



CONSTRUCTION PERMIT APPLICATION

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

*Please
In Unit*

I. IDENTIFICATION

- Proposed Work-site at: 2 BROADWAY
- Name of Owner in Fee: SHeltering Arms LTD Tel. (201) 684-5008
Paterson Housing Coal.
 Address 202 MAIN 5th. Av. Paterson N.J. 07505
street municipality zip code
- Ownership in Fee: Public _____ Private non-profit
- Principal Contractor: PIKE CONSTRUCTION Tel. (201) 278-2300
 Address 171 5th Ave Paterson, N.J. 07505
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Emp. No. _____ Social Security No. _____
- Architect or Engineer COMERRO-COPPA ARCH Tel. (201) 791-0022
 Address 16-00 Rt. 208 S FAIR LAWN, N.J. 07410
Jeff Abrams
 Responsible Person in Charge of Work Pike Construction Tel. (201) 278-2300

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
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	<u>4</u>	
2. Height of Structure	<u>65'</u>	ft.
3. Area—Largest Floor	<u>9,870</u>	sq. ft.
4. New Building Area	<u>-</u>	sq. ft.
5. Volume of New Structure	<u>-</u>	cu. ft.
6. Construction Classification	<u>4</u>	
7. Total Land Area Disturbed	<u>-</u>	sq. ft.
8. Flood Hazard Zone	<u>-</u>	
9. Base Flood Elevation	<u>-</u>	ft.
10. Wetlands	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	sq. ft.
11. Max. Live Load	<u>100 psf.</u>	
12. Max. Occupancy Load	<u>-</u>	

II. PROPOSED WORK

- Minor work (single trade)
- Small Job (\$5,000 and no prior approvals)
- New Building
- Addition
- Alteration
- Fire Protection
- Plumbing
- Electrical
- Elevator Devices
- Asbestos Abatement
- Demolition

Est. Cost
1,930,000
110,000
250,000
270,000
25,000
45,000
TOTAL COST: 2,630,000

OPTIONAL (for office use only)

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

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

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

- Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- High Pressure Boilers
- Pressure Vessels
- Refrigeration Systems
- Cross-Connections/Backflow Preventers
- Hazardous Uses/Places of Assembly
- Sprinklers
- Smoke Control Systems in Open Wells
- Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL
- Motels (R-1)
 - Multi-Family (R-2)
 - Two-Family (R-3) BOCA
 - Two-Family (R-4) CABO
 - One-Family (R-3) BOCA
 - One-Family (R-4) CABO
- No of dwelling units:
 Before Construction _____
 After Construction 33
 Net gain or loss 33
- B. NON-RESIDENTIAL
- State Specific Use:
 - Use Group: R2/B
 - Change in Use Group, Indicate Former: B

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.

() Check if contractor.

Agent Name COMERRO COPPA ARCHITECTS

Address 16-00 RT. 2085 FAIR LAWN, N.J. 07505

Telephone (201) 791-0022

Signature [Signature] Date 1.27.97

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<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. Department of Transportation									
<input type="checkbox"/> N.J. Dept. of Environmental Protect.									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building _____	Energy _____	Other _____	
Electrical _____	Barrier Free _____	_____	
Plumbing _____	Flood Hazard _____	_____	
Fire Protection _____	As Built Elevation Cert. _____	_____	
Mechanical _____	Other _____	_____	

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____	_____



CERTIFICATE

Date Issued 5-1-97
Control #
Permit # 97-867

Certificate 1

IDENTIFICATION

Block G827 Lot 8
Work Site Location 2 Broadway
Owner in Fee Sheltering Arms LTD-c/o Paterson Housing
Address 262 Main St. Coalition
Paterson, N.J.
Tele. () 684-5998
Contractor Pike Construction
Address 171 5th Avenue
Paterson, New Jersey 07505
Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____
or Social Security No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R-2 **RELEASED**
Maximum Live Load _____ **CITY OF PATERSON**
Construction Classification _____ **DEPT. OF COMMUNITY IMPROVEMENTS**
Maximum Occupancy Load _____ **PETER T. BALDINI/DIRECTOR**
Description of Work/Use: _____ **DATE: 3/4/98**

32 Residential Units -Single Room Occupancy

Variance Granted: 3-28-97

CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Peter T. Baldini (K)
CONSTRUCTION OFFICIAL

Howard Z. Miller

Fee \$ 75.00
Paid [] Check No. _____
Collected by: 2,480,000

3/4!



APPLICATION FOR CERTIFICATE

Date Received 4-29-97
 Date Permit Issued _____
 Control # _____
 Permit # 97-867
 Date Issued _____

IDENTIFICATION

Block 6827 Lot 8
 Work Site Location 2 Broadway Contractor _____
 Address _____ Address _____
 Owner In Fee Muttering Arms Tele. (_____) _____
 Address _____ Lic. No. _____
 Tele. (_____) Federal Emp. No. _____
 or Social Security No. _____

ACTION

- CERTIFICATE OF OCCUPANCY CERTIFICATE OF APPROVAL
 CERTIFICATE OF CONTINUED OCCUPANCY TEMPORARY CERTIFICATE OF OCCUPANCY
 USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ _____
 (Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE: 154 fl. offices

C

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Wayne Muttering OWNER/AGENT
 Owner
 Agent

I M P O R T A N T N O T I C E

IT'S ILLEGAL TO OCCUPY OR OPERATE PREMISES WITHOUT A CERTIFICATE OF OCCUPANCY. FINAL C.O. MUST BE PICKED UP FROM THIS OFFICE WITHIN 10 DAYS FROM THE DATE OF ALL FINAL APPROVALS. FAILURE TO COMPLY WILL RESULT IN PENALTY AND/OR LEGAL ACTION.

When all work is completed you must contact the following Depts. for FINAL C.O. INSPECTION Between 8:30 & 9:30 a.m. and ~~7:00~~ to 4:30 p.m. daily:

BUILDING	881-3590
ELECTRICAL	881-3575
PLUMBING	881-3572
FIRE	881-3603

SOIL APPROVAL IS REQUIRED IF OVER 5,000 SQ. FT. OF SOIL IS DISTURBED.

ALL REHABILITATIONS MUST BE INSPECTED BY THE HEALTH DEPT. FOR LEAD PAINT & CERTIFICATE OF APPROVAL SUBMITTED TO US BEFORE C.O. CAN BE ISSUED.

IF DWELLING IS A MULTIPLE DWELLING IT MUST BE REGISTERED WITH THE STATE & A COPY OF THE REGISTRATION MUST BE SUBMITTED TO THIS DEPT. BEFORE C.O. IS ISSUED.

Multiple Dwelling registration is obtained from the following State Agency:

DEPT OF COMMUNITY AFFAIRS
BUREAU OF HOUSING

BROAD STREET (BETWEEN FRONT & LAFAYETTE)
TRENTON, N.J.

I M P O R T A N T N O T I C E

IT'S ILLEGAL TO OCCUPY OR OPERATE PREMISES WITHOUT A CERTIFICATE OF OCCUPANCY. FINAL C.O. MUST BE PICKED UP FROM THIS OFFICE WITHIN 10 DAYS FROM THE DATE OF ALL FINAL APPROVALS. FAILURE TO COMPLY WILL RESULT IN PENALTY AND/OR LEGAL ACTION.

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Multiple Dwelling registration is obtained from the following State Agency:

DEPT OF COMMUNITY AFFAIRS
BUREAU OF HOUSING
BROAD STREET (BETWEEN FRONT & LAFAYETTE)
TRENTON, N.J.



CONSTRUCTION PERMIT

Date Issued 2/25/97
Control # AA-377
Permit #

IDENTIFICATION Block 60827 Lot 8
Work Site Location 2 Broadway Contractor _____
Address _____ Address _____
Owner in Fee Shelton Arms LTD
Address 26 Madison St. 5th Fl. Tele. (____) _____
Tele. (____) 684-5007 Lic. No. or Bids. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ or Social Security No. _____

Is hereby granted permission to perform the following work:
 BUILDING PLUMBING OTHER _____
 ELECTRICAL FIRE PROTECTION
 ELEVATOR DEVICES

DESCRIPTION OF WORK: Plan Review

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 \$ 2,540,000.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	<u>3,284.-</u>
Electrical	<u>543.60</u>
Plumbing	<u>396.-</u>
Fire Protection	<u>126.-</u>
Elevator Devices	
Other	
DCA Training Fee	<u>406.40</u>
Cert. of Occ.	<u>60-30-1 (2/2) 151</u>
Other	<u>4800.- 20%</u>
Total	<u>1501</u>
Check No.	<u>GR.</u>
Cash	
Collected By:	<u>GR.</u>

(see reverse side)

REQUIRED INSPECTIONS

Construction ~~plans~~ must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work, as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

- Required inspections for all subcodes for one and two family dwellings are the following:
 1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
 2. Foundations and all walls up to grade level prior to back filling;
 3. All structural framing and connections prior to covering with finish or fill material; plumbing underground services, rough piping, water, sewer, septic services and storm drains; electrical rough wiring; panels and service installations; insulation installations;
 4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
- A complete copy of approved plans must be kept on the job site.

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



CONSTRUCTION PERMIT

Date Issued: 5/1/97
Control #: 4730/97
Permit #: 97-867 & A

IDENTIFICATION Block 4827 Lot 8
 Work Site Location 2 Broadway Contractor _____
 Address _____
 Owner in Fee Metropolitan Corp. 170 1st Avenue, Chelton
 Address 262 Market Tel. (____) _____
Patterson, NJ Lic. No. or Bids. Reg. No. _____
 Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Letter per plans for Shutter

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 \$ 2,480,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	11,620. ⁰⁰
Electrical	2,818. ⁰⁰ + 50. ⁰⁰ (fine)
Plumbing	1,980. ⁰⁰ ↑
Fire Protection	660. ⁰⁰ (2)
Elevator Devices	—
Other	—
DCA Training Fee	1984
Cert. of Occupancy	157 (2)
Other	60. 100 (2)
Total	19,337. ⁰⁰
Check No.	✓
Cash	✓
Collected by	AK

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

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1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
 2. Foundations and all walls up to grade level prior to back filling;
 3. All structural framing and connections prior to covering with finish or infill material; plumbing, underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
 4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
- A complete copy of approved plans must be kept on the job site.
- If you do not understand any of this information, please ask.



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4-29-97
97-807

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

Block 510827 Lot B
Work Site Location 2 BROADWAY
Owner in Fee PATERSON N.J. 07505
Address 2102 MAIN STREET
Telephone PATERSON N.J. 07505
Contractor PIKE CONSTRUCTION
Address 71 5TH AVE
Telephone PATERSON N.J. 07505
Lic. No. or Bids. Reg. No. _____ or Social Security No. _____
Federal Emp. No. _____

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Req.			Footing				
<input type="checkbox"/> All			Foundation				
<input type="checkbox"/> Footing			Slab				
<input type="checkbox"/> Foundation			Frame				
<input type="checkbox"/> Frame			Insulation				
<input type="checkbox"/> Other			Finishes:				
Joint Plan Review Required:			Energy				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire			Mechanical				
SUBCODE APPROVAL			TCO				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Other				
Date: _____			Final				
Approved By: _____							

B. BUILDING CHARACTERISTICS

Use Group B Present 4 Proposed R2/B
 Constr. Class 4 Present 4 Proposed 4
 No. of Stories 4
 Height of Structure 265 Ft.
 Area - Largest Floor 9,870 Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work: _____
 1. New Bldg. \$ 1,930,000.00
 2. Alteration \$ 1,930,000.00
 3. Total (1+2) \$ 3,860,000.00

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 [Signature]

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

Alter for (Shelters)

(32 Rev. Units)
(per HIV Permittals)

- TYPE OF WORK:
- New Building
 - Addition
 - Alteration
 - Roofing
 - Siding
 - Fence
 - Sign
 - Pool
 - Asbestos Abatement
 - Other
 - Demolition
- Height (6' or over) _____ Sq. Ft. _____

Administrative Surcharge	Minimum Fee	DCA TRAINING FEE	TOTAL FEE
Paid <input type="checkbox"/> Check # _____			
Collected by: _____			
			<u>1984.54</u>

(Office Use Only)
FEE

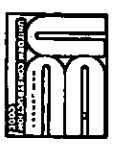
16,490
11,680
150
75

R2/B

U.C.C. Form F-1108

1 White = Office Copy
2 Canary = Office Copy
3 Pink = Applicant Copy
4 Hard = Inspector Copy

JOB : PATERSON SHELTER PLUS
APPLICANT'S NAME/FAMILY NAME : PATERSON
TO ACTUAL FIELD CONDITIONS : 1/27/97



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
 Date Issued
 Control #
 Permit #

4/29/97
 97-867

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

Block G 0827 Lot 2 BROADWAY
 Work Site Location PATERSON NEW JERSEY

Owner in Fee SHELTERING ARMS LTD % PATERSON HOUSING CO
 Address 1209 MAIN ST PATERSON N.J. 07505

Tele. (201) 684-5908
 Contractor TORRE ELECTRIC Co. INC
 Address 452 WASHINGTON AVE BRIDGEVILLE, N. J. 07109

Tele. (201) 759-3800
 Lic. No. 1022
 Federal Emp. No. 22-1858488 or Social Security No. ---

B. ELECTRICAL CHARACTERISTICS

Use Group Present --- Proposed SEB ATTACHED FOR ADDITIONAL INFORMATION.
 [] Pole/Pad # --- [] Temporary [] Other P.S.E. & C.
 Building Occupied as --- Utility Co. ---
 Est. Cost of Elec. Work \$ 250,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)	Initial
[] No Plans Required	Type:	Failure	Approval
[] Joint Plan Review Required:	Rough		
[] Bldg. [] Plumb.	Temporary		
[] Fire [] Elevator	Constr. Serv.		
[] Elec. Plans Approved:	TCO		
Date: <u>3/4/97</u>	Other		
Approved by: <u>[Signature]</u>	Service		
	Final		
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued		
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued		
Date: <u>---</u>			
Approved By: <u>[Signature]</u>			

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.

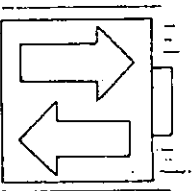
Signature - Contractor Seal
[Signature]
 PINK COPY MISSING

B. TECHNICAL SITE DATA

NO.	SIZE	ITEM
431		Fixtures (1)
995		Receptacles (2)
280		Switches (3)
1706		Total 1 + 2 + 3
34	8 Kw	Range
		Kw Oven(s)
1	5 Kw	Surface Unit Hot Water Heater
8	3 hp	Washer
4	5 Kw	Garbage Disposal DRYER
		Kw Dryer
5	10 Kw	AC Unit
		Burglar Alarms
		Intercoms Panels
44		Smoke Detectors 120 VOLT
1	5 hp	Washer/Dryer COMPACTOR
		Pool Bonding
		Pool Filter Motor
		Pool Lights
		Kw Water Heater(s)
		Kw Central heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
44		Thermostats
		hp Heat Pump
		hp Pump(s)
36	5 hp	Motor Control Panel/Sub Panels
46	40 HP	Signs
		Light Standards
46	1/4 hp	Motors - Fractional H.P.
		hp Motors - All Others
		Kw Transformers
		Kw Generators
1	1600 Amp	Service Entrance
		Other

NEC 93ART. 518, 517, 300-22, 110-16, 110-17, 230-64, 230-65, 336-5, 110-9, AND ANY OTHER CODES OR LAWS WHICH MAY BE RELIANT.
 TOTAL FEE \$ 2818
 \$ 1048
 \$ 175
 \$ 19
 \$ 180
 \$ 25
 \$ 150
 \$ 25
 \$ 690
 \$ 15
 \$ 140
 \$ 15

U.C.C. Form F-1208
 1 White = Office Copy
 2 Canary = Office Copy
 3 Pink = Applicant Copy
 4 Hard = Inspector Copy



Date Received
Date Issued
Control # ESU-PE-119-97
Permit #

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

Block G 0827 Lot 2
Work Site Location 2 BROADWAY
PERSON 25 075E4

Owner in Fee PERSON COLLIER FOR HOUSING, INC.
Address 268 HAIN ST, 5TH FLR,
PERSON 25 075E4

Tel: (212) 684-5338 MARK S.SCO.
Contractor/Installer FEDERAL ELEVATOR INC.

Address 102 WATERVIEW Tel: (202) 815-0200
CONY VALLEY NY

Federal Emp. No. 22-3415296 or Social Security No. _____
Maintenance/Service Contractor FEDERAL ELEVATOR INC.

Address 102 WATERVIEW, RD, CONY VALLEY NY 12183
Tel: (908) 815-0200

B. ELEVATOR CHARACTERISTICS:
Building Use Group Residence

Manufacture _____
Machine Rm. Location 44V

No. of Stops 6 No. of Openings 6
Travel (ft) 55 FT Speed (f.p.m.) _____

Type of Control _____ Type of Operation SRP
Passenger _____ Freight Unimanned

Capacity (lbs.) 2500
Year of Installation/Major Alteration Unimanned
Estimated Cost of Elevator Work \$ 15,000

JOB SUMMARY (Office Use Only)

No Plan Review
 Joint Plan Review Required:
 Bldg. Plumb:
 Fire Etc.
 Elevator Plans Approved
Date: 5-2-53
Approved by: [Signature]

INSPECTIONS:

Type:	Failure	Dates (Month/Day)	Approval	Initial
Temp. Const. ID #				
Final				

SUBCODE APPROVAL: CC TCC

Date: 7-23-57
Approved By: [Signature]

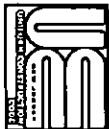
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature [Signature] DATE 4/22/97

D. TECHNICAL SITE DATA (For Routine or Periodic Inspections List State Registration Number for All Devices.)

NO.	ITEM	FEE (Office Use Only)
2	Traction or Winding Drum 1 to 10 Floors Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined & Vertical Wheelchair Lifts & Man Lifts	
	Oil Buffers	
	Counterweight Governor & Sables	
	Aux. Power Generator Alterations	
	Other	
	Other	

Administrative Surcharge \$ _____
Certificate of Compliance \$ _____
Paid by Check # 1544 DCA Training Fee \$ _____
Collected by ESU TOTAL FEE \$ 108



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 4/30/97
Date Issued _____
Control # 97-867A
Permit # _____

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-222-1000.

Block 108827 of 2 Broadway
Work Site Location _____
Owner in Fee The Henry James of 78-90th Street Building
Address 78-90th Street
Address Manhattan
Title () _____
Contractor McE Blue Co Inc
Address 453 Manhattan Ave
Bellerose, NY
Tel. () 759-388
Lic. No. 1033
Federal Emp. No. 22-185824 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
[] No Plans Required	Suppression Test	_____
Joint Plan Review Required:	Fire Alarm Test	_____
[] Bldg. [] Plumb.	Smoke Test	_____
[] Elec. [] Elevator	Mechanical	_____
[] Fire Plans Approved	TCO	_____
Date: _____	Other	_____
Approved by: _____	Other	_____
SUBCODE APPROVAL:	Other	_____
[] CO [] CCO [] CA	Other	_____
Date: _____	Other	_____
Approved 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.

John N. Bent
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____
Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

Number	58
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4/29/97
97-867

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

Block 60827 Lot 8
Work Site Location 2 Broad way (Broadway & Curtis)
Owner in Fee Petering Construction
Address 175 5th Ave
Tele. (201) 278-2300
Contractor 641d Mechanical
Address 1223 Hudson Road
Tele. (201) 224-0168
Lic. No. 8400
Federal Emp. No. 22-23605-28 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Proposed _____
Building Sewer Size 8" Public Sewer _____ Private Septic _____
Water Service Size 3" Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 201,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required	Type: Slab	Failure	Approval
Joint Plan Review Required:	Rough	Failure	Approval
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.	Water	Failure	Approval
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Sewer	Failure	Approval
<input type="checkbox"/> Plumb. Plans Approved	Fixtures	Failure	Approval
Date: <u>3/11/97</u>	Gas Equipment	Failure	Approval
Approved by: <u>[Signature]</u>	Gas Piping	Failure	Approval
SUBCODE APPROVAL:	Solar	Failure	Approval
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO	Failure	Approval
Approved By: _____		Failure	Approval
Date: _____		Failure	Approval

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]
Signature - Contractor Seal

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures):

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
46	Water Closet	
45	Urinal/Bidet	
46	Bath Tub	
3	Lavatory	
40	Shower	
1	Floor Drain	
4	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other <u>Sump Pump</u>	

Collected by: 2015 1-10-97

Paid Check # _____

Administrative Surcharge \$ _____

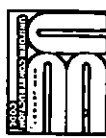
Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL \$ 1980

APPROVALS ARE SUBJECT TO ACTUAL FIELD CONDITIONS AND CODE REQUIREMENTS

FOR PATRICK SHARPLE PLUS HOUSING 1/27/97



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4/13/97
97-867

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

Block _____ Lot 2 **BROADWAY**

Work Site Location PATERSON NEW JERSEY

Owner in Fee ALTERING ARMS LTD / PATERSON HOUSING CORP

Address 202 MAIN ST PATERSON N.J. 07505

Tel. (201) 684-5928

Contractor TORRE ELECTRICAL Co. Inc

Address 452 WASHINGTON AVE

Tel. (201) 759-3800

Lic. No. 1022 or Social Security No. _____

Federal Emp. No. 22-1858482

Building Occupied as RESIDENTIAL

Est. Cost of Elec. Work \$ 650,000

TECHNICAL SITE DATA

NO	SIZE	ITEM
431		Fixtures (1)
115		Receptacles (2)
180		Switches (3)
706		Total 1 + 2 + 3
34	8	Kw Range
1	5	Kw Ovens(s)
8	3	Kw Surface Unit
4	5	hp Dishwasher
5	5	hp Garbage Disposal
5	10	Kw Dryer
10		Kw A/C Unit
41		Burglar Alarms
1		Intercoms Panels
5		Smoke Detectors
5		Whirlpool/spa
1		Pool Bonding
1		hp Pool Filter Motor
1		Pool Lights
1		Kw Water Heater(s)
1		Kw Central heat:
1		oil, gas or elec.
1		Kw Baseboard Heat Units
44		Thermostats
44		hp Heat Pump
46		hp Pumps(s)
46		Amp Motor Control Center/Sub Panels
46		Signs
46		Light Standards
46		hp Motors-Fractional H.P.
46		hp Motors-All Others
46		Kw Transformers
46		Kw Generators
46		Amp Service Entrance
46		Other

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____

Est. Cost of Elec. Work \$ _____

Use Group Present _____ Proposed _____

Use Group Present _____ Proposed _____

Use Group Present _____ Proposed _____

Use Group Present _____ Proposed _____

Use Group Present _____ Proposed _____

Use Group Present _____ Proposed _____

Use Group Present _____ Proposed _____

Use Group Present _____ Proposed _____

Use Group Present _____ Proposed _____

FEE (Office Use Only)

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____

INSPECTIONS: _____

Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:				
Temp. Plan Review Required:				
Temp. Rough				
Temp. Temporary				
Const. Serv.				
TCO				
Other				
Service				
Final				

Approved by: _____

SUBCODE APPROVAL

Final Cut-In-Card Date Issued _____

Date: _____

Approved By: _____

Approved By: _____

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 _____

UCC Form F-1208

2 Canary Office Copy

3 Pink Applicant Copy

4 Hard Inspector Copy

2000-
Paid 1-32
Collected by: _____

Administrative Surcharge: \$ _____

Minimum Fee: \$ _____

DCA Training Fee: \$ _____

TOTAL FEE: \$ _____

NECBART, 518, 517, 300-22, 110-16, 110-17, 230-6, 4-230-6, 336-5, 110-9, AND ANY OTHER CODES OR LAWS WHICH MAY BE APPLICABLE.

690
105
140
175
180
250
250
1048
175

PHX COPY MISSING

7-7-97 Menendez - Proc R/W APP

All 4 upper floors NOT Basement Exterior WALL ONLY 4 FLOORS

THERE ARE
BASEMENT
1ST FLOOR
2ND FLOOR
3RD FLOOR
4TH FLOOR
TOTAL 5 FLOORS

8-6-97 Menendez - Proc - Need connect -
PES ON 4" SERVICE CONDUIT BUSING OR EQUIVALENT

8-8-97 Menendez - Proc APP FOR
1600A 30 200V 1 meter only (House meter)
Send cutw ALSO APP R/W 1ST & 2ND FLOOR

8-12-97 Menendez - Proc - R/W 1st & 2nd FLOOR

8-14-97 Menendez - Proc R/W 3RD FLOOR - EXTERIOR WALLS AND INSIDE WALLS 1ST, 2ND, 3RD

8-19-97 Menendez - Proc

8-20-97 Menendez - Proc

9-16-97 Menendez - Proc Basement AND 4TH (OR TOP) FLOOR

R/W APP Secure OPEN CONDUCTORS & BOXES BEFORE GETTING METERS

10-24-97 Proc

12-2-97 - Menendez - Send cutw FOR ALL METERS ON ATTACHED PAPER.

2 Broadway



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

*4/29/97
917-867*

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING.

CONTRACTORS, NOTIFY THIS OFFICE: CALL UTILITY DIG NO: 1-800-272-1000.
 Block 20827 Lot 2
 Work Site Location 2 Broadway (Richardson Court)
 Owner in Fee PIKE CONSTRUCTION
 Address 177 STE ACB
 Telephone 278-2230
 Contractor CALL PLUMBING
 Address 123 BURNHAM BL
 Telephone 278-1000, VT. 07004
 Lic. No. 8405
 Federal Emp. No. 22-3405-28 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Proposed _____
 Building Sewer Size 8" Public Sewer 1 Private Septic 5/11/97
 Water Service Size 3" Public Water 1 Private Well _____
 Estimated Cost of Plumbing Work \$ 20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type:	Approval
<input type="checkbox"/> Joint Plan Review Required:	Slab	<u>2/5/97</u>
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.	Rough	<u>7/21/97</u>
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water	
<input type="checkbox"/> Plumb. Plans Approved	Sewer	
Date: <u>3/11/97</u>	Fixtures	
Approved by: <u>[Signature]</u>	Gas Equipment	<u>12/6/97</u>
SUBCODE APPROVAL:	Gas Piping	
<input type="checkbox"/> CO <input type="checkbox"/> CCO	Solar	
Approved By: <u>[Signature]</u>	TCO	
Date: <u>12/9/97</u>		

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]
 Signature—Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>46</u>	Water Closet	
<u>45</u>	Urinal/Bidet	
<u>46</u>	Bath Tub	
<u>3</u>	Lavatory	
<u>40</u>	Shower	
<u>1</u>	Floor Drain	
<u>4</u>	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other <u>Swamp pump</u>	

Paid <input type="checkbox"/> Check # _____	Administrative Surcharge \$ _____
Collected by: <u>[Signature]</u>	Minimum Fee \$ _____
	DCA Training Fee \$ _____
	TOTAL \$ <u>1980</u>

6/27/97 Change Cross T. to draw

11/2/98 - color code pipe
Relief lines to floor



CUT-IN-CARD

MUNICIPALITY Washington

LOCATION 2701 Rinalda Ave

UTILITY CO PSE&G

BLK C-0807

LOT 5

OWNER Stuhling Electric LTP

OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

FINAL TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 16(10) amp, 30 J-FV - 1 Metal - House meter

INSTALLED BY TCKE Elect LICENSE NO 1022 - 001

DATE 5/11 PERMIT # 99-567 INSPECTOR M. M. M. M. M.

CALLED IN 5/11/99

Lic. No: 5371

MUNICIPALITY

Princeton



CUT-IN-CARD

LOCATION

2 Broadway

UTILITY CO

PSE&E

BLK

2007

LOT

8

OWNER

Stark Industries, Inc.

OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

FINAL TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE

Set All Motors

INSTALLED BY

TURE Electric

LICENSE NO

1022

DATE

12/5

PERMIT #

97-867

INSPECTOR

Manuelo

CALLED IN

12/5/97

Lic. No:

5371

U.C.C. Form F-350B

1 WHITE--UTILITY 2 CANARY--OFFICE/FILE 3 PINK--OFFICE/CONTRACTOR

ELECTRICAL BUREAU

111 BROADWAY, PATERSON, NEW JERSEY 07501

RE-INSPECTION

Date 3/1/93

1. Fire Occurred..... Reported Caused by.....
Give Date
 Electric Service Discontinued — Yes..... No..... At Pole..... In Manhole..... At Meter.....
2. Meter No..... Discontinued from service — From..... Re-inspect.....
 For Light..... For Power..... Combined Light and Power.....
3. Defects Exist on — Service Conduit..... Service Conductors..... Meter Board.....
4. Defects Exist on -- Light Wiring..... Light Fixtures.....
5. Overloaded Condition Exists on -- Light Wiring..... Light Fixtures.....
6. Defects Exist on — Power Wiring..... Motors..... Other Equipment.....
7. Overloaded Condition Exists on — Power Wiring..... Motors..... Other Equipment.....
8. Installed Without a Permit — Light Service..... Light Wiring.....
 Light Fixtures (Bulb)..... Light Fixtures (Fluorescent)..... Light Fixtures (Discharge).....
 Signs (Bulb)..... Signs (Discharge).....
 Power Service..... Power Wiring..... Motors.....
 Oil Burner..... Refrigerator..... Other Equipment.....

4 STORE BUILDING

GLENRO

Floors.....

Apt. No.....

V 5486

Location.....

Occupant 28 BROADWAY

Energy is being supplied by.....

Service is for.....

Service Construction.....

Meter Devices.....

Wiring Type—Open..... Concealed.....

Building is—Finished..... Being Altered..... Under Construction..... As a.....

Installation (if any) installed by.....

Address.....

Town.....

Owner's Name Glenro, Inc.

Owner's Address 39 Mc Bride Ave.

Town Pat. 07501

Approval Certificate.....

No.....

Progress.....

Deficiency No.....

Order to Remedy No.....

Disconnect No.....

Inspector.....

Issued by.....

JOHN J. WELSH,
Chief Electrical Inspector

Inspector's Job Report

Date	Inspector	Condition	Outlets	Switches	Recept.	Lamp Sockets	Lamp Recept.	Fluorescents	Motors	H. P.	Volts
3-1-93	J. DANSEN	DEFECT					Basement				
3/4/93	Sent letter										
							1st Floor				
							2nd Floor				
							Other Floors				

NOV 4 1991

NOTES

DEFECTS -

~~NO 4th FLOOR INSPECTION~~

1st FLOOR. A DEFECTIVE WIRING MUST BE REMOVED OR REPAIRED BORES INSTALLED AND COVERS

2nd FL. COVERS MISSING OF PANELS

2nd FL. SOME REPAIR NEEDED.

3rd FL. OCCUPIED OLD WIRING. NO LONGER USED. MUST BE REMOVED. ~~MUCH~~ MOST IS NO LONGER ENERGIZED ~~BE~~.

4th FLOOR. NEED IS LARGELY SAME AS ALL ~~THE~~ OTHER FLOOR. NEED

ELECTRICALLY TO BE ADDRESSED. SERVICE EQUIPMENT FROUGHT COVER MISSING

ELEVATOR INSPECTION



Name Broadway Bldg.
 Address 2 Broadway
Paterson, N.J.
 BUILDING REGISTRATION NO. 1608-00325-001
 If FA, Permit No. ESU-PR-119-97

Date 1-22-98

TYPE OF INSPECTION/TEST

- | | | |
|-----------------|------------------|----------------------|
| 1 = FA | 4 = 3 Yr | 7 = Alteration |
| 2 = 6 Mo | 5 = 5 Yr | P = Passenger |
| 3 = 1 Yr | 6 = Reinspection | F = Freight |

		S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)											
		ROPE HYD.											
		01	3	S	U	S	U	S	U	S	U	S	U
A. MACHINE ROOM & MACHINE ROOM EQUIPMENT													
1. Enclosure/Lighting/Vents	✓												
2. Machine/Brake/Gears/Motor	NA												
3. Hydro Power Motor Unit	✓												
4. Motor Generator Set/SCR Drive	NA												
5. Controller/Selector	✓												
6. Governor(s)	✓												
7. Relief & Check Valves	✓												
8. Required Disconnects	✓												
9. Oil/Hydro Fluid, Leaks, Level	✓												
10. Hydro Fluid Hoses or Pipe	✓												
11. Seals, Plates, Labels, Unit ID, Tags, Signs	✓												
12. Routine Maintenance	✓												
13.													
B. ELEVATOR CAR AND COUNTERWEIGHT													
1. Car Enclosure/Platform/Sling/Flooring	✓												
2. Guide Shoes/Rollers	✓												
3. Car Gate/Door/Accessories/Car Door Reopening Device(s)	✓												
4. Car Gate or Door Operator	✓												
5. Car Lighting/Standard & Emergency	✓												
6. Rope Hitches/Platen Hitch	✓												
7. Top-of-Car Operating Station/Stop Switch	✓												
8. Car Operating Station/Stop Switch/Indicators	✓												
9. Emergency Signals & Communication	✓												
10. Emergency Exits/Top/Side	✓												
11. Safeties & Accessories	✓												
12. Seals, Plates, Labels, Unit ID, Tags, Signs	✓												
13. Firefighter Service PHI & II	✓												
14. Counterweight/Car & Counterweight Sheaves	NA												
15. Routine Maintenance	✓												
16.													
C. HOISTWAY, HOISTWAY ENTRANCES AND PIT													
1. Enclosure	✓												
2. Door, Closers & Accessories	✓												
3. Door Interlocks/Emergency Key/Access Keys	✓												
4. Guide Rails: Main & Counterweight	✓												
5. Switches and Cams	✓												
6. Pit/Stop Switch/Light/Ladder	✓												
7. Counterweight Guard	NA												
8. Buffers: Spring or Oil	✓												
9. Ropes: Hoist, Governor, Counterweight, Compensating, Tail	✓												
10. Traveling Cable and Wiring	✓												
11. Plunger, Cylinder and Gland	✓												
12. Governor Rope Tension Sheave & Assembly	✓												
13. Compensating Sheave or Chain	NA												
14. Clearances and Runby	✓												
15. Seals, Plates, Labels, Tags	✓												
16. Hall Station/Hall Position Indicator (if required), Hall Lantern	✓												
17. Routine Maintenance	✓												
18.													



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

CHRISTINE TODD WHITMAN
Governor

JANE M. KEI
Commission

TRANSMITTAL LETTER

827-8.

DATE: 3-9-00

TO: CONSTRUCTION OFFICIAL
Patterson

FROM: Elevator Safety Unit
PO Box 816, Trenton, NJ 08625

PROJECT: 2 Broadway
Patterson

The elevator device(s) located at the above address was (were) inspected by this unit and we recommend the following type of certificate:

CA Device # 01 Expiration Date:

TCC Device # Expiration Date:

Permit #/Project #: ESU-PR-119-97

Inspection Reinspection Extension

If you have any questions, you can contact us at 609-984-7833.

cc: Applicant
Owner

Attachment
0201M/16



DEPARTMENT OF COMMUNITY DEVELOPMENT

Owen Tonino
Director

DIVISION OF COMMUNITY IMPROVEMENTS

Peter T. Baldini
Director Construction Official



MUNICIPAL COMPLEX
111 BROADWAY
PATERSON, NJ 07605-1124
PHONE (201) 881-3570

William J. Carroll, Jr.
Mayor

March 15, 1996

Paterson Coalition for Housing
Glenro Family Housing
c/o Harold Comerro
16-00 Route 208
Fairlawn, N.J. 07410

Re: 2-4 Broadway

Dear Sir:

Your application for a building permit has been denied. Your request is contrary to and in violation of the Paterson Zoning Ordinance in that the property in question is in the GFHD Zone. Which permits conversions of industrial mill buildings, to residential uses as per Sec. 513.2.1b. Applicant wants to convert the basement to offices and day care, and the 1st fl. thru 4th fl. to residential units. (8 on each fl. for a total of 32 units).

Use Variance (density)
site plan approval required

If you desire to pursue this denial any further, it will have to be through the appropriate Board of the City of Paterson, in order that this Board may approve or deny your application. This is a Use Variance (density).

Very truly yours,

Peter T. Baldini,
Director-Construction Official

Thomas Shadiack
Thomas Shadiack,
Zoning Officer

TS/Er

NOTE: Erosion control plan is required if greater than 5000 square feet of soil will be filled, graded or disturbed in any way.

CITY OF PATERSON

DATE

1-21-99

To Peter T. Baldini, Construction Official

G0822 - 8

THE PREMISES LOCATED AT

2 Broadway

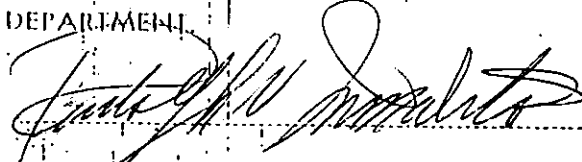
HAVE BEEN INSPECTED BY THE

BUILDING

DEPARTMENT

AND FOUND TO COMPLY WITH ALL EXISTING ORDINANCES AND RESOLUTIONS

GOVERNING THE AFOREMENTIONED DEPARTMENT



RUDOLPH MORABITO-BUILDING INSPECTOR



*GFHD
 of which permits common
 to industrial mill buildings
 See 513.2.2.1b appl wants
 the court pursuant to appl wants
 to residential units - 8 units on each floor
 a total of 32 units
 Very nice
 both insurance
 site plan approved map*

Applications to be made out in Duplicate

OFFICE OF
BUILDING BUREAU

111 BROADWAY - PATERSON, NEW JERSEY 07505

The undersigned hereby makes application for a permit to ALTER - REPAIR - MAKE ADDITION to building according to the following detailed statement and accompanying plans, and does agree that the provisions of the Building Code will be complied with whether the same are specified herein or not.

Applicant's Signature *Paterson Coalition for Housing*
Corneo Family Housing
 Applicant's Address *70 Harold Corneo*
16-00 Route 208
Fair Lawn N.J.
 Paterson, N.J., *791-0022* 19

1. Location (Number and Street) *2-4 Broadway*
2. Type of Building: Frame _____ Non-Fireproof _____ Fireproof _____
3. Existing Use _____ If dwelling, state number of families _____
4. Proposed Use _____ If dwelling, state number of families _____
5. Size of Lot _____ Corner or Interior _____
6. Size of existing building _____ No. of stories _____
7. Character of Alteration or Repairs _____

8. Application for certificate of occupancy is hereby made for this building to be used as follows:

9. Size of Addition _____ No. of stories _____
10. Will addition be Frame _____ Non-Fireproof _____ Fireproof _____
11. Roof Covering _____ State Class _____
12. Cost of Work \$ _____
13. Remarks: (Insert here, any information not covered above) _____

City of Paterson

New Jersey

Edward J. Murphy
Chairman
Nancy Martinez
Vice Chairperson
Yolanda Burgos
Joseph Butler
William Martinico
Adiel Brito Sutter
John Tallia
Commissioners
Rufus Chatman
Harry Martinez
Alt. Commissioners

Board of Adjustment

Mary H. Gray
Secretary

Anthony De Franco
Planner

Robert J. DeMers, Jr., Esq.
Counsel to the Board



MEMORANDUM

TO: Thomas Shadiack, Zoning Officer
FROM: Anthony DeFranco, Board Planner *ADF*
DATE: April 11, 1996
RE: Board of Adjustment meeting 3/28/96

The following matter was approved at the above meeting. The condition concerning off-street parking has now been satisfied as per letter enclosed. The plans are also enclosed and the minutes for this meeting will follow.

Paterson Coalition for Housing
2 Broadway

ADF/mg
Enclosures



PATERSON COALITION FOR HOUSING, INC.

262 MAIN STREET, FIFTH FLOOR PATERSON, NEW JERSEY 07505
ADVOCACY CENTER (201) 684-5998 TRANSITIONAL HOUSING (201) 684-2228 FAX: (201) 684-7538
THERESE TOLOMEO, EXECUTIVE DIRECTOR

April 4, 1996

Mr. Anthony De Franco
Paterson Board of Adjustment
City of Paterson
111 Broadway
Paterson, New Jersey 07505

Dear Mr. De Franco:

At your request, this letter shall verify that the Paterson Coalition for Housing agrees to renew its lease with the City of Paterson Parking Authority on a yearly basis in order to meet our parking requirements for our Shelter Plus Care Family Housing Project located at 2 Broadway in Paterson, New Jersey.

Please feel free to contact me if you have any questions or concerns regarding the above.

Sincerely,

Mark Sisco
Assistant Executive Director

MS/sg
cc: Harold Comerro, AIA

**HISTORIC PRESERVATION
COMMISSION**

65 MC BRIDE AVENUE EXT.
PATERSON, NEW JERSEY 07501-1715

PHONE: (201) 279-9587

FAX: (201) 357-0121



William J. Paterson, Jr.
Mayor

COMMISSIONERS

Joseph R. Frank, Alt, Chair
Glen Chin, Alt., Vice Chair

Flavia Alaya
Harry R. Gourley
Jose Jimenez
Carl Mecky
Daniel Skillin


Secretary: Rae Fronzaglia
Coordinator: Michael Wing
Counsel to the Commission:
William Rosenberg, Esq.

DIVISION OF
PLANNING & ZONING
APR 18 1996
RECEIVED
PATERSON, NJ

TRANSMITTAL

TO: Building Officer
 Director, Division of Planning
 Planning Board
 ✓ Board of Adjustment
 City Clerk (2)
 Law Department
 Applicant: Paterson Coalition for Housing
 230 Main Street 07505
 Paterson, NJ

DATE: April 18, 1996

FROM: Rae Fronzaglia, Secretary 
 Historic Preservation Commission

For your records, enclosed is the following resolution adopted by the Historic Preservation Commission on March 18, 1996:

RESOLUTION TO APPROVE APPLICATION OF GLENRO FAMILY HOUSING, 2 BROADWAY, PATERSON, N.J.

enc.

RESOLUTION OF THE CITY OF PATERSON
HISTORIC PRESERVATION COMMISSION

RESOLUTION TO APPROVE THE APPLICATION OF GLENRO FAMILY
HOUSING, 2 BROADWAY, PATERSON, N.J.

WHEREAS, the Paterson Historic Preservation Commission by resolution duly adopted by it on February 26, 1996, approved in concept the application of the Paterson Coalition for Housing to rehabilitate the Glenro Building, 2 Broadway, Paterson, N.J. for AIDS Housing; and

WHEREAS, on February 26, 1996, the Historic Preservation Commission approved the plans to retain the original exterior brick, patching where necessary, using mortar that would match the existing mortar in color and texture; and

WHEREAS, the Commission recommended retention of certain exterior architectural features which included doors, door recesses and original windows; and

WHEREAS, the Commission requested additional information on fencing, lighting, curbing, landscaping, playground surface, and equipment and colors; and

WHEREAS, the Paterson Coalition for Housing through its architect, Harold Comerro, appeared before said Commission on March 18, 1996, and presented certain drawings and sketches and made certain representations concerning the windows, doors and mortar to be used on the exterior of the building, fencing around the building playground and equipment; and

WHEREAS, said property impacts on the character of the Historic District; and

WHEREAS, the Historic Preservation Commission has considered the drawings and sketches presented as well as the testimony of Harold Comerro, Architect, all of which is incorporated herein by inference; and

WHEREAS, the Commission has also considered the recommendations of Michael Wing as presented in his staff report of 3/18/96.

NOW, THEREFORE, BE IT RESOLVED that:

1. The application is approved as to the design of doors (Broadway facade) with retention of existing doors if feasible.

Resolution to approve Application of
Glenro Family Housing

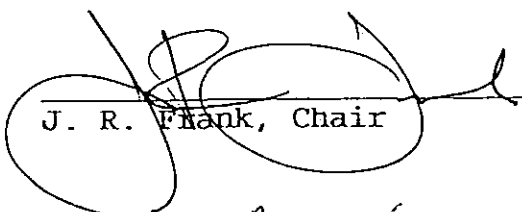
2.

2. The retention of original birch exterior with patching where necessary using mortar which is the same color and texture as the existing mortar.
3. The fencing, lighting, benches and brick curb cut as presented is also approved along with the landscaping.
4. Said applicant is to return regarding further discussion of window replacement, if funding is available.
5. A copy of this Resolution shall be forwarded to the Applicant, the Construction Official, the Municipal Clerk, the Director of Planning & Zoning Division, the Planning Board and the Board of Adjustment.

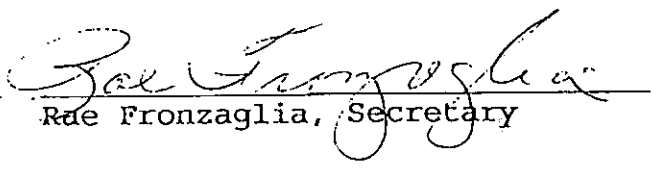
Record of Commission on Final Passage

	AYE	NAY	ABSENT	ABSTAIN
Alaya, Flavia	X			
Chin, Glen, Alt.			X	
Frank, J.R., Alt.	X			
Gourley, Harry B.	X			
Jimenez, Jose			X	
Mecky, Carl			X	
Skillin, Daniel	X			

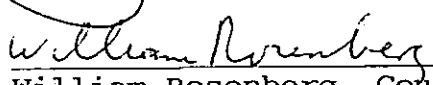
Adopted at the meeting of the Historic Preservation Commission of the City of Paterson on March 18, 1996.



J. R. Frank, Chair



Rae Fronzaglia, Secretary



William Rosenberg, Counsel to
Historic Preservation Commission

City of Paterson
New Jersey

Board of Adjustment



Edward J. Murphy
Chairman
Nancy Martinez
Vice Chairperson
Yolanda Burgos
Joseph Butler
William Martinico
Adiel Brito Sutter
John Somesla
Commissioners
Rufus Chatman
Harry Martinez
Alt. Commissioners

Mary H. Gray
Secretary

Anthony De Franco
Planner

Robert J. DeMers, Jr., Esq.
Counsel to the Board

October 7, 1996

Harold J. Comerro, AIA
Comerro Coppa Architects, P.C.
16-00 Route 208 South
Fair Lawn, New Jersey 07410

Re: Paterson Coalition for Housing, Inc.
2 Broadway

Dear Mr. Comerro:

As per your request, this is to confirm that on 9/26/96 the Paterson Board of Adjustment granted an extension of time for the above application which was approved on 3/28/96.

Very truly yours,

Anthony De Franco
Anthony DeFranco
Assistant Planning Director

/mg

CC: Roy E. Kurnos, Esq.
Mark Sisco

BELSOLE AND KURNOS
ATTORNEYS AT LAW
3 PROSPECT STREET
MORRISTOWN, NEW JERSEY 07960-6809

DONALD R. BELSOLE
ROY E. KURNOS*
KEVIN WEINMAN
*MEMBER OF NEW YORK
AND NEW JERSEY BAR

(201) 539-1100
(201) 539-5563

FAX
201 539-8464

September 25, 1996

Mr. Anthony DeFranco
Assistant City Planning Director
City of Paterson
Municipal Complex
111 Broadway
Paterson, NJ 07505

Re: Paterson Coalition for Housing, Inc.
2 Broadway
Lot 8, Block G0827

Dear Mr. DeFranco:

Pursuant to the recent conference call among you, me and Mr. DeMers, please accept this letter as a formal request that the site plan and variances granted to the Paterson Coalition for Housing by the Paterson Board of Adjustment (the Board) be extended through the end of this year.

The commencement of the project was delayed to obtain ISRA clearance from the State of New Jersey with regard to potential hazardous conditions on the property as well as securing financing through the New Jersey Mortgage Financing Agency. Both have been secured and my client intends to close on or about December 4, 1996. Weather permitting, construction on the project will commence at that time.

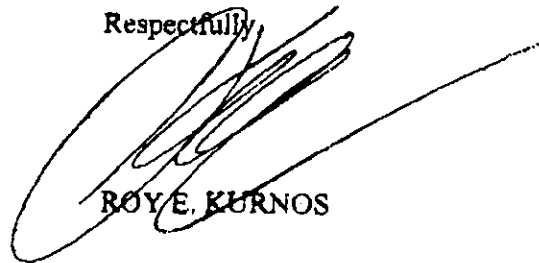
According to my records, this matter was heard by the Board at its meeting on Thursday, March 28, 1996. At that time, the Board voted unanimously for approval of the site plan and variances, although I do not have a copy of any formal resolution to that effect, nor do I believe the same was ever published. I do not think that the adoption of a formal resolution or the publication of the same has any effect on the validity of the approval.

Page 2
September 25, 1996

Re: Paterson Coalition for Housing, Inc.
2 Broadway
Lot 8, Block G0827

Although, I was unaware that any time limitation was imposed. If there was, please extend them through December 31, 1996. If you will require a hearing, please place this matter on the Board's agenda when its schedule permits and advise me of the date.

Respectfully,



ROYE, KURNOS

RFK/cp
cc: Robert DeMers, Esq.
Harold Comerro
Mark Sisco

FEDERAL EXPRESS

TO COMERAO COPPA P.C. ARCHITECTS

FAX - 791-3790-

16-00 RT. 208

FAX LAW NJ 07410

RE - 2 BROADWAY -

- ① ELEVATOR MACHINE ROOM DOOR NOT IDENTIFIED ON DOOR SCHEDULE AS TO TYPE AND RATING, TABLE 716.1 BOCA 1993
- ② ON FLOORS 1ST, 2ND, AND 3RD JANITORS CLOSET AND STORAGE ROOM DOORS #132, 170, 232, 270, 332, 370 RESTRICT CORRIDOR WIDTH. 1011.1.3 BOCA 1993
- ③ SHEET A-16 STAIR #5 THE SPACING OF BALUSTERS NOT IDENTIFIED. 1021.3 BOCA 1993

ALL OF THE FOLLOWING ARE RELATIVE TO THE
BARRIER FREE ~~CABO~~ / ANSI A117.1-1992

- ① MUST PROVIDE R7-8 SIGN FOR ACCESSIBLE PARKING SPACES U.C.C. 5:23-7.1 15.1
- ② ALL APARTMENTS MUST BE ADAPTABLE FOR BARRIER FREE U.C.C. 5:23-7.1(b) 8
- ③ ACCESSIBLE BATHROOMS AT UNIT B ALL FLOORS DO NOT CONFORM TO 4.17.2
- ④ ADAPTABLE BATHROOMS AT A UNIT A, ^{BASEMENT,} E, F, AND G. ALL FLOORS DO NOT CONFORM TO 4.17.2

SECTION 4.33.4.4.1 - KITCHEN CABINETS

8) SHOWER SPACED UNIT SHALL COMPLY WITH 4.21.6

9) KITCHEN BASE CABINETS SHALL COMPLY WITH 4.33.4.4.1
IN ACCESSIBLE AND ADAPTABLE UNITS

10) WALL HUNG CABINETS SHALL COMPLY WITH FIG B 4.33.4

11) KITCHEN WALL CABINETS SHALL COMPLY WITH 4.33.4.4.2

12) KITCHEN WALL CABINETS SHALL COMPLY WITH 4.33.4.4.3

13) KITCHEN WALL CABINETS SHALL COMPLY WITH 4.33.4.4.4

14) KITCHEN WALL CABINETS SHALL COMPLY WITH 4.33.4.4.5

15) KITCHEN WALL CABINETS SHALL COMPLY WITH 4.33.4.4.6

16) KITCHEN WALL CABINETS SHALL COMPLY WITH 4.33.4.4.7

17) KITCHEN WALL CABINETS SHALL COMPLY WITH 4.33.4.4.8

18) KITCHEN WALL CABINETS SHALL COMPLY WITH 4.33.4.4.9



Tore Electric Company, Inc.

452 Washington Ave., Belleville, NJ 07109 Tel. (201) 759-3800 Fax (201) 759-2814

January 27, 1997

PROJECT: Paterson Shelter Plus Care Family Housing
2 Broadway
Paterson, New Jersey

ADDITIONAL INFORMATION FOR ELECTRICAL PERMIT APPLICATION

Main Distribution Equipment:

- 1 1600 AMP Main Switchboard
208 Volt /3Phase /4Wire
- 1 600 AMP Panel
208 Volt/ 3 Phase
- 2 100 AMP Panel
208 Volt /3Phase /4Wire
- 2 225 AMP Panel
208 Volt /3Phase /4Wire
- 33 Apartment Load Centers
100 AMP/ Single Phase
- 33 Tenant Meters

Fire Alarm System:

- 1 Control Panel
- 1 Annunciator
- 60 System Smoke Detectors
- 15 Fire Alarm Stations
- 41 Horn/ Strobe Units
- 19 Strobe Units
- 13 Heat Detectors
- 5 Duct Smoke Detectors
- 5 Wiring of Flow Switches
- 12 Wiring of Tamper Switches

Intercom System:

- 1 Control Panel
- 33 Intercom Stations
- 1 Door Strike

6. PROVIDE SEAT AT BATHTUB FOR ACCESSIBLE BATHROOMS UNIT H
4.33.3.4.2.

7. BATHTUB CONTROLS SHALL COMPLY WITH 4.25.4 & 4.25.5.
FIG. B4.21.4.

8. SHOWER SPRAY UNIT SHALL COMPLY WITH 4.21.6.

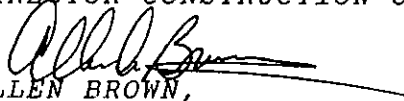
9. KITCHEN BASE CABINETS SHALL COMPLY WITH 4.33.4.4.1. IN
ACCESSIBLE AND ADAPTABLE UNITS.

10. WALL HUNG CABINETS SHALL COMPLY WITH FIG. B 4.33.4.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE OFFICE.

VERY TRULY YOURS,

PETER T. BALDINI,
DIRECTOR-CONSTRUCTION OFFICIAL


ALLEN BROWN,
BUILDING SUB-CODE OFFICIAL

/KE

DEPARTMENT OF COMMUNITY DEVELOPMENT

OWEN TONKING
DIRECTOR

DIVISION OF COMMUNITY IMPROVEMENTS

PETER T. BALDINI
DIRECTOR CONSTRUCTION OFFICIAL



MUNICIPAL COMPLEX
111 BROADWAY
PATERSON, NJ 07505-1124
PHONE (201) 881-3570

Martin G. Barnes
Mayor

DATE: MARCH 12, 1997

COMERRO COPPA P.C. ARCHITECT
16-00 RT. 208
FAIRLAWN, N.J. 07410

RE: 2 BROADWAY

DEAR SIR:

AFTER A REVIEW OF THE PLANS SUBMITTED FOR THE ABOVE SUBJECT PREMISES THE FOLLOWING REQUIREMENTS MUST BE COMPLIED WITH:

1. ELEVATOR MACHINE ROOM DOOR NOT IDENTIFIED ON DOOR SCHEDULE AS TO THE TYPE AND RATING. TABLE 716.1 BOCA 1993.
2. ON FLOORS 1, 2 & 3 JANITORS CLOSET AND STORAGE ROOM DOORS # 132, 170, 232, 270, 332, 370 RESTRICT CORRIDOR WIDTH. 1011.1.3 BOCA 1993.
3. SHEET A-16 STAIR #5 THE SPACING OF BALUSTERS NOT IDENTIFIED. 1021.3 BOCA 1993.

ALL OF THE FOLLOWING ARE RELATIVE TO THE BARRIER FREE CABO/ANSI A 1171-1992.

1. MUST PROVIDE R7-8 SIGN FOR ACCESSIBLE PARKING SPACES U.C.C. 5:23-7.1 15.1
2. ALL APARTMENTS MUST BE ADAPTABLE FOR BARRIER FREE U.C.C. 5:23-7-1 (B) 8.
3. ACCESSIBLE BATHROOMS AT UNIT B ALL FLOORS DO NOT CONFORM TO 4.17.2.
4. ADAPTABLE BATHROOMS AT BASEMENT UNIT A, E, F, AND G ALL FLOORS DO NOT CONFORM TO 4.17.2.
5. EXPOSED PIPING SHALL COMPLY WITH 4.20.4.



DIVISION OF COMMUNITY IMPROVEMENTS

PETER J. BALDINI

DIRECTOR CONSTRUCTION OFFICIAL

Municipal Complex
111 Broadway
Paterson, N.J. 07505
Phone (201) 881-3570
Fax (201) 523-2320

FAX COVER LETTER

TO: Comerro Coppa P.C. Architects
FROM: Allen Brown
RE: 2 Broadway
DATE: 3/12/97
AMOUNT OF PAGES INC. COVER 3

REMARKS: As per our discussion.

DEPARTMENT OF COMMUNITY DEVELOPMENT

OWEN TONKING
DIRECTOR

DIVISION OF COMMUNITY IMPROVEMENTS

PETER T. BALDINI
DIRECTOR CONSTRUCTION OFFICIAL



MUNICIPAL COMPLEX
111 BROADWAY
PATERSON, NJ 07606-1124
PHONE (201) 881-3570

Martin G. Barnes
Mayor

MARCH 26, 1997

SHELTERING ARMS LTD
C/O PATERSON HOUSING COALITION
262 MAIN ST.
PATERSON, N.J. 07505

RE: PERMITS
2 BROADWAY

DEAR SIR:

THE FOLLOWING IS A BREAKDOWN OF PERMIT FEES DUE UPON ISSUANCE OF PERMITS FOR THE ABOVE PREMISES:

BUILDING PERMIT	\$	16,420.00	
ELECTRICAL PERMIT		2,818.00	
PLUMBING PERMIT		1,980.00	
FIRE PERMIT		660.00	
STATE FEE		2,032.00	
CO		150.00	
CO		75.00	
TOTAL	\$	24,135.00	
	-	4,800.00	PLAN REVIEW FEE
	\$	19,335.00	BALANCE DUE

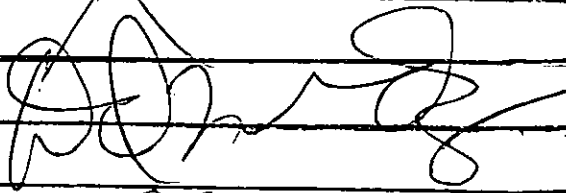
CONTRACTORS LICENSE RENEWAL FEE: \$100.00

VERY TRULY YOURS,

Peter T. Baldini
PETER T. BALDINI,
DIRECTOR-CONSTRUCTION OFFICIAL

BUILDING

ELECTRICAL

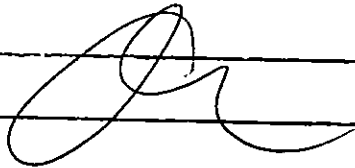


3-4-97 OK

PLUMBING

~~No House Trap~~

Plumber Has To Sign
& Seal.



FIRE

CONTRACTOR MUST SIGN

FIRE PERMIT.

SPRINKLER PERMIT

PRICED 07-3-10-97

ZONING

GENERAL FIRE PROTECTION, INC.

508 Main Street - P.O. Box 120
Boonton, New Jersey 07005
(201) 335-8117 - Fax (201) 334-3251

Joel, Dale, Bob

FD 7-F

January 9, 1998 . . .

2 Broadway

Mr. Frank Fleischman
111 Broadway
Paterson, N.J. 07505

RE: Paterson Shelter Plus Care Family Housing
Paterson, N.J.

Dear Mr. Fleishman:

The sprinkler system that is installed in the above captioned project is designed and installed to a Residential Use, Group R 2 Occupancy. The sprinkler heads that were installed are Residential Extended Coverage Quick Response which gives a 20' x 20' coverage for pendent heads, and a 16' x 20' coverage for sidewall heads.

The use of these type heads are acceptable in light hazard usage.

Very truly yours,

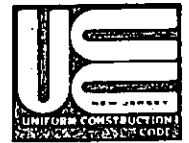
GENERAL FIRE PROTECTION, INC.

Chuck Mangin
CHUCK MANGIN

cc: Peter Baldini
Jeff Abrams - Pike Const.

ELEVATOR INSPECTION

Control # ESU-PR-119-97



FORM MUST BE TYPEWRITTEN

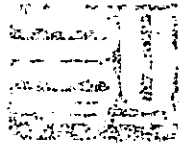
Name: BROADWAY Bldg.
 Address: 2 BROADWAY
 Town/State/Zip: PATERSON, N.J.

REGISTRATION NO. _____
 TYPE OF INSPECTION/TEST: _____
 DATE: 7-14-97
 1=FA 4=3 Yr 7=Alteration
 2=6 Mo 5=5 Yr Pass _____ Frt _____
 3=1 Yr 6=Reinsp

BUILDING REGISTRATION NO. 108-00325-001

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

DEVICE NUMBER	TYPE OF INSPECTION/TEST	TAKEN OUT OF SERVICE											
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10		
		S	U	S	U	S	U	S	U	S	U	S	U
A. MACHINE ROOM & MACHINE ROOM EQUIPMENT													
1.	Enclosure/Lighting/Vents	S		S									
2.	Machine/Brake/Gears/Motor												
3.	Hydro Power Motor Unit												
4.	Motor Generator Set/SCR Drive												
5.	Controller/Selector												
6.	Governor(s)												
7.	Relief & Check Valves												
8.	Fused Disconnect	S		S									
9.	Oil/Hydro Fluid, Leaks, Level												
10.	Hydro Fluid Hoses or Pipe												
11.	Seals, Plates, Labels, Unit ID												
12.													
B. ELEVATOR CAR AND COUNTERWEIGHT													
1.	Car Enclosure/Platform/Sling/Flooring	S		S									
2.	Guide Shoes/Rollers												
3.	Car Gate/Door/Accessories												
4.	Car Gate or Door Operator												
5.	Car Lighting/Standard & Emergency												
6.	Rope Hitches/Platen Hitch												
7.	Top-of-Car Operating Station/Stop Switch												
8.	Car Operating Station/Stop Switch/Indicators												
9.	Emergency Signals & Communication												
10.	Emergency Exits/Top/Side												
11.	Car Safeties & Accessories												
12.	Seals, Plates & Labels												
13.	Phase I - Fire Service												
14.	Phase II - Fire Service												
15.													
16.													
C. HOISTWAY, HOISTWAY ENTRANCES AND PIT													
1.	Enclosure	S		S									
2.	Door, Closers & Accessories												
3.	Door Interlocks/Emergency Key/Access Keys												
4.	Guide Rails: Main & Counterweight												
5.	Switches and Cams												
6.	Pit/Stop Switch/Light/Ladder												
7.	Counterweight Guard												
8.	Buffers: Spring or Oil												
9.	Ropes: Hoist, Governor, Cwt. Compensating Tail	S		S									
10.	Traveling Cable and Wiring												
11.	Plunger, Cylinder and Gland												
12.	Governor Rope Tension Sheave & Assembly												
13.	Compensating Sheave or Chain												
14.	Clearances and Runby												
15.	Seals, Plates and Labels												
16.	Hall Station/Hall Position Indicator (if required)												
17.	Car Door Reopening Device(s)												
18.													



DEVICE NUMBER TYPE OF INSPECTION/TEST												
	S	U	S	U	S	U	S	U	S	U	S	U
D. ESCALATOR/MOVING WALKS												
1. Stair Treads												
2. Balustrade												
3. Shear Points Protection												
4. Emergency Stop Switches												
5. Steps, Rollers & Tracks												
6. Chains & Sprockets												
7. Safety Devices												
8. Kiosk or Wallway												
9. Comb Plates												
10. Clearances												
11. Handrail												
12. Protection of Thrust & Machinery Space												
13. Skirt & Steps Clearance												
14. Machinery Access Space & Lighting												
15. Escalator Brakes												
16. Machine/Brakes/Gears/Motor												
17. Starting & Switch												
18. Speed Governor												
19. Roller Shutter Device												
20. Signs												
21. Step Lighting												
22. Tests												
23.												

E. TESTS

TRACTION ELEVATOR DEVICES

1. Car Registration Number									
2. Car Rated Speed									
3. Car Speed									
4. Tripping Speed									
5. Capacity									

HYDRO ELEVATOR DEVICES

1. Car Registration Number									
2. Working Pressure									
3. Relief Pressure									
4. Capacity									
5. Tags									

UNSATISFACTORY CONDITIONS/CODE INFRACTIONS:

ACTION TAKEN:

COMMENTS OR RECOMMENDATIONS: # 2 & # 3 ELEVATORS: ALL EQUIPMENT HAS BEEN REMOVED FROM THE JOB SITE.

LAURENCE E. BROWN #6560
Inspector's Name and Lic. No.

Laurence E Brown
Inspector's Signature



Y827-8
97-867

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

CHRISTINE TODD WHITMAN
Governor

JANE M. KENNY
Commissioner

TRANSMITTAL LETTER

DATE: 7/14/97

TO: CONSTRUCTION OFFICIAL
City of Paterson

FROM: Elevator Safety Unit 25

PROJECT: 2 Broadway
Paterson

The elevator device(s) located at the above address was (were) inspected by this unit and we recommend the following type of certificate:

CA Device # 2 + 3 Expiration Date: —

TCC Device # _____ Expiration Date: _____

Permit #/Project #: ESU-PR-119-97

Inspection Reinspection _____ Extension _____

cc: Applicant
Owner

Attachment
0737M/4



METER LIST FOR ALL APARTMENT APPROVED
PATERSON
GLENRO HOUSING PROJECT
2 BROADWAY.

1ST FLOOR

3RD FLOOR

1 A
1 B
1 C
1 D
1 E
1 F
1 G
1 H

3 A
3 B
3 C
3 D
3 E
3 F
3 G
3 H

2ND FLOOR

4TH FLOOR

2 A
2 B
2 C
2 D
2 E
2 F
2 G
2 H

4 A
4 B
4 C
4 D
4 E
4 F
4 G
4 H

1-8-98 Along prog, lights still to be installed

2-4-98 Along final



Tore Electric Company, Inc.

452 Washington Ave., Belleville, NJ 07109 Tel. (201) 759-3800 Fax (201) 759-2814

January 27, 1997

PROJECT: Paterson Shelter Plus Care Family Housing
2 Broadway
Paterson, New Jersey

ADDITIONAL INFORMATION FOR ELECTRICAL PERMIT APPLICATION

Main Distribution Equipment:

- 1 1600 AMP Main Switchboard
208 Volt /3Phase /4Wire
- 1 600 AMP Panel
208 Volt / 3 Phase
- 2 100 AMP Panel
208 Volt /3Phase /4Wire
- 2 225 AMP Panel
208 Volt /3Phase /4Wire
- 33 Apartment Load Centers
100 AMP/ Single Phase
- 33 Tenant Meters

Fire Alarm System:

- 1 Control Panel
- 1 Annunciator
- 60 System Smoke Detectors
- 15 Fire Alarm Stations
- 41 Horn/ Strobe Units
- 19 Strobe Units
- 13 Heat Detectors
- 5 Duct Smoke Detectors
- 5 Wiring of Flow Switches
- 12 Wiring of Tamper Switches

Intercom System:

- 1 Control Panel
- 33 Intercom Stations
- 1 Door Strike

Department of
Community Development

Gary Melchiano
Acting - Director

Division of
Community Improvements

Kathleen Easton
Director

CITY OF PATERSON



Jose "Joey" Torres
Mayor

MUNICIPAL COMPLEX
111 BROADWAY
PATERSON, NJ 07505-1124
PHONE (973) 321-1232
EX: 2212

Date: May 4, 2007

Re: 2 Broadway
Paterson, N.J.

To Whom it May Concern:

This is to advise that a total gut & reconstruction of the building occurred and a Certificate of Occupancy was issued on 5/1/97. Therefore a lead paint inspection is not required.

Very truly yours,

A handwritten signature in cursive script that reads 'Salvatore Iannelli'. The signature is written in dark ink and is positioned above the printed name.

Salvatore Iannelli,
Const. Official/ke

2 Broadway (2 Co's) Y827-8	
Sheltering Arms LTD. % Pat. Housing Coalition 1/1/97	
262 Main St - 1st fl - TOTAL REHAB 97-807-	
32 Res. Units GOTTED staff offices DATE	
B - 2-4-98 Ref	B - 2-4-98 Ref
E -	E -
P - OK 1/28/98 JAL	P -
F - OK 2-4-98 JH	F -
Z - Jlem	Z - Jlem
OK TO ISSUE CO'S (A2)	Variance 3/28/97

TORE ELECTRIC CO., INC. BELLEVILLE, NEW JERSEY 07109

Invoice #
PATERSON SHL

04/29/97

Inv Date
04/29/97

8437

Description
PERMIT-PAT SHELTE

Gross Amt
2818.00

2818.00

Discount
0.00

0.00

Net Amount
2818.00

2818.00

008437

*Paterson Shelter Plus Care
Family Housing*