

818 TEANECK ROAD
 TEANECK NJ 07666-0000
 201-837-4830

CERTIFICATE

Date Issued: 07/14/2008

Control #: 38751

Permit #: 20072161

IDENTIFICATION

Block: 2409 Lot: 8 Qualification Code: _____
 Work Site Location: 554 QUEEN ANNE ROAD
TEANECK
 Owner in Fee: 554 QUEEN ANNE ROAD INC
 Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666
 Telephone: 201 287-0208
 Agent/Contractor: GPK CONTRACTORS
 Address: 47 BRAIRCLIFF ROAD
TENAFLY NJ 07670
 Telephone: 201 788-2113
 Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
 Social Security No.: _____

Home Warranty No: _____
 Type of Warranty Plan: [] State [] Private
 Use Group: R-5
 Maximum Live Load: 40
 Construction Classification: VB
 Maximum Occupancy Load: 5
 Certificate Exp Date: _____
 Description of Work/Use:

Additions and Alterations - CONSTRUCTION OF A ONE (1) STORY SIDE ADDITION, CONVERSION OF AN ATTACHED GARAGE INTO A FAMILY ROOM, REPLACE AND CHANGE BOTH THE DRIVEWAY TO VAN BUREN AND FRONT WALKWAY TO QUEEN ANNE ROAD AT A RESIDENTIAL SINGLE FAMILY DWELLING.
 Update Desc. of Wk/Use:
 Alterations UPDATE FOR ENCLOSING BASEMENT AND HVAC UNITS, Alterations- GAS PIPING, Alterations-UPDATE FIRE

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 _____ or will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- Total removal of lead-based paint hazards in scope of work
- Partial or limited time period(____ years); see file

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 _____

STEVEN M. GLUCK Construction Official

Fees: \$75.00

Paid Check No.: 2132

Collected by: SW

**TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT**

APR 29 2008

ZONING WORKSHEET

WORK SITE LOCATION 554 QUEEN ANN ROAD
 BLOCK 2409 LOT B ZONE DISTRICT RS
 LOT AREA 14300 SQUARE FEET
 MAXIMUM BUILDING COVERAGE - 25 % OF LOT AREA = 3575 SQUARE FEET
 MAXIMUM LOT COVERAGE - 40 % OF LOT AREA = 5720 SQUARE FEET

ITEM DESCRIPTION	EXISTING AREA (SQUARE FEET)	PROPOSED AREA (SQUARE FEET)	REMARKS
1. BUILDING FOOTPRINT	1552	3116	
2. DETACHED GARAGE			
3. ROOFED PORCHES, PATIOS, DECKS AND BRIDGES	40	70	
4. STORAGE SHEDS			
5. OTHER ACCESSORY BUILDINGS			
6. DRIVEWAYS AND PARKING AREAS	2057.5	970	
7. OPEN ENTRIES AND STEPS	72	72	
8. OPEN PATIOS, TERRACES AND DECKS			
9. WALKWAYS	912.5	950	
10. SWIMMING POOLS			
11. OTHER			
12. OTHER			
BUILDING COVERAGE (ADD ITEMS 1 THROUGH 5)	1600 11.19 %	3186 22.27 %	DIVIDE THE TOTAL SQUARE FOOT AREA BY THE LOT AREA TO DETERMINE THE % OF COVERAGE
LOT COVERAGE (ADD ITEMS 1 THROUGH 12)	4642 32.46 %	5178 36.20 %	

Christopher Rodriguez

4.29.08

PERSON COMPLETING WORKSHEET

DATE

PROPERTY IN THE TOWNSHIP OF TEANECK, BERGEN COUNTY, NEW JERSEY

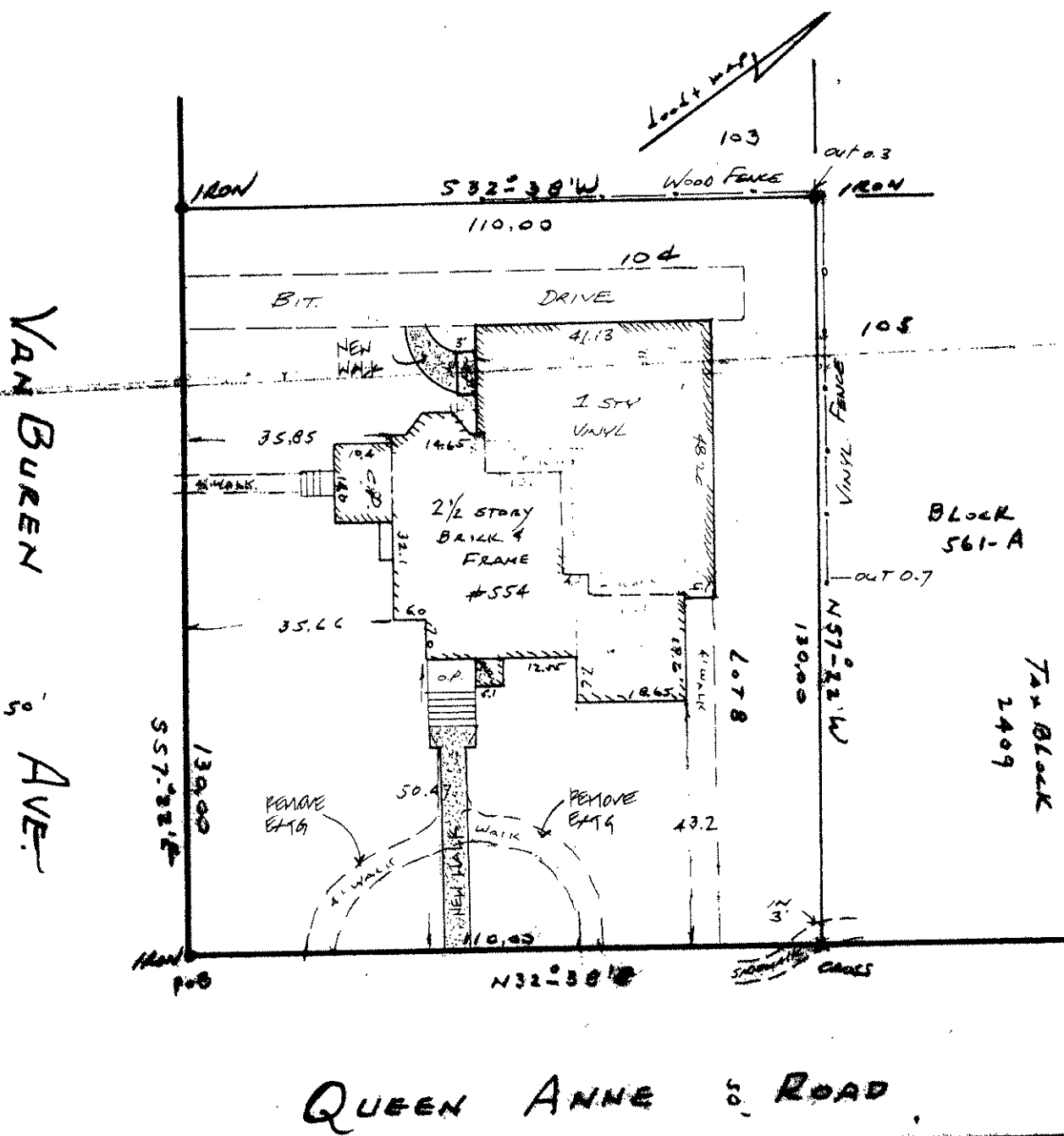
Detail Survey of Dwelling on Lot 104 in Block 561-A, as shown on a certain map entitled "Secton No. One of Map No. One Phelps Manor, Teaneck, N.J.", filed in the Bergen County Clerk's Office on May 19, 1924 as Map No. 1905.

CERTIFIED TO: 554 QUEEN ANNE ROAD, INC., COMMERCE BANK/NORTH, ITS SUCCESSORS AND/OR ASSIGNS; OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY; ACCURATE SETTLEMENT; TITLE INSURANCE AGENCY, LLC; AND GOLDBERG, MUFSON & SPAR, ATTORNEYS, to be correct.

Scale: 1" = 20 feet.
Being Lot 8 in Block 2409 on the Tax Map.

Steven L. Koestner
STEVEN L. KOESTNER, P.E. & L.S. LIC. #27481
KOESTNER ASSOCIATES
PROFESSIONAL ENGINEERS & LAND SURVEYORS
HACKENSACK, N.J. 07602

JULY 31, 2007
REVISED TO SHOW WALKWAYS ONLY
SEPTEMBER 21, 2007
REVISED TO SHOW PROPOSED ADDITION-APRIL 23, 2008





TOWNSHIP OF TEANECK
818 TEANECK ROAD
TEANECK NJ 07666-0000
201 837-4830

Permit #: 20072161
Date Issued: 11/09/2007

Control #: 38751

Certificate Application 7/10/2008

APPLICATION FOR CERTIFICATE

IDENTIFICATION

Work Site Location: 554 QUEEN ANNE ROAD Block: 2409 Lot: 8 Qual:

Owner In Fee: 554 QUEEN ANNE ROAD INC
Address: 554 QUEEN ANNE ROAD

Agent: GPK CONTRACTORS
Address: 47 BRAIRCLIFF ROAD
TENAFLY NJ 07670

TEANECK NJ 07666

Telephone: 201 788-2113

Telephone: 201 287-0208

Lic. No. / Bldr. Reg. No.:

Final Cost of Construction: \$ 160,850

Federal Emp. No.:

(Include value of any structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

ACTION

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF APPROVAL
- CERTIFICATE OF COMPLIANCE

USE GROUP _____ Previous R-5 Current

Describe below any substantive deviation in dimension, layout or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

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

Full CO

Description Of Work/Use: Additions and Alterations - CONSTRUCTION OF A ONE (1) STORY SIDE ADDITION, CONVERSION OF AN ATTACHED GARAGE INTO LIVING SPACE, REPLACE AND CHANGE BOTH THE DRIVEWAY TO VAN BUREN AND FRONT WALKWAY TO QUEEN ANNE ROAD

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary certificate of Occupancy will be completed by the date on the certificate.

Witnessed by: Rebecca Mendel
554 QUEEN ANNE ROAD INC

[] Owner [] Agent

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 2409 Lot: 8 Qualification Code:
Work Site Location: 554 QUEEN ANNE ROAD

Owner Details

Name: 554 QUEEN ANNE ROAD INC
Address: 554 QUEEN ANNE ROAD

TEANECK NJ 07666

Telephone: 201 - 287-0208

Contractor Details

Contractor: GPK CONTRACTORS
Address: 47 BRAIRCLIFF ROAD

TENAFLY NJ 07670-

Telephone: (201) 788-2113

Fax:

Lic No. or Bldrs Reg. No.: 13VH00658300

Federal Emp. No:

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

Additions and Alterations - CONSTRUCTION OF A ONE (1) STORY SIDE ADDITION, CONVERSION OF AN ATTACHED GARAGE INTO LIVING SPACE, REPLACE AND CHANGE BOTH THE DRIVEWAY TO BAN BUREN AND FRONT WALKWAY TO QUEEN ANNE ROAD

TYPE OF WORK:

FEE (Office Use Only)

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Pylon Sign Sq. Ft.
- Ground or Wall Sign Sq. Ft.
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other 1
- Other 2
- Other 3
- Demolition

\$1,514.88
\$1,040.00

B. BUILDING CHARACTERISTICS

Use Group Present: R-5 Proposed:
Constr. Class Present: Proposed:

No. of Stories

Height of Structure

Area - Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Ft.	Sq. Ft.	Cu. Ft.	Sq. Ft.	Est. Cost of Bldg. work:
				1. New Building 100,000.00
				2. Rehabilitation 40,000.00
				3. Demolition 0.00
				4. Total (1+2+3) \$140,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
<input type="checkbox"/> No Plans Required	_____	_____
<input type="checkbox"/> All	_____	_____
<input type="checkbox"/> Footing	_____	_____
<input type="checkbox"/> Foundation	_____	_____
<input type="checkbox"/> Frame	_____	_____
<input type="checkbox"/> Other	_____	_____

Joint Plan Review Required:
 Elec. Plumb. Fire Elev.

SUBCODE APPROVAL

CO CCO CA

Date: 7-3-08

Approved by: [Signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing	<u>11-15-07</u>		<u>11-16-07</u>	<u>[Signature]</u>
Footing Bonding			<u>11-16-07</u>	<u>[Signature]</u>
Foundation			<u>11-28-07</u>	<u>[Signature]</u>
Slab			<u>11-28-07</u>	<u>[Signature]</u>
Frame			<u>2-7-08</u>	<u>[Signature]</u>
Truss Sys./Bracing				
Barrier-Free				
Insulation			<u>2-14-08</u>	<u>[Signature]</u>
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final Barrier-Free	<u>[Signature]</u>	<u>11/08</u>	<u>11/3/08</u>	<u>[Signature]</u>

Administrative Surcharge
Minimum Fee

State Permit Surcharge Fee

Total Fee

\$121.00

\$2,676.00

11-15-07

Footings -
mod + water

DM

2-7-08 Framing ✓ LIST

OK to INS

DM

6/12/08 - Final - EAST exit door platform/steps - not complete - JPS
- BMT permit?, Hand rails

7/1/08 - Hand rails - JPS

IFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN
ING CONTRACTOR, NOTIFY THIS OFFICE.

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.

Rachelle Mendell
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations UPDATE FOR ENCLOSING BASEMENT AND HVAC UNITS

TYPE OF WORK:

FEE (Office Use Only)

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Pylon Sign Sq. Ft.
- Ground or Wall Sign Sq. Ft.
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other 1
- Other 2
- Other 3
- Demolition

\$26.00

Administrative Surcharge	
Minimum Fee	\$50.00
State Permit Surcharge Fee	\$1.00
Total Fee	\$51.00

Block: 2409 Lot: 8 Qualification Code:
Work Site Location: 554 QUEEN ANNE ROAD

Owner Details

Name: 554 QUEEN ANNE ROAD INC
Address: 554 QUEEN ANNE ROAD

TEANECK NJ 07666

Telephone: 201 - 287-0208

Contractor Details

Contractor: GPK CONTRACTORS
Address: 47 BRAIRCLIFF ROAD

TENAFLY NJ 07670

Telephone: (201) 788-2113

Fax:

Lic No. or Bldrs Reg. No.:

Federal Emp. No:

B. BUILDING CHARACTERISTICS

Use Group Present: R-5 Proposed:
Constr. Class Present: Proposed:

No. of Stories

Height of Structure

Area - Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Ft. Est. Cost of Bldg. work:

Sq. Ft.	1. New Building	0.00
Sq. Ft.	2. Rehabilitation	1,000.00
Cu. Ft.	3. Demolition	0.00
Sq. Ft.	4. Total (1+2+3)	\$1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
<input type="checkbox"/> No Plans Required	_____	_____
<input type="checkbox"/> All	_____	_____
<input type="checkbox"/> Footing	_____	_____
<input type="checkbox"/> Foundation	_____	_____
<input type="checkbox"/> Frame	_____	_____
<input type="checkbox"/> Other	_____	_____

Joint Plan Review Required:
 Elec. Plumb. Fire Elev.

SUBCODE APPROVAL

CO CCO CA

Date: 7-3-08

Approved by: *[Signature]*

INSPECTIONS

Type:	Dates(Month/Day)			
	Failure	Failure	Approval	Initial
Footing	_____	_____	_____	_____
Footing Bonding	_____	_____	_____	_____
Foundation	_____	_____	_____	_____
Slab	_____	_____	_____	_____
Frame	_____	_____	_____	_____
Truss Sys./Bracing	_____	_____	_____	_____
Barrier-Free	_____	_____	_____	_____
Insulation	_____	_____	_____	_____
Finishes - Base Layer	_____	_____	_____	_____
Finishes - Final	_____	_____	_____	_____
Energy	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Other	_____	_____	_____	_____
Final	_____	_____	7-3-08	<i>[Signature]</i>
Barrier-Free	_____	_____	_____	_____

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Control #: 38751

Permit #: 20072161

Block: 2409 Lot: 8 Qualification Code: Work Site Location: 554 QUEEN ANNE ROAD

Owner in Fee: 554 QUEEN ANNE ROAD INC Address: 554 QUEEN ANNE ROAD TEANECK NJ 07666

Telephone: (201)-287-0208

Contractor: MORIN PLUMBING & HEATING

Address: 275 LAFAYETTE AVENUE CLIFFSIDE PARK NJ

Telephone: (201) 941-7455

Contractor License No.: 9212

Fax:

Federal Emp. No.: 223450183

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Proposed:

Building Sewer Size: Public Sewer: Private Septic: Water Service Size: Public Water: Private Well:

1. New Building: \$2,500.00

2. Rehabilitation: \$2,500.00

3. Demolition: \$0.00

Estimated Cost of Plumbing Work (1+2+3): \$5,000.00

D. TECHNICAL SITE DATA (List of all fixtures)

Table with columns: No., FIXTURE/EQUIPMENT, FEE (Office Use Only). Includes items like Water Closet (\$40.00), Lavatory (\$40.00), Sink (\$20.00), Gas Piping, etc.

1 Stry Add. side convert attached garage to Living Space

or Plk Contr.

JOB SUMMARY (Office Use Only)

PLAN REVIEW [] No Plans Required [] Bldg. [] Elec. [] Fire [] Elevator [] Plumbing Plans Approved Date: Approved by:

INSPECTIONS table with columns: Type, Date, Failure, Approval, Initial. Includes entries for Slab, Rough, Water, Sewer, Fixtures, Gas Equipment, Gas Piping, LPGA Tank, Fuel Oil Piping, Solar, TCO, Final, Chimney Cert., Other.

SUBCODE APPROVAL [X] CO [] LCCO [] CA Date: 7/1/08 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.

Applicant's Signature/Contractor's Seal and Signature [] Licensed Plumbing Contractor [] Exempt Applicant

FEE table with items: Administrative Surcharge, Minimum Fee, State Permit Surcharge Fee (\$3.00), TOTAL FEE (\$103.00)

(over)

1-5ins

1/2 Bath

w/turn in slab 30lb-HW
60lb CW

No Sleeves - 3 cement & caulk

2/5/08 Add Hangers ✓ 1 1/2 vent 3" HVAC vents ✓
Test ✓
Comb. Air

6/12/08 Fixtures OK 1- 1/2 bath
1- kit sink

Basement Bath Eliminated

Comb Air Box opening to Vent. soffit

Calc. - BTU input of HVAC - 110,000 ✓
- Free Area of Vent Soffit

Gas Test N.D. ✓

2 sleeves 3" PVC - cement & caulk ✓

HVAC
More 2 AC cond. permits ✓

7/1/08 Final OK w/ per Application - Residential

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 2409 Lot: 8 Qualification Code:
 Work Site Location: 554 QUEEN ANNE ROAD

Owner in Fee : 554 QUEEN ANNE ROAD INC
 Address : 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Telephone : (201) - 287-0208

Contractor: PERA ELECTRIC

Address: 8 MARIANI DRIVE

LITTLE FERRY NJ 07645

Telephone: (877) 712-0712

Contractor License No.: 13969A

Fax:

Federal Emp. No.: 223484436

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Proposed:

Building Sewer Size:

Public Sewer:

Private Septic:

Water Service Size:

Public Water:

Private Well:

1. New Building: \$0.00

2. Rehabilitation: \$4,000.00

3. Demolition: \$0.00

Estimated Cost of Plumbing Work (1+2+3): \$4,000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Date(Month/Day)		
		Type:	Failure	Failure	Approval	Initial
PLAN REVIEW						
[] No Plans Required		Slab	_____	_____	_____	_____
Joint Plan Review Required		Rough	_____	_____	_____	_____
[] Bldg. [] Elec.		Water	_____	_____	_____	_____
[] Fire [] Elevator		Sewer	_____	_____	_____	_____
[] Plumbing Plans Approved		Fixtures	_____	_____	_____	_____
Date: _____		<u>Gas Equipment</u>	_____	_____	7/1/08	WIS
Approved by: _____		<u>Gas Piping</u>	_____	_____	7/1/08	WIS
SUBCODE APPROVAL		LPGas Tank	_____	_____	_____	_____
[✓] CO [] CCO [] CA		Fuel Oil Piping	_____	_____	_____	_____
Date: <u>7/1/08</u>		Solar	_____	_____	_____	_____
Approved by: _____		TCO	_____	_____	_____	_____
		<u>Final</u>	_____	_____	7/1/08	WIS
		Chimney Cert.	_____	_____	_____	_____
		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 and perform the work listed on this application.

[Signature]
 Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other <u>HVAC UNIT</u>	\$110.00
2	Other <u>AC UNITS</u>	\$100.00
	Other _____	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	\$5.00
TOTAL FEE	\$215.00

TEANECK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 07/01/2008

Date Issued: 07/01/2008

Control #: 41124

Permit #: 20072161 - 2

CERTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

D. TECHNICAL SITE DATA (List of all fixtures)

Block: 2409 Lot: 8 Qualification Code:
Work Site Location: 554 QUEEN ANNE ROAD

Owner in Fee: 554 QUEEN ANNE ROAD INC
Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Telephone: (201) - 287-0208

Contractor: MORIN PLUMBING & HEATING
Address: 275 LAFAYETTE AVENUE
CLIFFSIDE PARK NJ -

Telephone: (201) 941-7455

Contractor License No.: 9212

Fax:

Federal Emp. No.: 223450183

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Proposed:

Building Sewer Size:

Public Sewer:

Private Septic:

Water Service Size:

Public Water:

Private Well:

1. New Building: \$0.00

2. Rehabilitation: \$100.00

3. Demolition: \$0.00

Estimated Cost of Plumbing Work (1+2+3): \$100.00

Table with columns: JOB SUMMARY (Office Use Only), INSPECTIONS, Date(Month/Day), and various inspection items like PLAN REVIEW, Slab, Water, Sewer, etc.

Table with columns: No., FIXTURE/EQUIPMENT, and FEE (Office Use Only). Lists fixtures like Water Closet, Urinal/Bidet, Bath Tub, etc.

Table for Administrative Surcharge, Minimum Fee, State Permit Surcharge Fee, and TOTAL FEE.

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.

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Plumbing Contractor [] Exempt Applicant

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 06/24/2008

Date Issued: 06/24/2008

TEANECK

Control #: 41071

Permit #: 20072161 - 1

NOTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 2409 Lot: 8 Qualification Code:
Work Site Location: 554 QUEEN ANNE ROAD

*Corrected copy
7/1/08*

Owner in Fee: 554 QUEEN ANNE ROAD INC
Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Telephone: (201) - 287-0208

Contractor: MORIN PLUMBING & HEATING
Address: 275 LAFAYETTE AVENUE
CLIFFSIDE PARK NJ

Telephone: (201) 941-7455

Contractor License No.: 9212

Fax:

Federal Emp. No.: 223450183

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Proposed:

Building Sewer Size:

Public Sewer:

Private Septic:

Water Service Size:

Public Water:

Private Well:

1. New Building: \$0.00

2. Rehabilitation: \$4,000.00

3. Demolition: \$0.00

Estimated Cost of Plumbing Work (1+2+3): \$4,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Joint Plan Review Required

Bldg. Elec.

Fire Elevator

Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

CO CCO CA

Date: 7/1/08

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____ 7/1/08 MJS

Chimney Cert. _____

Other _____

D. TECHNICAL SITE DATA (List of all fixtures)

No. FIXTURE/EQUIPMENT

FEE (Office Use Only)

- Water Closet
- Urinal/Bidet
- Bath Tub
- Lavatory
- Shower
- Floor Drain
- Sink
- Dishwasher
- Drinking Fountain
- Washing Machine
- Hose Bibb
- Water Heater
- Fuel Oil Piping
- Gas Piping
- LPGas Tank
- Steam Boiler
- Hot Water Boiler
- Sewer Pump
- Interceptors/Seperators
- Backflow Preventer : Residential
- Backflow Preventer : Commercial
- Greasetrap
- Air Conditioning
- Sewer Connection
- Water Service Connection
- Stacks
- 1 Other HVAC UNIT
- 2 Other AC UNITS
- Other _____

\$110.00

\$100.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

\$5.00

TOTAL FEE

\$215.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

U.C.C.F130(rev. 1/04)

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies

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

Block: 2409 Lot: 8
Work Site Location : 554 QUEEN ANNE ROAD

Qualification Code:

Owner Details
Owner in Fee: 554 QUEEN ANNE ROAD INC

Contractor Details
Contractor: PERA ELECTRIC

Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Address: 8 MARIANI DRIVE
LITTLE FERRY NJ 07645

Telephone: (201) - 287-0208

Telephone: (877) 712-0712

Fire Alarm Contractor No.:

Fax:

Fire Protection Equipment, NJ Div of Fire Safety Installer No.:

License No.: 13969A

Fire Protection Equipment, NJ Div of Fire Safety Permit No.:

Federal Emp. No.: 223484436

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed

Fire Alarm System: [] New or [] Existing

Heating Systems: [] New [] Existing [] HVAC

Location of Panel:

Type: [] Gas [] Oil [] Electric [] Solar
[] Other

Fire Suppression/Standpipe System:
[] New or [] Existing

Location:

Location of Main Control Valve:

Fuel Storage Tanks:

Type: [] Flammable or [] Combustible [] LPG [] LNG Capacity Fuel

1. New: \$0.00 2. Rehabilitation: \$750.00

3. Demolition: \$0.00

Total Cost of Fire Protection (1+2+3) Work: 750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Elec.
[] Plumbing [] Elevator
[] Fire Plans Approved

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System	_____	_____	_____	_____
Suppression Sys.	_____	_____	_____	_____
Standpipe	_____	_____	_____	_____
Fire Pump	_____	_____	_____	_____
Pre-Eng. System	_____	_____	_____	_____
Mechanical	_____	_____	6/17/08	DW
Smoke Control	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Flame/Combust Tanks	_____	_____	_____	_____
Fireplace Venting	_____	_____	_____	_____
Final	_____	_____	7/2/08	DW
Other	_____	_____	_____	_____

Date: _____
Approved by: _____

SUBCODE APPROVAL

[x] CO [] CCO [] CA

Date: 7/5/08
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

[] Certified Contractor
[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Alterations UPDATE FOR ENCLOSING BASEMENT AND HVAC UNITS

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks
Alarm Systems

[] System
[] 110v Interconnected
[] CO Detectors/110v

Alarm Devices(i.e., smoke,heat,pulls,water/flow)

Supervisory Devices(i.e.,tamper,low/high air)

Signaling Devices(i.e.,horns/strobes,bells)

Other Devices:

TOTAL

Suppression Systems

Fire Pump ___ GPM Type ___

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads(Dry and Wet)

Standpipes

Pre-Engineered Systems

Wet Chemical

Dry Chemical

CO2 Suppression

Foam Suppression

FM200 Suppression

Other:

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances [] Gas or [] Oil

Fireplace Venting/Metal Chimney

Other: HVAC UNIT

NUMBER

FEE (Office Use Only)

1 \$50.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

\$1.00

TOTAL FEE

\$51.00

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

Block: 2409 Lot: 8 Qualification Code:
 Work Site Location : 554 QUEEN ANNE ROAD
Owner Details Contractor Details
 Owner in Fee: 554 QUEEN ANNE ROAD INC Contractor: PERA ELECTRIC INC
 Address: 554 QUEEN ANNE ROAD Address: 8 HAMILTON LANE
TEANECK NJ 07666 CHESTNUT RIDGE NY -

Telephone: (201) - 287-0208 Telephone: (877) 712-0712
 Fire Alarm Contractor No.: Fax:
 Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.: 13969b
 Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Federal Emp. No.: 223484436

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed Fire Alarm System: New or Existing
 Constr. Class: Present Proposed Location of Panel:
 Heating Systems: New Existing HVAC Fire Suppression/Standpipe System:
 Type: Gas Oil Electric Solar New or Existing
 Other Location of Main Control Valve:

Location:

Fuel Storage Tanks:

Type: Flammable or Combustible LPG LNG Capacity Fuel
 1. New: \$0.00 2. Rehabilitation: \$1,500.00 3. Demolition: \$0.00
 Total Cost of Fire Protection (1+2+3) Work: 1,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Date(Month/Day)		
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Required	Alarm System		<u>4/1/08</u>	<u>7/12/08</u>	<u>SW</u>	
Joint Plan Review Required:	Suppression Sys.					
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.	Standpipe					
<input type="checkbox"/> Plumbing <input type="checkbox"/> Elevator	Fire Pump					
<input type="checkbox"/> Fire Plans Approved	Pre-Eng. System					
Date: _____	Mechanical					
Approved by: _____	Smoke Control					
SUBCODE APPROVAL	TCO					
<input checked="" type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Flame/Combust Tanks					
Date: <u>7/5/08</u>	Fireplace Venting					
Approved by: <u>[Signature]</u>	Final			<u>7/12/08</u>	<u>[Signature]</u>	
	Other					

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

[Signature] Certified Contractor
 Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Alterations-UPDATE FIRE

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
<input type="checkbox"/> System		
<input type="checkbox"/> 110v Interconnected		
<input type="checkbox"/> CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	<u>10</u>	<u>\$50.00</u>
Supervisory Devices(i.e.,tamper,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	<u>10</u>	<u>\$50.00</u>
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances <input type="checkbox"/> Gas or <input type="checkbox"/> Oil		
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	<u>\$2.00</u>
TOTAL FEE	<u>\$52.00</u>

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF TEANECK 554 Queen Anne Rd

Date Received: 09/17/2007

Date Issued: 11/09/2007

Control #: 38751

Permit #: 20072161

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 2409 Lot: 8 Qualification Code:
 Work Site Location: 554 QUEEN ANNE ROAD
 Owner in Fee: 554 QUEEN ANNE ROAD INC
 Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Telephone: (201)-287-0208

Contractor: PERA ELECTRIC INC

Address: 8 HAMILTON LANE
CHESTNUT RIDGE NY

Telephone: (877) 712-0712

Fax:

Contractor License No.: 13969b

Federal Emp. No.: 223484436

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
 [] Pole/Pad # _____ [] Temporary [] Other _____
 Building Occupied as _____ Utility Co. _____
 1. New Building \$2,500.00 2. Rehabilitation \$2,500.00
 3. Demolition \$0.00 Est. Cost of Elec. Work (1+2+3) \$5,000.00

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
<u>22</u>		Lighting Fixtures
<u>26</u>		Receptacles
<u>11</u>		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBER 59
 Pool Permit/with UW Lights
 Storable Pool/Spa/Hot Tub
 KW Elec. Range/Receptacle
 KW Oven/Surface Unit
 KW Elec. Water Heater
 KW Elec. Dryer/Receptacle
 KW Dishwasher
 HP Garbage Disposal
 KW Central A/C Unit
 HP/KW Space Htr./Air Handler
 KW Baseboard Heat
 HP Motors 1/+HP
 KW Transformer/Generator
 AMP Service
 AMP Subpanels
 AMP Motor Control Center
 KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$80.00

\$75.00

1 100.00

Job Summary(Office Use Only)		INSPECTIONS		Dates(Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
[] No Plans Required			Rough	_____	_____	<u>2/5/08</u>	<u>CR</u>
Joint Plan Review Required			Barrier-Free	_____	_____	_____	_____
[] Building [] Plumbing			Trench	_____	_____	_____	_____
[] Fire [] Elevator			Temp.Serv	_____	_____	_____	_____
[] Elec.Plans Approved			Constr.Serv	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
			Service	_____	_____	_____	_____
SUBCODE APPROVAL			Final	_____	_____	<u>7/1/08</u>	<u>CR</u>
[] CO [] CCO [] CA			Barrier-Free	_____	_____	_____	_____
Date: <u>7-2-08</u>			Temp Cut-in-Card Date Issued	_____	_____	_____	_____
Approved by: <u>[Signature]</u>			Final Cut-in-Card Date Issue	_____	_____	_____	_____
			Annual Pool Inspection	_____	_____	_____	_____
			Date of Grounding and Bonding	_____	_____	_____	_____
			Certification	_____	_____	_____	_____

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] [] Licened Electrical Contractor
 Applicant's Signature/Contractor's seal and Signature [] Certified Landscape Irrigation Contractor
 [] Exempt Applicant

U.C.C.F120(rev. 7/03)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	<u>\$3.00</u>
TOTAL FEE	<u>\$158.00</u>

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF TEANECK

554 QUEEN ANNE RD.

Date Received: 06/24/2008

Date Issued: 06/24/2008

Control #: 41071

Permit #: 20072161

- 1

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 2409 Lot: 8 Qualification Code: _____
 Work Site Location: 554 QUEEN ANNE ROAD
 Owner in Fee: 554 QUEEN ANNE ROAD INC
 Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Telephone: (201)-287-0208
 Contractor: MORIN PLUMBING & HEATING
 Address: 275 LAFAYETTE AVENUE
CLIFFSIDE PARK NJ
 Telephone: (201) 941-7455

Contractor License No.: _____ Federal Emp. No.: 223450183

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 1. New Building \$0.00 2. Rehabilitation \$5,000.00
 3. Demolition \$0.00 Est. Cost of Elec. Work (1+2+3) \$5,000.00

Job Summary (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date Initial	Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____	
Joint Plan Review Required		Barrier-Free	_____	_____	_____	_____	
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing		Trench	_____	_____	_____	_____	
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Temp. Serv	_____	_____	_____	_____	
<input type="checkbox"/> Elec. Plans Approved		Constr. Serv	_____	_____	_____	_____	
Date: _____		TCO	_____	_____	_____	_____	
Approved by: _____		Other <i>alc</i>	_____	_____	<u>7/1/08</u>	<u>CA</u>	
		Service	_____	_____	_____	_____	
		Final	_____	_____	<u>7/1/08</u>	<u>CA</u>	
SUBCODE APPROVAL		Barrier-Free	_____	_____	_____	_____	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp Cut-in-Card Date Issued	_____	_____	_____	_____	
Date: <u>7-2-08</u>		Final Cut-in-Card Date Issue	_____	_____	_____	_____	
Approved by: <i>[Signature]</i>		Annual Pool Inspection	_____	_____	_____	_____	
		Date of Grounding and Bonding Certification	_____	_____	_____	_____	

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] Licens Electrical Contractor
 Certified Landscape Irrigation Contractor
 Exempt Applicant

U.C.C.F120 (rev. 7/03)

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract. HP
		Emergency & Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel

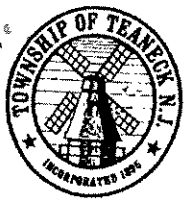
- TOTAL NUMBER
- Pool Permit/with UW Lights
 - Storable Pool/Spa/Hot Tub
 - KW Elec. Range/Receptacle
 - KW Oven/Surface Unit
 - KW Elec. Water Heater
 - KW Elec. Dryer/Receptacle
 - KW Dishwasher
 - HP Garbage Disposal
 - KW Central A/C Unit
 - HP/KW Space Htr./Air Handler
 - KW Baseboard Heat
 - HP Motors 1/+HP
 - KW Transformer/Generator
 - AMP Service
 - AMP Subpanels
 - AMP Motor Control Center
 - KW Elec. Sign/Outline Light
 - HVAC SPLIT SYSTEM

3 4.00

FEE (Office Use Only)

\$225.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	\$232.00



TOWNSHIP OF TEANECK
 818 TEANECK ROAD
 TEANECK, NJ 07666-0000
 201 - 837-4830

Permit Number: 20072161
 Permit Date: 06/24/2008
 Update Number: 1
 Control Number: 41071
 Application Date: 06/24/2008

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 2409	Lot: 8	Qualification Code:	Contractor: GPK CONTRACTORS
Work Site Location: 554 QUEEN ANNE ROAD TEANECK			Address: 47 BRAIRCLIFF ROAD
Owner In Fee: 554 QUEEN ANNE ROAD INC			TENAFLY NJ 07670
Address: 554 QUEEN ANNE ROAD			Telephone: (201) - 788-2113
TEANECK NJ 07666			Lic. No. / Bldrs. Reg. No.:
Telephone: (201) - 287-0208			Federal Emp. No.:
Use Group(s): R-5			

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

PAYMENTS (Office Use Only)	
Building	\$50.00
<input checked="" type="checkbox"/> Electrical	\$225.00
<input checked="" type="checkbox"/> Plumbing	\$210.00
Fire Protection	\$50.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$14.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$549.00
All Fees Waived:	No

DESCRIPTION OF WORK:

Alterations UPDATE FOR ENCLOSING BASEMENT AND HVAC UNITS

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
 Cost of Rehabilitation: 10,750.00
 Cost of Demolition: 0.00

Total Cost: \$10,750.00

Amount to be Paid: \$549.00
 Check Number: 2186
 Check amount: \$549.00

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.

STEVEN M. GLUCK

06/24/2008
 Date

Construction Official

Collected by: SW
 Receipt No:
 Total Cash Amount:
 Total Check Amount: \$549.00
 Total CC Amount:
 Grand Total: \$549.00

ote:

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

Block: 2409 Lot: 8

Qualification Code:

Work Site Location : 554 QUEEN ANNE ROAD

Owner Details

Owner in Fee: 554 QUEEN ANNE ROAD INC

Contractor Details

Contractor: PERA ELECTRIC

Address: 554 QUEEN ANNE ROAD

Address: 8 MARIANI DRIVE

TEANECK NJ 07666

LITTLE FERRY NJ 07645

Telephone: (201) - 287-0208

Telephone: (877) 712-0712

Fire Alarm Contractor No.:

Fax:

Fire Protection Equipment, NJ Div of Fire Safety Installer No.:

License No.: 13969A

Fire Protection Equipment, NJ Div of Fire Safety Permit No.:

Federal Emp. No.: 223484436

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed

Fire Alarm System: [] New or [] Existing

Constr. Class: Present Proposed

Location of Panel:

Heating Systems: [] New [] Existing [] HVAC

Fire Suppression/Standpipe System:

Type: [] Gas [] Oil [] Electric [] Solar

[] New or [] Existing

[] Other

Location of Main Control Valve:

Location:

Fuel Storage Tanks:

Type: [] Flammable or [] Combustible [] LPG [] LNG Capacity Fuel

1. New: \$0.00

2. Rehabilitation: \$750.00

3. Demolition: \$0.00

Total Cost of Fire Protection (1+2+3) Work: 750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg. [] Elec.

[] Plumbing [] Elevator

[] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System	_____	_____	_____	_____
Suppression Sys.	_____	_____	_____	_____
Standpipe	_____	_____	_____	_____
Fire Pump	_____	_____	_____	_____
Pre-Eng. System	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____
Smoke Control	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Flame/Combust Tanks	_____	_____	_____	_____
Fireplace Venting	_____	_____	_____	_____
Final	_____	_____	_____	_____
Other	_____	_____	_____	_____

Date(Month/Day)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Alterations UPDATE FOR ENCLOSING BASEMENT AND HVAC UNITS

Water Supply Source

Method of Alarm/Suppression System Supervision

NUMBER

FEE (Office Use Only)

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices(i.e., smoke,heat,pulls,water/flow)

Supervisory Devices(i.e.,tamper,low/high air)

Signaling Devices(i.e.,horns/strobes,bells)

Other Devices:

TOTAL

Suppression Systems

Fire Pump ___ GPM Type ___

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads(Dry and Wet)

Standpipes

Pre-Engineered Systems

Wet Chemical

Dry Chemical

CO2 Suppression

Foam Suppression

FM200 Suppression

Other:

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances [] Gas or [] Oil

Fireplace Venting/Metal Chimney

Other: HAVC UNIT

1

\$50.00

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

[] Certified Contractor

[] Exempt Applicant

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

\$1.00

TOTAL FEE

\$51.00

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF TEANECK

Date Received: 06/24/2008

Date Issued: 06/24/2008

Control #: 41071

Permit #: 20072161

- 1

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 2409 Lot: 8 Qualification Code:
 Work Site Location: 554 QUEEN ANNE ROAD
 Owner in Fee: 554 QUEEN ANNE ROAD INC
 Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Telephone: (201)-287-0208
 Contractor: MORIN PLUMBING & HEATING
 Address: 275 LAFAYETTE AVENUE
CLIFFSIDE PARK NJ
 Telephone: (201) 941-7455

Fax:
 Contractor License No.: Federal Emp. No.: 223450183

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 1. New Building \$0.00 2. Rehabilitation \$5,000.00
 3. Demolition \$0.00 Est. Cost of Elec. Work (1+2+3) \$5,000.00

Job Summary (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date Initial	Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____	
Joint Plan Review Required		Barrier-Free	_____	_____	_____	_____	
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing		Trench	_____	_____	_____	_____	
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Temp. Serv	_____	_____	_____	_____	
<input type="checkbox"/> Elec. Plans Approved		Constr. Serv	_____	_____	_____	_____	
Date: _____		TCO	_____	_____	_____	_____	
Approved by: _____		Other	_____	_____	_____	_____	
		Service	_____	_____	_____	_____	
		Final	_____	_____	_____	_____	
SUBCODE APPROVAL		Barrier-Free	_____	_____	_____	_____	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp Cut-in-Card Date Issued	_____	_____	_____	_____	
Date: _____		Final Cut-in-Card Date Issue	_____	_____	_____	_____	
Approved by: _____		Annual Pool Inspection	_____	_____	_____	_____	
		Date of Grounding and Bonding	_____	_____	_____	_____	
		Certification	_____	_____	_____	_____	

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract. HP
		Emergency & Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel

FEE (Office Use Only)

TOTAL NUMBER
 Pool Permit/with UW Lights
 Storable Pool/Spa/Hot Tub
 KW Elec. Range/Receptacle
 KW Oven/Surface Unit
 KW Elec. Water Heater
 KW Elec. Dryer/Receptacle
 KW Dishwasher
 HP Garbage Disposal
 KW Central A/C Unit
 HP/KW Space Htr./Air Handler
 KW Baseboard Heat
 HP Motors 1/+HP
 KW Transformer/Generator
 AMP Service
 AMP Subpanels
 AMP Motor Control Center
 KW Elec. Sign/Outline Light
 HVAC SPLIT SYSTEM

3 4.00

\$225.00

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 and perform the work listed on this application.

[Signature]
 Applicant's Signature/Contractor's seal and Signature Licensd Electrical Contractor
 Certified Landscape Irrigation Contractor
 Exempt Applicant

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	\$7.00
TOTAL FEE	\$232.00

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 2409 Lot: 8 Qualification Code:
Work Site Location: 554 QUEEN ANNE ROAD

Owner Details

Name: 554 QUEEN ANNE ROAD INC
Address: 554 QUEEN ANNE ROAD

TEANECK NJ 07666

Telephone: 201 - 287-0208

Contractor Details

Contractor: GPK CONTRACTORS
Address: 47 BRAIRCLIFF ROAD

TENAFLY NJ 07670

Telephone: (201) 788-2113

Fax:

Lic No. or Bldrs Reg. No.:

Federal Emp. No:

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.

Rachelle Mendel
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations UPDATE FOR ENCLOSING BASEMENT AND HVAC UNITS

B. BUILDING CHARACTERISTICS

Use Group Present: R-5 Proposed:
Constr. Class Present: Proposed:

No. of Stories			
Height of Structure	Ft.	Est. Cost of Bldg. work:	
Area - Largest Floor	Sq. Ft.	1. New Building	0.00
New Bldg. Area/All Floors	Sq. Ft.	2. Rehabilitation	1,000.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	<u>\$1,000.00</u>

TYPE OF WORK:

FEE (Office Use Only)

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Pylon Sign Sq. Ft.
- Ground or Wall Sign Sq. Ft.
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other 1
- Other 2
- Other 3
- Demolition

\$26.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		Initial	INSPECTIONS		Dates(Month/Day)		
					Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	No Plans Required	_____	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/>	All	_____	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/>	Footing	_____	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/>	Foundation	_____	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/>	Frame	_____	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/>	Other	_____	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:					Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	<input type="checkbox"/>	Insulation	_____	_____	_____	_____
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elev.		Finishes - Base Layer	_____	_____	_____	_____
SUBCODE APPROVAL					Finishes - Final	_____	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	<input type="checkbox"/>	Energy	_____	_____	_____	_____
Date: _____					Mechanical	_____	_____	_____	_____
Approved by: _____					TCO	_____	_____	_____	_____
					Other	_____	_____	_____	_____
					Final	_____	_____	_____	_____
					Barrier-Free	_____	_____	_____	_____

Administrative Surcharge	
Minimum Fee	<u>\$50.00</u>
State Permit Surcharge Fee	<u>\$1.00</u>
Total Fee	<u>\$51.00</u>

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Control #: 41071

Permit #: 20072161 - 1

Block: 2409 Lot: 8 Qualification Code:
Work Site Location: 554 QUEEN ANNE ROAD

Owner in Fee: 554 QUEEN ANNE ROAD INC
Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666
Telephone: (201)-287-0208
Contractor: PERA ELECTRIC
Address: 8 MARIANI DRIVE
LITTLE FERRY NJ 07645

Telephone: (877) 712-0712 Fax:
Contractor License No.: 13969A Federal Emp. No.: 223484436

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:
Building Sewer Size: Public Sewer: Private Septic:
Water Service Size: Public Water: Private Well:
1. New Building: \$0.00 2. Rehabilitation: \$4,000.00
3. Demolition: \$0.00 Estimated Cost of Plumbing Work (1+2+3): \$4,000.00

Table with columns: JOB SUMMARY (Office Use Only), PLAN REVIEW, INSPECTIONS, Date(Month/Day), Initial. Includes rows for No Plans Required, Bldg./Elec., Fire/Elevator, Plumbing Plans Approved, SUBCODE APPROVAL, CO/CCO/CA, and various inspection types like Slab, Rough, Water, Sewer, etc.

D. TECHNICAL SITE DATA (List of all fixtures)

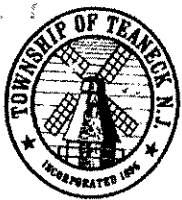
Table with columns: No., FIXTURE/EQUIPMENT, FEE (Office Use Only). Lists items like Water Closet, Urinal/Bidet, Bath Tub, Lavatory, Shower, etc., with associated fees for HVAC and AC units.

Summary table for fees: Administrative Surcharge, Minimum Fee, State Permit Surcharge Fee (\$5.00), TOTAL FEE (\$215.00).

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application and perform the work listed on this application.

Signature of Applicant/Contractor: [Signature]
Applicant's Signature/Contractor's Seal and Signature
[] Licensed Plumbing Contractor [] Exempt Applicant



TOWNSHIP OF TEANECK
 818 TEANECK ROAD
 TEANECK, NJ 07666-0000
 201 - 837-4830

Permit Number: 20072161
 Permit Date: 07/01/2008
 Update Number: 2
 Control Number: 41124
 Application Date: 07/01/2008

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 2409	Lot: 8	Qualification Code:	
Work Site Location:	554 QUEEN ANNE ROAD TEANECK		Contractor: MORIN PLUMBING & HEATING
Owner In Fee:	554 QUEEN ANNE ROAD INC		Address: 275 LAFAYETTE AVENUE
Address:	554 QUEEN ANNE ROAD		CLIFFSIDE PARK NJ -
	TEANECK NJ 07666		Telephone: (201) - 941-7455
Telephone:	(201) - 287-0208	Lic. No. / Bldrs. Reg. No.:	9212
Use Group(s):	R-5	Federal Emp. No.:	22-3450183

is hereby granted permission to perform the following work :

- BUILDING
- PLUMBING
- DEMOLITION
- ELECTRICAL
- FIRE PROTECTION
- OTHER
- ELEVATOR DEVICES
- MECHANICAL
- ASBESTOS ABATEMENT
- LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Alterations- GAS PIPIN

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
 Cost of Rehabilitation: 100.00
 Cost of Demolition: 0.00

Total Cost: \$100.00

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.

Steven M. Gluck
 STEVEN M. GLUCK
 Construction Official

7/1/08
 Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	\$50.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$50.00
All Fees Waived:	No

Amount to be Paid: \$50.00
 Check Number: 2189
 Check amount: \$50.00

Collected by: TJ
 Receipt No:
 Total Cash Amount:
 Total Check Amount: \$50.00
 Total CC Amount:
 Grand Total: \$50.00

Note:

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Control #: 41124

Permit #: 20072161 - 2

Block: 2409 Lot: 8 Qualification Code:
 Work Site Location: 554 QUEEN ANNE ROAD

Owner in Fee : 554 QUEEN ANNE ROAD INC

Address : 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Telephone : (201) - 287-0208

Contractor: MORIN PLUMBING & HEATING

Address: 275 LAFAYETTE AVENUE
CLIFFSIDE PARK NJ -

Telephone: (201) 941-7455

Fax:

Contractor License No.: 9212

Federal Emp. No.: 223450183

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Proposed:

Building Sewer Size:

Public Sewer:

Private Septic:

Water Service Size:

Public Water:

Private Well:

1. New Building: \$0.00

2. Rehabilitation: \$100.00

3. Demolition: \$0.00

Estimated Cost of Plumbing Work (1+2+3): \$100.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Date(Month/Day)		
		Type:	Failure	Failure	Approval	Initial
PLAN REVIEW						
<input type="checkbox"/> No Plans Required		Slab	_____	_____	_____	_____
Joint Plan Review Required		Rough	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.		Water	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Sewer	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved		Fixtures	_____	_____	_____	_____
Date: _____		Gas Equipment	_____	_____	_____	_____
Approved by: _____		Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL		LPGas Tank	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Fuel Oil Piping	_____	_____	_____	_____
Date: _____		Solar	_____	_____	_____	_____
Approved by: _____		TCO	_____	_____	_____	_____
		Final	_____	_____	_____	_____
		Chimney Cert.	_____	_____	_____	_____
		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 and perform the work listed on this application.


 Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

U.C.C.F.130(rev 1/04)

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies

D. TECHNICAL SITE DATA (List of all fixtures)

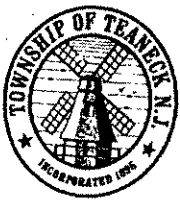
No. FIXTURE/EQUIPMENT

FEE (Office Use Only)

- Water Closet
- Urinal/Bidet
- Bath Tub
- Lavatory
- Shower
- Floor Drain
- Sink
- Dishwasher
- Drinking Fountain
- Washing Machine
- Hose Bibb
- Water Heater
- Fuel Oil Piping
- Gas Piping
- LPGas Tank
- Steam Boiler
- Hot Water Boiler
- Sewer Pump
- Interceptors/Seperators
- Backflow Preventer : Residential
- Backflow Preventer : Commercial
- Greasetrap
- Air Conditioning
- Sewer Connection
- Water Service Connection
- Stacks
- 1 Other GAS PIPING
- Other _____
- Other _____

	<u>\$50.00</u>
--	----------------

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	<u>\$50.00</u>



TOWNSHIP OF TEANECK
 818 TEANECK ROAD
 TEANECK, NJ 07666-0000
 201 - 837-4830

Permit Number: 20072161
 Permit Date: 07/11/2008
 Update Number: 3
 Control Number: 41233
 Application Date: 07/11/2008

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 2409	Lot: 8	Qualification Code:	
Work Site Location:	554 QUEEN ANNE ROAD TEANECK		Contractor: PERA ELECTRIC INC
Owner In Fee:	554 QUEEN ANNE ROAD INC		Address: 8 HAMILTON LANE
Address:	554 QUEEN ANNE ROAD		CHESTNUT RIDGE NY -
	TEANECK NJ 07666		Telephone: (877) - 712-0712
Telephone:	(201) - 287-0208		Lic. No. / Bldrs. Reg. No.: 13969b
Use Group(s):	R-5		Federal Emp. No.: 22-3484436

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	\$50.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$2.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$52.00
All Fees Waived:	No

DESCRIPTION OF WORK:

Alterations-UPDATE FIRE

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
 Cost of Rehabilitation: 1,500.00
 Cost of Demolition: 0.00

Total Cost: \$1,500.00

Amount to be Paid: \$52.00
 Check Number: 2199
 Check amount: \$52.00

NOTE: If construction does not commence within one (1) year of date of issuance, or construction ceases for a period of six (6) months, this permit is void.

Steven M. Gluck
 STEVEN M. GLUCK

7/11/08
 Date

Construction Official

Collected by: TJ
 Receipt No:
 Total Cash Amount:
 Total Check Amount: \$52.00
 Total CC Amount:
 Grand Total: \$52.00

Site:

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

Block: 2409 Lot: 8 Qualification Code: _____
 Work Site Location : 554 QUEEN ANNE ROAD
Owner Details Contractor Details
 Owner in Fee: 554 QUEEN ANNE ROAD INC Contractor: PERA ELECTRIC INC
 Address: 554 QUEEN ANNE ROAD Address: 8 HAMILTON LANE
TEANECK NJ 07666 CHESTNUT RIDGE NY -
 Telephone: (201) - 287-0208 Telephone: (877) 712-0712
 Fire Alarm Contractor No.: _____ Fax: _____
 Fire Protection Equipment, NJ Div of Fire Safety Installer No.: _____ License No.: 13969b
 Fire Protection Equipment, NJ Div of Fire Safety Permit No.: _____ Federal Emp. No.: 223484436

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed _____ Fire Alarm System: New or Existing
 Constr. Class: Present Proposed _____ Location of Panel: _____
 Heating Systems: New Existing HVAC Fire Suppression/Standpipe System:
 Type: Gas Oil Electric Solar New or Existing
 Other Location of Main Control Valve: _____

Location: _____

Fuel Storage Tanks:

Type: Flammable or Combustible LPG LNG Capacity Fuel
 1. New: \$0.00 2. Rehabilitation: \$1,500.00 3. Demolition: \$0.00
 Total Cost of Fire Protection (1+2+3) Work: 1,500.00

JOB SUMMARY (Office Use Only)		INSPECTIONS				
		Type:	Failure	Failure	Approval	Initial
PLAN REVIEW						
<input type="checkbox"/> No Plans Required		Alarm System	_____	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.		Standpipe	_____	_____	_____	_____
<input type="checkbox"/> Plumbing <input type="checkbox"/> Elevator		Fire Pump	_____	_____	_____	_____
<input type="checkbox"/> Fire Plans Approved		Pre-Eng. System	_____	_____	_____	_____
Date: _____		Mechanical	_____	_____	_____	_____
Approved by: _____		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Flame/Combust Tanks	_____	_____	_____	_____
Date: _____		Fireplace Venting	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____
		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.

Rachel Mendell Certified Contractor
 Signature Exempt Applicant

U.C.C.F140 (rev. 1/04)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
 Alterations-UPDATE FIRE
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
<input type="checkbox"/> System		
<input type="checkbox"/> 110v Interconnected		
<input type="checkbox"/> CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	10	\$50.00
Supervisory Devices(i.e.,tamper,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	10	\$50.00
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances <input type="checkbox"/> Gas or <input type="checkbox"/> Oil		
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	\$2.00
TOTAL FEE	\$52.00



NOTICE OF VIOLATION AND ORDER TO TERMINATE

Application Date: 9/17/2007

Control Number: 38751

Permit Number: 20072161

Date Permit Issued: 11/9/2007

Notice Date: 6/12/2008

Violation Number: 20080043/0

TOWNSHIP OF TEANECK
818 TEANECK ROAD
TEANECK, NJ 07666-0000
201-837-4830

IDENTIFICATION

Work Site Location: <u>554 QUEEN ANNE ROAD</u>	Block: <u>2409</u>	Lot: <u>8</u>	Qualification Code: _____
Owner In Fee: <u>554 QUEEN ANNE ROAD INC</u>	Agent/ Contractor: <u>GPK CONTRACTORS</u>		
Address: <u>554 QUEEN ANNE ROAD</u>	Address: <u>47 BRAIRCLIFF ROAD</u>		
<u>TEANECK NJ 07666</u>	<u>TENAFLY NJ 07670</u>		
Telephone: <u>201 287-0208</u>	Telephone: <u>201 788-2113</u>		

To: Owner Other: _____
 Agent/Contractor _____

Date Of Inspection: 6/11/2008 Date Of Notice: 6/12/2008 Compliance Due Date: 7/10/2008

ACTION

Take **NOTICE** that you have been found to be in violation of the State Uniform Construction Code Act and Regulation promulgated thereunder in that:

Installation of Gas piping, HVAC and relocated 2 AC condensers without permits..

In violation of N.J.A.C. 5:23-2.14(a) WORK PERFORMED WITHOUT REQUIRED PERMIT

You are hereby **ORDERED** to terminate the said violations on or before 7/10/2008.

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Further, take **NOTICE** that failure to comply with this **ORDER** may result in the assessment of penalties of up to \$2,000.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If you wish to contest the **ORDER**, you may request a hearing before the Construction Board of Appeals of the

Bergen County Construction Board Of Appeals

within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23A-2.1. The application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and the nature of your reliance on them. You may include a brief statement setting forth your position and the nature of relief sought by you. You may also append any documents that you consider useful.

The Fee for an Appeal is \$50.00 and should be forwarded with your application to the Construction Board Of Appeals Office at :
Fourth Floor - One Bergen County Plaza Hackensack NJ 07601-7076

If you have any questions concerning this matter, please call: 201-837-4830

Notice of Violation and Order to Terminate: _____
 JOHN P. GERVATO
 Asst. Construction Official
 TEANECK BUILDING DEPT
 STEVEN A. REUSK SubCode Official
 TEANECK, N.J. 07666
 Date: 6/12/08

Delivered by Certified Mail # : HANDED TO AT OFFICE



NOTICE AND ORDER OF PENALTY

TOWNSHIP OF TEANECK
818 TEANECK ROAD
TEANECK, NJ 07666-0000
201-837-4830

Application Date: 9/17/2007
Control Number: 38751
Permit Number: 20072161
Date Permit Issued: 11/9/2007
Notice Date: 6/12/2008
Violation Number: 20080043/0

IDENTIFICATION

Work Site Location: 554 QUEEN ANNE ROAD Block: 2409 Lot: 8 Qualification Code: _____

Owner In Fee: 554 QUEEN ANNE ROAD INC Agent/Contractor: GPK CONTRACTORS

Address: 554 QUEEN ANNE ROAD Address: 47 BRAIRCLIFF ROAD
TEANECK NJ 07666 TENAFLY NJ 07670

Telephone: 201 287-0208 Telephone: 201 788-2113

To: Owner Other: _____
 Agent/Contractor _____

ACTION

On 6/12/2008, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A [] Notice of Violation and Order to Terminate [] Notice of Unsafe Structure [] Notice of Imminent Hazard was issued. Reinspection of the work site on 6/11/2008 revealed the following violation(s) remain:

In violation of

On 6/12/2008, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you [] made a false or misleading statement, or omitted required information in an application or request for approval; or [X] failed to obtain construction permit; or [] failed to request required inspections; or [] allowed occupancy prior to receiving a certificate of occupancy.

On 6/12/2008, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A Stop Construction Order was issued. Reinspection of the work site on 6/11/2008 revealed a failure to comply with that Stop Construction Order.

PENALTY

Therefore, you are hereby **ORDERED** to pay a penalty in the amount of \$ 2,000.00 for each violation for a total penalty of \$2,000.00 . Further, take **NOTICE** that for each Week that any of the said violation remain outstanding after 7/10/2008 , an additional penalty of \$ 2,000.00 per Week shall result.

If you wish to contest the **ORDER**, you may request a hearing before the Construction Board of Appeals of the
Bergen County Construction Board Of Appeals

within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23A-2.1. The application to the Construction Board of Appeals may be used for this purpose.

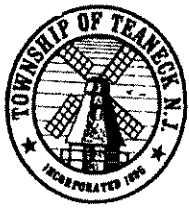
Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and the nature of your reliance on them. You may include a brief statement setting forth your position and the nature of relief sought by you. You may also append any documents that you consider useful.

The Fee for an Appeal is \$50.00 and should be forwarded with your application to the Construction Board Of Appeals Office at :
Fourth Floor - One Bergen County Plaza Hackensack NJ 07601-7076

If you have any questions concerning this matter, please call: 201-837-4830

Notice and Order of Penalty: _____ Date: _____
STEVEN M. GLUCK CONSTRUCTION OFFICIAL

Sent by Certified Mail # : HANDED TO AT OFFICE



ENFORCEMENT ATTACHMENT

Date Issued: 09/17/2007
Control Number: 38751
Permit Number: 20072161
Permit Date: 11/09/2007
Notice Date: 06/12/2008
Violation Number: 20080043 / 0

TOWNSHIP OF TEANECK
818 TEANECK ROAD
TEANECK, NJ 07666-0000
201-837-4830

IDENTIFICATION

Work Site Location:	<u>554 QUEEN ANNE ROAD</u>	Block:	<u>2409</u>	Lot:	<u>8</u>	Qual:	<u></u>
Owner In Fee:	<u>554 QUEEN ANNE ROAD INC</u>	Agent:	<u>GPK CONTRACTORS</u>				
Address:	<u>554 QUEEN ANNE ROAD</u>	Address:	<u>47 BRAIRCLIFF ROAD</u>				
	<u>TEANECK NJ 07666</u>		<u>TENAFLY NJ 07670</u>				
Telephone:	<u>201 287-0208</u>	Telephone:	<u>201 788-2113</u>				

ACTION

Date Of Notice:	<u>06/12/2008</u>	Date Of Inspection:	<u>06/11/2008</u>	Compliance Due Date:	<u>07/10/2008</u>
-----------------	-------------------	---------------------	-------------------	----------------------	-------------------

VIOLATIONS

On 2/5/08 I went to 554 Queen Anne Rd. for a rough inspection. While there I observed a new HVAC system had been installed in the addition to this single family home. There was also a new gas line installed with a pressure test. I notified the contractor that he needs a permit for these. Upon looking outside, I found that 2 AC condensers had been relocated also. To this date, permits have not been obtained.

Mark Bocchino PSO

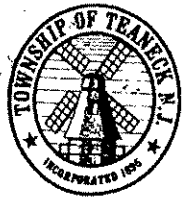
REQUIRED ACTIONS

ALL PERMITS REQUIRED UNDER THE NEW JERSEY UNIFORM CONSTRUCTION CODE MUST BE SECURED PRIOR TO PERFORMING WORK.

VIOLATIONS AND PENALTIES

The policy of the Teaneck Building Department is that upon issuance of a Notice of Penalty, the maximum fine is assessed. The purpose of assessing penalties, under the New Jersey Uniform Construction Code, is to bring about compliance with the law. As a general rule, and in most cases, if a recipient of a Notice of Penalty actively pursues the abatement of the described violation, the penalty will be reduced.

Compliance with the construction codes assures the health, safety and welfare of residents, customers and guest living, working and visiting the Township of Teaneck.



160

STOP CONSTRUCTION ORDER

Application Date: 9/17/2007
Control Number: 38751
Permit Number: 20072161
Permit Date: 11/9/2007
Notice Date: 6/12/2008
Violation Number: 20080042/0

TOWNSHIP OF TEANECK
818 TEANECK ROAD
TEANECK, NJ 07666-0000
201-837-4830

IDENTIFICATION

Work Site Location: 554 QUEEN ANNE ROAD Block: 2409 Lot: 8 Qualification Code: _____
Owner In Fee: 554 QUEEN ANNE ROAD INC Agent/Contractor: GPK CONTRACTORS
Address: 554 QUEEN ANNE ROAD Address: 47 BRAIRCLIFF ROAD
TEANECK NJ 07666 TENAFLY NJ 07670
Telephone: 201 287-0208 Telephone: 201 788-2113

To: Owner Other: _____
 Agent/Contractor _____

Date Of Inspection: 2/14/2008

Date Of This Notice: 6/12/2008

ACTION

You are hereby **ORDERED** to **STOP**

Building Electrical Plumbing Fire Protection Mechanical Elevator All Construction
e above Location as of 6/12/2008 until further notice from this enforcing agency.

This **ORDER** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of N.J.A.C. 5:23-2.14(a) WORK PERFORMED WITHOUT REQUIRED PERMIT which provides:

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

Further, take **NOTICE** that failure to comply with this **ORDER** may result in the assessment of penalties of up to \$2,000.00 per day per violation, and a certificate of occupancy will **not** be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a Court of competent jurisdiction restraining further work at the above location.

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of the

Bergen County Construction Board Of Appeals

within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is \$50.00 and should be forwarded with your application to the Construction Board of Appeals Office at:

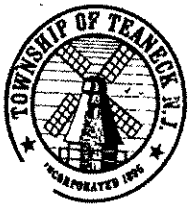
Fourth Floor - One Bergen County Plaza Hackensack NJ 07601-7076

If you have any questions concerning this matter, please call: 201-837-4830

By Order of: JOHN P. GERVATO
Asst. Construction Official
TEANECK BUILDING DEPT
818 TEANECK ROAD ISSUING OFFICIAL
TEANECK, N.J. 07666

Date: 6/12/08

Sent by Certified Mail #: A. Rachael Mandel



ENFORCEMENT ATTACHMENT

Date Issued: 09/17/2007
Control Number: 38751
Permit Number: 20072161
Permit Date: 11/09/2007
Notice Date: 06/12/2008
Violation Number: 20080042 / 0

TOWNSHIP OF TEANECK
818 TEANECK ROAD
TEANECK, NJ 07666-0000
201-837-4830

IDENTIFICATION

Work Site Location:	<u>554 QUEEN ANNE ROAD</u>	Block:	<u>2409</u>	Lot:	<u>8</u>	Qual:	<u></u>
Owner In Fee:	<u>554 QUEEN ANNE ROAD INC</u>	Agent:	<u>GPK CONTRACTORS</u>				
Address:	<u>554 QUEEN ANNE ROAD</u>	Address:	<u>47 BRAIRCLIFF ROAD</u>				
	<u>TEANECK NJ 07666</u>		<u>TENAFLY NJ 07670</u>				
Telephone:	<u>201 287-0208</u>	Telephone:	<u>201 788-2113</u>				

ACTION

Date Of Notice: 06/12/2008 Date Of Inspection: 02/14/2008 Compliance Due Date: 07/10/2008

VIOLATIONS

During inspection by Armand S. Marini III on 2-14-2008 it was revealed that the basement had been renovated without a permit. Upon an follow up inspection by John P. Gervato on 6-12-2008 its was found that further renovation to the basement had taken place. The Sheet rock and Electrical fixtures where installed and the permit had still not been obtained. When John P. Gervato questioned the contractor regarding, the permit he stated that he had obtained previously.

REQUIRED ACTIONS

ALL PERMITS REQUIRED UNDER THE NEW JERSEY UNIFORM CONSTRUCTION CODE MUST BE SECURED PRIOR TO PERFORMING K.

TOWNSHIP OF TEANECK
818 TEANECK ROAD
TEANECK, NJ 07666-0000
201-837-4830
BERGEN

**APPLICATION TO
CONSTRUCTION
BOARD OF APPEALS**

Date Issued: 9/17/07
Control Number: 38751
Permit Number: 20072161
Date Permit Issued: 11/9/07
Notice Date: 6/12/08
Violation Number: 20080042 / 0

IDENTIFICATION

Work Site Location:	<u>554 QUEEN ANNE ROAD</u>	Block:	<u>2409</u>	Lot:	<u>8</u>	Qual:	_____
Owner In Fee:	<u>554 QUEEN ANNE ROAD INC</u>	Agent:	<u>GPK CONTRACTORS</u>				
Address:	<u>554 QUEEN ANNE ROAD</u>	Address:	<u>47 BRAIRCLIFF ROAD</u>				
	<u>TEANECK NJ 07666</u>		<u>TENAFLY NJ 07670</u>				
Telephone:	<u>201 287-0208</u>	Telephone:	<u>201 788-2113</u>				

APPLICANT STATEMENT

Specific section(s) of the Regulation in question:

Briefly state your position in this matter and explain the nature of the relief you seek.
(If more pages required, additional pages may be attached.)

The Construction Board of Appeals has 10 business days following the submission of the appeal to make a decision pursuant to N.J.A.C. 5:23-2.37(s).

Fees: \$ _____

Paid Check No.: _____

Collected By: _____

Signed: _____

Date: _____

(Applicant)

(Application will not be considered complete unless accompanied by the appeal fee. Fee shall be waived when appeal is based on failure of agency to act within a specified time frame.)

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Control #: 41071

Permit #: 20072161 - 1

Block: 2409 Lot: 8 Qualification Code:
 Work Site Location: 554 QUEEN ANNE ROAD

*Corrected copy
7/1/08*

Owner in Fee: 554 QUEEN ANNE ROAD INC
 Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Telephone: (201) - 287-0208

Contractor: MORIN PLUMBING & HEATING
 Address: 275 LAFAYETTE AVENUE
CLIFFSIDE PARK NJ

Telephone: (201) 941-7455

Contractor License No.: 9212

Fax:

Federal Emp. No.: 223450183

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5

Proposed:

Building Sewer Size:

Public Sewer:

Private Septic:

Water Service Size:

Public Water:

Private Well:

1. New Building: \$0.00

2. Rehabilitation: \$4,000.00

3. Demolition: \$0.00

Estimated Cost of Plumbing Work (1+2+3): \$4,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Joint Plan Review Required
 Bldg. Elec.
 Fire Elevator
 Plumbing Plans Approved
 Date: _____
 Approved by: _____

INSPECTIONS	Date(Month/Day)			
	Failure	Failure	Approval	Initial
Type:	_____	_____	_____	_____
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LPGas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____
Chimney Cert.	_____	_____	_____	_____
Other	_____	_____	_____	_____

SUBCODE APPROVAL
 CO CCO CA
 Date: _____
 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.

 Applicant's Signature/Contractor's Seal and Signature
 Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

No. **FIXTURE/EQUIPMENT**

FEE (Office Use Only)

- Water Closet
- Urinal/Bidet
- Bath Tub
- Lavatory
- Shower
- Floor Drain
- Sink
- Dishwasher
- Drinking Fountain
- Washing Machine
- Hose Bibb
- Water Heater
- Fuel Oil Piping
- Gas Piping
- LPGas Tank
- Steam Boiler
- Hot Water Boiler
- Sewer Pump
- Interceptors/Seperators
- Backflow Preventer : Residential
- Backflow Preventer : Commercial
- Greasetrap
- Air Conditioning
- Sewer Connection
- Water Service Connection
- Stacks
- Other HVAC UNIT
- Other AC UNITS
- Other _____

$\frac{1}{2}$

\$110.00
 \$100.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	\$5.00
TOTAL FEE	\$215.00

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF TEANECK

Date Received: 06/24/2008

Date Issued: 06/24/2008

Control #: 41071

Permit #: 20072161

- 1

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 2409 Lot: 8 Qualification Code:
 Work Site Location: 554 QUEEN ANNE ROAD
 Owner in Fee: 554 QUEEN ANNE ROAD INC
 Address: 554 QUEEN ANNE ROAD
TEANECK NJ 07666

Telephone: (201)-287-0208

Contractor: PERA ELECTRIC

Address: 8 MARIANI DRIVE
LITTLE FERRY NJ 07645

Telephone: (877) 712-0712

Fax:

Contractor License No.: 13969A

Federal Emp. No.: 223484436

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 1. New Building \$0.00 2. Rehabilitation \$5,000.00
 3. Demolition \$0.00 Est. Cost of Elec. Work (1+2+3) \$5,000.00

Job Summary(Office Use Only)		INSPECTIONS		Dates(Month/Day)			
PLAN REVIEW	Date Initial	Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____	
Joint Plan Review Required		Barrier-Free	_____	_____	_____	_____	
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing		Trench	_____	_____	_____	_____	
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Temp.Serv	_____	_____	_____	_____	
<input type="checkbox"/> Elec.Plans Approved		Constr.Serv	_____	_____	_____	_____	
Date: _____		TCO	_____	_____	_____	_____	
Approved by: _____		Other	_____	_____	_____	_____	
		Service	_____	_____	_____	_____	
		Final	_____	_____	_____	_____	
SUBCODE APPROVAL		Barrier-Free	_____	_____	_____	_____	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Temp Cut-in-Card Date Issued	_____	_____	_____	_____	
Date: _____		Final Cut-in-Card Date Issue	_____	_____	_____	_____	
Approved by: _____		Annual Pool Inspection	_____	_____	_____	_____	
		Date of Grounding and Bonding	_____	_____	_____	_____	
		Certification	_____	_____	_____	_____	

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel

FEE (Office Use Only)

*Corrected copy
7/1/08*

TOTAL NUMBER
 Pool Permit/with UW Lights
 Storable Pool/Spa/Hot Tub
 KW Elec. Range/Receptacle
 KW Oven/Surface Unit
 KW Elec. Water Heater
 KW Elec. Dryer/Receptacle
 KW Dishwasher
 HP Garbage Disposal
 KW Central A/C Unit
 HP/KW Space Htr./Air Handler
 KW Baseboard Heat
 HP Motors 1/+HP
 KW Transformer/Generator
 AMP Service
 AMP Subpanels
 AMP Motor Control Center
 KW Elec. Sign/Outline Light
 HVAC SPLIT SYSTEM

3 4.00

\$225.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's seal and Signature _____
 Licensd Electrical Contractor
 Certified Landscape Irrigation Contractor
 Exempt Applicant

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	\$7.00
TOTAL FEE	\$232.00

PERMIT REQUEST FORM

Date Received: _____

[Office use Only] [Please Print]

Control Number: _____

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone Numbers, Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE

Block: _____ Lot: _____ Agent: GPK General Contracting
 Work Site Location: 554 Queen Anne Rd Address: 47 Briarcliffe Road
 Owner In Fee: 554 Queen Anne Rd, Inc. Tenafly, NJ
 Address: same Telephone: 201-788-2113 Fax: _____
 License No: 13VH0065830 Fed Id Number: _____
 Telephone: _____ Is this a rental property? Yes No Number of Tenants: _____

BUILDING SECTION

Description Of Work:

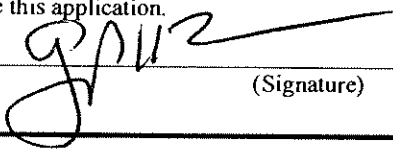
Walls to enclose basement mechanicals

- | | | |
|---------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Sign _____ Sq.Ft | Contractor <u>GPK Contracting</u> |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Pool | Address <u>47 Briarcliffe Road</u> |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Asbestos Abatement
Subchapter 8 | <u>Tenafly, NJ</u> |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Lead hazard Abatement
N.J.A.C. 5:17 | Phone <u>201-788-2113</u> |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Demolition | Lic. No. <u>13VH0065830</u> Fed. Emp. No. _____ |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Other | |
- Ht _____ (Exceeds 6')

Est Cost Of Bldg. Work:	
1. New Bldg \$ _____	3. Demolition \$ _____
2. Alteration \$ <u>1000</u>	4. Total(1+2+3) \$ _____

I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____


(Signature)

Office Use Only

Plan Review Date Initial _____

No Plans Req'd _____

All _____

Footing _____

Foundation _____

Frame _____

Other _____

Joint Plan review Required:

Elec Plumb Fire

Cubic Ft: _____

Square Ft: _____

% Land Distributed _____

PLUMBING SECTION

Description Of Work:

No. Fixture/Equipmt _____ _____ Water Closet _____ Urinal/Bidet _____ Bath Tub _____ Lavatory _____ Shower _____ Floor Drain _____ Sink _____ Dishwasher _____ Drinking Fountain _____ Washing Machine _____ Hose Bibb _____ Water Heater _____ Fuel Oil Piping	No. Fixture/Equipmt _____ _____ Gas Piping _____ Steam Boiler _____ Hot water Boiler _____ Sewer Pump _____ Interceptor/Separator _____ Back flow Preventor _____ Greasetrap _____ Sewer Connection _____ Water Service Connection _____ Stacks _____ Other _____ _____ Other _____ _____ Other _____	Contractor _____ Address _____ Phone _____ Lic. No. _____ Fed. Emp. No. _____ I certify that I am the (agent of) owner of record and am authorised to make this application. X _____ Applicant's Signature/Contractor's Seal and Signature
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Estimated Cost of Plumbing Work: \$ _____

Office Use Only		
Joint Plan Review Required: <input type="checkbox"/> No Plans Required		
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	<input type="checkbox"/> Plumbing Plans Approved
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	
Date: _____		Approved By: _____

Township of Teaneck Zoning Permit

Application #: 20080179 Permit No: 20080179.000 Issue Date: 05/22/2008
Construction Control Number :
Block: 2409 Lot: 8 Qualifier:
Work Site: 554 QUEEN ANNE ROAD Zone: RS
Owner: 554 QUEEN ANNE ROAD INC Agent: 554 QUEEN ANNE ROAD INC
Address: 193 VANDILINDA AVENUE Address: 193 VANDELINDA AVENUE
City/State/Zip: TEANECK NJ 07666 City/State/Zip: TEANECK NJ 07666
Telephone: 201 801-0637 Telephone: 201 801-0637
Fax: () - Fax: () -
EMail: EMail :
Tenant:

Voucher/Receipt #:	0
Check #:	3187
Amount collected:	\$25.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:
REVISED ZONING FOR DRIVEWAY AND WALKWAY AS PER THE SUBMITTED DOCUMENTS.

- Which is a:
- Use permitted by Zoning Ordinance, Article - V Section - 33-24(a)(4)b
 - Use permitted by variance approved on _____, # _____ subject to any special conditions attached to the grant thereof.
 - Valid nonconforming use as established by () findings of the Zoning Board of Adjustment or by () the undersigned zoning officer or by () Planning Board on the basis of evidence supplied by applicant. Conditions, if any:
 - There is a nonconforming structure on the premises by reason of insufficient
 - Other:



Steven M. Gluck

Zoning Official

This is NOT a Construction Permit

Township of Teaneck Zoning Permit

Application #: 20080179 Permit No: 20080179.000 Issue Date: 05/22/2008
Construction Control Number :
Block: 2409 Lot: 8 Qualifier:
Work Site: 554 QUEEN ANNE ROAD Zone: RS
Owner: 554 QUEEN ANNE ROAD INC Agent: 554 QUEEN ANNE ROAD INC
Address: 193 VANDILINDA AVENUE Address: 193 VANDELINDA AVENUE
City/State/Zip: TEANECK NJ 07666 City/State/Zip: TEANECK NJ 07666
Telephone: 201 801-0637 Telephone: 201 801-0637
Fax: () - Fax: () -
Mail: EMail :
E-mail:

Voucher/Receipt #:	0
Check #:	3187
Amount collected:	\$25.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

REVISED ZONING FOR DRIVEWAY AND WALKWAY AS PER THE SUBMITTED DOCUMENTS.

Which is a:

- Use permitted by Zoning Ordinance, Article - V Section - 33-24(a)(4)b
- Use permitted by variance approved on _____, # _____ subject to any special conditions attached to the grant thereof.
- Valid nonconforming use as established by () findings of the Zoning Board of Adjustment or by () the undersigned zoning officer or by () Planning Board on the basis of evidence supplied by applicant. Conditions, if any:
- There is a nonconforming structure on the premises by reason of insufficient
- Other:



Steven M. Gluck

Zoning Official

This is NOT a Construction Permit

TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT

APR 29 2008

ZONING WORKSHEET

WORK SITE LOCATION 554 QUEEN ANN ROAD
 BLOCK 2409 LOT 8 ZONE DISTRICT RS
 LOT AREA 14300 SQUARE FEET
 MAXIMUM BUILDING COVERAGE - 25 % OF LOT AREA = 3575 SQUARE FEET
 MAXIMUM LOT COVERAGE - 40 % OF LOT AREA = 5720 SQUARE FEET

ITEM DESCRIPTION	EXISTING AREA (SQUARE FEET)	PROPOSED AREA (SQUARE FEET)	REMARKS
1. BUILDING FOOTPRINT	1552	3116	
2. DETACHED GARAGE			
3. ROOFED PORCHES, PATIOS, DECKS AND BRIDGEWAYS	40	70	
4. STORAGE SHEDS			
5. OTHER ACCESSORY BUILDINGS			
6. DRIVEWAYS AND PARKING AREAS	2057.5	970	
7. OPEN ENTRIES AND STEPS	72	72	
8. OPEN PATIOS, TERRACES AND DECKS			
9. WALKWAYS	912.5	950	
10. SWIMMING POOLS			
11. OTHER			
12. OTHER			
BUILDING COVERAGE (ADD ITEMS 1 THROUGH 5)	1600 S.F. 11.19 %	3186 S.F. 22.27 %	DIVIDE THE TOTAL SQUARE FOOT AREA BY THE LOT AREA TO DETERMINE THE % OF COVERAGE
LOT COVERAGE (ADD ITEMS 1 THROUGH 12)	4642 S.F. 32.46 %	5178 S.F. 36.20 %	

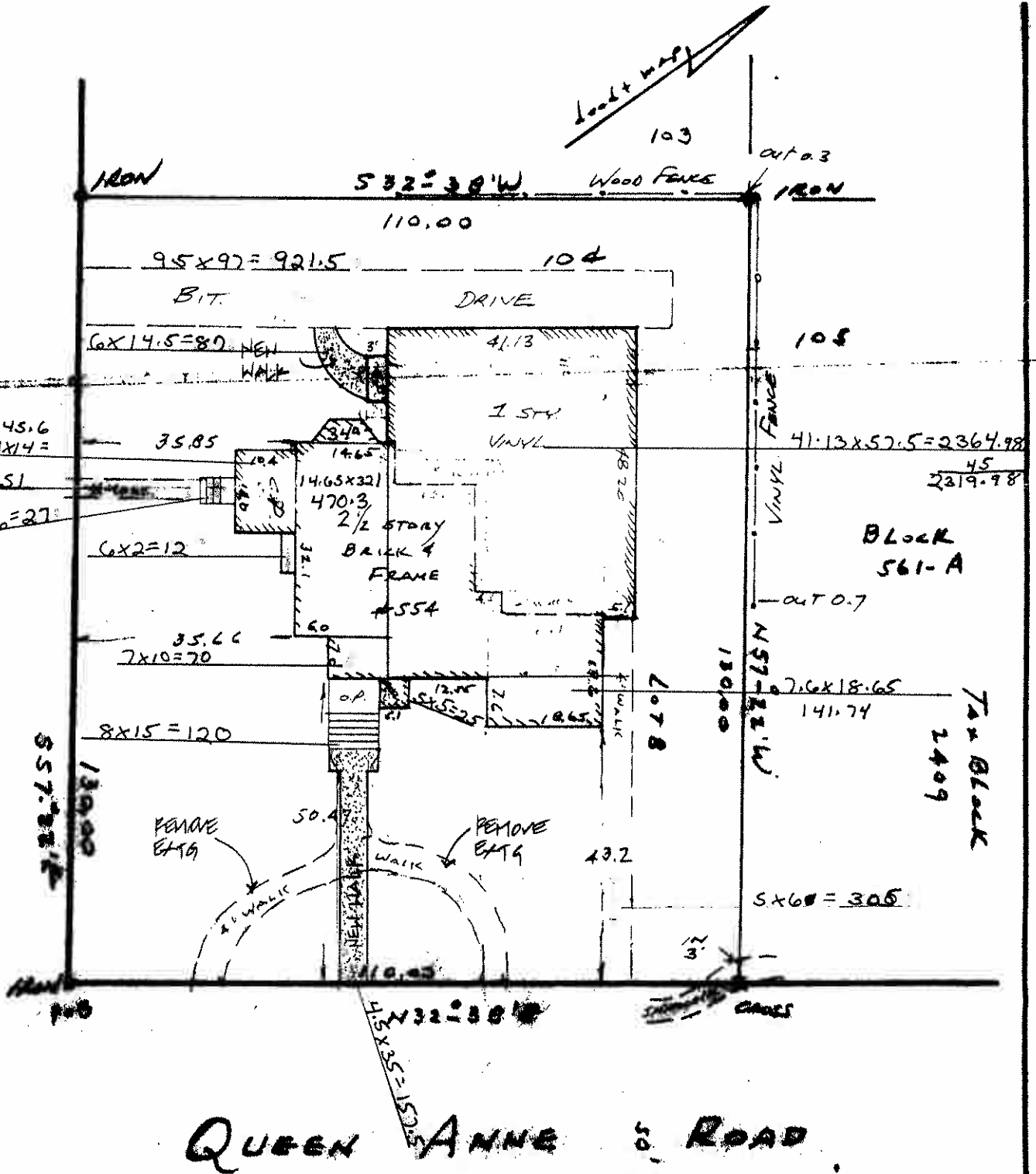
Christopher Rodriguez

4.29.08

PERSON COMPLETING WORKSHEET

DATE

VAN BUREN
5th AVE.



B/c - 3206.62A = 22,409

L/c 4887.62A = 34,189

**REFUSAL OF PERMIT
OFFICE OF THE ZONING ENFORCEMENT OFFICER
OF
TOWNSHIP OF TEANECK**

Date: 04/18/2008

Re:Application#: 20080179

To:
554 QUEEN ANNE ROAD INC
193 VANDILINDA AVENUE
TEANECK NJ 07666

Voucher/Receipt#	
Check #:	3187
Amount collected	\$ 25.00

Your application for a permit to:

REVISED ZONING TO RETAIN PART OF THE WALKWAY THAT WAS GOING TO BE REMOVED

on the property at 554 QUEEN ANNE ROAD TEANECK Block : 2409 Lot : 8

has been denied for noncompliance with provisions of Article (s): Sections :V , 33-23 (d)(3) of the Municipal Zoning Ordinance for the following reasons:

APPLICATION INCOMPLETE. REQUIRE UPDATED / REVISED SURVEY TO CONFIRM SIZE OF PROPOSED ADDITION ON SURVEY THAT IS NOW CONSTRUCTED TO CONFIRM CALCULATIONS.

Information on procedures for an appeal of this decision to the Board of Adjustment can be obtained from the Secretary of the Board of Adjustment. It should be noted that under State Statute, notice of appeal of this decision must be filed with this office not later than (20) days from the date of this notice. You can also file for a variance to the board of Adjustment and can obtain from the Secretary of the Board of Adjustment the required forms .

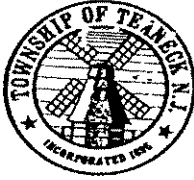
The permit which you submitted has been placed in the inactive files in the Community Development Office / Construction Code Department / Zoning Department. Please contact this office to reactivate the permit.

Denied by:

Steven M. Gluck 04/18/2008

Steven M. Gluck Zoning Official

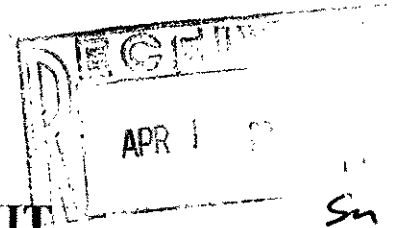
C: Secretary, Board of Adjustment
Permit
Letter
Steven M. Gluck, Zoning Official



TOWNSHIP OF TEANECK

PAUL A. VOLKER MUNICIPAL GREEN
818 TEANECK ROAD
TEANECK, NEW JERSEY 07666
BUILDING DEPARTMENT
PHONE (201) 837-4830 FAX (201) 837-1222
EMAIL - building@teanecknjgov.org

Form ZP01
March 2005



APPLICATION FOR ZONING PERMIT

NO OCCUPANCY IS PERMITTED PRIOR TO THE ISSUANCE OF THE REQUIRED ZONING PERMIT
COMPLETE ALL REQUESTED INFORMATION - PLEASE PRINT OR TYPE - ILLEGIBLE FORMS WILL NOT BE ACCEPTED

LOCATION INFORMATION

BLOCK 2409 LOT 8 ZONE DISTRICT RS

WORK SITE LOCATION
INCLUDE IDENTIFIERS 554 Queen Ave
(i.e. Apt. No., Unit No.,
Suite No., Floor, etc.)

OFFICE USE ONLY

INCOMPLETE
APPLICATION DEEMED COMPLETE
BY: DM DATE: 4/17/08
ZONING
CONTROL NUMBER: 071043

ZONING PROPOSAL

EXISTING USE OR LAST PRIOR USE OF PROPERTY Residential

PROPOSED USE (ATTACH ADDITIONAL SHEET IF NECESSARY TO FULLY EXPLAIN USE OF PROPERTY)
Revised zoning for walkway on addition

PROPOSED ACCESSORY USES _____

PROPERTY OWNER INFORMATION

NAME OF PROPERTY OWNER 554 Queen Ave Road, Inc.
NAME OF PRINCIPAL OFFICER Elliot Frame
PROPERTY OWNER ADDRESS 193 Vandellinda Ave
CITY Teaneck STATE NJ ZIP CODE 07666
DAYTIME TELEPHONE NO. 201-806-0637 FAX _____
EMERGENCY CONTACT PERSON Rachelle Mandelbaum TELEPHONE NO. 201-287-0208

APPLICANT INFORMATION

NAME OF APPLICANT 554 Queen Ave Road, Inc.
APPLICANT ADDRESS 193 Vandellinda Ave
CITY Teaneck STATE NJ ZIP CODE 07666
DAYTIME TELEPHONE NO. 646-247-6175 FAX 201-457-3374

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS _____
NAME BUSINESS TRADING AS _____
NAME OF PRINCIPAL OFFICER _____
EMERGENCY CONTACT PERSON _____ TELEPHONE NO. _____

**TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT**

BUSINESS INFORMATION (CONT.)

NUMBER OF EMPLOYEES _____

AREA OF THIS BUSINESS USE (SQUARE FEET) _____

AREAS OF ALL OTHER USES
(List all other uses, businesses, tenants,
etc. and the areas of each use when
there are multiple uses on the property.
Attach separate sheet if necessary.) _____

TOTAL NUMBER OF PARKING SPACES ON SITE _____

APPLICATION TYPES

TYPE OF ZONING PERMIT(S) REQUESTED
(Check all items that apply to this project)

<input type="checkbox"/> CERTIFICATE OF USE (NEW BUSINESS)	<input type="checkbox"/> NEW BUILDING
<input type="checkbox"/> HOME PROFESSIONAL OFFICE	<input checked="" type="checkbox"/> ADDITION
<input type="checkbox"/> HOME OCCUPATION	<input type="checkbox"/> ALTERATIONS (Without modification to existing building footprint)
<input type="checkbox"/> TEMPORARY USE	<input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> FENCE	<input type="checkbox"/> RETAINING WALL
<input type="checkbox"/> DRIVEWAY	
<input type="checkbox"/> SHED	
<input type="checkbox"/> TEMPORARY TOILET FACILITY	

HAS THIS PROPERTY EVER BEEN THE SUBJECT OF ANY PRIOR APPLICATION BEFORE THE ZONING BOARD OF ADJUSTMENT OR THE PLANNING BOARD? YES NO (If Yes, attach information on the date, nature and disposition of such applications)

OWNER'S AUTHORIZATION

I hereby authorize the submission of this application and agree to bind myself to any terms and conditions stipulated to and agreed by and between said applicant and the Township of Teaneck in the course of approval of this application for zoning permit. I also grant permission to the Building Department staff to enter upon the property for purposes of evaluating this application.

SIGNATURE OF PROPERTY OWNER *Elliot H. Treasurer* DATE 3-31-08

APPLICANT'S CERTIFICATION

I hereby certify that I have been authorized by the property owner to make this application, that all information contained herewith is true and complete and accurately describes the existing and proposed uses of the subject property. I understand that if any of the above statements or information is false, misleading or omitted, I will be subject to penalty and revocation of the issued permit in accordance with Section 33-23 (d)(2) and Section 33-23 (d)(3)e of the Township of Teaneck Development Regulations.

SIGNATURE OF APPLICANT *Rebecca M. Parcell* DATE 3/31/08

OFFICE USE ONLY

REQUIRED DOCUMENTS	SUBMITTED	INITIALS	DATE
APPLICATION FORM	<input type="checkbox"/>	_____	_____
PROPERTY SURVEY	<input type="checkbox"/>	_____	_____
PROPOSED SITE PLAN	<input type="checkbox"/>	_____	_____
PROPOSED FLOOR PLANS/ELEVATIONS	<input type="checkbox"/>	_____	_____
HISTORIC PROPERTY	<input type="checkbox"/>	_____	_____
PREVIOUS APPROVALS / VARIANCES	<input type="checkbox"/>	_____	_____
APPLICATION FEE	<input type="checkbox"/>	_____	_____

TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT

ZONING WORKSHEET

WORK SITE LOCATION 554 QUEEN ANN ROAD
 BLOCK 2409 LOT B ZONE DISTRICT RS
 LOT AREA 14300 SQUARE FEET
 MAXIMUM BUILDING COVERAGE - 25 % OF LOT AREA = 3575 SQUARE FEET
 MAXIMUM LOT COVERAGE - 40 % OF LOT AREA = 5720 SQUARE FEET

ITEM DESCRIPTION	EXISTING AREA (SQUARE FEET)	PROPOSED AREA (SQUARE FEET)	REMARKS
1. BUILDING FOOTPRINT	1552	3116	
2. DETACHED GARAGE			
3. ROOFED PORCHES, PATIOS, DECKS AND BRIDGES	40	40	
4. STORAGE BENCHES			
5. OTHER ACCESSORY BUILDINGS			
6. DRIVEWAYS AND PARKING AREAS	2057.5	1240	
7. OPEN ENTRIES AND STEPS	72	100	
8. OPEN PATIOS, TERRACES AND DECKS			
9. WALKWAYS	912.5	920	
10. SWIMMING POOLS			
11. OTHER			
12. OTHER			
BUILDING COVERAGE (ADD ITEMS 1 THROUGH 5)	1600 S.F. 11.19 %	3164 S.F. 22.12 %	DIVIDE THE TOTAL SQUARE FOOT AREA BY THE LOT AREA TO DETERMINE THE % OF COVERAGE
LOT COVERAGE (ADD ITEMS 1 THROUGH 12)	4642 S.F. 32.46 %	5424 S.F. 37.93 %	

Christopher Rodriguez

PERSON COMPLETING WORKSHEET

3/26/08

DATE

TEANECK, N.J.
BUILDING DEPT. Receipt No.

4-15 2008

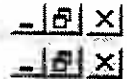
Collected from Ms. Mandelbaum
For 554 Queen Anne rd.

The amount of Permit Fees \$
D. C. A. Training Fee \$ ck 3/87
TOTAL FEES COLLECTED \$ 25

ck 08-0179 Steven M. Walsh
Construction Official

Zoning Manager - [ZoneManagement]

Tracking Worksheet Reports Utility System Help Quit



Property | **Application** | Proposed | Decision

Construction Control No: Zoning control No: Zone:

Application

Date Of Application: C.O.A.H Resubmitted On:

Current Principal Use: Select Current Principal Use

Proposed Principal Use: Select Proposed Principal Use

Proposed Changes:

Building Dimensions:

Principal Activity:

Accessory Activity:

Type Of Work:

Classification:

Exempt

Flood Zone: Taxes paid:

Fees

Account Type	Transaction #	Fee	Quantity	Bill Date	Date Paid	Cas
Zoning Application	2870	75.00	1	09/17/2007	09/17/2007	
Total Zoning Application		75.00				
Zoning Update	2957	25.00	1	10/16/2007	10/16/2007	
Total Zoning Update		25.00				
Grand Total		100.00				

Total Fees:

Total Paid:

Control

Controls

File Edit View Options Database Window Help

**TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT**

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ITEM DESCRIPTION	EXISTING AREA (SQUARE FEET)	PROPOSED AREA (SQUARE FEET)	REMARKS
1. BUILDING FOOTPRINT	1552	3116	
2. DETACHED GARAGE			
3. ROOFED PORCHES, PATIOS, DECKS AND BREEZEWAYS	48	48	
4. STORAGE SHEDS			
5. OTHER ACCESSORY BUILDINGS			
6. DRIVEWAYS AND PARKING AREAS	2057.5	1240	
7. OPEN ENTRIES AND STEPS	72	100	
8. OPEN PATIOS, TERRACES AND DECKS			
9. WALKWAYS	912.5	920	
10. SWIMMING POOLS			
11. OTHER			
12. OTHER			
BUILDING COVERAGE (ADD ITEMS 1 THROUGH 5)	1600 S.F. 11.19 %	3164 S.F. 22.12 %	DIVIDE THE TOTAL SQUARE FOOT AREA BY THE LOT AREA TO DETERMINE THE % OF COVERAGE
LOT COVERAGE (ADD ITEMS 1 THROUGH 12)	4642 S.F. 32.46 %	5424 S.F. 37.93 %	

Christopher Rodriguez 3/26/08
 PERSON COMPLETING WORKSHEET DATE

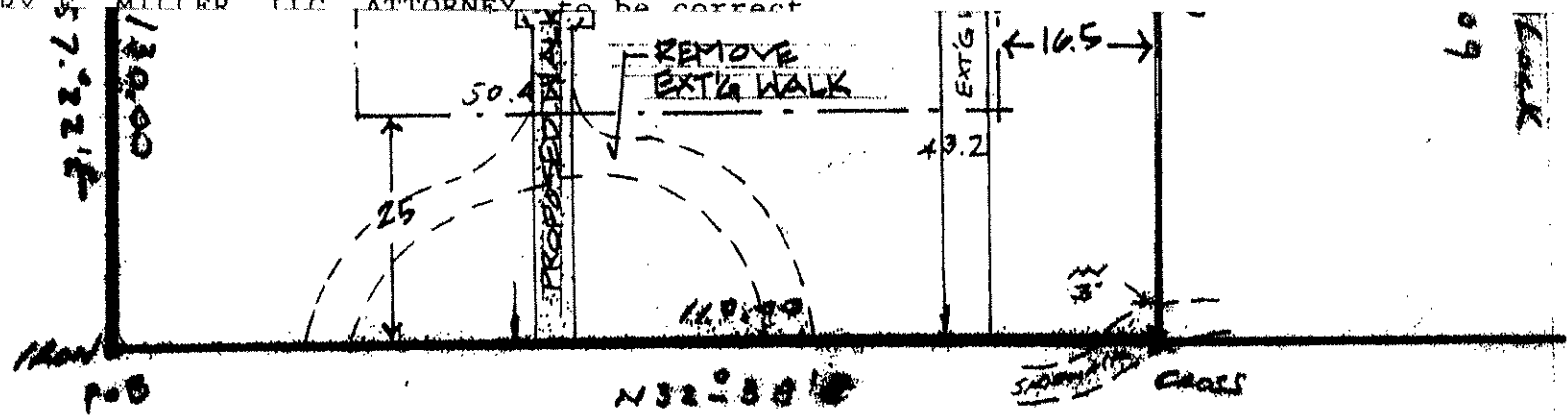
TORAS CHESED INC.

PROPERTY IN THE TOWNSHIP OF TEANECK, BERGEN COUNTY, NEW JERSEY

Detail Survey of Dwelling on Lot 104 in Block 561-A, as shown on a certain map entitled "Secton No. One of Map No. One Phelps Manor, Teaneck, N.J.", filed in the Bergen County Clerk's Office on May 19, 1924 as Map No. 1905..

CERTIFIED TO: TORAS CHESED INC.; COMMERCE BANK, ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR; OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY; ACCURATE SETTLEMENT; T.I. AGENCY LLC; AND GARY E. MILLER LLC ATTORNEY TO BE CORRECT

AVE.



QUEEN ANNE ST. ROAD

300A

**TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT**

ZONING WORKSHEET

WORK SITE LOCATION 554 QUEEN ANN ROAD
 BLOCK 2409 LOT B ZONE DISTRICT RS
 LOT AREA 14300 SQUARE FEET
 MAXIMUM BUILDING COVERAGE - 25 % OF LOT AREA - 3575 SQUARE FEET
 MAXIMUM LOT COVERAGE - 40 % OF LOT AREA - 5720 SQUARE FEET

ITEM DESCRIPTION	EXISTING AREA (SQUARE FEET)	SUGGESTED AREA (SQUARE FEET)	REMARKS
1. BUILDING FOOTPRINT	1552	3116	
2. DETACHED GARAGE			
3. ROOFED PORCHES, PATIOS, DECKS AND BREEZEWAYS	40	40	
4. STORAGE SHEDS			
5. OTHER ACCESSORY BUILDINGS			
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Christopher Rodriguez

3/26/08

PERSON COMPLETING WORKSHEET

DATE

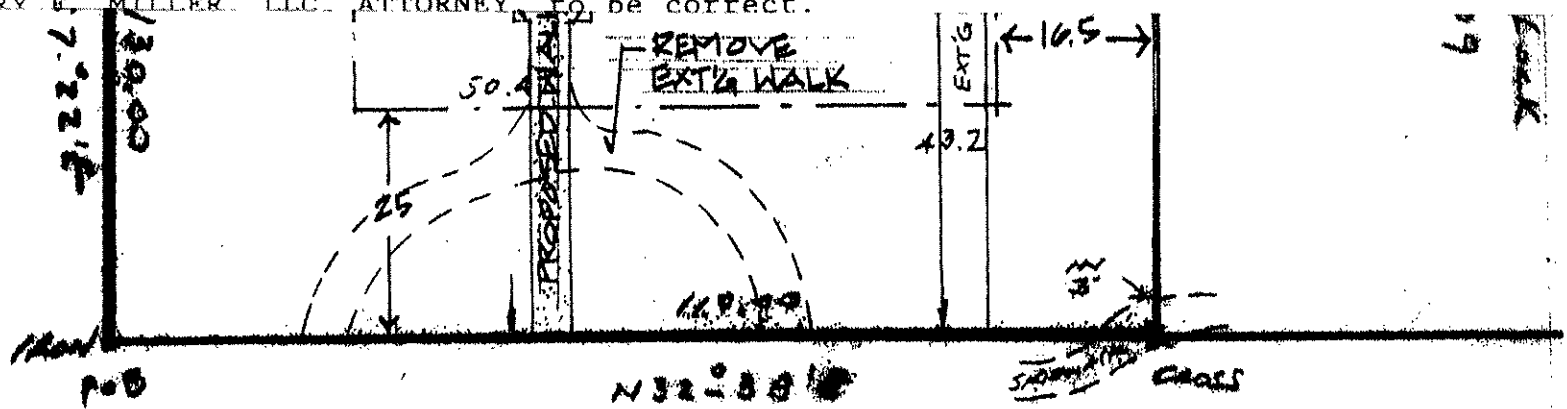
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CERTIFIED TO: TORAS CHESED INC.; COMMERCE BANK, ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR; OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY; ACCURATE SETTLEMENT; T.I. AGENCY LLC; AND GARY E. MILLER, LLC, ATTORNEY, to be correct.

AVE.



QUEEN ANNE RD

Confirmation Report - Memory Send

Date & Time: 04-22-2008 09:03am
Tel line : 2018371222
Machine ID : TOWNSHIP OF TEANECK

Job number : 693
Date & Time : 04-22 09:03am
To : 2014573374
Number of pages : 002
Start time : 04-22 09:03am
End time : 04-22 09:03am
Pages sent : 002
Status : OK

Job number : 693 *** SEND SUCCESSFUL ***



TOWNSHIP OF TEANECK

PAUL A. VOLCKER
MUNICIPAL GREEN
818 TEANECK ROAD
TEANECK, NEW JERSEY 07665
PHONE (201) 837-1600 FAX (201) 837-1222

Board of Adjustment/Planning Board

COMPACT:

PLANS/CONTACT: 554 Queen Anne Road Inc

FAX NUMBER: 201-457-3374

NUMBER OF PAGES INCLUDING COVER SHEET: 2

SENT BY: Rosland V. McLean

Technical Assistant - Land Use

PHONE #: (201) 837-4855

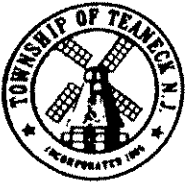
E-Mail: rmcleau@teanecknjgov.org

DATE: 4/22/8

RE: Application incomplete

IF THIS INFORMATION IS NOT RECEIVED ACCORDING TO THE NUMBER OF PAGES INDICATED ABOVE, PLEASE CALL (201) 837-4855.

THANK YOU.



TOWNSHIP OF TEANECK

PAUL A. VOLCKER
MUNICIPAL GREEN
818 TEANECK ROAD
TEANECK, NEW JERSEY 07666
PHONE (201) 837-1600 FAX (201) 837-1222

Board of Adjustment/Planning Board

COMPANY: _____

NAME/CONTACT: 554 Queen Anne Road Inc.

FAX NUMBER: 201-457-3374

NUMBER OF PAGES INCLUDING COVER SHEET: 2

SENT BY: Rosland V. McLean

Technical Assistant - Land Use

PHONE #: (201)837-4835

E-Mail: rmclean@teanecknjgov.org

DATE: 4/22/8

RE: Application incomplete

IF THIS INFORMATION IS NOT RECEIVED ACCORDING TO THE NUMBER OF PAGES INDICATED ABOVE, PLEASE CALL (201)837-4835.

THANK YOU.

**REFUSAL OF PERMIT
OFFICE OF THE ZONING ENFORCEMENT OFFICER
OF
TOWNSHIP OF TEANECK**

Date: 04/18/2008

Re:Application#: 20080179

To:
554 QUEEN ANNE ROAD INC
193 VANDILINDA AVENUE
TEANECK NJ 07666

Voucher/Receipt#	
Check #:	3187
Amount collected	\$ 25.00

Your application for a permit to:

REVISED ZONING TO RETAIN PART OF THE WALKWAY THAT WAS GOING TO BE REMOVED

on the property at 554 QUEEN ANNE ROAD TEANECK Block : 2409 Lot : 8

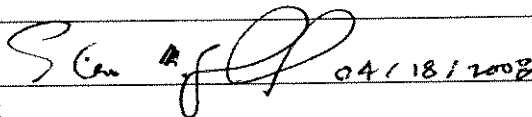
has been denied for noncompliance with provisions of Article (s) : Sections :V , 33-23 (d)(3) of the Municipal Zoning Ordinance for the following reasons:

APPLICATION INCOMPLETE. REQUIRE UPDATED / REVISED SURVEY TO CONFIRM SIZE OF PROPOSED ADDITION ON SURVEY THAT IS NOW CONSTRUCTED TO CONFIRM CALCULATIONS.

Information on procedures for an appeal of this decision to the Board of Adjustment can be obtained from the Secretary of the Board of Adjustment. It should be noted that under State Statute, notice of appeal of this decision must be filed with this office not later than (20) days from the date of this notice. You can also file for a variance to the board of Adjustment and can obtain from the Secretary of the Board of Adjustment the required forms .

The permit which you submitted has been placed in the inactive files in the Community Development Office / Construction Code Department / Zoning Department. Please contact this office to reactivate the permit.

Denied by:


Steven M. Gluck Zoning Official

CC: Secretary, Board of Adjustment
Permit
Letter
Steven M. Gluck, Zoning Official