



Property Information		Request Information		Update Information	
File#:	BS-X01661-5615579362	Requested Date:	06/04/2024	Update Requested:	
Owner:	CHANNER, JEAN	Branch:		Requested By:	
Address 1:	204 E 25TH ST	Date Completed:		Update Completed:	
Address 2:		# of Jurisdiction(s):			
City, State Zip:	PATERSON, NJ	# of Parcel(s):	1		

Notes

CODE VIOLATIONS	<p>Per City of Paterson Department of Zoning there are no Code Violation cases on this property.</p> <p>Collector: City of Paterson Payable: 155 Market Street, Paterson, New Jersey 07505 Business# 973-321-1600</p>
PERMITS	<p>Per City of Paterson Building Department there are Open Permit on this property.</p> <p>Collector: City of Paterson Payable: 155 Market Street, Paterson, New Jersey 07505 Business# 973-321-1600</p> <p>Comments: Per City of Paterson Building Department there are Open Permit on this property. Please refer to the attached document for more information.</p>
SPECIAL ASSESSMENTS	<p>Per City of Paterson Tax Collector Department there are no Special Assessments/liens on the property.</p> <p>Collector: City of Paterson Payable: 155 Market Street, Paterson, New Jersey 07505 Business# 973-321-1600</p>
DEMOLITION	NO



UTILITIES

WATER

Account #: 115-360
Payment Status: DUE
Status: Pvt & Lienable
Amount: \$181.83
Good Thru: 07/26/2024
Account Active: Active
Collector: Passaic Valley Water Commission
Payable Address: 1525 Main Avenue, Clifton, NJ 07011
Business # 973-340-4300

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

SEWER

Account #: 10002830-0
Payment Status: Due
Status: Pvt & Lienable
Amount: \$29.25
Due Date: 08/01/2024
Account Active: Active
Collector: City of Paterson
Payable: 155 Market Street, Paterson, New Jersey 07505
Business# 973-321-1300

GARBAGE

GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN.

CITY OF PATERSON NEW JERSEY



Block/Lot/Qual:	2413. 18.	Tax Account Id:	7690
Property Location:	204-206 E 25TH ST	Property Class:	2 - Residential
Owner Name/Address:	CHANNER, JEAN	Land Value:	50,600
	204-206 E 25TH ST	Improvement Value:	116,900
	PATERSON NJ 07514	Exempt Value:	0
		Total Assessed Value:	167,500
		Additional Lots:	None
Special Taxing Districts:		Deductions:	

Balance Includes any Adjustments to Your Account

Taxes		Utilities						
Make a Payment		View Tax Rates						
View Current Bill		Project Interest						
Year	Due Date	Type	Orig Billed	Adj Billed	Balance	Interest	Total Due	Status
2024	02/01/2024	Tax	2,053.14	0.00	0.00	0.00	0.00	PAID
2024	05/01/2024	Tax	2,053.13	0.00	0.00	0.00	0.00	PAID
Total 2024			4,106.27	0.00	0.00	0.00	0.00	
2023	02/01/2023	Tax	1,943.84	0.00	0.00	0.00	0.00	PAID
2023	05/01/2023	Tax	1,943.84	0.00	0.00	0.00	0.00	PAID
2023	08/01/2023	Tax	2,090.40	0.00	0.00	0.00	0.00	PAID
2023	11/01/2023	Tax	2,234.45	0.00	0.00	0.00	0.00	PAID
Total 2023			8,212.53	0.00	0.00	0.00	0.00	
2022	02/01/2022	Tax	1,874.33	0.00	0.00	0.00	0.00	PAID
2022	05/01/2022	Tax	1,874.32	-667.26	-667.26	0.00	-667.26	PAID
2022	08/01/2022	Tax	2,004.98	0.00	0.00	0.00	0.00	PAID
2022	11/01/2022	Tax	2,021.72	0.00	0.00	0.00	0.00	PAID
Total 2022			7,775.35	-667.26	-667.26	0.00	-667.26	
2021	05/01/2021	Tax	1,748.28	-731.14	-731.14	0.00	-731.14	PAID
Last Payment: 05/07/24								

[Return to Home](#)



Utility Account:	10002830-0
Block/Lot/Qual:	2413. 18.
Property Location:	204-206 E 25TH ST
Service Location:	204-206 E 25TH ST
Owner Name/Address:	CHANNER, JEAN 204-206 E 25TH ST PATERSON NJ 07514

Sewer/Spec Assmts

[Make a Payment](#)

[View Current Bill](#)

[Project Interest](#)

Last Payment: 05/15/24

Current Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	08/01/2024	89.75	29.25	0.00	29.25	OPEN
Spec Assmts	06/14/2019	40.00	0.00	0.00	0.00	PAID
Total		129.75	29.25	0.00	29.25	

Prior Paid Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	05/02/2024	89.75	0.00	0.00	0.00	PAID
Sewer	02/01/2024	89.75	0.00	0.00	0.00	PAID
Sewer	11/01/2023	89.75	0.00	0.00	0.00	PAID
Total		269.25	0.00	0.00	0.00	

Charges Not Due Yet:

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	Not Due Yet	89.75	89.75	0.00	89.75	OPEN
Total		89.75	89.75	0.00	89.75	

[Return to Home](#)

CITY OF PATERSON
OPEN PUBLIC RECORDS ACT REQUEST FORM

City of Paterson



CA 24:1325

OFFICE OF THE CITY CLERK
CITY HALL, 3RD FLOOR
155 MARKET STREET
PATERSON, NJ 07505

PHONE: 973-321-1310 FAX: 973-321-1311

Jacqueline Murray
City of Paterson
Acting City Clerk



New Jersey

Due Date: 7/2/2024

SONIA L. GORDON, CITY CLERK
Agency Custodian

New Jersey

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 Peter MI _____ Last Name Watson

E-mail Address MLS@stellaripl.com

Mailing Address 2605 Maitland Center Parkway, Suite C

City Maitland State Florida Zip 32751

Telephone 3022619069 FAX _____

Preferred Delivery: E-mail

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 Peter Watson Date 06-24-2024

Payment Information

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 charge 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.

Our firm has been requested to research the referenced property for any BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on record in any city, town, village, or port authority.

Requesting to provide the below information for the property.

Address: 204-206 E 25TH ST, PATERSON NJ 07514
 Block/Lot/Qual: 2413, 18,
 Owner: CHANNER, JEAN

1. Please advise if the below address has any OPEN/PENDING/EXPIRED Permits and demolition permits that need attention and any fees due currently.
2. Also advise if there are any open Code Violation or fines due that needs attention currently.
3. Advise if there are any unrecorded liens/fines/special assessments due.

AGENCY USE ONLY

DEPARTMENTS

- Business Administration
- Finance
- Public Works
- Law
- Health & Human Services
- Community Development
- Police

AGENCY USE ONLY

DEPARTMENTS

- Museum
- Library
- Fire
- Office of the City Clerk
- Office of the Mayor
- Office of City Council

AGENCY USE ONLY

FILE #:

Block: 2413 Bldg: 1 SB Owners Name: [REDACTED] Net Taxable Value
 Lot: 18 Lot: 50X100 Street Address: [REDACTED] Impr: 116,900 Exemption Code:
 Qual: Addl: City & State: [REDACTED] Total: 167,500 Value: 167,500
 Card: M Property Loc: 204-206 E 25TH ST Class: 2 PATERSON

BUILDING PERMITS			ASSESSMENT HISTORY			SALE HISTORY							
Date	Description	Amount	Compl	Mos	Added	Year	Land	Impr	Net	Grantor	Date	Price	Nu
						2024	50,600	116,900	167,500				
						2023	50,600	116,900	167,500				
						2022	50,600	116,900	167,500				

LAND CALCULATIONS
 UNIT METHOD: UNIT: 5000 SF RATE: 4.75 SITE: 39500 NC:100 63,250
 ADJUSTMENTS: 80% 100% 100% 100% NET:80.00% 50,600
 9-ECONOMIC DEPR

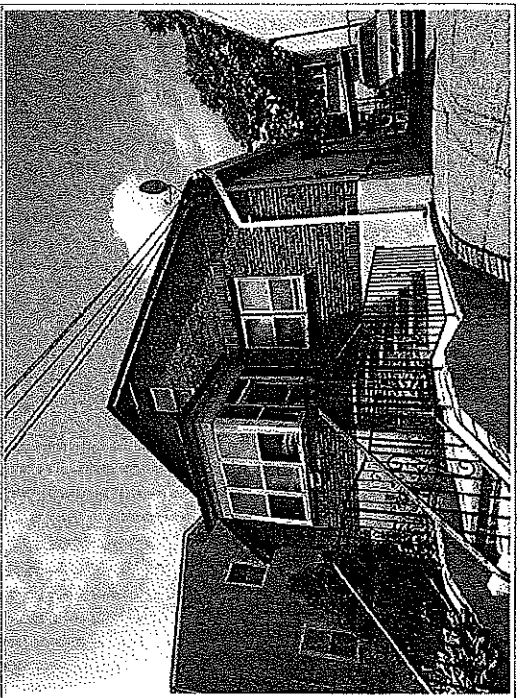
SITE INFORMATION
 Map: Neigh: Util:
 Zone: VCS: Road:
 Acres: Auto: Topo:
 0.115 Y LEVEL

BLDG INFORMATION
 Year Built: Type/Use:
 Eff Age: Style:
 Bldg Cla: Ext Siding:
 Num Units: Roof Type:
 NZ GABLE
 Condition: Roof Matl:
 AVERAGE ASPHALT SHINGLE
 Int Cond: Foundation:
 AVERAGE CONC/CIND BLK
 Story Ht: Fndtn Const:
 ONE STORY
 Row/End:
 Heat Source:
 GAS
 Garage: Livable Area:
 1344

