

BLOCK 5601 LOT 6.01 QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.

2019.055



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

JAN 20

I. IDENTIFICATION

1. Proposed Work Site at: 4801 Atlantic Binghamine Blvd 1st Floor

2. Name of Owner in Fee: Mark Crescenzi e-mail: ccrcnz12@yahoo.com

Tel. (856) 217 4347

Address: 4801 Atlantic Binghamine Blvd Binghamine zip code: 08203

3. Ownership in Fee: Public Private Municipally

4. Principal Contractor: _____ Tel. (_____) e-mail: _____

Address: _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

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

5. Architect or Engineer _____ Contact _____ e-mail _____

Address _____ Tel. (_____) FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (_____) FAX: (_____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$	Update	Update
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2 (duplex)

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

(office use only)

Framework

IIa. PROPOSED WORK

☒ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers/Standpipes

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LP Gas Tanks

12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Lost, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____