

Date Issued 10/17/01
Control #
Permit # 01-2310

IDENTIFICATION	Block <u>2808</u>	Lot <u>7</u>	Qual <u> </u>
Work Site Location	<u>31-10 GENTNER</u>		Contractor <u> </u>
			Address <u> </u>
Owner in Fee	<u>NEWBERG</u>		
Address	<u> </u>		Telephone (<u> </u>)
			Lic. No. or B. <u> </u>
Telephone (<u> </u>)			Federal Emp. <u> </u>

☒ BUILDING	☐ PLUMBING	☐ ASBESTOS ABATEMENT (Subchapter 8 only)
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ LEAD HAZARD ABATEMENT
☐ ELEVATOR DEVICES	☐ MECHANICAL	☐ DEMOLITION
		☐ OTHER

BOILER

Estimated Cost of Work \$ 2,620

10/17/01
Date

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

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	2
Check No.	2949
Cash	
Collected By	TS

Date Issued 10/17/01
Control #
Permit # 01-2310

IDENTIFICATION	Block <u>2808</u>	Lot <u>7</u>	Qual <u> </u>
Work Site Location	<u>31-10 GENTNER</u>		Contractor <u> </u>
			Address <u> </u>
Owner in Fee	<u>NEWBERG</u>		
Address	<u> </u>		Telephone (<u> </u>)
			Lic. No. or B. <u> </u>
Telephone (<u> </u>)			Federal Emp. <u> </u>

☒ BUILDING	☐ PLUMBING	☐ ASBESTOS ABATEMENT (Subchapter 8 only)
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ LEAD HAZARD ABATEMENT
☐ ELEVATOR DEVICES	☐ MECHANICAL	☐ DEMOLITION
		☐ OTHER

BOILER

Estimated Cost of Work \$ 2,620

10/17/01
Date

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

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	2
Check No.	2949
Cash	
Collected By	TS

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/17/01
Date Issued 10/17/01
Control #
Permit # 01-2310

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 Qual _____

Work Site Location 31-10 GENTNER

Owner in Fee NEWBERG

Address _____

Tel. (____) _____

Contractor REINER GROUP INC.

Address 11-07 RIVER ROAD

FAIR LAWN, NJ 07410-

Tel. (201) 794-3700 Fax (____) _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BOILER

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
[] No Plans Req	_____	_____	Footing	_____	_____	_____	_____
[] All	_____	_____	Footing Bond	_____	_____	_____	_____
[] Foot/Found	_____	_____	Foundation	_____	_____	_____	_____
[] Struct/Frame	_____	_____	Slab	_____	_____	_____	_____
[] Exterior	_____	_____	Frame	_____	_____	_____	_____
[] Interior	_____	_____	Truss/Brac	_____	_____	_____	_____
Joint Plan Review Required:			BarrierFree	_____	_____	_____	_____
[] Elect	[] Plumb	[] Fire	Insulation	_____	_____	_____	_____
SUBCODE APPR - PERM [] Elev			Finishes-Bas	_____	_____	_____	_____
Date: _____			Finishes-Fin	_____	_____	_____	_____
Approved By: _____			Energy	_____	_____	_____	_____
SUBCODE APPR - CERTIF			Mechanical	_____	_____	_____	_____
[] CO	[] CCO	[] CA	TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved By: _____			Final	_____	_____	_____	_____
			BarrierFree	_____	_____	_____	_____

TYPE OF WORK	FEE (Office Use Only)
[] New Building	\$ _____ 0
[] Addition	_____ 0
[X] Rehabilitation	_____ 0
[] Roofing	_____ 0
[] Siding	_____ 0
[] Fence _____ 0 Height (exceeds 6')	_____ 0
[] Sign _____ 0 Sq. Ft.	_____ 0
[] Pool - Above Ground	_____ 0
[] Pool - In Ground	_____ 0
[] Asbestos Abatement Subchapter 8	_____ 0
[] Lead Haz. Abatement NJAC 5:17	_____ 0
[] Other _____	_____ 0
Other _____	_____ 0
Other _____	_____ 0
[] Demolition	_____ 0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present _____ Proposed _____

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.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____ 0

2. Alteration \$ _____ 2,620

3. Total (1+2) \$ _____ 2,620

Industrialized Building:

[] State Approved

[] HUD

Administrative Surcharge \$ _____ 0

Paid [X] Check # 2949 Minimum Fee \$ _____ 0

Collected by: TS TOTAL FEE \$ _____ 0

State Permit Surcharge Fee \$ _____ 2

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/17/01
Date Issued 10/17/01
Control #
Permit # 01-2310

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 Qual _____

Work Site Location 31-10 GENTNER

Owner in Fee NEWBERG

Address _____

Tel. (____) _____

Contractor REINER GROUP INC.

Address 11-07 RIVER ROAD

FAIR LAWN, NJ 07410-

Tel. (201) 794-3700 Fax (____) _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BOILER

JOB SUMMARY (Office Use Only)				INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial		Type:	Failure	Approval	Initial
[] No Plans Req	_____	_____		Footing	_____	_____	_____
[] All	_____	_____		Footing Bond	_____	_____	_____
[] Foot/Found	_____	_____		Foundation	_____	_____	_____
[] Struct/Frame	_____	_____		Slab	_____	_____	_____
[] Exterior	_____	_____		Frame	_____	_____	_____
[] Interior	_____	_____		Truss/Brac	_____	_____	_____
Joint Plan Review Required:				BarrierFree	_____	_____	_____
[] Elect	[] Plumb	[] Fire		Insulation	_____	_____	_____
SUBCODE APPR - PERM [] Elev				Finishes-Bas	_____	_____	_____
Date: _____				Finishes-Fin	_____	_____	_____
Approved By: _____				Energy	_____	_____	_____
SUBCODE APPR - CERTIF				Mechanical	_____	_____	_____
[] CO	[] CCO	[] CA		TCO	_____	_____	_____
Date: _____				Other	_____	_____	_____
Approved By: _____				Final	_____	_____	_____
				BarrierFree	_____	_____	_____

TYPE OF WORK	FEE (Office Use Only)
[] New Building	\$ _____ 0
[] Addition	_____ 0
[X] Rehabilitation	_____ 0
[] Roofing	_____ 0
[] Siding	_____ 0
[] Fence _____ 0 Height (exceeds 6')	_____ 0
[] Sign _____ 0 Sq. Ft.	_____ 0
[] Pool - Above Ground	_____ 0
[] Pool - In Ground	_____ 0
[] Asbestos Abatement Subchapter 8	_____ 0
[] Lead Haz. Abatement NJAC 5:17	_____ 0
[] Other _____	_____ 0
Other _____	_____ 0
Other _____	_____ 0
[] Demolition	_____ 0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present _____ Proposed _____

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.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____ 0

2. Alteration \$ _____ 2,620

3. Total (1+2) \$ _____ 2,620

Industrialized Building:

[] State Approved

[] HUD

Administrative Surcharge \$ _____ 0

Paid [X] Check # 2949 Minimum Fee \$ _____ 0

Collected by: TS TOTAL FEE \$ _____ 0

State Permit Surcharge Fee \$ _____ 2