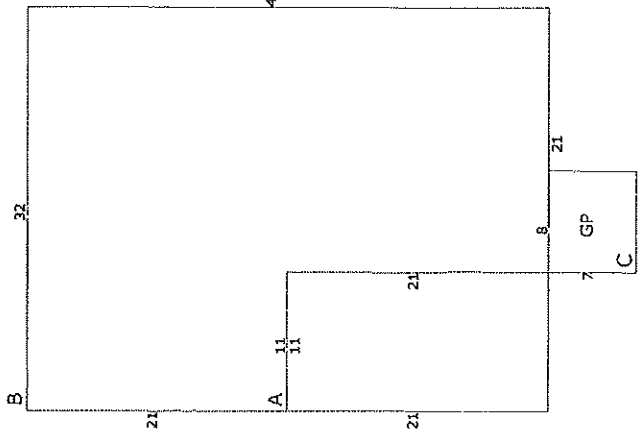
RESIDENTIAL COST APPROACH
 BASEMENT 1344 = 14959
 BASEMENT FIN 940 = 13864
 FIRST STORY 1344 = 88517
 BRICK SF 272 = 2888
 FORCED HOT AIR 2284 = 6476
 AC ADDED TO HOT 2284 = 4193
 3 FIXTURE BATH 2 - 2 = 0
 2 FIXTURE BATH 0 - 1 = -1895
 GLAZED PORCH 56 = 2595
 BASEMENT GARAGE 231 = 2612

PHYSICAL DEPR: 32.50% ECONOMIC DEPR: 0.00% BASE COST: 134,209
 FUNCTIONAL DEPR: 0.00% CCF: 1.29 MAIN BLDG: 116,862

Land: 50,600 Impr: 116,900 Total: 167,500



SKETCH
 LI-INTRO LETTER MAILED
 (PRIOR INSP INFO/NOTES:E08/01/14K,)*2020 NOTES:



A=15/B/BG (231)
 B=15/B (1113)
 C=GP (56)

Room Count

Room	B	1	2	3	T
BEDROOMS:	3	1	1	1	3
FULL BATH:	1	1	1	1	2
HALF BATH:	1	1	1	1	0
KITCHEN:	1	1	1	1	1
LIVING RM:	1	1	1	1	1
DINING RM:	1	1	1	1	1
FAMILY RM:	1	1	1	1	0
OTHER:	1	1	1	1	0

Condition

Condition	Modern	Avg	Old
KITCHEN:	1	1	1
BATH:	2	2	2

Insp

Insp	Id	Reason	By	Results
08/15/19	NZ			

Map Page: C0388
 Routing: 19

BLQ: 2413. 18.
Owner Name: CHANNER, JEAN

Tax Year: 2023 to 2024
Property Location: 204-206 E 25TH ST

Tax Year: 2023	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	1,943.84	1,943.84	2,090.40	2,234.45	8,212.53
Payments:	1,943.84	1,943.84	2,090.40	2,234.45	8,212.53
Balance:	0.00	0.00	0.00	0.00	0.00

Date	Qtr	Type	Code	Check No	Mthd	Reference	Batch Id	Principal	Interest	2023 Prin Balance
								8,212.53		8,212.53
01/30/23	1	Payment	001		CK	55864	335 WELL	1,943.84	0.00	6,268.69
		Original Billed								
04/27/23	2	Payment	001		CK	56644	202 WELL1	1,943.84	0.00	4,324.85
07/14/23	3	Payment	001		CK	57423	814 WELL	2,090.40	0.00	2,234.45
11/21/23	4	Payment	001		CK	58622	245 WELLS	2,234.45	0.00	0.00

Tax Year: 2024	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	2,053.14	2,053.13	0.00	0.00	4,106.27
Payments:	2,053.14	2,053.13	0.00	0.00	4,106.27
Balance:	0.00	0.00	0.00	0.00	0.00

Date	Qtr	Type	Code	Check No	Mthd	Reference	Batch Id	Principal	Interest	2024 Prin Balance
								4,106.27		4,106.27
02/07/24	1	Payment	001		CK	59305	540 WELL	2,053.14	0.00	2,053.13
05/07/24	2	Payment	001	wire	CK	60090	4006 CORE	2,053.13	0.00	0.00

Total Principal Balance for Tax Years in Range: 0.00

CITY OF PATERSON
DEPARTMENT OF HEALTH & HUMAN
SERVICES

Joel D. Ramirez, MBA
Director

DIVISION OF HEALTH
Thakur "Paul" D. Persaud, M.D., M.P.H., PhD
Health Officer



176 BROADWAY
PATERSON, NEW JERSEY 07505

OFFICE: (973) 321-1277
FAX: (973) 321-1246

JACQUELINE MURRAY
ACTING CITY CLERK

MEMORANDUM

DATE: June 27, 2024

TO: *Joel D. Ramirez, MBA
Director of Health & Human Services*

FROM: *Dr. Thakur "Paul" Persaud, Health Officer
Division of Health*

RE: *OPRA - Request for Information*

Our Division's programs have conducted the investigation as requested, on

File# CA24: 1325

No records were found

See attached records found

Should additional action be necessary, please feel free to contact me.

*TP/kp
Attachments*

CITY OF
PATERSON



DEPARTMENT OF
ECONOMIC
DEVELOPMENT

DIVISION OF
COMMUNITY
IMPROVEMENTS

JACQUELINE MURRAY
ACTING CITY CLERK

André Sayegh

Date: 6/27/2024

To: Jacqueline Murray
City Clerk's Office

From: Name: Colleen Cromartie
Title: Key Boarding Clerk 2
Department: Community Improvement Division

OPRA REQUEST: CA24:1325

Requestor: PETER WATSON

As per your OPRA request this is to inform you that our department has searched the HOUSING VIOLATIONS file and found no recorded references for 204-206 E 25TH ST.

All correspondence is being sent via email.

