West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 11/29/2005
Control Number
Permit Number 02-0099
Permit Issue Date 1/30/2002
Certificate Number 02-0099

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435 , NJ Block: 15201 Lot: 20 Qual:

Owner in Fee: ERNST ROBERT

Owner Address: 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435-

Telephone: 201/6974746

Contractor ERNST ROBERT

Address 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435

Telephone: 201/6974746 Fax:

License Number or Builders Registration Number: Federal Emp. Number: HO-

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - VINYL SIDING AND SOFFITS

Certificate Comments: VINYL SIDING AND SOFFITS

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 4/24/2019

U.C.C. F260 (rev. 08/05)

West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 2/15/1994
Control Number
Permit Number 957-89
Permit Issue Date 10/26/1989
Certificate Number 957-89

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 20 SUGAR MAPLE AVENUE NEWFOUNDLAND, NJ 07435 , NJ Block: 15201 Lot: 20 Qual:

Owner in Fee: YORKE, MARGARET

Owner Address: 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435-

Telephone: 201/6974746

Contractor

Address

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - WATER HEATER

Certificate Comments: WATER HEATER

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 4/24/2019

U.C.C. F260 (rev. 08/05)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/26/1989
Control #
Date Issued 10/26/1989
Permit # 957-89

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

Block 15201 Lot 20 Qualification Code

Work Site Location: 20 SUGAR MAPLE AVENUE NEWFOUNDLAND, NJ 07435 , NJ

Owner in Fee: YORKE, MARGARET

Address 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435-

Email

Tel. 201/6974746

Contractor:

Address NJ

Email

Tel. Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day) 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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER HEATER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/30/2002
Control #
Date Issued 1/30/2002
Permit # 02-0099

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

Block 15201 Lot 20 Qualification Code

Work Site Location: 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435 , NJ

Owner in Fee: ERNST ROBERT

Address 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435-

Tel. 201/6974746 Email

Contractor: ERNST ROBERT

Address 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435

Email

Tel. 201/6974746 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. HO-

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.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

VINYL SIDING AND SOFFITS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ 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	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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)

Siding	$75

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3
TOTAL FEE	$78

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

Number 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 $3,200
3. Total (1+2) $3,200

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

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 3/1/2019
Control # C-19-0287
Date Issued 3/4/2019
Permit # 19-0260

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

Block 15201 Lot 20 Qualification Code

Work Site Location: 20 SUGAR MAPLE AVE NEWFOUNDLAND NJ 07435

Owner in Fee: US BANK TRUST NA C/O RESICAP

Address 3630 PEACHTREE RD NE 1500 ATLANTA GA 30326 Email

Tel.

Contractor: DOVER ENVIRONMENTAL SCIENCES Tel. (973) 328-1909

Address 311 E BLACKWELL ST UNIT 4A DOVER NJ 07801 Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

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:

Total Cost of Fire Protection Work $200

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's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE 1-275 GAL AST

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	$80
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$80

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing ☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

U.C.C F140 (rev. 11/09)

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

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 3/1/2019
Control # C-19-0288
Date Issued 3/4/2019
Permit # 19-0261

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

Block 15201 Lot 20 Qualification Code

Work Site Location: 20 SUGAR MAPLE AVE, NEWFOUNDLAND, NJ 07435

Owner in Fee: US BANK TRUST NA C/O RESICAP

Address 3630 PEACHTREE RD NE 1500 ATLANTA GA 30326

Email

Tel.

Contractor: DOVER ENVIRONMENTAL SCIENCES

Address 311 E. BLACKWELL ST UNIT 4A DOVER NJ 07801

Email

Tel. (973) 328-1909 Fax.

Contractor License No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

B. MECHANICAL CHARACTERISTICS

Use Group Present U Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $150

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plan Required

MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/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.

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL 275 GAL AST

open

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
1	Oil Tank	$80
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1
TOTAL FEE	$81

U.C.C F145 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/3/1998
Date Issued 11/3/1998
Control #
Permit # 98-1154

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

Block 15201 Lot 20 Qualification Code

Work Site Location: 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435 NJ

Owner in Fee: YORKE MARGARET

Address 20 SUGAR MAPLE AVENUE NEWFOUNDLAND NJ 07435-

Email

Tel. 201/6974746

Contractor: BORIE ELECTRIC

Address 22 BORDEAUX TERRACE WEST MILFORD NJ 07480-

Email

Tel. 201/7288456 Fax.

Lic No. 7069 Exp. Date 4/30/1997

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 22-2559905

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $500

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SEPTIC PUMP CIRCUIT

open

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
1		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$23
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $3
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE $26

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: ____ by: ____		
Electric Plans Approved		
Date: ____ by: ____		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
SUBCODE APPROVAL for PERMIT		
Date: ____ by: ____		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date:		
Approved by:		

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/9/2019
Control # C-19-0496
Date Issued
Permit #

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

Block 15201 Lot 20 Qualification Code

Work Site Location: 20 SUGAR MAPLE AVE. NEWFOUNDLAND, NJ 07435

Owner in Fee: US BANK TRUST NA C/O RESICAP

Address 3630 PEACHTREE RD NE 1500 ATLANTA GA 30326

Tel. (888) 572-6950 Email

Contractor: RESI PRO

Address PO BOX 18539 ATLANTA GA 31126

Email

Tel. (404) 467-4208 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

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.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE BATHROOM, SOME WALLS TO STUB AND REMOVE KITCHEN CABINETS

permit needs to be paid for + Issued.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ 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 R-5 Proposed R-5
Constr. Class Present Proposed
Number of Stories
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.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $3,000
3. Total (1+2) $3,000

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)

	$90
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6
TOTAL FEE	$96

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

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