

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

- Minor Work (Single Trade)
- Small Job (\$5,000 and no Prior Approvals)  
*Complete only (I.B., III and IV.A. and Page 2*
- New Building
- Addition
- Alteration
- Repair, Replacement
- Demolition
- Other: \_\_\_\_\_

### B. CATEGORIES OF WORK

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 _____	_____
<b>TOTAL COST</b> <u><del>8700-</del></u>	

### C. DO YOU WANT:

1.  Partial Releases      2.  Prototype Processing

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

- Elevators/Dumbwaiters
- High-Pressure Boilers
- Refrigeration Systems
- Pressure Vessels
- Hazardous Uses/Places of Assembly
- Cross-connections/Backflow Preventors
- Sprinklers
- Smoke Control Systems in Open Wells

## III. DESCRIPTION OF BUILDING USE (USE GROUPS)

### A. RESIDENTIAL

- Hotels (1-1)      If new construction, enter no. of dwelling units \_\_\_\_\_
  - Multi-Family (R-2)      HMD Reg. No.: \_\_\_\_\_
  - Two Family (R-3b)      If other than new construction, enter no. of dwelling units: \_\_\_\_\_
  - One-Family (R-3a)      Before Construction: 1
- After Construction: 1  
 Net Gain (or loss): 0

### 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

- Private (Individual, Corp., Non-profit Inst., Etc.)
- 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

- Public or Private Company
- Private (Septic Tank, Etc.)

### D. TYPE OF WATER SUPPLY

- Public or Private Company
- Private (Well, Etc.)

### E. BUILDING CHARACTERISTICS

- No. of Stories \_\_\_\_\_
- Height of Structure \_\_\_\_\_ Ft.
- Area—Largest Floor \_\_\_\_\_ Sq. Ft.
- Bldg. Area—All Fls. \_\_\_\_\_ Sq. Ft.
- Volume of Structure \_\_\_\_\_ Cu. Ft.
- 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:

<p style="text-align: center;"><b>EDITION OF CODE</b></p> <p><input type="checkbox"/> One and Two Family Dwellings _____</p> <p><input type="checkbox"/> Building _____</p> <p><input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Plumbing _____</p> <p><input type="checkbox"/> Fire Protection _____</p>	<p style="text-align: center;"><b>EDITION OF CODE</b></p> <p><input type="checkbox"/> Mechanical _____</p> <p><input type="checkbox"/> Energy _____</p> <p><input type="checkbox"/> Barrier Free _____</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Flood Hazard _____</p> <p><input type="checkbox"/> As Built Elevation Certification _____</p> <p><input type="checkbox"/> Other _____</p>
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# 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	
	<b>AMOUNT</b>
BUILDING	\$ 60.00
PLUMBING	16.00
ELECTRICAL	50.00
FIRE PROTECTION	.00
OTHER _____	.00
<b>SUBTOTAL</b>	<b>\$ 126.00</b>
- LESS: 20% of subtotal (when plan review performed by state agency). ( 25.20 )	
D.C.A. TRAINING FEE .0006 x _____	= .00
CERTIFICATE OF OCCUPANCY	25.00
OTHER _____	.00
OTHER _____	.00
<b>TOTAL COLLECTED WHEN PERMIT ISSUED</b>	<b>\$ 126.00</b>
DATE <u>3/16/89</u> Collected By <u>[Signature]</u>	
B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE	
	<b>AMOUNT</b>
CERTIFICATE OF OCCUPANCY	.00
OTHER _____	.00
OTHER _____	.00
- LESS: Refunds ( 0.00 )	
<b>TOTAL COLLECTED AFTER PERMIT ISSUED</b>	<b>\$ 0.00</b>
C. TOTAL CONSTRUCTION FEES COLLECTED	
	<b>AMOUNT</b>
COLLECTED WITH PERMIT (VA)	\$ 126.00
COLLECTED AFTER PERMIT (VB)	.00
<b>TOTAL</b>	<b>\$ 126.00</b>



# 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 FAIR LAWN, N.J.	Address	
Tel.	(201) 791-8998	Tel.	( )
Work Site Address	SAME	Lic. No.	
		Federal Emp. No.	

### PAYMENTS

Permit Fee	\$ 176-
Fees Remitted	\$ 176-
<input checked="" type="checkbox"/> Check No.	168
<input type="checkbox"/> Cash	
<input type="checkbox"/> 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		
<u>1</u>	Shower/Floor Drain	<u>12-</u>		Sewer Ejector		SUBTOTAL \$ _____
	Washing Machine			Grease Trap		Minimum Plumbing Fee (if applicable) \$ _____
	Dishwasher			Interceptor		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ <u>56-</u>
	Commercial Dishwasher			Backflow Device		
	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



# NEW JERSEY BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE



PERMIT NO. 89-190  
DATE ISSUED 3/16/89  
REVISION DATE \_\_\_\_\_  
Block 2613 Lot 17  
Subdivision \_\_\_\_\_

## A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner JAFFA LIPPER  
Address 1342 JEROME PL.  
FAIR LAWN, N.J.  
Tel. (201) 791-8998  
Work Site Address SAME

Contractor By Owner  
Address \_\_\_\_\_  
Tel. ( ) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
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.

Jaffa Lipper  
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

ALTERATION IN THE BASEMENT BATH ROOM AND KITCHEN.

NOT TO BE USED AS A DWELLING UNIT PERM.

See Plans

### TYPE OF WORK:

- New Building  
 Addition  
 Alteration/Renovation  
 Roofing  
 Siding  
 Other \_\_\_\_\_  
 Demolition  
 Miscellaneous  
 Fence  
 Sign  
 Pool  
 Elevator  
 Other CORO

### Fee Basis

### Fee

Fee Basis	Fee
_____	\$ _____
_____	\$ _____
<u>10/M</u>	<u>60-</u>
_____	\$ _____
_____	\$ _____
<u>PLAT FEE</u>	<u>25</u>
<b>SUBTOTAL</b>	\$ _____
<b>Minimum Building Fee (if applicable)</b>	\$ _____
<b>Total Building Fee (Greater of Minimum or Subtotal)</b>	\$ <u>85-</u>

## C. BUILDING CHARACTERISTICS

USE GROUP: R-3A Present R-3A Proposed

No. of Stories \_\_\_\_\_ Total Building Area—All Floors \_\_\_\_\_ Sq. Ft.

Height of Structure \_\_\_\_\_ Ft. Volume of Structure \_\_\_\_\_ Cu. Ft.

Area—Largest Floor \_\_\_\_\_ Sq. Ft. Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

Estimated Cost of Building Work: \$ 5000-

## 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