Any question, please contact me at X2540

ccromartie@patersonnj.gov

**PATERSON FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION**

MEMORANDUM

**TO: JACQUELINE MURRAY
ACTING CITY CLERK**

FROM: FIRE MARSHAL JOSEPH PAGNOZZI

DATE: TUESDAY, JUNE 25, 2024

SUBJECT: OPRA CA24:1325

JACQUELINE MURRAY,

THERE ARE NO FEES DUE AND THERE ARE NO FIRE CODE VIOLATIONS ON FILE AT THE PATERSON FIRE DEPARTMENT, FIRE PREVENTION BUREAU.

RESPECTFULLY,


FIRE MARSHAL JOSEPH PAGNOZZI

Office of the City Clerk



JACQUELINE MURRAY
Acting City Clerk

CITY HALL - 3RD FLOOR
155 MARKET STREET
PATERSON, NEW JERSEY 07505

OFFICE: (973) 321-1310
FAX: (973) 321-1311

July 17, 2024

mls@stellaripl.com

Mr. Peter Watson
2605 Maitland Center Parkway, Suite C
Maitland, FL 32751

FILE NO: CA24:1325

Dear Mr. Watson:

I refer to correspondence in the above ending with my letter of July 9, 2024 and enclose additional documents responsive to your request for information from the City of Paterson under the Open Public Records Act (OPRA).

The response is in full and final satisfaction of your OPRA request submitted to the City Clerk's Office.

If you have additional questions, please submit a new OPRA request.

Sincerely,

Jacqueline Murray

JACQUELINE MURRAY
ACTING CITY CLERK

/th

Encs.

RCVD CITY OF PATERSON
2024 JUN 24 PM 3:17

City of Paterson



New Jersey

CA 24:1325

CITY OF PATERSON
OPEN PUBLIC RECORDS ACT REQUEST FORM

OFFICE OF THE CITY CLERK
CITY HALL, 3RD FLOOR
155 MARKET STREET
PATERSON, NJ 07505

PHONE: 973-321-1310 FAX: 973-321-1311

SONIA L. GORDON, CITY CLERK
Agency Custodian

Jacqueline Murray
CITY CLERK



New Jersey

Due Date: 7/2/2024

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 Peter MI _____ Last Name Watson

E-mail Address MLS@stellaripi.com

Mailing Address 2605 Maitland Center Parkway, Suite C

City Maitland State Florida Zip 32751

Telephone 3022619069 FAX _____

Preferred Delivery: E-mail

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 Peter Watson Date 06-24-2024

Payment Information

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 charge 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.

Our firm has been requested to research the referenced property for any BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on record in any city, town, village, or port authority.

Requesting to provide the below information for the property.

Address: 204-206 E 25TH ST, PATERSON NJ 07514
Block/Lot/Qual: 2413, 18.
Owner: CHANNER, JEAN

1. Please advise if the below address has any OPEN/PENDING/EXPIRED Permits and demolition permits that need attention and any fees due currently.
2. Also advise if there are any open Code Violation or fines due that needs attention currently.
3. Advise if there are any unrecorded liens/fines/special assessments due.

AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY
DEPARTMENTS	DEPARTMENTS	DEPARTMENTS
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Museum	
<input type="checkbox"/> Finance	<input type="checkbox"/> Library	
<input type="checkbox"/> Public Works	<input type="checkbox"/> Fire	
<input type="checkbox"/> Law	<input type="checkbox"/> Office of the City Clerk	
<input type="checkbox"/> Health & Human Services	<input type="checkbox"/> Office of the Mayor	
<input type="checkbox"/> Community Development	<input type="checkbox"/> Office of City Council	
<input type="checkbox"/> Police		FILE # _____



CONSTRUCTION PERMIT

Date Issued 6/4/2024
 Control # C-23-02596
 Permit # 24-00553

IDENTIFICATION Block: 2413 Lot: 18 Qualifier _____
 Work Site Location: 204-206 E 25TH ST City of Paterson, NJ Contractor BBT HOME IMPROVEMENT
 Address 455 EAST 23RD STREET PATERSON NJ 07514
 Owner in Fee CHANNER, JEAN Telephone: (201) 538-0319
204-206 E 25TH ST PATERSON NJ 07514 Lic. No. or Bldrs. Reg. No. _____
 Telephone: (973) 336-7052 Federal Employee No. 455567910

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

COMPLETE REHAVILTATION TO A VACANT ONE-FAMILY / TO SAME / W/ DESIGN

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 \$203,380

PAYMENTS (Office Use Only)	
Building	\$4,190
Electrical	\$140
Plumbing	\$550
Fire Protection	\$95
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$386
CO Fee	
Other	\$0
Total	\$5,361
Check No.	9856817051
Cash	\$0
Credit	\$0
Collected By	Ima Begum

Construction Official _____ Date _____

U.C.C. F170
equiv (rev 1/04)

- 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 the 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 granted.

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 - Foundations and all walls up to grade level prior to back filling.
 - 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.
 - Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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.

If you do not understand any of this information, please ask.



City of Paterson
Construction Permit Application C-23-02596

204-206 E 25TH ST
City of Paterson NJ
B:2413 L:18

BBT HOME IMPROVEMENT
455 EAST 23RD STREET
PATERSON NJ 07514

Payment Date 6/4/2024

Please pay the below items

Description	Account	Fee	Paid	Balance
This is a fee item for the DCA fee	#DEFAULT DCA FEE ACCOUNT	\$386.00	\$386.00	\$0.00
This is a fee item for fire subcode fee	#DEFAULT FIRE FEE ACCOUNT	\$95.00	\$95.00	\$0.00
This is a fee item for electrical subcode fee	#DEFAULT ELECTRICAL FEE ACCOUNT	\$140.00	\$140.00	\$0.00
This is a fee item for plumbing subcode fee	#DEFAULT PLUMBING FEE ACCOUNT	\$550.00	\$550.00	\$0.00
This is a fee item for building subcode fee	#DEFAULT BUILDING FEE ACCOUNT	\$4,190.00	\$4,190.00	\$0.00
		<u>\$5,361.00</u>	<u>\$5,361.00</u>	<u>\$0.00</u>

Issued To: BBT HOME IMPROVEMENT

Amount Due
\$0.00

City Of Paterson

All payments must be received



FIRE PROTECTION 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 201 Lot 1 Qualification Code _____
Work Site Location 201 Lafayette

Owner in Fee: 201 Lafayette e-mail _____
Tel. 316 222-2222 _____
Address 201 Lafayette _____
Contractor: Electric e-mail _____
Address 201 Lafayette _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Exp. Date 3/31/24
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. 12345 FAX: _____
Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____
B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: New or Modification to Existing
OR Conversion or Replacement
Fuel Type: Gas Oil Electric Solar
 Other _____

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: _____

Location: _____
Total Cost of Fire Protection Work \$ 1500
JOB SUMMARY (Office Use Only)

PLAN REVIEW:
 No Plans Required
 Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
 Fire Protection Plans Approved
Date: 1/15/24 Approved by: [Signature]
Joint Plan Review Required:
 Bldg. Elec. Plumb. Elev.
SUBCODE APPROVAL FOR PERMIT

Approved by: _____
SUBCODE APPROVAL FOR CERTIFICATE
 CO CCO CA
Date: _____
Approved by: _____

U.C.C. F-140 (rev. 08/23) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.
Internal version

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.
Applicant/Contractor [Signature]
Print name here: Michael J. [Name]
I hereby certify that I am a Certified/licensed Contractor Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Fire Protection
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____
Alarm Systems _____
 System
 110v Interconnected
 CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., lamps, low/high air) _____
Signaling Devices (i.e., horns/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 _____
Fuel-Fired Appliances Gas Oil Solid _____
Fireplace Venting/Metal Chimney _____
Other _____

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

Control # _____
Date Issued _____
Permit # _____

Method of Alarm/Suppression System Supervision _____
MILWAUKEE
FREE (Office Use Only)
\$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 2413 Lot 25851 Qualification Code None
Work Site Location 204 E. 25th St. N. of 54th

Owner In Fee: James Chaires e-mail jc@jameschaires.com

Tel. 713 246 2052 2nd code 02524

Address 204 E. 25th St. Municipality San Diego Tel. 321 312 3340

Contractor: AVP Electric Inc e-mail avp@avp-electric.com

Address 2115 Pacific Ave City San Diego State CA

Contractor License No. 97466 Exp. Date 3/31/24

Home Improvement Contractor Registration No. or Exemption Reason None FAX: None

Federal Emp. ID No. 45-673413

B. ELECTRICAL CHARACTERISTICS
Use Group Present None Proposed None
 Pole/Pad # None Temporary Other None
Building Occupied as Factory Utility Co. None
Est. Cost of Elec. Work \$ 92K

JOB SUMMARY (Contractor Use Only)		INSPECTIONS		DATES (Month/Day)		
PLAN REVIEW	NO. PLANS REQUIRED	TYPE	FAILURE	FAILURE	APPROVAL	INITIAL
<input type="checkbox"/> No Plans Required						
<input type="checkbox"/> Partial - Understudy Utilities Approved		Rough				
<input type="checkbox"/> Electric Plans Approved		Banner-Free				
<input type="checkbox"/> Electric Plans Approved		Trench				
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.				
<input type="checkbox"/> Electric Plans Approved		Const. Serv.				
<input type="checkbox"/> Electric Plans Approved		TCC				
<input type="checkbox"/> Joint Plan Review Required		Other				
<input type="checkbox"/> 1/1 Field, 1/1 Plumb, 1/1 Fire, 1/1 Elec.		Serviced				
<input type="checkbox"/> SUBCODE APPROVAL FOR PERMIT		Final				
<input type="checkbox"/> Approved by: <u>None</u>		Banner-Free				
<input type="checkbox"/> SUBCODE APPROVAL FOR CERTIFICATE		Temp. Out-of-Cant Date Issued				
<input type="checkbox"/> Approved by: <u>None</u>		Final Out-of-Cant Date Issued				
<input type="checkbox"/> 1/1 CO, 1/1 ECC, 1/1 CA		Annual Field Inspection				
<input type="checkbox"/> Approved by: <u>None</u>		Date of Grounding and Bonding				
<input type="checkbox"/> Approved by: <u>None</u>		Resignation				

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 sign/Contractor M. J. Lopez
sign and seal here: M. J. Lopez
Print name here: M. J. Lopez
 Licensed Electrical Contractor
 Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Removal of Service

