West Orange
Building Department

Address 10 Elm St

Application / Plans Received 10/11/23

Owner Georges

Type of Construction Second Fl. Addition

Plan Review Required For Application:

☑ Building
☑ Elecrical
☐ Mech.
☑ Plumbing
☐ Fire
☐ Elevator

Other Written Approvals For Application:

☑ Zoning
☐ Signed Plans
☐ Health
☐ Developers Fees
☐ Historical Society
☐ Spec. Inspections
☐ Builders / H.I.C. Reg.
☐ Truss Plans
☐ Letter from Bldg. Owner
☐ Engineering
☐ Soils Conservation
☐ County Approvals
☐ State Approvals
☐ Tree Removal
☐ Association Letter
☐ Fire Dept. Reg. New Business
☐ Sprinkler Cals.
☐ Downtown Alliance

Subcode Comments:

BLOCK 127 LOT 33 QUALIFICATION CODE ________ ADDRESS (SITE) ________ PERMIT # ________

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Proposed Work Site at: 10 Elm Street West Orange NJ 07052

2 Name of Owner in Fee: Frantz & Marie Kelly Georges

Tel: 862 783 7625 e-mail: Georgekel1@gmail.com

Address: 61 Valley Way West Orange NJ 07052

3 Ownership in Fee: Public ____ Private ____

4 Principal Contractor: Zack's Home Improvement llc Tel: 973 873 0190

Address: 16 Hazard Pl Irvington NJ 07111 e-mail: Zackhome repair@Gmail.Com

License No. OR if new home Builder Reg. No: 13VH07383000 Exp Date 3-31-2014

Home Improvement Contractor Registration No. or Exemption Reason ________

Federal Emp. ID No: 9009142937 FAX ________

5 Architect or Engineer ________ Contact ________

Address ________ e-mail ________

Tel ________ FAX ________

6 Responsible Person in Charge once Work has Begun ________

Tel ________ FAX ________

IIa PROPOSED WORK

☐ Minor Work	☐ New Building	☒ Addition	☐ Demolition
☒ Repair	☐ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abat. -Subch. 8	☐ Lead Hazard Abatement	☐ Radon Remediation	☐ Annual Permit

IIb SUBCODES (check all that apply)

FOR OFFICE USE ONLY

	Est. Cost	Plans Priority	Date Rec'd	Rejection Date	Approved Date	Re-release	Reconsideration Dates Approved	Reconsideration Dates Rejected	Re-release
☒ Building									
☒ Electrical									
☒ Plumbing									
☒ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

III. PLAN REVIEW (optional)

DO YOU WANT:
1 ☐ Partial Releases
2 ☐ Prototype Processing

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

1 ☐ Elevators/Escalators/Lifts, Dumbwaiters/Moving Walks
2 ☐ High Pressure Boilers
3 ☐ Pressure Vessels
4 ☐ Refrigeration Systems
5 ☐ Cross Connections and Backflow Preventers
6 ☐ Hazardous Uses/Places of Assembly
7 ☐ [illegible]
8 ☐ Smoke Control Systems in Open Malls
9 ☐ Underground Storage Tanks
10 ☐ Swimming Pools, Spas and Hot Tubs
11 ☐ [illegible]
12 ☐ [illegible]

V. FEE SUMMARY (for office use only)

			Update	Update
1	Building	$		
2	Electrical			
3	Plumbing			
4	Fire Protection			
5	Elevator Devices			
6	Subtotal			
7	Less 20% for State Plan Review	$		
8	Subtotal	$		
9	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 Max. Live Load ________
7 Max. Occupancy Load ________
8 If Industrialized Building: State Approved ________ HUD ________
9 Total Land Area Disturbed ________ sq. ft
10 Flood Hazard Zone ________
11 Base Flood Elevation ________ ft
12 Wetlands: yes ____ no ____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1 State Specific Use ________
2 Use Group: Proposed ________ Select Group
3 Change in Use Group: Indicate Present ________ Specify ________
4 No. of dwelling units ________
Owned Sale ________
Owned Rental ________
Lost Sale ________
Lost Rental ________

B. NON RESIDENTIAL (primary use)
1 State Specific Use ________
2 Use Group: Proposed ________ Select Group ________
3 Change in Use Group: Indicate Present ________

C. MIXED USE: List secondary use(s) ________

D. Construction Classification: Present ________ Proposed ________

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(f)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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

Signature ______________________ Date 9-30-2023

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Zacheus HiPPolYTe

Address 16 Normandy Pl Irvington NJ 07111

Telephone 973 373 6196

Signature ______________________

III. ( ) LEAD HAZARD ABATEMENT. Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(f)4.

IV. ( ) HOME ELEVATION. Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.15

[illegible]

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin Initial	Final Date	Prelimin Initial	Final Date	Prelimin Initial	Final Date	Prelimin Initial	Final Date	
Zoning Officer									
Planning Board									
Zoning Board									
Sewer Authority									
Water Authority									
Police Department									
Health Department									
Soil Conservation									
N.J. Department of Community Affairs									
N.J. Department of Transportation									
N.J. Department of Environmental Protection									
Utility Dig No									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
Temporary Certificate of Occupancy	No				
Temporary Certificate of Compliance	No				
Continued Certificate of Occupancy	No				
Certificate of Compliance	No				
Certificate of Occupancy	No				
Certificate of Approval	No				
Lead Abatement Clearance Certificate	No				