Code

21-479

Margiotta, Mari

due 10.7.2021

From: Olivola, Sandra
Sent: Tuesday, September 28, 2021 2:20 PM
To: Margiotta, Mari
Subject: FW: OPRA request - Requesting complete permit history (opened and closed) for 93 Quarry Drive

See below OPRA request.

Thank you.

-----Original Message-----
From: John Cox <opra+request-26172-e6a8b0d8@requests.opramachine.com>
Sent: Tuesday, September 28, 2021 2:10 PM
To: Galland, Kevin <kgalland@wpnj.us>
Subject: OPRA request - Requesting complete permit history (opened and closed) for 93 Quarry Drive

Dear Woodland Park Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
Permit history (opened and closed) for 13 Quarry Drive.

Yours faithfully,

John Cox

---

14 pages

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-26172-e6a8b0d8@requests.opramachine.com

Is kgalland@wpnj.us the wrong address for OPRA requests to Woodland Park Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=woodland_park_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/requesting_complete_permit_histo

Please note that in some cases publication of requests and responses will be delayed.

RECEIVED
SEP 28 2021
MUNICIPAL CLERK'S OFFICE
BOROUGH OF WOODLAND PARK

mgMargiotta 9/30/2021

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Margiotta, Mari

From: Margiotta, Mari
Sent: Wednesday, September 29, 2021 10:36 AM
To: 'opra+request-26172-e6a8b0d8@requests.opramachine.com'
Cc: Tiseo, Christine
Subject: OPRA 21-479
Attachments: 21-479.pdf

Tracking:

Recipient	Delivery
'opra+request-26172-e6a8b0d8@requests.opramachi	
Tiseo, Christine	Delivered: 9/29/2021 10:36 AM

Good Morning Mr. Cox,

Our office is in receipt of your OPRA 21-479. Please clarify which address is in question. In the subject line, you stated 93 Quarry Drive and in the email body it is written 13 Quarry Drive.

Thank you,

Mari J. Margiotta
Deputy Clerk
Registrar, CMR
Board of Health, Secretary
(973) 345-8100 ext 203
(973) 345-8194 fax

Code

21-479

Margiotta, Mari

due 10.7.2021

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Thank you.

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Sent: Tuesday, September 28, 2021 2:10 PM
To: Galland, Kevin <kgalland@wpnj.us>
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Records requested:
Permit history (opened and closed) for 13 Quarry Drive.

Yours faithfully,

John Cox

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opra+request-26172-e6a8b0d8@requests.opramachine.com

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Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/requesting_complete_permit_histo

RECEIVED
SEP 28 2021
MUNICIPAL CLERK'S OFFICE
BOROUGH OF WOODLAND PARK

Please note that in some cases publication of requests and responses will be delayed.

Nothing open - Attached Closed permits
Code - MM - 9/30/2021

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Permit # 10-191
Date Issued 9/14/10
- or -
Control #

IDENTIFICATION

Work Site Location 13 Quarry Dr. Woodland Park, NJ 07424 Block 113 Lot ~~12.01~~ Qualification Code

Owner in Fee J. Camono
Address same

Agent/Contractor Peerless Cabinet
Address 12 Maple Terr. Stanhope, NJ

To: ☒ Owner ☒ Agent/Contractor ☐ Other:

DATE OF INSPECTION: DATE OF THIS NOTICE: ~~9/14/10~~ COMPLIANCE DUE DATE: ~~9/21/10~~

ACTION

TAKE *NOTICE* that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

Failure to obtain change of plumbing contractor
Failure to obtain final inspections

You are hereby ***ORDERED*** to terminate the said violations on or before 9/21/10.

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If you wish to contest this ***ORDER***, you may request a hearing before the Construction Board of Appeals of the COUNTY of PASSAIC, within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: 401 GRAND ST., ROOM 506, PATERSON, NJ 07505

If you have any questions concerning this matter, please call: 973-345-8100, EX. 208

NOTICE of Violation and *ORDER* to Terminate: _____ Date: 9/14/10
SubCode Official
Felix Esposito

U.C.C. F211 (rev. 1/2004)

September 28, 2010

Dear Felix Esposito,

Please note that in response to the notice of violation that we received dated September 14, 2010, the company we hired, Peerless Cabinet to perform this job for us, has left us with the job incomplete and we have not been able to locate him to finish.

I had to install the toilet, sink and paint myself. As per the conversation my son had with you about this matter, I hope this letter is sufficient to clear this matter and yet a final inspection from you department.

Thank you.

Jose M. Camano

Sworn and Subscribed before
me on this 29th day of September, 2010

Teresa Zuniga

TERESA ZUNIGA
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March 9, 2015

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit # 10-191
Date Issued 10/19/10
- or -
Control #
Certificate Issued Date:

IDENTIFICATION

Block 113 Lot 12.01 Qualification Code

Work Site Location 13 Quarry Dr.,
Woodland Park, NJ 07424

Owner in Fee J. Camano

Address same

Tel. ( ) 908-875 6878

Contractor Peerless Cabinet

Address 12 Maple Terr.
Stanhope, NJ 07874

Tel. ( ) FAX ( )

Lic. No. or Bldrs. Reg. No. 13VH04388430

Federal Employer No.

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group R3

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

bathroom in basement

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **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 _____.

CONSTRUCTION OFFICIAL

DATE 10/19/10

Fee $

Paid [ ] Check No.

