



Property Information

File#: BS-W01469-7515603901
Owner: ORLY KONYO
Address 1: 13-12 Jerome Pl
Address 2:
City, State Zip: Fair Lawn, NJ

Request Information

Requested Date: 10/25/2023
Branch:
Date Completed:
of Jurisdiction(s):
of Parcel(s): 1

Update Information

Update Requested:
Requested By:
Update Completed:

Notes

CODE VIOLATIONS

Per Borough of Fair Lawn Department of Zoning there are Open Code Violations cases on this property.

1. Case #: 170-11

Case Type: Duties and responsibilities of owner's, operators, and occupants

2. Case #: 170-25

Case Type: Removal of trees endangering public health

3. Case #: 170-20

Case Type: Emergency conditions

Tree is still there. Summonses pending if tree is not removed by Thursday

Collector: Borough of Fair Lawn

Address: 8-01 Fair Lawn Avenue, Fair Lawn, NJ 07410

Business# 201-794-5307

PERMITS

Per Borough of Fair Lawn Department of Building there are no Open/Pending/ Expired Permit on this property.

Collector: Borough of Fair Lawn

Address: 8-01 Fair Lawn Avenue, Fair Lawn, NJ 07410

Business# 201-794-5307

SPECIAL ASSESSMENTS

Per Borough of Fair Lawn Finance Department there are no Special Assessments/liens on the property.

Collector: Borough of Fair Lawn

Address: 8-01 Fair Lawn Avenue, Fair Lawn, NJ 07410

Business# 201-794-5307

DEMOLITION

NONE



UTILITIES

Water:

Account #: 3065-0

Payment Status: DELINQUENT

Status: Pvt & Lienable

Amount: \$200.24

Good Thru: 11/30/2023

Account Active: YES

Collector: Water Department Fair Lawn

Payable Address: 8-01 Fair Lawn Avenue Fair Lawn, NJ 07410

Business# (201) 794 5304

Sewer:

Sewer bills are included in the real estate property taxes.

Garbage:

Garbage private hauler with lien status and balance unknown.

Vignesh

From: Marcella Kissane <MKissane@fairlawn.org>
Sent: Tuesday, October 31, 2023 11:04 AM
To: MLS
Cc: Coleen Goddel
Subject: OPRA 1105-2023 Response
Attachments: 062027.pdf; 090215.pdf; 13-12 Jerome Pl_Permit List.docx; 2613_17_89 - 190_13 - 12 Jerome Pl Fair Lawn NJ.PDF; 2613_17_92-554_13-12 Jerome Ave.pdf

Some people who received this message don't often get email from mkissane@fairlawn.org. [Learn why this is important](#)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning!

The following warnings on the property at 13-12 Jerome from 3/9/23
170-11 Duties and responsibilities of owner's, operators, and occupants
170-25 Removal of trees endangering public health
170-20 Emergency conditions

Tree is still there. Summonses pending if tree is not removed by Thursday.

If you have any questions pertaining to the permits, please call building at 201-794-5307.

Best,

Marcy Kissane

Borough of Fair Lawn
8-01 Fair Lawn Avenue
Fair Lawn, NJ 07410

 **Go Green - Please don't print this e-mail unnecessarily.**



NOTICE OF CONFIDENTIALITY

This message, including any prior messages and attachments, may contain advisory, consultative and/or deliberative material, confidential information or privileged communications of the Borough of Fair Lawn. Access to this message by anyone other than the sender and the intended recipient(s) is unauthorized. If you are not the intended recipient of this message, any disclosure, copying, distribution or action taken or not taken in reliance on it, without the expressed written consent of the Borough, is prohibited. If you have received this message in error, you should not save, scan, transmit, print, use or disseminate this message or any information contained in this message in any way and you should promptly delete or destroy this message and all copies of it. Please notify the sender by return e-mail if you have received this message in error.

BOROUGH OF FAIR LAWN
8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410

Date Issued 02/20/09
Control #
Permit # 090215

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 2613 Lot 17 Qual _____

Work Site Location 13-12 JEROME

Contractor AAA 1ST CHOICE LLC

Owner in Fee KONYO

Address 128 WEST CENTRAL BLVD

Address SAME

PALISADES PARK, NJ 07650-

SAME, NJ 07410-

Telephone (201) 363-8700

Telephone (201) 398-0367

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. 20-4834830

Is hereby granted permission to perform the following work:

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | | <input type="checkbox"/> OTHER _____ |

DESCRIPTION OF WORK:

CHIMNEY LINER

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 \$ 1,750

PAYMENTS (Office Use Only)

Building 0

Electrical 0

Plumbing 60

Fire Protection 0

Mechanical 0

Elevator Devices 0

Other _____

DCA State Permit Fee 2

Cert. of Occupancy 0

Other _____

Total 62

Check No. 134906

Cash _____

Collected By PM

Construction Official

02/20/09
Date

BOROUGH OF FAIR LAWN
8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410

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Estimated Cost of Work \$ 1,750

Construction Official

02/20/09
Date

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>60</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>2</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>62</u>
Check No.	<u>134906</u>
Cash	_____
Collected By	<u>PM</u>

BOROUGH OF FAIR LAWN
 8-01 FAIR LAWN AVENUE
 FAIR LAWN, NJ 07410

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/20/09
 Date Issued 02/20/09
 Control #
 Permit # 090215

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

Block 2613 Lot 17 Qual _____
 Work Site Location 13-12 JEROME

 Owner in Fee KONYO
 Address SAME
SAME, NJ 07410-
 Tel. (201) 398-0367
 Contractor AAA 1ST CHOICE LLC
 Address 128 WEST CENTRAL BLVD
PALISADES PARK, NJ 07650-
 Tel. (201) 363-8700 Fax () _____
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. 20-4834830

B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
 Building Sewer Size _____ [] Public Sewer [] Private Septic
 Water Sewer Size _____ [] Public Water [] Private Well
 Estimated Cost of Plumbing Work \$ 1,750

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[] No Plans Required	Slab	_____	_____	_____	_____
[] Partial -Underslab Util Appr	Rough	_____	_____	_____	_____
Date: _____ Appr by: _____	Water	_____	_____	_____	_____
[] Plumb Plans Approved	Sewer	_____	_____	_____	_____
Date: _____ Appr by: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required:	Gas Equip	_____	_____	_____	_____
[] Build [] Elect [] Fire	Gas Piping	_____	_____	_____	_____
SUBCODE APPR - PERM [] Elev	LPGas Tank	_____	_____	_____	_____
Date: _____ Appr by: _____	FuelOil Pip	_____	_____	_____	_____
SUBCODE APPR - CERTIF	Solar	_____	_____	_____	_____
[] CO [] CCO [] CA	TCO	_____	_____	_____	_____
Date: _____ Appr by: _____	Final	_____	_____	_____	_____

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.

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other <u>CHIM LINER</u>	60
0	Other _____	0
0	Other _____	0

Administrative Surcharge \$ _____ 0
 Paid [X] Check # 134906 Minimum Fee \$ _____ 0
 Collected by: PM TOTAL FEE \$ _____ 60
 DCA State Permit Fee \$ _____ 2

BOROUGH OF FAIR LAWN
 8-01 FAIR LAWN AVENUE
 FAIR LAWN, NJ 07410

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/20/09
 Date Issued 02/20/09
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 Permit # 090215

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 Owner in Fee KONYO
 Address SAME
SAME, NJ 07410-
 Tel. (201) 398-0367
 Contractor AAA 1ST CHOICE LLC
 Address 128 WEST CENTRAL BLVD
PALISADES PARK, NJ 07650-
 Tel. (201) 363-8700 Fax () _____
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. 20-4834830

B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
 Building Sewer Size _____ [] Public Sewer [] Private Septic
 Water Sewer Size _____ [] Public Water [] Private Well
 Estimated Cost of Plumbing Work \$ 1,750

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[] No Plans Required	Slab	_____	_____	_____	_____
[] Partial -Underslab Util Appr	Rough	_____	_____	_____	_____
Date: _____ Appr by: _____	Water	_____	_____	_____	_____
[] Plumb Plans Approved	Sewer	_____	_____	_____	_____
Date: _____ Appr by: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required:	Gas Equip	_____	_____	_____	_____
[] Build [] Elect [] Fire	Gas Piping	_____	_____	_____	_____
SUBCODE APPR - PERM [] Elev	LPGas Tank	_____	_____	_____	_____
Date: _____ Appr by: _____	FuelOil Pip	_____	_____	_____	_____
SUBCODE APPR - CERTIF	Solar	_____	_____	_____	_____
[] CO [] CCO [] CA	TCO	_____	_____	_____	_____
Date: _____ Appr by: _____	Final	_____	_____	_____	_____

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.

