

<b>Property Information</b>		Request Information	<b>Update Information</b>
File#:	BS-W01469-7515603901	Requested Date: 10/25/2023	Update Requested:
Owner:	ORLY KONYO	Branch:	Requested By:
Address 1:	13-12 Jerome Pl	Date Completed:	Update Completed:
Address 2:		# of Jurisdiction(s):	
City, State Zip	: Fair Lawn, NJ	# of Parcel(s):	

#### **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 PI 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.

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

# UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION B1	.ock <u>2613</u> Lot	<u>17</u> Qual	
Work Site Location	13-12 JEROME	Contractor AAA 1ST CH	OICE LLC
		Address 128 WEST CENTRAL	BLVD
Owner in Fee KONYO		PALISADES PARK,	NJ 07650-
Address SAME		Telephone (201) 363-8700	
SAME, N	J 07410-		o
Telephone (201) 398-03	367	Federal Emp. No. 20-4834	
Is hereby granted perm	mission to perform the fo	ollowing work:	PAYMENTS (Office Use Only)
[ ] BUILDING	[ X] PLUMBING	[ ] ASBESTOS ABATEMENT (Subchapter 8 only	7) Building 0
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] LEAD HAZARD ABATEMENT	Electrical 0
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	[ ] DEMOLITION	Plumbing 60
		[ ] OTHER	Fire Protection 0
DESCRIPTION OF WORK:		<del> </del>	Mechanical 0
CHIMNEY LINER			Elevator Devices 0
			Other
			DCA State Permit Fee 2
			Cert. of Occupancy 0
NOTE: If construction	does not commence within	one (1) year of date of issuance,	Other
or if construction cea	ases for a period of six	(6) months, this permit is void.	Total 62
			Check No. 134906
Estimated Cost of Work	¢ \$		Cash
			Collected By PM
		02/20/09	
Construction Official		Date	

U.C.C. F170 (rev. 3/96)

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

# UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION B1	.ock <u>2613</u> Lot	<u>17</u> Qual	
Work Site Location	13-12 JEROME	Contractor AAA 1ST CH	OICE LLC
		Address 128 WEST CENTRAL	BLVD
Owner in Fee KONYO		PALISADES PARK,	NJ 07650-
Address SAME		Telephone (201) 363-8700	
SAME, N	J 07410-		o
Telephone (201) 398-03	367	Federal Emp. No. 20-4834	
Is hereby granted perm	mission to perform the fo	ollowing work:	PAYMENTS (Office Use Only)
[ ] BUILDING	[ X] PLUMBING	[ ] ASBESTOS ABATEMENT (Subchapter 8 only	7) Building 0
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] LEAD HAZARD ABATEMENT	Electrical 0
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	[ ] DEMOLITION	Plumbing 60
		[ ] OTHER	Fire Protection 0
DESCRIPTION OF WORK:		<del> </del>	Mechanical 0
CHIMNEY LINER			Elevator Devices 0
			Other
			DCA State Permit Fee 2
			Cert. of Occupancy 0
NOTE: If construction	does not commence within	one (1) year of date of issuance,	Other
or if construction cea	ases for a period of six	(6) months, this permit is void.	Total 62
			Check No. 134906
Estimated Cost of Work	¢ \$		Cash
			Collected By PM
		02/20/09	
Construction Official		Date	

U.C.C. F170 (rev. 3/96)

# UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

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

1h 0612				
lock 2613 Lot 17 Qual				
ork Site Location 13-12 JEROME	NO.	FIXTURE/EQUIP	MENT	FEE (Office Use On
	0	Water Closet		-
wner in Fee KONYO	0	Urinal / Bide	t	
ddress SAME	0	Bath Tub		
SAME, NJ 07410-	0	Lavatory		
el.( <u>201</u> ) <u>398-0367</u>	0	Shower		
ontractor AAA 1ST CHOICE LLC	0	Floor Drain		
ddress 128 WEST CENTRAL BLVD	0	Sink		
PALISADES PARK, NJ 07650-	0	Dishwasher		
el.( <u>201</u> ) <u>363-8700</u> Fax ( <u>    )</u>	0	Drinking Foun	tain	
ic. No. or Bldrs. Reg. No	0	Washing Machi	ne	
ederal Emp. No. 20-4834830	0	Hose Bibb		
	0	Water Heater		
. PLUMBING CHARACTERISTICS	0	Fuel Oil Pipi	ng	
se Group - Present R-5 Proposed R-5	0	Gas Piping		
uilding Sewer Size [ ] Public Sewer [ ] Private Septic	0	Steam Boiler		
ater Sewer Size [ ] Public Water [ ] Private Well	0	Hot Water Boi	ler	
stimated Cost of Plumbing Work \$ 1,750	0	Sewer Pump		
	0	Interceptor /	Separator	
OB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)	0	Backflow Prev	enter	
LAN REVIEW Type Failure Failure Approval Initial	0	Greasetrap		
] No Plans Required Slab	0	Sewer Connect	ion	·
] Partial -Underslab Util Appr Rough	0	Water Service	Connection	
Date:Appr by: Water	0	Stacks		·
] Plumb Plans Approved Sewer		Other CHIM I	INER	6
Date:Appr by: Fixtures		Other		·
oint Plan Review Required: Gas Equip		Other		·
] Build [ ] Elect [ ] Fire Gas Piping				
UBCODE APPR - PERM [ ] Elev				
Date:Appr by: FuelOil Pip		Adminis	trative Surcharge	\$
UBCODE APPR - CERTIF Solar	Paid [ X] Check	#134906		\$
] CO [ ] CCO [ ] CA TCO	Collected by:	PM	TOTAL FEE	\$6
Date:Appr by: Final		DCA	State Permit Fee	\$

Signature/Contractor Seal

to make this application and perform the work listed on this application.

# UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

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

1h 0612				
lock 2613 Lot 17 Qual				
ork Site Location 13-12 JEROME	NO.	FIXTURE/EQUIP	MENT	FEE (Office Use On
	0	Water Closet		-
wner in Fee KONYO	0	Urinal / Bide	t	
ddress SAME	0	Bath Tub		
SAME, NJ 07410-	0	Lavatory		
el.( <u>201</u> ) <u>398-0367</u>	0	Shower		
ontractor AAA 1ST CHOICE LLC	0	Floor Drain		
ddress 128 WEST CENTRAL BLVD	0	Sink		
PALISADES PARK, NJ 07650-	0	Dishwasher		
el.( <u>201</u> ) <u>363-8700</u> Fax ( <u>    )</u>	0	Drinking Foun	tain	
ic. No. or Bldrs. Reg. No	0	Washing Machi	ne	
ederal Emp. No. 20-4834830	0	Hose Bibb		
	0	Water Heater		
. PLUMBING CHARACTERISTICS	0	Fuel Oil Pipi	ng	
se Group - Present R-5 Proposed R-5	0	Gas Piping		
uilding Sewer Size [ ] Public Sewer [ ] Private Septic	0	Steam Boiler		
ater Sewer Size [ ] Public Water [ ] Private Well	0	Hot Water Boi	ler	
stimated Cost of Plumbing Work \$ 1,750	0	Sewer Pump		
	0	Interceptor /	Separator	
OB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)	0	Backflow Prev	enter	
LAN REVIEW Type Failure Failure Approval Initial	0	Greasetrap		
] No Plans Required Slab	0	Sewer Connect	ion	·
] Partial -Underslab Util Appr Rough	0	Water Service	Connection	
Date:Appr by: Water	0	Stacks		·
] Plumb Plans Approved Sewer		Other CHIM I	INER	6
Date:Appr by: Fixtures		Other		·
oint Plan Review Required: Gas Equip		Other		·
] Build [ ] Elect [ ] Fire Gas Piping				
UBCODE APPR - PERM [ ] Elev				
Date:Appr by: FuelOil Pip		Adminis	trative Surcharge	\$
UBCODE APPR - CERTIF Solar	Paid [ X] Check	#134906		\$
] CO [ ] CCO [ ] CA TCO	Collected by:	PM	TOTAL FEE	\$6
Date:Appr by: Final		DCA	State Permit Fee	\$

Signature/Contractor Seal

to make this application and perform the work listed on this application.

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

# UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION B1	ock 2613 Lot	Qual		
Work Site Location	13-12 JEROME	Contractor J T O'BRIEN P	LUMBING & HEATING	
		Address 10 RAILROAD AVENUE		
Owner in Fee KONYO		RIDGEFIELD PARK, NJ	07660-	
Address SAME		Telephone (201) 931-1333		
SAME, N	J 07 <b>4</b> 10-	Lic. No. or Bldrs. Reg. No.	11633	
Telephone (201) 398-03	67	Federal Emp. No. 26-0006573		
Is hereby granted perm	nission to perform the fo	llowing work:	PAYMENTS (Office Us	e Only)
[ ] BUILDING	[X] PLUMBING	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	Building	0
[ ] ELECTRICAL	[ X] FIRE PROTECTION	[ ] LEAD HAZARD ABATEMENT	Electrical	0
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	[ ] DEMOLITION	Plumbing	90
		[ ] OTHER	Fire Protection	50
DESCRIPTION OF WORK:			Mechanical	0
POOL HEATER & HOT WA	TER BOILER		Elevator Devices	0
			Other	
			DCA State Permit Fe	e3
			Cert. of Occupancy_	0
NOTE: If construction	does not commence within	one (1) year of date of issuance,	Other	
or if construction cea	ses for a period of six	(6) months, this permit is void.	Total	143
			Check No.	
Estimated Cost of Work	2,050		Cash	
			Collected By	
		09/25/06	<del>, , , , , , , , , , , , , , , , , , , </del>	
Construction Official		Date		

U.C.C. F170 (rev. 3/96)

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

# UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION B1	ock 2613 Lot	Qual		
Work Site Location	13-12 JEROME	Contractor J T O'BRIEN P	LUMBING & HEATING	
		Address 10 RAILROAD AVENUE		
Owner in Fee KONYO		RIDGEFIELD PARK, NJ	07660-	
Address SAME		Telephone (201) 931-1333		
SAME, N	J 07 <b>4</b> 10-	Lic. No. or Bldrs. Reg. No.	11633	
Telephone (201) 398-03	67	Federal Emp. No. 26-0006573		
Is hereby granted perm	nission to perform the fo	llowing work:	PAYMENTS (Office Us	e Only)
[ ] BUILDING	[X] PLUMBING	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	Building	0
[ ] ELECTRICAL	[ X] FIRE PROTECTION	[ ] LEAD HAZARD ABATEMENT	Electrical	0
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	[ ] DEMOLITION	Plumbing	90
		[ ] OTHER	Fire Protection	50
DESCRIPTION OF WORK:			Mechanical	0
POOL HEATER & HOT WA	TER BOILER		Elevator Devices	0
			Other	
			DCA State Permit Fe	e3
			Cert. of Occupancy_	0
NOTE: If construction	does not commence within	one (1) year of date of issuance,	Other	
or if construction cea	ses for a period of six	(6) months, this permit is void.	Total	143
			Check No.	
Estimated Cost of Work	2,050		Cash	
			Collected By	
		09/25/06	<del>, , , , , , , , , , , , , , , , , , , </del>	
Construction Official		Date		

U.C.C. F170 (rev. 3/96)

# UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

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

A. IDENTIFICATION-APPLICANT: COM	PLETE ALL APPLICABLE IN	FORMATION. WHEN CH	HANGING	D. TECHNICAL ST	TE DATA (List a	ll fixtures.)	
CONTRACTORS. NOTIFY THIS OFFICE.	DO UTILITY DIG NO: 1-8	300-272-1000					
Block 2613 Lot 17	Qual						
Work Site Location 13-12 JEROME				NO.	FIXTURE/EQUIPM	ENT	FEE (Office Use Only
				0	Water Closet		0
Owner in Fee KONYO				0	Urinal / Bidet		0
Address SAME				0	Bath Tub		0
SAME, NJ 07410-				0	Lavatory		0
Tel.(201) 398-0367				0	Shower		0
Contractor J T O'BRIEN PLUMBING	& HEATING			0	Floor Drain		0
Address 10 RAILROAD AVENUE				0	Sink		0
RIDGEFIELD PARK, NJ 0766	0-			0	Dishwasher		0
Tel.(201) 931-1333 Fax ()				0	Drinking Fount	ain	0
Lic. No. or Bldrs. Reg. No. 11633				0	Washing Machin	e	0
Federal Emp. No. 26-0006573				0	Hose Bibb		0
				0	Water Heater		0
B. PLUMBING CHARACTERISTICS				0	Fuel Oil Pipin	g	0
Use Group - Present R-5 Proposed R-5				0	Gas Piping		0
Building Sewer Size	[ ] Public Sewe	r [ ] Private S	Septic	0	Steam Boiler		0
Water Sewer Size	[ ] Public Wate	r [ ] Private W	ell	0	Hot Water Boil	er	0
Estimated Cost of Plumbing Work S	2,000			0	Sewer Pump		0
				0	Interceptor /	Separator	0
JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)		0	Backflow Preve	nter	0
PLAN REVIEW	Type Failure	Failure Approval	Initial	0	Greasetrap		0
[ ] No Plans Required	Slab			0	Sewer Connecti	on	0
[ ] Partial -Underslab Util Appr	Rough			0	Water Service	Connection	0
Date:Appr by:	Water			0	Stacks		0
[ ] Plumb Plans Approved	Sewer				Other1ST FIX	K. BOI	40
Date:Appr by:	Fixtures				Other POOL H	EATER_	50
Joint Plan Review Required:	Gas Equip				Other		0
[ ] Build [ ] Elect [ ] Fire	Gas Piping						
SUBCODE APPR - PERM [ ] Elev	LPGas Tank						
Date:Appr by:	FuelOil Pip				Administ	trative Surcharge	\$0
SUBCODE APPR - CERTIF	Solar			Paid [ X] Check	#		\$0
[ ] CO [ ] CA	TCO			Collected by: _	MA	TOTAL FEE	\$90
Date:Appr by:	Final				DCA	State Permit Fee	\$3
C. CERTIFICATION IN LIEU OF OATH							
I hereby certify that I am the (a	agent of) owner of reco	ord and am authoriz	zed				

to make this application and perform the work listed on this application.

# UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

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

A. IDENTIFICATION-APPLICANT: COM	PLETE ALL APPLICABLE IN	FORMATION. WHEN CH	HANGING	D. TECHNICAL ST	TE DATA (List a	ll fixtures.)	
CONTRACTORS. NOTIFY THIS OFFICE.	DO UTILITY DIG NO: 1-8	300-272-1000					
Block 2613 Lot 17	Qual						
Work Site Location 13-12 JEROME				NO.	FIXTURE/EQUIPM	ENT	FEE (Office Use Only
				0	Water Closet		0
Owner in Fee KONYO				0	Urinal / Bidet		0
Address SAME				0	Bath Tub		0
SAME, NJ 07410-				0	Lavatory		0
Tel.(201) 398-0367				0	Shower		0
Contractor J T O'BRIEN PLUMBING	& HEATING			0	Floor Drain		0
Address 10 RAILROAD AVENUE				0	Sink		0
RIDGEFIELD PARK, NJ 0766	0-			0	Dishwasher		0
Tel.(201) 931-1333 Fax ()				0	Drinking Fount	ain	0
Lic. No. or Bldrs. Reg. No. 11633				0	Washing Machin	e	0
Federal Emp. No. 26-0006573				0	Hose Bibb		0
				0	Water Heater		0
B. PLUMBING CHARACTERISTICS				0	Fuel Oil Pipin	g	0
Use Group - Present R-5 Proposed R-5				0	Gas Piping		0
Building Sewer Size	[ ] Public Sewe	r [ ] Private S	Septic	0	Steam Boiler		0
Water Sewer Size	[ ] Public Wate	r [ ] Private W	ell	0	Hot Water Boil	er	0
Estimated Cost of Plumbing Work S	2,000			0	Sewer Pump		0
				0	Interceptor /	Separator	0
JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)		0	Backflow Preve	nter	0
PLAN REVIEW	Type Failure	Failure Approval	Initial	0	Greasetrap		0
[ ] No Plans Required	Slab			0	Sewer Connecti	on	0
[ ] Partial -Underslab Util Appr	Rough			0	Water Service	Connection	0
Date:Appr by:	Water			0	Stacks		0
[ ] Plumb Plans Approved	Sewer				Other1ST FIX	K. BOI	40
Date:Appr by:	Fixtures				Other POOL H	EATER_	50
Joint Plan Review Required:	Gas Equip				Other		0
[ ] Build [ ] Elect [ ] Fire	Gas Piping						
SUBCODE APPR - PERM [ ] Elev	LPGas Tank						
Date:Appr by:	FuelOil Pip				Administ	trative Surcharge	\$0
SUBCODE APPR - CERTIF	Solar			Paid [ X] Check	#		\$0
[ ] CO [ ] CA	TCO			Collected by: _	MA	TOTAL FEE	\$90
Date:Appr by:	Final				DCA	State Permit Fee	\$3
C. CERTIFICATION IN LIEU OF OATH							
I hereby certify that I am the (a	agent of) owner of reco	ord and am authoriz	zed				

to make this application and perform the work listed on this application.

to make this application.

