BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/22/2015
Control # 39239
Date Issued 7/22/2015
Permit # 150650

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

Block **94.07** Lot **15** Qualification Code _____

Work Site Location **3 LINDEN ROAD , NJ**

Owner in Fee: RAZIK, STEVE

Tel. 336/6691478 e-mail _____

Address 3 LINDEN ROAD BURLINGTON NJ 08016-
Street Municipality zip code

Contractor: AIR TIGHT DESIGN CORP. Tel. 856/3970441

Address 36 N. KING STREET GLOUSTER CITY NJ 08030-

_____ Email _____

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

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

Federal Emp. ID No. 26-4036660 FAX / -

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundations		
☐ Struct/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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____
Height of Structure _____ Ft.
Area - Largest Floor _____ Sq. Ft.
New Blbg. Area / All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

If Industrial Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. _____
2. Rehabilitation $1,000
3. Total (1+2) $1,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FRENCH DRAIN SYSTEM WITH TWO SUMP PUMPS

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	$
☐ Addition	
☑ Rehabilitation	$30
☐ 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	

Administrative Surcharge	$
Minimum Fee	$ $60
State Permit Surcharge Fee	$ $4
TOTAL FEE	$ $64

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

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

DatePrinted