BUILDING SUBCODE
TECHNICAL SECTION

Date Received: 07/09/2020
Control #: 20-001261

Date Issued:
Permit #: CB20-000296

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

Block/Lot: _____ Qualification Code:

Work Site Location: 322 West ENGLEWOOD Avenue ,

Owner in Fee: US BANK NA AS TRUSTEE C/O GREG OLSON

Tel. (888) 572-6950

Address 322 West ENGLEWOOD Avenue ,

Contractor: RASIPRO LLC _____ Tel. (201) 932-6997

Address: 3630 PEACHTREE ROAD ____ e-mail DIBAR2212@GMAIL.COM

Contractor License No. or Builder Registration No. 13VH0909586 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 45-414052 FAX:

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
DUCTWORK

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 APPROVED for PERMIT:		
Date:_____		
Approved By:_____		
SUBCODE APPROVAL for CERTIFICATE		
[__] CO __[__] CCO __[__] CA		
Date:_____		
Approved By:_____		

INSPECTIONS	Dates Failure	Failure	(Month/ Approval	Day) Initial
Type				
Footing				
Footing Bonding				
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: Proposed:
Height of Structure: ft.
Area - Largest Floor: sq. ft.
New Bldg. Area All Floors: sq. ft.
Volume of New Structure: cu. ft.
Max. Live Load:
Max. Occupancy Load:

Constr. Class Present: _____ Proposed:
If Industrialized Building:
_____State Approved: ☐ _____HUD: ☐
___Est. Cost of Bldg. Work:
___1. New Bldg. $0.00
___2. Rehabilitation $2,000.00
___3. Total (1 + 2) $2,000.00

TYPE OF WORK	FEE (Official Use Only)
☐ New Building	0.00
☐ Addition	0.00
☑ Rehabilitation	60.00
☐ Roofing	0.00
☐ Siding	0.00
☐ Fence Height (exceeds 6")	0.00
☐ Sign Sq. Ft.	0.00
☐ Pool	0.00
☐ Retaining Wall Sq. Ft.	0.00
☐ Asbestos Subchapter 8	0.00
☐ Lead Haz. Abatement NJAC 5:17	0.00
☐ Radon Remediation	0.00
☐ Other	3.80
☑ Demolition	0.00

Administrative Surcharge	$0.00
Minimum Fee	$0.00
State Permit Surcharge Fee	$0.00
TOTAL FEE	$63.80

U.C.C. F110 (rev. 11/09)_____
Internet version_____

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