Property History

RAILROAD SPUR

Block/Lot **209/8**
Owner **31 SW BOULEVARD LLC**
PO BOX 645
NEWFIELD, NJ 08344

Log of Actions, Letters and Contacts

Date	Type	Name	Summary

(None on File)

Construction Permits

Permit No.	Date	Description (May be Shortened)	Subcodes	Cert Date	Est Value

(None on File)

Planning/Zoning Applications

Applic No.	Type	Venue	Date Applic	Status	Project	Applicant

(None on File)

Construction Permit Inspections

Date	Permit No.	Type	Subcode	P/F	By	Result(May be Shortened)

(None on File)

Code Enforcement & Zoning Inspections

								If Zoning-Related			
Insp#	Date	P/F	Type	Regist#	Unit	Inspctr	Zone	Z-Type	Board Action	Apprvl Type/Date	Comment (May be Shortened)

(None on File)

Tickets Issued

Ticket No.	Date	Inspector	Violation	Hearing	Disposition	Fine w Costs

(None on File)

Photos

(None on File)

Borough Of Newfield
Municipal Building
Newfield, NJ 08344
(856)697-1100 FAX *(856)697-3014*

CONSTRUCTION PERMIT

Permit No. **20090032**
Block/Lot **209/5**
Date Issued **6/16/2009**

Work Site Location
31 SOUTH WEST BLVD
Owner in Fee [redacted]
Address [redacted]
NEWFIELD, NJ, 08344
Phone: _____ FAX: _____

Contractor Gallagher Construction
Address 3237 Dutch Mill Road
Newfield NJ 08344
Phone: _____
Lic. No. or Bldrs. Reg. No. None
Fed. Emp. No. [redacted]

Permission is hereby granted permission to perform the following work:

- ☒ BUILDING
- ☐ ELELECTRIC
- ☐ ELEVATOR
- ☐ PLUMBING
- ☐ FIRE
- ☐ ASBESTOS ABATEMENT
- ☐ LEAD HAZARD ABATEMENT
- ☐ DEMOLITION
- ☐ OTHER
- ☐ Mechanical

DESCRIPTION OF WORK:
Reroof dwelling

NOTE: If construction does not commence with 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 $ 4000

Jack Eckler
Construction Official

7-14-09

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCA Training Fee	7
Cert. of Occupancy	0
Other	0
Total	$67
Check No.	
Cash	67
Collected by	TV

Borough Of Newfield
Municipal Building
Newfield, NJ 08344
(856)697-1100 FAX *(856)697-3014*

CONSTRUCTION PERMIT

Permit No. **20090032**
Block/Lot **209/5**
Date Issued **6/16/2009**

Work Site Location
31 SOUTH WEST BLVD
Owner in Fee [redacted]
Address [redacted]
NEWFIELD, NJ, 08344
Phone: _____ FAX: _____

Contractor Gallagher Construction
Address 3237 Dutch Mill Road
Newfield NJ 08344
Phone: _____
Lic. No. or Bldrs. Reg. No. None
Fed. Emp. No. [redacted]

Permission is hereby granted permission to perform the following work:

- ☒ BUILDING
- ☐ ELE
- ☐ ELV
- ☐ PLUMBING
- ☐ FIR
- ☐ ASBESTOS ABATEMENT
- ☐ LEAD HAZARD ABATEMENT
- ☐ DEMOLITION
- ☐ OTHER

DESCRIPTION OF WORK:
Reroof dwelling

NOTE: If construction does not commence with 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 $ 4000

Jack Eckler
Construction Official

7-14-09

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCA Training Fee	7
Cert. of Occupancy	0
Other	0
Total	$67
Check No.	
Cash	67
Collected by	TV

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 32-09

Date Issued Permit # 6-16-09

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

Block 269 Lot 5 Qualification Code

Work Site Location 31 NE Blvd.
Newfield, NJ 08344

Owner in Fee: Bondy Oil

Tel. ([redacted] e-mail

Address 31 NE Blvd Newfield, NJ 08344
street municipality zip code

Contractor: Gallagher Construction Tel. ([redacted]

Address 3237 Dutch Mill Rd. e-mail

Contractor License No. or Builder Registration No. [redacted] Exp. Date 12/09

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

Federal Emp. ID No. [redacted] FAX: ([redacted]

