BUILDING SUBCODE
TECHNICAL SECTION

Open

Date Received 10/31/2023
Control # 00013553

Date Issued 12/6/2023
Permit # 23-1953

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

Block 4109 Lot 7 Qualification Code

Work Site Location 111 ORCHARD TERR
UNION TWP, NJ 07083

Owner in Fee: ORCHARD TER LLC

Tel. [redacted] e-mail [redacted]

Address 248 LONG AVE, HILLSIDE, NJ 07205
street municipality zip code

Contractor: CARRY CONSTRUCTION LLC Tel. (862) 321-9775

Address 11 WHEELER ST. e-mail
WEST ORANGE, NJ

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 11/29/2023
Approved by: JD

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 R-5 Proposed R-5
Constr. Class Present Proposed

No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 3,500.00
3. Total (1+ 2) $ 3,500.00

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

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REHABILITATION AND DECK

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[X] Rehabilitation	140.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence ____ Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 140.00
State Permit Surcharge Fee	$ 7.00
TOTAL FEE	$ 147.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Open

Date Received 10/31/2023
Control # 00013553
Date Issued 12/6/2023
Permit # 23-1953

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

Block 4109 Lot 7 Qualification Code

Work Site Location 111 ORCHARD TERR
UNION, NJ 07083

Owner in Fee: ORCHARD TER LLC

Tel. (862) 218-9022 e-mail [redacted]

Address 248 LONG AVE, HILLSIDE, NJ 07205
street municipality zip code

Contractor: GARRIDO ELECTR CONTR Tel. (201) 861-8120

Address 5701 BOULEVARD EAST APT #22G e-mail LsGnz@optonline.net
WEST NEW YORK, NJ 07093

Contractor License No. 34EB00584500 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX: (201) 861-8120

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/15/2023
Approved by: DG

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure Dates (Month/Day)	Approval	Initial
Rough		01/11	02/27	DG
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		08/01		RC
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REHABILITATION AND DECK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
20		Receptacles	
6		Switches	
5		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
37		TOTAL NUMBERS	$ 65.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
	0	KW Elec. Range/Receptacle	0.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
	0	KW Elec. Dryer/Receptacle	0.00
	0	KW Dishwasher	0.00
	0	HP Garbage Disposal	0.00
	0	KW Central A/C Unit	0.00
	0	HP/KW Space Heater/Air Handler	0.00
	0	KW Baseboard Heat	0.00
	0	HP Motors 1/+ HP	0.00
	0	KW Transformer/Generator	0.00
	0	AMP Service	0.00
1	100	AMP Subpanels	75.00
	0	AMP Motor Control Center	0.00
	0	KW Elec. Sign/Outline Light	0.00
	0		0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 160.00
State Permit Surcharge Fee	$ 4.00
TOTAL FEE	$ 164.00

U.C.C. F120 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

MECHANICAL INSPECTION
TECHNICAL SECTION

Open

Date Received 10/31/2023
Control # 00013553

Date Issued 12/6/2023
Permit # 23-1953

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

Block 4109 Lot 7 Qualification Code

Work Site Location 111 ORCHARD TERR
UNION, NJ 07083

Owner in Fee: ORCHARD TER LLC

Tel. [redacted] e-mail [redacted]

Address 248 LONG AVE, HILLSIDE, NJ 07205
street municipality zip code

Contractor: K DOYLE PHC LLC Tel. (973) 360-1897

Address 11 WHEELER ST. e-mail kjdoyle@verizon.net
MADISON, NJ 07940

Contractor License No. 13VH08510700 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed: R-5

Heating System Work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 8,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/16/2023
Approved by: VF

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

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.
Applicant sign/Contractor sign and seal here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DUCT WORK/HVAC

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Heater	$ 0.00
0	Fuel Oil Piping Connections	0.00
1	Gas Piping Connections	30.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
1	Hot Air Furnace	85.00
0	Oil Tank	0.00
0	LPG Tank	0.00
0	Fireplace	0.00
0	Generator	0.00
1	Other	0.00
		0.00
	Administrative Surcharge $	200.00
	Minimum Fee $	16.00
	State Permit Surcharge Fee $	216.00
	TOTAL FEE $	

U.C.C. F145 (rev. 10/17)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Open

Date Received 10/31/2023
Control # 00013553

Date Issued 12/6/2023
Permit # 23-1953

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

Block 4109 Lot 7 Qualification Code

Work Site Location 111 ORCHARD TERR
UNION TWP, NJ 07083

Owner in Fee: ORCHARD TER LLC

Tel [redacted] e-mail [redacted]

Address 248 LONG AVE, HILLSIDE, NJ 07205
street municipality zip code

Contractor: K DOYLE PHC LLC Tel. (973) 360-1897

Address 14 ESSEX PLACE e-mail kjdoyle@verizon.net
MADISON, NJ 07940

Contractor License No. 13VH08510700 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 6,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/16/2023
Approved by: VF

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REHABILITATION AND DECK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$ 60.00
0	Urinal/Bidet	0.00
1	Bath Tub	20.00
3	Lavatory	60.00
2	Shower	40.00
0	Floor Drain	0.00
1	Sink	20.00
1	Dishwasher	20.00
0	Drinking Fountain	0.00
1	Washing Machine	20.00
1	Hose Bibb	20.00
1	Water Heater	75.00
0	Fuel Oil Piping	0.00
2	Gas Piping	60.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
2	Stacks	170.00
0	Other	0.00

