



**Township Archives**  
**Township of Brick, NJ**  
**401 Chambers Bridge Rd, Brick, NJ 08723**

***This File Contains Personal Identifiable  
Information of Private Citizen(s).***

Certain information contained in this file is *Exempt from Release* under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information *MUST* be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR  
Township Archivist

Issued: 8 January 2020

DR# 349832473

BLOCK 1192.19 LOT 47 QUALIFICATION CODE

ADDRESS (SITE)

PERMIT NO.

21-3215



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 33 Rossetti Ct Brick NJ

2. Name of Owner in Fee: Greenbriar

T: [redacted] e-mail

Address 2 Jeffers Ct Brick Township NJ

3. Ownership In Fee: Public Private

4. Principal Contractor: Sernotti Electrical Services, LLC Tel.

Address 1701 Twelfth Ave e-mail

Toms River NJ 08757

License No. OR, if new home, Builder Reg. No. 15119 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 134254936 FAX:

5. Architect or Engineer Contact

Address e-mail

Tel. FAX:

6. Responsible Person In Charge once Work has Begun Anthony Sernotti

Tel. (732) 773-6261 FAX:

## IIa. PROPOSED WORK

- ☐ Minor Work *Service* ☐ 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)

- ☐ Building  
☐ Electrical  
☐ Plumbing  
☐ Fire Protection  
☐ Elevator

TOTAL COST \$0

## FOR OFFICE USE ONLY (Optional)

| Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | Re-viewer |
|-----------|----------------|------------|----------------|---------------|-----------|--------------------|-----------|
|           | NYE            | 10/15/12   |                |               |           |                    |           |
|           |                |            |                |               |           |                    |           |
|           |                |            |                |               |           |                    |           |
|           |                |            |                |               |           |                    |           |
|           |                |            |                |               |           |                    |           |
|           |                |            |                |               |           |                    |           |
|           |                |            |                |               |           |                    |           |
|           |                |            |                |               |           |                    |           |
|           |                |            |                |               |           |                    |           |

## V. FEE SUMMARY (for office use only)

1. Building \$120  
 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

Update Update

## VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

## VII. DESCRIPTION OF BUILDING USE

## A. RESIDENTIAL (primary use)

1. State Specific Use:  
 2. Use Group, Proposed: Select Group  
 3. Change in Use Group, Indicate Present: Select Group  
 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: Select Group Select Group  
 3. Change in Use Group, Indicate Present

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

- D. Construct. Classification: Present Proposed

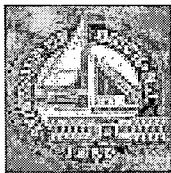
## III. PLAN REVIEW (optional)

## DO YOU WANT:

1. ☐ Partial Releases  
 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts  
 2. ☐ Dumbwaiters/Moving Walks  
 3. ☐ High Pressure Boilers  
 4. ☐ Refrigeration Systems  
 5. ☐ Cross-Connections/Backflow Preventers  
 6. ☐ Hazardous Uses/Places of Assembly  
 7. ☐ Pressure Vessels  
 8. ☐ Smoke Control Systems in Open Wells  
 9. ☐ Underground Storage Tanks  
 10. ☐ Swimming Pools, Spas and Hot Tubs  
 11. ☐ LPGas Tanks  
 12. ☐ Fire Alarm



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 01/14/2022  
Control Number C-21-003823  
Permit Number 21-3215  
Permit Issue Date 12/10/2021  
Certificate Number 21-3215

**Certificate**  
Construction Code Division  
(Certificate of Approval)

**Identification**

Work Site Location: 33 ROSSETTI CT. Brick Township, NJ Block: 1192.19 Lot: 47 Qual: \_\_\_\_\_  
Owner in Fee: MATTHEWS, JEAN G  
Owner Address: 33 ROSSETTI CT. BRICK NJ 08724  
Telephone: \_\_\_\_\_  
Contractor SERNOTTI ELECTRICAL SERVICE  
Address 1701 TWELFTH AVENUE TOMS RIVER NJ 08757  
Telephone: (732) 773-6261 Fax: \_\_\_\_\_ Federal Emp. Number: 13-4254936  
License Number or Builders Registration Number: \_\_\_\_\_

Home Warranty Number: \_\_\_\_\_ Type of Warranty Plan: ☐ State ☐ Private  
Use Group: R-5 Construction Classification: \_\_\_\_\_  
Maximum Live Load: 0 Maximum Occupancy Load: 0  
Description of Work/Use: SERVICE

Certificate Comments:

☐ **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.