Collected by:

U.C.C. F260
(rev. 8/05)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (____) _____

Contractor _____

Address _____

Tel. (____) _____ FAX (____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10/5/10
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	6/1/10		6/8/10	A
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/15/10	
Barrier-Free				

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) $ _____

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] 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)
$ _____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____

Contractor: _____ (street) _____ (municipality) Tel. (_____) _____ (zip code)

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required _____ _____

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 10/5/10

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			6/1/10	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/4/10	
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		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 $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Permit # 10-191
Date Issued 9/14/10
- or -
Control #

IDENTIFICATION

Work Site Location 13 Quarry Dr. Woodland Park, NJ 07424 Block 113 Lot ~~12.01~~ Qualification Code

Owner in Fee J. Camono
Address same

Agent/Contractor Peerless Cabinet
Address 12 Maple Terr. Stanhope, NJ

To: ☒ Owner ☒ Agent/Contractor ☐ Other:

DATE OF INSPECTION: DATE OF THIS NOTICE: ~~9/14/10~~ COMPLIANCE DUE DATE: ~~9/21/10~~

ACTION

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Failure to obtain final inspections

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If you have any questions concerning this matter, please call: 973-345-8100, EX. 208

Notice of Violation and ***Order*** to Terminate: _____ Date: 9/14/10

SubCode Official

Felix Esposito

U.C.C. F211 (rev. 1/2004)

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Address 12 Maple Terr. Stanhope, NJ

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Notice of Violation and ***Order*** to Terminate: _____ Date: 9/14/10

SubCode Official

Felix Esposito

U.C.C. F211 (rev. 1/2004)

JOSEPH A. CARLUCCI
PLUMBING & HEATING
426 Codding Road
Westfield, New Jersey 07090
(908) 654-3703
FAX 908-786-1066
State License No. 6268

TO: FELIX ESPOSITO
BLDG. DEPT.
WOODLAND PK. NJ.
RE: 13 BERNEY DR. WOODLAND PK.

DATE: 9-10-10
PLEASE CONTACT ME ON RECEIPT OF FAX.
THANK YOU JC

JOB DESCRIPTION:

JOB SHOULD BE THROUGH
MR. ESPOSITO: FAX. 973-345-3739

I AM THE PLUMBING CONTRACTOR
ON THE ABOVE ADDRESS.

I PURCHASED A BATHROOM AND
HAD A ROUGH INSPECTION.

I WAS NEVER CALLED BACK TO
FINISH THIS JOB BECAUSE OF
MONEY OWED TO ME BY MR
STOUDMILLOODY ON THIS JOB AND OTHERS

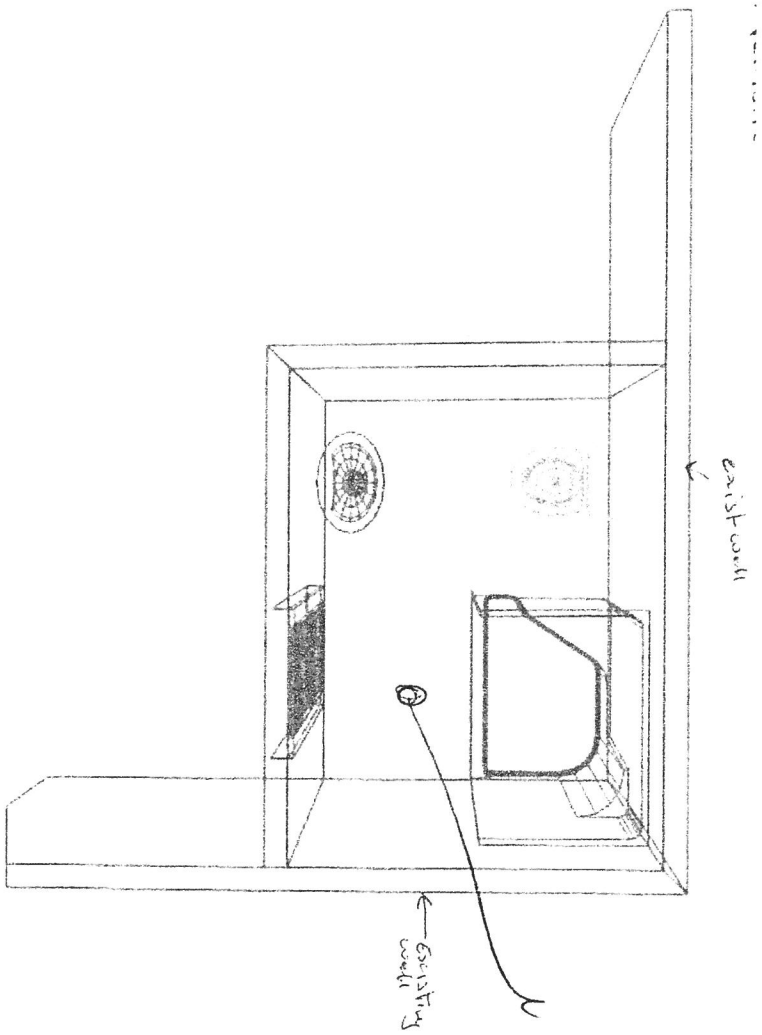
I RESPECTFULLY REQUEST THAT
THIS JOB NOT BE FINALIZED
BY ANY PERMIT

THANK YOU FOR YOUR
ASSISTANCE
P.S. PLEASE KEEP INFORMED.

Deposit	
Total Balance Due	

Customer Signature RESPECTFULLY

Joseph A. Carlucci Joseph A. Carlucci



Please review.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 6/07/10

Date Issued
Permit # 10-191

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10-12-10

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			6-1-10	
Rough			6-1-10	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10/15/10	

C. CERTIFICATION IN LIEU OF OATH

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

_____

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____