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

Remove 1 layer of shingles

Install GAF 30 yr. shingles

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	6-23-09	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-30-09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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)

$ 60.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 7.00
TOTAL FEE $ 67.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. 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.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 4,000
3. Total (1+ 2) $ 4,000

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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Gallagher Construction
Brian Gallagher
3237 Dutch Mill Road
Newfield NJ 08344

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

[redacted] LICENSE/REGISTRATION/CERTIFICATION #

12/01/2008 TO 12/31/2009
VALID

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Gallagher Construction
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

12/01/2008 TO 12/31/2009
VALID

SIGNATURE

DIRECTOR

[redacted] License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 04/05/95
Date Issued
Control #
Permit # 26-95

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

Block #209 Lot #5 4 #8

Work Site Location

Owner-in Fee B.O.N.D.Y. OIL CO., INC.

Address P.O. BOX 645 WEST BLVD. NEWFIELD, N.J. 08344

Tele. [redacted]

Contractor MILES CONSTRUCTION CO.

Address P.O. BOX 39 CATAWBA AVE NEWFIELD, NJ 08344

Tele. [redacted]

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] WALL For Tank	5/10/95	VL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date:	4/20/95	
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			4/24/95	
Foundation			4/24/95	
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. 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.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 55,000.—

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 Ralph Buonadonna

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SPILL PREVENTION WALL AROUND FUEL TANK IN CASE OF SPILL. SEE BLUEPRINTS

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [X] Other _____
  - [ ] Other C/A
- [ ] Demolition

(Office Use Only)

FEE

$

1100.00
25.00

Administrative Surcharge $

Paid [ ] Check # Minimum Fee $

Collected by: DCA TRAINING FEE $ 44.00

TOTAL FEE $ 1169.00

U.C.C. Form F-110B

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

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 5-15-95
Control #
Permit # 26-95

IDENTIFICATION Block 209 Lot 5 & 8

Work Site Location

Owner in Fee Bondy Oil Co., Inc.
Address P.O. Box 645 West Blvd.
Newfield, NJ 08344
Tele. (____) [redacted]

Contractor Miles Construction Co.
Address P.O. Box 39 Catawba Avenue
Newfield, NJ 08344
Tele. (____) [redacted]
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Spill Prevention wall around fuel tank in case of spill.

See blueprints

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 $ 55,000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	1100.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	44.00
Cert. of Occ.	
Other	25.00
Total	1169.00
Check No.	
Cash	
Collected By:	

(see reverse side)

WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/18/94
Control #
Permit # 36-94

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

Block 209 Lot 5
Work Site Location 31 East Boulevard
Newfield
Owner in Fee Bondy Oil, Inc.
Address P.O. Box 645
Newfield, N.J. 08344
Tele [redacted]
Contractor Bondy Oil, Inc. [redacted]
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2392234 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes;				
Energy				
Mechanical				
TCO				
Other				
Final			7/20/94	OO

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. 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.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 3000.

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

Install new roof and siding

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (6' or over)
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other
- [ ] Other

[ ] Demolition

(Office Use Only)
FEE
$ 60.00

Paid [ ] Check #
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 5.00
TOTAL FEE	$ 65.00

U.C.C. Form F-110B

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

CONSTRUCTION PERMIT

Date Issued 5/18/94
Control #
Permit # 36-94

IDENTIFICATION Block 209 Lot 5

Work Site Location 31 East Boulevard
Newfield, NJ 08344

Owner in Fee Bondy Oil, Inc.
Address P.O. Box 645
Newfield, NJ 08344
Tele. (____)

Contractor Bondy Oil, Inc. Ralph Buonadonna
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. [redacted]
or Social Security No. ____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

re-roof dwelling and install siding.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	$60.00
DCA Training Fee	$5.00
Cert. of Occ.	
Other	
Total	$65.00
Check No.	
Cash	
Collected By:	

(see reverse side)

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 $ 5000.00

Dan DaTree
CONSTRUCTION OFFICIAL

PINK - OFFICE 4 GOLD—APPLICANT

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6-4-96
Date Issued
Control #
Permit # 36-90

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

Block 7 Lot 5
Work Site Location West Blvd. Newfield

Owner in Fee Bandy Oil Inc.
Address P.O. Box 645
Newfield NJ 08344
Tele. ([redacted]
Contractor ABC Tank Co.
Address 580 E Clayton Ave
Clayton NJ 08312
Tele. ([redacted]
Lic. No. [redacted]
Federal Emp. No. [redacted] or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present [redacted] Proposed [redacted]
Constr. Class. Present [redacted] Proposed [redacted]
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other [redacted]
Location: [redacted]
Total Est. Cost of Fire Prot. Work $ 1,350. [ ] Other [redacted]

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: [redacted]
Approved by: [redacted]

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

[redacted]
SIGNATURE

M. H. Walker

D. TECHNICAL SITE DATA

Description of Work Remove under ground Storage Tank
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks (X) Capacity 550 Fuel Gas
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Remove 550 gal tank		20.00

Administrative Surcharge $
Paid [ ] Check # [redacted] Minimum Fee $
Collected by [redacted] TOTAL FEE $ 20.00

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy

ABC TANK COMPANY

P.O. BOX 111 CLAYTON, NEW JERSEY 08312
TELEPHONE [redacted]

May 31, 1990

Bondy Oil Co.
P.O. Box 645
Newfield, NJ 08344
Attn: Mr. Bondy

REF: Tank Removal 1 X 550 gallon
& pump removal

Dear Mr. Bondy,

ABC Tank Company is pleased to provide the following quotation with regard to the above referenced project. All necessary equipment, labor and materials will be provided to perform the following scope of work:

1. Excavate top of tank.
2. Cold cut access manway for entry purposes.
3. Enter and clean tank interior for hot work.
4. Complete excavation and remove tank.
5. Backfill to existing grade.
6. Cut and scrap tank and remove from premises.

PRICE: $ 1,350.00
LIQUID DISPOSAL: $ .65 per gallon

Proposal is for work as described. All permits and excavation sampling will be provided by other at owner's expense.

All work will be done in a professional manner and in accordance with all applicable regulations. Documentation for sludge and scrap disposal will be provided at time of invoicing.

Thank you for this opportunity and hoping to be of service to you.

Respectfully,

Wm J. Fahy

Wm J. Fahy
ABC Tank Company

WJF/rab

CONSTRUCTION PERMIT

Date Issued 6/4/90
Control #
Permit # 30-90

IDENTIFICATION Block 209 Lot 5

Work Site Location West Blvd.

Owner in Fee Bondy Oil Inc.
Address West Blvd.
Newfield, N. J.
Tele. ( ) [redacted]

Contractor ABC Tank Co.
Address 580 E. Clayton Ave.
Clayton, N. J., 08312
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. [redacted]
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [xx] FIRE PROTECTION

DESCRIPTION OF WORK:

remove underground storage tank

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 $ 1350.00

Robert Adams
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Plumbing	
Electrical	
Fire Protection	20.00
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	TLVC

U.C.C. Form F-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

CONSTRUCTION PERMIT

Date Issued 6/4/90
Control #
Permit # 30-90

IDENTIFICATION Block 209 Lot 5

Work Site Location West Blvd.

Owner In Fee Bondy Oil Inc.
Address West Blvd.
Newfield, N. J.
Tele. ( ) [redacted]

Contractor ABC Tank Co.
Address 580 E. Clayton Ave.
Clayton, N. J. 08312
Tele. ( ) [redacted]
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. [redacted]
or Social Security No.

is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

remove underground storage tank

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 $ 1350.00

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	20/00
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	TLVC

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

NO. _____ STREET _____

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING

AT (LOCATION) (NO.) Bondy Rd (STREET) ZONING DISTRICT _____

BETWEEN _____ (CROSS STREET) AND _____ (CROSS STREET)

SUBDIVISION _____ LOT 5 BLOCK 7 LOT SIZE [redacted]

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 ☐ New building
2 ☐ Addition *(If residential, enter number of new housing units added, if any, in Part D, 13)*
3 ☐ Alteration *(See 2 above)*
4 ☒ Repair, replacement
5 ☐ Wrecking *(If multifamily residential, enter number of units in building in Part D, 13)*
6 ☐ Moving (relocation)
7 ☐ Foundation only

B. OWNERSHIP

8 ☒ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential

12 ☐ One family
13 ☐ Two or more family – *Enter number of units* ----→ _____
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* ----→ _____
15 ☐ Garage
16 ☐ Carport
17 ☐ Other – *Specify* _____

Nonresidential

18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other – *Specify* _____

C. COST

	(Omit cents)
10. Cost of improvement	$ 1,000.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 1000.00

Nonresidential – Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry (wall bearing)
31 ☐ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – *Specify* _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other – *Specify* _____

G. TYPE OF SEWAGE DISPOSAL

40 ☐ Public or private company
41 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 ☐ Public or private company
43 ☐ Private (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 ☐ Yes 45 ☐ No

Will there be an elevator?
46 ☐ Yes 47 ☐ No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms: Full _____ Partial _____

BUILDING PERMIT

DEPT. FILE COPY

AMOUNT PAID $15.00

VALIDATION

APPLICANT [redacted]

DATE May 12, 1982

PERMIT NO. 82-0024

PERMIT TO new shingles on roof (TYPE OF IMPROVEMENT) ADDRESS Rosemont Ave. (NO.) (STREET) (CONTR'S LICENSE)

AT (LOCATION) Bondy Oil N.W. Blvd. (NO.) (STREET) NO. STORY (PROPOSED USE) NUMBER OF DWELLING UNITS

BETWEEN (CROSS STREET) AND (CROSS STREET) ZONING DISTRICT

SUBDIVISION LOT 5 BLOCK 7 LOT SIZE 200 x 228

BUILDING IS TO BE FT. WIDE BY FT. LONG BY FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE USE GROUP BASEMENT WALLS OR FOUNDATION (TYPE)

REMARKS:

AREA OR VOLUME (CUBIC/SQUARE FEET)

OWNER Bondy Oil

ADDRESS same

ESTIMATED COST $ 1000.00

PERMIT FEE $ 15.00

BUILDING DEPT. BY Wesley R Martin

(Affidavit on reverse side of application to be completed by authorized agent of owner)

FORM NO. BOCA-BP 1969

BUILDING PERMIT

$15.00 FIELD COPY

APPLICANT [redacted] DATE May 12, 1982

PERMIT TO new shingles on roof (TYPE OF IMPROVEMENT) ADDRESS 19 PERMIT NO. 82-0024

AT (LOCATION) Bondy Oil N.W. Blvd. (NO.) (STREET) NO. STORY (NO.) Rosemont Ave. (STREET) (PROPOSED USE) NUMBER OF DWELLING UNITS (CONTR'S LICENSE)

BETWEEN (CROSS STREET) AND (CROSS STREET) ZONING DISTRICT

SUBDIVISION LOT 5 BLOCK 7 LOT SIZE 200 x 228

BUILDING IS TO BE FT. WIDE BY FT. LONG BY FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE USE GROUP BASEMENT WALLS OR FOUNDATION (TYPE)

REMARKS:

AREA OR VOLUME (CUBIC/SQUARE FEET)

OWNER Bondy Oil

ADDRESS same

ESTIMATED COST $ 1000.00 PERMIT FEE $ 15.00

BUILDING DEPT. BY Wesley R Master

FORM NO. BOCA-BP 1969

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO.
DATE ISSUED
REVISION DATE
Block 7 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner BONDY OIL
Address N E BLVD
NEWFIELD N J
Tel. ( )
Work Site Address N E BLVD

Contractor VINELAND FENCE CO
Address 1620 N Brewster Rd
VINELAND N J
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OA

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed v is authorized by the owner of reco and I have been authorized by the owner to make this application as l agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

FENCING AROUND
OIL STORAGE TANKS

432 ft. x 6' high

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☒ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
	$10 per M	30.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 30.00

C. BUILDING CHARACTERISTICS

USE GROUP: C Present C Proposed

No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Building Area—All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.
Estimated Cost of Building Work: $ 2500.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

TELEPHONE:
AREA CODE (609)
697-1100

Borough of Newfield

N. W. BLVD. & SALEM AVENUE
P. O. BOX 605
NEWFIELD, NEW JERSEY 08344

June 22, 1984

[redacted]
Bondy Oil
Northeast Blvd.
Newfield, New Jersey

Re: Fencing around tanks

Dear [redacted]

With reference to your request for a permit for fencing around the tanks on your property, I have been asked to inform you of the following:

The rate for the permit is $10.00 per $1,000.00 of estimated cost or a minimum fee of $15.00.