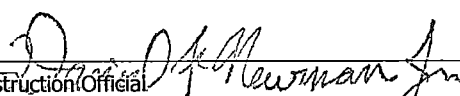
- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period (     years); see file

☐ **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  
Date Printed: 01/14/2022 U.C.C. F260 (rev. 08/05)

Fee: \$0.00  
Check Number: \_\_\_\_\_  
Collected By: \_\_\_\_\_

**CERTIFICATION IN LIEU OF OATH**

I. **OWNER SECTION** (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

II. **AGENT SECTION** (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Anthony Semoriti

Address 1701 Twelfth Ave

Toms River NJ 08757

Telephone (732) 773-6261

Signature 

III. ☐ **LEAD HAZARD ABATEMENT:** Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ☐ **HOME ELEVATION:** Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



# **ELECTRICAL SUBCODE TECHNICAL SECTION**



DR # 349832473

12/10/21  
21-3215

State of New Jersey  
Department of Community Affairs  
Division of Construction  
Office of Construction Code Enforcement  
Permit # 21-3215  
Date of Issuance 12/10/21  
Expiry Date 12/10/22

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

Block 1193.74 Lot 47 Qualification Code \_\_\_\_\_

Work Site Location 33 Rossetti Ct

Owner Brick NJ

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address 2 Jeffers Ct Brick NJ

Contractor: Sernotti Electrical Services, LLC Tel. (732) 773-6261

Address 1701 Twelfth Ave e-mail sernottieletric@gmail.com

Toms River NJ 08757

Contractor License No. 15119 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. 13424936 FAX: \_\_\_\_\_

## **B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 2195.00

| JOB SUMMARY (Office Use Only)              |  | INSPECTIONS                                 |         | Dates (Month/Day) |          |         |
|--------------------------------------------|--|---------------------------------------------|---------|-------------------|----------|---------|
| PLAN REVIEW                                |  | Type                                        | Failure | Failure           | Approval | Initial |
| [ ] No Plans Required                      |  |                                             |         |                   |          |         |
| [ ] Partial - Understab Utilities Approved |  | Rough                                       |         |                   |          |         |
| Date: _____ Approved by: _____             |  | Barrier-Free                                |         |                   |          |         |
| [ ] Electric Plans Approved                |  | Trench                                      |         |                   |          |         |
| Date: _____ Approved by: _____             |  | Temp. Serv.                                 |         |                   |          |         |
| Joint Plan Review Required:                |  | Constr. Serv.                               |         |                   |          |         |
| [ ] Bldg. [ ] Plumb. [ ] Elec. [ ] Elev.   |  | TCO                                         |         |                   |          |         |
| SUBCODE APPROVAL for PERMIT                |  | Other                                       |         |                   |          |         |
| Date: _____                                |  | Service                                     |         |                   |          |         |
| Approved by: _____                         |  | Final                                       |         |                   |          |         |
|                                            |  | Barrier-Free                                |         |                   |          |         |
| SUBCODE APPROVAL for CERTIFICATE           |  | Temp. Cut-in-Card Date Issued               |         |                   |          |         |
| [ ] CO [ ] LCCO [ ] CA                     |  | Final Cut-in-Card Date Issued               |         |                   |          |         |
| Date: <u>12-15-21</u>                      |  | Annual Pool Inspection                      |         |                   |          |         |
| Approved by: <u>[Signature]</u>            |  | Date of Grounding and Bonding Certification |         |                   |          |         |

## **C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent or contractor) authorized to make this application and perform the work described on this permit.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: Anthony M Sernotti

