



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION
1. Proposed Work Site at: 12 Avenue A TABERNACLE
2. Name of Owner in Fee: _____ e-mail _____
Tel. (856) 266-6558
Address 13801 WHEELERS WAY OKLAHOMA CITY OK 73134
3. Ownership in Fee: Public Private Municipality Zip code
4. Principal Contractor: FABCO INC. Tel. (732) 571-1004
Address 89 YELLOWBROOK RD. e-mail _____
FARMWOOD AVE N.J. 07727
License No. OR, if new home, Builder Reg. No. 0010528 Exp. Date 1/3/12
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-354-8981 FAX: (732) 571-1973
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun FOR BENIN
Tel. (561) 262-3894 FAX: (_____) _____

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	_____	(office use only)
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)

☐ Building	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
☐ Electrical								
☐ Plumbing								
☒ Fire Protection	<u>2300.</u>							
☐ Elevator								
TOTAL COST \$ <u>2300.00</u>								

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

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/

2. ☐ Dumbwaiters/Moving Walks

3. ☐ High Pressure Boilers

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers/Staircases

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ PG&E Tanks

12. ☐ Fire Alarm

Township Of Tabernacle

163 Carranza Rd
Tabernacle, NJ 08088
(609)268-1665 FAX (609)268-7158

Permit No. 20190323
Control No. 14816
Parcel(Block/Lot) 603/1.03
Date 6/26/2019

Construction Permit

Work Site Location 12 AVENUE A
Owner in Fee..... US BANK TRUST
Address..... 13801 WIRELESS WAY
OKLAHOMA CITY, OK 73134
Phone..... (856)266-6558

Contractor.... FABCO INC.
Address..... 89 YELLOWBROOK RD.
FARMINGDALE, NJ 07727
Phone (732)571-1004
Lic No..... 0010528- 3/31/19
Fed Emp No. 223548981

Permission is hereby granted to do the following work:

☐ BUILDING ☐ PLUMBING ☒ DEMOLITION ☐ ONGOING -
☐ ELECTRIC ☒ FIRE ☐ ASBESTOS ABATEMENT ☐ OTHER
☐ ELEVATOR ☐ MECHANICAL ☐ LEAD HAZARD ABATEMENT

Description of Work:

TANK DEMO 1/550 GAL. UST

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

Estimated Cost of Work: \$2,300

Construction Official

Date

6-26-19

Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

PAYMENTS * (Office Use Only)

Building	\$0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Mechanical.....	0
State Training Fee	0
Certificate of Occupancy	0
Other	0
Total	\$65

Check#/Cash	2586
Paid	\$65
Collected By	LC

Total Administrative Fee: \$0

Township Of Tabernacle

163 Carranza Rd
Tabernacle, NJ 08088
(609)268-1665 FAX (609)268-7158

Permit No. 20190323
Control No. 14816
Block/Lot 603/1.03
Date 7/17/19

Certificate of Approval

IDENTIFICATION

603/1.03

Block/Lot

Work Site Location

12 AVENUE A

Owner in Fee/Occupant

US BANK TRUST

Address

13801 WIRELESS WAY
OKLAHOMA CITY, OK 73134

Telephone

FABCO INC.

Contractor

89 YELLOWBROOK RD.

Address

FARMINGDALE, NJ 07727

Telephone

(732)571-1004 FAX

Lic. No. or Bids. Reg. No.

0010528- 3/31/19

Federal Emp. No.

223548981

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 the owner will be subject to fine or order to vacate:

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☒ Private

Use Group _____

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use: _____

TANK DEMO 1/550 GAL. UST

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 _____

CThomas K. Boyd, Construction Official

U.C.C. F260
(rev. 3/96)

Permit Fee \$

65

Paid ☐ Check No.

2586

Collected by:

LC