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other <u>CHIM LINER</u>	60
0	Other _____	0
0	Other _____	0

Administrative Surcharge \$ _____ 0
 Paid [X] Check # 134906 Minimum Fee \$ _____ 0
 Collected by: PM TOTAL FEE \$ _____ 60
 DCA State Permit Fee \$ _____ 2

BOROUGH OF FAIR LAWN
8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410

Date Issued 09/25/06
Control #
Permit # 062027

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 2613 Lot 17 Qual _____

Work Site Location 13-12 JEROME

Contractor J T O'BRIEN PLUMBING & HEATING

Owner in Fee KONYO

Address 10 RAILROAD AVENUE

Address SAME

RIDGEFIELD PARK, NJ 07660-

SAME, NJ 07410-

Telephone (201) 931-1333

Telephone (201) 398-0367

Lic. No. or Bldrs. Reg. No. 11633

Federal Emp. No. 26-0006573

Is hereby granted permission to perform the following work:

- | | | |
|---|---|---|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> DEMOLITION |
| | | <input type="checkbox"/> OTHER _____ |

DESCRIPTION OF WORK:

POOL HEATER & HOT WATER BOILER

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 \$ 2,050

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>90</u>
Fire Protection	<u>50</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>3</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>143</u>
Check No.	<u>7717</u>
Cash	_____
Collected By	<u>MA</u>

Construction Official

09/25/06
Date

BOROUGH OF FAIR LAWN
8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410

Date Issued 09/25/06
Control #
Permit # 062027

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 2613 Lot 17 Qual _____

Work Site Location 13-12 JEROME

Contractor J T O'BRIEN PLUMBING & HEATING

Owner in Fee KONYO

Address 10 RAILROAD AVENUE

Address SAME

RIDGEFIELD PARK, NJ 07660-

SAME, NJ 07410-

Telephone (201) 931-1333

Telephone (201) 398-0367

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Federal Emp. No. 26-0006573

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Fire Protection	<u>50</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>3</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>143</u>
Check No.	<u>7717</u>
Cash	_____
Collected By	<u>MA</u>

Construction Official

09/25/06
Date

BOROUGH OF FAIR LAWN
 8-01 FAIR LAWN AVENUE
 FAIR LAWN, NJ 07410

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/21/06
 Date Issued 09/25/06
 Control #
 Permit # 062027

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

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 Work Site Location 13-12 JEROME

 Owner in Fee KONYO
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 Tel. (201) 931-1333 Fax () _____
 Lic. No. or Bldrs. Reg. No. 11633
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B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
 Building Sewer Size _____ [] Public Sewer [] Private Septic
 Water Sewer Size _____ [] Public Water [] Private Well
 Estimated Cost of Plumbing Work \$ 2,000

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[] No Plans Required	Slab	_____	_____	_____	_____
[] Partial -Underslab Util Appr	Rough	_____	_____	_____	_____
Date: _____ Appr by: _____	Water	_____	_____	_____	_____
[] Plumb Plans Approved	Sewer	_____	_____	_____	_____
Date: _____ Appr by: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required:	Gas Equip	_____	_____	_____	_____
[] Build [] Elect [] Fire	Gas Piping	_____	_____	_____	_____
SUBCODE APPR - PERM [] Elev	LPGas Tank	_____	_____	_____	_____
Date: _____ Appr by: _____	FuelOil Pip	_____	_____	_____	_____
SUBCODE APPR - CERTIF	Solar	_____	_____	_____	_____
[] CO [] CCO [] CA	TCO	_____	_____	_____	_____
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0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other <u>1ST FIX. BOI</u>	<u>40</u>
	Other <u>POOL HEATER</u>	<u>50</u>
	Other _____	<u>0</u>

Administrative Surcharge \$ _____
 Paid [X] Check # 7717 Minimum Fee \$ _____
 Collected by: MA TOTAL FEE \$ 90
 DCA State Permit Fee \$ 3

BOROUGH OF FAIR LAWN
 8-01 FAIR LAWN AVENUE
 FAIR LAWN, NJ 07410

UCC NEW JERSEY
PLUMBING
SUBCODE
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 Federal Emp. No. 26-0006573

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		Type	Failure	Approval	Initial
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Date: _____ Appr by: _____	Water	_____	_____	_____	_____
[] Plumb Plans Approved	Sewer	_____	_____	_____	_____
Date: _____ Appr by: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required:	Gas Equip	_____	_____	_____	_____
[] Build [] Elect [] Fire	Gas Piping	_____	_____	_____	_____
SUBCODE APPR - PERM [] Elev	LPGas Tank	_____	_____	_____	_____
Date: _____ Appr by: _____	FuelOil Pip	_____	_____	_____	_____
SUBCODE APPR - CERTIF	Solar	_____	_____	_____	_____
[] CO [] CCO [] CA	TCO	_____	_____	_____	_____
Date: _____ Appr by: _____	Final	_____	_____	_____	_____

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0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other <u>1ST FIX. BOI</u>	<u>40</u>
	Other <u>POOL HEATER</u>	<u>50</u>
	Other _____	<u>0</u>

Administrative Surcharge \$ _____
 Paid [X] Check # 7717 Minimum Fee \$ _____
 Collected by: MA TOTAL FEE \$ 90
 DCA State Permit Fee \$ 3

BOROUGH OF FAIR LAWN
8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410

UCC NEW JERSEY
FIRE PROTECTION
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TECHNICAL SECTION

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Control #
Permit # 062027

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

Block 2613 Lot 17 Qual _____

Work Site Location 13-12 JEROME

Owner in Fee KONYO

Address SAME

SAME, NJ 07410-

Tel. (201) 398-0367

Contractor AQUATIC POOLS INC.

