BLOCK 2808 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 31-10 Gentner PERMIT NO. 01-1647

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 31-10 Gentner Rd
2. Name of Owner in Fee: Elliot & Kathy Dewberg Tel. (201) 794-0874
   Address 31-10 Gentner Rd (street) Fairlawn (municipality) NJ 07410 (zip code)
3. Ownership in Fee: Public ___ Private ✓
4. Principal Contractor: Fine Home Const. Inc. Tel. (201) 722-0202
   Address 488 Fairview Ave Westwood
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-351-5884 FAX: (201) 722-0202
5. Architect or Engineer Arnold Scelzo Tel. (201) 712-9583
   Address 726 Edel Ave Maywood NJ 07608
6. Responsible Person in Charge of Work Don Dobres Fine Home Const. Inc.
   Tel. (201) 722-0202 FAX (201) 722-0202

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 56		
2. Electrical	74	60	
3. Plumbing	46		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			CA
8. Subtotal	$		
9. DCA Training Fee	6	1	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 176	61	

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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration	3700								
5. ☐ Fire Protection									
6. ☒ Plumbing	800				7/25/01	CV			
7. ☒ Electrical	3200				7/25/01	CV			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	7700								

III. DO YOU WANT: (optional)

1. ☐ 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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(e)1.vii:

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.

X Signature Kathy Neesberg Date 7/20/01

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. 5:32-2.15(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.

(✓) Check if contractor.

X Agent Name DON DOBRES FINE HOME CONSTRUCTION INC.
Address 488 FAIRVIEW AVE
WESTWOOD, N.J. 07675
Telephone (201) 722-0207
Signature Donald E. Dobres

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8-2-01
Control #
Permit # 01 1647

IDENTIFICATION Block 2808 Lot 7
Work Site Location 31-10 GUNTNER RD

Owner in Fee ELLIOT & KATHY NEWBERG
Address SAME
Tel. (201) 794-0874

Contractor DON BOBBES (PRIME HOME CONST INC,
Address 488 FAIRVIEW AVE
WESTWOOD, N.J 07675
Tel. (201) 722-0202
Lic. No. or Bldrs. Reg. No. 22-357-3884

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:
Kitchen Remodel

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 $ 7700

J Hook, sy
Construction Official

8-2-01
Date

PAYMENTS (Office Use Only)

Building	56
Electrical	74
Plumbing	40
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	6
Cert. of Occupancy	
Other	
Total	176
Check No.	3105
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 5/2K)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

PERMIT UPDATE

Date Update Issued 8-17-01
Control #
Permit #
Date Permit Issued 01-1647+A

IDENTIFICATION Block 2808 Lot 7
Work Site Location 31-10 Gramer Rd Fairlawn NJ
Owner In Fee Elliot & Kathy Newbers
Address Same
Tel. (201) 794-0874

Contractor Barbarulo Plumbing
Address 10-27 3rd St. Fairlawn
Tel. (201) 794-2130
Lic. No. or Bldrs. Reg. No. 8978
Fed. Emp. No. 223606752

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:
Update for gas range

Estimated Cost of Work $ 100

W Hook, s
Construction Official

8-17-01
Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing 35
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total 35
Check No. 369
Cash
Collected by EG

U.C.C. F190
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 11-7-01
Control #
Permit #
Date Permit Issued 01-1647+B

IDENTIFICATION Block 2808 Lot 7
Work Site Location 31-10 Gentner

Owner In Fee ELLIOTT-Kathy-Newberg
Address 31-10 GENTNER Rd
FAIRLAWN
Tel. (201) 794-0874

Contractor MONTE ELECTRIC INC.
Address 21 Kipp AVE
HASBROUCK Heights N.J. 07604
Tel. (201) 288-7609
Lic. No. or Bldrs. Reg. No. 13109
Fed. Emp. No. 22-3597944

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
Update for garbage disposal
add service panel update
800.00

Estimated Cost of Work $

W Hook
Construction Official

11-7-01
Date

PAYMENTS (Office Use Only)

Building	
Electrical	60
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	
Other	
Total	61
Check No.	
Cash	
Collected by	

U.C.C. F190
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-7-01
Date Issued
Control #
Permit # 01-1647 + B

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

Block 2808 Lot 7
Work Site Location 31-10 GENTNER Rd.
FAIRLAWN
Owner in Fee/Occupant ELLOFT-KATHY Newberg.
Address 31-10 GENTNER Rd.
FAIRLAWN
Tele. (201) 794-0874
Contractor MONTE ELECTRIC INC.
Address 21 KIPP AVE
HASBROUCK HEIGHT
Tele. (201) 288-7609 Fax (973) 772-7671
Lic. No. 13109
Federal Emp. No. 22-3597944

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required P.O. for add. work
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/7/01	CV

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 11/7/01
Approved by: CVargas

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
1		HP Garbage Disposal	10
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
8		AMP Service	
1	100	AMP Subpanels	50
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	60
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-2-01
Date Issued
Control #
Permit # 01-1647

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

Block 2808 Lot 7
Work Site Location 31-10 Genther Rd

Owner in Fee/Occupant Elliott Kathy Newbees
Address Same

Tele. (201) 794-0874
Contractor MONTE ELECTRIC INC.
Address 21 Kipp Ave
Hasbrouck Heights N.J. 07604
Tele. (201) 288-7609 Fax (973) 772-7330
Lic. No. 13109
Federal Emp. No. 22-3597944

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 3200 Kitchen Remodel

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 7/25/01
Approved by: CVenezia

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			8/13/01	CV
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/11/01	CV

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
15		Lighting Fixtures	30
9		Receptacles	18
8		Switches	16
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
32		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	
1		KW Dishwasher	
		HP Garbage Disposal	20
		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	
		.....	
		.....	

Administrative Surcharge	$	74
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)

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

8/13/01 Need PO for disposal + Panel Change

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-2-01
Date Issued
Control #
Permit # 01-1647

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

Block 2808 Lot 7

X Work Site Location 31-10 Gentner Rd

X Owner in Fee Elliot + Kathy Dewberg

Address same

X Tele. (201) 794 0874

Contractor DON DOBRES FINE HOME CONST. INC.

Address 488 FAIRVIEW AVE
WESTWOOD, N.J. 07675

Tele. (201) 722-0202 Fax (201) 722-0202

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-351-5884

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.

X Donald E. Dobres
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: KITCHEN REMODEL

"SEE PLANS"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	8/15/01		8/10/01	m
Barrier-Free				
Insulation			9/14/01	m
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/17/01	m
Barrier-Free				

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

m 3105

FEE (Office Use Only)

$ _____

Administrative Surcharge	$	56.00
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

B. BUILDING CHARACTERISTICS

Use Group	Present R3	Proposed
Constr. Class	Present 5B	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 $ 3700
3. Total (1+ 2) $ 3700

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

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

8/10/01 No Elec Power @
FIRE STOPPING AROUND
CHIM. @ FLOOR & CEILING
& OPNGS FROM BASEMENT

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-17-01
Date Issued
Control #
Permit # 01-1647 +A

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

Block 2808 Lot 7
Work Site Location 31-10 Gentner Rd
Owner In Fee Elliot & Kathy Newberg
Address Same
Tele. (201) 794-0874
Contractor Barbarulo Plumbing
Address 10-27 3rd St. Fairlawn NJ 07410
Tele. (201) 794 2130 Fax (201) 794-3081
Lic. No. 8978
Federal Emp. No. 223c0752

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 $ [redacted] 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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.

See original for seal/signature
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	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	
1	Gas Piping Range	35
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 35
TOTAL FEE	$

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-2-01
Date Issued
Control #
Permit # 01-1647

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

Block 2808 Lot 7
Work Site Location 31-10 Gentner Rd
Owner in Fee Elliott Kathy Newbers
Address Same
Tele. (201) 794-0874
Contractor Barbarulo Plbg/htg
Address 10-27 3rd St
Fair Lawn, N.J. 07410
Tele. (201) 794-2130 Fax (201) 794-2087
Lic. No. 8978
Federal Emp. No. 223066752

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 $ 800 Kitchen Remodel

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 225
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10/30
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Slab				
Rough			8/09	
Water				
Sewer				
Fixtures			10/30/01	
Gas Equipment				
Gas Piping				
Solar				
CO				

Permit for range

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.

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink Pull/Replace	25
1	Dishwasher Pull/Replace	15
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	40
DCA Training Fee	$	
TOTAL FEE	$	

msg 8-15-01

U.C.C. Form F-1308

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

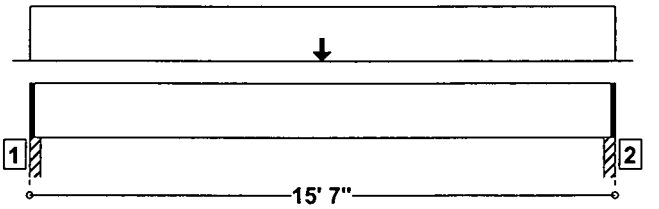
Trus Joist
A Weyerhaeuser Business

TJ-Sizing™ v5.55 Serial Number: 600000210
MASTsizN E1111 06/13/2001 11:22:48 AM
 Build Code: 145

Family Room Beam

3.5" x 16" 2.0E Parallam® PSL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis for Beam Member Supporting FLOOR - RES. Application. Tributary Load Width: 1'
Loads(psf): 30 Live at 100% duration; 15 Dead; 0 Partition; and:

TYPE	CLASS	LIVE	DEAD	LOCATION	APPLICATION	COMMENT
Uniform(plf)	Snow(1.15)	210	105	0 to 15' 7"	Replaces	roof
Uniform(plf)	Floor(1.00)	180	90	0 to 15' 7"	Replaces	floor
Uniform(plf)	Floor(1.00)	0	72	0 to 15' 7"	Replaces	wall
Point(lbs.)	Snow(1.15)	2400	1200	7' 9 1/2"	Adds to	ridge rxn

SUPPORTS:

		INPUT WIDTH	BEARING LENGTH	REACTIONS(lbs.) LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1	Column	3.50"	2.688"	4239 / 2816 / 7055	1	16.0"	Detail A3	1.25" LSL Rim
2	Column	3.50"	2.688"	4239 / 2816 / 7055	1	16.0"	Detail A3	1.25" LSL Rim

- See TJ SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3.
- Bearing length requirement exceeds input at support(s) 1, 2. Supplemental hardware is required to satisfy bearing requirements.

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	6943	5959	12451	Passed(48%)	Rt. end Span 1 under Snow Roof loading
Moment(ft-lb)	33332	33332	40197	Passed(83%)	MID Span 1 under Snow Roof loading
Live Defl.(in)		0.369	0.508	Passed(L/496)	MID Span 1 under Snow Roof loading
Total Defl.(in)		0.604	0.762	Passed(L/303)	MID Span 1 under Snow Roof loading

- Deflection Criteria: STANDARD(LL: L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 14' o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

ADDITIONAL NOTES:

- IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). Allowable product values shown are in accordance with current TJ materials and code accepted design values. TJ Engineering has verified the analysis. The input loads and dimensions have been provided by others (Kathy NEWBERG) and must be verified and approved for the specific application by the design professional for the project.
- THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Code NER analyzing the TJ Residential product listed above.

PROJECT INFORMATION

Newberg Residence
31-10 Gentner Rd.
Fairlawn, NJ 07410

OPERATOR INFORMATION:

Trus Joist
Beth Hood
104 A Centre Blvd,
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856-985-9806