☒ Licensed Electrical Contractor ☐ Exempt Applicant

## **D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: 200 Amp Panel Replacement

| QTY.  | SIZE  | ITEMS                          | FEE (Office Use Only) |
|-------|-------|--------------------------------|-----------------------|
| _____ | _____ | Lighting Fixtures              | _____                 |
| _____ | _____ | Receptacles                    | _____                 |
| _____ | _____ | Switches                       | _____                 |
| _____ | _____ | Detectors                      | _____                 |
| _____ | _____ | Light Poles                    | _____                 |
| _____ | _____ | Motors—Fract. HP               | _____                 |
| _____ | _____ | Emergency & Exit Lights        | _____                 |
| _____ | _____ | Communications Points          | _____                 |
| _____ | _____ | Alarm Devices/F.A.C. Panel     | _____                 |
| _____ | _____ | TOTAL NUMBERS                  | \$ _____              |
| _____ | _____ | Pool Permit/with UW Lights     | _____                 |
| _____ | _____ | Storable Pool/Spa/Hot Tub      | _____                 |
| _____ | _____ | KW Elec. Range/Receptacle      | _____                 |
| _____ | _____ | KW Oven/Surface Unit           | _____                 |
| _____ | _____ | KW Elec. Water Heater          | _____                 |
| _____ | _____ | KW Elec. Dryer/Receptacle      | _____                 |
| _____ | _____ | KW Dishwasher                  | _____                 |
| _____ | _____ | HP Garbage Disposal            | _____                 |
| _____ | _____ | KW Central A/C Unit            | _____                 |
| _____ | _____ | HP/KW Space Heater/Air Handler | _____                 |
| _____ | _____ | 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 \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_



# CONSTRUCTION PERMIT

Date Issued 10/13/21  
Control # C-21-003823  
Permit # 217 3215

IDENTIFICATION Block: 1192.19 Lot: 47 Qualifier \_\_\_\_\_  
Work Site Location: 33 ROSSETTI CT. Brick Township, NJ Contractor SERNOTTI ELECTRICAL SERVICE  
Owner in Fee MATTHEWS, JEAN G Address 1701 TWELFTH AVENUE TOMS RIVER NJ 08757  
33 ROSSETTI CT. BRICK NJ 08724 Telephone: (732) 773-6261  
Telephone: \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. 15119  
Federal Employee No. 13-4254936

## Is hereby granted permission to perform the following work:

- |                                                |                                                                    |                                                |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> BUILDING              | <input type="checkbox"/> PLUMBING                                  | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION                           | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

DESCRIPTION OF WORK:  
SERVICE

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 \$2,195

Construction Official Nick...

Date 10/13/21

U.C.C. F170-  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |                    |
|------------------|--------------------|
| Building         | \$0                |
| Electrical       | \$180              |
| Plumbing         | \$0                |
| Fire Protection  | \$0                |
| Elevator Devices | \$0                |
| Other            | \$0.00             |
| DCA Training Fee | \$4                |
| CO Fee           |                    |
| Other            | \$0                |
| Total            | \$184              |
| Check No.        | <u>7032</u>        |
| Cash             | \$0                |
| Credit           | \$0                |
| Collected By     | <u>[Signature]</u> |

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

### ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
- Foundations and all walls up to grade level prior to back filling.
- All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

### ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

### ☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



# CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 1192.19 Lot 47 Qualification Code \_\_\_\_\_  
Work Site Location 33 Rossett Ct Contractor Servot Electrical Services LLC  
Brick NJ Address 1701 Twelfth Ave  
Owner in Fee Greenbriar Tam's River NJ 08751  
Address 2 Jeffers Ct Tel. (732) 773-6261  
Brick NJ Lic. No. or Bldrs. Reg. No. 15119  
Tel. \_\_\_\_\_

is hereby granted permission to perform the following work:

- |                                                |                                             |                                                |
|------------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> BUILDING              | <input type="checkbox"/> PLUMBING           | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION    | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> OTHER _____           |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

200 AMP Panel Replacement

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 \$ 2195.00

Construction Official

Date

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

## PAYMENTS (Office Use Only)

Building \_\_\_\_\_  
Electrical \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Elevator Devices \_\_\_\_\_  
Other \_\_\_\_\_  
DCA State Permit Fee \_\_\_\_\_  
Cert. of Occupancy \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_  
Check No. \_\_\_\_\_  
Cash \_\_\_\_\_  
Collected by \_\_\_\_\_

(see reverse side)