BLOCK 801 LOT 27 QUALIFICATION CODE 15190 ADDRESS (SITE) 152 Washington PERMIT NO. 08-070

partially finish basement

2/12/08
2/14 Called Will come in

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 152 Washington Ave Westwood
2. Name of Owner in Fee: Nina Lewis
   Tel. (201) 722-9295 e-mail Beautyflz@aol.com
   Address 152 (street) Washington Ave Westwood (municipality) 07675 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Same as above.. Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Nina Lewis
   Tel. (201) 722-9295 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 131		
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			
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. 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 _____

3251
00148 035402 SF
20080070

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building					2-14-08	MB			
☒ Electrical					2/13/08	GB			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
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 *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:
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

U.C.C. F100-1 (rev. 9/06)

LEWIS 152 WASHINGTON

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.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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) 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 Texas Lewis Date X 2/7/08

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

PERMIT UPDATE

Date Update Issued 3/24/08
Control # 15275
Permit #
Date Permit Issued 08-070-2

IDENTIFICATION Block 801 Lot 27
Work Site Location 152 WASHINGTON Ave
WESTWOOD
Owner in Fee LEWIS
Address SAB
Tel. (201) 921-0880

Contractor SANTANA ELECTRIC
Address 34 PARK AVE - 1ST FL
GARFIELD PASSAIC PARK NJ 07055
Tel. (201) 681-2260
Lic. No. or Bldrs. Reg. No. 8462
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

100 Amp panel change

Estimated Cost of Work $ 800

Construction Official

3-19-08
Date

PAYMENTS (Office Use Only)

Building	
Electrical	80
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	
Other	
Total	81
Check No.	
Cash	
Collected by	

U.C.C. F190
(rev. 3/96)

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

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued 3/11/08
Control #
Permit #
Date Permit Issued 08-070-1

IDENTIFICATION Block 801 Lot 27
Work Site Location 152 Washington Ave
Westwood
Owner in Fee Lewis
Address SAA
Tel. (201) 921-0880

Contractor Santana Electric
Address 32 Sherman Ave
Jersey City
Tel. (201) 681-3260
Lic. No. or Bldrs. Reg. No. 8462A
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: add'l electrical devices
6 lights, 4 receptacles, 3 switches

Estimated Cost of Work $ 600

Construction Official

3-10-08
Date

PAYMENTS (Office Use Only)

Building	
Electrical	50
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	
Other	
Total	51
Check No.	137
Cash	
Collected by	MF

U.C.C. F190
(rev. 3/96)

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

3.11.08 called G.C. ready

BOROUGH OF WESTWOOD
Phone: (201) 664-5900
Fax: (201) 664-7570

CONSTRUCTION PERMIT

Date Issued 2/14/08
Control #
Permit # 08-070

IDENTIFICATION Block 801 Lot 27 Qualification Code

Work Site Location 152 Washington Ave Westwood Contractor owner

Address

Owner in Fee Lewis

Address SAA

Tel. (201) 722-9295

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
partially finish basement to be used as Rec Room

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 $ 3350

MB Wilder — Construction Official

2-14-08 — Date

PAYMENTS (Office Use Only)

Building	66
Electrical	50
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	5
Cert. of Occupancy	
Other	
Total	121
Check No.	
Cash	+ 121.
Collected by	UH

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

BOROUGH OF WESTWOOD
101 WASHINGTON AVENUE
WESTWOOD, NJ 07675
201-664-5900

CERTIFICATE

Date Issued: 05/13/2008
Control #: 15190
Permit #: 20080070

IDENTIFICATION

Block: 801 Lot : 27 Qualification Code:

Work Site Location: 152 Washington Avenue
Westwood

Owner in Fee: Lewis, Nina

Address: 152 Washington Avenue
Westwood NJ 07675

Telephone: 201 722-9295

Agent/Contractor: Four Star General Contractors LLC

Address: 23 So. Kinderkamack Road
Montvale NJ 07645

Telephone: 201 505-1555

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

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
Partially finish basement - construct new wall, install high hats, etc. TO BE USED AS RECROOM. CAN NOT BE USED AS A BEDROOM.

Update Desc. of Wk/Use:
6 lights, 4 receptacles, 1 switch, 100 Amp panel change

[ ] **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 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

Armand Marini Construction Official

Fees: $0.00
Paid[X]Check No.: 363
Collected by: lhk

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

152 WASHINGTON AVE

BUILDING SUBCODE
TECHNICAL SECTION

Change OF CONTRACTOR

Date Received 3/3/08
Control #

Date Issued
Permit # 08-070

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

Block 801 Lot 27 Qualification Code

Work Site Location 152 WASHINGTON AVE
Unit 1 WOOD

Owner in Fee: NINA LEWIS

Tel. (201) 421-0880 e-mail

Address SAA

Contractor: FOUR STAR (street) (municipality) Tel. (201) 505-1551 (zip code)

Address 23 So. Kinderkamack Rd Montvale e-mail STARGROUPLLC@AOL

Contractor License No. or Builder Registration No. 13VH00419100 Exp. Date 12/31/08

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

Federal Emp. ID No. FAX: (201) 505-0333

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	3/7/08	MM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 4-12-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation			3-27-08	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4/7/08	MM
Barrier-Free			✓	

Mailed Approved Sticker

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 $ 6500
3. Total (1+ 2) $ 6500

Not to be used for bedroom

U.C.C. F110 (rev. 7/06)

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 Pursuant to Mngr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 Rm. Basement/Playroom
Remodel

(TO BE USED AS REC ROOM - NOT BEDROOM)

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)
$

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

DATE	JOB CONDITION / COMMENTS

152 Washington

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/14/07
Control #

Date Issued 02/07/07
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 152 Washington Avenue
Westwood NJ 07675

Owner in Fee: Nina Lewis

Tel. (201) 722-9295 e-mail Beautyfiz@aol.com

Address 152 Washington Ave Westwood 07675
street municipality zip code

Contractor: Same as above. Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Federal Employee No. _____ 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 [signature]

D. TECHNICAL SITE DATA to be used as Rec Room

DESCRIPTION OF WORK BUILD NEW WALL
1) ~~Erect~~ wall using 2x4 16" center sheetrock 1/2"
2) Install 36" Door
3) Replace closet doors with two 48" sliding mirror doors
4) Install panel 42" high around walls
5) Paint room
6) Cover steam pipe box 12x12 2x2 metal studs
7) Build in new wall
8) Replace light bars

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	2/14/07	WS
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

Change of contractor

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			2/22/07	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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 $ 100
State Permit Surcharge Fee $ _____
TOTAL FEE $ 100

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
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 $ 3,000
3. Total (1+ 2) $ _____

LABOR + MATERIAL

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

U.C.C. F110
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

DATE	JOB CONDITION / COMMENTS

Change of 152 Washington
Contractor

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5.6.08
Date Issued 5.6.08
Control #
Permit # 08-070-2

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

Block 801 Lot 27 Qualification Code ______

Work Site Location ______
West ______

Owner in Fee: ______
Tel. (201) 421-0886 e-mail ______
Address ______ (street, municipality, zip code)

Contractor: Aspino Elec Tel. ( ) ______
Address ______ e-mail ______

Contractor License No. ______ Exp. Date ______
Federal Emp. ID No. ______ FAX: (973) ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Electrical 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: 5/6/08
Approved by: ______

SUBCODE APPROVAL
[ ] CO [ ] CCO [x] CA
Date. 5/7/08
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other		Panel only		
Service			5/7/08	
Final				
Barrier-Free				

Dates (Month/Day)

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

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		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	
1	100	[illegible]	

Change Ext.

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

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933

DATE	JOB CONDITION / COMMENTS

CA-1

B14EZ0110

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A TINT COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Electrical Contractors

HAS LICENSED

ANIBAL J. OSPINO
328 GRAFTON AVE
NEWARK NJ 07104-1629

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Contractor

02/23/2006 TO 03/31/2009
VALID

34EI00678100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Board of Exam. of Electrical Contrs
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

ANIBAL J. OSPINO

EXPIRATION DATE 2009

152 Washington

up DATE.

Date Received 3.18.08
Control # 15275

Date Issued
Permit # 08-070-2

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 801 Lot 27 Qualification Code

Work Site Location 152 WASHINGTON WESTWOOD

Owner in Fee: NNA LEWIS

Tel. (201) 921-0880 e-mail

Address 152 WASHINGTON (street) (municipality) (zip code)

Contractor SANTANA ELECT. Tel. (201) 681-2260

Address 34 PORT AVENUE 1ST. PASSAIC PARK 07055 e-mail

Contractor License No. 8462 Exp. Date 03-09

Federal Employee No. 106560344 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R5

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

Building Occupied as SFR Utility Co. PSEG

Est. Cost of Elec. Work $ 800.00

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

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		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	
1	100	AMP. MAIN PANEL CHANGE - EXT.	80
		Administrative Surcharge $	
		Minimum Fee $	
		State Permit Surcharge Fee $	1
		TOTAL FEE $	81

change out to 100 amp

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[X] No Plans Required 3/18/08 DT

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	4/7/08	4/25/08		
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

152 Washington

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of Contractor + Update

Date Received 3.5.08 3/11/08
Control # 15232
Date Issued
Permit # 08-070-1

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

Block 801 Lot 27 Qualification Code

Work Site Location 152 Washington Westwood

Owner in Fee

Address 152 Washington

Tel (201) 921-0880 (cell?)

Contractor

Address

Jersey City 07303

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 600

All change contractor

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

QTY.	SIZE	ITEMS
6		Lighting Fixtures + 6
6		Receptacles + 4
3		Switches + 1
		Detectors
		Light Poles
		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

FEE (Office Use Only) $

Administrative Surcharge $
Minimum Fee $ 50
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[x] No Plans Required 3/10/08

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [x] CA

Date: 5/9/08

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	3/14/08	3/18/08	3/24/08	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	4/7/08 4/17/08	5/5/08	5/9/08	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

8462

3/6/08 I place a call to Sentona Elect
I asked if this is Sentona Elect – "I Don't Know"

411 – No Listing in TC

2-2 Call L.M.

1. Contractor did not present his lic when the permit was received
2. 2 Rough 3/14 – 3/18 Cont didn't show as requested
Severals to his office – They hung up on me.

3/26/18 Elect sch inspect – Did not show again
I did the inspect & passed it

4/7/18 Flush Rods 250.53(A) (G)
Panel 2 wire 1 lug 110.14(A)
3 wire to Tender Ot, no ART. 100 DEF Branch Cir Multiwire
~~Mung CB B~~
No Grd LN Before Main 250.92(B)(4)
Never Subsequent Bonding 250.68(B)
(300.4) Rx Exposed other subsequent cable 334.15 (B)
Below 8'
Extension collar penalty 314.20

Contractor never took my calls
Never responded to the certified letter
Never meet me at the Job site

[illegible] 70

BOROUGH OF WESTWOOD

NEW JERSEY UNIFORM CONSTRUCTION CODE

For information Call: **(201) 664-5900**

Permit No. 08-070-1 + 08-070-2

NOT APPROVED

☐ **BUILDING** ☑ **ELECTRICAL**

☐ **PLUMBING** ☐ **FIRE PROTECTION**

☐ **GIVEN TO OWNER/CONTRACTOR**

Type of Inspection Final

Date 4/2/08 **Inspector** C. Pedersen

Comments: 152 Washington Ave. Westwood N.J.-

NEC 2005 Articles;

1. 250.53 (A) (6)
2. 110.14 (A)
3. ✓ 90.4 The multiwire branch circuit is not wired as per code Refer To Art 100 Definitions.
4. 250.92 (B) (4)
5. 250.68 (B)
6. ✓ 334.15 (B)
7. ✓ 314.20

The License holder, with his State electrical License and Business Permit, shall be present at the next inspection

152 Washington

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/14/08
Control #
Date Issued
Permit # 08.070

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 152 Washington Ave Westwood NJ 15:16

Owner in Fee: Nancy Lewis

Tel. (201) 722-9295 e-mail Beauty112@aol.com

Address 152 Washington Ave (street) Westwood (municipality) 07675 (zip code)

Contractor: Dominick J. Gallone E/C Tel. (973) 725-2506

Address 12 Spring Rd. Wayne NJ e-mail _____

Contractor License No. 7637 Exp. Date 3-31-09

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

Federal Emp. ID No. 140869071 FAX: ( ) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R5

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

Building Occupied as SFR Utility Co. PSEG

Est. Cost of Elec. Work $ 350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 2/13/08

Approved by: dp

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	2/25/08			
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				

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.

Dominick J. Gallone
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install an outlet to new wall

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		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	

No charge per cont 3/11/08 update

Wire As per Code

Administrative Surcharge	$
Minimum Fee	$ 50
State Permit Surcharge Fee	$
TOTAL FEE	$

PAID

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

Owner - Electrician Took out old Florescent strips

& replaced w HH - new SR ceily & walls

re-strip.

Closet lights clearance

The one section of wall Rx at of Toy

Spoke to contractor's office Have him call me.

~~2nd~~

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Application Date: 2/12/2008
Control Number: 15190
Permit Number: 20080070
Date Permit Issued: 2/14/2008
Notice Date: 4/28/2008
Violation Number: 20080053/0

Borough of Westwood
101 Washington Avenue
Westwood,NJ 07675
201-664-5900

IDENTIFICATION

Work Site Location: 152 Washington Avenue **Block:** 801 **Lot:** 27 **Qualification Code:**

Owner In Fee: Lewis, Nina
Address: 152 Washington Avenue
Westwood NJ 07675
Telephone: 201 722-9295

Agent/ Contractor: Santana Electric
Address: 32 Sherman Avenue
Jersey City NJ 07303
Telephone: 973 4181841

To: ☐ **Owner** ☐ **Other:**
☒ **Agent/Contractor**

Date Of Inspection: 4/28/2008 **Date Of Notice:** 4/28/2008 **Compliance Due Date:** 5/13/2008

ACTION

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

Failure to comply with Electrical Subcode per N.J.A.C. 5:23-3.16 - 2005 NEC articles 250.53(A)(6), 110.14(A), 250.92(B)(4), and 250.68(B)

In violation of N.J.A.C. 5:23-3.16 VIOLATION OF ELECTRICAL SUBCODE (NEC)

You are hereby ***ORDERED*** to terminate the said violations on or before 5/13/2008.

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

$2,000.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If you wish to contest the ***ORDER***, you may request a hearing before the Construction Board of Appeals of the

Bergen County Board Of Construction Appeals

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 the nature of your reliance on them. You may include a brief statement setting forth your position and the nature of relief sought by you. You may also append any documents that you consider useful.

The Fee for an Appeal is $50.00 and should be forwarded with your application to the Construction Board Of Appeals Office at :

One Bergen County Plaza - 4th Floor, Room 417 Hackensack NJ 07601-7076

If you have any questions concerning this matter, please call: 201-664-5900

Notice of Violation and Order to Terminate: George Pedersen SubCode Official Date: 4/29/08

Sent by Certified Mail # : 7002 0460 0002 9968 3309 & REG

Borough of Westwood
101 Washington Avenue
Westwood,NJ 07675
201-664-5900
Bergen

APPLICATION TO CONSTRUCTION BOARD OF APPEALS

Date Issued: 2/12/08
Control Number: 15190
Permit Number: 20080070
Date Permit Issued: 2/14/08
Notice Date: 4/28/08
Violation Number: 20080053 / 0

IDENTIFICATION

Work Site Location: 152 Washington Avenue **Block:** 801 **Lot:** 27 **Qual:** _____

Owner In Fee: Lewis. Nina **Agent:** Santana Electric

Address: 152 Washington Avenue **Address:** 32 Sherman Avenue

Westwood NJ 07675 Jersey City NJ 07303

Telephone: 201 722-9295 **Telephone:** 973 4181841

APPLICANT STATEMENT

Specific section(s) of the Regulation in question:

Briefly state your position in this matter and explain the nature of the relief you seek.
(If more pages required , additional pages may be attached.)

The Construction Board of Appeals has 10 business days following the submission of the appeal to make a decision pursuant to N.J.A.C. 5:23-2.37(s).

Fees: $_____

Paid [ ] Check No.: _____

Collected By: _____

Signed: _____ Date : _____

(Applicant)

(Application will not be considered complete unless accompanied by the appeal fee. Fee shall be waived when appeal is based on failure of agency to act within a specified time frame.)

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7002 0460 0002 9968 3309

OFFICIAL USE

Postage	$ 41
Certified Fee	215
Return Receipt Fee (Endorsement Required)	265
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	**$ 5,21**

4/29/08
Postmark Here

Sent To SANTANA Electric
Street, Apt. No.; or PO Box No. 32 Sherman Ave
City, State, ZIP+ 4 Jersey City 07303

PS Form 3800, January 2001 See Reverse for Instructions

152 Washington Ave. #08-070-2

The contractor did not show up
3 of the 7 items were corrected
4 had not been addressed
1 Left a red sticker on the panel
Send a Notice of Violation To Santana Electric

N.J.A.C. 5:23 - 3.16 Violation of the Elect. Code
NEC 2005 Articles;
250.53 (A)(6)
110.14 (A)
250.92 (B)(4)
250.68 (B)

New Jersey Office of the Attorney General
Division of Consumer Affairs
124 Halsey Street, Newark, NJ 07102

Stephen B. Nolan
Acting Director

Mailing Address:
P.O. Box 45024
Newark, NJ 07102
(973) 504-6200

LICENSEE VERIFICATION LETTER

DATE: Wed Mar 19 07:27:17 EDT 2008

TO WHOM IT MAY CONCERN

This is to verify that the licensee was issued a New Jersey license. The current information for this license is reported below.

The BOARD's records indicate that no public disciplinary action has been taken against this license.

BOARD NAME: Electrical Contractors
OCCUPATION: Electrical Business Permit

LICENSE NUMBER: 34EB00846200 STATUS: Active
NAME: SANTANA ELECTRIC
ADDRESS: 32 SHERMAN AVE

JERSEY CITY NJ 07307-2337

LICENSE ISSUED: 06/01/1986
EXPIRATION DATE: 03/31/2009
CHANGE OF STATUS DATE: 06/14/1991

VERY TRULY YOURS,
Stephen B. Nolan
Acting Director

no phone listing

681-2260

BOROUGH OF WESTWOOD

NEW JERSEY UNIFORM CONSTRUCTION CODE

For information Call: **(201) 664-5900**

Permit No. 08-070-1 + 08-070-2

NOT APPROVED

☐ **BUILDING** ☒ **ELECTRICAL**

☐ **PLUMBING** ☐ **FIRE PROTECTION**

☐ **GIVEN TO OWNER/CONTRACTOR**

Type of Inspection Final

Date 4/2/08 **Inspector** C. Pedersen

Comments: 152 Washington Ave. Westwood NJ-
NEC 2005 Articles;

1. 250.53(A)(6)
2. 110.14(A)
3. 90.4 The multiwire Branch circuit is not wired as per Code Refer To Art 100 Definitions.
4. 250.92(B)(4)
5. 250.68(B)
6. 334.15(B)
7. 314.20

The License holder, with his State Electrical License and Business Permit, shall be present at the next inspection

mailed certified, return receipt and regular mail 4.10.08 to Santana Electric 32 Sherman Ave Jersey City, NJ 07307-2837

copy w/ cert. receipt in permit folder

4.11.08 - made copy for Charlie, 4 stone const.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7002 0460 0002 9968 3316

OFFICIAL USE

Postage	$ .41
Certified Fee	2.15
Return Receipt Fee (Endorsement Required)	2.65
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.21

4.10.09
Postmark Here

Re: 152 Wash.

Sent To: Santana Elect
Street, Apt. No.; or PO Box No.: 32 Sherman Ave
City, State, ZIP+ 4: Jersey City NJ 07307

PS Form 3800, January 2001 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Santana Electric
32 Sherman Ave
Jersey City, NJ 07307

Re: 152 Wash. 08-070

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Nana Gorin ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7002 0460 0002 9968 3316

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

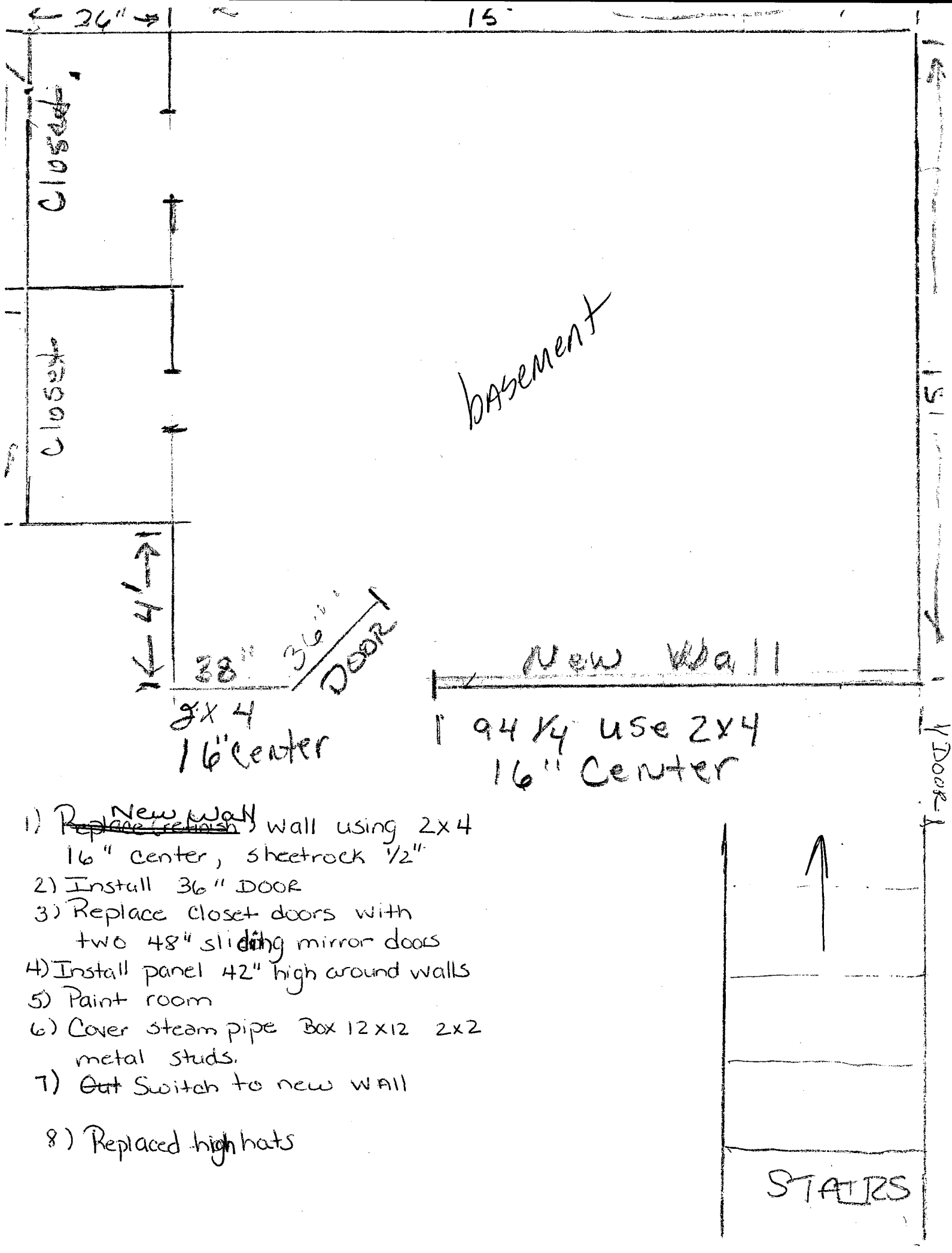
UNITED STATES POSTAL SERVICE DVD PSDC
KEARNY NJ 07
11 APR 2008 PM

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BOROUGH OF WESTWOOD
BUILDING DEPARTMENT
101 WASHINGTON AVENUE
WESTWOOD, NEW JERSEY
07675-0001

+2001



1) ~~Replace/refinish~~ New wall wall using 2x4 16" center, sheetrock 1/2"
2) Install 36" DOOR
3) Replace closet doors with two 48" sliding mirror doors
4) Install panel 42" high around walls
5) Paint room
6) Cover steam pipe Box 12x12 2x2 metal studs.
7) ~~Cut~~ Switch to new WALL
8) Replaced high hats

Building

Inspection Date: 02/07/2008 For JL

Permit No Upd	Perm. Dt	Block No	Lot No	Name	Work Site Address
Special Instructions				Inspection Type(s)	
Description				Type 1 / Type 2 / Type 3	
20070208 0	05/22/2007	1802	14	Fulmore, George	38 Sand Road Westwood
				Final	
				P-[ ] F-[ ] C-[ ]	P-[ ] F-[ ] C-[ ] P-[ ] F-[ ] C-[ ]

Tear-off and re-roof, install ice shield

[ ]-Not Ready [ ]-Not Done

152 Washington Ave 10:15 AM spoke to Nina Lewis she said they were puting a bedroom in the basement

11:45 AM
2 First St Bathroom renovation plumbing, etc. and Const Aps needed

* STARTED WORK W/O PERMIT

Westwood Building Department Plan Review Sign Off – FOR INTERNAL USE ONLY

APPLICANT Lewis

LOCATION 152 Wash.

Application received on: 2/12

20 Days from receipt of appl. 3/12

___	Construction Official	MB	DATE 2-14-08
✓	BUILDING Subcode Official	MB	DATE 2-14-08
___	PLUMBING Subcode Official		DATE
✓	ELECTRIC Subcode Official	CP	DATE 2/13/08
___	FIRE Subcode Official		DATE
___	ELEVATOR Subcode Official (DCA)		DATE

REQUIRED APPROVALS:

____ Zoning	____ Soil Movement Escrow
____ Planning Board	____ $75 filing fee
____ Engineering	____ B.C. Soil Conservation
____ Health Dept.	____ B.C. Planning & Economic Devel.
____ DIG Number	____ DEP
____ Developers Agreement	____ B.C.U.A. Sewer Connection Form
____ COAH	____ Tree Removal – Ordinance Compliance

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Four Star General Contractors & Developers, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S, OR PLUMBER'S LICENSE

11/20/2007 TO 12/31/2008
VALID

SIGNATURE

13VH00419100
License/Registration/Certificate #

Lawrence DiFrancesco
ACTING DIRECTOR

State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 802
TRENTON, NJ 08625-0802

RICHARD J. CODEY
ACTING GOVERNOR

CHARLES A. RICHMAN
ACTING COMMISSIONER

August 5, 2005

Dear Construction Official,

Enclosed please find a warning to be distributed to homeowners applying for permits before they sign the Certification in Lieu of Oath found on the permit jacket. We wrote this warning in an effort to stem the tide of homeowners falsely certifying that they are performing their own work or constructing their own houses and then seeking our assistance in remedying problems created by the contractor.

Please have these warnings copied and distributed to homeowners with the permit application. If you have any questions, please call the Code Assistance Unit at (609) 984-7609.

Sincerely,

William M. Connolly
Director
Division of Codes and Standards

Enclosure

Before signing the Certification in Lieu of Oath indicating that you are performing the work yourself, please consider the following:

1. The laws requiring new home builders to be registered and contractors in the various trades, such as plumbing or electrical work, to be licensed were adopted to protect homeowners and homebuyers. If you are signing this Certification to provide cover to an unlicensed homebuilder or contractor, you are forfeiting the protection afforded to you under the law. The contractor that you have hired may or may not be qualified. And if you encounter problems with this contractor, the government will not be able to help you because you signed the Certification indicating that you are performing the work yourself.

In the case of the construction of a new home, you are forfeiting your right to a new home warranty. Every new home builder in New Jersey is required to be registered with the State and to give a warranty to each purchaser. The warranty covers almost all defects in workmanship or materials, including appliances, for the first year; plumbing, mechanical (heating and air conditioning), and electrical systems for the first two years; and major structural defects for ten years. Further, the warranty will actually pay for the correction of defects if the builder fails or refuses to do so. By signing the Certification, you are giving up that protection.

2. You are violating the criminal laws of this State if you sign the Certification indicating that you are doing the work yourself when, in fact, you are paying someone else to do it.

I certify that I have read both sides of this form.