The fencing, in this case, may not exceed 8' and must be located within 6" of the property boundries.

If you have any further questions please do not hesitate to call us.

Louise Lauber

Louise Lauber, Permit Clk.

lll

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO:
DATE ISSUED:
Block 7 Lot 5
Subdivision:

A. IDENTIFICATION

Owner ~~BONDY OIL~~
Address ~~N E Blvd~~ Newfield N J
Tel. ( )

Agent VINELAND ~~FENCING~~ Fence Co.
Address 1620 N Brewster Rd Vineland N J
Tel. ( )
Lic. No.
Federal Emp. No.

Work Site Address SAME

PAYMENTS

Permit Fee $ 30.00
Fees Remitted $
☐ Check No:
☐ Cash
☐ Other
Collected By:
Date:

is hereby granted permission to perform the following work:

☐ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☒ ~~XXX~~ OTHER FENCING

Description of work:

6' x 432 Feet of
FENCING AROUND FUEL STORAGE TANKS

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: $ 2500.00

CONSTRUCTION OFFICIAL

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 31-85
DATE ISSUED 3/5/85
REVISION DATE
Block 7 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner [redacted]
Address N. East Blvd

Tel. ( ) [redacted]
Work Site Address Bondy Oil
N.E. Blvd

Contractor Frank DeFeo
Address Rt 40 Newfield

Tel. ( ) [redacted]
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

aluminum siding on building

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☒ Siding	45.00	45.00
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		

SUBTOTAL $
Minimum Building Fee (if applicable) $
Total Building Fee *(Greater of Minimum or Subtotal)* $ 45.00

C. BUILDING CHARACTERISTICS

USE GROUP: ______ Present ______ Proposed
No. of Stories ______
Height of Structure ______ Ft.
Area—Largest Floor ______ Sq. Ft.
Total Building Area—All Floors ______ Sq. Ft.
Volume of Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.
Estimated Cost of Building Work: $2800.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

BLOCK 209 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 31 SW ~~NE~~ Boulevard PERMIT NO. 32-09

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 31 ~~N.E.~~ SW Boulevard
2. Name of Owner in Fee: Bondy Oil
   Tel. ([redacted]) e-mail _____
   Address 31 NE Blvd (street) municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Gallagher Constr. Tel. ([redacted]
   Address 3237 Dutch Mill Rd. e-mail _____
   Newfield, NJ 08344
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 12/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: ([redacted]
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Brian Gallagher
   Tel. [redacted] FAX: [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
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	$ 67.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
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 ____	

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)

FOR OFFICE USE ONLY (Optional)

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

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 ____ ____
   Gained, 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): _____