QTY.	SIZE	ITEMS	FEES (Contractor 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 Permits/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Ranges/Receptacle	
		KW Over/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 1/2+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ None
 Minimum Fee \$ None
 State Permit Surcharge Fee \$ None
TOTAL FEE \$ None



PLUMBING 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 2412 Lot 18
 Work Site Location 204 E 25th St
 Owner in Fee: Sean Channer
 Tel: 973 336 7052 e-mail _____
 Address 204 E 25th St PATERSON NJ 07524 zip code
 Tel: 201 469 5816 e-mail _____

Contractor: Load Soullainme e-mail _____
 Address 112 Center St
Cifton NJ 07011
 Contractor License No. 13496 Exp. Date 06.30.2025
 Home Improvement Contractor Registration No. or Exemption Reason
 Federal Emp. ID No. 202842335 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Building Sewer Size _____ Public Sewer _____
 Water Service Size _____ Public Water _____
 Est. Cost of Plumbing Work \$ 18,000 Private Septic _____
 Private Well _____

INSPECTIONS

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

PLAN REVIEW

No Plans Required
 Partial - Under/Slab Utilities Approved
 Plumbing Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required: _____
 Bldg. Elec. Fire. Elev.

SUBCODE APPROVAL FOR PERMIT
 Date: 5-15-24
 Approved by: _____
SUBCODE APPROVAL FOR CERTIFICATE
 CO CCO CA

Approved by: _____

U.C.C. P130 (rev. 10/17)
 Internet Version
 Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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 sign/Contractor _____
 sign and seal here: _____
 Print name here: Load Soullainme Licensed Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>Rough + Finish</u>			
Water Closet	2		
Urinal/Bidet	1		
Bath Tub	1		
Lavatory	2		
Shower	1		
Floor Drain	1		
Sink	1		
Dishwasher	1		
Drinking Fountain	1		
Washing Machine	1		
Hose Bibb	1		
Water Heater	1		
Fuel Oil Piping	1		
Gas Piping	4		
LP Gas Tank	1		
Steam Boiler			
Hot Water Boiler			
Sewer Pump			
Interceptor/Separator			
Backflow Preventer			
Greasetrap			
Sewer Connection			
Water Service Connection			
Stacks			
Other			

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



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-212-1000.

Block 2413 Lot 18 Qualification Code CLASS 2
Work Site Location 204 EAST 96 ST PATERSON NJ 07514

Owner In Fee: JOAN CHARVER e-mail _____

Tel. 973 336 7052 e-mail _____

Address 204 EAST 96 ST PATERSON NJ 07514 Tel. (201) 538 0319

Contractor B3I HOME IMPROVEMENT e-mail _____

Address 455 EAST 92 ST PATERSON NJ 07514 e-mail _____

Contractor License No. or Builder Registration No. 1320894920 Exp. Date 03-31-24

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

Federal Emp. ID No. 455 567 910

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Failure	Approval	Initial
<input type="checkbox"/> No. Plans Required			Footings					
<input type="checkbox"/> All			Footings/Bonding					
<input type="checkbox"/> Footings/Foundations			Foundation					
<input checked="" type="checkbox"/> Structural/Framework			Slab					
<input type="checkbox"/> Exterior			Frame					
<input type="checkbox"/> Interior			Truss Sys./Bracing					
<input type="checkbox"/> Interior			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					
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes - Final					
SUBCODE APPROVAL for PERMIT			Energy					
Date: _____			Mechanical					
Approved by: _____			TCO					
SUBCODE APPROVAL for CERTIFICATE			Other					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Final					
Date: _____			Barrier-Free					
Approved by: _____								

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed _____

No. of Stories _____ ft. _____

Height of Structure _____ sq. ft. _____

Area — Largest Floor _____ sq. ft. _____

New Bldg. Area/All Floors _____ cu. ft. _____

Volume of New Structure _____

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 180,000.00

U.C.C. F10 (rev. 11/09)

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.

Sign here: Milsoy Carterville

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QUIT FROM ON ROAD
IMPROVE STAFF PARK
SPARKER PR. NT
IT IS A VNAE PROPERTY
and a complete REHABILITATION

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.
<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"/> Retaining Wall		
<input type="checkbox"/> Asbestos Abatement Subchapter 8		
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17		
<input type="checkbox"/> Radon Remediation		
<input type="checkbox"/> Other		
<input type="checkbox"/> Demolition		

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

1 White = Inspector Copy

2 Green = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

2413/18

Re:

204 E. 25th St

CP3-02596

Rec'd:

Prior Approvals	Completed	Not Comp.	Not Required	BUILDING	ELECTRICAL
1) ZONING APPROVAL				<p><i>Approved and submitted</i></p> <p><i>Building department</i></p> <p><i>3/20/24</i></p> <p><i>REC</i></p>	<p><i>Approved and submitted</i></p> <p><i>3/22/24</i></p> <p><i>Rec'd H.E.</i></p>
2) BOARD APPROVAL					
a) SITE PLAN					
b) RESOLUTION/MINUTES					
3) LICENSE					
a) DCA NEW HOME REG.#					
b) STATE LIC.(RESIDENTIAL)					
c) CITY LIC.(commercial)					
4) P.H.E. soil conservation					
5) CITY ENGINEER'S					
6) CITY ENG. Permits					
a) street opening					
b) curb/sidewalk					
c) sewer					
7) PVSC					
8) Floor Area					
9) Historic District					
10) Passaic County					
11) Board of Health					
a) City					
b) County					
c) State					
d) Fire Department					
12) CERTIFICATE OF FORMATION					

BUILDING

ELECTRICAL

LIVING

FIRE

FALL 3/20/24

REC

3-21-24

Approved and submitted

City Engineer

Rec'd from contractor

Sent to engineer

Rec'd from eng. Approved

Rec'd from eng. Not approved

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
B.B.T HOME IMPROVEMENT T/A MACARIUS MILSON FONTENELLE
Home Improvement Contractor

NOT AN ELECTRICIANS OR PLUMBERS LICENSE
VALID 02/09/2023 TO 03/31/2024
SIGNATURE
13VH06949300
License/Registration/Certificate # ACTING DIRECTOR

BUILDING DEPARTMENT
REMOVAL OF CONSTRUCTION SITE DEBRIS & RECYCLABLE

PRIOR APPROVAL

OWNER / CONTRACTOR BBT HOME IMPROVEMENT

ADDRESS: 455 EAST 23 ST PATERSON 07514

TELEPHONE: 201 538 8319

EMAIL: BBTHOMEIMPROVEMENT132@GMAIL.COM

PROPERTY ADDRESS: 204 EAST 25 ST PATERSON BLOCK: 2423
LOT: _____

Will there be a dumpster located on job site Yes No _____

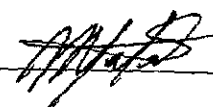
I have received and read the handout entitled "Removal of Construction Site Debris and Recyclables Prior Approval" which was given to me when I applied for a Building Permit. I understand that it is my responsibility to properly dispose of all construction site trash at Passaic County Transfer Stations, and Source separated Recyclable material may go to the Passaic County or an approved recycling center. Owners or contractors must make sure that recyclable material (recycling tax) is credited to the Community or County of Origin.

I am aware that in accordance with the Code of Paterson ("TCOP") 183-4, a fee for a construction permit shall be the sum of the sub-code fees listed in TCOP 183-5 through 183-7 in addition to a \$20.00 safe disposal fee for debris, which must be paid before the permit is issued

I also understand that I am required to obtain a receipt from the disposal site indicating that the construction debris and recyclables had been properly disposed of, bring these receipts to this Building Department within 10 days from the date of disposal.

I am aware that I may be fined up to \$2,000.00 and imprisoned for up to 90 days if I do not obtain a receipt for disposal of debris, or recyclables, and bring the receipt to the office of Community Improvements

I have read the above and certify that I am the owner, contractor and or/ agent of Block 2413 Lot 18 in this town (Paterson) and if I sell the property before I obtain the required receipt I will notify the new owner of these requirement and penalties.



(Signature)

Date: 03-07-24

Block: 2413 Bldg: 1 SB
 Lot: 18 Lot: 50X100
 Qual: M Addl:
 Card: M

Owners Name: CHANNER, JEAN
 Street Address: 204-206 E 25TH ST
 City & State: PATERSON NJ 07514
 Property Loc: 204-206 E 25TH ST

Land: 50,600
 Impr: 116,900
 Total: 167,500
 Class: 2

Land: 50,600
 Impr: 116,900
 Total: 167,500
 Code: PATERSON
 Value: SALE HISTORY
 Date: 07/22/04
 Price: 118,000
 Nu

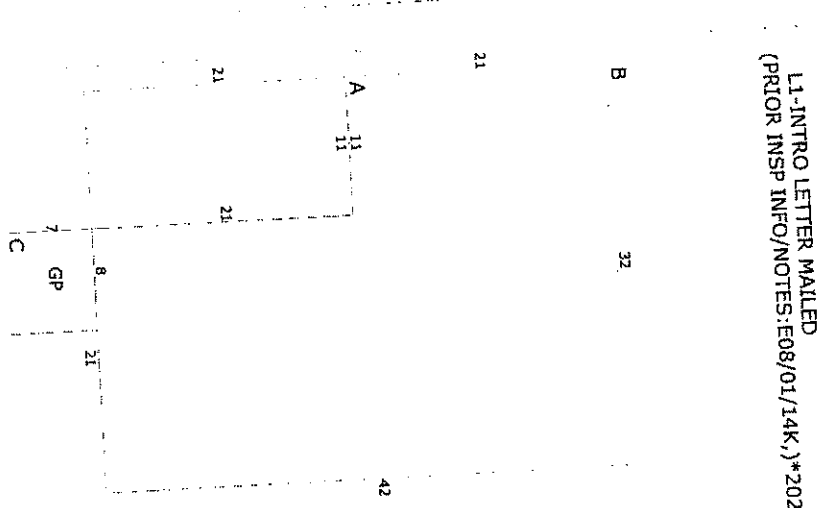
Date	Description	Amount	Compl	Mos	Added	Year	Land	Impr	Net	Grantor
2024						2024	50,600	116,900	167,500	
2023						2023	50,600	116,900	167,500	
2022						2022	50,600	116,900	167,500	

LAND CALCULATIONS

UNIT METHOD: UNIT: 5000 SF RATE: 4.75 SITE: 39500 NC:100
 ADJUSTMENTS: 80% 100% 100% 100% NET:80.000%

9-ECONOMIC DEPR

SKETCH



L1-INTRQ LETTER MAILED
 (PRIOR INSP INFO/NOTES: E08/01/14K,)*2020 NOTES:

SITE INFORMATION
 Map: 63,250
 Zone: 50,600
 Acres: 0.115
 Year Built: 63,250
 Eff Age: 65 N
 Bldg Cla: 16
 Num Units: 16
 Condition: AVERAGE
 Int Cond: AVERAGE
 Story Ht: ONE STORY
 Row/End: ONE STORY
 Garage: GAS
 Livable Area: 1344

BLDG INFORMATION
 Type/Use: ONE FAMILY
 Style: RANCH
 Ext Siding: BRICK
 Roof Type: GABLE
 Roof Matl: ASPHALT SHINGLE
 Foundations: CONC/CLND BLK
 Fdnth Const: AVERAGE
 Heat Source: GAS
 Livable Area: 1344

RESIDENTIAL COST APPROACH
 BASEMENT 1344 = 14959
 BASEMENT FIN 940 = 13864
 FIRST STORY 1344 = 88517
 BRICK SF 272 = 2888
 FORCED HOT AIR 2284 = 6476
 AC ADDED TO HOT 2284 = 4193
 3 FIXTURE BATH 2 - 2 = 0
 2 FIXTURE BATH 0 - 1 = -1895
 GLAZED PORCH 56 = 2595
 BASEMENT GARAGE 231 = 2612

PHYSICAL DEPR: 32.50% ECONOMIC DEPR: 0.00%
 FUNCTIONAL DEPR: 0.00% CCF: 1.29
 BASE COST: 134,209
 MAIN BLDG: 116,862

Room Count	B	1	2	3	T
BEDROOMS:	1	1	1	1	3
FULL BATH:	1	1	1	1	2
HALF BATH:	1	1	1	1	0
KITCHEN:	1	1	1	1	1
LIVING RM:	1	1	1	1	1
DINING RM:	1	1	1	1	0
FAMILY RM:	1	1	1	1	0
OTHER:	1	1	1	1	0
Condition	Modern	Avg	Old		
KITCHEN:	1	1	1		
BATH:	2	2	2		

Insp	Id	Reason	By	Results
08/15/19	NZ			

Map Page: C0388
 Routings: 19

03/19/24





**PLUMBING SUBCODE
TECHNICAL SECTION**



Date Received
Exam
Date Received
Exam

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-872-1000.

Book 2413 of 18 Qualification Code class 2

Work Site Location 204 E 25 st
Paterson NJ 07524

Owner or Rep. JEAN CHANNER

Tel. 973 336 7052 area

Address 204 E 25 st Paterson NJ 07524

Contractor Imad Soulaïmane Tel. 201 469 5816

Address 113 center st area

clifton NJ 07011

Contractor License No. 13496 Exp. Date 06.30.2025

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 202842338 FAX

B. PLUMBING CHARACTERISTICS

See Spec. Present _____ Processed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 18,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the legal title owner of record and am authorized to execute this application and perform the work listed on this application.

Applicant sign Contractor sign and seal here

Print name here Imad Soulaïmane

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Rough and finish all house.

QTY	FIXTURE EQUIPMENT	FEF ID# or Use Only
<u>2</u>	Water Closet	
	Urinal/Bidet	
<u>1</u>	Bar/Faucet	
<u>2</u>	Lavatory	
<u>1</u>	Shower	
	Floor Drain	
<u>1</u>	Sink	
<u>1</u>	Dishwasher	
	Drinking Fountain	
<u>1</u>	Washing Machine	
<u>2</u>	Hose Bibb	
<u>1</u>	Water Heater	
<u>4</u>	Gas Piping	
	PGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Wet/dry Separator	
	Backflow Preventer	
	Cross-trap	
	Sewer Connector	
	Water Service Connector	
	Stacks	
	Chimney	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Partial/Entire Job/Utilities Approved

Date _____ Approved by _____

Plumbing Plans Approved

Date _____ Approved by _____

Joint Plan Review Required

Bid Exam File Elec

SUBCODE APPROVAL for PERMIT

Date _____ Approved by _____

SUBCODE APPROVAL for CERTIFICATE

Date _____ Approved by _____

Approved by _____

WU/D PEA

LCC Form 1139-1 (03/01) - 1/03
 Applicant: After successful completion of the exam, the Contractor shall
 File/Exam Fee: \$200.00 (for the exam) and \$200.00 (for the permit)

Administrative Surcharge \$ _____
 Maturity Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



City of Paterson
111 BROADWAY
PATERSON, NEW JERSEY 07505

(973) 321-1549

Subcode Official Review

Date: Wednesday, March 20, 2024

To: CHANNER, JEAN
204-206 E 25TH ST
PATERSON, NJ 07514

RE: Plumbing Subcode
Block: 2413 Lot: 18 Qual:
204-206 E 25TH ST
Permit Number: Control Number: C-23-02596
Last Submit Date: Wednesday, March 20, 2024

Dear CHANNER, JEAN,

Your request is hereby denied based upon the following infractions.

Needed Riser diagram for Gas , Portable water
showing pipe size and material type

Provide information for heating systems and type

Sincerely,

A handwritten signature in black ink, appearing to read 'Jerry Lobo', written over a horizontal line.

Jerry Lobo, Subcode Official

CC: