBIAN

Address NJ Email

Tel.

Contractor: MOLA IRON WORKS Tel. (201) 963-3485

Address 61 PATERSON AVE HOBOKEN NJ 07030 Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted] Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-2

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $100

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW FIRE ESCAPE. SEE SKETCH

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:

Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

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CLOSED

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

U.C.C F140 (rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/1/1998
Control # 3445
Date Issued 7/6/1998
Permit # 19980633

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD. EAST TOWN OF WEST NEW YORK, NJ

Owner in Fee: HARIV YOMTOBIAN

Address NJ

Tel. Email

Contractor: MOLA IRON WORKS

Address 61 PATERSON AVE. HOBOKEN NJ 07030

Email

Tel. (201) 963-3485 Fax

Contractor License No. or, if new home, Bldrs Reg. No. 3123 Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW FIRE ESCAPE. SEE SKETCH

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☑ 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)

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed If Industrial Building
Constr. Class Present Proposed State Approved
Number of Stories HUD
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 $1,700
3. Total (1+2)

CLOSED

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/4/2001
Control # 7434
Date Issued 11/8/2001
Permit # 20011017

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD. EAST TOWN OF WEST NEW YORK, NJ

Owner in Fee: HARIV YOMTOBIAN

Address NJ

Tel. Email

Contractor:

Address NJ

Email

Tel. Fax

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

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B. BUILDING CHARACTERISTICS

Use Group Present Proposed If Industrialized Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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 $300
3. Total (1+2)

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

POINTING AND ROPR SCAFFOLF

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☑ 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)

Administrative Surcharge	
Minimum Fee	$36
State Permit Surcharge Fee	
TOTAL FEE	$45

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11/5/2004
Control # 11342
Date Issued 12/10/2004
Permit # 20041067

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD. EAST TOWN OF WEST NEW YORK, NJ

Owner in Fee: HARUM YOMTOBIAN

Address NJ

Email

Tel.

Contractor:

Address NJ

Email

Tel. Fax

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $900

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

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☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ONE WATER HEATER60 AMP SUBPANEL FOR COMMON AREAS.

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	
1	Water Heater	$25
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	$5
State Permit Surcharge Fee	$3
TOTAL FEE	$33

U.C.C F130 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/5/2004
Date Issued 12/10/2004
Control # 11342
Permit # 20041067

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD. EAST TOWN OF WEST NEW YORK, NJ

Owner in Fee: HARUM YOMTOBIAN

Address NJ

Email

Tel.

Contractor: VISCARDI ELECTRIC 2010 LIC. & INS

Address 8649 BAY 16TH STREET BROOKLYN 11214

Email

Tel. (201) 960-0492 Fax.

Lic No. 7244 Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,700

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ONE WATER HEATER60 AMP SUBPANEL FOR COMMON AREAS.

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

Administrative Surcharge
Minimum Fee $1
State Permit Surcharge Fee $3
TOTAL FEE $68

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required
☐ Partial/Underslab Approved
Partial Underslab Utilities Approved
Date: by:
☐ Electrical Plans Approved
Date: by:
Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/9/2010
Control # 18316
Date Issued 4/9/2010
Permit # 20100173

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD. EAST WEST NEW YORK, NJ

Owner in Fee: YOMTOBIAN, HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652

Tel. Email

Contractor: C.A.I-NSIDING CONST., INC.

Address 41 ESSEX ST. BELLEVILLE NJ 07109

Email

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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 $1,200
3. Total (1+2)

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C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations sidewalk bridge

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☑ 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)

	$33
Administrative Surcharge	
Minimum Fee	$45
State Permit Surcharge Fee	$3
TOTAL FEE	$48

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/9/2010
Control # 18317
Date Issued 4/9/2010
Permit # 20100174

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD. EAST WEST NEW YORK, NJ

Owner in Fee: YOMTOBIAN, HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652

Tel. Email

Contractor: C.A.I-NSIDING CONST., INC.

Address 41 ESSEX ST BELLEVILLE NJ 07109

Email

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations stucco front building

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Dates (Month/Day)

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

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TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$38
☐ 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	

Administrative Surcharge	
Minimum Fee	$45
State Permit Surcharge Fee	$3
TOTAL FEE	$48

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed
Constr. Class Present Proposed
Number of Stories
Height of Structure ______ Ft.
Area - Largest Floor ______ Sq. Ft.
New Blbg. Area / All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $1,500
3. Total (1+2)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/23/2022
Control # C-22-00395
Date Issued 5/25/2022
Permit # 20220297

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD EAST Ground Floor Unit West New York Town, NJ 07093

Owner in Fee: YOMTOBIAN, HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652

Tel. Email

Contractor: AERIAL RESTORATION

Address 2162 MORRIS AVENUE UNION NJ 07083

Email

Tel. (908) 884-5604 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Ground floor unit - REPAIR/REPLACE EXISTING WALLS, FLOORS AND KITCHEN CABINETS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

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TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$25
☐ 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	

Administrative Surcharge	
Minimum Fee	$70
State Permit Surcharge Fee	$2
TOTAL FEE	$72

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

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

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