Address 7107 BRAEN AVE

WYCKOFF, NJ 07481-

Tel. (201) 445-6667 Fax () _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. 22-3367495

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present R-5 Proposed R-5 Fire Alarm System

Constr Class - Present _____ Proposed _____ New [] Existing []

Heating Systems [] New [] Existing [] HVAC Location of Panel: _____

Type: [] Gas [] Oil [] Elect [] Solar Fire Suppression/Standpipe Sys

[] Other _____ New [] Existing []

Location: _____ Location of Main Control Valve

Total Est Cost of Fire Prot Work \$ 50

JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)

PLAN REVIEW Type Failure Failure Approval Initial

[] No Plans Required Alarm Sys _____

[] Partial -Underslab Util Appr Suppr Test _____

Date: _____ Appr by: _____ Standpipe _____

[] Fire Plans Approved Fire Pump _____

Date: _____ Appr by: _____ PreEng Sys _____

Joint Plan Review Required: Mechanical _____

[] Build [] Elect [] Plumb Smoke Ctl _____

SUBCODE APPR - PERM [] Elev TCO _____

Date: _____ Appr by: _____ Fl/Comb Tnk _____

SUBCODE APPR - CERTIF Firepl Vnt _____

[] CO [] CCO [] CA Final _____

Date: _____ Appr by: _____ Other _____

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/Contractor Seal

D. TECHNICAL SITE DATA

Description of Work: _____

Water Supply Source _____

Method of Alarm/Suppr Sys Superv _____

Storage Tanks

FEE (Office Use Only)

Type: [] Flammable Liquid [] Combust Liquid

[] LPG [] LNG Capacity 0 Fuel _____

Alarm Systems [] 110v Interconnected NUMBER

[] System

Alarm Devices (smoke,heat,pulls,water/flow) 0

Supervisory Devices (tamper,low/high air) 0

Signaling Devices (horn/strobes, bells) 0

Other Devices _____ 0

TOTAL 0 0

Suppression Systems

Fire Pump 0 GPM Type _____ 0

Dry Pipe/Alarm Valves _____ 0

Pre-action Valves _____ 0

Sprinkler Heads (Dry and Wet) _____ 0

Standpipes _____ 0

Pre-Engineered Systems

Wet Chemical _____ 0

Dry Chemical _____ 0

CO2 Suppression _____ 0

Foam Suppression _____ 0

Halon Suppression _____ 0

Other _____ 0

Kitchen Hood Exhaust System _____ 0

Smoke Control System _____ 0

Gas [] or Oil [] Fired Appliances _____ 0

Other POOL HEATER _____ 50

Other _____ 0

Other _____ 0

Administrative Surcharge \$ _____ 0

Paid [X] Check # 7717 Minimum Fee \$ _____ 0

Collected by: MA TOTAL FEE \$ _____ 50

DCA State Permit Fee \$ _____ 0

BOROUGH OF FAIR LAWN
8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/21/06
Date Issued 09/25/06
Control #
Permit # 062027

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

Block 2613 Lot 17 Qual _____

Work Site Location 13-12 JEROME

Owner in Fee KONYO

Address SAME

SAME, NJ 07410-

Tel. (201) 398-0367

Contractor AQUATIC POOLS INC.

Address 7107 BRAEN AVE

WYCKOFF, NJ 07481-

Tel. (201) 445-6667 Fax () _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. 22-3367495

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Heating Systems [] New [] Existing [] HVAC Location of Panel: _____

Type: [] Gas [] Oil [] Elect [] Solar Fire Suppression/Standpipe Sys

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Date: _____ Appr by: _____ PreEng Sys _____

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Date: _____ Appr by: _____ Fl/Comb Tnk _____

SUBCODE APPR - CERTIF Firepl Vnt _____

[] CO [] CCO [] CA Final _____

Date: _____ Appr by: _____ Other _____

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/Contractor Seal

D. TECHNICAL SITE DATA

Description of Work: _____

Water Supply Source _____

Method of Alarm/Suppr Sys Superv _____

Storage Tanks

FEE (Office Use Only)

Type: [] Flammable Liquid [] Combust Liquid

[] LPG [] LNG Capacity 0 Fuel _____

Alarm Systems [] 110v Interconnected NUMBER

[] System

Alarm Devices (smoke,heat,pulls,water/flow) 0

Supervisory Devices (tamper,low/high air) 0

Signaling Devices (horn/strobes, bells) 0

Other Devices _____ 0

TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type _____ 0

Dry Pipe/Alarm Valves _____ 0

Pre-action Valves _____ 0

Sprinkler Heads (Dry and Wet) _____ 0

Standpipes _____ 0

Pre-Engineered Systems

Wet Chemical _____ 0

Dry Chemical _____ 0

CO2 Suppression _____ 0

Foam Suppression _____ 0

Halon Suppression _____ 0

Other _____ 0

Kitchen Hood Exhaust System _____ 0

Smoke Control System _____ 0

Gas [] or Oil [] Fired Appliances _____ 0

Other POOL HEATER _____ 50

Other _____ 0

Other _____ 0

Administrative Surcharge \$ _____ 0

Paid [X] Check # 7717 Minimum Fee \$ _____ 0

Collected by: MA TOTAL FEE \$ _____ 50

DCA State Permit Fee \$ _____ 0

CEIV

MAR 6 1980



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 13-12 JEROME PL.
2. Owner Name: JAFFA LIPPER Tel. (201) 791-8998
 Address 13-12 JEROME PL. 797-2072 ANS MACH
3. Principal Contractor: By OWNER Tel. ()
 Address _____
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ()
 Address _____
5. Responsible Person in Charge of Work OWNER Tel. ()

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. <input type="checkbox"/> Minor Work (Single Trade) 2. <input type="checkbox"/> Small Job (\$5,000 and no Prior Approvals) <i>Complete only (I.B., III and IV.A. and Page 2)</i> 3. <input type="checkbox"/> New Building 4. <input type="checkbox"/> Addition 5. <input checked="" type="checkbox"/> Alteration 6. <input type="checkbox"/> Repair, Replacement 7. <input type="checkbox"/> Demolition 8. <input type="checkbox"/> Other: _____	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. <input checked="" type="checkbox"/> Building/Structural</td> <td>\$ <u>6000-</u></td> </tr> <tr> <td>2. <input checked="" type="checkbox"/> Plumbing</td> <td><u>1500-</u></td> </tr> <tr> <td>3. <input checked="" type="checkbox"/> Electrical</td> <td><u>1200-</u></td> </tr> <tr> <td>4. <input type="checkbox"/> Fire Protection</td> <td>_____</td> </tr> <tr> <td>5. <input type="checkbox"/> Other _____</td> <td>_____</td> </tr> <tr> <td>6. <input type="checkbox"/> Other _____</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL COST <u>8700-</u></td> </tr> </tbody> </table> <p>C. DO YOU WANT: <u>\$8700-</u></p> <p>1. <input type="checkbox"/> Partial Releases 2. <input type="checkbox"/> Prototype Processing</p>	Permit/Category	Estimated	1. <input checked="" type="checkbox"/> Building/Structural	\$ <u>6000-</u>	2. <input checked="" type="checkbox"/> Plumbing	<u>1500-</u>	3. <input checked="" type="checkbox"/> Electrical	<u>1200-</u>	4. <input type="checkbox"/> Fire Protection	_____	5. <input type="checkbox"/> Other _____	_____	6. <input type="checkbox"/> Other _____	_____	TOTAL COST <u>8700-</u>		1. <input type="checkbox"/> Elevators/Dumbwaiters 2. <input type="checkbox"/> High-Pressure Boilers 3. <input type="checkbox"/> Refrigeration Systems 4. <input type="checkbox"/> Pressure Vessels 5. <input type="checkbox"/> Hazardous Uses/Places of Assembly 6. <input type="checkbox"/> Cross-connections/Backflow Preventors 7. <input type="checkbox"/> Sprinklers 8. <input type="checkbox"/> Smoke Control Systems in Open Wells
Permit/Category	Estimated																	
1. <input checked="" type="checkbox"/> Building/Structural	\$ <u>6000-</u>																	
2. <input checked="" type="checkbox"/> Plumbing	<u>1500-</u>																	
3. <input checked="" type="checkbox"/> Electrical	<u>1200-</u>																	
4. <input type="checkbox"/> Fire Protection	_____																	
5. <input type="checkbox"/> Other _____	_____																	
6. <input type="checkbox"/> Other _____	_____																	
TOTAL COST <u>8700-</u>																		

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL	
1. <input type="checkbox"/> Hotels (1-1)	If new construction, enter no. of dwelling units _____
2. <input type="checkbox"/> Multi-Family (R-2) HMD Reg. No.: _____	
3. <input type="checkbox"/> Two Family (R-3b)	If other than new construction, enter no. of dwelling units: _____
4. <input checked="" type="checkbox"/> One-Family (R-3a)	
Before Construction: <u>1</u>	
After Construction: <u>1</u>	
Net Gain (or loss): <u>0</u>	
B. NON-RESIDENTIAL	
5. <input type="checkbox"/> Theatres with Stage (A-1-A)	16. <input type="checkbox"/> Institutional Detention Center (I-1)
6. <input type="checkbox"/> Movie Theatres (A-1-B)	17. <input type="checkbox"/> Hospitals, Infirmarys (I-2)
7. <input type="checkbox"/> Night Clubs (A-2)	18. <input type="checkbox"/> Group Homes (I-3)
8. <input type="checkbox"/> Restaurants, Libraries, Museums (A-3)	19. <input type="checkbox"/> Mercantile (M)
9. <input type="checkbox"/> Religious Assembly (A-4)	20. <input type="checkbox"/> Moderate-Hazard Warehouse (S-1)
10. <input type="checkbox"/> Outdoor Assembly (A-5)	21. <input type="checkbox"/> Low-Hazard Warehouse (S-2)
11. <input type="checkbox"/> Business (B)	22. <input type="checkbox"/> Temporary, Misc. (U)
12. <input type="checkbox"/> Educational (E)	23. <input type="checkbox"/> Other _____
13. <input type="checkbox"/> Moderate-Hazard Factory (F-1)	
14. <input type="checkbox"/> Low-Hazard Factory (F-2)	
15. <input type="checkbox"/> High-Hazard (H)	
State Specific Use: _____	
If Change in Use Group, Indicate Former: _____	

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP		
1. <input checked="" type="checkbox"/> Private (Individual, Corp., Non-profit Inst., Etc.)		
2. <input type="checkbox"/> Public (State, County or Local Govt.)		
B. HEATING FUEL		
Principal	Secondary	Type
3. <input type="checkbox"/>	<input type="checkbox"/>	Gas
4. <input type="checkbox"/>	<input type="checkbox"/>	Oil
5. <input type="checkbox"/>	<input type="checkbox"/>	Electric
6. <input type="checkbox"/>	<input type="checkbox"/>	Solid (Wood, Coal, Etc.)
7. <input type="checkbox"/>	<input type="checkbox"/>	Propane
8. <input type="checkbox"/>	<input type="checkbox"/>	Solar
9. <input type="checkbox"/>	<input type="checkbox"/>	Other _____
C. TYPE OF SEWAGE DISPOSAL		
10. <input checked="" type="checkbox"/> Public or Private Company		
11. <input type="checkbox"/> Private (Septic Tank, Etc.)		
D. TYPE OF WATER SUPPLY		
12. <input checked="" type="checkbox"/> Public or Private Company		
13. <input type="checkbox"/> Private (Well, Etc.)		
E. BUILDING CHARACTERISTICS		
14. No. of Stories _____		
15. Height of Structure _____	Ft.	
16. Area—Largest Floor _____	Sq. Ft.	
17. Bldg. Area—All Fls. _____	Sq. Ft.	
18. Volume of Structure _____	Cu. Ft.	
19. Total Land Area Disturbed _____	Sq. Ft.	

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. I further certify that I will perform the work below.
 - B1. Building
 - B2. Electrical
 - B3. Plumbing
- C. I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE *Jaffa Lypper* DATE 11-27-89

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL. () _____

ADDRESS _____

SIGNATURE _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
<input type="checkbox"/> Planning Board																	
<input type="checkbox"/> Zoning Board																	
<input type="checkbox"/> Sewer Authority																	
<input type="checkbox"/> Water Authority																	
<input type="checkbox"/> Fire Department																	
<input type="checkbox"/> Police Department																	
<input type="checkbox"/> Health Department																	
<input type="checkbox"/> Soil Conservation																	
<input type="checkbox"/> N.J. Dept. of Community Affairs																	
<input type="checkbox"/> N.J. Dept. of Transportation																	
<input type="checkbox"/> N.J. Dept. of Environmental Protection																	
<input type="checkbox"/> Other: _____																	
<input type="checkbox"/> _____																	
<input type="checkbox"/> _____																	
<input type="checkbox"/> _____																	
<input type="checkbox"/> _____																	
<input type="checkbox"/> _____																	
<input type="checkbox"/> _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE	EDITION OF CODE	
<input type="checkbox"/> One and Two Family Dwellings _____	<input type="checkbox"/> Mechanical _____	<input type="checkbox"/> Flood Hazard _____
<input type="checkbox"/> Building _____	<input type="checkbox"/> Energy _____	<input type="checkbox"/> As Built Elevation Certification _____
<input type="checkbox"/> Electrical _____	<input type="checkbox"/> Barrier Free _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Plumbing _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Fire Protection _____		