# UCC NEW JERSEY FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

A. IDENTIFICATION-APPLICANT: COM	PLETE ALL APPI	LICABLE INFORMATION. WHEN CHANGING	D. TECHNICAL SITE DATA	
CONTRACTORS. NOTIFY THIS OFFICE.	DO UTILITY D	IG NO: 1-800-272-1000		
Block 2613 Lot 17	Qual		Description of Work:	
Work Site Location 13-12 JEROME			Water Supply Source	
			Method of Alarm/Suppr Sys Superv	
Owner in Fee KONYO				
Address SAME			Storage Tanks	FEE (Office Use Only
SAME, NJ 07410-			Type: [ ] Flammable Liquid [ ] Combust Liquid	Ė
Tel.(201) 398-0367			[ ] LPG [ ] LNG Capacity 0 Fuel	<u></u>
Contractor AQUATIC POOLS INC.			Alarm Systems [ ] 110v Interconnected NUM	3ER
Address 7107 BRAEN AVE			[ ] System	
WYCKOFF, NJ 07481-			Alarm Devices(smoke,heat,pulls,water/flow)	0
Tel.(201)445-6667 Fax ()			Supervisory Devices (tampers,low/high air)	0
Lic. No. or Bldrs. Reg. No			Signaling Devices (horn/strobes, bells)	0
Federal Emp. No. 22-3367495			Other Devices	0
			TOTAL	00
B. FIRE PROTECTION CHARACTERISTIC	cs		Suppression Systems	
Use Group - Present R-5 Propo	osed <u>R-5</u>	Fire Alarm System	Fire Pump0 GPM Type	0
Constr Class - PresentPropo	osed	New [ ] Existing [ ]	Dry Pipe/Alarm Valves	0
Heating Systems [ ] New [ ] Exist	ting [ ] HVAC	Location of Panel:	Pre-action Valves	0
Type: [ ] Gas [ ] Oil [ ] Elect	t [ ] Solar	Fire Suppression/Standpipe Sys	Sprinkler Heads (Dry and Wet)	0 0
[ ] Other		New [ ] Existing [ ]	Standpipes	00
Location:		Location of Main Control Valve	Pre-Engineered Systems	
Total Est Cost of Fire Prot Work	\$50		Wet Chemical	00
			Dry Chemical	0 0
JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)	CO2 Suppression	0 0
PLAN REVIEW	Type	Failure Failure Approval Initial	Foam Suppression	0 0
[ ] No Plans Required	Alarm Sys		Halon Suppression	00
[ ] Partial -Underslab Util Appr	Suppr Test		Other	0
Date:Appr by:	Standpipe			
[ ] Fire Plans Approved	Fire Pump		Kitchen Hood Exhaust System	00
Date:Appr by:	PreEng Sys		Smoke Control System	00
Joint Plan Review Required:	Mechanical		Gas [ ] or Oil [ ] Fired Appliances	00
[ ] Build [ ] Elect [ ] Plumb	Smoke Ctl		Other POOL HEATER	50
SUBCODE APPR - PERM [ ] Elev	TCO		Other	0
Date:Appr by:	Fl/Comb Tnk	·	Other	0
SUBCODE APPR - CERTIF	Firepl Vnt			
[] CO [] CA	Final		Administrative Surcharg	ge \$ <u>0</u>
Date:Appr by:	Other		Paid [X] Check # 7717 Minimum Fee	e \$ <u> </u>
			Collected by: MA TOTAL FE	E \$50
C. CERTIFICATION IN LIEU OF OATH			DCA State Permit Fe	ee \$ 0

to make this application.

# UCC NEW JERSEY FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

A. IDENTIFICATION-APPLICANT: COM	PLETE ALL APPI	LICABLE INFORMATION. WHEN CHANGING	D. TECHNICAL SITE DATA	
CONTRACTORS. NOTIFY THIS OFFICE.	DO UTILITY D	IG NO: 1-800-272-1000		
Block 2613 Lot 17	Qual		Description of Work:	
Work Site Location 13-12 JEROME			Water Supply Source	
			Method of Alarm/Suppr Sys Superv	
Owner in Fee KONYO				
Address SAME			Storage Tanks	FEE (Office Use Only
SAME, NJ 07410-			Type: [ ] Flammable Liquid [ ] Combust Liquid	Ė
Tel.(201) 398-0367			[ ] LPG [ ] LNG Capacity 0 Fuel	<u></u>
Contractor AQUATIC POOLS INC.			Alarm Systems [ ] 110v Interconnected NUM	3ER
Address 7107 BRAEN AVE			[ ] System	
WYCKOFF, NJ 07481-			Alarm Devices(smoke,heat,pulls,water/flow)	0
Tel.(201)445-6667 Fax ()			Supervisory Devices (tampers,low/high air)	0
Lic. No. or Bldrs. Reg. No			Signaling Devices (horn/strobes, bells)	0
Federal Emp. No. 22-3367495			Other Devices	0
			TOTAL	00
B. FIRE PROTECTION CHARACTERISTIC	cs		Suppression Systems	
Use Group - Present R-5 Propo	osed <u>R-5</u>	Fire Alarm System	Fire Pump0 GPM Type	0
Constr Class - PresentPropo	osed	New [ ] Existing [ ]	Dry Pipe/Alarm Valves	0
Heating Systems [ ] New [ ] Exist	ting [ ] HVAC	Location of Panel:	Pre-action Valves	0
Type: [ ] Gas [ ] Oil [ ] Elect	t [ ] Solar	Fire Suppression/Standpipe Sys	Sprinkler Heads (Dry and Wet)	0 0
[ ] Other		New [ ] Existing [ ]	Standpipes	00
Location:		Location of Main Control Valve	Pre-Engineered Systems	
Total Est Cost of Fire Prot Work	\$50		Wet Chemical	00
			Dry Chemical	0 0
JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)	CO2 Suppression	0 0
PLAN REVIEW	Type	Failure Failure Approval Initial	Foam Suppression	0 0
[ ] No Plans Required	Alarm Sys		Halon Suppression	00
[ ] Partial -Underslab Util Appr	Suppr Test		Other	0
Date:Appr by:	Standpipe			
[ ] Fire Plans Approved	Fire Pump		Kitchen Hood Exhaust System	00
Date:Appr by:	PreEng Sys		Smoke Control System	00
Joint Plan Review Required:	Mechanical		Gas [ ] or Oil [ ] Fired Appliances	00
[ ] Build [ ] Elect [ ] Plumb	Smoke Ctl		Other POOL HEATER	50
SUBCODE APPR - PERM [ ] Elev	TCO		Other	0
Date:Appr by:	Fl/Comb Tnk	·	Other	0
SUBCODE APPR - CERTIF	Firepl Vnt			
[] CO [] CA	Final		Administrative Surcharg	ge \$ <u>0</u>
Date:Appr by:	Other		Paid [X] Check # 7717 Minimum Fee	e \$ <u> </u>
			Collected by: MA TOTAL FE	E \$50
C. CERTIFICATION IN LIEU OF OATH			DCA State Permit Fe	ee \$ 0





# CONSTRUCTION PERMIT APPLICATION

## CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION							
I hereby certify that I am the owne by myself and is not to be used for	r of the property listed on F any purpose, other than sin	Page 1. This dwelling is to be occupied agle family residential use.					
A. 1 further certify that I preposite with the New Jersey Uniform	A. 1 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 p	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. 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 abov	ve statements are willfully fa	alse, I am subject to punishment.					
SIGNATURE Jaffa Lyns	Pe)	DATE (1-27-89					

AGENT	SECTION		` .	ţ
		norized by the owner of reconis application as his agent.	ord and I have be	en
I agree to a with the N	dvise all contractors on th lew Jersey Division of Tax	is project that they are requ xation and to comply with a	uired to be registe all New Jersey tax	red claws.
l understan punishmer		statements are willfully fal	se, I am subject to	)
☐ Check i	f contractor.			
AGENT NAME		т	'EL.( )	
ADDRESS				
SIGNATURE				

Page 3

## PRIOR APPROVALS CHECKLIST

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APPROVALS	Pre	lim. roval	Fi	nai rovai	Pre	lim. roval	Fi	nai reval	Pre	lim. roval	Fi	nai rovai	Pre	lim. roval	Fi	nai rovai	COMMENTS
	Init.	Date	Init.	Date	init.	Date	init.	Date	Init.	Date	init.	Date	init.	Date	Init.	Date	
Planning Board																	
Zoning Board		ļ	<u></u>		disease.		144.73.F				7. 0						
Sewer Authority	······································	<u> </u>	ļ	ļ	ļ				<u> </u>			ļ	10.2		***************************************		
Water Authority	ļ	ļ	ļ	ļ		ļ	ļ									N. Section	
Fire Department				<u> </u>	100mm	. W. W. 68 U. 12		National Control				<b>1</b>		and one in	30.00 at 10-1-	-contracts	·····
Police Department		ļ	<b> </b>		34.34	WANT.		N. Single		-		<del></del>			96.0	SEE A	
Health Department		<b></b>	<b></b>		<u> </u>			-	STATE OF	Zen Halle	Series	K.					
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N.J. Dept. of Community Affairs	7	Service Servic			<del></del>			***********				***************************************	ļ		<del>,</del>		
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N.J. Dept. of Environmental Protection					4,,,,,,,								<b>}</b>		·····	<del> </del>	
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s	UBCODES	AND SPECIAL REG	ULATIONS	APPLICABLE:	,		1 4 1613
		EDITION OF CODE		EDITION OF CODE	Flood Hazard		
	One and Two Family Dwellings		Mechanical		- 🔲 As Built		
	Building		☐ Energy		Elevation Certification		
	Electrical		Barrier Free		Other	<del></del>	
	Plumbing		Other				
	Fire Protection						

### PERMIT CONTROL

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Updated l	at time of receipt of drawi	ings and when plans a	re approv	ed.		
==	TIAL RELEASES					
	TOTYPE PLAN — FILE LO	T	<del></del>		T	
Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments	
	BUILDING					·
	Footings/Foundations Framing		1			
	Architectural		<u> </u>	· ,		
	Other PLUMBING					
	ELECTRICAL		<del></del>			
	OTHER		İ			i
II. PI	RMIT/INSPEC	TION STAT	ius			
Updated (	at time of permit and after	r final approvals.				
lasue Date	Category	Revisions		Final Inspection	Comments	
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	BUILDING Footings/Foundations				-	
	Framing					
	Architectural Other					
i	PLUMBING	<b></b>			······································	
	FIRE PROTECTION	***************************************				
	OTHER		<u> </u>		***************************************	
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# CONSTRUCTION PERMIT

Block 2613	Lot _	47_	
DATE ISSUED	3//	16/8	2
PERMIT NO. 🥒	9-	190	

A. IDENTIFICATION	PAYMENTS
Owner ATTA LIPPED Agent By OW Address FAIR LAWN, N.J.  Tel. (201), 791-8998 Tel. ()  Work Site Address SAME Lic. No.  Federal Emp. No.	Permit Fee \$ 176 Feet Remitted \$ 176 Check No. 160 Cash Other Collected By: 75189
is hereby granted permission to perform the following work:  BUILDING ELECTRICAL  PLUMBING FIRE PROTECTION  OTHER **LTERATION**	Description of work: ALTERATION IN THE PORSEMENT - PAPTH ROOM AND KITCHEN  NOT TO BE USEN AS A DUBLLING UNIT OR AS A SLEEDING ROOM.
NOTE: If construction does not commence within one (1 for a period of six (6) months, this permit is void.  Estimated Cost of Work: \$ 6700 -	







PERMIT NO DATE ISSUED \_\_\_\_ REVISION DATE\_ Block 2663 Subdivision.

Prototype Processing

A. IDENTIFICATION .			
APPLICANT — Complete unshaded areas only	When changing contractors, notify	this office	CERTIFICATION IN LIEU OF OATH:  (Complete for Minor Work and
Owner DATE LIPER  Address 13-12 DEDOMIE R.  TAIR LAWN.  Tel. (201) 791-8998  Work Site Address SAME	Contractor ANTHONY Address #8 ESPOSIT FAIRFEILD Tel. (201) 575 - 946	ROSSI	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.
<u> </u>	Federal Emp. No.	1	AGENT SIGNATURE
B. TECHNICAL SITE DATA  List all fixtures  TYPE OF WORK:	-		
No. Fixture Fee	No. Fixture	Fee	F# (france)
Water Closet/Bidet/Urinal Bathtub Lavatory/Sink Shower/Floor Drain Washing Machine Dishwasher Commercial Dishwasher Water Heater Domestic Boiler/ Furnace Steam Boiler Water Util. Connection Sewer Util. Connection Hose Bibb Water Cooler  COLUMN 1	Garbaye Disposal Air Conditioner Unit Indirect Connection Sewer Ejector Grease Trap Interceptor Backflow Device Reduced Pressure Backflow Device Vent Stack Solar System Other Other Other Other COLUMN 2	S CO	LUMN 1 S S S S SUBTOTAL S SUBTOTAL S SIBTOTAL S SIBTOTAL S SIBURD Plumbing Fee applicable) S SIBTOTAL S SUBTOTAL S SUBTOTAL S SUBTOTAL S SIBTOTAL S SIBTOT
	Proposed	. COMMENTS	

Water Service-

Venting -

Material

Material

Estimated Cost of Plumbing Work: \$

Size \_

Size

Partial Releases





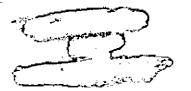


PERMIT NO. 59-900
DATE ISSUED 2/c/7
REVISION DATE

Block 2613 Lot 47
Subdivision \_\_\_\_\_

A. IDENTIFICATION  APPLICANT - Complete unshaded areas only  When changing approaches, notify this office  Owner APPLICANT - Complete unshaded areas only  Owner Application Work and  Small ob Only)  I hereby certify that the proposed work is authorized by the owner of record as authorized by the owner of record as authorized by the owner of record is authorized by the owner o					
Owner JAFFA LIPEL Contractor Syculars  Address BM FOLKER L. Address  Address TATIO MUN N N TO Address  Tel. ON TO BORNE LE. NO.  Federal Emp. No.  B. TECHNICAL SITE DATA  DESCRIPTION OF WORK Give detail description including materials used, dimensions, etc.  ALTERATION IN THE DATASHUM Missing Siding Si	A. IDENTIFICATION		<u> </u>	CERTIFICATION IN LIEU O	FOATH:
Owner STATUS Contractor  Address STATUS LIVE Address  Tel. Ol 791-8998  Tel. Ol 791-		When chang	ing contractors, notify this office		and
Address  TAID DAWN NOT  Tel. (20) 791-8998  Tel. (1)	OWNER JAFFA LIVPER	Contractor	EY CRUNER	<b>   </b>	
Tel. (201) 791-8998  Tel. (201) 791-8998  Tel. (1)		Address			
Tel.				and I have been authorized b	y the
B. TECHNICAL SITE DATA  DESCRIPTION OF WORK  Give detail description including materials used, dimensions, etc.  ALTECATION IN THE DATESMENT  BATH LOOM AND LITCHEN.  NOT TO BE USED AS A DUELLING See Plans  See Plans  AGENT/SIGNATURE  TYPE OF WORK:  New Building Addition Alteration/Renovation Reoding Siding Other Demolition Miscellaneous Fence Sign Pool Elevator Other CORO SUBTOTAL Minimum Building Fee (Greater of Minimum or Subtotal)	1 1	Tel. ()_	<u> </u>	agent.	317 43 1113
B. TECHNICAL SITE DATA  DESCRIPTION OF WORK  Give detail description including materials used, dimensions, etc.  Addition  Alteration/Renovation  Roofing Siding Other  Demolition  Miscellaneous  Fence Sign Pool Elevator  Curity Fee Basis Fee  Siding Other  Demolition  Miscellaneous  Fence Sign Pool Elevator  Curity Fee  Substitute Fee  Greater of Minimum or Subtotal)	Work Site Address	Lic. No		- Tappa lyglas	
DESCRIPTION OF WORK  Give detail description including materials used, dimensions, etc.  ALTECATION 1N The DATECNUM  BATTH DOOM AND KITCHENI.  TYPE OF WORK:  New Building Addition  Alteration/Renovation  Roofing Siding Other  Demolition  Miscellaneous  Fence Sign Pool Elevator  Other CORO  KLASTREE  SUBTOTAL  Minimum Building Fee (Greater of Minimum or Subtotal)		Federal Emp.	. No	// AGENT SIGNATUR	E
DESCRIPTION OF WORK  Give detail description including materials used, dimensions, etc.  ALTECATION 1N The DATECNUM  BATTH DOOM AND KITCHENI.  TYPE OF WORK:  New Building Addition  Alteration/Renovation  Roofing Siding Other  Demolition  Miscellaneous  Fence Sign Pool Elevator  Other CORO  KLASTREE  SUBTOTAL  Minimum Building Fee (Greater of Minimum or Subtotal)					
Give detail description including materials used, dimensions, etc.  ALTECATION IN THE DATE MUENT  BATH DEDM AND LITCHEN.  Note Demolition  Miscellaneous  Fence  Sign  Pool  Elevator  Other C.O. RO.  SUBTOTAL  Minimum Building  Fee (if applicable)  Total Building Fee (Greater of Minimum or Subtotal)	B. TECHNICAL SITE DATA			\$	
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ALTERATION IN The DATEMENT  BATTH DOOM AND KITCHEN.  Alteration/Renovation  Roofing  Siding  Other  Demolition  Miscellaneous  Fence  Sign  Pool  Elevetor  Other C. O. F.O. FLATTEE  SUBTOTAL  Minimum Building Fee (if applicable)  Total Building Fee (Greater of Minimum or Subtotal)	· · · · · · · · · · · · · · · · · · ·				X0.60
Siding Other Demolition Miscellaneous Fence Sign Pool Elevator SUBTOTAL Minimum Building Fee (if applicable) Total Building Fee (Greater of Minimum or Subtotal)	·	46		12 12 12 12 12 12 12 12 12 12 12 12 12 1	-50 C
NOT TO BE USED AS A  DEMOITION    Demoition     Miscellaneous     Fence     Sign     Pool     Elevator     Subtotal     Subtotal     See Plans		women's (	,		
Demolition   Miscellaneous   Fence   Sign   Pool   Elevator   Substitute UNIT JULY.   Substitute Su	SHIT LEWIN AND LITCHEN.			10/M 60-	2
Fence   Sign   Pool   Elevator   SUBTOTAL   SUBTOTAL   Minimum Building   Fee (if applicable)   Total Building Fee (Greater of Minimum or Subtotal)   Subtotal)	•				
Not to be used as a Sign Pool Elevator Subtotal Subtotal Subtotal)  Sign Pool Elevator Subtotal)  Subtotal Subtotal				200.	
NOT TO BE USED AS A  DUELLING UNIT FIRM.  SUBTOTAL  Minimum Building Fee (if applicable)  Total Building Fee (Greater of Minimum or Subtotal)					
NOT TO BE USED AS A  DUELLING UNIT FIRM.  SUBTOTAL  Minimum Building Fee (if applicable)  Total Building Fee (Greater of Minimum or Subtotal)			,		<u> </u>
Minimum Building Fee (if applicable)  Total Building Fee (Greater of Minimum or Subtotal)	NOT TO BE USED AS	A		***	8 148 r
Minimum Building Fee (if applicable)  Total Building Fee (Greater of Minimum or Subtotal)	hudling UNIT THE		LES VIIII		19.39 19.73
Fee (if applicable)  Total Building Fee (Greater of Minimum or Subtotal)		<b>⊄</b> .,		8811	X4.
See Plans    See Plans   See P				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
See Plans or Subtotal)				Total Building Fee	
	🔀 See Plans				-
C. BUILDING CHARACTERISTICS D. COMMENTS					
	C. BUILDING CHARACTERIS	TICS		D. COMMENTS	

C. BUILDING CHARA	D. CC	MMENTS		
USE GROUP: 2-3A Pres	ent P-3A	Proposed		
No. of Stories	Total Buildin	ng Area-All Floors Sq. Ft.		
Height of Structure	Ft. Volume of S	tructure Cu. Ft.	11	
Area-Largest Floor		Area Disturbed Sq. Ft.		
Estimated Bost of Building Work: \$	<u> రెయి ఈ</u>		<b>/</b> │ □ №	nrtial Releases Prototype Processing







PERMIT NO. DATE ISSUED. REVISION DATE Block 2613 Subdivision.

4 1	unshaded areas only  PER  PONIE RL  98	Contrac Address Tel. (2	35- Huw New APIK 91) 485- /Bus. Permit. 79	this office WANG BOIDER 1880 110. 07-6930	- Is authorized by the owner of record
List all wiring and equipm TYPE OF WORK: No.   Item		ary data	Item	Fee	
Switching Outlets  Lighting Outlets Receptacle Outlets Range/Oven Dryer, Electric Water Heater, Elect Heating, Electric Switches Lighting Fixtures Receptacles Bonding, Pool/Vaul			H.V.A.C. Equipment Switching Devices Transformers Motors/Generators/ Compressors (state no. and size of each)  Other Other		COLUMN 1 COLUMN 2 SUBTOTAL \$ Minimum Electrical Fee (If applicable) S Total Electrical Fee (Greater of Minimum or Subtotal) \$

C. ELECTRICAL CHARACTERISTICS	D. COMMENTS
USE GROUP:PresentProposed	
Service:AmpsPhaseType	
WiringWireVoltsMethod	
Total No. of Meters:	
Estimated Cost of Electrical Work: \$ 1200 =	Partial Releases Prototype Processing

BLOCK	26/3 Lot $17$ Address (SITE) $13-12-3$	TE,	NOME PERMIT NO. 95	1-55	· <del>Y</del>
0-1	TO CONSTRUCTION DEPONIT	V.	Building \$ 400   Sleetrical Plumbing	Update	Update
1. IDI 1. Pr 2. Na Ac 3. Ov	entification  oposed Work-site at:  IMPER  Tel. (201) 744 0418  Idress 13-12- 75 RO MNS PL  municipality  vnership in Fee: Public Private	4. 5. 6. 7. 8. 9. 10. 11.	Fire Protection Other Subtotal Less 20% for State Plan Review Subtotal DCA Training Fee Subtotal Cert. of Occupancy Other		
Lic Fe 5. Ar	Tel. (201) 74/8957     Idress 32-03 NORWOOD DR COMB COMP     ense No. OR, if new home, Builder Reg. No Exp. Date     deral Emp. No Social Security No     Chitect or Engineer Tel. ()     Idress	VI. 1 2 3 4 5 6 7	BUILDING/SITE CHARACTERISTICS  Number of Stories Height of Structure Area—Largest Floor Building Area—All Floors Volume of Structure Construction Classification Total Land Area Disturbed Flood Hazard Zone	ftsq. ftsq. ftcu. ftsq. ft.	(affice use only
$\mathcal{F}_{\mathbf{p}}$	esponsible Person ECI HASON Tel. (201)791-8951	9 10	Base Flood Elevation	ft. sq. ft.	

H.	PROPOSED WORK	Est. Cost	ł					13. Max. O	ccupancy Lo	ad
1.	. □ Minor Work		ļ		007101	Al Manadia	ا احد			
	(single trade)					AL (for office	e use oni	<del></del>		
2.	. □ Small Job (\$5,000		Plans	Date	Rejection	Approval	Re-	Resubmiss	sion Dates	Re-
l	and no prior		Rec'd By	Rec'd	Date	Date	viewer	Approval	Rejection	viewer
	approvals)					-				ĺ
3.	. □ New Building				<del></del>	·	1 1			T
4.	. □ Addition	-					1			
5.	Alteration	1500-								
6.	. ☐ Fire Protection									
7.	. 🗆 Plumbing									
8.	☐ Electrical	-								
9.	☐ Asbestos Abatement	-								ŀ
10.	☐ Demolition									
	TOTAL COSTS	1500-								
		75	]	<del></del>						
	· <del>- · · · · · · · · · · · · · · · · · ·</del>		T   III. DO YO	U WANT: (o	ptional) 1. 🗆	Partial Relea	ses 2. C	] Prototype F	rocessing	

3. 

Pressure Vessels

Preventers

4. 

Refrigeration Systems

5. U Cross-Connections/Backflow

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. 

Elevators/Escalators/Lifts/ **Dumbwaiters/Moving Walks** 

2. High Pressure Boilers

U.C.C. Form F-100A -

		VI. BUIL		(office use anly)		
	1		ber of Stories .			
					ft.	
	ı	3. Area	—Largest Floor -		sq. ft.	
	I	4. Build	ding Area—All F	loors	sq. ft.	
		5. Volu	me of Structure		cu. ft.	
					sq. ft.	
			d Hazard Zone			
_		9. Base	Flood Elevatio	n	ft.	
1-8	951	10. Wetl	ands yes		sq. ft.	
			no			
		12. Max	Live Load			
		13. Max	. Occupancy Lo	ad		
office	1160 (	nlv)		- 1	VII. DESCRIPTION	OF
roval	Re-		mission Dates	Re-	BUILDING USE	
ite	Ne-		al   Rejection	viewer	A. RESIDENTIAL:	
ile	viewe	Approv	ai Rejection	VIEWEI	1.  Hotels (R-1	١
	<u> </u>				2. Multi-Family	· .
		<del> </del>	<del>-  </del>	+	3. ☐ Two-Family	' ' ' I
	1	<del>                                     </del>			4.  Two-Family	
	<del>                                     </del>	<del> </del>		<del></del>	5. 🗷 One-Family	
	-	<del> </del>		<del>  </del>	6. ☐ One-Family	
	<del> </del>			1	No of dwelling ur	
	<del> </del>	<del> </del>		1 1	Before Constru	uction /
		-		1	After Construc	tion t
	ļ	_			Net gain or los	
	<u> </u>			ليك		
Releas	Ses 2	□ Prototyn	e Processing		B. NON-RESIDENTIA	
7101040		<u> </u>	o r recessing	==	State Specific	Use:
					2. Use Group:	
			Places of Assemi	piy'	L. Use Group.	
-7 <del></del>					3. Change in Use	Group
			stems in Open \	wells	Indicate Forme	
9. 🗆	Unde	ground Stor	age ranks		s indidate remit	

#### 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.
(A) Check if contractor.
Agent Name
Address 32-03 NOLWOOD NA FAIR CANN
Telephone ( <u>801</u> ) 74/ 8 95/.
Signature Date





Date Issued
Control #
Permit # 92 - 554

IDENTIFICATION Block20	<u>e / )</u> Lot		<u>.</u>	
Work Site Location FAIR CAUM	•	Address 32 a	CNB, COR	P.  D. D. R.
Owner in Fee <u>ELi' LIP</u> Address <u>13 - 12 - JERO MN</u>	PER PL	<i>E3//6</i> Tele.( <u>22/</u> ) _ _ <b>t</b> .ic. No. or Bldrs	79/ 893 s. Reg. No.	Exp. Date
Tele. (22/) 794 0 4/8	<u> </u>	_ Federal Emp. Nor Social S	o	1-72-3059
is hereby granted permission to per [A] BUILDING [ ] PLUMBIN [ ] ELECTRICAL [ ] FIRE PRO  DESCRIPTION OF WORK:  FRONT STEPS RE	NG [ ] OTHER	·	Building Plumbing Electrical Fire Protection Other Other DCA Training Cert. of Occ.	Fee
NOTE: If construction does not commen construction ceases for a period of six (	(6) months, this permit is voi	d.	Other Total Check No Cash	
Estimated Cost of Work \$ 1500-	- Trank	modnete .		pre
U.C.C. Form F-170A	CONSTRUCTION	LOFFICIAL		(see reverse side)



Total Bldg. Area/All Floors \_\_\_\_\_\_ Sq. Ft. Volume of Structure \_\_\_\_\_ Cu. Ft.

Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.





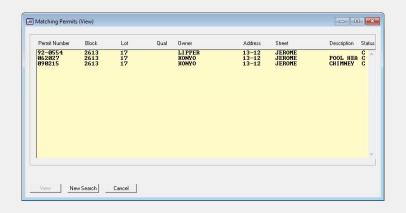
ved 5/7/92 92-554

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.  Block	I hereby certify that I am the (agent of) owner of record and am authorized to make this application.  Signature  D. TECHNICAL SITE DATA  DESCRIPTION OF WORK  FRONT STEPS REBULUD W.	1. F IBRICH
Lic. No. or Bldrs. Reg. No.  Federal Emp. No or Social Security No. 137-72-3059		
JOB SUMMARY (Office Use Only)   PLAN REVIEW   Date   Ipitial INSPECTIONS   Type:   Failure   Failure   Approval   Initial     [ ] All   Footing   Foundation     [ ] Footing   Foundation   Slab	TYPE OF WORK:  [ ] New Building  [ ] Addition  [ ] Alteration  [ ] Roofing  [ ] Siding  [ [ ] Other	(Office Use Only FEE \$
Use Group Present R 3A Proposed R 5B Proposed S B Est. Cost of Bldg. Work:  1. New Bldg. \$ 1. New Bldg. \$ 2. Alteration \$ 3. Total (1+2)\$  1. Total (1+2)\$	Administrative Surcharge Paid [ ] Check # Minimum Fee Collected by:TOTAL FEE	\$ \$ \$

Railings N/G Railings N/G Dather Step 9/2 81, 100 — 8/2

Em RoadRunner - FAIR LAWN

Enter/Update Browse View Permit Print/View Reports Upload DCA Data Setup Quit



14/11/2023, 09:48 WIPP



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
		Additional Lots:	None
Special Taxing Districts:		Deductions:	

#### **Balance Includes any Adjustments to Your Account**

Taxes	п	ŀ	٠	П	ē	ti	0	c
Iaxes	4	p	ч	ш		u	C	Э

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

Account Service	<b>Due Date</b>	<b>Current Bill</b>	<b>Current Balance</b>	<b>Delinquent Balance</b>	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

#### **Return to Home**