Zoning Permit

Township of Clark Zoning Department
Clark, NJ 07066
(732) 388-3600

Permit #

Property Address: 38 GERTRUDE ST
CLARK TWP, NJ 07066
Parcel No: 2002_88.01_69
Issued To: MADDEN,MARY JO
CLARK ,NJ 07066
[redacted]

Zoning: R-75

Permit Type:

Permit Date: 4/8/2024 12:00:00 AM
Expire Date: 4/8/2025 12:00:00 AM

Details: Replace existing 6' wood fence with 6' vinyl fence

Approval Conditon(s):

Comment(s):

Fee: $60.00

It is hereby certified that the above use as shown on the plats and plans submitted with the application conforms with all applicable ordinances of the Township of Clark. The issuance of this Permit does not allow the violation of Township of Clark Zoning ordinances or other governing agencies.

Your Town does not guarantee compliance with other local/state/federal regulations. It is the property owner's responsibility to determine the need for compliance with the Township of Clark Building Department, Engineer's Office, Homeowners' Association, Deed Restrictions and/or all other regulations.

Applicant is responsible for obtaining all required building permits from the Township of Clark Building Department.

APPROVED BY:

Zoning Officer

Date: 4/8/2024

(This Zoning Permit must be places somewhere visible during construction)

Imprint Version / Professional Printing
Phone: 856-468-7933

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued: 5/5/17

Permit # 17-385

IDENTIFICATION Block 88.01 Lot 69 Qualification Code

Work Site Location 38 Gertrudas st Clark NJ.

Owner in Fee MARTA DAVI

Address

Tel. ( )

Contractor GALO CONSTRUCTION.

Address 253 RICHARDS AV. PISCATAWAY NJ.

Tel. (908) 922-7389

Lic. No. or Bldrs. Reg. No. 13VH05019500

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Roof + Siding

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 $ 19,000

Construction Official

Date 5/3/17

PAYMENTS (Office Use Only)

Building	150
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	17
Cert. of Occupancy	
Other	
Total	167
Check No.	
Cash	
Collected by	

UCC/170
Professional Printing
(856) 468-7933

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

(see reverse side)

BUILDING SUBCODE
TECHNICAL SECTION

POSTED

Date Received / Control # 5/5/17

Date Issued / Permit # 17-385

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

Block 88.01 Lot 69 Qualification Code

Work Site Location 38 Gertruda st Clark NJ.

Owner in Fee: Marta Davi-1 Giuseppe Dipietro.

Tel. ([redacted]) e-mail

Address

Contractor: (street) Gallo paints & construction (municipality) Tel. (908) 922-7384 (zip code)

Address 233 Richards Av e-mail

Piscataway N.J.

Contractor License No. or Builder Registration No. 13VH05019500 Exp. Date 3-31-18

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

Federal Emp. ID No. 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: Wilson Lopez

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 2 ladder off Roof

Install siding.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	5/3/17	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/6/17	MK
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [✓] Roofing
- [✓] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ 75
75

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 150

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 9,000
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

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

TOWNSHIP OF CLARK
430 WESTFIELD AVE.
CLARK, N. J. 07066

Date Issued 12/06/16
Control #
Permit # 16-770

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 88.01 Lot 69 Qual

Work Site Location 38 GERTRUDE ST

Owner in Fee/Occupant DAVI
Address 38 GERTRUDE STREET
CLARK, NJ 07066-
Telephone ( ) -
Contractor HOMEOWNER
Address AS ABOVE
, -
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SHEETROCK LIVING ROOM CEILING, DINING ROOM. REMOVE WALL. KITCHEN & BATH RENOVATIONS ON 1ST. FL. NEW WINDOWS & FRENCH DOOR. PATIO ENC.

[ ] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

M. McAuliffe

Construction Official

Fee $ 0
Paid [X] Check No. Cash
Collected by: AB

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/11/16
Control #
Date Issued
Permit # 16-770

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

COMPLETED

Block _____ Lot _____ Qualification Code _____

Work Site Location 38 Gertrude St Clark NJ 07066

Owner in Fee: marta Davi

Tel [redacted] e-mail [redacted]

Address 38 Gertrude St Clark NJ 07066
street municipality zip code

Contractor: Marta Davi Tel. [redacted]

Address 38 Gertrude St Clark NJ 07066

e-mail [redacted]

Contractor License No. or Builder Registration No. _____

Federal Emp. ID No. _____ FAX: (____) _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here Marta Davi

Print name here: Marta Davi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace Sheetrock Ceiling Living Room, Dining Room Remove wall not A Load Barring wall Replace Kitchen cabinet's tile Floor Kitchen and First Flaor bathroom Install 6 windows Replace doors with Hardware close In patio french door Install shingle in that area

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 8/9/16
Approved by: MKhda

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 11/16/16
Approved by: MKhda

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	N/A 8/23/16		8/25/16 MK	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final	N/R 11/3/16		11/16/16	MK
Barrier-Free				

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [✓] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ 462

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 462

B.BUILDING CHARACTERISTICS

Use Group: Present _____ 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.
Max. Live Load _____
Max Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 16,500
3. Total (1+2) $ _____

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(rev. 11/09)
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

CONSTRUCTION DEPT.
TOWNSHIP OF CLARK
430 WESTFIELD AVE.
CLARK, NJ 07066
732-428-8401

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/17/16
Control #
Date Issued
Permit # 16-770

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 _____ COMPLETED

Work Site Location 38 Gertrude St Clark NJ 07066

Owner in Fee: Marta Davi

Tel. [redacted] e-mail [redacted]

Address 38 Gertrude St Clark NJ 07066
street municipality zip code

Contractor: Marta Davi Tel. (____) _____

Address 38 Gertrude St Clark NJ 07066

e-mail [redacted]

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX: (____) _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here _____

Print name here: Marta Davi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Additional cost of work

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 11/10/16

Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/10/16	[signature]
Barrier-Free				

TYPE OF WORK

[ ] New Building
[ ] Addition
[✓] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

C/O

FEE (Office Use Only)

$	
	938
	94
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 64
TOTAL FEE	$ 1096

B. BUILDING CHARACTERISTICS

Use Group: Present _____ 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.
Max. Live Load _____
Max Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____
Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 33,500
3. Total (1+2) $ 33500

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(rev. 11/09)
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(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

LM called 9/8/16

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NEW JERSEY 07066-1704
(732) 428-8401

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued 10/17/16
Control #
Permit # 16-770
Date Permit Issued

IDENTIFICATION Block 8801 Lot 69
Work Site Location 38 Gertrude st Clark NJ 07066

Owner in Fee Marta Davi
Address 38 Gertrude st Clark NJ 07066
Tel. [redacted]

Contractor Marta Davi
Address 38 Gertrude st Clark NJ 07066
Tel. [redacted]
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

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:

Additional cost of work

Estimated Cost of Work $ 33,500

Construction Official

Date

PAYMENTS (Office Use Only)

Building	938
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	64
Cert. of Occupancy	94
Other	
Total	1096
Check No.	
Cash	
Collected by	

UCC/PRO 190
Professional Printing
(856) 468-7933

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

COMPLETE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/1/16
Control #
Date Issued
Permit # 16-770

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 38 Gertrude St Clark NJ 07066

Owner in Fee: Marta Dari

Tel. [redacted] mail [redacted]

Address 38 Gertrude St (street) Clark (municipality) NJ 07066 (zip code)

Contractor: marta dari Te [redacted]

Address 38 Gertrude St Clark NJ 07066

e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ 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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8/9/16

Approved by: mKhuda

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough	N/A 8/23/16		8/25/16	MK
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TGD				
FINAL	N/R 11/3/16		11/10/16	MK

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant Sign / Contractor Sign AND Seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

DESCRIPTION OF WORK Replace bathroom drain line Install diverter kitchen new drain lines change shut off valves

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	20
	Urinal/Bidet	
1	Bath Tub	20
	Lavatory	
	Shower	
	Floor Drain	
3	Sink	60
	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 _____	
	Garbage Disposal _____	
	Other _____	

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	100

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(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/11/16
Date Issued
Control #
Permit # 16-770

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 38 Gertrude St Clark NJ 07066

Owner in Fee: Marta Davi

Tel [redacted] e-mail [redacted]

Address 38 Gertrude St (street) Clark (municipality) NJ 07066 (zip code)

Contractor: Marta Davi Tel. [redacted]

Address 38 Gertrude St Clark NJ 07066

e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work $ _____

COMPLETED

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Marta Davi

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change sub Panel
Install Recess Lighting outlets and wall switches

QTY	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixture	
8		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 60
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	20
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	75
1	150	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] 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: 8-4-16

Approved by: Medalis

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 11-3-16

Approved by: Medalis

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough			8-25	MM
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				

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 155

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

Imprint Version / Professional Printing
Phone: 856-468-7933

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued: 8/11/16

Permit # 16-770

IDENTIFICATION Block 8801 Lot 69 Qualification Code

Work Site Location 37 Gertrude St Clark NJ 07066

Owner in Fee Marta Dan

Address 37 Gertrude St Clark NJ 07066

Tel. ( )

Contractor 37 Gertrude St Clark NJ 07066

Address Marta Dan.

[redacted]

Lic. No. or Bldrs. Reg. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Redare sheetrock, ceiling living room, dining room, remove wall (not load bearing) Kitchen cabinets, tile floor, Bathroom, windows, doors, close in patio + fence door

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 $ 15,000

Construction Official

Date 8/9/16

PAYMENTS (Office Use Only)

Building	
Electrical	155 462
Plumbing	100
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	31
Cert. of Occupancy	
Other	
Total	748 593
Check No.	
Cash	
Collected by	

(see reverse side)

UCC/170
Professional Printing
(856) 468-7933

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/9/13

Date Issued / Permit # 13-977

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

Block 88-01 Lot 69 Qualification Code

Work Site Location 38 Gertrude St Clark NJ 07066

Owner [redacted] Norton

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: 1 800 Heaters Inc Tel. (732) 970-8074

Address 2 Gourmet Lane, Unit G & H e-mail

Edison, NJ 08837

Contractor License No. 12352 Exp. Date 6/30/2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300

Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695

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 $ 999-

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 10/2/13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/29/13
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			10/29/13	
Final				MR

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: L Gerardo

Print name here: Leonard Gerardo

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: **Replacement Hot Water Heater**

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	
1	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	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 75

CONSTRUCTION PERMIT

Date Issued 10/9/13

Permit # 13-977

IDENTIFICATION Block 85.01 Lot 69 Qualification Code

Work Site Location 38 Gertrude St Clark NJ 07066

Owner in Fee Cathleen Norton

Address Same

Tel. [redacted]

Contractor 1 800 Heaters Inc

Address 2 Gourmet Lane, Unit G & H
Edison, NJ 08837

Tel. (732) 970-8074

Lic. No. or Bldrs. Reg. No. 12352

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Replacement Hot Water Heater

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 $ 1997

Construction Official

Date 10/7/13

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	75
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	2
Cert. of Occupancy	
Other	
Total	77
Check No.	
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04) For reorder: Call Allegra - Marketing - Print - Mail (609) 390-1400

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

F

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/15/95
Date Issued
Control #
Permit # 95-400

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

Block 58.01 Lot 69
Work Site Location 38 Gertrede ST CLARK
Owner in Fee CORINNE JANN
Address 38 Gertrede St. CLARK NJ
Tele [redacted]
Contractor All American Elect. Co Inc
Address 301 Pomonia Ave Newark NJ
Tele. 201) 923-7657
Lic. No. 4446
Federal Emp. No. _____ or Social Security No. 264649550

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-15-95
Approved by: C. Medalle

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-15-95
Approved By: C. Medalle

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-15-95	CM

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.

Wilbert Hall
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	_____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
3	GFCI	Other	

Paid [ ] Check # Cash 35	Administrative Surcharge	$
	Minimum Fee	$ 35
	DCA Training Fee	$
Collected by:	TOTAL FEE	$ 35

U.C.C. Form F-120B

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

CONSTRUCTION PERMIT

Date Issued 6/15/95
Control #
Permit # 95-404

IDENTIFICATION Block 88.01 Lot 69

Work Site Location 38 Gertrude St Clark

Owner in Fee CORINNE Lawn
Address 38 Gertrude St Clark
Tele [redacted]

Contractor All American Elect Co. Inc
Address 301 Pomona ave newark NJ
Tele. (201) 923-7657
Lic. No. or Bldrs. Reg. No. 4146 Exp. Date
Federal Emp. No.
or Social Security No. 264649550

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

GFI's

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 $ 250

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Electrical	35
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35
Check No.	
Cash	pd Cash
Collected By:	D

(see reverse side)

U.C.C. Form F-170C

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12/29/94
Date Issued
Control #
Permit # 94-367

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

Block 8801 Lot 69
Work Site Location 38 GERTRUDE ST
CLARK, NJ
Owner in Fee TERRY D. JANN
Address SAME
[redacted]
Tele. [redacted]
Contractor REEL-STRONG FUEL
Address 549 LEXINGTON AVE
CRANFORD, NJ
Tele. (908) 276-0900
Lic. No.
Federal Emp. No. 22-1223540 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [X] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1350. [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/29/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

C. L. Crane Pres.
SIGNATURE
Reel-Strong Fuel Co.

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks BASEMENT OIL TANK (X) Capacity 275 Fuel #2
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER INSTALL 275 GAL BASEMENT OIL TANK		45.00

Paid [Check] 33160
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 45.00

U.C.C. Form F-140B

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

388-3600

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 12/29/94
Date Issued
Control #
Permit # 94-967

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

Block 8801 Lot 69
Work Site Location 38 Gertrude St Clark
Owner in Fee Terry D. Tann
Address Same
Tele. [redacted]
Contractor Reel-Strong Fuel
Address 549 Lexington Ave Cranford, NJ 07016
Tele. (908) 276-0900
Lic. No.
Federal Emp. No. 22-1223840 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

G. P. Crane
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Gas Piping	
ONE-275	Fuel Oil Piping TANK	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check #3160 Minimum Fee $ 35
Collected by: TOTAL $ 35

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

CERTIFICATE

Date Issued 6/15/95
Control #
Permit # 94-941

IDENTIFICATION

Block 88.01 Lot 69
Work Site Location 38 Gertrude Street
Clark, New Jersey 07066
Owner in Fee Terry Jann
Address 38 Gertrude Street
Clark, New Jersey 07066
Tele. ([redacted]
Contractor Industrial Environmental Enter.
Address 900 Port Reading Ave.
Port Reading, New Jersey 07064
Tele. (____) 969-3344
Lic. No. or Bldrs. Reg. No. us0072
Federal Emp. No. 22 3257038
or Social Security No. _____

Home Warranty No. _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group R3
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Tank Removal.

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

M. Kluda.

CONSTRUCTION OFFICIAL

Fee $ _____
Paid [ ] Check No. _____
Collected by: _____

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 12/21/94
Control #
Permit # 94-945

IDENTIFICATION Block 8801 Lot 69

Work Site Location 38 Gertrude Street

Owner in Fee TERRY JANN
Address 38 Gertrude St
Clark NJ
Tele [redacted]

Contractor Industrial Environmental Contractors
Address 900 Port Reading Ave
Port Reading NJ 07064
Tele. (908) 969-3344
Lic. No. or Bldrs. Reg. No. 4300725 Exp. Date 11/30/97
Federal Emp. No. 223257038
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [✓] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Tank Removal

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	40
Other Oil Tank	
Total	
Check No.	4382
Cash	
Collected By:	

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 $ 6,000

CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170C

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/21/94
Date Issued
Control #
Permit # 94-951

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

Block 8801 Lot 65
Work Site Location 38 Gertrude Street
Clark, NJ
Owner in Fee TERRY JANN
Address 38 Gertrude Street, Clark
Tele. ( )
Contractor Industrial Environmental Contracting
Address 900 Port Reading Ave
Port Reading, NJ. 07064
Tele. (908) 969-3344
Lic. No. or Bldrs. Reg. No. US 00728
Federal Emp. No. 22-3257038 or Social Security 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 Sergio Germinario

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remmal 1. 275 GAL Tank

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other Oil-Tank 12/21 MK		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ 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 $ Under 1,000
3. Total (1+2) $ ____

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ____ Height (6' or over)
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [✓] Other Tank Remmal
  [ ] Other ____
[ ] Demolition

(Office Use Only)
FEE

$ ____
____
____
____
____
____
____
____
____
40.00
____
____

Paid [✓] Check # 1121
Collected by: SG

Administrative Surcharge $ ____
Minimum Fee $ ____
DCA TRAINING FEE $ ____
TOTAL FEE $ 40.00

U.C.C. Form F-110B

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