BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/11/2014
Control # 40960
Date Issued 3/11/2014
Permit # 140173

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: FIRSTTECH ENVIRONMENTAL Tel. 731/7511640

Address 1340 CAMPUS PARKWAY BLDG. A WALL NJ 07753-

Email _____

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

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

Federal Emp. ID No. 22-3481041 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:	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				
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 $1,800
3. Total (1+2) $1,800

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

U.S.T. REMOVAL

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)

	$ _____
	$25
Administrative Surcharge	$ _____
Minimum Fee	$ $60
State Permit Surcharge Fee	$ _____
TOTAL FEE	$ $60

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

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

DatePrinted