



BUILDING SUBCODE
TECHNICAL SECTION



Date Received 7/7/2014
Control # 40539
Date Issued 7/7/2014
Permit # 140775

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: TPA ENTERPRISES, INC. Tel. 732/7868896
Address 11 LIBERTY LANE MILLSTONE NJ 08575-
Email _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvment Contractor Registration No. or Exemption Reason(if applicable): _____
Federal Emp. ID No. 22-3505075 FAX / - _____

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval
☐ No Plan Required	_____	_____	Footing	_____	_____	_____
☐ All	_____	_____	Footing Bonding	_____	_____	_____
☐ Footing/Foundations	_____	_____	Foundation	_____	_____	_____
☐ Struct/Framework	_____	_____	Slab	_____	_____	_____
☐ Exterior	_____	_____	Frame	_____	_____	_____
☐ Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____
☐ Elec.	☐ Plumb.	☐ Fire	Insulation	_____	<u>7/29/14</u>	<u>WRI</u>
☐ Elevator			Finishes-Base Layer	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes-Final	_____	_____	_____
Date: _____			Energy	_____	_____	_____
Approved by: _____			Mechanical	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			TCO	_____	_____	_____
☐ CO	☐ CCO	☐ CA	Other	_____	_____	_____
Date: _____			Final	_____	_____	_____
Approved by: _____			Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS
Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____
If Industrial Building: _____
No. of Stories _____ State Approved _____ HUD _____
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. Rehabilitation \$1,000
3. Total (1+2) \$1,000

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify 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

WATER DAMAGE REPAIR

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)

\$ _____
_____ **\$30**

Administrative Surcharge \$ _____
Minimum Fee \$ **\$60**
State Permit Surcharge Fee \$ **\$17**
TOTAL FEE \$ **\$77**

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy