



**BOROUGH OF WOODLAND PARK
OPEN PUBLIC RECORDS ACT REQUEST FORM**

5 Brophy Lane, Woodland Park, NJ 07424
Tel: 973-345-8100 x100 FAX: 973-345-8194

solivola@wvpi.us
Sandra Olivola, Municipal Clerk

24-68
Code/Blldg.
Tax
Tax Assessor

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information - Please Print

First Name RYAN MI MI Last Name WILLIAMS

Email Address Mis@stellanpl.com

Mailing Address 2605 Maitland Center Pkwy suite c,

City Maitland State FL Zip 32751

Telephone : 302-261-9069 FAX: 407-210-3113

Preferred Delivery: Pick On-Site Inspected US Mail Fax YES E-mail YES

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature RYAN WILLIAMS Date 15-02-2024

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charges dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

We are currently working with closing on this property scheduled and would need the below records verified.

Address: 123 NEWBY AVE WEST PATTERSON 7424
Parcel: BLOCK: 23 Lot: 20
Owner: EMILIO CASTRO

Please advise if the below address has any OPEN/PENDING/EXPIRED Permits and demolition permits that needs attention and any fees due currently. -none

Any unrecorded liens/lines/special assessments due. -none

Due: 2/28/2024

AGENCY USE ONLY

Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

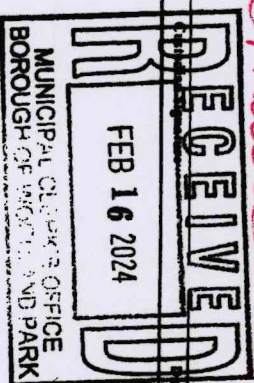
AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress	-	Open
Denied	-	Closed
Filled	-	Closed
Partial	-	Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>24-68</u>	Total	_____
Rec'd Date	<u>2/16/2024</u>	Deposit	_____
Ready Date	<u>2.26.24</u>	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided	_____	Records Provided	_____



FROM
code- ATTACHED, are all closed permits -
Nothing open - no fines pending

Memo 2/26/24



BUILDING 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 23 Lot 20 Qualification Code _____
Work Site Location 122nd Ave

Owner in Fee William Forman
Address 10315 122nd Ave

Tel. (____) _____
Contractor Self
Address _____

Fel. (____) _____ FAX (____) _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Failure	Approval
<input checked="" type="checkbox"/> No Plans Required		Footing			
<input type="checkbox"/> All		Footing Bonding			
<input type="checkbox"/> Footing		Foundation			
<input type="checkbox"/> Foundation		Slab			
<input type="checkbox"/> Frame		Truss Sys./Bracing			
<input type="checkbox"/> Other		Barrier-Free			
Joint Plan Review Required:		Insulation			
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	Finishes - Base Layer			
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Finishes - Final			
SUBCODE APPROVAL		Energy			
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	Mechanical			
Date:	<u>11/28/02</u>	TCCO			
Approved by:	<u>[Signature]</u>	Other			
		Final			
		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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

put new beam and n. window + deck rock - 1/2" lead + K13 ground, etc.

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building			
<input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Rehabilitation			<u>50</u>
<input type="checkbox"/> Roofing			
<input type="checkbox"/> Siding			
<input type="checkbox"/> Fence			
<input type="checkbox"/> Sign			
<input type="checkbox"/> Pool			
<input type="checkbox"/> Asbestos Abatement Subchapter 8			
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17			
<input type="checkbox"/> Other			
<input type="checkbox"/> Demolition			

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 50

Date Received 9/14/06

Control # _____

Date Issued 06 443

Permit # _____



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 93 Lot 12 Qualification Code 12
Work Site Location 1234 Main St

Owner in Fee ABC Corp
Address 1234 Main St

Tel (609) 555-1234
Contractor XYZ Electric
Address 5678 Elm St

Fax (609) 555-5678
Contractor License No. 12345
Federal Emp. No. 67890

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
 Pole/Pad # Temporary Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Approval Initial
<input type="checkbox"/> No Plans Required			Type:		
Joint Plan Review Required:			Rough		
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Barrier-Free		
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Temp. Serv.		
<input type="checkbox"/> Elec. Plans Approved			Constr. Serv.		
Date: <u> </u>			TCO		
Approved by: <u> </u>			Other		
			Service		
			Final		
			Barrier-Free		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
<input type="checkbox"/> CO <input type="checkbox"/> CCO			Final Cut-in-Card Date Issued		
Date: <u>1/11/12</u>			Annual Pool Inspection		
Approved by: <u> </u>			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 Contr Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
<u>1</u>	<u>150</u>	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 1/4 HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

\$

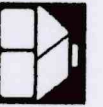
FEE (Office Use Only)

Administrative Surcharge	\$	<u> </u>
Minimum Fee	\$	<u> </u>
State Permit Surcharge Fee	\$	<u> </u>
TOTAL FEE	\$	<u> </u>

Date Received 9/11/12
Control #
Date Issued 06-4113
Permit #



BUILDING 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 33 Lot 10 Qualification Code _____
Work Site Location 1111 1st St. N. W. W. 1111 1st St. N. W. W.
Owner in Fee 1111 1st St. N. W. W. 1111 1st St. N. W. W.
Address 1111 1st St. N. W. W. 1111 1st St. N. W. W.

Tel. () _____
Contractor TRAIL BUILDERS
Address 1111 1st St. N. W. W.

Tel. () 913 218-4510 FAX () _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		Initial
		<input checked="" type="checkbox"/> No Plans Required				Type:	Failure	Failure	Approval	
<input type="checkbox"/>	All					Footing				
<input type="checkbox"/>	Footling					Footling Bonding				
<input type="checkbox"/>	Foundation					Foundation				
<input type="checkbox"/>	Frame					Slab				
<input type="checkbox"/>	Other					Truss Sys./Bracing				
Joint Plan Review Required:						Barrier-Free				
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator			
SUBCODE APPROVAL						Insulation				
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO			Finishes - Base Layer				
						Finishes - Final				
						Energy *				
						Mechanical				
						TCO				
						Other				
						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. \$ 7,000.00

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 Enrico Castro

Date Received 9/8/06
Control # _____
Date Issued _____
Permit # 06440

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove third (3rd) floor window boards 3110 better insulation. Repair window.

Done

TYPE OF WORK:	HEIGHT (EXCEEDS 6')	Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building			
<input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Rehabilitation			
<input type="checkbox"/> Roofing			
<input type="checkbox"/> Siding			
<input type="checkbox"/> Fence			
<input type="checkbox"/> Sign			
<input type="checkbox"/> Pool			
<input type="checkbox"/> Asbestos Abatement Subchapter 8			
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17			
<input type="checkbox"/> Other			
<input type="checkbox"/> Demolition			

Administrative Surcharge \$ _____

Minimum Fee \$ 10

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 150

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

1 White = Inspector Copy

2 Green = Office Copy

3 Pink = Office Copy

4 Hard = Applicant Copy



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 85 Lot 29 Qualification Code _____

Work Site Location 123 Nevada Ave

Owner In Fee Smith & Co. Inc

Address 123 Nevada Ave

Tel (173) 233-2218

Contractor _____

Address _____

Fel (_____) _____ 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 \$ 400

Small Job of Family Home Change to Code

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: _____

INSPECTIONS Dates (Month/Day)

Type: Failure Approval Initial

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 _____

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 Certified Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

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 1/4 HP _____

KW Transformer/Generator _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

8.14.06
06:403+A

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 50.



**BUILDING 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 72 Lot 123 Qualification Code 00

Owner in Fee ABC Corp
Address 123 Main St

Tel. (712) 123-4567
Contractor ABC Construction
Address 456 Main St

Fel. () FAX ()
Contractor License No. or Builder Registration No. 112345
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			<input type="checkbox"/> Footing					
<input type="checkbox"/> All			<input type="checkbox"/> Footing Bonding					
<input type="checkbox"/> Footing			<input type="checkbox"/> Foundation					
<input type="checkbox"/> Foundation			<input type="checkbox"/> Slab					
<input type="checkbox"/> Frame			<input type="checkbox"/> Frame					
<input type="checkbox"/> Other			<input type="checkbox"/> Truss Sys./Bracing					
Joint Plan Review Required:			<input type="checkbox"/> Barrier-Free					
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator					
SUBCODE APPROVAL			<input type="checkbox"/> Insulation					
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> A	<input type="checkbox"/> Finishes -Base Layer					
Date:	<u>3/28/02</u>		<input type="checkbox"/> Finishes -Final					
			<input type="checkbox"/> Energy					
Approved by:	<u>[Signature]</u>		<input type="checkbox"/> Mechanical					
			<input type="checkbox"/> TCO					
			<input type="checkbox"/> Other					
			<input type="checkbox"/> Final					
			<input type="checkbox"/> Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present Proposed Est. Cost of Bldg. Work:

Constr. Class Present Proposed 1. New Bldg. \$

No. of Stories 2. Rehabilitation \$

Height of Structure Ft. 3. Total (1+2) \$

Area — Largest Floor Sq. Ft.

New Bldg. Area/All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Date Received 3/29/02
Control #
Date Issued
Permit #

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

DESCRIPTION OF WORK

Enlarge front porch + gut blt - bring from R30 zoning with 10' R13 wood siding new R19 Floor.

TYPE OF WORK:

<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Sliding	
<input type="checkbox"/> Fence	Height (exceeds 6')
<input type="checkbox"/> Sign	Sq. Ft.
<input type="checkbox"/> Pool	
<input type="checkbox"/> Asbestos Abatement Subchapter 8	
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	
<input type="checkbox"/> Other	
<input type="checkbox"/> Demolition	

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 100

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

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



BUILDING 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 203 Lot 210 Qualification Code 1000

Work Site Location 1234 Main St, Newark, NJ 07102

Owner in Fee John Doe
Address 1234 Main St, Newark, NJ 07102
Tel. (Area) 973 123-4567
Contractor ABC Construction Co.
Address 5678 Elm St, Newark, NJ 07102

Fel. (Area) 973 123-4567 FAX (Area) 973 123-4567
Contractor License No. or Builder Registration No. 123456789
Federal Emp. No. 0000000000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Footling				
<input type="checkbox"/> All			Footling Bonding				
<input type="checkbox"/> Footling			Foundation				
<input type="checkbox"/> Foundation			Slab				
<input type="checkbox"/> Frame			Truss Sys./Bracing				
<input type="checkbox"/> Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes - Base Layer				
			Finishes - Final				
SUBCODE APPROVAL			Energy				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input checked="" type="checkbox"/> CA	Mechanical				
Date:	<u>12/26/06</u>		TCO				
Approved by:	<u>[Signature]</u>		Other				
			Final				<u>[Signature]</u>
			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) \$ 4,200.00

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.

Signature [Signature]

Date Received 7.26.06

Control # 76.356

Date Issued _____

Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of existing roof

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6') _____ Sq. Ft.
- Sign _____
- 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

1020

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

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3 Pink = Office Copy

2 Canary = Office Copy
4 Hard = Applicant Copy

J & J Handyman & Construction


P.O. Box 1052
Little Falls, NJ 07424

Proposal

Date	Estimate #
7/22/2006	1048

Name / Address
Emilio Castro 123 Newby Ave. West Paterson, NJ 07424

JOB LOCATION
Emilio Castro 123 Newby Ave. West Paterson, NJ 07424

Item	Description	Total
ROOFING TEAR OFF	<p>Remove all layers down to sheathing deck. Install ice & water shield along all gutter edges to prevent ice damage & should be installed behind all gutters. Install new 15 lb. felt paper & reshingle with 225 pounds fiberglass, self sealing GAF 30 year warranty shingles. All roofing nails to consist of galvanized 1 1/4 inch in length, & all shingles to receive a total of at least seven nails each. Install new collars on all vent pipes. Clean out all gutters & job debris from premises.</p> <p>PLEASE NOTE THE FOLLOWING: ALL ROOFING JOBS WILL RESULT IN SOME AMOUNT OF DUST AND DEBRIS TO FALL DURING THE JOB, INSIDE THE ATTIC. PLEASE TAKE CAUTION TO COVER ANY VALUABLES.</p> <p>We hereby propose to furnish labor & material-- completed in accordance with the above specifications, for the sum of \$2,354.00 with payments to be made as follows; 1/2 deposit upon proposal acceptance for material and balance due upon completion of work.</p> <p>All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or needed improvement from the above specifications involving extra costs will be executed only upon customer's approval and will become an extra charge over the above estimate.</p> <p style="text-align: center;">ACCEPTANCE OF PROPOSAL</p> <p>Signature <u></u> Date <u>7-23-06</u></p>	4,400.00
tax		308.00
Total		\$4,708.00

Phone #
973-343-9440