ELECTRICAL SUBCODE
TECHNICAL SECTION

COPY

Control # 10-4-13
Date Issued
Permit # 33800
2013572

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

Block 26 Lot 20 Qualification Code

Work Site Location 132 Jackson Street
Hoboken, NJ 07030

Owner in Fee: Egor Panchenko

Tel. 201 388-7658 e-mail

Address 73 Bright St #1 Jersey City 07302
street municipality zip code

Contractor: USMC ELECTRIC Tel. 973 980 9672

Address 114 DAVIS AVE, BLOOMFIELD NJ e-mail

Contractor License No. 16742 Exp. Date 3/2014

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 454 976 403 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # 61355 HB [ ] Temporary [ ] Other

Building Occupied as Utility Co. PSE&G

Est. Cost of Elec. Work $ 2000

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: J. MORALES

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 8 meter panels flood damage

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
5		Meters repair	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-4-13
Approved by: C. Hall

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

INSPECTIONS

	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Comm. 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)
Internet version

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 1/2/2015
Control #
Date Issued
Permit # 150003

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 132 Jackson St. Hoboken

Owner in Fee: Al Nagel Pistone

Tel. (631) 943 9461 e-mail _____

Address 129 Jackson St. Hoboken 07030 NJ
street municipality zip code

Contractor: Alpine Heating Plumbing Tel. (973) 202-2190

Address 93 Hudson St e-mail _____
Clifton NJ 07011

Contractor License No. 12113 Exp. Date 06/30/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01477200

Federal Emp. ID No. 206239861 FAX: ( ) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Plumbing Plans Approved
Date: 1-2-15 Approved by: MS
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-2-15
Approved by: MS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-8-15
Approved by: MS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			1-8-15	MS

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: Daoud Othman

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Rus - 3 FL Drains + and 4 clean Outs

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
3	Floor Drain Raise up	39
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
4	Other clean Outs	52

Administrative Surcharge	$ 91
Minimum Fee	$
State Permit Surcharge Fee	$ 4.00
TOTAL FEE	$

CITY OF HOBOKEN
City Hall
Hoboken, New Jersey 07030
(201) 420-2066
Construction Official
Mario Patruno

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

12-30-14
1-23-15
20141490

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

Block _____ Lot _____
Work Site Location 122 Jackson St. (Basement)
Hoboken, NJ 07030
Owner in Fee Michael Pistone
Address 122 Jackson St.
Hoboken NJ 07030
Tele. (201) 943-9121
Contractor Quality Floor Refinishing
Address 259 Rt 23 South
Chatham NJ 07928
Tele. (973) 635-0557 Fax (_____)
Lic. No. or Bldrs. Reg. No. 13VH02722300
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	12-30-14	DL

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 1-23-15
Approved by: DLC

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			1-23-15	DL
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed R-2
Constr. Class Present 5-B Proposed 5-B
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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 35,000
3. Total (1+ 2) $ 35,000

4-OFFICE COPY

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.

William Pistone Jr.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install New Concrete over existing Basement Floor, increasing Finished Floor by 10 inches to 4.65' NAVD88
Install (9) Dive New Smartvent Flood Vents as per Sheet, Zoning Approval of 12/30/14, Flood Plain Permit 12/29/14

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)

$	
	445.-
Administrative Surcharge	$ 445-
Minimum Fee	$ _____
DCA Training Fee	$ 3.-
TOTAL FEE	$ 448-

U.C.C. F110
(rev. 3/96)

132

(201) 885-9886

ELECTRICAL SUBCODE
TECHNICAL SECTION

681
0914

1N

Date Received
Control #
Date Issued
Permit #

8-21-2020
C-20-01389
2020 0758

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

Block 26 Lot 20 Qualification Code C001N

Work Site Location 132 Jackson St Apt 1N Hoboken NJ 07030

Owner in Fee: Jennifer Pavlik

Tel. (201) 885-9886 e-mail japavlik88@gmail.com

Address 132 Jackson St 1N Hoboken NJ 07030

Contractor: Keller Electric LLC (street / municipality) Tel. 973 775 2590 (zip code)

Address 1045 Bloomfield ST e-mail

Hoboken NJ 07030

Contractor License No. 16329 Exp. Date 3-2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 46-5034527 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 375 —

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: ~~Jennifer Pavlik~~ Evan House

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install receptacle

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	50.00
1		Switches	
1		Detectors	40.00
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 8-19-2020 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-21-2020
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [X] CA
Date: 9-22-2020
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	8-28-2020	9-10-2020	9-22-2020	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 90.00

U:C.C. F120 (rev. 11/09)
Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8-21-2020
Control # C20-01389
Date Issued
Permit # 20200758