Administrative Surcharge	$	0.00
Minimum Fee	$	565.00
State Permit Surcharge Fee	$	12.00
TOTAL FEE	$	577.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Closed

Date Received 2/2/2024
Control # 00014205
Date Issued 2/7/2024
Permit # 23-1953+1

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

Block 4109 Lot 7 Qualification Code

Work Site Location 111 ORCHARD TERR
UNION, NJ 07083

Owner In Fee: ORCHARD TER LLC

Tel. [redacted] e-mail [redacted]

Address 248 LONG AVE, HILLSIDE, NJ 07205
street municipality zip code

Contractor: GOURRIDO ELECTRIC Tel. (201) 861-8120

Address 5701 BLVD EAST e-mail
WEST NEW YORK, NJ 07093

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 02/02/2024
Approved by: DG

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure Dates (Month/Day)	Approval	Initial
Rough		02/14	02/27	DG
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			08/01	RC
Barrier-Free				

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: +A= ELECTRIC FIXTURES

QTY.	SIZE	ITEMS	FEE (Office Use Only)
54		Lighting Fixtures	
54		Receptacles	
20		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
128		TOTAL NUMBERS	$ 125.00
		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
	0	KW Elec. Range/Receptacle	0.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
	0	KW Elec. Dryer/Receptacle	0.00
	0	KW Dishwasher	0.00
	0	HP Garbage Disposal	0.00
	0	KW Central A/C Unit	0.00
	0	HP/KW Space Heater/Air Handler	0.00
	0	KW Baseboard Heat	0.00
	0	HP Motors 1/+ HP	0.00
	0	KW Transformer/Generator	0.00
	0	AMP Service	0.00
	0	AMP Subpanels	0.00
	0	AMP Motor Control Center	0.00
	0	KW Elec. Sign/Outline Light	0.00
	0		0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 125.00
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 126.00

U.C.C. F120 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Closed

Date Received 6/8/2023
Control # 00012402

Date Issued 6/15/2023
Permit # 23-911

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

Block 4109 Lot 7 Qualification Code

Work Site Location 111 ORCHARD TERR
UNION, NJ 07083

Owner in Fee: DE BLASIO, RONALD A ESTATE

Tel [redacted] e-mail

Address 111 ORCHARD TERR, UNION, N.J. 07083

Contractor: SIMPLE TANK SERVICES (street / municipality) Tel. (732) 965-8265 (zip code)

Address 717 NORTH AVENUE e-mail info@simpletankservices.com

PLAINFIELD, NJ 07062

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 83-2254478 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present U Proposed U

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 1,400.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks		07/05		JP
Fireplace Venting				
Final				
Other				

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.

Applicant/Contractor sign here:

Print name here:

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: 550 TANK REMOVAL

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$ $0.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	$0.00
Supervisory Devices (i.e., tampers, low/high air)	0	$0.00
Signaling Devices (i.e., horn/strobes, bells)	0	$0.00
Other Devices	0	$0.00
TOTAL	0	$0.00
Suppression Systems		
Fire Pump GPM Type	0	$0.00
Dry Pipe/Alarm Valves	0	$0.00
Pre-action Valves	0	$0.00
Sprinkler Heads (Dry and Wet)	0	$0.00
Standpipes	0	$0.00
Pre-engineered Systems		
Wet Chemical	0	$0.00
Dry Chemical	0	$0.00
CO_2 Suppression	0	$0.00
Foam Suppression	0	$0.00
FM200 Suppression	0	$0.00
Other	0	$0.00
Other Systems		
Kitchen Hood Exhaust System	0	$0.00
Smoke Control System	0	$0.00
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	$0.00
Fireplace Venting/Metal Chimney	0	$0.00
Other	0	$0.00
Administrative Surcharge $		0.00
Minimum Fee $		200.00
State Permit Surcharge Fee $		0.00
TOTAL FEE $		200.00

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Closed

Date Received 5/14/2015
Control # 563326

Date Issued 6/28/2004
Permit # 04-1299

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

Block 4109 Lot 7 Qualification Code

Work Site Location 111 ORCHARD TERR
UNION TWP, NJ 07083

Owner in Fee: DE BLASIO, RONALD A

Tel. ( ) e-mail

Address 111 ORCHARD TERR, UNION, NJ 07083
street municipality zip code

Contractor: DE BLASIO, RONALD A Tel. ( )

Address 111 ORCHARD TERR e-mail
UNION, NJ 07083,

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/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 R-3 Proposed R-3
Constr. Class Present Proposed

No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 0.00
2. Rehabilitation $ 0.00
3. Total (1+ 2) $ 0.00

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - ROOF

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$ 0.00
[ ] Addition	0.00
[ ] Rehabilitation	0.00
[ ] Roofing	0.00
[ ] Siding	0.00
[ ] Fence Height (exceeds 6')	0.00
[ ] Sign 0 Sq. Ft.	0.00
[ ] Pool	0.00
[ ] Retaining Wall 0 Sq. Ft.	0.00
[ ] Asbestos Abatement Subchapter 8	0.00
[ ] Lead Haz. Abatement NJAC 5:17	0.00
[ ] Radon Remediation	0.00
[ ] Other	0.00
[ ] Demolition	0.00

Administrative Surcharge	$ 0.00
Minimum Fee	$ 0.00
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 0.00

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

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