Signed Nina Lewis **Date** 2/7/08

PRINT NAME Nina Lewis

Electrical Business Permit

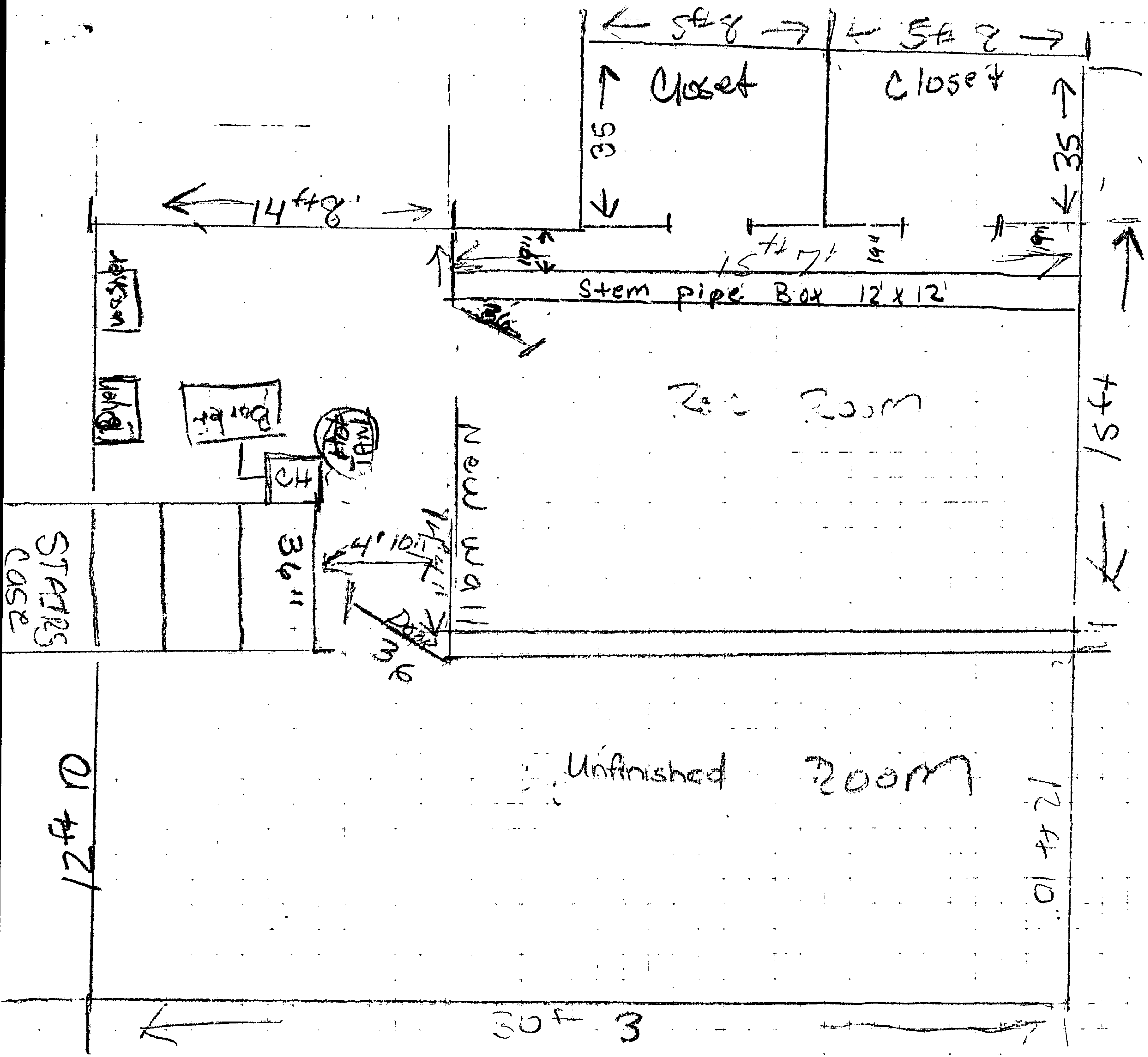
For additional information

This data is current as of January 3, 2008.
Please use our License Verification Line at (973) 273-8090 for the most recent status of licensee.

Your search for **Electrical Business Permit** with the name **dominick gallone** in the of city **wayne** generated 1 match.

Name:	DOMINICK J GALLONE ELECT CONT
Address:	WAYNE, NJ 07470-7268
License Number:	34EB00763700
License Status:	Active
Expiration Date:	31-MAR-09

Board of Examiners of Electrical Contractors at (973) 504-6410.



PLAN RELEASE

	Signature	Date
CONSTRUCTION OFFICIAL	MB	2-14-08
BUILDING	MB	2-14-08
ELECTRICAL	CP	2/13/08
PLUMBING		
FIRE		
HEALTH		

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FEB 12 2008
WESTWOOD BUILDING & ZONING DEPARTMENT

HEALTH

FIRE

PLUMBING

ELECTRICAL

BUILDING

CONSTRUCTION OFFICIAL

SIGNED

DATE

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____