Department of Housing, Economic Development & Commerce
Division of City Planning

Inter-Office Memorandum

DATE: **February 4, 2022**

TO: **Raymond Meyer, Construction Code Official**
Nick Taylor, Zoning Official

FROM: **Rachel Craft, Hunter Research, Inc.**
Sara Quinlan, Historic Preservation Specialist

SUBJECT: **87 Storms Avenue, Block 15203, Lot 4, Ward F**
Historically Block 1907, Lot 85
D22-019

After assessing **87 Storms Avenue, Block 15203, Lot 4, Ward F; Historically Block 1907, Lot 85**, the building does not appear to possess significant integrity to prevent its demolition.

The City Tax Assessor's card used from 1969 to 1975 notes a date of construction of about 1909, though cartographic and stylistic evidence suggests a construction date of *circa* 1880. The building at 87 Storms Avenue first appears as one half of a two-and-one-half-story, wood-frame duplex spanning two lots with a full-width porch on the Sanborn Map Company fire insurance map of 1896. The building is not mentioned as a particular subject in the *Phase One New Jersey Historical Sites Inventory Survey of the City of Jersey City Inventory* (1985), was not mentioned in the *Phase Two Survey* (1986), nor is it listed as eligible for inclusion on the National, State, or Municipal Historic Register individually.

The dwelling at 87 Storms Avenue is a two-and-one-half-story, three-bay, cross-gabled, wood-frame, vernacular building that retains no historic architectural characteristics or details of note. The building retains integrity of location and some elements of setting, it lacks integrity of design, materials, workmanship, and feeling. The photographs attached to the property's tax cards show the duplex's plain ornamentation, which was limited to its central gable and full-width porch. The dwelling's exterior materials are comprised of replacements and include vinyl sashes (replacing 1/1 wood sashes), vinyl siding (replacing wood clapboard) and modern doors. The dwelling's form, massing and fenestration and entry patterns have been altered by the enclosure of its full-width front porch. While the building's historical integrity of setting has been somewhat diminished by the construction of modern dwellings, the block of Storms Avenue between Monticello Avenue and Howard Place contains several significant historic buildings. These include Public School No. 18 at 69 Storms Avenue, the dwelling at 81 Storms Avenue, the duplex at 84-86 Storms Avenue and the apartment building at the corner of Storms and Monticello Avenues. Staff suggests that any future development of the site is compatible with the height, scale and setbacks of the residential buildings on the block and in the surrounding Bergen Hill neighborhood.

Staff acknowledges that this approval is for a half/attached wood-frame building and Staff suggests that the applicant consults with a structural engineer or other appropriate professional to determine the feasibility of demolishing only one half of the building prior to the issuance of demo permits.

CC: Maggie O'Neill, Historic Preservation Specialist
Tanya Marione, Director of City Planning
HPC
File
Applicant

Property Address: _____
Date Submitted: _____
Applicant No. D21-_____
Box is for Staff Use Only

Jersey City
Planning Division

Phone: 201 547 5010
Fax: 201 547 4323

Demolition Permit Instructions

At present, the Historic Preservation Officer reviews all applications for demolition throughout the City in order to establish if the building or structure contains historic, cultural, and/or architectural significance. This review is conducted in compliance with Chapter 105 of the City Code entitled *Building Demolition*. There will be a $100 fee due, payable to the City of Jersey City at the time of application. Please note: the property owner's signature must match the tax card, or a copy of the deed is required.

Please submit the following:

1. A map, site plan or survey showing location of structure on property, with reference to neighboring properties.
2. Photographs of all street façade elevations and significant features on that block's frontage. (Google street views are NOT accepted)
3. Demolition permit application for staff signature (obtainable in Building dept.)
4. Demolition permit application jacket, for staff signature (obtainable in Building dept.)
5. Any and all documents required by the Construction Code Official

Staff will review these requests on a first in / first out basis and provide a memorandum to the Construction Code Official regarding the significance of the building as soon as their research is complete. In extraordinary cases, it might be advisable to have staff of the Historic Preservation Office visit the building if the photographic or cartographic evidence is unclear.

All demolition applications will be certified as complete or incomplete within 10 business days of submission. All applications will be reviewed and reported on within 45 days of the application being deemed complete.

Please fill out the information below and include this sheet with the required documentation.

Property Owner's Signature: _____

Property Address: 87 Storms ave

Block: 15203 Lot: 4 Ward: _____

Name & Contact Number: Charles Herring 201 951 168

Email: Charlesherring2012@gmail.com


GREENHOMES BUILDERS


GREENHOMESBUILDERS


ART

BLOCK 15203 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 87 Storms ave PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 87 Storms ave
2. Name of Owner in Fee: Greenhomesbuilder llc
   Tel. 732 895 9629 e-mail _____
   Address 22 Forrest Lane Monroe Nj (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Greenhomesbuilder llc Tel. 732 895 9629
   Address 22 Forrest Lane Monroe Nj e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ FAX: _____

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 (office use only)

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 ____

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)*

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

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/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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 pemit issuance.

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, 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 CCMH GROUP LLC

Address 1403 Plaza Drive
Woodbridge Nj, 07095

Telephone 201 951-168'

Signature _____

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ 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.									
✓ HPC	SC	2/4/22	approved for demo per attached memo						
☐			DEMO-019						

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.				

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 15203 Lot 4 Qualification Code

Work Site Location 87 Storms ave

Owner in Fee: Greenhomesbuilder llc

Tel. (732 895 9629 e-mail

Address 22 Forrest Lane Monroe Nj
street municipality zip code

Contractor: Greenhomesbuilder llc Tel. (732) 895 96296

Address 22 Forrest Lane Monroe Nj e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed **Constr. Class** Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 20,000

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.

Sign here:

Print name here: Sunny Singh

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLISH EXISTING RESIDENTIAL STRUCTUR

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

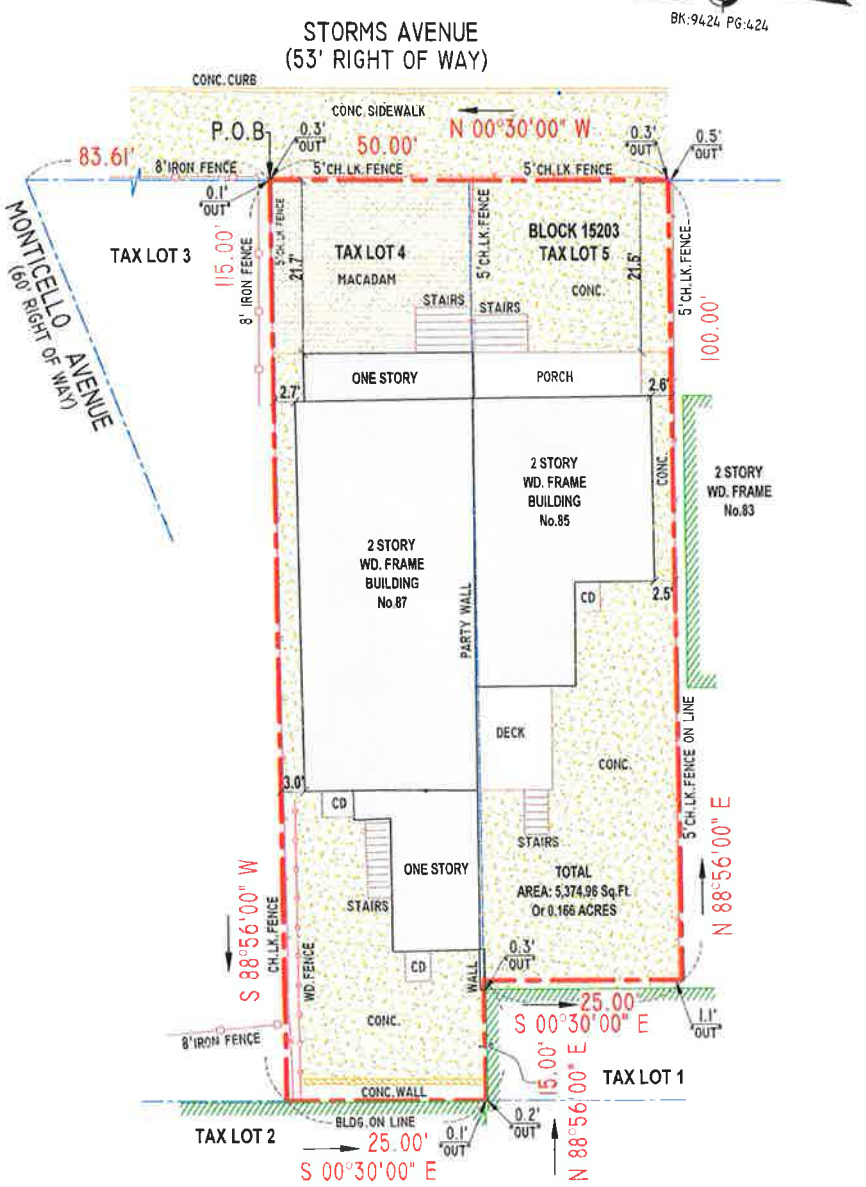
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

U.C.C. F110
(rev. 11/09)

SURVEYORS NOTES:

-EXCEPT AS SPECIFICALLY STATED OR SHOWN ON HIS PLAT, THIS SURVEY DOES NOT PURPORT TO REFLECT ANY OF THE FOLLOWING WHICH MAY BE APPLICABLE TO THE SUBJECT REAL ESTATE: EASEMENTS, OTHER THAN POSSIBLE EASEMENTS THAT WERE VISIBLE OR ON RECORD AT THE TIME OF THE MAKING OF THIS SURVEY; BUILDING SETBACK LINES; RESTRICTIVE COVENANTS; SUBDIVISION RESTRICTIONS; ZONING OR OTHER LAND USE REGULATIONS AND ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
-DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE SURVEY. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
-SURVEY IS VALID ONLY IF PRINT HAS ORIGINAL SEAL AND SIGNATURE OF SURVEYOR.
-SUBSURFACE AND ENVIRONMENTAL CONDITIONS WERE NOT EXAMINED OR CONSIDERED AS A PART OF THIS SURVEY.
-SUBJECT TO ANY AND ALL EASEMENTS OR RESTRICTIONS EITHER RECORDED OR UNRECORDED.
-WETLANDS LOCATION ARE NOT CONSIDERED PART OF CONTRACTUAL OBLIGATIONS OR PART OF THIS SURVEY.
-FLOOD PLAIN MAPS WERE NOT REVIEWED OR CONSIDERED PART OF THIS SURVEY.

BK:9424 PG:424



CERTIFICATION:

GREEN HOMES DEVELOPER INC.
HABIB AMERICAN BANK AKA HAB BANK, ITS SUCCESSORS
AND / OF ASSIGNS AS THEIR INTEREST MAY APPEAR KOMLIKA GILL, ESQ.
FIRST AMERICAN TITLE INSURANCE COMPANY
GOLDEN TITLE AGENCY, LLC

NOTES:

THE OFFSETS SHOWN ARE NOT TO BE USED FOR THE CONSTRUCTION OF ANY STRUCTURE, FENCE, PERMANENT ADDITION, ETC.
THIS SURVEY IS SUBJECT TO ANY FACTS AN ACCURATE TITLE SEARCH MAY DISCLOSE.
A WRITTEN WAIVER AND DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO P.L.2003, c.14 (C45:8-36.3) AND N.J.A.C. 13:40-5.1 (d).

CHECKED BY:	DRAWN BY:
RON P.	T.D.

RODOLFO PIERRI P.L.S.

DATE OF SIGNATURE 8 / 11 / 2021

N.J. LAND SURVEYOR
LICENSE NO.24GS03860600

LOCATION SURVEY MAP

OF PROPERTY LOCATED AT 85 - 87 STORMS AVENUE SITUATED IN THE CITY OF JERSEY CITY HUDSON COUNTY, NEW JERSEY BLOCK 15203, TAX LOT 4 AND 5

(PHONE) 201-628-1958

V4 LAND SURVEYING PLLC
HOBOKEN, NEW JERSEY 07030
CERTIFICATE OF AUTHORIZATION NO.24GA28337500

SCALE:	DATE OF SURVEY	DRAWING NO.:	SHEET NO.:
1"=15'	8 / 6 / 2021	V4 2021-190	1/1