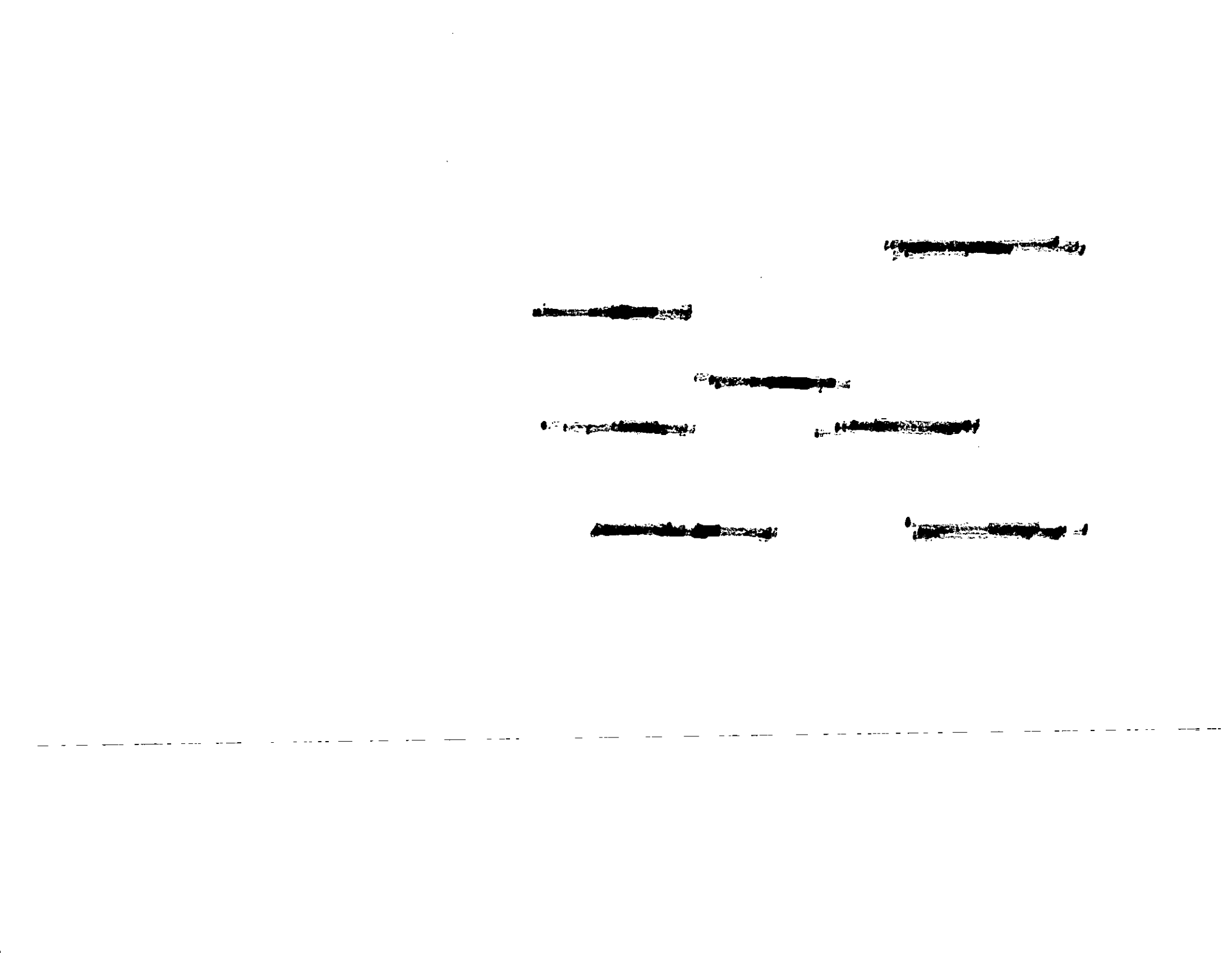
D. Construct. Classification: Present _____
Proposed _____

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs



2600. = 325.00

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION

Proposed Work at: N.E. Blvd Newfield

Owner Name: [redacted] Tel. ( )

Address 217 Rosemont Ave.

Principal Contractor: Tel. ( )

Address

Lic. No. or Builder Reg. No. Federal Emp. No.

Architect or Engineer: Tel. ( )

Address

Responsible Person in Charge of Work Tel. ( )

PROPOSED WORK

TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

II. DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:

Before Construction:

After Construction:

Net Gain (or loss):

NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories
15. Height of Structure Ft.

BLOCK NO. 7 LOT NO. 5 SUBDIVISION PERMIT NO. 68-84 Zone: C

BLOCK #209 LOT #5 + #8 ADDRESS (SITE) WEST BLVD. PERMIT NO.

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: WEST BLVD., NEWFIELD, N.J.
2. Name of Owner in Fee: BONDY OIL Co., INC. Tel. [redacted]
   Address WEST BLVD. (street), NEWFIELD (municipality), N.J. 08344 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: MILES CONSTRUCTION Tel. [redacted]
   Address P.O. Box 39, CATAWBA AVE., NEWFIELD, NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. [redacted] Social Security No. [redacted]
5. Architect or Engineer ALEXANDER M. CHURCHILL Tel. [redacted]
   Address 344 So. RT. 73 SUITE A BERLIN, NJ 08009
6. Responsible Person in Charge of Work ERNEST MILES Tel. [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		44.00	
10. Subtotal	$		
11. ~~Cert. of Occupancy~~ C/A		25.00 1100.00	
12. Other			
13. TOTAL	$	1169.00	

VI. BUILDING/SITE CHARACTERISTICS

(office use o

1. Number of Stories _____
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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition Tank Farm Tightness Work	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	55,000.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			5/10/95				

III. DO YOU WANT: (optional) 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOC
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOC
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former: