

BLOCK 2409 LOT 8 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) \_\_\_\_\_



# CONSTRUCTION PERMIT APPLICATION

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

17

PERMIT NO.

17

**I. IDENTIFICATION**

1. Proposed Work Site at: 554 Queen Anne Road

2. Name of Owner in Fee: George Cello

Tel: ( ) e-mail

Address: 554 Queen Anne Road Seattle WA

3. Ownership in Fee: Public  Private  Municipal  Tribal

4. Principal Contractor: \_\_\_\_\_ Tel: ( ) e-mail \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

5. Architect or Engineer: Carl Heckler 191-4900 Seattle WA

Address: \_\_\_\_\_ Contact: Brian Rodriguez

6. Responsible Person in Charge once Work has Begun: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

**IIa. PROPOSED WORK**

Mill & Work

Repair

New Building

Alteration

Addition

Renovation

Radon Remediation

Annual Permit

Asbestos Abat. Subch. 8

Lead Hazard Abatement

**IIb. SUBCODES**

Est. Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer	Rejection Date	Re-viewer
			10-22-07		AKR	10-31-07	AKR		AKR
			10-25-07		BHS	10-31-07	BHS		BHS
		9/11/07	9/18/07		AKR	10/12/07	AKR		AKR
TOTAL COSTS									

**V. FEE SUMMARY (for office use only)**

1. Building	\$	Update	Update
2. Electrical	\$		
3. Plumbing	\$		
4. Fire Protection	\$		
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$		
13. TOTAL	\$		

**VI. BUILDING/SITE CHARACTERISTICS**

1. Number of Stories \_\_\_\_\_

2. Height of Structure \_\_\_\_\_ ft.

3. Area - Largest Floor \_\_\_\_\_ sq. ft.

4. New Building Area \_\_\_\_\_ sq. ft.

5. Volume of New Structure \_\_\_\_\_ cu. ft.

6. Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

8. Flood Hazard Zone \_\_\_\_\_

9. Base Flood Elevation \_\_\_\_\_ ft.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

**VII. DESCRIPTION OF BUILDING USE**

A. RESIDENTIAL (primary use)

1. State Specific Use: \_\_\_\_\_

2. Use Group: \_\_\_\_\_

3. Change in Use Group, indicate Former: \_\_\_\_\_

4. No. of dwelling units: \_\_\_\_\_ All Units Income-restricted

Before Construction \_\_\_\_\_

After Construction \_\_\_\_\_

Net Gain or Loss \_\_\_\_\_

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: \_\_\_\_\_

2. Use Group: \_\_\_\_\_

3. Change in Use Group, indicate Former: \_\_\_\_\_

4. MIXED USE (List secondary uses): \_\_\_\_\_

**III. PLAN REVIEW (optional)**

DO YOU WANT:

Partial Releases

Elevators/Escalators/Lifts

Dumbwaiters/Moving Walks

Refrigeration Systems

Cross-Connections/Backflow Preventers

Smoke Control Systems in Open Wells

Underdrains/Storage Tanks

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

Asbestos

Lead

Radon

Other

**CERTIFICATION IN LIEU OF OATH**

**I. OWNER SECTION** (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A.  I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B.  I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:  
I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C.  I further certify that I will perform or supervise the following work:

C.1.  Building                      C.2.  Fire Protection

I further certify that I will perform the following work:

C.3.  Electrical                      C.4.  Plumbing

- D.  I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. AGENT SECTION** (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Check if contractor.

Agent Name 554 Queen Anne Road Inc.

Address 193 Vandolinda Avenue

Summit, NJ 07866

Telephone (            )           

Signature [Handwritten Signature]

**III.  LEAD HAZARD STATEMENT:** Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

# 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: 2409 Lot: 8 Agent: Garin Kassis, GPK G

Work Site Location: 554 Queen Anne Rd Address: \_\_\_\_\_

Owner In Fee: George Ciriello 47 Broadcliff Road, Tenafly, NJ

Address: 554 Queen Anne Rd, Tenafly, NJ 07666 Telephone: 201-871-0012 Fax: 201-871-

Telephone: Jo Rachele Mandelbaum License No: \_\_\_\_\_ Fed Id Number: \_\_\_\_\_

Is this a rental property?  Yes  No Number of Tenants: \_\_\_\_\_

## BUILDING SECTION

Description Of Work: \_\_\_\_\_

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence
- Ht \_\_\_\_\_ (Exceeds 6')
- Sign \_\_\_\_\_ Sq.Ft
- Pool
- Asbestos Abatement Subchapter 8
- Lead hazard Abatement N.J.A.C. 5:17
- Demolition
- Other

Contractor GPK G.C. LLC  
 Address 47 Broadcliff Rd Tenafly NJ 07670  
 Phone 201-788-2113  
 Lic. No. 13VH 00658300

Est Cost Of Bldg. Work:

1. New Bldg \$ 100,000      3. Demolition \$ 20,000  
 2. Alteration \$ 30,000      4. Total(1+2+3) \$ 150,000

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

\_\_\_\_\_ (Signature)

RECEIVED

OCT 29 2007

R

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: 25,241

Square Ft: 1578

% Land Distributed \_\_\_\_\_

## PLUMBING SECTION

Description Of Work: \_\_\_\_\_

AC Split System

- |  |   |
|--|---|
| <p>No. Fixture/Equipmt</p> <p><u>2</u> Water Closet</p> <p>Urinal/Bidet</p> <p>Bath Tub</p> <p><u>2</u> Lavatory</p> <p>Shower</p> <p>Floor Drain</p> <p><u>1</u> Sink</p> <p>Dishwasher</p> <p>Drinking Fountain</p> <p>Washing Machine</p> <p>Hose Bibb</p> <p>Water Heater</p> <p>Fuel Oil Piping</p> | <p>No. Fixture/Equipmt</p> <p>Gas Piping</p> <p>Steam Boiler</p> <p>Hot water Boiler</p> <p>Sewer Pump</p> <p>Interceptor/Separator</p> <p>Back flow Preventor</p> <p>Greasetrap</p> <p>Sewer Connection</p> <p>Water Service Connection</p> <p>Stacks</p> <p>Other _____</p> <p>Other _____</p> <p>Other _____</p> |
|--|---|

Contractor MORAN PLbg & Htg, Inc.  
 Address 275 Lafayette Ave Cliffside Park, N.J. 07  
 Phone 201-941-7455  
 Lic. No. 9212 Fed. Emp. No. 22-3450

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

\_\_\_\_\_ (Signature/Contractor's Seal and Signature)

Estimated Cost of Plumbing Work:

\$ 5000

Office Use Only

Joint Plan Review Required:  No Plans Required

- Building
- Electric
- Plumbing Plans Approved
- Fire
- Elevator

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

GARY E. MILLER, LLC  
ATTORNEYS AT LAW  
85 MAIN STREET, SUITE 204  
HACKENSACK, NEW JERSEY 07601

To: David Russo, Esq.  
Re: Crivello - 554 Queen Anne Rd., Tampa

# 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.

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Work Site Location: 554 Queen Anne Rd Address: \_\_\_\_\_

Owner In Fee: George Crielle 47 Brookliff Road, Tenafly, NJ

Address: 554 Queen Anne Rd, Teaneck, NJ 07666 Telephone: 201-871-0012 Fax: 201-871-0012

Telephone: Joe Rachele Mandelbaum License No: \_\_\_\_\_ Fed Id Number: \_\_\_\_\_

Is this a rental property?  Yes  No Number of Tenants: \_\_\_\_\_

## BUILDING SECTION

Description Of Work: \_\_\_\_\_

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> New Building          | <input type="checkbox"/> Sign _____ Sq.Ft                       | Contractor _____                   |
| <input checked="" type="checkbox"/> Addition   | <input type="checkbox"/> Pool _____                             | Address _____                      |
| <input checked="" type="checkbox"/> Alteration | <input type="checkbox"/> Asbestos Abatement<br>Subchapter 8     | Phone _____                        |
| <input type="checkbox"/> Roofing               | <input type="checkbox"/> Lead hazard Abatement<br>N.J.A.C. 5:17 | Lic. No. _____ Fed. Emp. No. _____ |
| <input type="checkbox"/> Siding                | <input type="checkbox"/> Demolition _____                       |                                    |
| <input type="checkbox"/> Fence                 | <input type="checkbox"/> Other _____                            |                                    |
- Ht \_\_\_\_\_ (Exceeds 6')

Est Cost Of Bldg. Work:	
1. New Bldg \$ <u>100,000</u>	3. Demolition \$ <u>20,000</u>
2. Alteration \$ <u>30,000</u>	4. Total(1+2+3) \$ <u>150,000</u>

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

(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: AC Split System

- |                         |                                |
|-------------------------|--------------------------------|
| No. Fixture/Equipmt     | No. Fixture/Equipmt            |
| <u>2</u> Water Closet   | _____ Gas Piping               |
| _____ Urinal/Bidet      | _____ Steam Boiler             |
| _____ Bath Tub          | _____ Hot water Boiler         |
| <u>2</u> Lavatory       | _____ Sewer Pump               |
| _____ Shower            | _____ Interceptor/Separator    |
| _____ Floor Drain       | _____ Back flow Preventor      |
| <u>1</u> Sink           | _____ Greasetrap               |
| _____ Dishwasher        | _____ Sewer Connection         |
| _____ Drinking Fountain | _____ Water Service Connection |
| _____ Washing Machine   | _____ Stacks                   |
| _____ Hose Bibb         | _____ Other _____              |
| _____ Water Heater      | _____ Other _____              |
| _____ Fuel Oil Piping   | _____ Other _____              |

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Lic. No. \_\_\_\_\_ Fed. Emp. No. \_\_\_\_\_

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

(Signature) \_\_\_\_\_

Estimated Cost of Plumbing Work:
\$ <u>5000</u>

**Office Use Only**

Joint Plan Review Required:  No Plans Required

Building  Electric  Plumbing Plans Approved

Fire  Elevator

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

## FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type:  Flamm. Liquid       Comb Liquid

LPG  LNG

Alarm Systems  110v Interconnected  System

\_\_\_\_ Alarm Devices (i.e. smoke, heat, pulls, waterflow)

\_\_\_\_ Supervisory Devices (i.e. tampers, low/high air)

\_\_\_\_ Signalling Devices (i.e. horn, strobes, bells)

\_\_\_\_ Other Devices \_\_\_\_\_

Suppressoin Systems     Fire Pump  GPM Type

\_\_\_\_ Dry Pipe/Alarm Valves

\_\_\_\_ Pre-action Valves

\_\_\_\_ Sprinkler Heads (Dry and Wet)

Estimated Cost Of Fire Protection Work :    \$ \_\_\_\_\_

\_\_\_\_ Standpipes

**Pre-engineered Systems**

\_\_\_\_ Wet Chemical

\_\_\_\_ Dry Chemical

\_\_\_\_ CO2 Suppression

\_\_\_\_ Foam Suppression

\_\_\_\_ Halon Suppression

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Kitchen Hood Exh Sys

\_\_\_\_ Smoke Control System

\_\_\_\_ Gas  or Oil  Fired Appl.

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Lic. No. \_\_\_\_\_ Fed. Emp. No. \_\_\_\_\_

I am the owner of record and authorized to make this application.

Applicant's Signature/Contractor's Seal and Signatur

**Office Use Only**       No Plans Required

Joint Plan Review Required:  Fire Plans Approv

Building     Plumbing      Date: \_\_\_\_\_

Electric       Fire    Approved By: \_\_\_\_\_

## ELECTRICAL SECTION

Description Of Work:

**QTY. SIZE ITEMS**

32 Lighting Fixtures

26 Receptacles

11 Switches

\_\_\_\_ Detectors

\_\_\_\_ Light Poles

\_\_\_\_ Motors-Fract.HP

\_\_\_\_ Emergency & Exit Lights

\_\_\_\_ Communication Points

\_\_\_\_ Alarm Devices F.A.C Panel

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ TOTAL NUMBERS

\_\_\_\_ Pool Permit/w Uw Lights

\_\_\_\_ Storable Pool/Spa/Hot Tub

\_\_\_\_ KW Elec. Range /Receptacle

\_\_\_\_ KW Oven/Surface Unit

**QTY. SIZE ITEMS**

\_\_\_\_ KW Elec. Water Heater

\_\_\_\_ KW Dryer/Receptacle

\_\_\_\_ KW Dishwasher

\_\_\_\_ HP Garbage Disposal

\_\_\_\_ KW Central A/c Unit

\_\_\_\_ HP/KW Space Htr/Air Handler

\_\_\_\_ KW Base Board Heat

\_\_\_\_ HP Motors 1/+ HP

\_\_\_\_ KW Transformer/Generator

\_\_\_\_ AMP Service

\_\_\_\_ AMP SubPanels

\_\_\_\_ AMP Motor Control Center

\_\_\_\_ KW Elec Sign/Outline Light Unit

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Lic. No. \_\_\_\_\_ Fed. Emp. No. \_\_\_\_\_

I am the owner of record and authorized to make this application.

Signature/Contractor's Seal and Signature

Licensed Elec Contractor  Exempt Applicant

**Office Use Only**       No Plans Required

Joint Plan Review Required:  Electric Plans Approved

Building     Electric

Fire       Plumbing

Date : \_\_\_\_\_ Approved By: \_\_\_\_\_

Estimated Cost Of Electric Work :    \$ 5000

Permit Number

Checked By/Date

# REScheck Compliance Certificate New Jersey Energy Subcode

REScheck Software Version 3.6 Release 2

Data filename: \\Mac3\Program Files\REScheck\REScheck\TEANECK TEMPLE.rck

PROJECT TITLE: FELDMAN RESIDENCE

COUNTY: Bergen

STATE: New Jersey

HDD: 5500

CONSTRUCTION TYPE: Single Family

WINDOW / WALL RATIO: 0.06

DATE: 10/26/07

DATE OF PLANS: AUGUST 13, 2007

PROJECT DESCRIPTION:

FELDMAN RESIDENCE

554 QUEEN ANN ROAD

TEANECK, NEW JERSEY

DESIGNER/CONTRACTOR:

CARL MECKY ARCHITECTURE

22-08 ROUTE 208

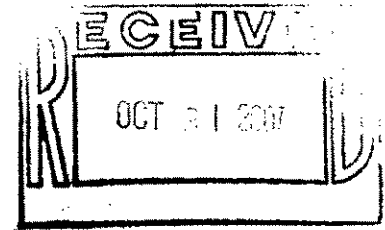
FAIR LAWN, NEW JERSEY

COMPLIANCE: Passes

Maximum UA = 1420

Your Home UA = 1316

7.3% Better Than Code (UA)



	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor	UA
Ceiling 1: Flat Ceiling or Scissor Truss	1535	30.0	0.0		54
Wall 1: Wood Frame, 16" o.c.	1028	19.0	0.0		57
Window 1: Wood Frame:Double Pane	41			0.340	14
Door 1: Solid	21			0.340	7
Door 2: Glass	21			0.340	7
Floor 1: Slab-On-Grade:Unheated Insulation depth: 2.0'	1535		10.0		1177

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in REScheck Version 3.6 Release 2 (formerly MECcheck) and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Builder/Designer

A handwritten signature in black ink, appearing to read "Carl Mecky".

Date 10.31.07

Permit Number

Checked By/Date

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22-08 ROUTE 208

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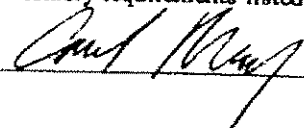
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Date 10.31.07



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554 QUEEN ANN ROAD

TEANECK, NEW JERSEY

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CARL MECKY ARCHITECTURE

22-08 ROUTE 208

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COMPLIANCE: Passes

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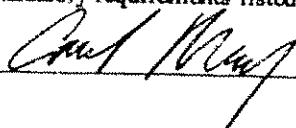
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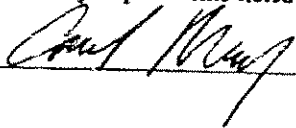
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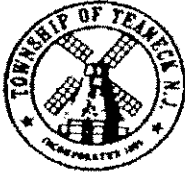
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Door 2: Glass	21			0.340	7
Floor 1: Slab-On-Grade:Unheated Insulation depth: 2.0'	1535		10.0		1177

COMPLIANCE STATEMENT: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in REScheck Version 3.6 Release 2 (formerly MECcheck) and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Builder/Designer



Date 10.31.07



# TOWNSHIP OF TEANECK

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

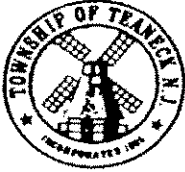
## Building Subcode Plan Review Report

Worksite location: 554 Queen Anne Block 2409 Lot 8  
Reviewer: Armand Marini BSO Date: 10-22-07  
Plans Drawn By: Mackay Architect  engineer  homeowner  
This is the 1 building subcode plan review of plans received on 10-16

This report received by: [Signature] Date: \_\_\_\_\_

Item	Code section	Comments
		Plan is for a Family Rm addition
1.		submit Res check calculations
2.		show rebar grounding
3.	CK-	Foundation shall extend 6" above Grade
		10-29-07
1		Res check results re. in attached
2		Insert Revised pages into existing plans
		To make 3 complete sets of plans
		OK
		10-31-07
		[Signature]

copy of stamped plans  
revised  
attached  
10-31-07  
[Signature]



# TOWNSHIP OF TEANECK

PAUL A. VOLCKER  
MUNICIPAL GREEN  
818 TEANECK ROAD  
TEANECK, NEW JERSEY 07666  
PHONE (201) 837-4833 FAX (201) 837-1222

## PLUMBING SUBCODE PLAN REVIEW FORM

Work Site Location 554 Queen Anne Rd. Block 2409 Lot 8 Control No. \_\_\_\_\_

Reviewer's Name MARK BOCCHINO PSO Date of Review 10/23/07

Plans Drawn By Mecky  Architect  Engineer  Homeowner

Sheets 6 Date of Plans 8/15/07 Revised Through \_\_\_\_\_

Review Received By [Signature] Date Received 10/25/07

Plan is for Addition / Alteration

ITEM CODE SECTION COMMENTARY

1. \_\_\_\_\_ NJAC 5:23-2.15(a)4. Estimated cost shall be normal market cost  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ NJAC 5:23-2.15(b)2. Name and license number and seal of contractor. Licensed plumbers only except a single family homeowner in his own dwelling.  
\_\_\_\_\_  
\_\_\_\_\_

3.  NJAC 5:23-2.15(e)1.iv. Plans and specs. shall include floor plan fixtures, pipe sizes, and other equipment and materials. Isometric with pipe sizes.  
Isometric only shows 1 - Powder Rm, Plans shows 2  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_ NJAC 5:23- 2.15(ix) Architect's or engineer's seal and signature required.  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_ NSPC 6.1.2 Interceptors size and type determined according to max. volume and rate of discharge.  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_ NSPC 7.3.2 Minimum fixture clearances not met.

7. \_\_\_\_\_ NSPC 7.10.4 Shower waste outlet min. 1 1/2 for single head. Min. 2 for multiple heads.

8. \_\_\_\_\_ NSPC 7.16.2 b Floor drains when subject to evaporation provide 4' trap seal or trap primer. .3 not less than 2"

9. \_\_\_\_\_ NSPC 7.16.4 Floor drains required toilet rooms containing 2 or more toilets/urinals.  
Commercial kitchens  
Laundry rooms in commercial buildings and buildings with 2 or more dwelling units  
Where required for indirect wastes.

10. \_\_\_\_\_ NSPC 11.5.5 No portion of the drainage system installed underground or below a slab shall be less than 2"

11. ✓ \_\_\_\_\_ Permit required for *Sink (kitchenette).*

12. \_\_\_\_\_ *Heating  
Cooling?  
2nd Powder Room*

# Township of Teaneck Zoning Permit

Application #: 20070906 Permit No: 20070906.000 Issue Date: 10/19/2007

Construction Control Number: 38751

Voucher/Receipt #:	0
Check #:	3100
Amount collected:	\$100.00

Block: 2409 Lot: 8

Qualifier:

Work Site: 554 QUEEN ANNE ROAD

Zone: RS

Owner: CRIOLLO

Agent: 554 QUEEN ANNE ROAD, INC.

Address: 554 QUEEN ANNE ROAD

Address: 193 VANDELINDA AVENUE

City/State/Zip: TEANECK NJ 07666

City/State/Zip: TEANECK NJ 07666

Telephone: [REDACTED]

Telephone: [REDACTED]

Fax: ( ) - -

Fax: ( ) - -

E-Mail:

E-Mail:

Tenant:

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:

**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 AT A RESIDENTIAL SINGLE FAMILY DWELLING AS INDICATED ON THE SUBMITTED DOCUMENTS.**

Which is a:

- Use permitted by Zoning Ordinance, Article - V Section - 33-23 (d)(3)a AND 33-24 (a)
- 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: THIS ZONING PERMIT AUTHORIZES WORK TO BE DONE TO THE DRIVEWAY ON PRIVATE PROPERTY ONLY. ADDITIONAL PERMITS AND/OR APPROVALS FROM THE ENGINEERING DEPARTMENT WILL BE NECESSARY FOR WORK TO BE DONE WITHIN THE TOWNSHIP RIGHT-OF-WAY, INCLUDING THE DRIVEWAY APRON AND THE CURB CUT.

*Steven M. Gluck* 10/19/2007

Steven M. Gluck

Zoning Official

**This is NOT a Construction Permit**

9/24/07 application

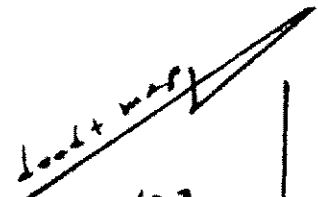
proposed lot coverage  
4740.315 - 33.15%

submitted 10/16/07  
moved driveway in from  
west side line and  
widened to the east  
adding 138 additional SF  
to lot coverage

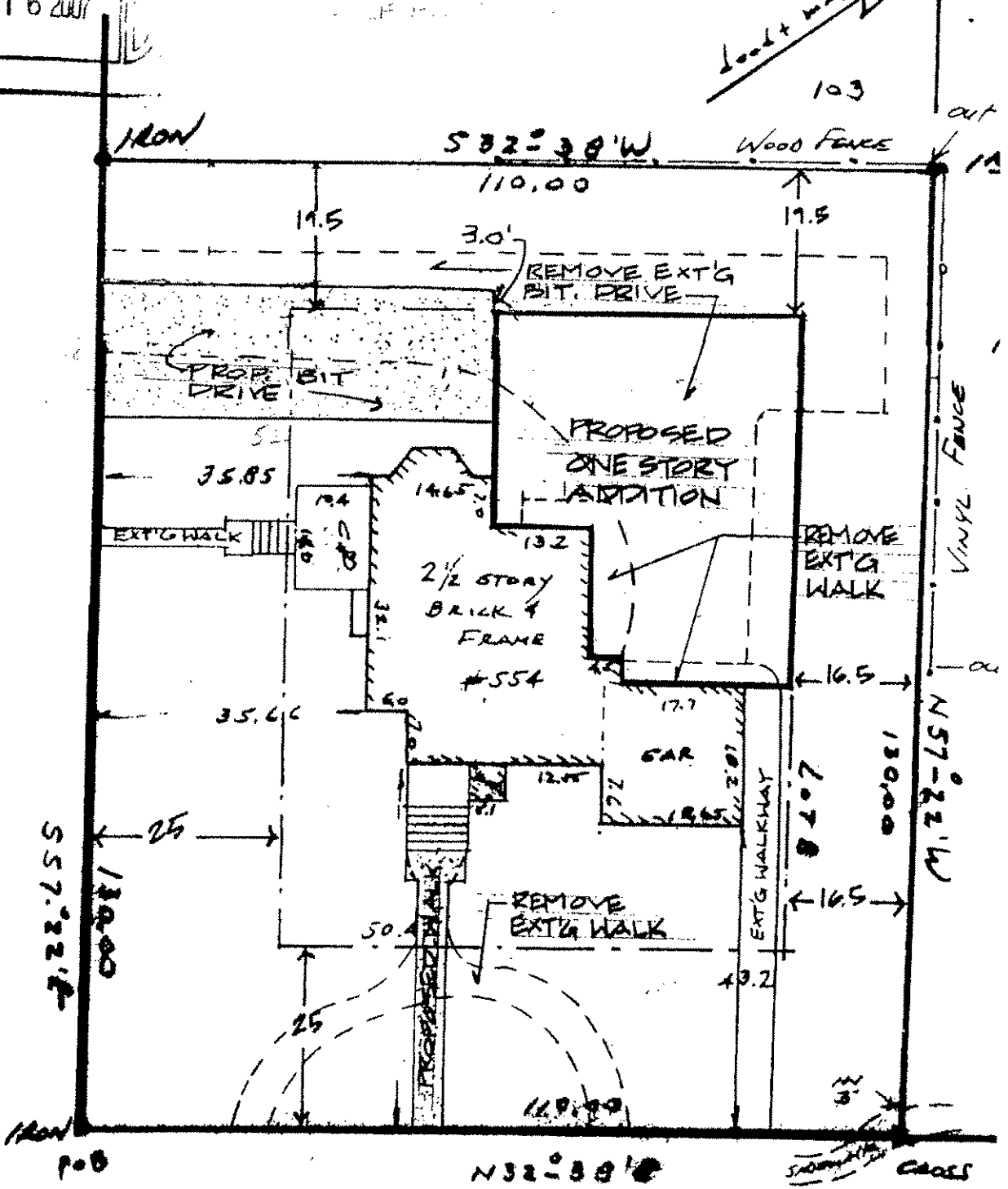
new proposed lot coverage  
4878.315 - 34.11%

RECEIVED

OCT 16 2007



VAN BUREN  
S  
AVE



QUEEN ANNE S ROAD



CK # 3113

TEANECK, N. J.  
BUILDING DEPT. Receipt No. 2957

..... 10-16 ..... 2007

Collected from Mrs Marshall

For 554 Queens Lane Rd Construction

The amount of Permit Fees \$ 25 - B 2409 / 8  
D. C. A. Training Fee \$ .....

TOTAL FEES COLLECTED \$ 25 -

R 2070906

Stuart M. Shuck  
Construction Official