State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
OFFICE OF LOCAL & STATE CODE INSPECTIONS
SOUTHERN REGIONAL OFFICE
852 WHITEHORSE PIKE
HAMMONTON, NJ 08037

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

Jessica Martin
Opra+request-4787-b82f6c75@requests.opramachine.com

April 12, 2019

RE: OPRA Request C144439

Dear Ms. Martin,

The Office of State and Local Code Inspections, Southern Regional Office, Division of Codes and Standards, Department of Community Affairs, is in receipt of your request for records under the Open Public Records Act (OPRA), regarding permits issued in the Township of Buena Vista.

In OPRA request tracking number C144439, information was requested for open permits and permits/information related to underground oil tanks pertaining to the following properties:

- 309 Woodlawn Avenue
  Block 215, Lot 21
  Buena Vista, NJ 08094

  4116 Oak Road
  Block 5301, Lot 18.08
  Buena Vista, NJ 08310
- A thorough search was conducted of our records which discovered:
  For 309 Woodlawn Avenue:
  There are no permits in connection with the referenced property, per the attached print-out.
  For 4116 Oak Road:
  Permit BV 18-15087 containing one (1) electrical permit and one (1) plumbing permit issued to the property owner on 04/28/2018 and remains active;
  Regarding information on underground oil tanks, included in the permit for the construction of the dwelling are permits for gas piping and gas appliances/equipment.

A copy of open permit BV 18-15087 is provided for your review.

This office only handles the issuance of construction permits for Buena Vista. For information on remediation reports, environmental reports, septic systems or other items not related to construction, please contact the Township of Buena Vista, the Atlantic County Health Department or the New Jersey Department of Environmental Protection.

OPRA request C144439 is hereby deemed to be closed. Please do not hesitate to contact me if you have any questions.

Sincerely,

Cristi Falisi, OPRA Custodian
Office of State & Local Code Inspections
Southern Regional Office

Enforcing Olce -southern Regional
Agency:Office
Buena Vista Twp, Atlantic (0105)

PERMIT SEARCH

No permits were found for this parcel

Search By One of the Following:

Application Number [ ] - [ ] Search

Permit Number [ ] Search

Plan Review Number [ ] Search

Parcel

Block [ ] . [ ]

Lot [ ] . [ ]

Qualifier [ ] Search

Worksite Address [309 Woodlawn]

City [ ] Search

Currently Selected Parcel

Block/Lot/Qual **215/21**

Worksite Address **309 WOODLAWN AVENUE**

Owner **NICHOLS, EDWARD & RAYNA**

Search Results: 2 Parcels Found For Worksite Address Containing **309 Woodlawn**

Street Address	Owner	Block	Lot	Qual
309 WOODLAWN AVENUE	NICHOLS, EDWARD & RAYNA	215	21	N/A
309 WOODLAWN AVE.	DILLON, JOAN	773	317	N/A

OCK 5301 LOT 1808 QUALIFICATION CODE 2 ADDRESS (SITE) Buena Vista 4116 Cook Rd Buena NJ 08310 PERMIT NO. BV-18-15087

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 4116 Cook Rd. Buena NJ 08310
2. Name of Owner in Fee: US Bank
   Tel. (888) 572-6950 e-mail
   Address 2711 Haskell Ave Ste 1700 Dallas, TX 75204 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Ameritrust Residential Tel. (609) 453-5276
   Address 3525 Piedmont Rd Bldg 7 Ste 1700 e-mail
   Atlanta, GA 30305
   License No. OR, if new home, Builder Reg. No. 13VH09095800 Exp. Date 3/31/18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 463391878 FAX: ( )
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun ____
   Tel. ( ) ____ FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 65		
2. Electrical	105 -		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 173 -		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ____
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 ____

II. PROPOSED WORK

- [X] Minor Work
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] Annual Permit

III. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[ ] Building									
[X] Electrical	500	BV office	4-20-18		4-20-18				
[X] Plumbing	1000	"	"		4-20-18				
[X] Fire Protection	100	"	"	N/A	4-20-18	DC	R5		
[X] ~~Elevator~~ Mechanical	500	"	"		4-20-18				
TOTAL COST	1600								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

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 ____

II. PLAN REVIEW (optional)

DO YOU WANT:
1. [X] Partial Releases
2. [ ] Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. [ ] Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. [ ] High Pressure Boilers
3. [ ] Pressure Vessels
4. [ ] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
7. [ ] Sprinklers/Standpipes
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LPGas Tanks
12. [ ] Fire Alarm

E P #1

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Jessica Martin

Address 513 Superior Rd
EHT, NJ 08234

Telephone 609-453-5276

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED: BV office 4-2018

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer	✓								
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.		✓							
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical	2014 NEC.	Barrier Free		
Plumbing	NJSPC 2015	Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☑ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4-28-18

Permit # BV-18-15087

IDENTIFICATION Block 5301 Lot 18.08 Qualification Code

Work Site Location 4116 OAK ROAD BUENA VISTA TWP NJ 08310

Owner in Fee US BANK NA MASTER TRUST

Address 2711 N. HASKELL AVE STE 1700 DALLAS TX 75204

Tel. (800) 572-6950

Contractor AMERITRUST RESIDENTIAL

Address 3525 PIEDMONT RD Bldg 7 STE 1700 ATLANTA GA 30305

Tel. (609) 453-5276

Lic. No. or Bldrs. Reg. No. 13VH09095800

Is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✓] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: REPLACE FURNANCE AND AC

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

Estimated Cost of Work $ 1,600-

Construction Official

4-28-18
Date

PAYMENTS (Office Use Only)

Building	
Electrical	65.-
Plumbing	105.-
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	3.-
Cert. of Occupancy	
Other	
Total	173-
Check No.	1519
Cash	
Collected by	MM

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

(see reverse side)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 4-28-18
Date Issued / Permit # BV-18-15087

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

Block 5301 Lot 18.08 Qualification Code 2

Work Site Location 4116 Oak Road, Buena NJ 08310

Owner in Fee: US Bank NA Master Trust

Tel. (888) 572-6950 e-mail

Address 2711 N. Haskell Ave, Ste 1700 (street) Dallas, TX (municipality) 75204 (zip code)

Contractor: Dwyer Refrigeration Tel. (732) 674-8585

Address 159 Manorside Dr e-mail dwyerhvacr@gmail.com
Brick, NJ 08724

Contractor License No. 19HC00053800 Exp. Date 06/30/2018

Home Improvement Contractor Registration No. or Exemption Reason 13VH07083600

Federal Emp. ID No. 455634767 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

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: Edward Dwyer

Print name here: Edward Dwyer

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Exempt Furn + AC Replacement

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	$ 50
		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	
1	5	KW Central A/C Unit	15
1	6	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	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 65
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: 7-20-18
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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)
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

File Copy

Date Received Control # 4-28-18

Date Issued Permit # BV18-1508?

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

Block 5301 Lot 18.08 Qualification Code 2

Work Site Location 4116 Oak Road, Buena NJ 08310

Owner in Fee: US Bank NA Master Trust

Tel. (888) 572-6950 e-mail

Address 2711 N. Haskell Ave, Ste 1700 (street) Dallas, TX (municipality) 75204 (zip code)

Contractor: Dwyer Refrigeration Tel. (732) 674-8585

Address 159 Manorside Dr e-mail dwyerhvacr@gmail.com

Brick, NJ 08724

Contractor License No. 19HC00053800 Exp. Date 06/30/2018

Home Improvement Contractor Registration No. or Exemption Reason 13VH07083600

Federal Emp. ID No. 455634767 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 $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 4-30-18 Approved by: DLC
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-20-18 DLC
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				

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: Edward Dwyer

Print name here: Edward Dwyer

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Condensate Drain

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	
	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	
1	Other Condensate	15.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 15.00

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received / Control # 4-23-18

Date Issued / Permit # BR-18-15082

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

Block 5301 Lot 18.08 Qualification Code 2

Work Site Location 4116 Oak Road, Buena NJ 08310

Owner in Fee: US Bank NA Master Trust

Tel. (888) 572-6950 e-mail

Address 2711 N. Haskell Ave, Ste 1700 (street) Dallas, TX (municipality) 75204 (zip code)

Contractor: Dwyer Refrigeration Tel. (732) 674-8585

Address 159 Manorside Dr e-mail dwyerhvacr@gmail.com

Brick, NJ 08724

Contractor License No. 19HC00053800 Exp. Date 06/30/2018

Home Improvement Contractor Registration No. or Exemption Reason 13VH07083600

Federal Emp. ID No. 455634767 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present:

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[X] Mechanical Plans Approved
Date: 4-20-18 Approved by: DW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4-20-18
Approved by: DW
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	DATES Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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.

Sign here: Edward Dwyer

Print name here: Edward Dwyer

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Furnace and AC Replacement

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	60.00
	Oil Tank	
	LPG Tank	
	~~Fireplace~~	
1	~~Generator~~ Condenser	15.00
1	Other AC Coil	15.00

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 90.00

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