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- PARTIAL RELEASES
 PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By		Approval Date	Reviewer	Comments
		Date	Receiver			
<input type="checkbox"/>	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
<input type="checkbox"/>	PLUMBING					
<input type="checkbox"/>	ELECTRICAL					
<input type="checkbox"/>	FIRE PROTECTION					
<input type="checkbox"/>	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
<input type="checkbox"/> Temporary Certificate of Occupancy Date Expired _____	_____
<input type="checkbox"/> Temporary Certificate of Occupancy Date Expired _____	_____
<input type="checkbox"/> Certificate of Occupancy No. _____	_____
<input type="checkbox"/> Certificate of Continued Occupancy No. _____	_____
<input type="checkbox"/> Certificate of Approval No. _____	_____
<input type="checkbox"/> None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE	
	AMOUNT
BUILDING	\$ 60.00
PLUMBING	16.00
ELECTRICAL	36.00
FIRE PROTECTION	.00
OTHER _____	.00
SUBTOTAL	\$.00
- LESS: 20% of subtotal (when plan review performed by state agency). (.00)	
D.C.A. TRAINING FEE .0006 x _____	= .00
CERTIFICATE OF OCCUPANCY	25.00
OTHER _____	.00
OTHER _____	.00
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 126.00
DATE <u>3/16/89</u> Collected By <u>[Signature]</u>	
B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE	
	AMOUNT
CERTIFICATE OF OCCUPANCY	.00
OTHER _____	.00
OTHER _____	.00
- LESS: Refunds (.00)	
TOTAL COLLECTED AFTER PERMIT ISSUED	\$.00
C. TOTAL CONSTRUCTION FEES COLLECTED	
	AMOUNT
COLLECTED WITH PERMIT (VA)	\$.00
COLLECTED AFTER PERMIT (VB)	.00
TOTAL	\$.00



CONSTRUCTION PERMIT

PERMIT NO. 89-190
 DATE ISSUED 3/16/89
 Block 2613 Lot A7
 Subdivision _____

A. IDENTIFICATION

Owner JAFFA LIPPER Agent By Owner
 Address 13-12 JEROME PL Address _____
FAIR LAWN, N.J
 Tel. (201) 791-8998 Tel. () _____
 Work Site Address SAME Lic. No. _____
 Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 176-
 Fees Remitted \$ 176-
 Check No. 168
 Cash
 Other _____
 Collected By: JMS
 Date: 3/15/89

is hereby granted permission to perform the following work:

BUILDING ELECTRICAL
 PLUMBING FIRE PROTECTION
 OTHER ALTERATION

Description of work:
ALTERATION IN THE BASEMENT - BATH ROOM AND KITCHEN
NOT TO BE USED AS A DWELLING UNIT OR AS A SLEEPING 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: \$ ~~8700-~~ 8700-

Maria M. Smeets
 CONSTRUCTION OFFICIAL



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 89-190
 DATE ISSUED 3/19/89
 REVISION DATE _____
 Block 2603 Lot 17
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner JAFFA LIPPER
 Address 13-12 JEROME PL.
FAIR LAWN.
 Tel. (201) 791-8998
 Work Site Address SAME

Contractor ANTHONY ROSSI
 Address #8 ESPOSITO DR.
FAIRFIELD NJ.
 Tel. (201) 575-9464
 Lic.No./Bus. Permit 1673
 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Anthony Rossi
 AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
<u>1</u>	Water Closet/Bidet/Urinal	<u>\$ 20-</u>		Garbage Disposal	\$	COLUMN 1 \$ <u>56-</u>
	Bathtub			Air Conditioner Unit		COLUMN 2 \$
<u>2</u>	Lavatory/Sink	<u>24-</u>		Indirect Connection		SUBTOTAL \$
<u>1</u>	Shower/Floor Drain	<u>12-</u>		Sewer Ejector		Minimum Plumbing Fee
	Washing Machine			Grease Trap		(If applicable) \$
	Dishwasher			Interceptor		Total Plumbing Fee
	Commercial Dishwasher			Backflow Device		(Greater of Minimum or Subtotal) \$ <u>56-</u>
	Water Heater			Reduced Pressure Backflow Device		
	Domestic Boiler/Furnace			Vent Stack		
	Steam Boiler			Solar System		
	Water Util. Connection			Other _____		
	Sewer Util. Connection			Other _____		
	Hose Bibb			Other _____		
	Water Cooler			Other _____		
	COLUMN 1	<u>\$ 56-</u>		COLUMN 2	\$	

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage - Material _____ Size _____

Building Sewer - Material _____ Size _____

Water Service - Material _____ Size _____

Venting - Material _____ Size _____

Estimated Cost of Plumbing Work: \$ 1500-

D. COMMENTS

Partial Releases Prototype Processing



ELECTRICAL SUBCODE TECHNICAL SECTION



PERMIT NO. 89-180
 DATE ISSUED 7/16/89
 REVISION DATE _____
 Block 2613 Lot 17
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner JAFFA LIPPER
 Address 13-12 JEROME PL
FAIR LAWN
 Tel. (201) 791-8998
 Work Site Address SAME

Contractor DONEVIAN EVIANI
 Address 35 HUMBOLDT ST.
NEWARK NJ 07107
 Tel. (201) 485-1880
 Lic.No./Bus. Permit. 7912
 Federal Emp. No. 593-07-6930

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[Signature]
 AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Fee
<u>7</u>	Switching Outlets			H.V.A.C. Equipment	\$	COLUMN 1
<u>9</u>	Lighting Outlets			Switching Devices		COLUMN 2
<u>19</u>	Receptacle Outlets			Transformers		SUBTOTAL \$
	Range/Oven			Motors/Generators/Compressors (state no. and size of each)		Minimum Electrical Fee (if applicable) \$
	Dryer, Electric					Total Electrical Fee (Greater of Minimum or Subtotal) \$ <u>35-</u>
	Water Heater, Electric					
<u>7</u>	Heating, Electric			Other		
<u>9</u>	Switches			Other		
<u>19</u>	Lighting Fixtures			Other		
	Receptacles			Other		
	Bonding, Pool/Vault			Other		
	Service/Feeders			Other		
COLUMN 1			COLUMN 2			

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
 Service: _____ Amps _____ Phase _____ System Type
 _____ Wire _____ Volts _____ Wiring Method
 Total No. of Meters: _____
 Estimated Cost of Electrical Work: \$ 1200

D. COMMENTS

Partial Releases Prototype Processing

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. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

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. () I further certify that I will perform or supervise the following work:

- C.1. () 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 _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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.

(X) Check if contractor.

Agent Name CNO CORP.

Address 32-23 NORWOOD DR FAIR CTWN

Telephone (801) 741 8951

Signature [Signature] Date _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

5/17/92
92-554

IDENTIFICATION Block 2613 Lot 17

Work Site Location FAIR LAWN 13-12 JEROME PL Contractor CNO. CORP.

Address 32-07 NORWOOD DR

Owner in Fee ELI LIPPER Address FAIR LAWN

Address 13-12 JEROME PL Tele. (201) 791 8951

Tele. (201) 794 0418 Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ or Social Security No. 137-72-3059

is hereby granted permission to perform the following work:

- BUILDING PLUMBING OTHER _____
- ELECTRICAL FIRE PROTECTION

DESCRIPTION OF WORK:

FRONT STEPS REBUILD W/ BRICK

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 \$ 1500- Frank M. Smithe

PAYMENTS (Office Use Only)	
Building	<u>40-</u>
Plumbing	_____
Electrical	_____
Fire Protection	_____
Other	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	<u>40-</u>
Check No.	<u>✓</u>
Cash	_____
Collected By:	<u>ME</u>

6/3/92 (13)

Railings N/G

Bottom Step 9 1/2"

— 8"

— 8"

TOP — 8 1/2"

Matching Permits (View)

Permit Number	Block	Lot	Qual	Owner	Address	Street	Description	Status
92-0554	2613	17		LIPPER	13-12	JEROME		C
062027	2613	17		KONVO	13-12	JEROME	POOL HER	C
090215	2613	17		KONVO	13-12	JEROME	CHIMNEY	C

View New Search Cancel



Block/Lot/Qual:	2613. 17.	Tax Account Id:	3281
Property Location:	13-12 JEROME PL 1X	Property Class:	2 - Residential
Owner Name/Address:	KONYO, ORLY	Land Value:	202,300
	13-12 JEROME PL	Improvement Value:	139,900
	FAIR LAWN, NJ 07410-4319	Exempt Value:	0
		Total Assessed Value:	342,200
Special Taxing Districts:		Additional Lots:	None
		Deductions:	

Balance Includes any Adjustments to Your Account

Taxes Utilities

Click on the Utility Account Id to see more information or to make a payment.

Account Service	Due Date	Current Bill	Current Balance	Delinquent Balance	Interest	Total
3065-0 Water	10/16/2023	199.00	199.00		0.00	1.24 200.24
Account Total		199.00	199.00		0.00	1.24 200.24

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