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

Block 26 Lot 20 Qualification Code C001N

Work Site Location 132 Jackson St 1N Hoboken, NJ 07030

Owner in Fee: JENNIFER PAVLIK

Tel. (201) 885-9886 e-mail japavlik88@gmail.com

Address 132 Jackson St 1N Hoboken NJ 07030
street municipality zip code

Contractor: SACCI MGMT LLC Tel. 201-792-1717

Address 1101 KENNEDY BLVD e-mail

NORTH BERGEN, NJ 07047

Contractor License No. or Builder Registration No. 13VH09188400 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 270191710 FAX: 201-792-1889

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	8-21-2020	DL

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

SUBCODE APPROVAL for PERMIT
Date: 8-21-2020
Approved by: DL

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-30-2020
Approved by: DL

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9-30-2020	DL
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed R-2
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

Constr. Class Present 2-B Proposed 2-B
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 500.00

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

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: Jennifer Pavlik

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONSTRUCT NON BEARING WALLS TO CREATE BEDROOM AS PER PLAN AND ZONING APPROVAL OF 7-27-2020 AS PER EXECUTIVE ORDER 142

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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 $ 50.00
State Permit Surcharge Fee $ 2.00
TOTAL FEE $

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

MON. 9/28 Jennifer 201-885-9886

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-21-2020
Control # C-20-013849
Date Issued
Permit # 2020 0758

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

Block 26 Lot 20 Qualification Code C001N

Work Site Location 132 Jackson St Apt 1N Hoboken NJ 07030

Owner In Fee: Jennifer Pavlik

Tel. (201) 885-9886 e-mail japavlik88@gmail.com

Address 132 Jackson St 1N Hoboken, NJ 07030

Contractor: SACCT MGMT LLC (street, municipality) Tel. 201-792-9717

Address 1101 KENNEDY BLVD e-mail

NORTH BERGEN, NJ 07047

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 50

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/21/20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/30/20
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/Combust Tanks				
Fireplace Venting				
Final			9/28/20	JH
Other				

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.

Applicant/Contractor sign here:

Print name here: Jennifer Pavlik

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: 15.D.

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)	1	#50
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	1	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves	9/10/2020	
Sprinkler Heads (Dry and Wet)		
Standpipes	No Entry	JH
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 50.00

U.C.C. F140 (rev. 02/11) Internet version

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

*OVEN

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1-16-09
Control #
Date Issued 1-21-09
Permit # 08

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

Block 26 Lot _____ Qualification Code _____

Work Site Location 132 Jackson ST Pt# 2

Owner in Fee: _____

Tel. ( ) _____ e-mail _____

Address _____ (street) _____ (municipality) _____ (zip code)

Contractor: William J. Guarini Inc. Tel. (201) 656-1530

Address 506 Palisade Ave., Jersey City, NJ 07307 e-mail _____

Contractor License No. 9961 Exp. Date _____

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

Federal Emp. ID No. 22-1995-077 FAX: (201) 656-0293

B. PLUMBING CHARACTERISTICS

Use Group Present Condo 2F5 Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 1414.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 1-15-09

Approved by: JB

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 11-5-09

Approved by: JB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO	FINAL 10-22-09		11-5-09	JB

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 and perform the work listed on this application.

William J. Guarini

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL WATER HEATER

ELECTRIC

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	20.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Minimum Fee

Fee

Administrative Surcharge	$ 2.00
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 22.00

U.C.C. F130 (rev. 10/06)
Reorder from OCS Printing
609-390-1400

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

CITY OF HOBOKEN
City Hall
Hoboken, New Jersey 07030
(201) 420-2066
Construction Official
Mario Patruno

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-16-14
Date Issued 3-4-14
Control #
Permit # 20140013

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

Block _____ Lot _____
Work Site Location 132 JACKSON St HOBOKEN NJ 07030
Owner in Fee 132 JACKSON ST HOBOKEN
Address 132 JACKSON ST HOBOKEN NJ 07030
Tele. (201) 388 7659
Contractor CAPITAL ROOFING CO.
Address 449 CENTRAL AVE OLANGE NJ 07050
Tele. (973) 414-0600 Fax (973) 414-0606
Lic. No. or Bldrs. Reg. No. 13VH00522100
Federal Emp. No. 22-2597827

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Roof Work
D.L

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other	1/16/14	D.L

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3.4.14
Approved by: D.L

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			3.4.14	D.L
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [X] Other Roof

[ ] Demolition

FEE (Office Use Only)

$ _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
224.-
_____
_____

Administrative Surcharge	$	224.-
Minimum Fee	$	_____
DCA Training Fee	$	25
TOTAL FEE	$	249

B. BUILDING CHARACTERISTICS

Use Group	Present _____	Proposed 2
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.	
Total Land Area Disturbed	_____ Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 12,500

1800 sq ft

4- OFFICE COPY

U.C.C. F110
(rev. 3/96)