

Date Issued 05/05/22
Control #
Permit # 220702

U.C.C. F170 (rev. 3/96)

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U.C.C. F170 (rev. 3/96)

BOROUGH OF FAIR LAWN
8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/02/21
Date Issued 05/05/22
Control #
Permit # 220702

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

Block 2808 Lot 7 Qual _____
Work Site Location 31-10 GENTNER

Owner in Fee NEWBERG
Address SAME
FAIR LAWN, NJ 07410-
Tel. (201) 214-8595
Contractor A DEGREE ABOVE HEATING
Address 134 PEHLE AVE
SADDLE BROOK, NJ 07663-
Tel. (201) 368-0005 Fax () -
Lic. No. or Bldrs. Reg. No. 19HC00195000
Federal Emp. No. 46-5066806

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 3,600

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type	Failure Approval Initial
[] No Plans Required	Rough	_____
[] Partial -Underslab Util Appr	BarrierFr	_____
Date: _____ Appr by: _____	Trench	_____
[] Elect Plans Approved	Temp Serv	_____
Date: _____ Appr by: _____	Const Serv	_____
Joint Plan Review Required:	TCO	_____
[] Build [] Plumb [] Fire	Other	_____
SUBCODE APPR - PERM [] Elev	Service	_____
Date: _____ Appr by: _____	Final	_____
SUBCODE APPR - CERTIF	BarrierFr	_____
[] CO [] CCO [] CA	Temp. Cut-in-Card	Date Issued _____
Date: _____ Appr by: _____	Final Cut-in-Card	Date Issued _____
	AnnPoolIns	_____
	Date of Gnd/Bond Certification	_____

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 Seal

[] Licensed Elect Contr [] Certif Landscape Irrig Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	4
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	2	HP/KW Space Heater/Air Handler	30
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other <u>1-AC</u>	125
		Other _____	0
		Other _____	0

	Administrative Surcharge	\$	0
Paid [X] Check # <u>1777</u>	Minimum Fee	\$	0
Collected by: <u>YT</u>	TOTAL FEE	\$	159
	DCA State Permit Fee	\$	7

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Use Group - Present R-5 Proposed R-5

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 3,600

JOB SUMMARY (Office Use Only) INSPECTIONS Dates (Month/Day)

PLAN REVIEW Type Failure Failure Approval Initial

[] No Plans Required Rough _____

[] Partial -Underslab Util Appr BarrierFr _____

Date: _____ Appr by: _____ Trench _____

[] Elect Plans Approved Temp Serv _____

Date: _____ Appr by: _____ Const Serv _____

Joint Plan Review Required: TCO _____

[] Build [] Plumb [] Fire Other _____

SUBCODE APPR - PERM [] Elev Service _____

Date: _____ Appr by: _____ Final _____

SUBCODE APPR - CERTIF BarrierFr _____

[] CO [] CCO [] CA Temp. Cut-in-Card Date Issued _____

Date: _____ Appr by: _____ Final Cut-in-Card Date Issued _____

AnnPoolIns _____

Date of Gnd/Bond Certification _____

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D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	4
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
1	2	HP/KW Space Heater/Air Handler	30
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other <u>1-AC</u>	125
		Other _____	0
		Other _____	0

Administrative Surcharge \$ _____ 0
Paid [X] Check # 1777 Minimum Fee \$ _____ 0
Collected by: YT TOTAL FEE \$ _____ 159
DCA State Permit Fee \$ _____ 7

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Block 2808 Lot 7 Qual

Work Site Location 31-10 GENTNER

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Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 46-5066806

B. MECHANICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5

Heating System Work: [] New [] Existing [] Conversion [] Replacement

Type: [] Hydronic [] Hot Air

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

Estimated Cost of Mechanical Work \$ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Date: Appr by:

[] Mech Plans Approved

Date: Appr by:

Joint Plan Review Required:

[] Bld [] Elec [] Plmb [] Fire

SUBCODE APPR - PERM [] Elev

Date: Appr by:

SUBCODE APPR - CERTIF

[] CA [] CCO

Date: Appr by:

INSPECTIONS

Dates (Month/Day)

Type Failure Failure Approval Initial

Gas Piping

Appliance

ChimneyVent

Oil Piping

Oil Tank

LPG Tank

HydronicPip

Fireplace

ChimneyCert

Other

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT OF AC

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>0</u>	Water Heater	<u>0</u>
<u>0</u>	Fuel Oil Piping Connections	<u>0</u>
<u>0</u>	Gas Piping Connections	<u>0</u>
<u>0</u>	Steam Boiler	<u>0</u>
<u>0</u>	Hot Water Boiler	<u>0</u>
<u>0</u>	Hot Air Furnace	<u>0</u>
<u>0</u>	Oil Tank	<u>0</u>
<u>0</u>	LPG Tank	<u>0</u>
<u>0</u>	Fireplace	<u>0</u>
<u>0</u>	Generator	<u>0</u>
	Other <u>1-CONDI</u>	<u>65</u>
	Other <u></u>	<u>0</u>
	Other <u></u>	<u>0</u>

Administrative Surcharge \$ 0

Paid [X] Check # 1777 Minimum Fee \$ 15

Collected by: YT TOTAL FEE \$ 80

DCA State Permit Fee \$ 5

C. CERTIFICATION IN LIEU OF OATH

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[] Licensed Mechanical Contractor [] Exempt Applicant

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Use Group - Present R-5 Proposed R-5

Heating System Work: [] New [] Existing [] Conversion [] Replacement

Type: [] Hydronic [] Hot Air

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

Estimated Cost of Mechanical Work \$ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Date: Appr by:

[] Mech Plans Approved

Date: Appr by:

Joint Plan Review Required:

[] Bld [] Elec [] Plmb [] Fire

SUBCODE APPR - PERM [] Elev

Date: Appr by:

SUBCODE APPR - CERTIF

[] CA [] CCO

Date: Appr by:

INSPECTIONS

Dates (Month/Day)

Type Failure Failure Approval Initial

Gas Piping

Appliance

ChimneyVent

Oil Piping

Oil Tank

LPG Tank

HydronicPip

Fireplace

ChimneyCert

Other

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT OF AC

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>0</u>	Water Heater	<u>0</u>
<u>0</u>	Fuel Oil Piping Connections	<u>0</u>
<u>0</u>	Gas Piping Connections	<u>0</u>
<u>0</u>	Steam Boiler	<u>0</u>
<u>0</u>	Hot Water Boiler	<u>0</u>
<u>0</u>	Hot Air Furnace	<u>0</u>
<u>0</u>	Oil Tank	<u>0</u>
<u>0</u>	LPG Tank	<u>0</u>
<u>0</u>	Fireplace	<u>0</u>
<u>0</u>	Generator	<u>0</u>
	Other <u>1-CONDI</u>	<u>65</u>
	Other <u></u>	<u>0</u>
	Other <u></u>	<u>0</u>

Administrative Surcharge \$ 0

Paid [X] Check # 1777 Minimum Fee \$ 15

Collected by: YT TOTAL FEE \$ 80

DCA State Permit Fee \$ 5

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