

CITY OF VINELAND
640 E WOOD ST-PO BOX 1508
VINELAND, NJ 08362-1508

Date Issued 10/07/19
Control #
Permit # 19-1026

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 7409 Lot 29 Qual _____

Work Site Location 5488 PILGRIM WAY Contractor HOMEOWNER
Address _____ Address _____
Owner in Fee ROBBINS Telephone () _____
Address 5488 PILGRIM WAY Lic. No. or Bldrs. Reg. No. _____
VINELAND, NJ 08360- Federal Emp. No. HO- _____
Telephone () - _____

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ LEAD HAZARD ABATEMENT
☐ ELEVATOR DEVICES ☐ MECHANICAL ☐ DEMOLITION
☐ OTHER _____

DESCRIPTION OF WORK:

16 X 20 DECK

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 \$ 3,000

Construction Official _____ Date 10/07/19

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	6
Cert. of Occupancy	0
Other	
Total	66
Check No.	022
Cash	
Collected By	AM

CITY OF VINELAND
640 E WOOD ST-PO BOX 1508
VINELAND, NJ 08362-1508

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/21/19
Date Issued 10/07/19
Control #
Permit # 19-1026

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

Block 7409 Lot 29 Qual
Work Site Location 5488 PILGRIM WAY

Owner in Fee ROBBINS

Address 5488 PILGRIM WAY
VINELAND, NJ 08360-

Tel. () -

Contractor HOMEOWNER

Address

Tel. () Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req			Type: Failure	Approval Initial
☐ All			Footings	
☐ Foot/Found			Footings Bond	
☐ Struct/Frame			Foundation	
☐ Exterior			Slab	
☐ Interior			Frame	
Joint Plan Review Required:			Truss/Brac	
☐ Elect ☐ Plumb ☐ Fire			BarrierFree	
SUBCODE APPR - PERM ☐ Elev			Insulation	
Date:			Finishes-Bas	
Approved By:			Finishes-Fin	
SUBCODE APPR - CERTIF			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present R-5	Proposed R-5	Est. Cost of Bldg. Work:
Constr. Class Present	Proposed		1. New Bldg. \$ 0
No. of Stories	0		2. Alteration \$ 3,000
Height of Structure	0	Ft.	3. Total (1+2) \$ 3,000
Area Largest Floor	0	Sq. Ft.	
New Bldg. Area/All Floors	0	Sq. Ft.	Industrialized Building:
Volume of New Structure	0	Cu. Ft.	☐ State Approved
Total Land Area Disturbed	0	Sq. Ft.	☐ HUD

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

16 X 20 DECK

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	0
☒ Rehabilitation	60
☐ Roofing	0
☐ Siding	0
☐ Fence 0 Height (exceeds 6')	0
☐ Sign 0 Sq. Ft.	0
☐ Pool - Above Ground	0
☐ Pool - In Ground	0
☐ Asbestos Abatement Subchapter 8	0
☐ Lead Haz. Abatement NJAC 5:17	0
☐ Other	0
Other	0
Other	0
☐ Demolition	0

Paid ☒ Check # 022	Administrative Surcharge \$ 0
Collected by: AM	Minimum Fee \$ 0
	TOTAL FEE \$ 60
	State Permit Surcharge Fee \$ 6