BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/9/2004
Control #
Date Issued 6/9/2004
Permit # 04-0692

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

Block 10502 Lot 1 Qualification Code

Work Site Location: 139 SCHOFIELD ROAD WEST MILFORD NJ 07480 NJ

Owner in Fee: ABATE, EUGENE & CAROL

Address 139 SCHOFIELD ROAD WEST MILFORD NJ 07480-

Tel. [redacted] Email

Contractor: FRANK PARADISE "PARADISE CONST

Address 36 BEACH HAVEN ROAD HEWITT NJ 07421-

Email

Tel. 974/8534878 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 certify 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

SECOND FLOOR ADD A LEVEL **TO REMAIN 3 BEDROOMS**

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

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☑ Addition	$325
☐ 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	
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$27
TOTAL FEE	$352

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Number of Stories 2
Height of Structure 26 Ft.
Area - Largest Floor 725 Sq. Ft.
New Blbg. Area / All Floors 725 Sq. Ft.
Volume of New Structure 10150 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg. $52,500
2. Rehabilitation
3. Total (1+2) $52,500

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

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 6/9/2004
Control #
Date Issued 6/9/2004
Permit # 04-0692

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

Block 10502 Lot 1 Qualification Code

Work Site Location: 139 SCHOFIELD ROAD WEST MILFORD NJ 07480 NJ

Owner in Fee: ABATE, EUGENE & CAROL

Address 139 SCHOFIELD ROAD WEST MILFORD NJ 07480-

Email

Tel. [redacted]

Contractor: ABATE, EUGENE & CAROL

Address 139 SCHOFIELD ROAD WEST MILFORD NJ 07480

Email

Tel. [redacted] Fax.

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

Contractor License No. Expiration Date:

Federal Employee No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3

Building Sewer Size ☐ Public Sewer

Water Service Size ☐ Public Water

Estimated Cost of Plumbing Work $3,000

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

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

Proposed R-3

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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
SECOND FLOOR ADD A LEVEL **TO REMAIN 3 BEDROOMS**

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$20
	Urinal/Bidet	
1	Bath Tub	$20
1	Lavatory	$20
1	Shower	$20
	Floor Drain	
1	Sink	$20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	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	

open

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

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 6/9/2004
Date Issued 6/9/2004
Control #
Permit # 04-0692

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

Block 10502 Lot 1 Qualification Code

Work Site Location: 139 SCHOFIELD ROAD WEST MILFORD NJ 07480 NJ

Owner in Fee: ABATE, EUGENE & CAROL

Address 139 SCHOFIELD ROAD WEST MILFORD NJ 07480-

Email

Tel. [redacted]

Contractor: ABATE EUGENE & CAROL

Address 139 SCHOFIELD ROAD WEST MILFORD NJ 07480

Email

Tel. [redacted] Fax.

Lic No. Exp. Date

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

Federal Employee No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

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
SECOND FLOOR ADD A LEVEL **TO REMAIN 3 BEDROOMS**

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
25		Receptacles	
12		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
47		TOTAL NUMBERS	$44
		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	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	100	AMP Subpanels	$40
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Open

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $27
TOTAL FEE $[illegible]

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:	Failure	Dates (Month/Day) 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				

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 6/9/2004
Control #
Date Issued 6/9/2004
Permit # 04-0692

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

Block 10502 Lot 1 Qualification Code

Work Site Location: 139 SCHOFIELD ROAD WEST MILFORD NJ 07480 NJ

Owner in Fee: ABATE, EUGENE & CAROL

Address 139 SCHOFIELD ROAD WEST MILFORD NJ 07480- Email

Tel. [redacted]

Contractor: ABATE, EUGENE & CAROL Tel. [redacted]

Address 139 SCHOFIELD ROAD WEST MILFORD NJ 07480 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. HO- Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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 $500

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 certify 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

SECOND FLOOR ADD A LEVEL **TO REMAIN 3 BEDROOMS**

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)	6	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	6	$50.00
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		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		5.25
TOTAL FEE		55.25

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				

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