West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 4/16/2009
Control Number
Permit Number 09-0245
Permit Issue Date 3/26/2009
Certificate Number 09-0245

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1108 MACOPIN ROAD WEST MILFORD, NJ 07480 , NJ Block: 10202 Lot: 1 Qual:

Owner In Fee: PALMER, ALVIN

Owner Address: 1108 MACOPIN ROAD WEST MILFORD NJ 07480-

Telephone: [redacted]

Contractor BENTLEY CONSTRUCTION

Address 159 POWERVILLE RD BOONTON TWP NJ 07005

Telephone: (973) 334-3397 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: NEW ROOF WITH ICE SHIELD

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Timothy Lizzo
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 4/16/2009 U.C.C. F260 (rev. 08/05)

TOWNSHIP OF WEST MILFORD
1480 UNION VALLEY ROAD
WEST MILFORD, NEW JERSEY 07480
(973) 728-2780

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/26/09
Date Issued
Control #
Permit # 09-0245

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

Block 10202 Lot 001 Qualification Code
Work Site Location 1108 MACOPIN Rd
WEST MILFORD NJ 07480
Owner in Fee: ALVIN G. PALMER
Tel. [redacted] e-mail PALMERSAUTOMOTIVE@MSN.COM
Address 1108 MACOPIN Rd W. MILFORD NJ. 07480
street municipality zip code
Contractor: BENTLEY CONSTRUCTION Tel. (973) 334-3357
Address 159 BOONTOWN RD
BOONTON TWP. NJ. 07005
Contractor License No. or Builder Registration No. Exp. Date
Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Roof with
ice Shield

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA
Date: 4/1/09
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			4/1/09	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group: Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

TYPE OF WORK

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

FEE (Office Use Only)

$ 70

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 70-5

UCC/F-110
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/7/2023
Control # C-23-1053
Date Issued 9/11/2023
Permit # 23-1074

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

Block 10202 Lot 1 Qualification Code

Work Site Location: 1108 MACOPIN ROAD WEST MILFORD , NJ 07480

Owner in Fee: 349 LAKEVIEW AVE LLC - AHMAD ODATALLA

Address 17 VIZCAYA CT WAYNE NJ 07470

Tel. [redacted] Email

Contractor: JASLIN CONSTRUCTION LLC

Address 351 SUMMER ST PATERSON NJ 07501

Email

Tel. (862) 239-9220 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR WORK- NEW KITCHEN, BATH, WALLS, FLOORING, DECK STEPS, A/C, STEAM BOILER. WATER HEATER & 200 AMP SERVICE

open

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	Failure	Dates (Month/Day) 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				

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)

Rehabilitation	$330
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$21
TOTAL FEE	$351

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.
2. Rehabilitation $11,000
3. Total (1+2) $11,000

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/7/2023
Control # C-23-1053
Date Issued 9/11/2023
Permit # 23-1074

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

Block 10202 Lot 1 Qualification Code

Work Site Location: 1108 MACOPIN ROAD WEST MILFORD , NJ 07480

Owner in Fee: 349 LAKEVIEW AVE LLC - AHMAD ODATALLA

Address 17 VIZCAYA CT WAYNE NJ 07470

Email

Tel. [redacted]

Contractor: DC MECHANICAL

Address 203 LA RUE RD NEWFOUNDLAND NJ 07435

Email

Tel. (201) 618-8617 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 12211 Expiration Date:

Federal Employee No. 61-1607299

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $4,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR WORK- NEW KITCHEN, BATH, WALLS, FLOORING, DECK STEPS, A/C, STEAM BOILER. WATER HEATER & 200 AMP SERVICE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$60
	Urinal/Bidet	
1	Bath Tub	$30
2	Lavatory	$60
1	Shower	$30
	Floor Drain	
1	Sink	$30
1	Dishwasher	$30
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$30
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9
TOTAL FEE	$279

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/7/2023
Date Issued 9/11/2023
Control # C-23-1053
Permit # 23-1074

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

Block 10202 Lot 1 Qualification Code

Work Site Location: 1108 MACOPIN ROAD WEST MILFORD , NJ 07480

Owner in Fee: 349 LAKEVIEW AVE LLC - AHMAD ODATALLA

Address 17 VIZCAYA CT WAYNE NJ 07470

Email

Tel. [redacted]

Contractor: N. CARTY & SONS CONTR.

Address 919 FRANKLIN AVE NEWARK NJ 07107

Email

Tel. [redacted] Fax.

Lic No. 14598 Exp. Date

Home improvement Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 8304422626

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ 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
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-In-Card Date Issued				
Final Cut-In-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C F120 (rev. 11/09)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR WORK- NEW KITCHEN, BATH, WALLS, FLOORING, DECK STEPS, A/C, STEAM BOILER, WATER HEATER & 200 AMP SERVICE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
15		Lighting Fixtures	
24		Receptacles	
12		Switches	
4		Detectors	
		Light Poles	
2		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
57		TOTAL NUMBERS	$130
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
1	2	KW Dishwasher	$30
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	$70
1	60	AMP Subpanels	$70
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Open

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$12
TOTAL FEE	$312

FIRE SUBCODE
TECHNICAL SECTION

Date Received 9/7/2023
Control # C-23-1053
Date Issued 9/11/2023
Permit # 23-1074

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

Block 10202 Lot 1 Qualification Code

Work Site Location: 1108 MACOPIN ROAD WEST MILFORD , NJ 07480

Owner in Fee: 349 LAKEVIEW AVE LLC - AHMAD ODATALLA

Address 17 VIZCAYA CT WAYNE NJ 07470 Email

Tel. [redacted]

Contractor: N. CARTY & SONS CONTR. Tel. (973) 483-0894

Address 919 FRANKLIN AVE NEWARK NJ 07107 Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 8304422626 Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $800

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR WORK- NEW KITCHEN, BATH, WALLS, FLOORING, DECK STEPS, A/C, STEAM BOILER, WATER HEATER & 200 AMP SERVICE

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)	7	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	7	$90.00
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		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

open

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2
TOTAL FEE	$92

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved Date: by:

☐ Fire Protection Plans Approved Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing ☐ Electrical ☐ 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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

U.C.C F140 (rev. 11/09)

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

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 9/7/2023
Control # C-23-1053
Date Issued 9/11/2023
Permit # 23-1074

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

Block 10202 Lot 1 Qualification Code

Work Site Location: 1108 MACOPIN ROAD WEST MILFORD , NJ 07480

Owner in Fee: 349 LAKEVIEW AVE LLC - AHMAD ODATALLA

Address 17 VIZCAYA CT WAYNE NJ 07470

Email

Tel. [redacted]

Contractor: OMAR BEN TAHAR

Address 28 CASSIDY DR BUDD LAKE NJ

Email

Tel. [redacted] Fax.

Contractor License No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

B. MECHANICAL CHARACTERISTICS

Use Group Present R-5 Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR WORK- NEW KITCHEN, BATH, WALLS, FLOORING, DECK STEPS, A/C, STEAM BOILER, WATER HEATER & 200 AMP SERVICE

open

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
1	Steam Boiler	$80
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
2	Other AC & BACKFLOW	$150
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	$8
	TOTAL FEE	$238

U.C.C F145 (rev. 11/09)

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