BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/14/2015
Control # 562350

Date Issued 6/6/2003
Permit # 03-1027

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

Block 5403 Lot 27 Qualification Code _____

Work Site Location 1952 WILLIAM ST
UNION, NJ 07083

Owner In Fee: MORATAYA, RAFAEL A AND CONSTANCE M

Tel. _____ e-mail _____

Address 1952 WILLIAM ST, UNION, NJ 07083
(street) (municipality) (zip code)

Contractor: MORATAYA, RAFAEL A AND CONSTANCE M Tel. _____

Address 1952 WILLIAM ST e-mail _____
UNION, NJ 07083,

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

Home Improvement Contractor Registration No. or Exemption Reason _____

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:	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				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 0.00
2. Rehabilitation $ 0.00
3. Total (1+ 2) $ 0.00

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

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - ROOF

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[ ] Rehabilitation	0.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence _____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other _____	0.00
[ ] Demolition	0.00
Administrative Surcharge $	0.00
Minimum Fee $	75.00
State Permit Surcharge Fee $	0.00
TOTAL FEE $	75.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/14/2015
Control # 565715

Date Issued 6/10/2003
Permit # 03-1061

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

Block 5403 Lot 27 Qualification Code _____

Work Site Location 1952 WILLIAM ST
UNION, NJ 07083

Owner in Fee: MORATAYA, RAFAEL A AND CONSTANCE M

Tel. _____ e-mail _____

Address 1952 WILLIAM ST, UNION, NJ 07083
street municipality zip code

Contractor: MORATAYA, RAFAEL A AND CONSTANCE M Tel. _____

Address 1952 WILLIAM ST e-mail _____
UNION, NJ 07083,

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

Home Improvement Contractor Registration No. or Exemption Reason _____

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:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing			06/27	JD
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			09/30	JD
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 0.00
2. Rehabilitation $ 0.00
3. Total (1+ 2) $ 0.00

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

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - DECK 17 X 21

TYPE OF WORK:

	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[ ] Rehabilitation	0.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence _____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other _____	0.00
[ ] Demolition	0.00

Administrative Surcharge $	0.00
Minimum Fee $	75.00
State Permit Surcharge Fee $	0.00
TOTAL FEE $	75.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Closed

Date Received 9/1/2016
Control # 674176

Date Issued 11/10/2016
Permit # 16-02320

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

Block 5403 Lot 27 Qualification Code _____

Work Site Location 1952 WILLIAM ST
UNION, NJ 07083

Owner in Fee: MORATAYA, RAFAEL A AND CONSTANCE M

Tel. _____ e-mail _____

Address 1952 WILLIAM ST, UNION, NJ 07083
street municipality zip code

Contractor: BOGUSH, INC Tel. (973) 815-0200

Address 190 MAIN AVE e-mail _____
WALLINGTON, NJ 07057

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 1,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____

[ ] Plumbing Plans Approved
Date:_____ Approved by: _____

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

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
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11/28	RK

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: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$ 0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
1	Water Heater	75.00
0	Fuel Oil Piping	0.00
0	Gas Piping	0.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Stacks _____	0.00
_____	Other _____	0.00

Administrative Surcharge	$	0.00
Minimum Fee	$	75.00
State Permit Surcharge Fee	$	3.00
TOTAL FEE	$	78.00

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.