

0-14



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

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I. IDENTIFICATION

1. Proposed Work-site at: 13-12 JEROME AVE

2. Name of Owner in Fee: ELI LIPPER Tel. (201) 7940418
 Address 13-12- JEROME PL
street municipality zip code

3. Ownership in Fee: Public _____ Private

4. Principal Contractor: CMP Tel. (201) 7918951
 Address 32-07 NDAWOOD DR FAIR LAWN

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer _____ Tel. (_____) _____
 Address _____

6. Responsible Person In Charge of Work ELI HASON Tel. (201) 791-8951

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review			
8. Subtotal	\$ _____		
9. DCA Training Fee			
10. Subtotal	\$ _____		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ _____		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____ ft.

2. Height of Structure _____ ft.

3. Area—Largest Floor _____ sq. ft.

4. Building Area—All Floors _____ sq. ft.

5. Volume of Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____ sq. ft.
no _____

11. Fire Grading _____

12. Max. Live Load _____

13. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost
1. <input type="checkbox"/> Minor Work (single trade)	
2. <input type="checkbox"/> Small Job (\$5,000 and no prior approvals)	
3. <input type="checkbox"/> New Building	
4. <input type="checkbox"/> Addition	
5. <input checked="" type="checkbox"/> Alteration	<u>1500-</u>
6. <input type="checkbox"/> Fire Protection	
7. <input type="checkbox"/> Plumbing	
8. <input type="checkbox"/> Electrical	
9. <input type="checkbox"/> Asbestos Abatement	
10. <input type="checkbox"/> Demolition	
TOTAL COSTS	<u>1500-</u>

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

III. DO YOU WANT: (optional) 1. Partial Releases 2. Prototype Processing

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

1. Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. Sprinklers

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

No of dwelling units:
 Before Construction 1
 After Construction 1
 Net gain or loss 0

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

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 EL. L. B... Date _____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

5/12/92
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. Smith

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>



Date Received
Date Issued
Control #
Permit #

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 2613 Lot 17
Work Site Location 13-12 JEROME PARK
Owner in Fee ELI LAPPER
Address 13-12 JEROME PL.
Tele. (201) ~~791-0418~~ 791-0418
Contractor C.N.O.
Address 32-03 NORWOOD D/D
FAIR LAWN
Tele. (201) 791-0951
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. 137-72-3059

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.
Eli Lapper
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FRONT STEPS REBUILD W/BRICK

JOB SUMMARY (Office Use Only)				
PLAN REVIEW	Date	Initial	INSPECTIONS	
			Failure	Dates (Month/Day)
<input checked="" type="checkbox"/> No Plans Req.	5/1/92	EL	Type:	
<input type="checkbox"/> All			Footing	
<input type="checkbox"/> Footing			Foundation	
<input type="checkbox"/> Foundation			Slab	
<input type="checkbox"/> Frame			Frame	
<input type="checkbox"/> Other			Insulation	
Joint Plan Review Required:			Finishes:	
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire			Energy	
SUBCODE APPROVAL			Mechanical	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO	
Date:			Other	
Approved By:			Final	

Approx. Initial: 5/1/92 (EL)
Final: 6/3/92 (EL)

TYPE OF WORK:

- New Building
- Addition
- Alteration
 - Roofing
 - Siding
 - Other
- Demolition
- Miscellaneous
 - Fence _____ Height
 - Sign _____ Sq. Ft.
 - Pool
 - Elevator
 - Asbestos Abatement
 - Other _____

(Office Use Only)
FEE

\$ _____

40-

B. BUILDING CHARACTERISTICS

Use Group Present R-3A Proposed R-3A
Constr. Class Present S-B Proposed S-B
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

- New Bldg. \$ _____
- Alteration \$ 1500-
- Total (1+2) \$ 1500-

Administrative Surcharge \$ _____
Paid Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ 40-

6/3/92 (13)

Railings N/G

Bottom Step 9 1/2"

— 8"

— 8"

TOP — 8 1/2"